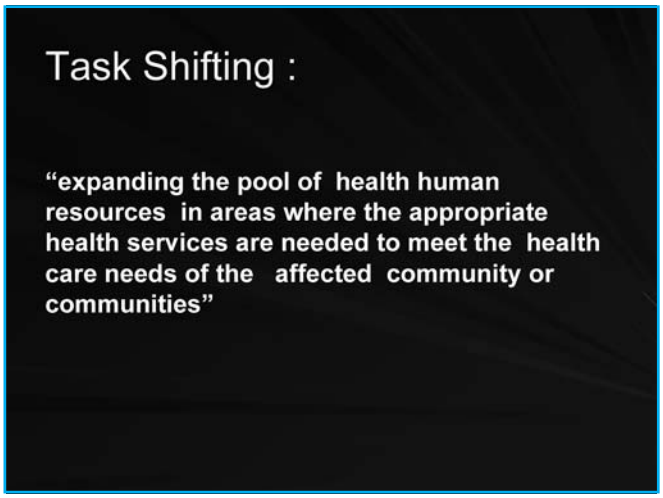
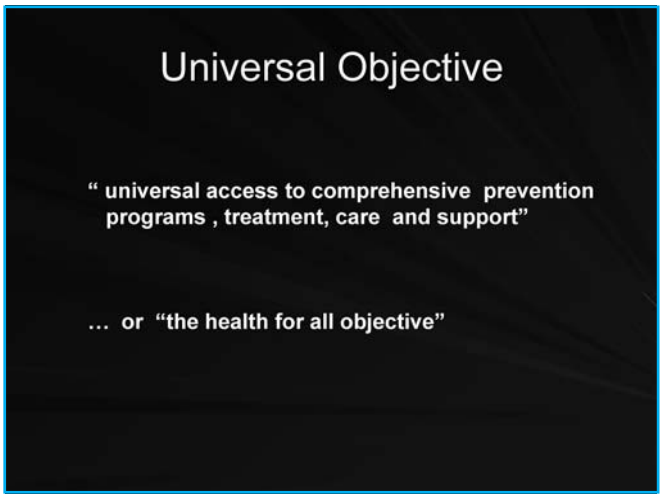
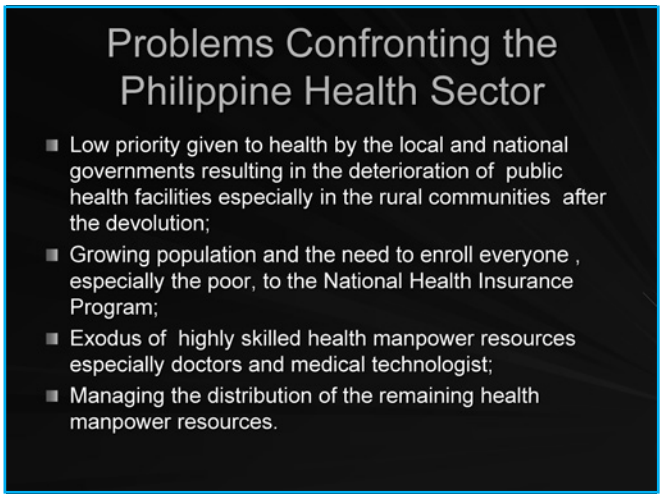
[Philippines]

Task Shifting: The Philippine experience

Oscar D. TINIO*1







*1 President, Philippine Medical Association, Metro Manila, Philippines (philmedas@yahoo.com).
This presentation was made at the Symposium themed "Task Shifting and Medical Profession" held at the 46th CMAAO Mid-term Council Meeting, Kuala Lumpur, Malaysia, on September 18, 2010.

Philippine Health Manpower Resources

UNDER SUPPLY

- Medical Technologist
- Medical Specialists
- Physicians
- Pharmacists
- Dentists
- Bio-medical Technicians
- Medical Records Officers

OVER SUPPLY

- Nurses
- Midwives
- Nursing Aides
- Pharmacy Aides
- Caregivers

The Philippines has adequate supply of other health manpower resources like masseurs , morticians, embalmers

Problems encountered in achieving our "health-for-all" objective

- Shortage of physicians in some parts of the country for various reasons ;
- Low priority given to health by some local governments;
- About 25% of the country's population are not covered by health insurance;
- Shortage of well trained health workers in some health facilities that were devolved.

