Reviewer's report

Title: The characteristics, experiences and perceptions of naturopathic and herbal medicine practitioners: Results from a national survey in New Zealand

Version: 2
Date: 9 December 2014

Reviewer: Jenny Wilkinson

Reviewer's report:

Major Compulsory Revisions

1. Line 79 - “However, this same 2006 study also identified the GPs opinions about the benefit of N/HM 80 was 6.4% and 8.3% respectively[11].” It is unclear what the GPs opinions were? Was this 6.4%, for example, in favour CAM or N/HM? From the paper it would seem that the data showed that 27.7% of GPs thought that naturopathy moderately beneficial or higher and 33% of GPs that HM was moderately beneficial or higher.

2. Line 82 – sentence “Practices and perceptions of naturopathic and herbal medicine practitioners in Australasia” is incomplete

3. Line 119 - The statement “Both registering bodies agreed to administer the survey via their affiliated associations, (n=338 for N/HMP associations).” is a unclear. Was the survey link provided to 338 affiliated associations or to 338 individuals who belonged to the affiliated associations; were these affiliated associations separate to the membership lists of the registering bodies? As the survey went out to a range of practitioners how was the number of N/HM in the distribution list determined? This seems an underestimate of N/HM based on the data presented in the Introduction – if there were 21% naturopaths in the CAM workforce at the 2006 census then expect ~430 naturopaths.

4. It is unclear whether the n=338 for the associations refers to 338 unique individuals or whether this is the total members of the associations. Was there any attempt to distinguish between those who practice naturopathy only, HM only and those who practice both modalities? What other modalities were practiced by the respondents?

5. Was the NZ Urban/Rural Profile Classification used to determine rurality of location or was this self-reported?

6. In relation to data regarding referrals and case load – was this based on respondent recollection or evidence in practice records? If the referrals are word of mouth then it would seem there is considerable opportunity for misremembering the number of referrals.

7. What is the rationale for the age groupings ‘22-44’ and ‘>44’?
8. What was the rationale for using 6 as the threshold for analysis of referrals?

Minor Essential Revisions

9. The reference list should be reviewed to ensure compliance with authors instructions on format as there a few minor errors e.g. ref 29 and 32 – delete ‘//’; delete month from volume/issue information; ref 35 – provide URL or publication details

10. Line 171 – please provide HRQOL in full as well as abbreviation

Discretionary Revisions

11. With respect to the question about information sources – were responded asked about sources of research information or information in general? The wide range & quality of sources cited suggests that personal research (i.e. personal information seeking) is not distinguished from research information. The authors explain this in relation to lack of skills/understanding of doing and interrupting research however equality likely is that respondents a lack of mechanism to evaluate the quality of information rather than being about research per se.

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: Yes, and I have assessed the statistics in my report.

Declaration of competing interests:

I declare that I have no competing interests