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Title	An entrustable professional activity descriptor for medical aid in dying: a mixed methods study
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Reviewer 1	Eike-Henner W Kluge
Institution	Department of Philosophy, University of Victoria, Victoria, BC
General comments (author response in bold)	1. The authors should make it clear from the very start that their analysis and discussion applies essentially to Canada. **Added to the limitation section (p.10)** 2. The claim that there is a legal obligation to ensure the competence of those who provide MAID in jurisdictions where MAID is legal requires substantiation. The fact that appropriate courses to provide training exit (p. 4) does not amount to proof of the claim. **We did not claim that there was a legal obligation to ensure competence. We claimed that where MAID is legal, there is an obligation to ensure competence of providers (abstract). We do not feel that this is a controversial claim, and a reference would be unnecessary.** 3. It would be useful to specify what counts as consensus. The indication is that the authors consider that 70% agreement counts as consensus; however, logically that does not mean that participants agreed. (p. 7) **With respect, our consensus threshold was clearly specified on pages 6-7, along with the rationale for using 70% agreement (which is a relatively high threshold for Delphi studies) and a reference to a similar approach in the literature. Of course, agreement is almost never 100% in any consensus process, even for things that are less controversial than MAID.** 4. The discussion refers only to physicians, yet the table on p. 14 also lists nurse practitioners. This gives the impression that the authors failed to take into account that in Canada MAID may be provided by Nurse Practitioners. [Cf. CRNBC, "Nurse Practitioner role in Medical Assistance in Dying," available at https://www.crnbc.ca/crnbc/Announcements/2016/Pages/MAiD_NProle.aspx] and that the results that they have been obtained extend across the professional spectrum. **See above. We made a conscious effort throughout the manuscript to refer to "practitioners" rather than "physicians" (making only one mistake which has now been corrected as noted above). We were well aware of the role of NPs in MAID provision, which is why we included that response option in the survey.** 5. The study proceeded on the underlying assumption that current physician MAID providers should form the basis of how relevant training, education on certification should be developed. This may not be correct, and requires independent assessment that also draws on other health care professionals who do not engage in MAID. Their reasons for not doing so may be valuationally based but nevertheless have clinical implications. **Although the focus of the EPA was squarely on the knowledge, skills and attitudes for performing assessments and provisions of MAID, it is indeed possible that conscientious objectors and other non-providers may have been able to offer input into this competency descriptor. We have added this to the limitations section (p. 11)** 6. There are several instances in which the response rate would not justify inclusion in the recommendations since the 70% agreement consensus has not been reached. E.g. under the rubrics of "Assessment of Eligibility" as well as "The learner should be aware of…"— and especially "Teaching."

	See above.
Reviewer 2	Jan Bernheim
Institution	Vrije Universiteit Brussel (VUB) & Ghent University, End-of-Life Care Research Group
General comments (author response in bold)	Comments to the Author IN METHODS - Not clear to me how selected/differentiated from the 22 others? - includes non-responders among the initial 22? **Those who didn't participate in the focus groups were surveyed as part of the larger group.** - are not the initial 22 the convenience sample, more than the 88, who are the current members of CAMAP? **Strictly speaking, CAMAP is the convenience sample (a single group that predated the study, all of whom were invited to participate), while we purposively sampled among CAMAP members to obtain the focus group.**
Reviewer 3	Sally Bean
Institution	Sunnybrook Health Sciences Centre, Ethics Centre, Toronto, Ont.
General comments (author response in bold)	Thanks for the opportunity to review this excellent, well-written manuscript. I have very minor comments to consider for potential revision/clarification. Page 5, and top of pg. 6: consider elaborating on what constitutes an experienced provider for both here and the quantitative section. The tables in the appendices provide more context but it would be helpful to have a high-level concept of what makes one experienced with a relatively new clinical option. **We have added a brief description of CAMAP but as the reviewer indicates, the question of experience is best answered in the tables.** Page 8, second full paragraph: For the three category groupings, the reader has to refer to the appendices to find the details of each of these. You might want to note in parenthesis that "MAiD provision" also includes post-provision administrative activities. Someone that is unfamiliar with MAiD may not appreciate the administrative component associated with post-provision if they do not read the appendices. **Done (p.8).** I liked that there was deliberation and discussion of the number of observations that would need to occur before entrustment and an appreciation that too high of a standard could pose barriers for various practice settings. The authors mention that they would like the EPA descriptor to inform practice standards. Is this construed to be at the regulatory level, e.g. colleges? It would be helpful to provide more specificity. **We have added a reference to regulatory colleges in the conclusion section.**