



Empowering EU health policies  
on Task SHifting



## D5.3 SET OF RECOMMENDATIONS FOR TASK SHIFTING ACTIONS

31/03/2024



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## Table of contents

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<b>1. Introduction</b> .....	5
<b>2. The TaSHI project</b> .....	7
<b>3. Who are these recommendations addressed to?</b> .....	8
<b>4. Why is it important to read this report’s recommendations?</b> .....	8
<b>5. Set of recommendations</b> .....	9
5.1 Recommendations at European Union and national levels.....	9
5.2 Recommendations at organisational level.....	11
<b>6. Conclusions</b> .....	15
<b>7. References</b> .....	18

## **List of tables**

Table 1 - Types of task shifting

## 1. Introduction

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Health systems often face severe staff shortages, with struggling systems at risk of collapse (McPake & Mensah, 2008; Callaghan et al., 2010; Philips et al., 2008; WHO, 2013; Leong SL et al., 2021). Health workforce planning and appropriate management of human resources for health can support EU Member States to overcome challenges and utilise innovative solutions in the local contexts (Malgieri et al. 2015). Member States tend to focus on diverse aspects of managing health workforces, and health policy focuses on optimising the operation of health systems by various measures (Kovacs et al. 2021). Initiatives on task shifting can contribute to more effective organisation of care and human resources for health management at different levels, so committing to improving efficient and sustainable health systems in innovative ways. Task shifting contributes to the provision of essential healthcare services and reduction or elimination of healthcare shortages and inequalities by rationalising the redistribution of tasks. It constitutes an important strategy for improving accessibility, and thereby improving the health outcomes of the populations (Leong et al., 2021). Task shifting can be defined as follows: “Tasks can be shifted from health workers to patients and their carers, to machines, and to other health workers” (EU, 2019). There are various types of task shifting (EU, 2019), which we can summarise as i) Enhancement, ii) Substitution/Delegation; iii) Innovation, as described in Table 1.

<b>Changing roles</b>	
<b>Enhancement</b>	Increasing the depth of the job by extending the role or skills of a particular group of workers. Changing teamwork, that is, changes to the (way) of collaboration between at least two professions or more.
<b>Substitution/ Delegation</b>	Exchanging one type of work from one profession to another profession, breaking traditional professional divides. Re-allocation of tasks between physicians, nurses, pharmacists and other providers.

<b>Innovation</b>	Creating new jobs by introducing a new type of worker (or technology). Adding new tasks/roles. Supplementation of tasks or add-on of new roles that did not previously exist or were not routinely provided.
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*Table 1 - Types of task shifting (Apuzzo et al. 2024)*

Previous research show that task shifting can lead to significant benefits (de Haan et al., 2023):

- Task shifting can contribute to the sustainability of the health workforce;
- Task shifting can address staff shortage by better organisation of work and utilisation of team competences<sup>1</sup> ;
- Task shifting can be a powerful means to redistribute healthcare resources and empower health professionals (EU, 2019);
- Task shifting can promote the efficiency of care delivery and coordination at multiple levels and in multiple contexts by applying modern care models;
- Task shifting can be seen as part of a process of renewal of the concept of public health and the functions of the different health professions (Orkin et al., 2021);
- Task shifting can be a mean to improve quality of care, where evidence shows that activities are performed better by one group than another (Griffiths et al., 2023);
- Task shifting can enhance the health system and organisational resilience, especially where different professional groups can substitute for one another in emergencies;
- Task shifting can increase collaboration between healthcare workers and encourage teamwork (Maier et al., 2022);
- Task shifting can increase the skills of the staff by providing new scope of practice, advanced roles, advancement of new specialist skills and career opportunities;
- Task shifting can contribute to the financial sustainability of the health system by optimising the utilisation of all workers' competencies and avoiding that they

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<sup>1</sup> There are several negative consequences of the staffing shortage, such as increased mortality, increased hospital infections, increased attacks on healthcare staff and increased resignations by staff (Bridges and al, 2019; Mammen et al , 2023; Farr-Wharton et al, 2023).

spend time undertaking activities for which they are overqualified (EU, 2019; Maier et al., 2022).

