



Empowering EU health policies  
on Task SHifting



## D3.3 EVALUATION REPORT

31/03/2024



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## 1. Executive summary

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The main results of this final evaluation of the TaSHI project are very positive. All the deliverables and milestones are achieved, all Work Packages (WPs) were executed according to plan. The TaSHI consortium members and partners, as well as the external TaSHI Advisory Board (TAB) show high satisfaction with the coordination, evolution, and end-results of the project. In this evaluation, a plan for sustainability of the project is included. Given the promising TaSHI results, there is an important need and opportunity to extend the lessons learned, good practices and recommendations to further advocate task shifting across the different countries and sectors.

## 2. Introduction and goals

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In this deliverable we evaluate and reflect on the TaSHI project, aiming to empower EU health policies on task shifting. As health workforce planning systems show a high variety of maturity in the EU, Member States need to focus on diverse aspects of managing health workforces and health policy. This includes ways to optimize the operation of health systems by measures such as task shifting. Task shifting can contribute to more effective organization of health care and its human resources, i.e. to improve efficient and sustainable health systems in innovative ways. Therefore, the main objectives of the TaSHI project are (1) to provide a novel understanding and up-to-date knowledge on task shifting and (2) on transferability and uptake of good practices in implementation of task shifting.

This deliverable is the last deliverable of WP3 of the TaSHI project. It provides the final evaluation report for the TaSHI project, which will answer the set of evaluation questions drafted in the Evaluation strategy and plan (D3.1). Moreover, this report summarizes each of the steps outlined in the evaluation plan based on actual activities undertaken.

The first goal of this evaluation is to verify if the TaSHI project has been implemented as planned and has reached its defined five specific objectives, which were as follows:

1. To provide a novel understanding and up-to-date knowledge on task shifting and on transferability and uptake of good practices in implementation.

2. To apply different methods of analyses in order to provide added value on the concept, notion, and implementation of task shifting at EU-, national- and regional levels.
3. To perform pilots at five implementation sites to gather evidence and data on the different types of task shifting (e.g. working time re-allocation, re-considered scope of practices in primary care, mental health care, radiology and ophthalmology, benefiting from telemedicine and digital health).
4. To aim to facilitate dialogues and knowledge exchanges between the relevant stakeholders.
5. To deliver a collection of good practices, useful tools and methods, a guidebook on task shifting supporting the real-life implementation, case studies on the pilots' experiences, practical training materials and curriculum, and a set of recommendations.

The second goal of this evaluation is to answer the questions as formulated in the Evaluation strategy and plan. This verifies if the TaSHI project itself has been executed as planned. To this end, the following evaluation questions were defined by WP3 in the Evaluation strategy and plan (D3.1):

- Is the TaSHI project being implemented as planned?
- Are the TaSHI project's outputs and outcomes<sup>1</sup> delivered as defined?
- Will the outputs / outcomes of the TaSHI project have the impact envisioned?
- Are the tasks undertaken contributing to the outputs / outcomes defined?
- Is the project in line with the original schedule?
- Will the outputs / outcomes have the level of quality as originally expected?
- Is the project managed well?
- Is the internal and external communication in the TaSHI project sufficient?
- Is the awareness of the risks within the TaSHI project sufficient?
- Is decision-making done according to the Consortium Agreement (CA)?
- Are the resources allocated to carry out the various tasks sufficient?

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<sup>1</sup> The outputs and outcomes of the project were pre-defined and described the deliverables produced and published (see Annex 1 and 2 and the TaSHI website, in particular <https://tashiproject.eu/tashi-outcomes/>).

- What barriers and facilitators were encountered during TaSHI implementation?

The next chapters (3 and 4) will describe how these two goals were evaluated, followed by chapter 5 describing the results of these evaluations.

