

## DELEGATION AND TASK-SHIFTING

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Regulatory issues are essentially policy issues—that is, the law, and the supportive legislation in the form of regulation, flows from policy decisions that legislatures and executive agencies adopt. Thus, professional practice laws and regulations reflect policy decisions aimed at the safety and protection of the public, no matter who the health care or service provider is. Changing laws and related rules and regulations or enacting new legislation to reflect the needs and changes in the current health care environment is a long-term process, which should be considered in long-range planning, for example, to give prescribing privileges to health care providers other than physicians when this is going to be necessary part of their role in the future. However, when there is a need to deal with immediate needs, alternative methods are required in order to inject some flexibility into the regulatory environment. As often practice precedes the law, such alternative methods have long been used to circumvent restrictions. Usually some form of transfer of authority to carry out certain acts or tasks is involved when the act or task is entrusted to another person who is not authorised in the jurisdiction where it is to be carried out. For example nurses working in remote primary health care centres may need to prescribe medication, or carry out male circumcision in circumstances where there is a shortage of physicians. These transfers of authority can be accomplished through delegation or task shifting, the latter being currently used to designate a very similar process.

**Task shifting** is a relatively new term, but the issues and the key concepts have been present for as long as mechanisms have been present for the *delegation* to another the authority to carry out an act or the use of *skill substitution*. The World Health Organization defines task shifting as a, “process of delegation whereby tasks are moved, where appropriate, to less specialized health workers.” Others have defined task shifting as a [skill mix](#) strategy (combining or grouping different categories of health care workers to provide health care), which is being increasingly considered in tackling health worker shortages.

Task shifting may take two forms:

- The shifting of tasks from one type of health care worker to an existing lower-level cadre
- The shifting of tasks to a newly created cadre

Regulators need to recognise that task shifting is not just about lower levels of unregulated staff; but task shifting can involve the movement of responsibility across disciplines such as when non-physician providers are asked to circumcise males as part of an AIDS prevention strategy, or when non-physician provide emergency obstetric care, including treatment of haemorrhage, resuscitation, and manual vacuum aspiration.

International health professions associations—through the World Health Professions Alliance, including dentists, physical therapists, midwives, nurses, physicians, pharmacists—have expressed

concern that task shifting and adding new cadres of workers may result in fragmented and inefficient service if not managed with care. In a [joint health professionals' statement on task shifting](#), 12 principles are offered to guide health workforce planners with task shifting decisions.

## APPROACHES TO DELEGATION

Delegation is defined as the transfer of authority to a competent individual to perform certain acts, tasks, or functions in a selected or defined situation. The person delegating the task retains responsibility for delegation. In doing so, the delegator decides what to delegate and to whom, and retains final accountability for the adequacy and outcomes of the care, which means ensuring that the act being delegated is performed competently, safely, effectively, and ethically. This can involve an element of supervision, whether it is direct or indirect, and as necessary, the provision of guidance, direction, evaluation, and follow-up.

Different approaches to delegation may be used.

- **The application of orders. An order** is a direction from a regulated health professional with legal authority (e.g., dentists, midwives, nurses, physicians) that permits performance by another person for a procedure, treatment, drug administration, or intervention.
- A **direct order** relates to only one patient and initiates a specific intervention or treatment to be delivered at a specific time. A **directive**, usually issued by a physician, is an order for a procedure or series of procedures that may be implemented for a number of clients when specific conditions are met and specific circumstances exist.
- Orders are used to ensure that health care can be delivered without the person legally authorised to carry out the act needing to carry out direct assessment or supervision of the patient. To be legally defensible, the facility that uses orders needs to have a well-established process for issuing orders.
- **The use of protocols and guidelines to direct and control practice.** These are detailed written templates or procedures for the treatment of a specific health problem. Although they are used widely as a mechanism to deliver a standardised approach to treatment, usually based on the best practice possible in a specific context, they are useful adjuncts in situation where authority has been delegated. The health care providers who are legally responsible for giving the treatments may develop the protocol or guidelines alone, or it may be done in collaboration with those with whom the care will be shared and the involved institutions, organisations, or agencies.

Box 1 describes the steps of a process that may be followed to delegate an act to another person.

### Box 1: Steps of delegation

#### Policy is needed to determine issues such as:

- Who can delegate, what can be delegated, what are the conditions of delegation (e.g., to increase access to care, to reduce shortage of health workers authorized to carry out the act in the care setting?)
- Who can perform the act, where it can be performed, and under what conditions (e.g., competence, what patients, setting)
- How is the act carried out (e.g., protocols, guidelines, task procedures)
- If training is necessary, what training is needed, who will do it, and how will it be done
- How will competence be checked?
- What are the requirements for updating and re-testing of continuing competence?

In accepting a delegation or in delegating an act, it could be considered professional misconduct if in doing so the regulated health care provider:

- Contravenes a standard of practice of the profession or fails to meet the standard of practice of the profession;
- Directs a member, student, or other member of the health care team to perform act/tasks/functions for which she/he is not adequately trained or competent to perform; and/or
- Fails to inform the employer of her/his inability to accept specific responsibility in areas in which specific training is required or for which he/she is not competent or authorised to function without supervision.

Clear, written processes for how authority is transferred (who, where, when, and how) should be available in laws, rules, regulations, or policies. These procedures may be expressed narrowly or broadly in scope and specificity.

### GENERAL QUESTIONS WHEN CONSIDERING DELEGATION

- Is it in everyone's best interests for a task or function to be delegated?
- Under what circumstances can the task/function be delegated, e.g., is delegation limited to only certain programmes and/or settings?
- Who are the persons to whom authority to perform designated tasks can be transferred and are they competent to perform the task?
- Does the person to whom the task is to be delegated consider themselves to be competent to perform the activity?
- Does the task require on-going assessments? If the task is complex and the plan of care requires frequent changes, then this task might not be an appropriate task to be delegated.
- Are there any law/rules/regulations/policies, etc., that apply to the setting identifying
- Specific tasks that can be delegated,
- Tasks that are permitted without delegation, or

- Tasks that cannot be delegated?
- Are there any other provisions in these law/rules/regulations/policies that are barriers to the carrying out of the act of delegation?

## GLOSSARY

Delegation	Transfer of the authority to a competent individual to perform certain acts, tasks, or functions in a selected or defined situation.
Supervision	Encompasses monitoring and directing performance of specific activities for a defined time period. Supervising does not include on-going managerial responsibilities. Supervision may be direct or indirect.
Direct supervision	Occurs when the person carrying out the supervision is actually present, observes, works with, and directs the individual who is being supervised.
Indirect supervision	Occurs when the person carrying out the supervision is easily contactable and available for reasonable access but does not directly observe the activity.
Task shifting	A process of delegating tasks, where appropriate, to less specialized health workers.

For more information, see [Delegation Decision-Making Tree](#) and [Five Rights of Delegation](#).

## RESOURCES:

- College of Nursing of Ontario. 2011. [Authorizing Mechanisms](#).
- World Health Organization. 2007. *Task Shifting to Tackle Health Worker Shortages*. [http://www.who.int/healthsystems/task\\_shifting\\_booklet.pdf](http://www.who.int/healthsystems/task_shifting_booklet.pdf)
- Bluestone J. 2006. *Task Shifting for a Strategic Skill Mix*. Capacity Project, Technical Brief 5. [http://www.capacityproject.org/images/stories/files/techbrief\\_5.pdf](http://www.capacityproject.org/images/stories/files/techbrief_5.pdf)