Executive Summary

Request for advice

A variety of professional groups are employed within the health service.
The way in which they have divided tasks among themselves can be explained in terms of the organization's history and tradition. Yet assigning tasks is, of course, a never-ending process. In practice, tasks are constantly shifting from one group to another. In this way, nurses now perform tasks that in the past were the sole preserve of physicians.
Some of these tasks, such as the measurement of blood pressure, are now carried out so routinely by nursing staff that no-one gives a second thought to it. Other tasks, however, such as conducting consultations for diabetes patients or writing out prescriptions, are still subject to debate. Nor is there yet any consensus about whether dental hygienists should be able to drill teeth, whether medical receptionists are capable of assessing patients' symptoms over the telephone, and whether physiotherapists are better able to evaluate the initial symptoms of musculoskeletal complaints than general practitioners.

Shifting a task from one profession to another is, of course, no simple matter. Institutions, professional practitioners, and insurers are trying to find ways to shorten waiting lists, for example, or to improve the organization of care. Modifying professional practitioners' job descriptions would appear to be a useful way of tackling this.

Currently, the shifting of tasks often takes place on an informal basis. This system is not without its drawbacks, however. The way in which a new division of tasks is established can vary from one institution to another, or from region to region. Moreover, institutions, professional practitioners, and insurers are now encountering limitations.

It is important to all concerned that shifting the allocation of tasks between professions be a more clearly structured process than is currently the case. The process of task reallocation is already encountering problems. If no action is taken, then these will only get worse.

In its advisory report, the Council for Public Health and Health Care has classified the policy issues standing in the way of such task reallocation into five clusters: uncertainty about whether

patients would be prepared to accept task reallocation, the tendency of professional groups to think in terms of domains, uncertainty about the effects of task redeployment, legal obstacles, and financial barriers. This advisory report considers what action the government should take in this regard.

Principles and vision

What principles should be considered when attempting to solve the remaining problems obstructing a structured reallocation of tasks? The Council for Public Health and Health Care takes the view that task reallocation must be judged by the extent to which it contributes to the accessibility and quality of care. The guiding principle in determining who provides care to patients should be the expertise and skills of the caregivers involved - not the hierarchy of an old professional structure. Patient protection must, of course, be safeguarded in the process.

If task reallocation meets these criteria then it must be given every opportunity to succeed. The Council for Public Health and Health Care feels that task reallocation has a substantial added value in comparison to task differentiation and job differentiation. Care can be organized differently, and that in turn will reinforce the innovative ability of the health care sector.
Task reallocation also has added value for the labour market. Task reallocation generates more options for people with differing expectations in terms of their careers and professional practice.

If that added value is to be exploited to the full, then it is essential that agreement be reached on a number of points. First, institutions, professional practitioners, insurers and patients must all agree that there are some patient questions that do not necessarily need to be dealt with by a doctor. Such questions are becoming increasingly diverse, not only in primary health care but also in the area of hospital care. Secondly, those involved must agree that caregivers represent a diversity of expertise. The perception by doctors that they bear 'ultimate responsibility' for the actions of other caregivers in the health service is something that can be explained in historical terms. Nevertheless, it is not in keeping with the facts, nor is it legally accurate.

Recommendations

On the basis of these principles, the Council for Public Health and Health Care recommends that specific action be taken in five areas: information and communication, educational programmes, innovation and accessibility, financial incentives, and legislation and regulations.

Information and communication

A study carried out in conjunction with this advisory report indicates that consumers want a fast response to their health issues. Accordingly, 88% of the respondents indicated that, in an Acci-

dent and Emergency Department, they would prefer to be seen by a specialist nurse who would deal with them in 15 minutes rather than sit in a crowded waiting room and wait to be seen by a doctor. That study also makes it clear that while consumers generally support task reallocation, a sizeable minority (ranging from 20-30%) indicates that it is unable to accurately assess caregiver expertise.

This is a job for government. It is the government's responsibility to inform the public about who does what in the health service, and why. This approach will boost consumer support for task reallocation. The Council for Public Health and Health Care therefore recommends that an information offensive be launched, using a wide range of resources, including the Internet. In addition, institutions should be obliged to provide information about the qualifications of their staff.

Educational programmes
With regard to the educational programmes for new professions, the Council for Public Health and Health Care recommends that an educational fund be created, to ensure that funds are actually spent on innovation. Furthermore, the curricula for educational programmes must be brought into line with task reallocation. With this in mind, the Council believes that the Minister of Health, Welfare and Sport should impose requirements on educational programmes for medical receptionists.

Innovation and accessibility
The Council takes the view that the accessibility of care can be increased by creating a facility that would take calls from patients 24 hours a day, seven days per week. In addition to an initial screening, this facility could (where appropriate) give advice over the telephone. To distinguish this facility from a simple call centre, the Council recommends that it be referred to as a 'care advice line' or a 'care line'. Accessibility can also be increased through the use of walk-in centres, diagnostic centres, and by facilitating direct access to paramedical professionals. The Council for Public Health and Health Care advocates greater clarity with regard to GPs' basic job description, as this would encourage the further development of primary health care organizations and new forms of care.

Financial incentives
Financial incentives for task reallocation in hospitals should be included in the future financing structure by means of Diagnosis Treatment Combinations (DTCs) and, with regard to the General

Act on Exceptional Medical Expenses (*AWBZ*) sector, by developing a separate budget parameter. Insurers can use policy differentiation to stimulate task reallocation.

Laws and regulations

The Council for Public Health and Health Care has proposed specific legislative amendments to remove current legal and regulatory obstacles to task reallocation, and to render the legal framework future-proof. The Council therefore recommends that the descriptions of expertise within the Individual Health Care Professions Act be modified, that nurses and dental hygienists be given independent authority to carry out number of reserved procedures, and that the post of medical receptionist be accorded official status. In addition, the Medical Treatment Agreements Act must be modified so as to make it clear that patient rights would continued to be safeguarded within the framework of an agreement with an independently practising and directly accessible nurse or physiotherapist.