CPME/AD/Brd/27112010/128_Final/EN

On 27 November 2010, the CPME Board adopted the "CPME Policy on Task Shifting" (CPME 2010/128 Final EN)

CPME Policy on Task Shifting

In October 2009, the WMA defined task shifting as a situation in which a task normally performed by a physician is transferred to another health care professional with a different or lower level of education or training, or to a person with specialized education to perform a limited task only, without having a formal health education (CPME Info 203-2009).

The CPME is particularly concerned about the fact that task shifting is often initiated by health authorities, without consultation with physicians and their professional representative associations.
The CPME wants to emphasize that patient safety, quality and continuity of care should be the underlying objective of organisation and reforms of healthcare. Therefore, task shifting, if decided by health authorities, should only be through consultation and in accordance with the medical profession and not solely as a cost saving measure.

As the WMA resolution points out, task shifting may carry significant risks, e.g. decreased quality of patient care, fragmented and inefficient service, lack of proper follow-up, incorrect diagnosis and treatment and inability to deal with complications.
However, used correctly, the shift of some tasks may enable better use of manpower and resources, free valuable time for physicians and therefore contribute to better care for patients.
In order to guarantee the safety of patients, this should always take place under the condition that the responsibility for diagnosis and therapeutic decisions cannot be divided and remains with a doctor, even if (s)he has shifted a task as described above.

The CPME strongly believes that task shifting should not be confused with or replace interactive team work and cooperation between doctors and other health professionals like nurses, physiotherapists, etc. who all make their unique contribution to the best care of the patient.
Such team work is to be coordinated by a physician since (s)he bears the responsibility for diagnostic and therapeutic decisions.

Finally, the CPME recognises that task shifting, even to less qualified workers, may be necessary in emergency situations and in countries facing extreme shortage of physicians where the only alternative would be no care at all. Even then, however, task shifting can only be a short term solution, and it is therefore crucial that measures are introduced to relieve these shortages. In some countries and regions, telemedicine could contribute to relieving the problem of physician shortage and, thus, secure that the responsibility for patient care remains with the physician.

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