- Task shifting is, however, not only a ‘tool’ that must be correctly applied and used. The WHO has been promoting its use in various healthcare contexts for years, while the previous models touching on task shifting existed since the early 2010s (Smith & Duffy, 2010a; Smith & Duffy, 2010b). Task shifting requires promoting a new culture through appeals and the promulgation of guides (WHO, 2007; WHO, 2008).

## 2. The TaSHI project

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The TaSHI project has run for three years and is part of the series of projects of the European Union, starting March 2020, when the European Commission published a call for project proposals within the third Health Program (HP3) to support reforms in the health workforce field. Targeting initiatives in various specific areas, one of them was defined as “Initiatives on task shifting”.

**Empowering EU health policies on Task SHifting: TaSHI** project was initiated by seven partners in six European countries. The participating countries were: Italy, Hungary, the Netherlands, Norway, Estonia and Lithuania.

Within the TaSHI project, task shifting pilot projects were implemented in various contexts and various healthcare settings. Task shifting initiatives have been studied both in the hospital and in the primary care context. The pilots concerned the involvement of different health professionals, including doctors (ophthalmologists and general practitioners), nurses, nursing assistants, and optometrists. Task shifting activities have been evaluated both between doctors and nurses in the field of primary care and mental health in Lombardy Italy, Lithuania, and Estonia, as well as between nurses and nursing assistants. Furthermore, task shifting pilots focused on the transfer of activities in wound care using remote technology in Norway, and between ophthalmologists and optometrists in the Netherlands.

### 3. Who are these recommendations addressed to?

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This report aims to provide a set of recommendations that involve good practices, results and conclusions gained through the execution of the pilot projects to strengthen the knowledge about task shifting and to foster the transferability and uptake of those initiatives. In addition, recommendations aim to support the implementation of effective strategies to improve organisational resilience and the development of a supportive working environment for the transfer of activities. Finally, the recommendations support implementers to facilitate the sustainability of the practice by strategy and plans for actions at different levels.

The recommendations are addressed to all stakeholders directly involved in health policy decisions related to the healthcare systems of European countries, and other stakeholders who have influence and impact on the governance, organisation, staffing, training, and legislation of healthcare in Europe. The specific actors we aim to encompass are the following organisations:

- At European Union level: EU bodies involved in health policy decision making;
- At Member States level: bodies involved in and having competency on health issues at national level (governments and health, finance, labour, legal, education ministries, government agencies, health authorities and background institutes dealing with health policy);
- At organisational level:
  - Healthcare facilities providing patient care (hospitals, polyclinics, healthcare companies, health community centres etc.) including the responsible leadership and management at organisational level;
  - Education and training bodies responsible for health workforce education (academia, state or regional bodies that deal with basic and continuous training);
- At individual professional level: healthcare teams, health professionals and their national and European professional associations - in particular, to initiate task shifting activities in a bottom-up manner;
- Patients and informal carers, and patient representatives<sup>2</sup> - in particular, to provide them with greater awareness and trust in the system and professionals.

### 4. Why is it important to read this report's recommendations?

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Initiatives that enable task shifting activities between the various professions, patients and digital health solutions should be increasingly considered in healthcare systems. The key

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<sup>2</sup> Please see for more details: End of project booklet for the public (Sziklai et al., 2024)  
<https://tashiproject.eu/tashi-outcomes/>

challenge for healthcare systems is a focus on the needs of patients, to better meet their increasing needs, and therefore to concentrate on the activities that need to be done given the fact that the health workforce is under pressure and facing increasing shortages. This implies that innovation is much needed, not focusing on concepts and visions, but realising tangible actions.

The advantages of task shifting should be widely known and utilised to enable the improvement of health service delivery and health workforce outcomes. Concerning the nursing profession for example, some sector associations such as the European Specialist Nurses Organization (ESNO) advocate this approach and are working for the advancement of careers and greater recognition of the nursing profession (ESNO, 2024).

## 5. Set of recommendations

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The following recommendations are based on evidence deriving from academic literature and the findings of the pilot case studies of the TaSHI project (Michelutti et al, 2022, Sundling et al, 2022). The recommendations are grouped according to target groups.

