

**Article details:** 2021-0179

**Title:** Integrating community paramedicine with primary health care: a qualitative study of community paramedic views

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**Reviewer 1:** David Snadden

**Institution:** Faculty of Medicine, Family Practice, University of British Columbia  
General comments (author response in bold)

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. (N/A)**

29. The discussion and interpretation are related to the results

**Thank you for your observation, our intention was to relate the discussion and interpretation to the results. (N/A)**

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). (N/A)**

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. (N/A)**

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. (N/A)**

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 data collection was 4 year ago

**Thank you for your comment. We have added this to our limitation section. (Interpretation - Limitations (p 17))**

**Reviewer 2:** Tomas Barry

**Institution:** Academic General Practice, UCD School of Medicine  
General comments (author response in bold)

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. (N/A)**

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))**