

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	"Vaccination needs to be easy for the people, right ?": A Qualitative Study of the Roles of Physicians and Pharmacists Regarding Vaccination in Switzerland
AUTHORS	Jusufoska, Meliha; Abreu de Azevedo, Marta; Tolic, Josipa; Deml, Michael; Tarr, Philip

VERSION 1 – REVIEW

REVIEWER	Eboreime, Ejemai University of Alberta Faculty of Medicine and Dentistry, Department of Psychiatry
REVIEW RETURNED	04-Jun-2021

GENERAL COMMENTS	<p>This is an interesting study that highlights interprofessional rivalry in the health sector, relating to vaccination.</p> <p>I have a few but very important comments which need clarification: In the methods section, the authors state as follows "Transcripts were coded and analyzed using thematic analysis, following Braun and Clarke's 6 phases in order to organize and analyze the data. [33] To structure and support the analysis, we used the Framework Method by Gale and colleagues. [34] In line with the Framework Method, the analysis of the coding scheme and themes was reviewed independently by other group members."</p> <p>Two qualitative analysis approaches were cited. The first is the thematic analysis which involves the following steps:</p> <ol style="list-style-type: none">1: Become familiar with the data,2: Generate initial codes,3: Search for themes,4: Review themes,5: Define themes,6: Write-up <p>The other is Framework analysis which ideally uses the following steps:</p> <ol style="list-style-type: none">1. familiarization;2. identifying a thematic framework;3. indexing;4. charting; and5. mapping and interpretation <p>The authors indicate that they used both methods (which is confusing). Given that they did not describe the approach used,</p>
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	<p>but rather left citations, it is unclear to the reader how the data was analysed.</p> <p>The authors need to ensure that they describe each step followed in their data analysis.</p> <p>Minor issue: The conclusion ideally should present the authors own thoughts and recommendations. Thus it is not often the case to have citations, which imply that the conclusions did not necessarily originate from the findings of the study. Authors should look into this and make a stronger concluding statement drawn from their own findings</p>
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REVIEWER	Cooper, Richard University of Sheffield, ScHARR
REVIEW RETURNED	22-Jun-2021

