Exploring the SHIFT-SHARE Framework: Conversations on Strategic Task Shifting and Sharing in Healthcare
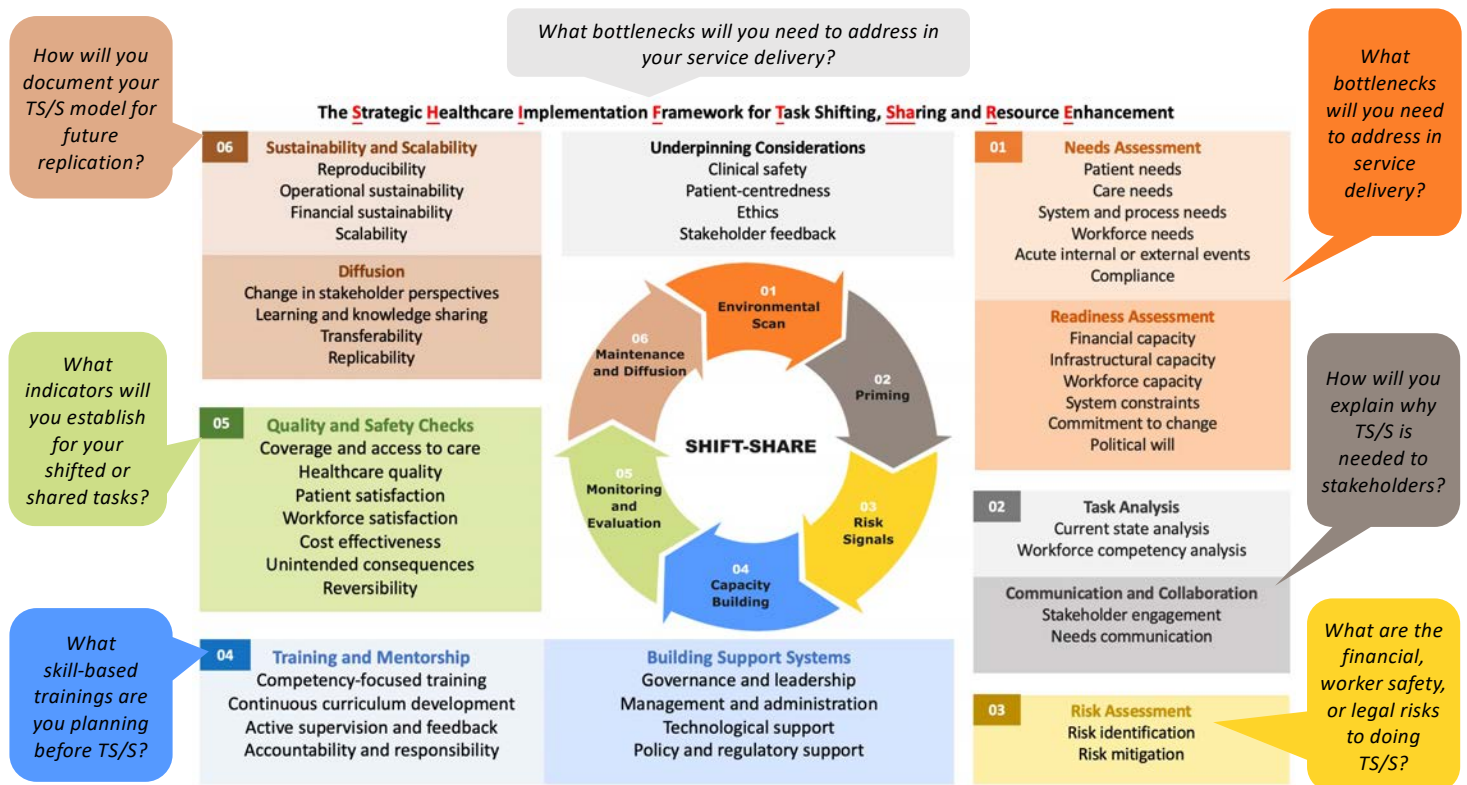
PhD Student: *Shukanto Das* · Supervisors: *Prof Liz Grant, Dr David Fearon, Prof David Weller*

THE UNIVERSITY of EDINBURGH | usher institute

Background

Healthcare systems worldwide face critical workforce shortages that challenge service delivery. Task shifting and task sharing (TS/S) enable the redistribution of clinical responsibilities from specialised professionals to trained individuals with different skill sets.[1,2] WHO advocates for developing national frameworks to support TS/S implementation, ensuring accessibility and service quality.[3]

Framework-driven methodologies provide structure for evidence-based decision-making while facilitating broader adoption and better effectiveness of interventions, benefiting care providers and patients.[4] We examined multiple theoretical and practical approaches to TS/S implementation, incorporating insights from established change management theories (including Lewin's Three-Stage Model and Kotter's Eight-Step Process), implementation frameworks (such as RE-AIM and CFIR), quality improvement methodologies, and assessment tools. These sources informed the extraction of constructs and elements, which we integrated to create a framework for TS/S initiatives.[5,6] The resulting SHIFT-SHARE framework has six cyclical stages and respective components and elements as shown below. Clinical safety, patient-centredness, ethical considerations, and stakeholder feedback are central considerations of TS/S.

