PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	The role of osteopathy in the Swiss primary health care system: a practice review
AUTHORS	Vaucher, Paul; Macdonald, Roy; Carnes, Dawn

VERSION 1 – REVIEW

REVIEWER	Chantal Morin, associate professor Faculty of medicine and health sciences, Université de Sherbrooke, Canada
REVIEW RETURNED	18-May-2018

GENERAL COMMENTS	The article untitled The role of osteopathy in the Swiss primary health care system: a practice review present the results of an online survey about osteopathic activities and scope of practice in the Swiss health care system. General comments: The article is relevant and of interest. The design is appropriate. The method section should be improved to help the reader to understand more clearly the validation process. Some results could be presented in a table to ease the reading since there is many statistics. Results section in quite impressive and there are many very interesting information about the current practice. Discussion is relevant and well written. Introduction: Osteopathy and the usual scope of practice are well defined in the introduction. Methods: Page 5 line 3: The abstract mentioned that the questionnaires were completed between April and August 2017 but in the design section it is mentioned that the study was tested and run between February and August 2017. I am not sure that the sentence is useful. How can a study be tested? Is it the questionnaire that were first tested (February to April) and than completed by participants (April to August)? The sentence most be reviewed. Questionnaire development and testing: The text from line 34 to 50 should be moved to the section questionnaire development and testing section since it describes part of the validation process. It would help the understanding. Is face validity with experts, osteopaths and patient representatives was done all together in a think aloud approach? Page 5 line 29-30: Did some osteopaths complete the questionnaire and send patient records in the validation process before the survey was accessible to all osteopaths? Was it the members of SVO-FSO

	commissions and cantonal associations committees that send their patient records along with the questionnaires? The text from line 34 to 50 should be moved to the section questionnaire development and testing section since it describes part of the validation process. It would help the understanding. Page 5: The analysis of the quality of report is a very good idea but it is difficult for the reader to understand how the authors did that with the actual description. Is the line 29-30 and 48-50 referring to the same process of looking at the quality of report? Patient and public involvement: Page 5 line 52 to 60: If I understand well, information about the study was available on the website for all (osteopaths, patients, public in general) and it was possible to give some feedback about the study. There was no direct involvement from any patient. This section should be renamed. Suggestion: Public information and feedback about the design of the study? Monitoring and maintaining recruitment rates: Page 6 line 39: What information was post and update on the weekly reports? Response rate? Data management: Page 7 line 14-15: Open questions were analysed for content and categorised into themes by whom? Validation process between authors? Results: Demographics of practicing osteopaths in Switzerland: Page 8 lines 10-25: Those data would be easier to read if presented in a table 1. Some data in the working conditions sections should also be presented in the table 1. Figure 2 could be replace by some lines in table 1 as well. Discussion Page 12 line 50: How was made the estimation of consultations? Should it be rather present in the method and in the result section? Nice and relevant discussion however, limitations of the study are not exposed.

REVIEWER	Sandra Grace Southern Cross University, Australia
REVIEW RETURNED	19-May-2018

GENERAL COMMENTS	Abstract - Design: 'A retrospective clinical audit survey' needs clarification. The two parts (restrospective clinical audit and a questionnaire) are not clear from this description. - Reword conclusion – The study set out to investigate the scope of practice and the future role of the profession. The conclusion that there is a popular demand for osteopathic care does not follow. Introduction - P4 line 38 – 39: Say why this lack of understanding is a problem. - P4 lines 43-44: A definition of osteopathy is given in the first