GENERAL COMMENTS	<p>This is a helpful paper which reports on a very topical issue of improving vaccination rates . It draws on inter-professional issues (indeed rivalries and power) and offers an interesting insight into what are perceived to be the roles, limitations and opportunities for pharmacists, doctors (and others) to offer vaccinations. This is done in the context of Switzerland and is a good case study example focusing on this setting. It was not clear why two approaches to analysis were undertaken and this does need clarifying as it is usually the case to use either thematic analysis or framework analysis.</p> <p>The paper would also benefit from revision in the results (findings) and the comments below hopefully illustrate where this is needed. Key issues are the over-use of very short words or phrases instead of more substantive quotations which do not give a realistic sense of how participants responded; where longer quotes were used they were at times not necessary or overly long so a better balance is needed. The other main aspect related to the heading (themes) which were often too generic and seemed to reflect topic areas or what the study was aiming to cover; these need to more accurately reflect the actual emerging themes and if possible convey more the normativity and not try to be so neutral where it is clear a theme had a positive or negative or mixed connotation. The early themes were less interesting and not as rich and at times also seemed to be reporting on what participants knew about Swiss training (which is not helpful to a reader) and could be reviewed. Discussion links well to other papers and shows how vaccination policy is as much yet another example in the sociology of the professions of continued role boundary work and professional powers/hierarchy. The authors may want to consider briefly the wider literature on this (from Friedson to Mary Elston to Bryan Turner etc); Taylor and Harding are represented.</p> <p>Specific points to consider:</p> <p>1.1 long title - consider shortening 1.5 - not sure why the Swiss National Research Programme NFP74 is listed as author - is this a group of other people? Seems to be a study. 2.22 abstract intro 1-2 sentence needed for context before aims 2.31 'pharmaceutical' or 'pharmacy' - former implies industry/chemist also which is wider. 2.33 counseling - US spelling Intro - good clear 3.62 - very specific about Switzerland - could it be widened to capture not just his country particular in the opening sentence/paragraph? 3.63 'high</p>
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	<p>vaccination rates' for what? COVID? Or general vacc/imm programmes?3.65 Vancouver references before full stop.4.70 (and ref 10) can more be said apart from pharmacists just being involved? Is there any evidence of benefits, as your study is trying to ascertain?4.87 say 'such as anaphylactic reactions' and not 'ie allergy'4.84-89 very long sentence and not clear if refs 13 and 28 support the important later claim about revenue/financial factors for doctors.4.89-92 seemed overly long counter-claim and again perhaps too specific to Switzerland? Seems to move the argument too far from vaccination activity to wider professional boundary issues (although fascinating!)methods5.111 give initials not author order number.5.112 publicly available emails?6.117 - unusual to do two interviews together. What implications were there for the data collected?6.117-8 - move to end of methods6.120 'We' could be overly reflexive - suggest passive tense - and particularly as it was only 2 student authors who collected the data.6.130 Any implications for the translation process being done before analysis (eg loss of idioms etc see Temple B, Young A. Qualitative Research and Translation Dilemmas. Qualitative Research. 2004;4(2):161-178)6.134-137 Seems to be out of sequence. This is detail at the level of one stage of Braun and Clark for example. Just needs moving to next paragraph.6.141 It is not clear how both thematic analysis AND framework analysis were used. Braun and Clark do not discuss framework and it is a different process arguably; framework being more structured and methodical arguably and suited to policy research. Suggest either explaining why and how both analyses were used or review and decide if actually one was used more predominantly and report that.6.144 Good to consider COREQ but this applies to all aspects of qualitative reporting so should it be clarified that it applies to all aspects (eg methods, discussion etc?)Findings/results17.159 - more usual to use a first name pseudonym; using title and surname seems unusual (and would the physicians/doctors not use the title 'Dr' also and not 'Mr' or 'Ms'8.161 heading is more of a question and would be better written as an actual theme - eg pharmacists are competent to vaccinate; then let views on other HCPs emerge as a sub-theme.8.168 'solid knowledge base' needs clarifying.9.172 don't repeat the occupational role (it's in the table).9.176 Can this quote be checked as the participant says 'And that is why I feel...' but most people use truncation and say 'that's' and do not emphasise the 'is' - I realise this is translated but it seems slightly artificial and needs checking.10.197 again the heading is a topic or like a question and not an emerging theme. Themes should be independent and represent what analysis revealed and not be a category that the reader can only understand if they read the text. When trying to describe say, Habermas's social theory, it would not be helpful to say he created 'different forces in society' and 'system' and 'lifeworld' are more specific and appropriate. You can go on to refer to the broader topic but not as a heading.10.197-205 Is this helpful data? You seem to have asked the participants what their knowledge of training and competency was - this does not draw on the strengths of qualitative research,. 203-205 is much more interesting and could be expanded on further.10.203 'room for improvement' is too informal and seems to echo the 10.209 quote.10.213-217 - too long and highlights the extremes of very short fragments of quotes to, as here, overly long ones.11.225-227 Is exposition and not data.11.235 A much more interesting and nuanced theme although quotes were often still short fragments (eg11.259-263 is just a list of phrases and words. However, as the abstract and</p>
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	<p>discussion summarise, it is mainly the lack of co-operation and negativity arguably and this needs adding to the theme title, which is currently (like many others) more of a topic or neutral statement. Show the normativity where it is relevant to.14.313-314 is more discussion point and also did the participants 'discussed' in a spontaneous sense or did you ask them and they responded?15.330 'discrepancy' is not the correct term; 'differences'15.341 great quote.15.355 is a discussion style and not appropriate for the findings.17.381 Is Harvard style not Vancouver and why Harding et al when it is only Harding and Taylor and why is th ref 39 linked to this as it's different authors.</p>
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REVIEWER	Schafheutle, Ellen The University of Manchester, Stopford Building, Oxford Road, Manchester, Division of Pharmacy, School of Health Sciences, Faculty of Biology Medicine and Health
REVIEW RETURNED	28-Jun-2021

