



Shifting tasks from one type of health worker to another: **implementation considerations**

Photo by Sarah Rosenbaum



During pandemics, the need for healthcare workers increases as more people get sick and need care. At the same time, healthcare workers may fall ill themselves or be placed in quarantine. In addition, the health system still needs to continue to deliver routine services. Governments across the world are trying different solutions to address these problems. One possible solution is to move the care of some patient groups from health workers with higher levels of training to health workers with lower levels of training, often referred to as ‘task shifting’.

Questions for implementers when implementing task shifting strategies

Role distribution

- Have you defined clear scopes of practice for health workers at all levels of the health system?
- Have you made clear, for example via regulations and job descriptions, what the distribution of roles and responsibilities is between those taking on new tasks and other health workers?

Regulatory issues

- Will changes in regulations be necessary to support changes in the scopes of practice of health workers?

Stakeholder involvement

- Have you involved health worker representatives and relevant professional bodies in the planning and implementation of the intervention to ensure acceptability among affected health workers?

Who is this summary for?

Implementation agencies, ministries of health, programme managers, and other stakeholders who are planning, implementing, or managing strategies where tasks are moved from one group of health workers (such as doctors) to another group (such as nurses) to improve access to health services.

About the review

A Cochrane Review of qualitative research explored how patients, nurses, doctors and others view and experience moving tasks from doctors to nurses in primary healthcare (Karimi-Shahanjarini 2019). The review analysed 66 qualitative studies from around the world, and shows that patients and health workers see a number of benefits but also challenges when tasks are moved.

The questions presented in this summary are based on findings from a series of Cochrane reviews and other reviews and studies. We have used the research findings to develop a set of questions for implementers.

- Have you involved recipients of the intervention in planning and implementation?
- Have you addressed local views and beliefs as well as local conditions related to the health issues in question?

Training and supervision

- Are you offering health workers and their supervisors appropriate initial and ongoing training? Does this training reflect practice needs? Are trainers sufficiently skilled? Are in-service training schedules sufficiently flexible? And are training requirements realistic and achievable?
- Are you providing regular, sufficient and supportive supervision? In addition to clinical supervision, are other forms of support provided, including emotional support and advice related to liability issues? Is supervision closely related to day-to-day working conditions and practice? Have you made responsibility for supervision clear? Are supervisors sufficiently skilled? And have logistical issues been taken care of (for instance, do supervisors have funds to travel to peripheral facilities)?

Referral systems

- Have you put well-functioning referral systems in place? Specifically, have you put in place plans to address financial, logistical and relational barriers? Have you considered how to strengthen local health systems to improve the quality of care at the first referral facility?

Supplies

- Have you secured supplies of drugs and other commodities for those taking on new tasks?

Incentives

- Have you ensured that salaries and incentives reflect any changes to health workers' scope of practice? Providing incentives for certain tasks and not others may negatively affect the work undertaken

In other summaries, we discuss lay health worker programmes as well as doctor-nurse substitution:

“Lay or community health worker programmes: implementation considerations”

“Nurses as substitutes for doctors in primary care: What are the effects?”

“Nurses as substitutes for doctors in primary care: implementation considerations”

[Find these and other summaries of EPOC reviews here](#)

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This summary is based on findings from the following reviews and studies that were used to inform the WHO recommendations on optimizing health worker roles for maternal and newborn health through task shifting (<https://optimizemnh.org/>):

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