### 3. Method and approach of the final evaluation

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This final evaluation concerns the TaSHI project over the total 36 months since its kick-off in April 2021. The evaluation methodology is aimed to describe how the project actually operated, to evaluate how the parts of the project fit together and how the consortium members as well as stakeholders perceived the project. The different methods have been applied depending on the evaluation aspect concerned, the specific question to be answered and accompanying indicators.

The main author of this evaluation is WP3 leader NIVEL (or onwards ‘the evaluator’) who has worked closely with all WP leaders and Consortium members. Not only to understand how a particular task has been implemented, but also to be in a position to provide feedback on problems and progress in an interactive role. At the beginning of the project, NIVEL developed the Evaluation strategy and plan (D3.1) which was first approved by the TaSHI consortium and ultimately by the Project Officer from HaDEA.

From M3 to M36, the NIVEL team performed a continuous task in carrying out the activities of the evaluation plan. This included monitoring the consortium partners if they are carrying out their tasks and responsibilities in due time, identifying any discrepancy or possible delay and putting corrective measures into place when necessary, and monitoring the compliance of the work done with standards guidelines and quality checklists (based on, among others, the Agency for Healthcare Research and Quality). This was done in close collaboration with Semmelweis University (SU) as the WP1 leader. The NIVEL Team has reported back every month to the consortium during the TaSHI Consortium meetings and contacted WP leaders individually where necessary.

The formative evaluation is being carried out throughout the project. Information and advice to project WP leaders and staff has been exchanged at regular intervals during the monitoring period and reporting procedures have been also informal exchanged via discussion groups and meetings.

The NIVEL team has also performed a summative evaluation, focusing on project quality audits (using basic project management principles) and reviews (using quality checklists), executed by the NIVEL team during and after the monthly TaSHI Consortium meetings. These have been at the agenda of all the TaSHI Consortium meetings, to discuss and decide how results factor into project planning and implementation, and lessons-learned that can benefit the project team. The Quality and Evaluation Team members have provided information related to the progress of the tasks assigned to their respective organizations. One key instrument for this was the self-evaluation questionnaire (see next chapter). Answers to this questionnaire have been discussed during the TaSHI Consortium meeting, providing additional feedback to the lead evaluator.

#### 4. Data and sources for the final evaluation

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Different sources were used for this final evaluation. First, sources were in place at the beginning of the project (i.e. the Gantt chart, indicators) and others were created by WP1 to manage the project (i.e. meeting minutes). Three specific sources were developed by WP3 to enable this evaluation: (1) the TaSHI Advisory Board (TAB), (2) the peer review system, and (3) the self-evaluation questionnaire. We describe these sources below.

Continuously monitoring has taken place to ensure that the project was executed according to planning. The central Gantt chart of the TaSHI project (see Annex 1) has been used to check how tasks have been displayed against time. A checklist containing the deliverables and milestones, their responsible partners, and the end date for submission, has been used to monitor the project progress.

The obtainment of each specific objective of the TaSHI project has been verified by a number of process-, output- and outcome indicators. The indicators as defined in the Evaluation strategy and plan can be found in the overview table in Annex 2.

Monthly meeting minutes have provided documentary sources for this evaluation. During each meeting of the consortium, an overview of the deliverables and milestones were presented, discussed and written in the monthly meeting minutes. The minutes were available

for all consortium members on the TaSHI Internal Platform & Workspace, a designated Google Drive repository.

A peer-review system was in place in which all milestones and deliverables have been reviewed by members of the consortium not involved in their development (in any case WP1 and WP3 leaders). Quality issues, if applicable, have been reported to the WP leader in charge of the milestone and deliverable and solved before final approval and submission. This system has been coordinated by SU in compliance with legal and quality systems (e.g. data protection, research codes, research governance).

Language and style quality checks have been performed on all texts produced, considering the following criteria: i) readability, tone, impact, structuring, narrative flow, ii) spelling or grammar mistakes, limited use of abbreviations, acronyms and jargon, appropriate use of EU terminology, and iii) correct citations.