GENERAL COMMENTS	<p>GENERAL COMMENTS</p> <p>This is an interesting and well written paper which addresses the topical issue of vaccinations delivered via community pharmacy – something which will likely gain increased interest still in light of the ongoing COVID-19 pandemic. Evidence on this issue is emerging, and this qualitative paper can add a Swiss perspective.</p> <p>Introduction</p> <ul style="list-style-type: none"> - My understanding is that pharmaceutical care in Switzerland is relatively advanced with regards to vaccinations, across Europe, a point which could be strengthened/ clarified? - Important insights can be gained from vaccination roll-out and uptake in the UK, particularly influenza vaccines and some of the barriers identified here. - Inter-professional collaboration and tensions between community pharmacists and family physicians (general practitioners in the UK) play a role with regards to vaccinations, and citations of other existing research can further inform the issues raised in the introduction, page 5, lines, 83 to 92. - Thornley et al. have published a number of papers, which could usefully inform the context (introduction) of this study, such as.[1-3] There is also some relevant detail in this paper, where funding conflicts with regards to influenza vaccinations specifically are discussed.[4] These conflicts were removed recently, with vaccinations in community pharmacy increasing significantly year on year. - Should the authors wish to look at parallels to doctors in Switzerland being able to self-dispense/ sell medicines to their patients – thus potentially removing this income source from community pharmacies – they may wish to look at some of the published evidence around dispensing doctors. They still exist in the UK, with the justification of serving potentially underserved, and therefore commonly rural, populations. Some of the published evidence is probably 20-30 years old, but may be worth looking at. - More broadly, it would be good to draw on the wider existing evidence, not just on vaccinations but particularly professional boundaries and known barriers to physician-pharmacist collaboration to contextualise the situation in Switzerland, grounded in competition for funding/ income. <p>Methods</p> <ul style="list-style-type: none"> - I am interested to find out a bit more about the thinking behind/ justification for conducting interviews “with two participants
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simultaneously” (line 117). This is not a common approach or one I am familiar with. Was the intention to achieve some kind of interaction between participants, akin to what is achieved in larger focus group discussions? Or was this more about efficiencies? Also, how was confidentiality assured, how were potentially sensitive issues handled in such combined interviews?

- Line 121: Did existing research also inform the topic guide? Here I am thinking specifically of evidence on the provision of vaccinations in community pharmacies, and also existing tensions between pharmacists and general practitioners in primary care.
- Line 121: It is unusual to specify a number of questions used in a topic guide, as these tend to provide the framework for potential questions and prompts that can be used to gain insights into the topic(s) under investigation, with room for further issues to be raised also.
- How was data saturation confirmed? This could also be noted in the results or indeed discussion. Fourteen participants, especially if conducted as just seven interviews in total, strikes me as potentially limited.

Results

- How many interviews were conducted? Seven?
- I would like to be reassured that participant confidentiality is not breached. I realise that pseudonyms are used. However, by identifying the detail displayed in table 2 (line 159) I am concerned that somebody familiar with the involved organisations and people working within them, could potentially identify who they are.
- As one of the identified themes was “Inter-professional cooperation between physicians and pharmacists” (line 235), I would advise to engage with existing evidence in this area, beyond vaccinations, in the discussion (and possibly also the introduction). I would expect that competitions for the same pots of money/ income will at least contribute to the lack of collaboration between pharmacists and physicians, and this can be nicely illustrated with the vaccination example, which is otherwise viewed favourably internationally, as a service which pharmacists are well placed and indeed qualified to provide.
- Line 271: “physicians having a “fear” of pharmacists overstepping their professional roles” can also be picked up in the discussion, as this relates to established issues of professional boundary encroachment – again, suitable references exist.
- Line 304 – fascinating: “According to him, pharmacist-physician cooperation would lead to difficulties in defining who is in charge and responsible for vaccination decisions.” – Just a thought, but shouldn’t the patient (client) be in charge of decision about their vaccinations? This is summarised nicely in this quote: “I treat patients and not vaccination rates. My primary goal is to protect those [with vaccines] who want to be protected, and to counsel them as objectively as possible.”

Discussion

- Lines 379-491: I would suggest that the detail discussed here should be incorporated into the introduction. Instead, the discussion should focus on the main novel contributions this study makes, both to the Swiss but also the international evidence. To me the main one is about inter-professional tensions and a related lack of effective collaboration (or even willingness to do so). Such conflicts (particularly funding conflicts in the first instance at least) create a real barrier to providing vaccines which are safe and appropriate to patients via community pharmacies. So instead of

dealing with this as it is in lines 391-401, I would recommend the authors engage more broadly with barriers to vaccinations being delivered via community pharmacies, and indeed the existing evidence of boundary encroachment and barriers to inter-professional collaboration. Vaccinations serve to illustrate this well, as vaccination services are relatively straight forward services, which both patients and doctors otherwise view as positive.

- In the UK, there was resistance from general practitioners (family doctors) to community pharmacies delivering influenza vaccines funded by the NHS. However, once systems were enabled to 'talk' to each other, and vaccinations delivered in community pharmacies counted towards physicians' QOF (Quality Outcomes Framework – payments and incentives system), the situation changed and community pharmacies delivered increasing numbers of flu vaccinations in 2020/21 (<https://pharmaceutical-journal.com/article/news/pharmacies-in-england-delivered-a-50-increase-in-flu-jabs-per-pharmacy>).
- Lines 401-407: The comparison with 'self-dispensing' physician practices is interesting. If this is retained, there will likely be some evidence – possibly 20-30 years old – in the UK, on what is called 'dispensing doctors' here.
- Overall, I think it is important that issues which are relevant specifically to the Swiss context are balanced with relevance internationally, in different healthcare systems – what can others learn from the specific circumstances there?
- Lines 415-428: Again, I would incorporate this in the introduction and/or deal with it much more briefly in the discussion.
- Lines 437-438: Qualitative findings should not serve to be generalised anyway, so slight rewording here?
- Line 439: One way to deal with language specific issues/ validation is to list – as an appendix or supplementary file – all included quotes in their original wording in French or German next to their English translation. This allows for a form of validation from readers who understand both or all three languages, and it contributes to transparency.

