Reviewer’s report

Title: A study of macro-, meso- and micro-barriers and enablers affecting extended scopes of practice: the case of rural nurse practitioners in Australia

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Reviewer: Martha MacLeod

Reviewer's report:

The idea of this manuscript is OK, that is, to explore the experiences and perceptions of NPs of their scope of practice. The secondary aim is to create a model to reflect how barriers and enablers may be generalized to other health professions, especially in the context of rural and remote practice. In its present form, these aims are not sufficiently realized.

The background needs to be developed more cogently. The need for this particular study requires explication, given the several Australian articles that cover the same ground (including those in the reference list).

The description of the scope of practice needs to be a bit more precise, in order for those in other countries to grasp the level of autonomous practice and clinical decision-making inherent in the NP role in Australia. For example, do NPs have their own panel of patients? Do they manage care? Can they practice autonomously, or are they required to work in partnership with designated physicians?

The notion of extended scopes of practice does not translate well internationally with regard to Nurse Practitioners, who have their own legislated scope of practice in several countries. Does the extension of practice mean extended past the RN scope of practice or extended past the legislated NP scope of practice? This clarification is critical.

Definition of regional, rural, and remote. It is important to identify what classification was used to delineate these designations, and why it was selected. This is particularly important given that more than half the respondents are in the RA2 designation, which could include suburban areas, and not rural areas at all.

Given that the second aim of the manuscript is to propose a model that could be generalized to scopes of practice in other professions, there needs to be a well-grounded argument in the background section of the need for such a model in order for the aim to make sense.
Although the methods are described quite well, there are some gaps that need to be addressed:

The inclusion of NPs' colleagues in the study is confusing. It needs to be clear why these secondary informants were sought, and what criteria were provided to the NPs for their recruitment. As it stands, the credibility of the secondary informants' perceptions in contributing to the findings is in question. Quotes from these individuals seem to be treated in the same way as quotes from the NPs themselves. It needs to be identified what credence is to be put on the colleagues' perceptions of the NPs' barriers to and enablers of the NPs' scope of practice. Would the findings change if only the perceptions of NPs about their scope of practice were included?

The framework and its underlying assumptions need to be briefly described. The descriptions of what counts as macro, meso and micro needs to be more consistently depicted in the description of the model, and then carried through in the presentation of the findings and the discussion. What counts at each of these levels is really quite confusing and seems somewhat inconsistent. It is important to note too, that Nelson et al. and Mulvale et al. do not have all the same dimensions, mostly because Nelson et al. is concerned about scopes of practice, and Mulvale et al. are concerned with interprofessional teamwork.

Although the interprofessional issues loom large in the playing out of a scope of practice, the manuscript needs to be really clear about its focus on scope of practice of a profession, vs the interprofessional work that they do. Clarity throughout the manuscript would be important.

It is odd that the model is not integrated into the Discussion section. In Nelson et al. on page 60, there is a very nice table of macro, meso, and micro barriers and enablers to optimum scope of practice. It would be helpful if rather than the diagram of the gears, that a table such as that one could form the basis of a reworked discussion. Are the barriers and enablers different than the ones identified in Nelson et al.'s scoping review, and if so, at what levels? Are there any barriers and enablers that have been identified in this study that are different than those that have already been identified in the several Australian studies on NP scope of practice? Such a delineation and discussion would be a helpful way to show what is new in this manuscript's findings and how the findings build on what is already in the literature. It would also provide a basis for the argument that such a model would be a good way to examine implementation of scopes of practice of other practitioners in rural and remote Australia. The extrapolation of the model to other professions is not really addressed, and if the manuscript is to address its second aim, then this component of the manuscript needs to be more fully developed (and other aspects of the discussion revised/deleted).
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.

Unable to assess

Are the conclusions drawn adequately supported by the data shown?
If not, please explain in your comments to the authors.

No

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.

Not relevant to this manuscript

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