As part of the review system, one final review of all draft deliverables has been done before submitting the final document to HaDEA. Finally, post-production quality controls have been executed on the TaSHI outputs, including i) proof versus physical product, ii) print quality, iii) any other outstanding issues if present.

Next, the self-evaluation questionnaire was conducted in 2022 and 2024 among all members of the consortium representing all WPs within the TaSHI project. This questionnaire was accompanied by an internal discussion to determine what has gone well and where improvements are needed. Annex 3 provides the self-evaluation questionnaire as distributed online.

The TaSHI Advisory Board (TAB) has supported all key TaSHI activities in order to ensure objective and external project evaluation. The six TAB members come from different experienced, respected organisations that are active in the field of health workforce research, planning and policy, including task shifting (see <https://tashiproject.eu/tashi-advisory-board/> for the names and affiliations of the members). The TAB has met six times during this evaluation period. They reflected on multiple deliverables and steps in the TaSHI project. At the beginning of the project, they specifically participated in a Delphi consultation to contribute to the central framework that is developed within the TaSHI project. At the end of

the project, they joined the Final Event (organized on March 11 and 12, 2024) to share their overall feedback and reflections on the project.

## 5. Results of the evaluation

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### Achievement of the specific objectives

As mentioned earlier in the report, the first goal of this final evaluation is to verify if the TaSHI project was being implemented as planned and has reached its defined five specific objectives. Below we will evaluate the achievement of each objective, based on the methods and data as described in the previous chapter.

- Specific objective 1: To provide a novel understanding and up-to-date knowledge on task shifting and on transferability and uptake of good practices in implementation.

This objective has been achieved by all the deliverables as joint outputs of the Work Packages of the TaSHI project. Knowledge on task shifting has been renewed by (among others) a recent literature review, while a novel understanding was created by the comparative analyses of five TaSHI task shifting pilot implementation sites which led to new models of (1) the prerequisites of task shifting, (2) the barriers and facilitators of task shifting, (3) managing the task shifting process, and (4) recommendations for stakeholders in task shifting at different levels. In particular, the re-thinking of task shifting as described in the [Guidebook on Task shifting](#) (D5.2) resulted into a novel phase model, stressing the importance of transversal phases in the task shifting process. In addition, the [Practical training materials and curriculum](#) (D4.3) that have been developed by the TaSHI pilot sites were developed to achieve the aimed transferability and uptake of good practices in task shifting implementation.

- Specific objective 2: To apply different methods of analyses in order to provide added value on the concept, notion, and implementation of task shifting at EU-, national- and regional levels.

This objective was specifically achieved by the different methods applied in the TaSHI pilot implementation sites, such as questionnaire and surveys, interviews,

interdisciplinary/interprofessional focus groups, interactive meetings, seminars and workshops, analyses of legislations, evaluations of existing evidence, creating specific documentation and job descriptions of different professional categories involved in task shifting processes. These methods were applied in the TaSHI pilot implementation sites at different levels, varying from national, regional or sectoral levels. The EU level was reached by the integrative and comparative analyses of the TaSHI pilot implementation sites (see deliverables [Collection of useful tools and practices in task shifting](#) (D4.1), [Practical training materials and curriculum](#) (D4.3), [Case studies of implementation sites](#) (D5.1), and [Guidebook on task shifting](#) (D5.2).

- Specific objective 3: To perform pilots at five implementation sites to gather evidence and data on the different types of task shifting (e.g. working time re-allocation, re-considered scope of practices in primary care, mental health care, radiology and ophthalmology, benefiting from telemedicine and digital health).

This objective was reached as already described above and is specifically described in the Guidebook on task shifting, Set of recommendations for task shifting actions and Practical training material and curriculum as the key deliverables of the TaSHI project. The five pilot implementation sites were all successfully designed, executed and reported according to a common plan and curriculum model with regard to the training materials produced.<sup>2</sup> The variation in health professions, domains and types of task shifting, as envisioned, was also achieved.