Conclusion

- Line 446: By following my suggestion to engage with existing evidence on physician-pharmacists inter-professional collaboration, I believe the conclusion can be strengthened.

References

1. Anderson C, Thornley T. "it's easier in pharmacy": Why some patients prefer to pay for flu jabs rather than use the National Health Service. *BMC Health Services Research* 2014; 14.
2. Kirkdale CL, Nebout G, Taitel M, Rubin J, Jacinto I, Horta R et al. Implementation of flu vaccination in community pharmacies: Understanding the barriers and enablers. *Ann Pharm Fr* 2017; 75(1):9-16.
3. Anderson C, Thornley T. Who uses pharmacy for flu vaccinations? Population profiling through a UK pharmacy chain. *Int J Clin Pharm* 2016; 38(2):218-222.
4. Hindi AMK, Schafheutle EI, Jacobs S. Community pharmacy integration within the primary care pathway for people with long-term conditions: a focus group study of patients', pharmacists' and GPs' experiences and expectations. *BMC Fam Pract* 2019; 20(1):26.

VERSION 1 – AUTHOR RESPONSE

Reviewer: 1

Comments to the Author:

This is an interesting study that highlights interprofessional rivalry in the health sector, relating to vaccination.

I have a few but very important comments which need clarification:

In the methods section, the authors state as follows "Transcripts were coded and analyzed using thematic analysis, following Braun and Clarke's 6 phases in order to organize and analyze the data. [33] To structure and support the analysis, we used the Framework Method by Gale and colleagues. [34] In line with the Framework Method, the analysis of the coding scheme and themes was reviewed independently by other group members."

Two qualitative analysis approaches were cited. The first is the thematic analysis which involves the following steps.

- 1: Become familiar with the data,
- 2: Generate initial codes,
- 3: Search for themes,
- 4: Review themes,
- 5: Define themes,
- 6: Write-up

The other is Framework analysis which ideally uses the following steps:

1. familiarization;
2. identifying a thematic framework;
3. indexing;
4. charting; and
5. mapping and interpretation

The authors indicate that they used both methods (which is confusing). Given that they did not describe the approach used, but rather left citations, it is unclear to the reader how the data was analyzed.

The authors need to ensure that they describe each step followed in their data analysis.

RESPONSE: We mainly used Braun and Clarke's 6 phases for thematic analysis. The Framework Method, as described by Gale et al., was mentioned, because of some overlapping phases, as familiarization with data and the independent review of themes by different group members. However, to avoid confusion for readers, we have decided to remove mention of the Framework Method and opted to mention thematic analysis in the manuscript.

Minor issue:

The conclusion ideally should present the authors own thoughts and recommendations. Thus it is not often the case to have citations, which imply that the conclusions did not necessarily originate from the findings of the study. Authors should look into this and make a stronger concluding statement drawn from their own findings

RESPONSE: We have modified the conclusion accordingly.

Reviewer: 2

This is a helpful paper which reports on a very topical issue of improving vaccination rates . It draws on inter-professional issues (indeed rivalries and power) and offers an interesting insight into what are perceived to be the roles, limitations and opportunities for pharmacists, doctors (and others) to offer vaccinations. This is done in the context of Switzerland and is a good case study example focusing on this setting.

It was not clear why two approaches to analysis were undertaken and this does need clarifying as it is usually the case to use either thematic analysis or framework analysis.

Response: We have addressed this issue, as described above and in the track changes of the manuscript.

The paper would also benefit from revision in the results (findings) and the comments below hopefully illustrate where this is needed.

Key issues are the over-use of very short words or phrases instead of more substantive quotations which do not give a realistic sense of how participants responded; where longer quotes were used they were at times not necessary or overly long so a better balance is needed.

Response: We have updated the manuscript accordingly. Changes can be seen in track changes.

The other main aspect related to the heading (themes) which were often too generic and seemed to reflect topic areas or what the study was aiming to cover; these need to more accurately reflect the actual emerging themes and if possible convey more the normativity and not try to be so neutral where it is clear a theme had a positive or negative or mixed connotation.

