Author’s response to reviews

Title: Complexity as a Factor for Task Allocation among General Practitioners and Nurse Practitioners: A Narrative Review

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Author’s response to reviews:

You have received three short and opposing reviews. I agree with reviewer 2 and 3 that language editing is needed. I recommend you to revise your manuscript according to the reviewer’s comments before resubmitting your manuscript again. However, I have some additional comments for you.

Response: Thank you for this recommendation. The manuscript has been read and corrected by a native English speaker.

I am not sure that your methodology a literature search in a scientific data base is appropriate to answer your research question and that your research question is focused enough. You might want to spend some thoughts what kind of review you are doing. See http://uow.libguides.com/systematic-review/types-of-systematic-reviews. You stated your aim is to investigate the use of complexity as a factor for task allocation among GPs and NPs in primary care by collecting and synthesizing existing evidence. The research question is a little unfocused and could benefit from being a little bit more specific.

Response: We have reconsidered the methodology applied to address our research question and agree that it primarily follows that of a narrative review. We have changed this in the title (line 2) and body text (lines 110 and 410). Furthermore we have specified our research question on lines 110-113 and now believe that the methods performed are appropriate for answering it.

There are complex tasks allocated to NPs by GPs but this does not mean that this is published in scientific journals. A review of policy documents might be better than looking for evidence (for what exactly? Please specify) in a scientific data base. I am certain that many tasks are shifted to NP in many countries, but no research on the topic is published. This is a limitation which needs to be acknowledged in the limitation section. This might be particularly the case in less developed countries.

Response: Thank you for this important addition. We have specified what we searched for in the articles retrieved from the databases (lines 104-110). We have also added the non-reporting of policy documents and information from less developed countries to our limitations (line 401-403).

Please clarify who you want to address or inform with your review (target audience). It policy makers
are in your target audience BMC Family Practice might not be the best journal. If Family Practitioners / GP are you target audience try to make the discussion and conclusion more relevant for this audience. Response: The target audience is now specified in connection with the objective (lines 110-113) and we have tried to emphasize the relevance for said audience throughout the discussion.

You need to spend some more thoughts on the term nurse practitioner. The role, education and administrative regulation (e.g. nurse prescribing) of non-medical staff in general practice is subject to huge variation between countries. You address this point already partially. I feel that lumping together experiences with NP from various countries must be justified to be meaningful. What is the rational? I am aware of many published complex tasks shifted to nurses in Germany which would fulfil the criteria to be included in your review. However German practice aids are not practice nurses e.g. as in the UK or in the US.
Response: Thank you for this comment. We have stated our rationale in the eligibility criteria from lines 148-151.

You only found evidence from few industrialized countries. It might be a reasonable limitation of your search to state that you were looking for evidence e.g. in developed countries.
Response: We have added the non-reporting of information from less developed countries to our limitations (line 401-403).

Kernick’s continuum needs to be explained in more detail, since many readers might not be familiar with this framework.
Response: Thank you for making us aware of the lack of detail concerning Kernick’s continuum. We have added some more information from lines 85-101.

Limitation see above.
A more meaningful conclusion would be possible with a sharpened focus of the review and clear target audience.
Response: We have tried to make the conclusion more meaningful for practitioners who may be seeking more insights into task allocation (lines 39-42 and 410-427).

I would like to thank the authors for this interesting manuscript, which addressed an important topic. I have a few minor comments, which I hope they find useful.
1.) The authors do not state why they chose to exclude studies before July 2006 or the reason they only included studies that were in English and German language. It may also be worth mentioning this in the limitations as excluding / not accounting for countries in other languages may have led to studies being missed by the search strategy.
Response: Thank you very much for making us aware of this. We have explained our rationale for the exclusion criteria (lines 143-147) and added the consequences thereof in the limitations section (lines 397-400).

2.) The author states that they read 823 full texts, which I find a bit overwhelming to conduct independently. This is not a suggestion but rather an observation. Is this possibly a typo or were there any additional steps that narrowed down the number of full-text studies?
Response: The eligible full texts were screened for the following words: complex, difficult, minor or easy in the context of task allocation using the search tool in Adobe Acrobat Reader DC© as described on 165-167. If this was the case the articles were read in full.

3.) The implications would benefit from a more in-depth discussion about some of the potential
methods that could enhance the allocation of complex care. Currently the only implication to further clarify the allocation of complex care is enhancing mutual role understanding. However, there are other factors, which can enhance skill-mix in primary care settings that are not addressed/covered in this section.

Response: Thank you for pointing this out. We have tried to include more factors, including interprofessional education, regulations, the potential for easier cross-country comparisons, higher job satisfaction, improved role identity and self-confidence, more transparent, fairer remuneration systems, and clearer regulations (lines 364-383).

4.) Are there any recommendations for future research as a result of this systematic review?
Response: We have added recommendation on lines 375-383.