- Specific objective 4: To aim to facilitate dialogues and knowledge exchanges between the relevant stakeholders.

The TaSHI project achieved this goal in two ways. First, for each of the five pilot implementation sites in Lombardy, Norway, Estonia, Lithuania and the Netherlands, all

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<sup>2</sup> The five pilot sites were conducted in [Norway](#) on task shifting in wound care using videoconferencing, [The Netherlands](#) on task shifting between optometrists and ophthalmologists, [Italy](#) on task shifting between GPs and Family nurses in primary care sector, [Estonia](#) on task shifting in mental health, and [Lithuania](#) on task shifting/delegation from Family Physicians and Psychiatrists to Nurses, Psychologists and Nursing Assistants. More information about the pilot sites can be found in Deliverables D4.1, D4.3, D5.1 and D5.2 on the TaSHI website <https://tashiproject.eu/tashi-outcomes/>).

relevant stakeholders were involved at the national, regional or sectoral level. The stakeholders were not only consulted ex-ante with regard to their learning and innovations needs with regard to task shifting but were also involved in the task shifting pilots and the development of learning materials. Secondly, the TaSHI project facilitated dialogues and knowledge exchanges at the international level, by presenting the project results at different stages to stakeholders at the European level through webinars and conferences (see the Communication and Dissemination report as well).

- Specific objective 5: To deliver a collection of good practices, useful tools and methods, a guidebook on task shifting supporting the real-life implementation, case studies on the pilots' experiences, practical training materials and curriculum, and a set of recommendations.

This objective is achieved by producing and disseminating the specific TaSHI deliverables as already mentioned above. The Guidebook on task shifting as a deliverable, the deliverable on the pilots' experiences with Practical training material and curriculum, and the deliverables of the Set of recommendations for task shifting actions are publicly published on the TaSHI website (<https://tashiproject.eu/>) and through the EU portal as well. This also complies with the overview in Annex 2, being the overview of the Objectives, Process and Outcome indicators of the TaSHI project. To finalize this part of the evaluation, it can be concluded that all the Process and Outcome indicators defined were actually achieved. This is also supported by the next section that evaluates the planning of the TaSHI WPs, Milestones and Deliverables.

## Planning of the WPs, Milestones and Deliverables

For this section, we refer to Annex 1 that shows the Gantt chart of the TaSHI project covering the total period of the TaSHI project (M1-M36). This graph offers a visual of i) what the various tasks are, ii) which partner is responsible, iii) when each task begins and ends, iv) how long each task is scheduled to last, and v) where tasks overlap with other tasks and by how much.

According to the monitoring performed, all WPs were delivered according to planning while some experienced a short delay. A truly positive observation is that all deliverables and

milestones were reached in time. For some key deliverables to ensure high quality, extension was asked and granted by HaDEA, after which the new deadline was reached.

## Self-evaluation survey

The TaSHI self-evaluation questionnaire was specifically conducted for the mid-term and this end evaluation reporting. Mid-term, 11 members of the TaSHI Consortium participated in this survey in July 2022. At the end of the project, 6 members completed this self-evaluation questionnaire in February 2024. The answers on ten questions that were included in both the mid-term and end-of-project self-evaluation questionnaire are presented in the table below.

	Fully agree		Agree		No opinion		Disagree		Fully disagree	
	mid-term	end	mid-term	end	mid-term	end	mid-term	end	mid-term	end
Our TaSHI project will deliver the outputs / outcomes defined	27%	0%	73%	100%	0%	0%	0%	0%	0%	0%
The outcomes will have the impact envisioned	18%	0%	73%	100%	9%	0%	0%	0%	0%	0%
The tasks we undertake still contribute to the results defined	36%	50%	64%	50%	0%	0%	0%	0%	0%	0%
We are still in line with the original schedule	9%	50%	82%	25%	0%	0%	9%	25%	0%	0%
The results will have the level of quality as originally expected (by us & the EC)	18%	50%	64%	50%	9%	0%	9%	0%	0%	0%
The project is managed well	55%	50%	45%	25%	0%	25%	0%	0%	0%	0%
The communication in the project is sufficient	9%	50%	64%	25%	18%	25%	9%	0%	0%	0%
We are aware of the risks in the project	9%	50%	73%	50%	0%	0%	18%	0%	0%	0%
Decision-making is done jointly and democratically	45%	75%	45%	25%	0%	0%	0%	0%	0%	0%
Resources allocated to carry out the various tasks are sufficient	0%	0%	45%	0%	18%	100%	36%	0%	0%	0%

