

[Korea]

## Dimensions of Task Shifting: Consideration for further discussion

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### Introduction

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The term ‘task shifting’ implicates many aspects: task delegation as a way to alleviate shortage of medical professionals, collaborative care and allied health, scope of practice and so forth. These practices have existed for many years, but discussion on these under the term of ‘task shifting’ started in earnest with the growing problem of shortage in health workers and controversy regarding infringement on scope of practices concomitant to it. Currently, task shifting exists not only in the countries which lack medical professions but also in the countries which don’t suffer such shortage problems. Task shifting has expanded roles of existing healthcare workers and has created new cadre of healthcare workers as well. Controversial in particular among them are community health workers, prescribing pharmacists, nurse practitioners, physicians’ assistants and etc. In attempts to respond to the controversies regarding task shifting and provide guidelines for task shifting, the WMA has adopted the resolution on tasks shifting in 2009. Korean Medical Association (KMA) has participated to the drafting of the resolution as a workgroup member. In advance to the adoption, the WMA has organized a seminar on task shifting which was held in Reykjavik, Iceland in 2009 to collate wide range of opinions from various stakeholders to be reflected in the process of drafting the WMA resolution on task shifting. I would like to introduce some of the conclusions drawn from the seminar and main points of the WMA resolution in this paper as an useful platform for further discussion in CMAAO.

### Different Dimensions of Task Shifting

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As described in the introduction above, there are various approaches to task shifting depending on countries. In Africa region which suffers from a severe shortage of healthcare workers, task shifting has been instituted very early on to counter the problem. For the patients in the region, failure in task shifting often means no treatment at all. In this region, community health workers and medical assistants have expanded their roles most. They are trained to perform limited specific tasks in the field of healthcare such as HIV treatment.

In North America, task shifting would be incorporated in the direction towards ‘collaborative care.’ Collaborative care is considered as the best condition for achieving the best interests of patients. However, under this concept, independent prescribing by non-physicians is still regarded as controversial and many argue that there should be clear limit on task shifting.

The other dimension is cautious approach to expansion of jurisdiction by non-physicians. Countries like Korea, Japan, Israel and etc. may be enumerated under this category. These countries agree with the necessity of redistribution of tasks only under limited situations, but concern about indiscriminate extension of scope of practice by non-physicians. They also concern that task shifting could be misused as a way of reducing health expenditure and led to infringement on physicians’ clinical autonomy and professional independence.

As an example on this dimension, I would like to briefly introduce the task shifting in Korea.

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## Task Shifting in Korea

According to the Medical Act in Korea, prescription lies solely on the responsibility of physicians with only extremely limited situation. Only under emergency situation such as natural disaster, trained nurses can prescribe limited category of drugs.

Another issue is the inconsistent penalty regulations against non-licensed medical practices such as eye examination or lens attachment by optometrists or dermatological peeling and blemish removal by beauticians.

Adding to this, the ‘health education professional’ that is being prepared by the Korean government may pose further complications. Although this new concept of profession is for focusing more energy on disease prevention and health promotion, KMA concerns that unless the role of the health education professional, which is currently stipulated as “health counseling and management” is not clearly defined, it could infringe upon the professional scope of physicians or result in unlicensed medical practices. If not properly managed, this new service may rather harm public health by disseminating inaccurate information.

## Conclusions from the Reykjavik Seminar

Situations and philosophies regarding task shifting are so greatly different from country to country that it is almost impossible to consider every aspect in WMA’s drafting of the resolution. Rather, we should sort out the most important directions we should stick to: Patients’ health and safety should be the utmost concern in the discussion of task shifting. Some governments consider task shifting as a cost saving measure, but this kind of approach would be negative as it is unlikely to lead to quality outcome in terms of best interest of patients. Prescribing and diagnosis are the fields that need most prudent approaches in task shifting. Task shifting is a temporary measure to counter shortage in health workers and it should not substitute for efforts to normalize and improve healthcare system of a country. Task shifting is only a way of addressing

health professional shortage problems and other better approaches such as team care under the leadership of physicians should be developed. For improving teamwork, we need training programs for enhancing mutual understanding among different health professions.

