29th January 2015

EJD Report

Joint DJS, LAD, EJD Workshop on Task Shifting 2015

Amsterdam, Netherlands

Saturday, 17th January 2015

MAIN OUTCOMES

Opening by Chella van der Post and Alexej Kuiper
This workshop will discuss on task shifting and its implications on training opportunities for junior doctors.

Opening by Carsten Mohrhardt
Task shifting is important to reduce the workload on more senior members of staff. However, care should be taken that tasks are shifted to persons who are qualified, and experienced enough. If this is not done, there is a risk of complications which would cause an even bigger workload for the medical staff.

Inquiry task shifting the Netherlands by Therese van 't Westende/Niene Peek
Niene presented an overview of task shifting throughout Europe using the results of a survey performed two years ago among the delegates. This showed that most countries have some form of task shifting with the majority of them with formal legislation in place. In most countries where this was absent, guidelines and protocols where in place to make up for the lack of legislation. Where task shifting exists, formal training programmes are in place to provide the required education and training. These could lead to a formal university degree in some countries.

In most countries this lead to a reduction in workload for physicians and improved the quality of healthcare.

While task shifting of certain basic procedures (such as phlebotomy) was well accepted among physicians, the shifting of tasks such as Echocardiography was seen as a threat to physicians and are less accepted.

Task shifting could result in a situation where a physician would need to step in when others have failed, but due to the reduced experience, they wouldn't be able to do it either.

Reinhard Griebenow: task shifting in Cardiology UEMS - medical specialists
Dealt with the question whether task shifting will affect training on an individual level, and also on how task shifting is implemented on an institution-level. On a political level: what the physician will do at the end of the day, and what they should be paid for.

Main reasons for task shifting are shortage of qualified professionals, and cost reduction.

He argued that task shifting should be acceptable in areas where there is a repetitive and automated process, and where this occurs under appropriate supervision. However, it is not acceptable if there is substitution instead of delegation of a task.

On an individual level, there is a loss of competence (both to train and to execute since the task is not performed anymore) which may lead to loss of reimbursement. Hence he argued that specialists should still be able to do the task themselves. This will also result in future generations of physicians to lose the skill completely since there won't be physicians who are competent in it.

Every specialty should reflect what the basic skills and tasks of their specialty are and retain them, and what the peripheral tasks are that could easily be task shifted without affecting the identity of the specialty.

Marcus Hoffmann: task shifting: physician assistants
Carsten presented Marcus' presentation since Marcus could not attend.

Due to the changing demographics, mainly an increase in the ageing population, there is a Europe-wide shortage of healthcare professionals. Not only doctors, but other professionals too. While traditional ways to attract people into the job (higher salaries, work-life balance etc.) could work in the short term, but in the long term a paradigm change is needed.

The main question is: Who is going to do what in the health sector?

He presented the Physician assistant model in the US which has been shown to work.

Belinda van de Lagemaat: task shifting the Netherlands: medical specialists
Dutch medical specialists believe that delegating less complex and routine medical actions to new healthcare professionals can contribute to the efficiency and efficacy of healthcare.

There is a government healthcare policy which sees task shifting as an instrument to achieve good quality healthcare while reducing costs.

Task shifting is included in the Medical Specialists Healthcare Agreement.

Legal framework: new healthcare professions operate under supervision and ultimate responsibility of medical specialists. This results in lack of clarity in position and ultimate responsibility in everyday collaboration in patient care.

They are experimenting with registration of certain new professionals such as physician assistant and nurse specialists. These have an independent position and responsibility to act. In view of this, they are also legally responsible for their actions.

Financial: In certain contexts, task shifting did not prove cost-effective due to fixed fees, regardless of who performed the task. This will change in 2015.

From a medical specialist's point of view, task shifting can allow specialists to dedicate more time to complex procedures and improving the quality and accessibility of care. However, this also needs to take into account doctors in training, effect on quality of care and legal issues.

Antoinette de Bont – Erasmus University Rotterdam – The impact on practice, costs, and outcomes of New Roles for Health professionals in Europe (MUNROS)

The study showed that ‘new roles’ thrive within organisations when they increase efficiency, contribute to documentation work and offer patient-centred care.

Requires good collaboration and team-work.

Doctors will not remain the sole team leaders of patient care.

The ensuing discussion dealt with whether it is important that care is led by a doctor, or by a key healthcare professional who knows all aspects of care and helps the patient traverse the health system.