PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form (**http://bmjopen.bmj.com/site/about/resources/checklist.pdf**) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below.

ARTICLE DETAILS

TITLE (PROVISIONAL)	A scoping review protocol to identify and classify interprofessional primary care performance indicators
AUTHORS	Yapi, Sopie Marielle; Poitras, Marie-Eve; Donnelly, Catherine; Ashcroft, Rachelle; Greiver, Michelle; Couturier, Yves; Nikiema, Jean Noël; Breton, Mylaine; Layani, Géraldine; Kaczorowski, Janusz; Bergman, Howard; Lussier, Marie-Thérèse; Aggarwal, Monica; Fernainy, Pamela; McGraw, Monica; Milius, Djims; Mehta, Kavita; Samson, Kevin; Sourial, Nadia

VERSION 1 – REVIEW

REVIEWER	Ramalho, André University of Porto, Department of Community Medicine, Information and Health Decision
REVIEW RETURNED	21-Feb-2023

GENERAL COMMENTS	The protocol presented by the authors brings an interesting approach to the analysis of performance indicators by interprofessional teams. Apparently, the reported study protocol is in progress, but throughout the text, I could not identify the phase in which the application of this protocol is, so little dates were included. As for the evaluation, collection, and synthesis of the related indicators, I suggest that the authors check some relevant and current articles on the subject, which present or summarize quality indicators in primary care. These can be useful for contextualization and discussion, as well as for the synthesis approach, for example, https://doi.org/10.17226/6418, https://doi.org/10.1371/journal.pone.0220888, https://doi.org/10.1093/intqhc/mzg081, https://doi.org/10.3399/bjgp08X376096, http://doi.org/10.1186/s12913-018-3161-3 among others. It is also suggested that the authors make an analysis of the presentation of the results found, referring to the calculation method of these indicators, and expected values, and also discuss which actions of the interdisciplinary team could positively and negatively impact the results of these indicators. The limitations of the study as well as the risks of possible biases and ways to mitigate them must be included.

REVIEWER	Kock , Luzaan University of the Western Cape, Interprofessional Education Unit
REVIEW RETURNED	09-Mar-2023

GENERAL COMMENTS	Thank you for the opportunity to review this interesting protocol. I look forward to reading the results of the review. I would like to make the following suggestions: ¬ Interprofessional practice has an accepted abbreviation (IPP) ¬ Based on sub-question 1, is the data extracted from the articles analysed deductively into those domains of performance? Or are you

	only going to place it under these domains if it is explicitly mentioned in the study (if this, perhaps it should be included in the table 3) ¬ Table 3, under healthcare context, there is a heading called setting. Is this the specific type of PC facility? In South Africa e.g. it could be a day hospital OR clinic. Is this what you mean? Perhaps this needs to be clear. ¬ Please check the names of the journals under the reference list. Often Google Scholar cuts the names of these journals e.g. reference 2: BMC Fam Pract All of the best!

REVIEWER	Sudeshika , Thilini University of Canberra
REVIEW RETURNED	14-Mar-2023

GENERAL COMMENTS	Dear Authors, Well done on the submitted protocol. 1. It would be great if you improve the introduction by adding a few sentences about the status of search history related to the current topic. E.g. To date, the status of reviews related to the topic 2. Page 7, lines 31-36 could be improved to avoid confusion of readers. 3. Page 10, lines 31-42, I think you can include references to support your method. 4. Limitations section could be improved. 5. Please check all the punctuations (page 11, lines 41-51) 6. References should be adhered to the journal guidelines.

VERSION 1 – AUTHOR RESPONSE

Reviewer #1
Dr. André Ramalho, University of Porto

1) Apparently, the reported study protocol is in progress, but throughout the text, I could not identify the phase in which the application of this protocol is, so little dates were included.
We included dates related to the progress of the review in the abstract and methods sections. (page 2, lines 14-15 and page 5, lines 20-22).

