

Task support – delegation - shifting



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Task shifting



- WHO: described task shifting as the rational redistribution of tasks among health workforce teams
- healthcare tasks are shifted from higher-trained health workers to less highly trained health workers in order to maximize the efficient use of health workforce resources



- the global shortage of professionally trained healthcare personnel has encouraged novel applications of task shifting
- The task-shifting paradigm is now being applied to many fields

Critics

- traditional healthcare workers will be hesitant to turn over their traditional roles to less highly trained workers
- the emphasis on task shifting has overshadowed persistent challenges with training and retaining high-quality traditional healthcare workers



- above all, task shifting must be aligned with the broader strengthening of health systems if it is to prove sustainable
- the issue of who will do the work of healthcare will likely remain at the forefront of debates on how best to improve health for the global community



Concepts

- **Task support:** involves administrative and logistical support tasks: Needs no further legal effects except for securing the secondary professional secrecy
- **Task delegation:** delegate tasks or parts thereof to a third party, depending on the situation, under the supervision and responsibility of the practitioner: Employment agreements must be recorded
- **Task shifting:** structural redistribution of tasks between professions: Has far-reaching consequences

Effective Delegation



Terms

- The delegate must be adequately trained and competent to perform the task
- The delegating doctor must be convinced of the delegates ability and competence
- Structural consultations must be held between the delegate and the doctor who delegates
- Consultation, verifying and taking back of the assessment by the physician should always be possible
- The claimant must be informed about delegating a part of the assessment, the ultimate responsibility of the doctor and the ability to consult the (insurance) physician.



Education



- Delegating doctor ~ insurance physician:
 - Functional leadership
- The delegate:
 - Task-oriented
 - Training depending on:
 - the required competencies
 - the professional background

European survey

Questions:

- Are you currently working with task support/task delegation/task shifting in your country?
- Is task support/task delegation/task shifting considered in your country?
- Which tasks are transferred?
- How is the transfer (legally) regulated?
- How is supervision of the delegate arranged?

European survey

- Is education/training provided for the delegate? If so, what does it consist of?
- Is education/training provided for the delegating physician? If so, what does it consist of?
- What is the outcome of task support/task delegation/ task shifting?

Thank you for your attention

