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**AEMH Statement on TASK SHIFTING**

Task shifting is a process of delegation whereby physician’s tasks are moved to other health workers with the aim to:

- obtain benefit for the patients;
- sustaining the quality of the medical process;
- enable more efficient use of the human resources currently available;
- rationalizing costs in certain circumstances (successful implementation might require new and additional resources);
- increase levels of responsibility throughout the health care workforce - additional responsibility must go along with increased pay and resources to be found for salary rises;
- improve job satisfaction.

Task shifting could relate to:

- nurses - expanding services and improving clinical outcomes for patients;
- pharmacists;
- administrative personnel (statistical documentation, reports);
- other health professionals.

**Prerequisite standards:**

- diagnosis and therapeutic decision must remain the responsibility of the physicians;
- involving professional representative medical associations before initiating the process by political decision;
- appropriate health legislation and administrative regulation for task-shifting practice;
- it should not and must not be associated with second-rate services;
- it should be a way to improving the overall quality of health services – not only cutting costs;
- ensuring that existing health workers are appropriately qualified for the new tasks they will be asked to undertake:
  - training and experience;
  - examination and mentoring procedures;
  - opportunities for continuing education.