Reviewer’s report

Title: The impact of physician-nurse task-shifting in primary care on the course of disease: a systematic review

Version: 2 Date: 27 April 2015

Reviewer: Jane Ball

Reviewer’s report:

This well-written and clearly presented review addresses a topic that will be of international interest. By focusing specifically on disease progress measures, and restricting the review to RCTs, the authors offer a valuable new perspective on the issues of tasks shifting in primary care.

Discretionary revisions

1. The search strategy is clearly defined, results clearly reported (both in the tables and text), and the authors are to be commended on their use of the Cochrane Collaborations tool for assessing risk of bias in the studies reported. More detail of how that was used – eg. if adapted – would be welcome.

Were any other quality criteria used in the assessment? For example to assess the internal and external validity? To help interpret the implications of the findings it would be useful to know if the studies reported/assessed treatment fidelity, in terms of the way in which activities were undertaken by both staff groups. For example, did studies include any measure of appointment time, or contact time, and was this the same for nurses and doctors? A reflection on this aspect of the trial designs would be a useful addition.

2. The data extraction includes whether the studies relate to RNs, LPNs or both. However, the narrative for each trial uses the generic term ‘nurses’ throughout – greater specificity of which category of nurses was involved, perhaps including the N=, would be useful. This could be combined with a reflection in the discussion on whether there are any differences in the studies – in terms of design or findings – between those that examine RN/NP roles and those looking at LPNs – ie. Does the grade/qualifications of nursing staff involved have any bearing on the reported effect on outcomes?

3. One aspect of the narrative synthesis presented in the results that I think could usefully, be enhanced, would be to provide a sense of the relative strength/quality of the studies, in the narrative synthesis. Having gone to the trouble of scrutinising the quality in some depth, readers might welcome the benefit of this insight reflected in the prose, to give a means of assessing where the strength of evidence lies, and which are the ‘better quality’ studies that we can have most confidence in.

This could then be reflected in the conclusion. Whilst the quality of the studies is
mixed and sample sizes generally small (as reflected in the conclusion), a few of the trials are nonetheless reported to have larger sample sizes of both nurses and patients, and to have been of better quality designs.

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests