Supplementary Files

Supplementary File 1. Summary of the characteristics of the four ICPOP-CSTs.

	Team A	**Team B**	**Team C**	**Team D**
Catchment area – Geography	Urban	Urban	Rural	Rural
Received referrals	General practitioner (GP), acute hospital, and primary care teams	GP, acute hospital, and some redirected referrals from another ICPOP-CST	GP, acute hospital, and primary care teams	GP, acute hospital, primary care teams, community teams
Team members	1. Consultant geriatrician 2. Senior physiotherapist (PT) 3. Senior occupational therapist (OT) 4. Senior speech and language therapist (SLT) 5. Senior medical social worker (MSW) 6. Advanced nurse practitioner (ANP) 7. Two clinical nurse specialists (CNS) 8. Senior dietitian 9. Physiotherapy assistant (PA) 10. Two administrative staff	1. Consultant geriatrician 2. Senior registrar 3. Operational manager 4. Two senior PTs 5. Two senior OTs 6. ANP 7. Clinical nurse manager 2 (CNM2) 8. Two CNS 9. InterRAI facilitator 10. Community connector 11. OTA 12. Project officer 13. Two administrative staff	1. Operational manager 2. Two senior PTs 3. Senior OT 4. ANP 5. Two CNS 6. CNM2 7. Senior MSW 8. Senior dietitian 9. InterRAI facilitator 10. Administrative staff	1. Consultant geriatrician 2. Senior registrar 3. Operational manager 4. Two senior PTs 5. Senior OT 6. InterRAI facilitator 7. Two ANP 8. Two CNS 9. Senior dietitian 10. OTA 11. PTA 12. Administrative staff
Vacant positions	1. Operational manager 2. Senior registrar 3. Occupational therapy assistant (OTA)	1. Senior MSW 2. Senior dietitian 3. Senior SLT 4. PTA	1. Consultant geriatrician 2. Senior registrar 3. Senior SLT 4. OTA 5. PTA	1. Senior MSW 2. Senior SLT
Triage process	Team and consultant lead	Consultant led	Team led	Consultant led
Number of interviews	9	9	10	11

GP: General practitioner; ICPOP-CST: Specialist community teams integrating care for older adults; PT: Physiotherapist; OT: Occupational therapist; SLT: Speech and language therapist; MSW: Medical social worker; ANP: Advanced nurse practitioner; CNS: Clinical nurse specialist; PTA: PT assistant; OTA: OT assistant; CNM2: Clinical nurse manager 2.

Supplementary File 2. This file provides additional quotes supporting the themes and subthemes identified in the study.

Theme One: Establishing Role Clarity and Professional Identity in Interprofessional Teams

Subtheme One: *Understanding and Communicating Own Role*

> "Our focus is on frailty and the ill… and seeing the role, particularly the role of dietetics in that of staying well and preventing or delaying the decline… and nutrition education for the rest of my colleagues to make sure they understand what I'm doing, and where the limits are as well." (Senior Dietitian 1)

Subtheme Two: *Clarity and Value of Understanding Team Roles*

> "I find it sometimes a little bit confusing because I would understand that, you know, say social worker is supposed to do this, physio supposed to do this… Whereas they feel that, they can say, oh, I'm busy, I won't be taking so and so on. Whereas as a nurse we don't, we can't even think that we can say, oh, I'm not taking this on, no matter how busy you have to take it. I say it's a mentality thing. We never say, myself and the CNS, we never say no to anything. But I do find that health and social care professionals have that wiggle room where they say, I'm saying no to this and, you know, I'm sending to primary care and stuff like that. Yeah, I can't do that. So that's the difference." (ANP 3)

> "I think there is often a lot of difficulty, or dare I say, conflict within the team with regarding other people's roles or understanding. I think that the boundary of what people do, or the referrals that they accept shift and change regularly, and it doesn't seem to be very clear-cut… There's no appropriate way to solve conflicts or even, with regards to understanding each other's roles, where conflict may often arise as a result of trying to advocate for the patient or I understand your role, we have no ways in which to navigate that, and it often results in conflict" (CNS 3)

Theme Two: Role Evolution and Development

Subtheme One: *Adapting and Expanding Professional Roles*

> "So, there's some things that cross over, but I suppose it's been learning about where the boundaries are. So, while it's trying to work, it's like this grey area trying to go. You need to know your own role, but you need to be open to learning more and not necessarily additional roles, but I suppose doing that little bit of crossover, but where the boundaries like sometimes, where there's a hard boundary saying, no, we can't do that." (CNM2 2)

Theme Three: Challenges Impacting Role Awareness, Clarity, and Evolution

Subtheme Three: *Lack of Shared Mental Models, Processes and Training for Interprofessional Working*

> "I think that's a gap where there isn't that opportunity for learning about ICPOP or integrated care or community services as a team. We still all are doing very siloed education and training." (Operational Lead 4)

> "On paper, we know that we don't take people that have been inpatient for a period of time. We don't take people that are known to another special geriatric service. We're actually in reality; we take all of these people. So, I just don't know that we're necessarily working in alignment with the referral criteria that's being set out." (CNS 3)

Theme Four: Strategies Supporting Role Awareness, Clarity, and Evolution

Subtheme Three: *Psychological Safety and Openness*

> "There's a curiosity to know about other disciplines, roles, but there's a comfort and a confidence that they don't fear that they don't ask because they don't know. I don't know because it's not my role or it's not my discipline, but I feel comfortable enough to ask the question and feel comfortable enough to be the expert in it." (Operational lead 2)

Subtheme Four: *Trust and Professional Respect for Role and Expertise*

> "I think there's so much more scope for their (OTA and PTA) role than we do when there's a bit of what you call it territory kind of type things with the Physios and OTs, for example. Well, that's not within their scope of practice, whereas I think we should be trying to encourage these to expand a little bit. And I think, as people get to know and trust each other that happens organically, you know, but at the same time, and you know, I think that's a big role." (Consultant 2)

Subtheme Six: *Learning-oriented Interprofessional Working*

> "I do think that helps, especially the MDT meetings, it is a space where we can bring up any concerns that you might have or discussions or ideas, and it is a good platform to discuss that… Through those discussions, people's roles become highlighted, and you learn what their remit is and their roles and responsibilities as well." (InterRAI facilitator 4).