Reviewer’s report

Title: Professional Roles of General Practitioners, Community Pharmacists and Specialist Providers in Collaborative Medication Deprescribing - A Qualitative Study

Version: 0 Date: 15 May 2020

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Professional roles of general practitioners, community pharmacists and specialist providers in collaborative drug deprescribing - a qualitative study
I think this is potentially an important paper. A reworking with a better structure and the use of theoretical frameworks will greatly strengthen the manuscript.

Introduction:
Page 3, line 65- 'doubtful or even negative benefit-risk ratio' please change to high-risk or unnecessary medication to be consistent with the deprescribing literature.
Page 3, line 67- 'Deprescribing, defined as the proactive, systematic process of identifying and discontinuing medicines'. Please add to the end of this line 'which is considered to be inappropriate
Page 3, line 67-69- challenges to deprescribing also include the lack of evidence for deprescribing. See paper by Sawan et al(1)
Page 3, line 69-71 - the sentence attempts to outline the factors influencing deprescribing, however is vague. Please use the paper by Sawan et al. (2) to outline specific factors that influence deprescribing with a focus on the primary care setting.
Page 3, line 76-77 is missing a reference
Page 4, line 80-87- please be careful when using community pharmacists to explain approaches used in other countries. In Australia, only accredited pharmacists are involved in HMRs/RMMRs. It is best to outline the efforts of each country separately to avoid contradictions, see paper by Sawan et al (2).
Page 5, line 104-105- what about existing collaboration between the community pharmacists and specialists?
Please cite existing literature citing GPs, pharmacists and specialists role in deprecribing e.g (1, 2). There are other similar studies on this topic. However, no reference to these have been made. I would like to see a summary of the knowledge gaps to understand how the aim has been formulated.

Methods:
The study attempts to capture perspectives from various health care professionals, including community pharmacists. However, only three community pharmacists were recruited, and indeed
is a limitation of the study. The response rate for pharmacists is the same for GPs, does this mean that invitations were not sent out to many pharmacists? An explanation for the low recruitment is required.

The themes could be reorganised to better fit with the aims and organised according to a theoretical framework to explain the data clearer. For example. The Theoretical Domains Framework (TDF) or Behaviour change Wheel.

Analysis- Please provide a rationale for why conventional content analysis was used.

Lines 166-169 should be moved to the results sections as these are your identified themes.

Lines 172-174- Explanation for inclusions of few illustrative quotes is not necessary. Please revise.

Results:
I found the results section hard to follow in line with the aims of the study. The use of theory will help better organise the data.
I appreciate that the authors used tables for quotes, however the results section remains lengthy. This could be addressed by placing sections in a table with a description of the themes supported by quotes.

The theme 'Central manager of medication' can be described further in-depth. Was the specialists' perception that GPs had supremacy related to the specialists' self-efficacy and confidence to deprescribe. What were the views of pharmacists?

'Inferiority and negative self-image- Please also consider the perception of GPs self-efficacy towards deprescribing . Also, what about knowledge limitations of GPs in relation to the person of inferiority?

Person-of-trust to patients-Line 22-223 is unclear. Also, please highlight how does this theme relate to deprescribing. Consider highlighting the views of GPs and specialist towards patient reported barriers to deprescribing.

'Cps and CS tasks and delimitations in deprescribing' - based on the evidence provided a more appropriate title is 'CPs and CS tasks and role limitations in deprescribing' . Lines 252-253- do you mean that pharmacists perceive deprescribing to be beyond their scope of practice, this is not entirely novel. Pharmacists mentioned that they conduct medication reviews. In this, it would be interesting to know the perceptions of pharmacists towards using the findings of medication reviews to facilitate deprescribing by GP.

'Barriers to joint deprescribing approaches - barriers to interactions GP-CP/GP-SC are lengthy, overlaps with the previous sections and does not necessarily address the aim of the paper. The use of a theoretical framework will facilitate the separation of data into separate components.
Please review the strengths/limitation of the paper based on the small participation of pharmacists. Please rephrase line 450-451, as there other studies that have involved GP, pharmacists and specialists.


Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

Yes

Does the work include the necessary controls?
If not, please specify which controls are required in your comments to the authors.

Unable to assess

Are the conclusions drawn adequately supported by the data shown?
If not, please explain in your comments to the authors.

Yes

Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

Not relevant to this manuscript

Quality of written English
Please indicate the quality of language in the manuscript:

Needs some language corrections before being published

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