Response: We have updated the manuscript accordingly. Changes can be seen in track changes.

The early themes were less interesting and not as rich and at times also seemed to be reporting on what participants knew about Swiss training (which is not helpful to a reader) and could be reviewed.

Response: We have updated the manuscript accordingly. Changes can be seen in track changes.

Discussion links well to other papers and shows how vaccination policy is as much yet another example in the sociology of the professions of continued role boundary work and professional powers/hierarchy.

The authors may want to consider briefly the wider literature on this (from Friedson to Mary Elston to Bryan Turner etc); Taylor and Harding are represented.

Specific points to consider:

1.1 long title - consider shortening

RESPONSE: We have shortened the title in the revised manuscript.

1.5 - not sure why the Swiss National Research Programme NFP74 is listed as author - is this a group of other people? Seems to be a study.

RESPONSE: We have removed the NFP74 (which is our own National research program) from the list of authors.

2.22 abstract intro 1-2 sentence needed for context before aims

RESPONSE: We have added some sentences to better contextualize.

2.31 'pharmaceutical' or 'pharmacy' - former implies industry/chemist also which is wider.

RESPONSE: We have updated and used the word "pharmacy".

2.33 counseling - US spelling

RESPONSE: We have corrected with US spelling.

Intro - good clear

3.62 - very specific about Switzerland - could it be widened to capture not just his country particular in the opening sentence/paragraph?

RESPONSE: We have widened up the section to capture other Western countries.

3.63 'high vaccination rates' for what? COVID? Or general vacc/imm programmes?

RESPONSE: We are referring to general vaccination rates.

3.65 Vancouver references before full stop.

RESPONSE: We have adjusted accordingly.

4.70 (and ref 10) can more be said apart from pharmacists just being involved? Is there any evidence of benefits, as your study is trying to ascertain?

RESPONSE: We have expanded the section.

4.87 say 'such as anaphylactic reactions' and not 'ie allergy'

RESPONSE: We have updated accordingly.

4.84-89 very long sentence and not clear if refs 13 and 28 support the important later claim about revenue/financial factors for doctors.

RESPONSE: We have shortened the sentence. Both reference 13 and 28 support the claim about the financial factors for doctors.

4.89-92 seemed overly long counter-claim and again perhaps too specific to Switzerland? Seems to move the argument too far from vaccination activity to wider professional boundary issues (although fascinating!)methods

RESPONSE: We see how this moves the argument to wider professional boundary issues, but we suggest keeping it because it is an important and fascinating topic. We have expanded the focus to include the UK in addition to Switzerland. These changes can be seen in track changes.

5.111 give initials not author order number.

RESPONSE: We have updated accordingly.

5.112 publicly available emails?

RESPONSE: The participant's emails were publicly available.

6.117 - unusual to do two interviews together. What implications were there for the data collected?

RESPONSE: It is common practice in qualitative research to have the flexibility to adapt to the requests of study participants. The interview was conducted with the chief physician and chief pharmacist of the same canton. They often work together on important health care topics, such as vaccination. Therefore, an inter-professional interview was possible. Opinions of both professions could be directly compared with both study participants at the same time.

6.117-8 - move to end of methods

RESPONSE: We have updated accordingly.

6.120 'We' could be overly reflexive - suggest passive tense - and particularly as it was only 2 student authors who collected the data.

RESPONSE: Since the final interview guide was designed by 5 team members, we decided not to use passive tense. We also find that passive tense can lead to ambiguity.

6.130 Any implications for the translation process being done before analysis (eg loss of idioms etc see Temple B, Young A. Qualitative Research and Translation Dilemmas. Qualitative Research. 2004;4(2):161-178)

RESPONSE: This type of analysis and consideration goes beyond the scope and interest of our study. We thank the reviewer for this recommendation and will keep it in mind in case we need to think about the loss of idioms in future qualitative work.

6.134-137 Seems to be out of sequence. This is detail at the level of one stage of Braun and Clark for example. Just needs moving to next paragraph.

RESPONSE: We have moved this information to the next paragraph.

6.141 It is not clear how both thematic analysis AND framework analysis were used. Braun and Clark do not discuss framework and it is a different process arguably; framework being more structured and methodical arguably and suited to policy research. Suggest either explaining why and how both analyses were used or review and decide if actually one was used more predominantly and report that.

RESPONSE: We have revised the manuscript accordingly, as describe above in response to a previous reviewer's suggestion.

