Rapporteur's Report—CMAAO Ad-hoc Committee Meeting on Task Shifting and Strategy for Continuous Development of Medical Practice

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As agreed at the 46th Confederation of Medical Associations in Asia and Oceania (CMAAO) Midterm Council Meeting in Kuala Lumpur in September 2010, the CMAAO Ad-hoc Committee Meeting on Task Shifting and Strategy for Continuous Development of Medical Practice officially opened on March 3, 2011, in Tokyo, Japan. The meeting started with a warm welcome and opening remarks by Dr. Katsuyuki Haranaka, the President of the Japan Medical Association, followed by remarks by Dr. Fachmi Idris, the President of CMAAO, and Dr. Wonchat Subhachaturas, Chair of CMAAO and the President of the World Medical Association (WMA).

The first presentation of the meeting was given by Dr. Tai Joon Moon, advisor to CMAAO, on "Current Issues of the Medical Community and Leadership of Organized Medicine." He pointed to the weakened professional autonomy of physicians and the emergence of allied professionals as contributing to the challenging environment surrounding physicians today. He urged leaders of organized medicine to protect physicians' rights and to create an environment where physicians need not feel frustrated.

For the second presentation, Dr. Otmar Kloiber, the Secretary General of the WMA explained about the serious imbalance between healthcare demands and supply, especially in Sub-Saharan Africa and the process of task shifting guidelines formulated by World Health Organization (WHO) as a way to solve the problem. He stressed the WMA's position on task shifting taking points from the WMA Resolution on Task Shifting from the Medical Profession adopted in 2009; it should not compromise the quality and continuity of patient care and should not be carried out for the purpose of saving costs. Task shifting should be implemented only as an emergency solution with a clear exit strategy and should not replace standard education and training of health professionals and a fully functioning health care system.

Dr. Kloiber pointed out the importance of assessment on the overall effects of task shifting on healthcare systems. He also mentioned the importance of retention strategies in response to the "brain drain" of health professionals from poor countries to rich countries.

In the lecture that followed, Dr. Hajime Inoue approached the issue of task shifting from two different perspectives: in the original context of addressing HIV/AIDS issues in Sub-Saharan Africa and the application of task shifting to local contexts. He said that the core competence of physicians should not be shifted to others, but when applying task shifting on a local level, consideration of the local situation is important. He made a clear point that "each instance of task shifting should be made to meet the needs of each local context."

After Dr. Inoue's lecture, we heard about two specific situations regarding task shifting: that of Japan and of the Philippines. Dr. Masami Ishii said that the performance of "specific emergency life-saving procedures" by emergency life-saving technicians was acceptable under supervision of physicians, while the changing of some drugs from prescription to OTC was unacceptable. He added that expansion of the existing scope of nurses' functions was acceptable, but the creation of the new occupational category of "nurse practitioner" was questionable as this profession would provide certain medical services on an exclusive

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basis, which might undermine the harmonization of teamwork.

Dr. Oscar D. Tinio's presentation drew our attention to the serious maldistribution of health professionals in the Philippines, which has lead to a relatively wide range of acceptable task shifting. However, he pointed out that cognitive skills should not be transferred, while technical skills can be transferred.

In the following session, the author gave a summary of the results of the preliminary survey on task shifting. Simply put, the survey found that task shifting in the domain of simple skills in emergency situations or remote areas under physicians' supervision can be considered "acceptable," while task shifting in higher knowledge domains are considered "unacceptable." However, there are many complexities and gray areas regarding this issue, and further discussion is necessary.

We had many invaluable comments from participants. Among these comments, Dr. Shigeru Suganami made a particularly important point: within ever-changing societies, patients have become vocal regarding their rights and we physicians need to respect them as we are not merely "specialists" in pursuit of technological prowess, but "professionals" showing warm caring and compassion. We need to continue to create concepts of our professionalism based on ethics.

Dr. Kenji Fujikawa pointed out that the need for task shifting can take various forms, even in the one country, because of maldistribution of health professionals according to location and specialties.

Prof. Keizo Takemi introduced the global trend in task shifting in his presentation entitled "Task Shifting—Needs and Implications." Regarding its future direction, he pointed out that task shifting should be aligned with middle and long-term planning in human resource development and broader strengthening of health systems.

With this input and the active discussion thereafter, the representatives gathered in Tokyo reached a consensus on the proposed CMAAO Statement on Task Shifting (Tokyo Statement). The policy is in line with the WMA's policy, stressing that patient safety should not be compromised, that task shifting should be applied only under specific instances of severe medical workforce shortages or emergency situations, and that national medical associations (NMAs) should be involved in the process of task shifting guideline establishment.

Regarding the range of task shifting, the Tokyo Statement clearly states that "transferring of tasks should be restricted to skill-related practices and should not be extended to knowledge-intensive practices such as diagnosis and prescription." It also strongly recommends that "governments should not view task shifting as a cost saving measure" and that "governments should make every effort to establish fully functioning healthcare systems based on stable provision of skilled medical workforces." At the end, the statement recommends the implementation of universal health insurance coverage as one of the best ways to enhance access to medical services and strengthen the healthcare system.

In addition to the discussion on task shifting, representatives also exchanged opinions on strategies for the continuous development of medical practices in each area. The results of the preliminary survey on this issue indicate that quality standards and patient safety are functioning relatively well, while further progress is needed in the establishment of universal health coverage, recruitment of NMA members, enhancement of the negotiating power of physicians, and promotion of continuous professional development. Participants regarded unnecessary interference in physicians' clinical decisions as one of the most serious concerns and agreed to share experiences and ideas to improve the situation.

This CMAAO ad-hoc committee was the first of its kind and proves that CMAAO is moving in the right direction in its activation as a policy-driven organization reflecting prominent health issues in the Asia and Oceania region. CMAAO's activation also provides valuable input for the WMA by injecting its policy developing process with diversified viewpoints. Your attention and feedback regarding future CMAAO follow-ups would be highly appreciated.