	paragraph. Isn't the issue more about understanding osteopathic care as it is delivered, than redefining osteopathy? - P4 Line 45: Every time the aim is written it should be the same (not necessarily identical words but always describing the same aim). Please check. - P4 line 46: Add 'as reported by osteopaths' (the description could vary if described by patients, for example). Methods - P5 Questionnaire development and testing. Does this refer to both parts of the survey (the questionnaire and the clinical audit)? Please clarify. Describe the questionnaire more fully: how many questions? Were they open or closed questions? How long did it take people to complete? Add questionnaire as an appendix or make a link to the questionnaire available. - P5 line 22: Change 'type of complaint' to 'type of presenting condition' – it is possible that patients present for health promotion and not necessarily with a health complaint. - P5 lines 35-40. I commend the involvement of a patient oversight committee. It is not clear how such a committee could 'ensure that the nature of the collected data corresponded to future needs', nor how it could ensure that 'the provided responses reflect at best what the osteopaths have experienced'. - P5 lines 45-50 belong with the section above on questionnaire development and testing. - P5 line 52-: How were patient opinions on the study and the procedure collected and how was this information used? We get information about this much later on p6 line 44. It may be less confusing for readers if reported earlier. - There is no reference to use of a critical appraisal tool. Results - P8 line 47. Provide details or examples of specific groups or types of patients referred to here. - P10 lines 36-41: (comment only) It is pleasing to see that treatments aligned with current best evidence on the importance of self-management, exercise and lifestyle, particularly with low back pain. - P11 lines7-9: Could fees also be provided with an equivalent other currency (e.g. Euro or the English pound) for your international readers? Discussion - P12 line 26: I commend the discussion on alignment with current clinical guidelines. - P12 line 53: Provide a little more description of compulsory health insurance for your international audience. - P13 lines 8 – 13: I recommend numbering the major challenges. '… for the profession: (1) meeting future needs for professional training, (2) upholding and monitoring … isolation, and (3) improving the quality …'. The number each of the corresponding sections in the Discussion. For example the next paragraph could start with a subheading: '(1) meeting future needs for professional training' - P13 paragraph beginning on line 42. There are also implications for interprofessional practice that could be mentioned here. Also comment on specialisation (p8 line 47). - P14 paragraph beginning line 18. The level of consent provided before treatment is inadequate. Moreover, intimate pelvic examination is not practised in all parts of the world. I commend your highlighting the importance of education of practitioners about

	informed consent. - Study limitations could be more fully described by inserting a paragraph at the end of the Discussion. Limitations could include discussion on the difference between data reported by osteopaths and clinical audit data (e.g. p10 line 23) Conclusion - P14 lines 29-34: Could omit last sentence of the paragraph and instead provide further detail about the scope of practice. The manuscript requires copy editing as there are numerous minor grammatical and spelling errors, including: - P4 line 23: 7th of June - P4 line 27: practice (and elsewhere in the manuscript) - P4 line 40: change 'by' to 'between' - P7 line 4: Data is a plural word. Change the verb accordingly. - P7 line 8: Start a new sentence with 'We therefore …' - P7 line 44: Change 'French talking' to 'French speaking' - P9 line14: Change 'taking' to 'making' - P10 line34-35: rewrite - P10 line 47: start a new sentence with 'We had … ' or change the previous full stop to a colon. - P13 line 27: change '30% less' to '30% fewer' - A number of tense errors including: o P4 line 31: change 'are trained' to 'have been trained' o P5 line 38: change 'was being taken' to 'was taken' o P5 line 1: change 'are made' to 'were made'

VERSION 1 – AUTHOR RESPONSE

Reviewer 1: Chantal Morin

Thank you for your constructive review and suggestions. We are grateful for your feedback as it has helped us improve our manuscript.

Overall statements

1. ***The method section should be improved to help the reader to understand more clearly the validation process.***

   We have restructured the validation process section to make things clearer.

2. ***Some results could be presented in a table to ease the reading since there is many statistics.***

   We have added a table to make the reading easier.

Methods

3. ***The abstract mentioned that the questionnaires were completed between April and August 2017 but in the design section it is mentioned that the study was tested and run between February and August 2017. I am not sure that the sentence is useful. How can a study be tested? Is it the questionnaire that were first tested (February to April) and then completed by participants (April to August)? The sentence most be reviewed.***

Indeed, the questionnaire was pilot tested between February and April. The collected answers were however not accounted for at this step. To prevent any misunderstanding, we always stated the period data was collected.

4. ***The text from line 34 to 50 should be moved to the section questionnaire development and testing section since it describes part of the validation process. It would help the understanding.***

Thank you for this suggestion. We have removed the section heading for this paragraph to be integrated in the section on Questionnaire development and integration.

5. ***Is face validity with experts, osteopaths and patient representatives was done all together in a think aloud approach?***

The oversight committee validated changes suggested by the research team following four development stages of the questionnaire. This has been made clearer in the methods section.

6. ***Page 5 line 29-30: Did some osteopaths complete the questionnaire and send patient records in the validation process before the survey was accessible to all osteopaths?***

Yes, this was done prior to the launch of the survey with all osteopaths. We moved the section at the end of the paragraph to make this clearer.

7. ***Was it the members of SVO-FSO commissions and cantonal associations committees that send their patient records along with the questionnaires?***

No, it was five practising osteopaths that were different from those engaged in associative work. A convenience sampling method was used during which we ensured a range of qualifications and language were represented.

8. ***Page 5: The analysis of the quality of report is a very good idea but it is difficult for the reader to understand how the authors did that with the actual description. Is the line 29-30 and 48-50 referring to the same process of looking at the quality of report?***

We have grouped the sections to make things clearer.

9. ***Page 5 line 52 to 60: If I understand well, information about the study was available on the website for all (osteopaths, patients, public in general) and it was possible to give some feedback about the study. There was no direct involvement from any patient. This section should be renamed. Suggestion: Public information and feedback about the design of the study?***

We had one patient who was member of the oversight committee who provided feedback for the entire process. This has been clarified in the text.

10. ***Page 6 line 39: What information was post and update on the weekly reports? Response rate?***

News provided to participants were mainly about recruitment rate. However, we also used the post to inform about managing difficulties with passwords, clarifying ambiguities with a similar survey running locally in western Switzerland, and when they would receive their attestation of contribution to be used to justify personal development.

11. ***Page 7 line 14-15: Open questions were analysed for content and categorised into themes by whom? Validation process between authors?***

Open answers were grouped in themes depending of content by a research assistant and then validated by a qualified osteopath with research experience. This has been added in the methods section.

12. ***Page 8 lines 10-25: Those data would be easier to read if presented in a table 1.*** We added a table and removed some of the description from the text.

13. ***Some data in the working conditions sections should also be presented in the table 1.*** We added a table and removed some of the description from the text.

14. ***Figure 2 could be replaced by some lines in table 1 as well.***

Figure 2 provides a clear view of age and gender shift through time that would be much more difficult to see in a table. As suggested, we however have also added age and gender in Table 1.

Discussion

15. ***Page 12 line 50: How was made the estimation of consultations? Should it be rather present in the method and in the result section?***

We have reworded the discussion section to reflect the extrapolation we used to generalise result to the entire population.

16. ***Nice and relevant discussion however, limitations of the study are not exposed.***

For a previous publication, I was asked by BMJ Open to remove the limitation section in the discussion given the limitations are provided in a separate section organised as bullet points. Limitations can therefore only be found within this section (after the abstract and before the introduction).

Reviewer 2: Sandra Grace

Thank you for your constructive review and suggestions. We are grateful for your feedback as it has helped us improve our manuscript.

Abstract

1. ***Design: 'A retrospective clinical audit survey' needs clarification. The two parts (restrospective clinical audit and a questionnaire) are not clear from this description.***

We reworded the design to reflect the design better.

2. ***Reword conclusion – The study set out to investigate the scope of practice and the future role of the profession. The conclusion that there is a popular demand for osteopathic care does not follow.***

The conclusion was reworded to fit the aims.

Introduction

3. ***P4 line 38 – 39: Say why this lack of understanding is a problem.***

We added why we thought it was a problem.

4. ***P4 lines 43-44: A definition of osteopathy is given in the first paragraph. Isn't the issue more about understanding osteopathic care as it is delivered, than redefining osteopathy?***

We have adapted the last paragraph of the introduction and have used your wording to make the goals clearer.

5. ***P4 Line 45: Every time the aim is written it should be the same (not necessarily identical words but always describing the same aim). Please check.***

With your suggested change from the previous comment, we now think that the paragraph is more consistent.

6. ***P4 line 46: Add 'as reported by osteopaths' (the description could vary if described by patients, for example).***

We have added the suggested precision which indeed seems important.

Methods

7. ***P5 Questionnaire development and testing. Does this refer to both parts of the survey (the questionnaire and the clinical audit)? Please clarify.***

The questionnaire was organised in two separate sections; one to collect information about the osteopath, a second for them to report to information from their patient records. The validation process was for the entire questionnaire. This has been clarified in the methods section.

8. ***Describe the questionnaire more fully: how many questions? Were they open or closed questions? How long did it take people to complete? Add questionnaire as an appendix or make a link to the questionnaire available.***

Additional information on the questionnaire has been added and we provide the link to the repository where the questionnaires can be downloaded.

9. ***P5 line 22: Change 'type of complaint' to 'type of presenting condition' – it is possible that patients present for health promotion and not necessarily with a health complaint.***

The term "complaint" was changed to "condition" throughout the manuscript.

10. ***P5 lines 35-40. I commend the involvement of a patient oversight committee. It is not clear how such a committee could 'ensure that the nature of the collected data corresponded to future needs', nor how it could ensure that 'the provided responses reflect at best what the osteopaths have experienced'.***

Indeed, we meant that the committee had to make sure that the questions reflected what they felt as important. However, this is was implicit so the entire sentence has therefore been removed.

11. ***P5 lines 45-50 belong with the section above on questionnaire development and testing.***

The sections were restructured.