Proposed Solutions

- Providing incentives to physicians who choose to work in the rural areas like higher pay;
- Medical Missions by NGOs like the PMA in remote communities with no doctors;
- Enhancing the referral system & the coordination among the inter-local health zones.
- Task Shifting to be managed by the LGU in coordination with the DOH and the PMA.

Medical Profession

COGNITIVE SKILLS

cannot be transferred ; the usual basis to determine the level of competency of a professional. Passing a licensure examination will determine that.

TECHNICAL SKILLS

can be developed by practice and by "hands on" training based on competency standards registered training programs & establishment of certification arrangement.

Examples of Task Shifting in the Earlier Years

- The sending of medical graduates or interns to rural areas was one of the earliest attempts to do task shifting. The program was later abandoned for various reasons;
- Municipal Health Physicians relied on RHU personnel like nurses , midwives, sanitary inspectors & "baranggay health workers" of the community.

Legal Nuances

Task shifting within a professional health team --- from physicians to other health professionals who have fewer qualifications is generally frowned upon by even those in the rural communities.

Adverse events , which sometimes happen in communities where modern facilities are inadequate, are often blamed to the lack of skills or competency of the health provider. It is understandable, therefore, why many still depend on physicians for their healthcare needs , especially their curative and their surgical needs.

Philippine Laws governing the practice of medicine.

Levels of Competency

(Philippine Setting)

- Medical Specialists
- Physicians with training but have not passed the specialty board
- General practitioners or primary care physicians
- Licensed Nurses and Medical graduates who have not passed the licensure examination yet.
- Midwives
- Under-board Nurses
- Health aides (NC II and NC III)

Up to what level of competency or technical skills should a particular task be carried out?

Examples :

Normal and uncomplicated birth or deliveries --- midwives;

Immunizations & administering medicines -------- nurses, midwives

Dispensing otc (unregulated) medicines ----- pharmacists

Circumcision and simple suturing ------- nurses

i.v. fluid insertions/administration ------ nurses, midwives

Care of the elderly ------ nurses, midwives, licensed health aides

Care of the chronically and terminally ill --- trained health provider.

Other tasks that may be "shifted" :

Health promotion activities

Disease prevention and other public health work

Rehabilitation and care of the ill and infirmed

Some tasks that might have some problems of being shifted to other health providers.

- Medico-legal cases;
- Major surgical operations and even some minor surgical operations;
- Complicated disease conditions (or those with co-morbid conditions);
- Complicated birthing or deliveries;
- Diagnosing and prescribing;
- Complicated fractures;
- Prescribing regulated medicines.

Proposed starting competency level of a nursing graduate, the following training module may be applicable:

Desired Competency or Skill	Minimum Period	Trainor/s
Normal Deliveries	6 months	Obstetricians
Simple Anesthesia (local anesthesia)	6 months	Anesthesiologist
Routine Laboratory Procedures (CBC, Urinalysis, fecalysis etc)	12 months	Pathologist or Registered Medical Technologist
Immunization	3 – 6 months	Internist /Pediatricians
Simple surgical procedures	8 – 12 months	Surgeons and trained physicians
Emergency Procedures (intubation, tracheostomy ,CPR, splinting	10 to 12 months	Anesthesiologist, Surgeons and trained physicians.

Parting words :

In our desire to improve the health status of our people we may find it necessary to delegate some of the tasks which other health providers can render at their own respective levels if only to make health care more accessible and affordable to most , if not all, our countrymen…. This situation should be viewed , however, only as a temporary measure to address the problem of scarcity of physicians and not as a permanent solution in solving the mal-distribution of our precious health manpower resources. The leadership role of physicians in the delivery of health care is a professional call of duty that must be kept and maintained at all times …. icb3