

**Article details:** 2021-0256

**Title:** COVID-19 related physician questions and concerns: a content analysis of 3800 advice calls to a medico-legal helpline

**Authors:** Jacqueline H. Fortier MSc, Allan McDougall MA PhD, Cathy Zhang MSc, Caroline Ehrat MD, Giuseppe Ficara MDCM, Ann Cranney MB BCh, Gary Garber MD

## **Reviewer 1**

General comments (author response in bold)

This is a timely and interesting paper describing Canadian physicians' concerns during the first 18 months of the COVID-19 pandemic, through the analysis of the content of pandemic-related calls to a medico-legal helpline at the CMPA. It is well structured, analyzed, and discussed.

**We appreciate the peer reviewer's supportive assessment of our work.**

Introduction p.3 lines 16-18: I'd suggest providing one or two sentences further describing the role of CMPA, especially for readers that are not familiar with it.

**Thank you for this recommendation. We have provided additional context on the role of the CMPA as suggested.**

Content analysis p.4 line 13: please spell out the first time you use the term PPE.

**This has been corrected.**

Results p.4 lines 55-57: authors state that 183 calls were excluded without mentioning the reason. This becomes clear only when checking figure 1. I'd suggest adding a brief explanation into the text.

**Thank you for this observation. We have updated the Results section to more clearly state the number of excluded calls.**

Interpretation p.7: Although this study focuses on physicians, it would've been interesting to see how physicians' concerns, especially during the first months of the pandemic, might have impacted patients' follow-up or treatment, among others.

**This is an excellent question! Although we did capture calls where the physician expressed concerns about delays in patient care, we were not able to capture data on physician practice patterns. We are hopeful that our findings can be used to generate future research questions.**

The interpretation might also benefit from a further discussion or future directions regarding the post-pandemic situation or the status quo following vaccination: for instance, is the CMPA receiving calls about whether physicians would want to proceed with virtual care if the physician deem the physical clinical exam not necessary?

**We appreciate the reviewer's suggestion. In our interpretation, we made an effort to limit any future projects that were not captured in the initial coding. We agree that the CMPA's advice call data may contain insights about future practice patterns in the post-pandemic situation, but this was outside the scope of our research questions.**

eTable 2 p. 6 of 43: please spell out LTC

**We have updated the manuscript accordingly.**

## Reviewer 2

General comments (author response in bold)

The authors present an analysis of the number and content of calls regarding COVID-19 that were made to the CMPA over the first 18 months of the pandemic. This type of analysis is novel and unique and is appropriate for publication in CMAJ Open.

**Thank you. We appreciate the reviewer's consideration of our work.**

1. Would it be possible to provide the total number of calls to the CMPA over the same period? So that we may understand what proportion of total calls related to COVID-19? And whether the volume of total calls changed as did the number of COVID-19 calls?

**Thank you for this suggestion. The CMPA received approximately 20,000 advice calls each year. During the first wave of the COVID-19 pandemic, COVID-related advice calls made up a significant proportion of the calls to the CMPA. We have revised the manuscript to provide some additional context for readers.**

2. The comment about the sub analysis of family doctors is not clear to me. How are the authors able to report that family docs with a hospital affiliation had lower call volume rates than those without when all they know is the number of calls made?

**For each call memo, our database included whether family physician callers self-identified as having a hospital-based activities as a substantial part of their practice (ie., their practice includes anesthesia, emergency medicine, surgery, or obstetrics). We divided family physicians into two groups: those who self-identified as having hospital-based activities as part of their practice and those who did not.**

3. REB review was done by Advarra. What is Advarra?

**The CMPA does not have access to an institutional research ethics board and therefore must seek external ethics approval from a private organization. The ethics review panel of the Advarra (formerly Chesapeake) Institutional Review Board—based in Aurora, Ontario and comprising Canadian members—reviewed and approved the study in compliance with Canada's Tri-Council Policy Statement on the Ethical Conduct for Research Involving Humans (TCPS 2).**

4. The opening of the interpretation section could be shortened as the main results do not need to be repeated. Similarly, the conclusion appears redundant.

**Thank you for this feedback on clarifying our language and improving our Interpretation section. We will ensure this is implemented for the next version of our manuscript.**