Review of: "Implementing Task Substitution for Doctors and Nurses as a Key Element of Healthcare Reform"

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Potential competing interests: No potential competing interests to declare.

I wanted to take a moment to congratulate the authors for your outstanding contribution. Few suggestions

Suggestions :

- **Highlight the need for collaboration between doctors and ANPs:**

Need for collaboration between doctors and ANPs is mentioned, but more detail on specific models of collaborative practice could be added, such as interdisciplinary teams or shared decision-making frameworks. Highlight how these models have been implemented in various countries and discuss the impact they have had on patient outcomes and healthcare system efficiency.

- **Scope of Holistic Care in ANP Roles:**

The holistic nature of nursing care is emphasized, but it may help to provide more specific examples of how ANPs contribute to this holistic care beyond patient management and education. For instance, mention their roles in mental health support, end-of-life care, or preventive healthcare, especially compared to traditional doctor-led care.

- **Differences in Education**

The discussion on the differences between nursing and medical education is informative. However, expanding on clinical versus theoretical training could provide more insight. For example, doctors typically have more years dedicated to highly specialized clinical rotations, while ANPs may have a broader yet more integrated focus on primary care, patient-centered approaches, and health promotion.

- **Specialization**

Elaborate on the long-term benefits of specialization. Include examples of how ANPs with specialties (e.g., geriatrics, mental health) have improved healthcare delivery in underserved populations or areas where doctor shortages are prevalent.

- **Barriers to ANP Role**

Discuss the **barriers** to the expansion of ANP roles. Consider addressing issues such as:

- Resistance from medical professionals (due to concerns over professional boundaries or quality of care).
- Regulatory hurdles in terms of licensing and certification.
- Public perception of care delivered by ANPs versus doctors, especially in countries where this role is less developed.

- **Practice Impact**

Discuss how the focus on subjects like psychology, psychiatry, ethics, and palliative care contributes to improved patient care and outcomes. For example, how does comprehensive training prepare nurses to handle complex psychosocial issues that doctors may not have the time to address?

- **Emerging Trends:**

Highlighting emerging trends in ANP practice, like the growing importance of telehealth, especially post-pandemic, could be mentioned as a domain where ANPs are increasingly playing a key role, particularly in rural or underserved areas.

- **Policy Recommendations**

The concluding section could include more **explicit policy recommendations** for Poland based on the international comparisons provided. Suggest concrete steps such as:

-Developing **new educational pathways** for ANPs that align with EU and international standards.

-Implementing **pilot programs** to expand ANP autonomy in rural or underserved regions.

-Offering **incentives** for nurses to pursue advanced education and specializations.

- **LUX MED Experience**

The LUX MED. Sp. case study is very relevant and provides concrete examples of how nurses take on expanded roles. This section could be elaborated by comparing the **LUX MED model to public healthcare systems** and discussing how similar nurse-led models might be adapted in the public sector, particularly in primary care settings. This would make a compelling case for why expanding nurse roles in Poland is feasible and beneficial across both private and public healthcare domains.

- **Long-Term Care and Geriatrics**

Discuss specific interventions ANPs provide, such as medication management, palliative care, or fall prevention, which are crucial for this population. Adding such examples would emphasize ANPs' unique capabilities in these care settings.

- **Mental Health and Psychiatry Gap**

Expand on the mental health and psychiatry aspect of ANP practice. Including evidence from countries where nurse-led mental health programs have succeeded would strengthen this section.

- **Data on Nurse-Led Care Efficiency**

Include **statistical evidence** to support the efficiency and effectiveness of ANPs in improving healthcare access and outcomes. Studies from countries like the US and UK that show that **nurse-led primary care** can reduce waiting times, lower healthcare costs, and improve patient outcomes.

- **Recommendations :**

- Introduce nationwide guides and clinical mentors to support nursing and midwifery students as they enter professional practice.
- Develop teaching standards to improve the quality of education and clinical practice for nursing students, incorporating both academic and hands-on learning.
- Research Collaboration: Form research teams and networks between universities and healthcare providers to foster knowledge exchange and improve nursing practice.
- University-Level Experts: Appoint nursing experts at universities to evaluate and improve nursing education and practice.
- Compensation for Students: Motivate students by compensating them for their professional practice work in healthcare settings.
- Conclusion: I fully agree with the authors that ANPs' holistic approach can improve the management of chronic diseases, reduce hospitalizations, and ultimately contribute to cost-effective care, particularly in underserved areas.