6.144 Good to consider COREQ but this applies to all aspects of qualitative reporting so should it be clarified that it applies to all aspects (eg methods, discussion etc?) Findings/results1

RESPONSE: We have mentioned this the methods section.

7.159 - more usual to use a first name pseudonym; using title and surname seems unusual (and would the physicians/doctors not use the title 'Dr' also and not 'Mr' or 'Ms')

RESPONSE: In Switzerland, it is common practice to use surname pseudonyms. We therefore found it more suitable to use surname pseudonyms. We changed Mr/Ms to Dr. where applicable.

8.161 heading is more of a question and would be better written as an actual theme - eg pharmacists are competent to vaccinate; then let views on other HCPs emerge as a sub-theme.

RESPONSE: We thank the reviewer for this suggestion and have updated accordingly.

8.168 'solid knowledge base' needs clarifying.

RESPONSE: We have replaced solid with "fundamental"

9.172 don't repeat the occupational role (it's in the table).

RESPONSE: We do not find that the repetition distracts from the text and instead chose to leave it as is since it does not cause us to go over the word limits.

9.176 Can this quote be checked as the participant says 'And that is why I feel...' but most people use truncation and say 'that's' and do not emphasise the 'is' - I realise this is translated but it seems slightly artificial and needs checking.

RESPONSE: We have updated accordingly.

10.197 again the heading is a topic or like a question and not an emerging theme. Themes should be independent and represent what analysis revealed and not be a category that the reader can only understand if they read the text. When trying to describe say, Habermas's social theory, it would not be helpful to say he created 'different forces in society' and 'system' and 'lifeworld' are more specific and appropriate. You can go on to refer to the broader topic but not as a heading.

RESPONSE: We have updated the manuscript accordingly in track changes.

10.197-205 Is this helpful data? You seem to have asked the participants what their knowledge of training and competency was - this does not draw on the strengths of qualitative research.

RESPONSE: This topic emerged during the interview when we asked participants if they want to change anything about their education on vaccination topics. Since it was discussed by all participants and we realized that both professional groups did not know much about each other's training, we have included this in its own section.

203-205 is much more interesting and could be expanded on further.

RESPONSE: This topic is addressed in subsequent sections.

10.203 'room for improvement' is too informal and seems to echo the 10.209 quote.

RESPONSE: We have updated accordingly.

10.213-217 - too long and highlights the extremes of very short fragments of quotes to, as here, overly long ones.

RESPONSE: We have adjusted the section.

11.225-227 Is exposition and not data.

RESPONSE: We have clarified the sentence. Nevertheless, this information was provided by the participants.

11.235 A much more interesting and nuanced theme although quotes were often still short fragments (eg 11.259-263 is just a list of phrases and words. However, as the abstract and discussion summarise, it is mainly the lack of co-operation and negativity arguably and this needs adding to the theme title, which is currently (like many others) more of a topic or neutral statement. Show the normativity where it is relevant to.

RESPONSE: We do not fully understand the reviewer's comment nor how to concretely address it.

14.313-314 is more discussion point and also did the participants 'discussed' in a spontaneous sense or did you ask them and they responded?

RESPONSE: Participant discussed this topic spontaneously. It was not included in our interview guide.

15.330 'discrepancy' is not the correct term; 'differences'

RESPONSE: We have opted to use the term "differences".

15.341 great quote.

15.355 is a discussion style and not appropriate for the findings.

RESPONSE: We have moved this section to the discussion.

17.381 Is Harvard style not Vancouver and why Harding et al when it is only Harding and Taylor and why is th ref 39 linked§ to this as it's different authors.

RESPONSE: We have updated the manuscript accordingly.

Reviewer: 3

This is an interesting and well written paper which addresses the topical issue of vaccinations delivered via community pharmacy – something which will likely gain increased interest still in light of the ongoing COVID-19 pandemic. Evidence on this issue is emerging, and this qualitative paper can add a Swiss perspective.

Introduction

- My understanding is that pharmaceutical care in Switzerland is relatively advanced with regards to vaccinations, across Europe, a point which could be strengthened/ clarified?

RESPONSE: We are not sure we understand what the reviewer is referring to about his/her “understand that pharmaceutical care in Switzerland is relatively advanced”. We have already described how vaccination in pharmacies in Switzerland is a relatively recent development in the background/contextualization of the introduction.

- Important insights can be gained from vaccination roll-out and uptake in the UK, particularly influenza vaccines and some of the barriers identified here.

RESPONSE: We have updated the manuscript accordingly.

- Inter-professional collaboration and tensions between community pharmacists and family physicians (general practitioners in the UK) play a role with regards to vaccinations, and citations of other existing research can further inform the issues raised in the introduction, page 5, lines, 83 to 92.

