COMMENTS	AUTHOR RESPONSE	LOCATION OF RESPONSE
GENERAL		
1: Small group discussions were held before a larger group discussion. Thematic analysis is noted for the discussion from the larger group. What about the analysis of the smaller sessions? How did the larger session build on the results of the smaller session? Did the smaller session provide consensus?	Smaller sessions were not recorded and therefore not analyzed to the degree of the larger group discussion. Instead, note-takers from the smaller group sessions provided summaries of their respective group discussions for the larger group to consider. The larger group discussion provided an opportunity for discussion of these summaries and for validation within and between groups. Areas of consensus and contention are explained in the results section.	*Methods - Data Collection, Data Analysis* (p 6-7)
2: Why were primary care physicians not represented? This should be discussed in the limitations	Thank you for your comment. Primary care physicians were not a purposeful exclusion, but this was a consequence of who attended the forum. We have added this limitation tied to the future direction statement about including the views of primary care physicians in future work.	I*nterpretation - Limitations* (p 17)
3: If authors acted as small group facilitators and participated in data analysis, the implications of this must be discussed in the limitations	FM and GA acted as small group facilitators at the forum; their role was to keep the discussion on track and to time, and make sure the group understood their tasks. They were then involved in the data analysis, so it is possible that they may have remembered some information that was not part of the recording that they incorporated into the analysis. We have added this detail as a limitation.	*Interpretation - Limitations* (p 17)
4: Please move the link to the webinar under “data sharing” to the main manuscript.	Thank you for your comment. We have moved the link to *Methods - Design and Setting*	*Methods - Design and Setting* (p 5-6)
INTRODUCTION		

5: We agree with Reviewer #2 to include additional information for the international reader.	Thank you. We have added more information regarding training and medical oversight in Ontario for the international reader.	*Introduction* (p 4-5)
6: The subtitle "Integration" should be removed (this is just a style point).	This correction has been made.	*Introduction* (p 4-5)
ABSTRACT		
7: Methods: Please be clearer about inclusion criteria for participants, since 1/3 were not paramedics. The number of included participants (n=89) should be moved to the results. Please also add the exact date of the forum.	We have clarified that the email invitation was sent to all paramedic services in Ontario and was based on past CP forum attendance and that there were no exclusion criteria. We have moved the number of participants to results and added the exact forum date, as suggested.	*Abstract - Methods* (p 2)
8: Results: Please be specific about the n (%) for the reported demographics so readers will have a better picture of those who participated. The themes could be expanded upon for those who may not read the full paper (though we hope they will).	As requested, we have added n in addition to % to the reported demographics. We have also further contextualized themes briefly to remain within the word count.	*Abstract - Results* (p 2
METHODS		
9: What is the methodological framework?	Thematic analysis was the method chosen for analysis. Specifically, we undertook framework analysis which is hierarchical whereby we identified and presented themes and subthemes from data.	Added to *Methods - Data Analysis* (7)
10: Please include the date of the meeting	We have added the date of the forum.	Added to *Methods - Design and Setting* (p 5-6)

11: Please add initials where authors were involved in study processes	We have added author initials within Data Collection and Data Analysis.	Added to *Methods - Data Collection and Data Analysis* (6-7)
12: More details are needed about the participant inclusion criteria and recruitment. A group discussion of all attendees of a CP forum was held. However, the recruitment isn't quite clear about the recruitment to attend the forum. How many paramedics are there in the province? How did you determine how many participants would be included in the forum?	An email invitation was sent to every paramedic service in Ontario as well as to known stakeholders (Ministry of Health and Long-Term Care, LHINs) which we have added to the manuscript. Each paramedic service then chose who to send from their site. Table 1 shows who was in attendance. Participant recruitment was also based on past forum attendance and list provided by the then Ontario CP Leadership.	*Methods - Sample and Recruitment* (p 6)
13: Were participants randomly divided into the 4 small groups	Participants self-selected their topic. They were asked to stand in one of two locations in the room where each topic was being discussed. Once in each location, the research team split the topic-groups into two based on their location (i.e., drawing a line through the middle of each group).	*Methods - Data Collection* (p 6-7)
14: Please include some descriptors for those participating in the data analysis (e.g., re: reflexivity)	We have added author descriptors for those involved in data analysis, namely a research assistant, two research coordinators, and a family physician.	*Methods - Data Analysis (p 7)*
15: The data source needs to be better described. Were there any tools used to guide or supplement the discussion?	The discussion followed a presentation about primary care and its role that set the stage. The discussion followed the two pre-prepared questions that served as prompts for the groups to focus on within each topic. The facilitator's role was to keep the group on time, make sure the group understood their task, and allow everyone to have a voice within the group. All facilitators were experienced with qualitative methods and group facilitation techniques.	NA

16: When was the data analysis conducted in relation to the meeting	Transcription was completed November 2020 and analysis began December 2020	*Methods - Data Analysis* (p 7)
17: Did any of the authors, especially those who participated in data analysis, facilitate any of the groups?	Yes, FM and GA were small group facilitators at the forum. See our response to question 3 above.	NA
18: Please support your analytic framework from the literature. Why was this chosen?	We have added support from the literature for our chosen framework, as suggested.	*Methods - Data Analysis* (p 7)
RESULTS		
19: The results should include information about the duration of the sessions. Was all the time allotted used?	The small group discussions were not recorded and were approximately twenty to twenty-five minutes. The larger group discussion was recorded and was 21 minutes in length.	*Methods - Data Collection (p 6-7)*
20. How many of the participants answered each question since they had a choice?	Approximately half the large group distributed themselves evenly into each of the question groups. It was evenly balanced between the two topics	*Methods - Data Collection (p 6-7)*
21. Please be sure to include the n in the main text when reporting the %.	Thank you, we have added the n where needed.	*Results* (p 9)
22. Please remove the specific citation of quotes (e.g., 1C) from the text.	Thank you for your comment, we have done as you have suggested.	*Results* (p 11-14)
TABLES/FIGURES		
23: Table 1 includes roles. What do the different roles mean? The general reader will not understand these. Do you have other additional demographic information to include, such as education, years of practice, geographical location, etc.?	Thank you for the suggestion, we have reduced the categories to simplify and promote understanding. We have also added the geographic location of all paramedic attendees.	*Results* (p 9-10)