*Table 1 – Results of the self-evaluation processes*

The table shows that all respondents mostly agreed or fully agreed on the 10 items. The majority of respondents consulted mid-term are marked in yellow, while those consulted at the end of the project are marked in green. Overall, the TaSHI project consortium members were (and are) satisfied or very satisfied with the process and outcomes of the project. The last item in the list shows that (mid-term) 45% agreed that the resources allocated were sufficient, while end-of-project all respondents indicated 'no opinion' – indicating that the

resources allocated are actually used and therefore the item is actually not applicable anymore.

At the end of the self-evaluation questionnaire, open questions were posed to collect the strong and weak points of the TaSHI project. Below, we first list the answers on the open question in the end of project survey: “Looking back: what are, in your opinion, the strong points of our TaSHI project and consortium?”:

- *Great leadership and support by SU. Committed people involved in the project.*
- *Multi professional and multi country participation.*
- *Clear concept. Pilot interventions with the participation of system-level actors (ministries, health authorities), providers and health professionals. In-person meetings in Milan and Brescia.*

On the opposite open question “Looking back: what are, in your opinion, the improvement points of our TaSHI project and consortium?” the following answers were given:

- *To invest more energy and time in the initial planning of pilots*
- *Keeping the schedule. Achieving change (in legislation, processes, attitudes) requires more time than originally expected.*

## TaSHI Advisory Board

At the TaSHI final event, held on March 11-12 2024 in Budapest, the TaSHI Advisory Board (TAB) members were invited in a separate timeslot to express their opinion and vision on the TaSHI project. Their reflections were positive, including appreciation and congratulations for all the results achieved such as the Guidebook on task shifting. A number of recommendations were also shared by the TAB members. One was to use the results of the TaSHI project explicitly in supporting the recommendations for the different stakeholders at the level of the EU, national governmental bodies, professionals’ associations and educators. Tailoring recommendations is key, as was stated, while at the same there is a need to bring stakeholders together to take task shifting to a higher level and achieve more uptake. Mapping the different barriers and facilitators with the roles of different types of stakeholders was also

recommended. Next, it was also advised to put best practices, case studies and successful training programs at the foreground, as this supports action and actual implementation of task shifting initiatives. Finally, it was stressed by the TAB members that task shifting is a lengthy process: training and accommodation of professions to collaborate takes time, while it also requires time for professions to see the benefits of task shifting.

## 6. Conclusions

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The main results of this final evaluation of the TaSHI project are in line with results of the mid-term evaluation: overall very positive. All of the deliverables and milestones are achieved, all WPs were executed according to plan, although it should be recognized that several tasks (in particular with regard to the pilot projects) took more time than expected. Members of the TaSHI consortium as well as the external TaSHI Advisory Board show high satisfaction with the coordination, evolution and results of the project.

Over the 3-year duration of the project, the consortium has grown as a strong and motivating partnership, supported by the frequent (monthly) meetings, communication in between, as well as the shared documentation and minutes. All deliverables were realized as a result of intensive collaboration within the consortium, and so were the milestones concerning the interconnection between Work Packages. The development of a rigor and relevant conceptual base to support professional learning in task shifting across countries and sectors (i.e. the pilot implementation sites for the TaSHI project), appeared to be one of the most complex tasks within the TaSHI project. During the TaSHI project, the framework to align the learning materials and recommendations from the pilot sites has gradually been developed.

