European Commission

TASK SHIFTING AND HEALTH SYSTEM DESIGN

Opinion by the Expert Panel on Effective Ways of Investing in Health (EXPH)

WHAT?

Task shifting is viewed by the Expert Panel as the rational assignment of tasks currently undertaken by the health workforce. It represents an opportunity to ensure the most efficient and appropriate contribution of health workers, empowering staff, providing improved access to quality of care and increasing the resilience of health systems.

WHY?

The demands placed upon health systems and the opportunities to provide care are changing constantly. These changes often require new models of care, many of which challenge traditional hierarchical designs. Some of the changing pressures on health systems include:

- The development of technological advances.
- Continuing shortage of health workers and pressures to contain costs.
- New ways of working based on decentralisation of traditional hierarchical structures within organisations.
- Changing patterns of disease, in particular multimorbidity and frailty associated with antimicrobial resistance and ageing populations.

HOW?

The Expert Panel describes three aspects of task shifting, enhancement, substitution and innovation. Unlike the traditional approach to this topic, the Expert Panel views task shifting not as simply the transfer of certain activities from individuals with more complex skills, and often commensurately more expensive, to those with more common skills. A comprehensive approach to task shifting includes:

- Task shifting between different types of health workers
- Task shifting from humans (lay and professional) to technology
- Task shifting to nonprofessional community workers and volunteers
- Task shifting from health professionals to patients and their carers

Importantly, it recognises that task shifting can take place in both directions between groups with more complex skills and more common skills and between groups with similar but different skills.

Health and Food Safety

CHALLENGES

Although there is growing evidence that the current assignment of tasks within health systems can be improved, for example by challenging traditional professional hierarchies, overall, the evidence is limited. Moreover, it is often contextually bounded, so that what works in one setting may not necessarily work in another. The problem of limited evidence is particularly acute in areas such as self-management by patients and the enhanced role of technology, an area that is beset by conflicts of interest.

RECOMMENDATIONS

1. **Agree** the necessity for **proposals** for task shifting, with **clear objectives**, an explicit rationale, and a solid base of evidence.
2. **Develop and expand** the available body of **research**, especially in those areas of practice and those parts of Europe where it is lacking.
3. **Ensure** that **health workers** have the tools and **skills to work inter-professionally**, while at the same time creating environments that support the most appropriate distribution of tasks.
4. **Ensure** that there is a **common understanding and dialogue** between all stakeholders influenced by and **implementing task shifting**, regarding their expectations and fears.
5. **Improve organisational culture** from **centralised to decentralised** participatory flexible approaches for working in health services.
6. **Identify**, & where possible eliminate **unjustifiable barriers** created by existing legislation and regulations to task shifting that brings benefits for patients.
7. **Ensure** that the **processes** to shift tasks **empower** rather than disempower **patients**, **carers, and health workers**, establishing mechanisms to support them in their new roles.
8. **Take a holistic view** to task shifting, **recognising the implications**, for the individuals and the **health sector** more generally.

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