RESPONSE: We have updated the manuscript accordingly.

- Thornley et al. have published a number of papers, which could usefully inform the context (introduction) of this study, such as.[1-3] There is also some relevant detail in this paper, where funding conflicts with regards to influenza vaccinations specifically are discussed.[4] These conflicts

were removed recently, with vaccinations in community pharmacy increasing significantly year on year.

RESPONSE: We thank the reviewer for these references and have updated the manuscript accordingly.

- Should the authors wish to look at parallels to doctors in Switzerland being able to self-dispense/ sell medicines to their patients – thus potentially removing this income source from community pharmacies – they may wish to look at some of the published evidence around dispensing doctors. They still exist in the UK, with the justification of serving potentially underserved, and therefore commonly rural, populations. Some of the published evidence is probably 20-30 years old, but may be worth looking at.

RESPONSE: We thank the reviewer for bringing this literature to our attention and have included additional research from the UK in the manuscript..

- More broadly, it would be good to draw on the wider existing evidence, not just on vaccinations but particularly professional boundaries and known barriers to physician-pharmacist collaboration to contextualise the situation in Switzerland, grounded in competition for funding/ income.

RESPONSE: We have updated the manuscript accordingly

Methods

- I am interested to find out a bit more about the thinking behind/ justification for conducting interviews “with two participants simultaneously” (line 117). This is not a common approach or one I am familiar with. Was the intention to achieve some kind of interaction between participants, akin to what is achieved in larger focus group discussions? Or was this more about efficiencies? Also, how was confidentiality assured, how were potentially sensitive issues handled in such combined interviews?

RESPONSE: We have responded to this issue in our response to the previous reviewer’s comment about conducting an interview with two participants. Since the two interviewees were colleagues and had proposed to do the interview together, they agreed to waive their confidentiality with each other as part of the interview process.

- Line 121: Did existing research also inform the topic guide? Here I am thinking specifically of evidence on the provision of vaccinations in community pharmacies, and also existing tensions between pharmacists and general practitioners in primary care.

RESPONSE: Although the qualitative interview guide was based on existing research on vaccinations in Swiss pharmacies, it was not based on any research describing tensions between physicians and pharmacists. These tensions arose as part of the research process and as themes developed from additional interviews.

- Line 121: It is unusual to specify a number of questions used in a topic guide, as these tend to provide the framework for potential questions and prompts that can be used to gain insights into the topic(s) under investigation, with room for further issues to be raised also.

RESPONSE: The goal of the interview guide was to provide a frame of questions we wanted to cover during the interviews. Since this is a semi-structured qualitative interview guide, it was also possible to discuss other topics with the research participants.

- How was data saturation confirmed? This could also be noted in the results or indeed discussion. Fourteen participants, especially if conducted as just seven interviews in total, strikes me as potentially limited.

RESPONSE: Fourteen participants were interviewed. Only one interview was conducted with 2 participants simultaneously, which means that 13 interviews were done in total.

Data saturation was reached after 9 interviews. After 9 interviews, no new additional themes continued emerged and we began hearing similar themes in subsequent interviews. The following 4 interviews confirmed the saturation. We have mentioned data saturation in the manuscript.

Results

- How many interviews were conducted? Seven?

RESPONSE: 13 interviews were conducted in total. One interview was conducted with two participants at the same time.

- I would like to be reassured that participant confidentiality is not breached. I realise that pseudonyms are used. However, by identifying the detail displayed in table 2 (line 159) I am concerned that somebody familiar with the involved organisations and people working within them, could potentially identify who they are.

RESPONSE: As mentioned we used pseudonyms. Moreover, all our participants work in large institutions or big health departments with many different sectors. Since there are more than one position in their institutions and we didn't mention their exact position in their organizations, we have decided to provide as little information possible that might identify study participants but enough information to contextualize the findings for readers.

- As one of the identified themes was "Inter-professional cooperation between physicians and pharmacists" (line 235), I would advise to engage with existing evidence in this area, beyond vaccinations, in the discussion (and possibly also the introduction).

RESPONSE: We have included references 25 and 26 (Bradley et al. and Cunningham et al.) and inter-professional cooperation between physicians and pharmacists».

- Line 271: "physicians having a "fear" of pharmacists overstepping their professional roles" can also be picked up in the discussion, as this relates to established issues of professional boundary encroachment – again, suitable references exist.

RESPONSE: We have updated the manuscript accordingly.