## WMA’s Resolution on Task Shifting

The WMA workgroup on task shifting was formed in Israel (Chair), Iceland, Korea, Norway and Spain. After two years of discussion, WMA adopted the resolution on task shifting proposed by the workgroup. WMA clearly states the following points:

- The quality of care and patient safety should never be compromised
- Physicians and NMAs should be involved in the discussion and decision-making of task shifting throughout the whole process.
- Task shifting should be viewed as a short-term measure with clear exit strategy in principle and it should not replace full-functioning healthcare system, nor education and training of physicians and other healthcare professionals.
- Task shifting should not be viewed solely as cost saving measures as such approach is not likely to produce quality results in patients’ best interests. Analysis on substantiality of cost-saving effects of task shifting should be conducted.
- Task shifting must be assessed and evaluated independently and other methods such as collaborative practices and team approach should be developed.

## Direction of Further Discussion

The WMA resolution on task shifting captures general principles and guidelines from the viewpoint of physicians well-balanced. The ideas of the resolution can be applied to basically all regions. If we make a policy on the level of CMAAO, we need to develop more detailed strategies for conducting and assessing task shifting specified for the Asia and Oceania region, so that it can go hand in hand with the WMA resolution.

## Dimensions of Task shifting: Consideration for further discussion



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## Introduction on Task shifting

1. Task shifting has many aspects:
  - task delegation
  - collaborative care
  - scope of practice.
2. Task shifting have existed for many years and currently it exists not only in the countries which lack medical professions but also in the countries which don't suffer such shortage problems

## Controversies regarding Task Shifting

Task shifting has expanded roles of existing healthcare workers and has created new cadre of healthcare workers

**Infringement of  
Physicians'  
Scope of practice**

**Prescribing  
pharmacists**

**Nurse  
practitioners**

**Community  
health workers**

**Physicians'  
assistants**

## Different approaches of Task shifting

<p><b>[Africa region]</b></p> <ul style="list-style-type: none"> <li>- Severe shortage of health workforce</li> <li>- Failure in task shifting means often no treatment at all</li> <li>- Community health workers and medical assistants</li> </ul>	<p><b>Task delegation to alleviate shortage of medical professionals</b></p>
<p><b>[North America]</b></p> <ul style="list-style-type: none"> <li>- Collaborative care as the best condition for achieving the best interests of patients</li> <li>- Independent prescribing by non-physicians are still controversial</li> </ul>	<p><b>Collaborative Care</b></p>
<p><b>[CMAAO region]</b></p> <ul style="list-style-type: none"> <li>- Concern about indiscriminate extension of scope of practice by non-physicians</li> <li>- They concern that task shifting could be misused as a way of reducing health expenditure</li> <li>- Infringement on physicians' professional autonomy and independence</li> </ul>	<p><b>Cautious approach on expansion of practice scope by non-physicians</b></p>

## Task shifting in Korea

**Korea's Medical Act: extremely limited range of task shifting**

Only under emergency situation such as natural disaster, trained nurses can prescribe limited categories of drugs

**Inconsistent regulations against Non-licensed medical practices**

eye examination or lens attachment by optometrists or dermatological peeling and blemish removal by beauticians

**Health education professional**

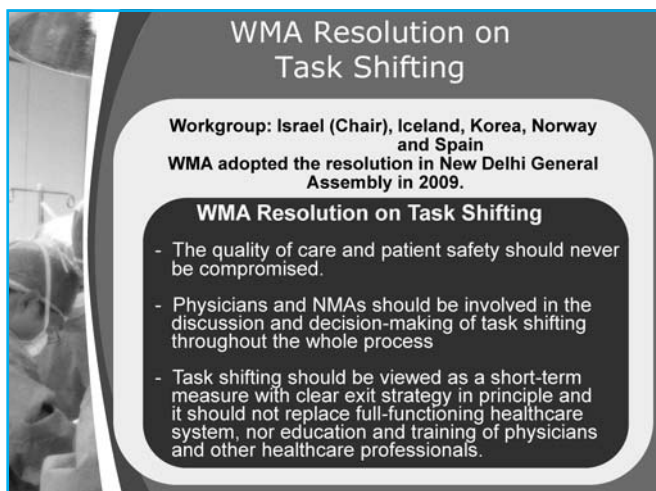
- This new concept that is being prepared by the government is focusing more on disease prevention and health promotion
- Unless the role of the health education professional is not clearly defined, it could infringe upon the professional scope of physicians or result in unlicensed medical practice

