



CPME/AD/Brd/3004011/023_final/EN

On 30 April 2011, the CPME Board adopted the “CPME policy on the impact of task shifting on doctors in training” (CPME 2011/023 EN)

CPME Statement Impact of task shifting on junior doctors

In November 2010, the CPME adopted a policy on “task shifting” ([CPME 2010/128 Final](#)) which highlighted the need to ensure that the transfer of activities traditionally reserved for doctors to other health professionals “should only be through consultation and in accordance with the medical profession and not solely as a cost saving measure” and “that patient safety, quality and continuity of care should be the underlying objective of it”.

The increasing pressure on financial resources in some areas means that task shifting is likely to be on the increase.

There are a wide variety of duties which are now being done by other health professionals which would otherwise have been done by junior medical staff. This ranges from routine, simple tasks such as phlebotomy, to highly skilled complex procedures such as the undertaking of endoscopy clinics under the supervision of senior physicians.

All doctors need to acquire experience and to become competent in basic medical skills, but there are undoubted benefits in distributing the regular undertaking of these simpler tasks to other health professionals in order to allow junior doctors to develop more complex skills which must be undertaken by medical professionals.

There remain significant concerns about the impact of task shifting of these more complex procedures and skills to other health professionals, on the education and training of junior doctors. For example, some doctors training in surgery report that they have had fewer training opportunities in the operating theatre; some doctors training in general internal medicine have reported less exposure to performing endoscopy procedures, and those training in psychiatry have reported less opportunity to develop risk assessment skills in seeing patients who have self-harmed. In these situations, task shifting must not be at the expense of junior doctors who need experience to acquire these skills.

There is no evidence to suggest that newly qualified specialists are any less competent than their predecessors, but any of the situations described above may



potentially lead to a cohort of doctors in training who feel less prepared for independent practice as specialist physicians.

The CPME requests that each member state ensures that adequate training opportunities are ring-fenced for doctors in training, and that the wider impact of task shifting is investigated to ensure that patients receive care from the most appropriate health professional, without compromising on education and training standards for doctors in training.