

PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form ([see an example](#)) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below. Some articles will have been accepted based in part or entirely on reviews undertaken for other BMJ Group journals. These will be reproduced where possible.

ARTICLE DETAILS

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| TITLE (PROVISIONAL) | Acupuncture in practice: mapping the providers, the patients and the settings in a national cross-sectional survey |
| AUTHORS | Ann Hopton, Stephanie Curnoe, Mona Kanaan and Hugh MacPherson |

VERSION 1 - REVIEW

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| REVIEWER | Dr Val Hopwood FCSP Course Director, MSc Acupuncture in Health Care Physiotherapy & Dietetics, Health Professions, Room RC121, Richard Crossman Building, Coventry University, Priory Street, Coventry, CV15FB |
| REVIEW RETURNED | 17/10/2011 |

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| RESULTS & CONCLUSIONS | Fig 1. No gender label? |
| GENERAL COMMENTS | A carefully considered piece of work. An interesting and timely paper. |

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| REVIEWER | Dr Charlotte Paterson Honorary Research Fellow School of Social and Community Medicine University of Bristol UK I have no competing interests |
| REVIEW RETURNED | 24/10/2011 |

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| THE STUDY | <p>Review for BMJ open of Hopton et al: Acupuncture in practice: mapping the providers, the patients and the settings in a national cross-sectional survey.</p> <p>This is an important question that has been answered using appropriate and rigorous methods. The authors have succinctly set it into the key literature and discussed the results in relation to previous surveys. The paper is clearly written and the findings are generally well presented. I have a few suggestions for improvement but no major criticisms or amendments.</p> <ol style="list-style-type: none"> 1. Table 1 (page 5) has an error in the BMAS column for: 'In an average week, how many treatments do you give? (median, 1st and 3rd inter-quartile range)'. The result is given as 4(IQ1 =12,IQ3=8) – I think the IQ1 must be incorrect. 2. Table 1. It would help to have percentages as well as numbers in |
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| | <p>all the cells (in the sections where percentages are included in the Total column)</p> <p>3. Table 3 appears to be missing. It is mentioned on page 9 under 'Changes to reasons for consultation over time'</p> <p>4. Discussion of limitations. I think the statement that because of the response rate 'We accept there remains the potential for a response bias' should be rather stronger. It is highly likely that those who use acupuncture less often are less likely to complete a survey on it, and anecdotally there are a considerable number of doctors who use acupuncture only rarely.</p> <p>5. Conclusion. This begins 'Almost 4 million acupuncture treatments' – it would be more correct to say 'On the basis of this survey we estimate that almost 4 million'</p> <p>6. Conclusion, 2nd sentence reads : 'Most practitioners have professional backgrounds as doctors, physiotherapists, nurses and independent acupuncturists'. I am uncertain whether this sentence is a meaningful conclusion from the survey because it was built into the design which sampled through four professional organisations. This statement is also included in the summary/abstract – I think a more novel key finding that is a result of the survey as such rather than the sampling could be highlighted.</p> |
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| REVIEWER | <p>Panos Barlas Research Fellow School of Health and Rehabilitation Keele University Staffordshire ST5 5BG</p> |
| REVIEW RETURNED | 08/11/2011 |

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| RESULTS & CONCLUSIONS | <p>The sample population is derived from professional associations of health professionals who also practice acupuncture (e.g. AACP, BMAS etc). There is an assumption that all doctors or physiotherapists who are trained in acupuncture join these associations. This is not necessarily the case. Only a fraction of practitioners who train in acupuncture choose to join these associations, however, they may still be practicing acupuncture as part of their clinical duties. As such, the predictions and extrapolations of treatments provided by doctors and physiotherapists (in the current study) may not represent, accurately, the overall use of acupuncture within the NHS.</p> |
| GENERAL COMMENTS | <p>The paper is meticulous and methodologically correct. However, I could not but feel a bias towards professional acupuncturists and given the impression that they may be the key providers of acupuncture in the UK. The paper, in its next version, should be more objective as to the limitations of their sample, particularly in light of my previous comment (above) regarding the numbers of physiotherapists and doctors who may be trained in acupuncture and practice it regularly, yet may not belong to the relevant associations within their professional framework.</p> |

VERSION 1 – AUTHOR RESPONSE

Response 2)

As requested Figures 1 and 2 have been replaced with Tables 3 and 4, and are featured on pages 11 and 12. When creating the tables, a typographical error within the text became apparent and therefore we have corrected this accordingly (page 11, lines 7-9.)

3) Could you confirm in the contributorship statement that all authors approved the final version?

Response 3)

I confirm that all authors approved the final version. A statement on contributorship has been added to the end of the contributorship statement in page 17.

4) Please include a structured abstract as shown here:

<http://bmjopen.bmj.com/site/about/guidelines.xhtml#research>

Response 4)

A structured abstract is included on page 2.

Reviewer 1 comments:

1. Table 1 (page 5) has an error in the BMAS column for: 'In an average week, how many treatments do you give? (median, 1st and 3rd inter-quartile range)'. The result is given as 4(IQ1 =12, IQ3=8) – I think the IQ1 must be incorrect.

