Reviewer’s report

Title: Patient and Public Engagement in Integrated Knowledge Translation Research: Are we there yet?

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Reviewer: David Evans

Reviewer's report:

This is an interesting, well-written paper on an important issue which I would like to see published, however there are several significant issues I think need to be addressed before I could recommend publication in Research, Involvement and Engagement. The key issues for me are as follows:

1. RIE is an international journal with an international readership, and the issues raised are relevant internationally, but at the moment the focus appears too narrowly on the issues in a Canadian context. Specifically, the authors focus on patient engagement and IKT, which is a Canadian conceptualisation of the more general issue of how to have more effective research translation into policy and practice. The authors briefly mention on p 7 that IKT is only one of a 'plethora' of approaches to the issue globally, but then only focus on IKT and do not consider what the implications of their thinking are for KT in other global contexts. I think the discussion on p 7 needs to be expanded to contextualise IKT more fully, and then the international implications of their conceptual linkage of patient engagement and IKT needs to be more fully explored in the later discussion and conclusions.

2. The terminological and conceptual challenges of the term 'patient engagement' (and related terms like involvement and participation) are not addressed until the bottom of p 12 whilst the term is used unproblematically before then. Who counts as a 'patient' and what about members of the public who are not now patients but are potential patients, or carers of patients? I think there needs to be a much earlier definition of terms and discussion of the conceptual challenges, not least because the term 'engagement' has very different meanings in different international contexts.

3. It is clear from the paper that in practice, patients have not usually been treated as one of the key stakeholder/knowledge users in IKT. This is of course one of the issues the authors are trying to address but the handling of this issue is awkward. In the definition of IKT on patients (but not the wider public) are listed as one of the groups of knowledge users, but later in the paper the phrase 'knowledge users and patients' appears, suggesting implicitly that the latter are not included in the category 'knowledge users'. Then in considering where patient engagement is in IKT, the authors report howly poor patient engagement is in
practice, and use a new term 'community members' which has not been previously used. Not only does this again raise definitional issues, but this also raises the question of how extensive or real any philosophical commitment to patient/public engagement really exists in IKT at all.

4. On p 17 it is stated that IKT is conceptually designed to address the power imbalances between patients and researchers/professionals through a commitment to co-leadership and co-production, but this does not seem to be the case at all from the evidence the authors themselves have just cited above. I would like to see a more robust assessment of whether there is any meaningful commitment to co-production/addressing power imbalances in the IKT approach.

5. The discussion of representation seems very dated and professionally focused. In my experience patient/public contributors never claim to represent others; they are there to give an alternative lived experience perspective. It is professionals who worry about representativeness, and often as a device to delegitimise patient perspectives. I think a much more nuanced discussion is needed here.

A few minor points:

1. Need to double check use of abbreviations/acronyms. Some are used before being define, e.g. KT used on p 4.

2. Some specific points/quotes end with a citation of multiple sources, making it unclear which the specific source is.

3. Page 13 - what is meant by 'engagement of patient engagement'?

4. Best to avoid 'it could be argued' (p 15) and 'This may be' (p 19) - anything could be or may be - need to be more definitive in what you are claiming

5. 'Equitable' has several possible meanings, and not clear what you mean on p 16 and later when you refer to 'equitable partners'. Do you mean 'fair' or 'equal' or something else. Certainly researchers and patients are never equal in terms of the power/voice they have in decisions.

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