2) As for the evaluation, collection, and synthesis of the related indicators, I suggest that the authors check some relevant and current articles on the subject, which present or summarize quality indicators in primary care. These can be useful for contextualization and discussion, as well as for the synthesis approach.
Thank you for the references, they will be a very useful addition to the review for the discussion and synthesis approach. We chose to limit our research to articles focused on interprofessional primary care teams. Thus, the frameworks that we chose to classify the indicators are in concordance with our research question. Moreover, those frameworks present most of the relevant domains of performance of care included in the shared references.

3) It is also suggested that the authors make an analysis of the presentation of the results found, referring to the calculation method of these indicators, and expected values, and also discuss which actions of the interdisciplinary team could positively and negatively impact the results of these indicators.
The aim of this scoping review is only to map the literature on existing indicators. The results will then inform a larger project focused on the development and measurement of indicators to guide ongoing performance measurement of interprofessional primary care teams. We added a paragraph to discuss the contribution of this study. (page 10, lines 18-22)

The calculation method of the indicators will be provided in the table of indicators that will be included in the results of the scoping review, as well as the type of data sources used to measure these indicators. (table 2)

4) The limitations of the study as well as the risks of possible biases and ways to mitigate them must be included.
We have made some additions to the strengths and limitations sections. (page 3, lines 7-14).

Reviewer #2
Dr. Luzaan Kock, University of the Western Cape

1) Interprofessional practice has an accepted abbreviation (IPP)
We thank the reviewer for this suggestion. We opted to use the term 'interprofessional primary care' with its acronym IPC because it is a well-known term in Canada but also to facilitate discussion with stakeholders.(Mulvale,2016; Donnely,2021) We have verified the coherence in the use of this term throughout the text.

2) Based on sub-question 1, is the data extracted from the articles analysed deductively into those domains of performance? Or are you only going to place it under these domains if it is explicitly mentioned in the study (if this, perhaps it should be included in the table 3)
We thank the reviewer for this important point. We have clarified the method used to classify indicators. (page 9, lines 6-8 and table 2)

3) Table 3, under healthcare context, there is a heading called setting. Is this the specific type of PC facility? In South Africa e.g. it could be a day hospital OR clinic. Is this what you mean? Perhaps this needs to be clear.
We removed this heading to avoid any confusion. The type of facility will be mentioned under model of care. We also added an exclusion criterion regarding the type of facility in the method section (table 1) and a definition to primary care in the introduction. (page 4, lines 2-4)

4) Please check the names of the journals under the reference list. Often Google Scholar cuts the names of these journals e.g. reference 2: BMC Fam Pract
The reference list has been updated.

Reviewer #3
Dr. Thilini Sudeshika , University of Canberra

1) It would be great if you improve the introduction by adding a few sentences about the status of search history related to the current topic. E.g. To date, the status of reviews related to the topic
This point has been mentioned in the strength and limitations sections. We also included additional information in the introduction. (page 4, lines 28-31)

2) Page 7, lines 31-36 could be improved to avoid confusion of readers.
We have made modifications to the text to clarify the sentence. (page 5, lines 27-28)

3) Page 10, lines 31-42, I think you can include references to support your method.
The following reference has been added to the method section. (page 8, line 6 and line 10)
https://doi.org/10.1002/9780470712184.ch7

4) Limitations section could be improved.
Please see our response to Reviewer 1, Comment 4.

5) Please check all the punctuations (page 11, lines 41-51)
The punctuations have been edited. (page 9, lines 9-18)
6) References should be adhered to the journal guidelines.
The reference list has been updated.

Editor(s)' Comments

1) Please include the planned start and end dates for the study in the methods section.
We have made this addition to the text (page 5, lines 20-22).

2) Please include the names of the databases and planned search dates in the abstract.
We have made this addition to the text (page 2, line 9 and lines 14-15).

3) Please include, as a supplementary file, the precise, full search strategy (or strategies) for all databases, registers and websites, including any filters and limits used.
We added a supplementary file presenting the search strategies. (page 6, lines 24-27)

VERSION 2 – REVIEW

REVIEWER	Kock , Luzaan University of the Western Cape, Interprofessional Education Unit
REVIEW RETURNED	12-May-2023

GENERAL COMMENTS	Authors, thank you for addressing the comments. Together with the corrections from the other authors, I am pleased with this version of the manuscript. I look forward to reading the final publication