The **S**trategic **H**ealthcare **I**mplementation **F**ramework for **T**ask Shifting, **Shar**ing and **R**esource **E**nhancement

Callout boxes:
- How will you document your TS/S model for future replication?
- What bottlenecks will you need to address in your service delivery?
- What bottlenecks will you need to address in service delivery?
- What indicators will you establish for your shifted or shared tasks?
- How will you explain why TS/S is needed to stakeholders?
- What skill-based trainings are you planning before TS/S?
- What are the financial, worker safety, or legal risks to doing TS/S?

06 Sustainability and Scalability
Reproducibility
Operational sustainability
Financial sustainability
Scalability

Diffusion
Change in stakeholder perspectives
Learning and knowledge sharing
Transferability
Replicability

05 Quality and Safety Checks
Coverage and access to care
Healthcare quality
Patient satisfaction
Workforce satisfaction
Cost effectiveness
Unintended consequences
Reversibility

04 Training and Mentorship
Competency-focused training
Continuous curriculum development
Active supervision and feedback
Accountability and responsibility

Underpinning Considerations
Clinical safety
Patient-centredness
Ethics
Stakeholder feedback

Building Support Systems
Governance and leadership
Management and administration
Technological support
Policy and regulatory support

01 Needs Assessment
Patient needs
Care needs
System and process needs
Workforce needs
Acute internal or external events
Compliance

Readiness Assessment
Financial capacity
Infrastructural capacity
Workforce capacity
System constraints
Commitment to change
Political will

02 Task Analysis
Current state analysis
Workforce competency analysis

Communication and Collaboration
Stakeholder engagement
Needs communication

03 Risk Assessment
Risk identification
Risk mitigation

Cycle: SHIFT-SHARE
01 Environmental Scan
02 Priming
03 Risk Signals
04 Capacity Building
05 Monitoring and Evaluation
06 Maintenance and Diffusion

Interactive Framework Workbook

Alongside refining the SHIFT-SHARE framework[6], we are creating a workbook to transform theoretical concepts into actionable guidance. This serves as a step-by-step companion for service planners and managers, clinical leaders, and implementation teams through the entire TS/S journey.

The workbook offers question-based prompts across all SHIFT-SHARE stages. It serves as a practical tabletop exercise for planning TS/S, facilitating team discussions, and working through implementation considerations systematically.

- Use Structured Questions to Build Stakeholder Consensus
- Methodically Evaluate Readiness and Identify Opportunities
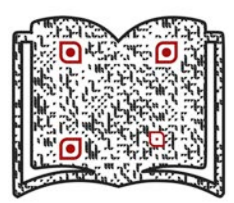- Anticipate Challenges Before they Become Implementation Barriers
- Move Beyond Reactive Changes to Strategic Workforce Optimisation

Scan the QR Codes

Prompts Workbook to Start Exploring TS/S in Your Workplace

Read Our Paper on SHIFT-SHARE's Development

References

[1] Das S, Grant L, Fearon D (2025) Mapping the global landscape of task shifting and sharing: trends, geographic disparities, and terminology from 1970 to 2022. *Critical Public Health.*

[2] Das S, Grant L, Fernandes G (2023) Task shifting healthcare services in the post-COVID world: A scoping review. *PLOS Global Public Health.*

[3] World Health Organization (2008). Task Shifting: Global Recommendations and Guidelines. *World Health Organization.*

[4] Nilsen, P. (2015). Making sense of implementation theories, models and frameworks. *Implementation Science.*

[5] Das S, Grant L, Weller D (2024) Conceptualisation of the SHIFT–SHARE: A New Strategic Healthcare Implementation Framework for Task Shifting, Sharing and Resource Enhancement. *Global Implementation Research & Application.*

[6] Das S, Grant L, Weller D (2023) Mixed-methods study to validate and refine the 'Strategic Healthcare Implementation Framework for Task Shifting, Sharing and Resource Enhancement' (SHIFT-SHARE), *protocols.io.*