Reviewer’s report

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

Version: 1 Date: 21 Oct 2019

Reviewer: Valentina Rupel

Reviewer’s report:

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 startegy comes first and then the description of eligibility criteria.

Line 149: this is not a summary, it still falls under methodology section
Line 157: Results of the analysis
223-225: language issues, difficult to understand, recheck
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.
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?
248: are we talking about medical complexity?
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 it si? 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?
307: please clarify interprofessional education
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.

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 sinhronization) lead to closing the gap between various job descriptions.

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

No

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

Yes

**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.

I am able to assess the statistics

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

Needs some language corrections before being published

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