### 5.1 Recommendations at European Union and national levels

The recommendations at the European Union level address EU bodies involved in policy making decisions, while Member State level recommendations are addressed to governments and ministries, government agencies, health authorities and background institutes dealing with health.

#### At the European Union level

Recommendations at the level of the European Union, to improve policies on task shifting, are the following:

1. Raise awareness, advocate and promote task shifting initiatives in the EU.
2. Foster exploitation of the results of the TaSHI project by sharing recommendations and good practices as well as the “Guidebook on task shifting” with Member States.

3. Promote, integrate and sustain the opportunities of the task shifting concept in other EU projects and initiatives (e.g. suggest using innovative strategies such as task shifting to decrease health workforce shortages, including task shifting in health workforce planning tools, new skills and policies to mitigate 'medical deserts').
4. Map regularly the regulations of task shifting in EU Member States.
5. Create, facilitate and maintain connection and dialogue with European Member States to monitor the continuous development skills and competencies, including upskilling and reskilling, enhancement of transversal skills and task shifting.
6. Create an open online platform, where Member States can register their initiatives on task shifting.

### At the level of Member States

To take advantage of task shifting, also to address the staffing shortages, and to increase collaboration among healthcare professionals, the TaSHI Consortium recommends to:

1. Formulate a common definition and set up clear policy objectives at the national level regarding task shifting in compliance with European terminology and goals.
2. Empower umbrella health professional associations in enhancing the task shifting culture in national health systems.
3. Create a platform for dialogue and encourage active communication between national stakeholders (e.g., associations of professionals, healthcare providers and patient representatives). Continuous exchange among stakeholders from various professions could assist the identification of activities that may be the subject of task shifting, as well as the creation of agreements to regulate task shifting initiatives.
4. Establish accountability by designing legal frameworks, adapt legislation and facilitate regulatory changes to enable task shifting in a formal, institutionalised way, while guaranteeing the quality of care and patient safety.
5. Ensure availability and accessibility of documentation and guidelines listing and defining new tasks and division of responsibilities.
6. Use EU funds to improve the national health labour market and health workforce planning (e.g. Technical Support Instrument). Provide financial investments for

compensating professionals to take new advanced or enhanced tasks and responsibilities, and for training in task shifting.

7. Support and enhance trust towards the task shifting culture by awareness and sensitivity raising, increasing readiness and motivation of the population including the health workforce and citizens, considering that cultural change requires time.
8. Monitor and tailor task shifting activities by mapping good practices from European projects.
9. Implement and evaluate regularly national and sub-national level task shifting initiatives and projects, and promote that good practices are scaled-up to national level.

## 5.2 Recommendations at organisational level

At the organisational level, we address recommendations for institutes such as I) healthcare facilities providing patient care, e.g. hospitals, polyclinics, healthcare companies, health community centres etc.; and II) education and training institutes responsible for health workforce education (academia, state or regional bodies that deal with basic and continuous trainings). At the end, we consider the individual professional level, where we aim to provide recommendations to healthcare teams, health professionals and related national and European professional associations.

### For healthcare facilities providing patient care

In the TaSHI project, the TaSHI Consortium showed how important it is to establish and benefit from a bottom-up approach that might work better than top-down ones, with full involvement of professionals. Creating the task shifting culture and the task shifting-supportive working environment and organisational climate requires suitable leadership. Leadership to manage and oversee change should be established within a collaborative environment.