Finally, we can conclude that the TaSHI Advisory Board, as an important external evaluator, was positive and highly appreciated the execution and results of the TaSHI project. The members felt honored to advise the consortium throughout a journey that deserves continuation in supporting stakeholders throughout Europe, to initiate and extend the premises of task shifting as one of the solutions for the current health workforce crisis.

## 7. Sustainability plan

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From the conclusions described in the previous chapter, it becomes clear that the key topic of task shifting and results of the TaSHI project deserve further dissemination and elaboration – also after it will formally end at the end of March 2024. To the end, this section will present a number of recommendations as part of a sustainability plan for the TaSHI project.

First, from a practical point of view, sustainability implies that the TaSHI website and its content will be available for the next few years. The website has been the key source of information about the project over the last three years, with good visibility and serving a large community of interested visitors (see the Dissemination and communication report). It is important to continue and regularly update the website <https://tashiproject.eu/> to keep informing stakeholders about the project – also when new publications will be available after the end of the project. This also applies for the TaSHI information that is retrievable at Health workforce Projects Cluster on the EU Health Policy Platform (<https://webgate.ec.europa.eu/hpf/>).

Secondly, it is deemed important that the TaSHI consortium and the TaSHI Advisory Board, as a network, will continue to collaborate internally and externally. This way, the partners and members will keep joining and sharing their expertise, promoting the importance of task shifting on the international and national research and policy agendas. It is therefore relevant and promising that a number of the TaSHI consortium partners are now contributing to the EU-funded Joint Action ‘HEROES’ on Health Workforce Planning and Forecasting and the ‘BeWell’ project (Green and digital skills to improve health outcomes. A unified approach for the upskilling and reskilling of the European health workforce). Other TaSHI partners will continue to collaborate on the theme of task shifting with European institutes and associations, such as the European Specialist Nurses Organisation (ESNO) and the Organisation for Economic Co-operation and Development (OECD). Part of this element of the sustainability plan is to organize regular ‘catch-up meetings’, with the TaSHI partners and TAB members, as well as with the other health workforce projects in the Cluster on the EU Health Policy Platform.

Thirdly, from the TaSHI final event that was held on March 11-12 2024 in Budapest, specific opportunities for further research and policy initiatives on task shifting were defined:

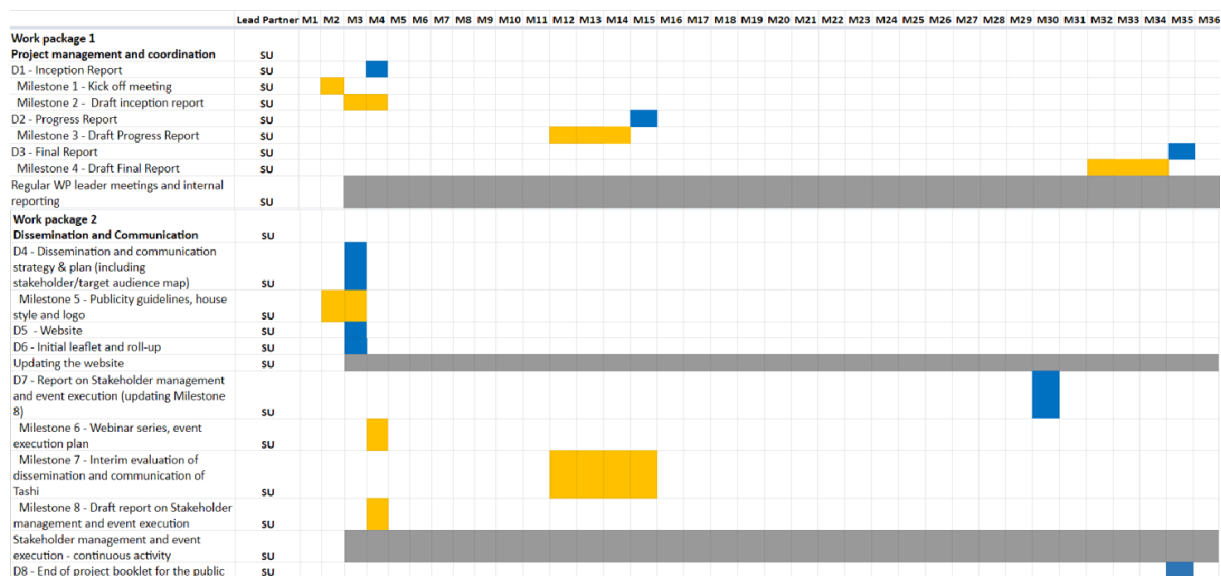
- To specifically address the role of patients in the development and implementation of task shifting. Patients have a clear stake in terms of outcomes or effects of task shifting, as its aim is to improve accessibility, quality and sustainability of care. But apparently, not much is known about the patients' acceptance and satisfaction with task shifting initiatives, as well as the potential that patients have to contribute to the process of task shifting themselves. With the growing importance of self-management, patient empowerment and voluntary/informal care, a new field for researching and evaluating the patients' role in task shifting has emerged, which is importantly in line with the TaSHI project.
- To explore, assess and evaluate the task shifting supported by digital tools. As was shown by two of the TaSHI pilots, digital tools can both support and enable task shifting between professions, in particular in regions where the accessibility of care is lagging behind (e.g. in 'medical deserts' areas). Moreover, the fast expansion of digital health solutions significantly impacts operation processes in the healthcare sector. In clinical practice, health professionals experience extensive administrative workload. Digital solutions can contribute to ease the burden of administrative or organisational tasks by applying smart software and applications. Hence, task shifting supported by digital tools or AI is a useful domain to be further explored, in particular with regard to its alignment with and the potential redesign of administrative and organisational tasks and processes in health facilities.
- To elaborate on the linkage between task shifting and the growing importance of defining and developing skills of the health workforce. This can anticipate on the changing perspective from occupations and professions to new and emerging skills, 'bundles of skills' and skills development of the health workforce (e.g. the BeWell project as mentioned above and programs on 'Pact of Skills', 'House of Skills' and 'skills (mis)matches'). Task shifting is closely related to new themes as job carving and job crafting, as well as the re-thinking of task division and task sharing in all sectors of the healthcare system. Here is an important opportunity to connect and extend the theme of task shifting with the policy and research programs on the (future) skills in health care.
- To focus on task shifting initiatives in primary care. In all the TaSHI pilot sites, primary care professions and organisations were explicitly or implicitly involved. This indicates that task shifting is much aligned with the common trend in European countries to shift tasks and

services from specialized to primary care as much as possible, and likewise to strengthen public health, prevention and social care as well. This shift or substitution at the system level significantly drives the need for task shifting in primary care, in order to cope with the growing shortages of general practitioners, primary care nurses, paramedics and home care workers. To sustain primary care as the 'gatekeeper' of health systems, task shifting is inevitable to recruit and retain health professionals in this sector, and to innovate primary care organizations such as community centers at the same time.

We finally recall that for the sustainability plan of the TaSHI project, its outcomes and results clearly create new opportunities and challenges for research and policy. The lessons learned, best practices and recommendations will further advocate the importance of task shifting as a necessary innovation to keep health systems sustainable, across the different countries and sectors.