Thank you for the opportunity to read MS# FAMP-D-19-00344R1 entitled "Complexity as a Factor for Task Allocation among General Practitioners and Nurse Practitioners: A Systematic Review." The review addresses an important issue in primary healthcare. However, I have some concerns regarding the methodological quality:

1. Line 96: in terms of publishing range (July 1st 2006 to November 28th 2017), please provide justification for why articles published before 2006 were not considered. Also the searches should be updated to check for any articles published within the past two years (November 29th 2017 to present).
Response: Thank you very much for making us aware of this. We now included our rationale for the exclusion criteria (lines 143-147) and added the consequences thereof in the limitations section (lines 397-400). Additionally, we have conducted an up-to-date search and adjusted the results accordingly.

2. Line 109: from my understanding, only PubMed was searched, so relevant articles could have been missed. In order to increase confidence in the results, the searches should be re-run on at least one other database (e.g., CINAHL).
Response: According to your suggestion, we have conducted the search in CINAHL and have adjusted the manuscript accordingly.

In general, I think the manuscript would benefit from being checked for grammatical and typographical errors. Also, when complexity is first introduced in the background section, the authors mention the Cynefin Framework (line 77) and Kernick's continuum (line 78), however, these frameworks are not defined in detail until the discussion section (lines 275-276; lines 264-265). I think it would make sense to move these definitions to the background where these frameworks are first listed as this should help to improve the reader's understanding.
Response: Thank you for this comment. A native English speaker has read the full text and made the necessary grammatical and typographical corrections. We also agree, that it makes more sense to have the descriptions of the Cynefin Framework and Kernick’s continuum in the Introduction and therefore have changed this (lines 77-101).

Thank you for giving me the opportunity to review this very up-to-date article with a very important topic for primary care. Complexity and skill mix are a subject of discussion in almost all countries and due to variety of systems of organization, reimbursement, protocols it is necessary to explore and try to define the optimal way for the introduction of transfer of tasks. Complexity for sure is one of the possibility hence the systematic review in the article is of most importance and interest for this journal. Methodologically, article could be upgraded. First of all PRISMA flow (Figure 1) looks like it was added later and does not "fall" properly into the text of the article. The authors should explore the ways to combine Figure 1 with Tables 1 and 6, which should basically be part of PRISMA flow. Also, according to the PRISMA flow, do reorganize the text accordingly: search strategy comes first and then
the description of eligibility criteria.
Response: Thank you for raising this point. We now include the information on reasons for exclusion in Figure 1 and removed the respective table. We have changed the order of the paragraphs according to the PRISMA flow diagram (lines: 122-132).

Line 149: this is not a summary, it still falls under methodology section
Response: “Summary of included studies” was a misleading subtitle. We renamed it “Study Characteristics” (line: 197) and left this section in the results (according to the PRISMA statement).

Line 157: Results of the analysis
Response: We have adapted the title to include your suggestion as seen on line 209.

223-225: Language issues, difficult to understand, recheck
Response: Thank you for making us aware of this issue. We have tried to resolve it by making two shorter sentences to facilitate understanding (lines: 274-278).

240: Please explain what is the meaning of substitute? 241: please explain what is the meaning of exclusive GP care and if it is exclusive why supplement is needed? This line is in contrast to 248-250. Please clarify.
Response: On lines 291-296 we have attempted to clarify the terms and explain them adequately in the given context.

242: Please explain the various scopes. Do they refer to the range of services provided? Or is it legislative scope defining the possible roles of NPs?
Response: The legislative scope of practice defines the range of services, which are provided by a NP. We have specified this on lines 297-298.

248: Are we talking about medical complexity?
Response: We agree that “complexity” in this context needed to be specified, which we have done on line 302.

The implications of the study as well as the results are a bit tricky and sometimes do not follow the analysis.
Lines 303-305: Inter-country basic model that could be upgraded and adapted to individual countries is not a possibility? Or, is it? Would it be good to move into this direction or leave things entirely to each country? In other words, is there a possibility of common inter-country ground or not?
Response: According to our results, it is unclear whether an individually adaptable model is a viable option. We have stated this in the implications section on lines 364-365.

307: Please clarify interprofessional education
Response: We have clarified what is meant by interprofessional education on lines 368-369.

311-312: It is not clear where the implication comes from that the roles are not mutually understood? From the literature review the impression is more in the direction of various mixed models of care where the team members adapt their roles according to the legislation.
Response: We have adapted the implications on lines 371-374, because the connection between mutual understanding and efficiency was not clear from our original formulation.

It would be smart if the author could add (in discussion section) the suggestion for further research. I
think one option could be overview of curricula in various countries that could potentially (in the case of synchronization) lead to closing the gap between various job descriptions.
Response: Thank you for this very relevant suggestion which we have integrated into our manuscript (lines 375-383).