The TaSHI Consortium recommends to the management of healthcare facilities:

1. Use EU guidance and national legislation for enabling the conditions and pre-requisites of task shifting at the organisational level, starting from task shifting awareness. Propose regulatory changes if necessary.
2. Explore preparedness, openness and cultural sensitivity for task shifting among healthcare staff.
3. Map and evaluate organisational needs for specific knowledge on task shifting. Initiate and organise on-the-job training regarding task shifting and run interprofessional courses.
4. Give professionals a voice with internal dialogue - including identifying informal task shifting and valorising health professionals' experiences. Create an interprofessional and multidisciplinary way of working that proposes and evaluates the outcomes of task shifting initiatives. Facilitate the implementation of task shifting proposed and supported by the professionals.
5. Build trust for task shifting. Acknowledge and listen to doubts and worries, in particular regarding medical-legal and scope of practice issues. Support health professionals by providing protection systems, including insurance if new responsibilities occur or are shifted.
6. Create, discuss and share written procedures and establish protocols regarding task shifting with your staff within the current regulatory framework. Share your protocols and results at national and sub-national levels. If necessary, propose changes to regulatory levels.
7. Analyse and capture patients' unmet need(s) and use task shifting to fill the gaps, optimise patient logistics and increase service level. Explore and open to opportunities, in which certain tasks can be shifted to patients and relatives.
8. Provide careful information and communication to patients and the population in general so that they are informed of changes in responsibility.

### For education and training institutes responsible for health workforce education

To guarantee collaboration between the various professionals, the logic of training divided by single professional "silos" must be overcome through interprofessional training courses (WHO, 2010; WPHA, 2013).

The TaSHI project (Apuzzo et al., 2024, Sundling et al, 2022 and 2024), highlighted that continuous training is a strategic element of fundamental importance to guarantee the safety of care.

Based on this evidence, the TaSHI Consortium recommends to:

1. Recognise and integrate task shifting to health workforce education and continuous professional development (CPD) programmes. Design and run quality training programmes in task shifting. Insert task shifting into accredited training courses. If possible, link the training with microcredentials, to allow harmonisation at European level.
2. Facilitate training courses that are not divided into professional "silos" and foster interprofessional education (IPE) for collaborative practice. Call for awareness raising regarding IPE, organise conferences such as IPE Day, and promote associations debating IPE.
3. Monitor the need for transversal competencies (e.g. interprofessional teamwork, cultural sensitivity and communication) and ensure the prerequisites for task shifting.
4. Consider that the learning needs and objectives are linked to context-specific knowledge, skills and organisational setting (for example primary care, mental health care, advanced wound care, eye care etc.).
5. Provide possibilities for paid upskilling or reskilling trajectories (e.g. scholarships, internships, PhD student exchanges etc.).
6. Evaluate task shifting initiatives and disseminate findings.
7. Build collaborative networks with health service providers to ensure opportunities for on-the-job training and development on task shifting.

## For healthcare teams and professionals and related national and European professional associations

Health professionals are continuously required to update their knowledge and acquire new skills that are necessary for safe and high quality practice. Since medicine and the healthcare sector is constantly developing, health professions themselves are advancing as well. New skills and competences should be added to the existing skill set. From the experience gained in the TaSHI project, it emerges that each health professional could be an important change agent. By fostering awareness raising on task shifting - through the expansion of knowledge and competencies,- the ultimate goal is the improvement of the health and well-being of the population, thereby mitigating socio-economic and regional health inequities.

TaSHI Consortium recommends that each health professional becomes an active participant of change, through actions such as:

1. Keeping oneself fit to practise by participating in CPD training on transversal skills. Staying up to date by reading guidelines and academic literature, and knowing more about the team, including core competencies/job descriptions of the other professions.
2. Increasing connectivity in work relationships. Creating time to engage with and network with other health professional groups to break “silos”.
3. Identifying activities, which do not formally fall within one’s core competencies or scope of practice. Think about appropriate tasks and activities for informal task shifting, so they can be formalised. Propose task shifting activities or initiatives when realising the capacity to expand the general set of activities.
4. Maintaining cultural sensitivity for innovative ways of working and organising new care models and other innovative solutions in healthcare.
5. Understand the change, contributing to the change and steering the change for a more enhanced task shifting culture.
6. Create a link with professional associations about career prospects, opportunities for interprofessional education and practice and task shifting-supportive working environment.

7. As a professional association, stay up-to-date about the latest trends in medicine and healthcare sector and facilitate knowledge transfer and exchange with European umbrella organisations. Call the attention to aligning the professional profiles of the individual categories of professionals with changing organisational, operational or clinical responsibilities. Foster preparedness, openness and cultural sensitivity for task shifting among healthcare staff.