12. ***P5 line 52-: How were patient opinions on the study and the procedure collected and how was this information used? We get information about this much later on p6 line 44. It may be less confusing for readers if reported earlier.***

There were two levels of feedback from patients. One was during the questionnaire development, the second was to collect omplaints or feedback during the study itself. We chose to group all information about the consent and feedback procedure at page 7.

13. ***There is no reference to use of a critical appraisal tool.***

We are not aware of a standardised critical appraisal tool for questionnaires, but include all standard practice for questionnaire design, development testing and data description, presentation and representativeness.

Results

14. ***P8 line 47. Provide details or examples of specific groups or types of patients referred to here.***

We have added the details.

15. ***P10 lines 36-41: (comment only) It is pleasing to see that treatments aligned with current best evidence on the importance of self-management, exercise and lifestyle, particularly with low back pain.***

Yes it is...

16. ***P11 lines7-9: Could fees also be provided with an equivalent other currency (e.g. Euro or the English pound) for your international readers?***

We have also provided indications on values converted to Euros, dollars and pounds at the time of the study.

Discussion

17. P12 line 26: I commend the discussion on alignment with current clinical guidelines.

Thank you!

18. P12 line 53: Provide a little more description of compulsory health insurance for your international audience.

Details on the insurance system were added.

19. P13 lines 8 – 13: I recommend numbering the major challenges. '… for the profession: (1) meeting future needs for professional training, (2) upholding and monitoring … isolation, and (3) improving the quality …'. The number each of the corresponding sections in the Discussion. For example the next paragraph could start with a subheading: '(1) meeting future needs for professional training'

Thank you for this suggestion.

20. P13 paragraph beginning on line 42. There are also implications for interprofessional practice that could be mentioned here. Also comment on specialisation (p8 line 47).

This is a very relevant point. We however chose to mention it on the next section about record keeping, to keep the message about risks of isolated practice as a single message.

21. P14 paragraph beginning line 18. The level of consent provided before treatment is inadequate. Moreover, intimate pelvic examination is not practised in all parts of the world. I commend your highlighting the importance of education of practitioners about informed consent.

This is a very delicate topic for which the professional body has revised and reminded their members about. The SVO has indeed updated its recommendations on standards for intimate examination. The professional body has also set as a priority to change behaviour and improve the quality and level of consent obtained. A sentence has been added.

22. Study limitations could be more fully described by inserting a paragraph at the end of the Discussion. Limitations could include discussion on the difference between data reported by osteopaths and clinical audit data (e.g. p10 line 23)

For a previous publication, I was asked by BMJ Open to remove the limitation section in the discussion given they are to be provided in a separate section organised as bullet points. Limitations can therefore only be found within this section (after the abstract and before the introduction). We

are unfortunately not really able to compare reported data by osteopath and their clinical audit data given for data protection they are not linked. We have not found any explanation on why osteopaths might tend to over-report intimate examinations. This is a sensitive topic and many practicing osteopaths are advocates of promoting such techniques.

Conclusion

23. P14 lines 29-34: Could omit last sentence of the paragraph and instead provide further detail about the scope of practice.

The last sentence has been removed and replaced by future challenges.

24. The manuscript requires copy editing as there are numerous minor grammatical and spelling errors, including:

- P4 line 23: 7th of June
- P4 line 27: practice (and elsewhere in the manuscript) o P4 line 40: change 'by' to 'between'
- P7 line 4: Data is a plural word. Change the verb accordingly.
- P7 line 8: Start a new sentence with 'We therefore …'
- P7 line 44: Change 'French talking' to 'French speaking'
- P9 line14: Change 'taking' to 'making'
- P10 line34-35: rewrite
- P10 line 47: start a new sentence with 'We had … ' or change the previous full stop to a colon.
- P13 line 27: change '30% less' to '30% fewer' o A number of tense errors including:
    - P4 line 31: change 'are trained' to 'have been trained'
    - P5 line 38: change 'was being taken' to 'was taken'
    - P5 line 1: change 'are made' to 'were made'

These have all been corrected.

VERSION 2 – REVIEW

REVIEWER	Chantal Morin, OT, DO, PhD Associate professor, Université de Sherbrooke, Sherbrooke, Quebec, Canada
REVIEW RETURNED	09-Jul-2018

GENERAL COMMENTS	The revised manuscript is clearer including the methods and results

	section. Good job!

REVIEWER	Sandra Grace Southern Cross University, Australia
REVIEW RETURNED	04-Jul-2018

GENERAL COMMENTS	The authors have addressed my feedback adequately. I believe the manuscript is now suitable for publication. Some minor editing is needed before publication (e.g. spelling of 'practising').