Response 1)

The typographical error in Table 1 (page 7) has been amended to read 4(IQ1 =2, IQ3=8):

2. Table 1. It would help to have percentages as well as numbers in all the cells in the sections where percentages are included in the Total column)

Response 2)

The purpose of table one is to provide an overview of who practices acupuncture, where they practice, and the styles used, and those figures and percentages are shown in the total column and are written in the text on pages 6-8. To capture the range of services provided by the practitioners several of the questions allowed the respondents to record more than one answer . These questions are denoted by "Please tick ALL that apply to you" . Many practitioners reported practicing several styles of acupuncture and reported working in several settings as exemplified by the following quote from our text (page 8):

"The overlap in the proportions is accounted for by 16% of physiotherapists and 15% of doctors reported working in the NHS and in independent/private clinics".

If all the percentages were included in all the columns, they would total far more than 100%. Through the writing of the manuscript, the authors deliberated many times on how best to present this amount of information succinctly, and whether or not to include the percentages for each column. We concluded that the presentation of such percentages appeared confusing and misleading, and detracted from the key message of the table.

3. Table 3 appears to be missing. It is mentioned on page 9 under 'Changes to reasons for consultation over time'

Response 3)

Please accept our apologies for this oversight. The table in question now appears on page 13 entitled Table 5. Comparison of the broad categories of complaints of people seeking acupuncture care from three surveys of independent acupuncturists (members of the BAAC).

4. Discussion of limitations. I think the statement that because of the response rate 'We accept there remains the potential for a response bias' should be rather stronger. It is highly likely that those who use acupuncture less often are less likely to complete a survey on it, and anecdotally there are a considerable number of doctors who use acupuncture only rarely.

Response 4)

We concur with the reviewer and have amended the text to include the reviewer's recommendation.

The amended text (page 14) now reads:

"We accept there remains the potential for a response bias as those who use acupuncture infrequently may be less likely to complete the survey, and there may be physiotherapists, doctors and nurses who are trained to use acupuncture and practice it regularly, but do not belong to any of these associations".

5. Conclusion. This begins 'Almost 4 million acupuncture treatments' – it would be more correct to say 'On the basis of this survey we estimate that almost 4 million ...'

Response 5)

We concur with the reviewer and have amended the text to include the reviewer's recommendation.

The amended text (page 16) now reads:

"From this survey we estimate that almost 4 million acupuncture treatments were provided in the UK..."

6. Conclusion, 2nd sentence reads:

'Most practitioners have professional backgrounds as doctors, physiotherapists, nurses and independent acupuncturists'. I am uncertain whether this sentence is a meaningful conclusion from the survey because it was built into the design which sampled through four professional organisations. This statement is also included in the summary/abstract – I think a more novel key finding that is a result of the survey as such rather than the sampling could be highlighted.

Response 6)

With regards to the conclusion, we have accepted the reviewer's comment and removed the 2nd sentence. We have retained the sentence in the article summary because it imparts a key part of the research objective: To characterise the conditions treated and by whom, to examine characteristics of the treatment and to explore trends over time. To clarify that the sample was drawn from four professional organisations within the UK, we have amended the text on page 3 to read:

- An estimated 4 million acupuncture sessions were provided in 2009 in the UK with approximately two-thirds of this provision outside the NHS.
- Most practitioners in the four major professional associations have backgrounds as doctors, physiotherapists, nurses and independent acupuncturists

Reviewer 2 comments

1) The sample population is derived from professional associations of health professionals who also practice acupuncture (e.g. AACP, BMAS etc). There is an assumption that all doctors or physiotherapists who are trained in acupuncture join these associations. This is not necessarily the case. Only a fraction of practitioners who train in acupuncture choose to join these associations, however, they may still be practicing acupuncture as part of their clinical duties. As such, the predictions and extrapolations of treatments provided by doctors and physiotherapists (in the current study) may not represent, accurately, the overall use of acupuncture within the NHS.

Response 1)

We accept the reviewer's comment and have amended the text within the strengths and limitations section on page to reflect this insight. The amended text on page 14 now reads:

“We accept there remains the potential for a response bias as those who use acupuncture infrequently may be less likely to complete the survey, and there may be physiotherapists, doctors and nurses who are trained to use acupuncture and practice it regularly but do not belong to any of these associations”.

2) The paper is meticulous and methodologically correct. However, I could not but feel a bias towards professional acupuncturists and given the impression that they may be the key providers of acupuncture in the UK. The paper, in its next version, should be more objective as to the limitations of their sample, particularly in light of my previous comment (above) regarding the numbers of physiotherapists and doctors who may be trained in acupuncture and practice it regularly, yet may not belong to the relevant associations within their professional framework.

Response 2)

We appreciate the supportive comment. Although we have not sought to favour our reporting toward professional acupuncturists, we concur that there may be limitations within our sample. As demonstrated in our previous response, we have amended the text on page 14 to reflect concerns regarding potential bias.

VERSION 2 – REVIEW

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| REVIEWER | Dr. Panos Barlas Research Fellow School of Health and Rehabilitation Mackay Building Keele University Staffordshire ST5 5BG no competing interests |
| REVIEW RETURNED | 05/12/2011 |

The reviewer completed the checklist but did not make any further comments.