## 6. Conclusions

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The European project “Empowering EU Health Policies in Task Shifting” - TaSHI - has promoted evidence-based task shifting initiatives, to contribute to more flexible health systems and to better meet the evolving needs of health workers themselves and the population. In doing so, the TaSHI Consortium took into account the evolution and prestige of all health professions, which can be witnessed over time, as it emerged also consulting the literature (Dikken and al., 2022).

This project consisted of a literature review to evaluate research and policy experiences on the topic of task shifting. In addition, focus groups and a series of interviews with experts were held. All this information led to the generation of various pilot studies, in several European countries and among different groups of professionals, such as nurses, family and community nurses, optometrists, hospital doctors, ophthalmologists and general practitioners. The project’s strengths included the direct and active involvement of professionals in an inter- and multi-professional manner, as well as the extensive discussion and dialogue among several European countries. In some pilots, all the three levels were involved: system-level (through the participation of ministries and health authorities), organisational level (healthcare institutes) and individual (health professional) level.

The "Guidebook on Task Shifting" summarises the evidence and experiences gained from the pilot projects. It offers guidance to health professionals working in health systems across Europe (<https://tashiproject.eu/tashi-outcomes/>). It sheds light on the activities to be implemented, to give solid and recognition to healthcare professionals - and at the same time, guarantee flexibility, accessibility and quality of health services and systems.

We conclude that various factors must be considered simultaneously to successfully apply task shifting initiatives. The TaSHI project highlighted the importance of creating the task shifting culture that leads to an environment that supports the transfer of tasks, with the creation of an open, fluid and flexible organisational climate. The TaSHI Consortium recommends taking into account the prerequisites to achieve this: strategic resources, visionary leadership, supporting professionals from various professions, interprofessional guidelines, references, documentation and communication (Sundling et al., 2022; Apuzzo et al., 2024).

At the macro-, meso- and micro levels, several characteristics should be taken into account. The TaSHI Consortium recommends considering the following five types of interrelated characteristics that play a key role in initiating and implementing task shifting:

1) policy characteristics: ensuring a supportive macro-level environment and multi-level intersectoral governance. This would mean policy support and legislative matters. We have learned that task shifting often requires a regulation or formalisation of activities that are already transferred into daily practice (EU, 2019; Apuzzo et al., 2024). Regulatory barriers frequently impede or delay the recognition and formal acknowledgement of activities among the various professionals who provide healthcare services on a daily basis.

2) the system and job characteristics: improving the resilience of the labour market, exploring task shifting as job crafting and job enrichment, breaking down the professional silos, enhancing flexibility in service provision and developing trust and readiness towards task shifting. The importance of having health workforces and systems capable of providing quality services on a resilient and agile basis is universally recognised, and all this has become clearer especially in the years in which the world faced an unprecedented pandemic, such as COVID-19.

3) education and training characteristics: ensuring interprofessional education and promoting transversal skills, also identifying the shiftable tasks of health professionals. Awareness raising and understanding task shifting is essential not only for health professionals but also for citizens and patients. During the TaSHI pilot projects, the TaSHI Consortium learned that task shifting has a strong impact on healthcare activities and health professionals themselves, as well as on patients. According to the literature (Karimi-Shahanjarini, 2019), patients and their

informal carers must be informed as well, as they may initially be sceptical about receiving services from professionals other than doctors, differently from whom they used to.

4) task shifting process characteristics: for successful implementation, task shifting process must be carefully designed, planned and monitored, All the actors involved must be informed and educated about the possibility of transferring activities between the various healthcare professions. The ongoing analysis of supply and demand and analysis of the services and tasks carried out at the local settings are crucial steps. These collectively bring change, growth and formalisation/institutionalisation to individual settings.

5) individual characteristics – enhancing upskilling and reskilling, cultural sensitivity, compassion and trust, openness and adaptation to disruptive changes, and increasing motivation and job satisfaction. Health professionals, including practising professionals providing patient care and supporting staff responsible for leadership and management, must understand and acknowledge task shifting as an innovative strategy for more effective and resilient systems, organisations and individuals.

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