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Task-shifting in healthcare systems

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On 5 June 2019, the Expert Panel on Effective Ways of Investing in Health held a meeting on Task shifting in the healthcare sector where they announced 8 Recommendations on how to best manage the currently ongoing process of task shifting. The meeting was chaired by **Aleš Bourek**, CEO of the Masaryk University Center for Healthcare Quality, who had spoken about „**Task-shifting and digital transformation of health care and services"** at the EZA-EUROFEDOP seminar on *Migration and its impact on the health care sector* on 16-17 May 2019 in Podgorica.

Martin McKee, Professor of European Public Health at the London School of Hygiene and Tropical Medicine, presented the Expert Panel's Opinion and talked about the definition of the process of task shifting in healthcare and its enablers and barriers and presented the Panel's recommendations.

He said that there are **three types of task-shifting in health**: 1) From health workers to machines, 2) From health professionals to patients and their careers and 3) between health professionals. Talking about the **enablers and barriers** in task shifting, McKee outlined amongst others that the role of professional associations is usually a positive one but can also lead to inter-professional conflicts.

The Working Group on Task-Shifting of the Expert Panel examined many comparative studies and summarised the evidence of the phenomenon of task-shifting. They concluded that *there is "little evidence for the rigid demarcation (…) between different health professionals (…) that exist in many countries", however adequate training and support is of essential importance.*

The following **eight recommendations** serve as a food for thought for EU policy debates about the changing nature of professional roles and about how to maximise health benefits and outcomes in the context of change:

1. In all cases of task shifting, the objective being pursued is clearly specified, the rationale for selecting task shifting as a means to achieve that objective is explained, and the evidence on which the decision is based is presented
2. There should be increased investment in research on task shifting, particularly focusing on settings that are inadequately represented and particularly in countries where there is very little research so far
3. Those responsible for training health workers actively ensure that they convey positive attitudes to interprofessional and team working and provide the specific skills necessary for task shifting
4. Those responsible for implementing task shifting should engage in dialogue to understand 'the expectations and fears of those who will be affected by it, including patients and their carers
5. Those responsible for health services need to evaluate and where necessary to intervene to improve the organisational culture of the facilities in order to ensure that they promote flexible approaches to working
6. Legislative and regulatory authorities review the rules that exist in their jurisdiction to assess the extent to which they put barriers in the way of more flexible ways of working
7. Task shifting to patients and their carers should recognise the goals, expectations and capacities of those adopting new roles
8. Decisions to engage in task shifting should be planned carefully, taking full account of the implications both for the individuals concerned and for the wider health sector

The debate that followed McKee's presentation centred around the role of patient organisations and pharmaceutical companies in the patient pathway.