 Dear Editors,

Re: MEED-D-18-00673

Thank you for your email dated 10th December 2018. We are delighted that our manuscript has been provisionally accepted pending a second review. We have revised the manuscript to address these, and for your convenience have reproduced the feedback in full below with a point-by-point response to the issues raised (prefixed R). Our revisions are clearly marked using track changes in the revised submission.

COMMENTS FOR THE AUTHORS

1. The term 'Outcomes' are more commonly used in UK and not 'Competencies' which are commonly used in North America. I would like to see a reference for the claims made by the authors: "Competencies were selected to be identified since these are used throughout undergraduate and
postgraduate medical/healthcare training in the United Kingdom (UK).

R: Thank you for raising this. We agree that outcomes are more commonly referred to in the UK, and have referenced two key documents to support this, specifically relating to medical education.

2. The operational definitions of the terms/jargon they have used in the paper needs a reference. Needs a definition for the principles. This is important because when I look at the results Table 1: What the authors call 'Principles' - appear as competencies to me and what the authors have called 'Competencies' - appear as objectives or outcomes.

R: We agree with the author regarding the terminology used. The terms principles and competencies were used by the working group and have therefore historically remained the terms used in the final paper. We have changed these to domains and outcomes respectively, which are more consistent with the terminology used in healthcare education.

3. The participants for stage 1 and 2 were not selected by the researchers purposively. This might have affected the quality of data? I will suggest adding this to the limitations.

R: Thank you for highlighting this. We have added this potential for bias to the Limitations section.

4. I would like to see the demographics for both the national working group and medical education experts.

R: Thank you for suggesting this. We have added the demographics of both the working group and the expert Delphi panel to the Method and Results section (Tables 1 and 2).

5. The principles did not seem mutually exclusive e.g. 'Work as a practitioner in digital healthcare environment' covers all other principles identified in this study.

R: Thank you for highlighting this. We agree that there is overlap, and believe that we address this point in our discussion. In the same way that healthcare is dynamic and non-linear, many of these learning outcomes will relate to each other, and may not be measurable in isolation. We provide two examples of overlap in the discussion section, with reasoning for these.

6. Ensure accuracy in references

7. R: Thank you. We have reviewed the references for accuracy.

We hope that our responses to your comments address your concerns and that our revisions are to your satisfaction.

Yours sincerely,

Dr Sarah Pontefract MPharm PhD, on behalf of the co-authors