## Conclusions from the Reykjavik Seminar

**The WMA had organized the seminar on task shifting in Reykjavik in Iceland (2009) to collate wide range of opinions from various stakeholders to be reflected in the process of drafting the WMA resolution on task shifting.**

**Important Directions for drafting WMA resolution on Task shifting**

- Patients' health and safety should be the utmost concern.
- Considering task shifting as a cost-saving measure would be negative as it is unlikely to lead to quality outcome in terms of best interest of patient.
- Task shifting is only a temporary measure and it should not substitute for efforts to normalize and improve healthcare system of a country.
- Other better approaches should be developed

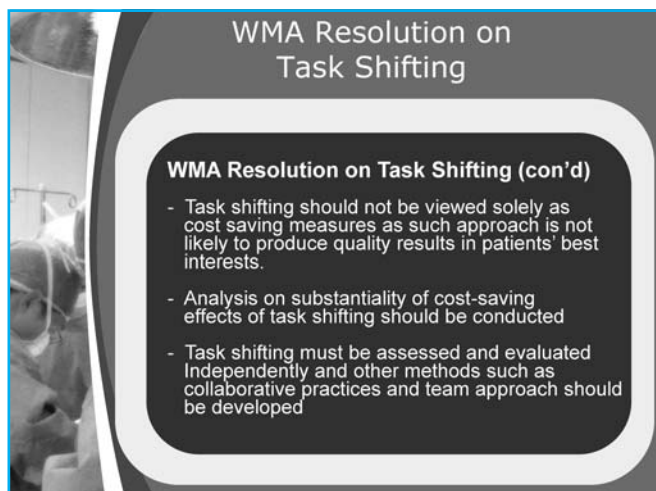


### WMA Resolution on Task Shifting

**Workgroup: Israel (Chair), Iceland, Korea, Norway and Spain**  
**WMA adopted the resolution in New Delhi General Assembly in 2009.**

#### WMA Resolution on Task Shifting

- The quality of care and patient safety should never be compromised.
- Physicians and NMAs should be involved in the discussion and decision-making of task shifting throughout the whole process
- Task shifting should be viewed as a short-term measure with clear exit strategy in principle and it should not replace full-functioning healthcare system, nor education and training of physicians and other healthcare professionals.



### WMA Resolution on Task Shifting

#### WMA Resolution on Task Shifting (con'd)

- Task shifting should not be viewed solely as cost saving measures as such approach is not likely to produce quality results in patients' best interests.
- Analysis on substantiality of cost-saving effects of task shifting should be conducted
- Task shifting must be assessed and evaluated Independently and other methods such as collaborative practices and team approach should be developed

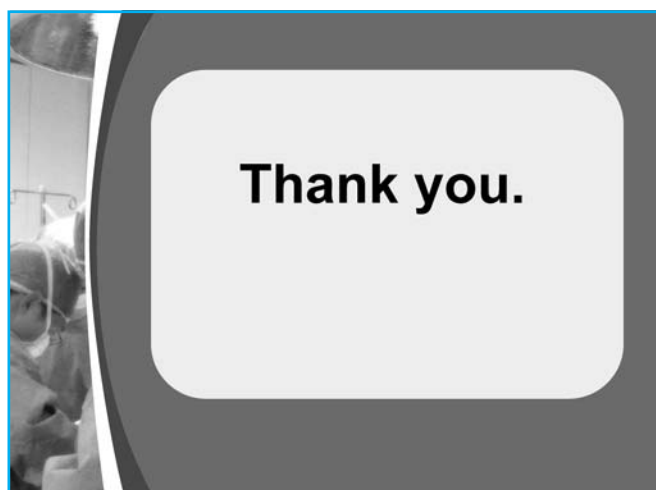


### Direction of further discussion

**Directions for policy on the level of CMAAO**

The WMA resolution on task Shifting captures general Principles and guidelines from the viewpoint of physicians well-balanced.

On the level of CMAAO, we need to develop more detailed strategies Conducting and assessing task shifting specified for the Asia and Oceania region.



## Thank you.