- Line 304 – fascinating: "According to him, pharmacist-physician cooperation would lead to difficulties in defining who is in charge and responsible for vaccination decisions." – Just a thought, but shouldn't the patient (client) be in charge of decision about their vaccinations? This is

summarised nicely in this quote: “I treat patients and not vaccination rates. My primary goal is to protect those [with vaccines] who want to be protected, and to counsel them as objectively as possible.”

RESPONSE: As an epistemological posture, we do not comment on participants being “right” or “wrong”. Our role as researchers in this regard is to report on the data that we collected from the qualitative interviews and not to correct them.

Discussion

- Lines 379-491: I would suggest that the detail discussed here should be incorporated into the introduction. Instead, the discussion should focus on the main novel contributions this study makes, both to the Swiss but also the international evidence. To me the main one is about inter-professional tensions and a related lack of effective collaboration (or even willingness to do so). Such conflicts (particularly funding conflicts in the first instance at least) create a real barrier to providing vaccines which are safe and appropriate to patients via community pharmacies. So instead of dealing with this as it is in lines 391-401, I would recommend the authors engage more broadly with barriers to vaccinations being delivered via community pharmacies, and indeed the existing evidence of boundary encroachment and barriers to inter-professional collaboration. Vaccinations serve to illustrate this well, as vaccination services are relatively straight forward services, which both patients and doctors otherwise view as positive.

RESPONSE: We disagree with this suggestion and have opted not to reorder our manuscript. If the editors disagree, we would be happy to revisit this issue in a next step.

- In the UK, there was resistance from general practitioners (family doctors) to community pharmacies delivering influenza vaccines funded by the NHS. However, once systems were enabled to ‘talk’ to each other, and vaccinations delivered in community pharmacies counted towards physicians’ QOF (Quality Outcomes Framework – payments and incentives system), the situation changed and community pharmacies delivered increasing numbers of flu vaccinations in 2020/21.

RESPONSE: We thank the reviewer for this additional information.

- Lines 401-407: The comparison with ‘self-dispensing’ physician practices is interesting. If this is retained, there will likely be some evidence – possibly 20-30 years old – in the UK, on what is called ‘dispensing doctors’ here.

RESPONSE: We thank the reviewer for this additional information and have updated the manuscript accordingly.

- Overall, I think it is important that issues which are relevant specifically to the Swiss context are balanced with relevance internationally, in different healthcare systems – what can others learn from the specific circumstances there?

RESPONSE: Since our qualitative data is limited to Switzerland, we have opted to mainly speak to the data’s relevance for Switzerland and leave any international comparisons embedded with the literature we have chosen to cite. We would not wish to overstep and make broad, sweeping claims about what other healthcare systems might learn from Switzerland’s case as vaccination in pharmacies and the issues we reference are, in other contexts, largely influenced by healthcare system specific settings. We therefore invite other researchers/clinicians to make these inferences by reading our work.

- Lines 415-428: Again, I would incorporate this in the introduction and/or deal with it much more briefly in the discussion.

RESPONSE: We have opted to leave the introduction and discussion sections as is.

- Lines 437-438: Qualitative findings should not serve to be generalised anyway, so slight rewording here?

RESPONSE: We have clarified this sentence.

- Line 439: One way to deal with language specific issues/ validation is to list – as an appendix or supplementary file – all included quotes in their original wording in French or German next to their English translation. This allows for a form of validation from readers who understand both or all three languages, and it contributes to transparency.

RESPONSE: Since we are not doing any linguistic analysis, we disagree as to the necessity of doing this and instead will only include the translated quotes in English as they already appear in the manuscript.

Conclusion

- Line 446: By following my suggestion to engage with existing evidence on physician-pharmacists inter-professional collaboration, I believe the conclusion can be strengthened.

RESPONSE: We thank the reviewer for these suggestions and have incorporated some of them into the updated manuscript.

References

1. Anderson C, Thornley T. "it's easier in pharmacy": Why some patients prefer to pay for flu jabs rather than use the National Health Service. BMC Health Services Research 2014; 14.
2. Kirkdale CL, Nebout G, Taitel M, Rubin J, Jacinto I, Horta R et al. Implementation of flu vaccination in community pharmacies: Understanding the barriers and enablers. Ann Pharm Fr 2017; 75(1):9-16.
3. Anderson C, Thornley T. Who uses pharmacy for flu vaccinations? Population profiling through a UK pharmacy chain. Int J Clin Pharm 2016; 38(2):218-222.
4. Hindi AMK, Schafheutle EI, Jacobs S. Community pharmacy integration within the primary care pathway for people with long-term conditions: a focus group study of patients', pharmacists' and GPs' experiences and expectations. BMC Fam Pract 2019; 20(1):26.