24: Table 2: In the methods, you note you "organized all direct quotes into themes and sub-themes," but you only report the results based on groups discussions rather than individuals. Can you also report individuals using unique identifiers within the groups?	Thank you for your comment. The themes and subthemes were derived from the group discussion only. Within-group identification is not available since pooled information was reported back by a spokesperson.	NA
INTERPRETATION		
25: Please remove all subheadings from Interpretation except for Limitations and Conclusion	We have removed all subheadings with the exception of Limitations and Conclusion.	*Interpretation* (p 15-17)
26: The interpretation should lead with a brief summary of the main findings.	We have added a brief summary of the main findings to the Interpretation	*Interpretation* (p 15)
27. A more robust limitations subsection is needed. Please address issues around member checking and data saturation. Lack of primary care physician involvement should be discussed.	Thank you for your comment. We have added to the limitations section. Regarding saturation, we have added to the results section that saturation was assumed to have been reached since there was agreement between the small groups in what they presented, and the large group discussion provided an opportunity to identify and explore any missed concepts. Please see our response to Q2 above and we have added this to the limitations section.	*Interpretation - Limitations* (p 17) *Results* (p 10)
FROM REVIEWER 1		
28. Data is 4 years old. Have there been similar forums in Ontario and attempt to see if thinking has shifted?	We consulted subsequent Community Paramedicine forum recordings and did not find evidence of shifting thinking regarding community paramedicine and primary care.	*NA*
29. The discussion and interpretation are	Thank you for your observation, our intention was to relate	NA

related to the results	the discussion and interpretation to the results.	
30. Methods section needs more work. As the article is described as a retrospective qualitative study does this mean that at the time of the forum it had not been considered as a research data collection event?	Yes, the forum was not originally conceived as a research project though upon receiving such rich data in an area that is understudied and prominent, the research team took the appropriate steps (e.g., ethics) to use this forum as a research topic. Since the research team was also co-host of the forum, they are uniquely positioned to do this research. We have addressed the concerns from the methods section in the above comments (Q9-18).	NA
31. Was ethics approval in place at the time of the forum and were there any consent procedures?	No, ethics approval was sought and provided retrospectively. Please see response to Q 30 above. Forum participants were aware that the large group session was being recorded for public posting.	NA
32. One of the benefits of the qualitative approaches is that they allow an in-depth exploration of varied perspectives and give opportunity to understand not just those perceptions but their meaning. It strikes me that the data source may not have the depth of other qualitative descriptive analysis.	Thank you for your comment. We are aware that this is not a traditional qualitative data collection approach, however the data retrieved is still rich and important to study given the novel and rapidly expanding role of community paramedics within primary care. Therefore, these initial findings are beneficial to the findings and may inform future investigation, as we express in our manuscript.	NA
33. I note that there is not a methodological reference. Content analysis or qualitative descriptive study? It would be helpful to the reader to consider the authenticity of the study by understanding the approach used and to know what literature guided the study. Given the nature of the data source, it is unlikely it could be anything other than qualitative descriptive study.	Thank you for your question. We have clarified our methodological approach and its literature base, as suggested.	*Methods - Data Analysis (p 7)*
34. Limitations could deal better with superficial nature of the data and the fact that	Thank you for your comment. We have added this to our limitation section.	*Interpretation - Limitations* (p 17)

data collection was 4 year ago		
FROM REVIEWER 3		
35. Background info to include for international reader - Training (length, content) and prior qualifications of CPs in Ontario - More detail regarding CP scope of practice, autonomous decision making re patient disposition and medical treatments. How is medical oversight structured? Is there a system of online medical direction for all treatment/disposition decisions? - Means by which CPs communicate with patients Primary care physician/team on a day to day bases	Thank you for your comment. We have added relevant information to the introduction, as outlined in our response to Question 5.	*introduction* (p 4-5)
36. Table 1 “organization category” please explain which individuals this heading is referring to	Thank you for your comment. We have provided additional explanation by expanding the category organization into three distinct groups, namely “Electronic Medical Record stakeholders”, “Community social support organizations” and “Base hospitals and regulatory bodies”.	*Results* (p 9-10)
37. Primary care physicians were not represented. This is worthy of explanation/discussion?	Thank you for your comment. We have added this to the limitations section.	*Interpretation - Limitations* (p 17)
38. Consider in the discussion if any improvements to integration, standardization, and support, and oversight have been made since 2017	Thank you for your comment. Since the previous forum there have been no developments in the standardization of the CP role and medical oversight of CP programming though it is a controversial issue.	NA

39. Does the size of the large group discussion serve as a potential limitation? May be difficult to achieve same depth of discussion that could be achieved in smaller focus groups.	Thank you for your comment. We have added this limitation to the manuscript. See response to Q 37.	*Interpretation - Limitations* (p 17)