## 8. Annexes

### Annex 1A: Gantt chart of the TaSHI project M1-36, by Work Package





## Annex 2: Overview of the Objective, Process and Outcome indicators of the TaSHI project

Specific Objective ID	Specific Objective Title and Description	
1)	Mapping practices and developing tools - strengthening the knowledge on task shifting	
Process Indicator(s)		Target value
Writing the progress report by WP1		1 progress report by WP1
Set-up and execute "Dissemination and communication strategy and plan" by WP2		1 strategy by WP2
Set-up and execute "Evaluation strategy and plan" by WP3		1 strategy by WP3
Set up and execute "Research plan" for WP4 - Stage plan for desk research		1 plan by WP4
Set up and execute "Research plan" for WP5 - Stage plan for desk research		1 plan by WP5
Set up and execute an "Implementation plan" for pilot sites WP5 - Stage plan for designing pilot phases		
Output Indicator(s)		Target value
Number of deliverables/documents: <ul style="list-style-type: none"> <li>Deliverable of Collection of useful tools and practices in task shifting</li> <li>Deliverable of Case studies of implementation sites</li> <li>Deliverable of Guidebook of task shifting</li> </ul> Dissemination products by WP2: <ul style="list-style-type: none"> <li>TaSHI website</li> <li>TaSHI newsletter</li> <li>Articles, short posts on EU HPP specific "Health Workforce" forum, Social media sites (linkedin, facebook, twitter), Partners websites and newsletters, Partners Youtube channels</li> <li>Webinars/Joint webinars with related projects/online events</li> <li>Rollup and leaflet, proportion material production</li> </ul>		1 report with 5-10 tools and practices by WP4 1 report with 5 extended case study descriptions plus annexes by WP5 1 integrated guidebook by WP5  1 project website 9 newsletter editions  At least 24 articles, short posts annually  At least 3-4 webinars/online events annually  1 leaflet
Outcome/Impact Indicator(s)		Target value
Increased number of improved methods and tools for task shifting		Publication of 5-10 methods and tools
Increased number of pilots, case studies, initiatives, actions, practices on task shifting in the EU		Publication of 5-10 new case studies
Increased number of stakeholders informed, engaged, participated representing more EU Member States		Reaching and involving all 27 MS and UK

Specific Objective ID	Specific Objective Title and Description	
2)	Provide recommendations on training and upskilling - share and utilise experiences of implementation pilots on task shifting	
Process Indicator(s)		Target value
Writing the progress report WP1 Design and execute dissemination and communication strategy WP2 Design and execute event plan and execution WP2 Design and execute evaluation strategy by WP3		1 progress report by WP1 1 strategy by WP2 1 strategy by WP3
Output Indicator(s)		Target value
Number of deliverables/documents: <ul style="list-style-type: none"> <li>Deliverable of Practical training materials and curriculum</li> <li>Deliverable of Set of recommendations for task shifting actions</li> </ul>		1 report containing practical training materials and advices on curriculum 1 report with a set of recommendations on the EU and country/MS and organisational level
Outcome/Impact Indicator(s)		Target value
Increased number of experts/stakeholders participating in policy dialogues on task shifting Increased number of policy recommendations on task shifting Increased number of education programmes and training materials		Reaching and involving all 27 MS and UK 1 set of recommendations 1 curriculum

### Annex 3: The self-evaluation questionnaire (end of project)

- P1: The project will deliver the outputs / outcomes defined
- P2: The outcomes will have the impact envisioned
- P3: The tasks we undertake still contribute to the results defined
- P4: We are still in line with the original schedule
- P5: The results will have the level of quality as originally expected (by us & the EC)
- P6: The project is managed well
- P7: The communication in the project is sufficient
- P8: We are aware of the risks in the project
- P9: Decision-making is done correctly
- P10: Resources allocated to carry out the various tasks are sufficient

All questions were answered on a 5-point scale:

1. Fully agree
2. Slightly agree
3. No opinion
4. Slightly disagree
5. Fully disagree

In addition, two open questions were posed:

- Looking back: what are, in your opinion, the strong points of our TaSHI project and consortium?
- Looking back: what are, in your opinion, the improvement points of our TaSHI project and consortium?
- Please shortly describe: how should the TaSHI project and consortium proceed after closure of the project? What are opportunities to sustain and continue the project and its consortium?



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