teamcare

ITALY (LOMBARDY)

Primary Care Task Shifting to Family Nurses

GRANT AGREEMENT NUMBER – 10111173

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Background and context: PoliS-Lombardia, responsible for training both General Practitioners (GPs) and the newly created Family Nurse Practitioners (FNPs) in the Lombardy region, is using the EU-funded TaSHI project to push beyond joint education toward formal task shifting. Lombardy faces surging chronic-care demand, a rapidly retiring GP workforce, rising costs and post-Covid system strain. FNPs, employed by local health facilities and slated to number 1,600 region-wide, already train alongside GPs, but their exact scope is still undefined. Through surveys of GP and FNP trainees/tutors as well as stakeholder interviews, PoliS-Lombardia measured readiness and willingness to reallocate selected home-visit and chronic-disease tasks from GPs to FNPs. The initiative had to contend with regulatory gaps and historical resistance to inter-professional task sharing, yet it aimed to safeguard access, control costs and improve chronic-care quality by enlarging and redistributing primary-care roles.
Therefore, Lombardy aimed to strengthen primary care by involving FNPs in patient care roles traditionally held by GPs.

Scope of the pilot: The pilot's scope was to explore whether and how task shifting between GPs and FNPs can be introduced in Lombardy's primary care. The main objectives were:

- Gauge Lombardy's current readiness for task-shifting.
- Pinpoint which clinical and organisational tasks could be shifted or shared between GPs and FNPs.
- Map key facilitators and barriers.
- Determine the additional skills and knowledge GPs and FNPs will need (learning needs).
- Pilot a TaSHI-designed joint learning module that addresses those needs.
- Re-survey participants to evaluate the module's impact and fine-tune future
- training.

Task analysis: In Italy, due to a shortage of nurses and a growing number of chronic patients, the introduction of FNPs aimed to strengthen primary care. Relying solely on GPs is not sustainable, making task-sharing between GPs and nurses a promising strategy to reduce waiting times and improve care quality.
The project involved various stakeholders, including academic and policy advisory boards. An initial survey assessed the readiness of the pilot site, reaching 1,393 physicians and 348 nurses. FNPs showed a high response rate (96.6%) compared to GPs (35%).
Awareness of Task Shifting (TS) was low (28%), but interest was high—86% of FNPs and 59% of GPs expressed willingness to participate in TS initiatives. A minority had

direct experience with TS. Notably, 59% of GPs believed that some of their (clinical, administrative, and educational) tasks could be performed by nurses.
GPs and FNPs largely agreed on the facilitators and barriers to TS. Top facilitators included rising healthcare demand, health emergencies (e.g. COVID-19), generational turnover in the workforce, the Recovery and Resilience National Plan (PNRR), institutional recognition of the FNP role, and a more balanced gender representation among healthcare professionals. Commonly cited barriers were regulatory, managerial, contractual, and medico-legal in nature. FNPs additionally emphasized professional culture and orders as barriers, while neither group viewed technology as an obstacle.
FNPs saw potential for TS in managerial, clinical, and administrative domains, while GPs limited it mostly to administrative tasks. Regarding prescriptions, 66% of FNPs and 23% of GPs believed nurses could prescribe, particularly for chronic therapies, medical aids, and over-the-counter medications. Similarly, 32% of FNPs and 19% of GPs believed nurses could report clinical data, such as ECGs and lab tests.
The results also revealed that the roles and competencies of nurses are not well known, sometimes even among nurses themselves. This raises the question of whether a nurse's education influences their self-awareness and openness to TS. Despite broad agreement that reorganizing the healthcare workforce is necessary, there remains resistance around the concept of task shifting. However, physicians seem more open to task sharing, and all stakeholders agree that any change should be driven by patient needs.

An informal concrete example of task shifting: The TaSHI advisory board for PoliS-Lombardia was asked whether task shifting was already occurring in primary care. A recently graduated GP shared his experience within his group medical practice in the outskirts of Milan, where task shifting was informally practiced. The practice includes four GPs, three secretaries, and one nurse. The nurse performed advanced wound care in the office and conducted home visits for hygiene assessment, pressure ulcers, and fall risk, particularly for new patients, recently discharged patients, or those with worsening conditions. During home visits, the nurse independently evaluated the patient's needs and recommended specific medical aids (e.g., beds, mattresses, diapers). Based on the nurse's detailed assessment, the GP formally issued the prescription. This approach streamlined care delivery, reduced waiting times and unnecessary patient travel, and allowed GPs to focus on more complex cases. Although nurses in Italy cannot prescribe, this collaboration effectively supports task sharing by leveraging nurses' assessments in the prescription process.

Learning needs: Survey data, meetings, and interviews show that most nurses are interested in task shifting (TS) and are willing to expand their knowledge and skills. The TaSHI training course for GPs and FNPs offered a valuable opportunity to

introduce TS-related learning modules. Trainees' baseline TS knowledge was assessed through a survey, followed by video lectures and digital simulations.

Italy, Lithuania, and Estonia piloted a general TS module, based on TaSHI training materials, which also covered relevant legislation. Additionally, joint training and internships for GPs and FNPs helped increase mutual understanding of roles and enhance interprofessional collaboration.

Opportunities and limitations:

OPPORTUNITIES	**CHANGE MECHANISMS - ENABLERS**	**CHANGE MECHANISMS - BARRIERS**	**RISKS AND MITIGATIONS**
Increased competence and skill transfer	1. Understanding of the patient's daily living	1. Lack of normative framework 2. Lack of shared protocols 3. Lack of resources for training 4. Lack of allocated time for learning 5. Communication with and involvement of the patient	1. Revision of normative framework for nurses 2. Ambiguous leadership 3. Funding for developing learning resources 4. Sustained motivation in the workforce
Professional cooperation between GPs and FNPs	1. Understanding each other's skills and competences 2. No hierarchy (since FNPs are not GPs' employees)	1. Lack of mutual acknowledgement and trust 2. No tight collaboration as in hospitals or at GP's office 3. Limited opportunity for collegial discussion and feedback	1. Misunderstanding of roles and responsibilities

Freeing up resources and reducing waiting time	1. Successful use of the service in managing suitable patients 2. No need for patient to travel	1. Lack of trust by patients who prefer to be visited by a physician	1. Communication with patients 2. Communication between GPs and FNPs

Key findings:

- Task shifting is already taking place, though in an **informal** manner.
- The **majority of professionals** had not previously heard of task shifting, but expressed **interest in being involved** in such initiatives.
- **More than half of the GPs** believe that various tasks currently performed exclusively by doctors could, in the future, be carried out without issues by nursing professionals. They particularly see potential in **administrative tasks**.
- Nurses, on the other hand, believe that task shifting could be effectively applied in **managerial, clinical, and administrative settings**.
- **Nurse-led prescribing** of medications and medical aids is **less supported by GPs**. However, nurses believe that they should be able to prescribe in specific cases, such as **repeat prescriptions for chronic therapies**, **medical aids**, and **some analgesics**.
- Regarding **diagnostic reporting**, GPs are generally less supportive of nurses prescribing and reporting tests such as **ECGs**, **spirometry**, and **vital signs**. Conversely, nurses feel confident in also reporting **ultrasounds** and **laboratory tests**.
- **Interprofessional education and training** was introduced during the **mandatory education** of both GPs and Family and Community Nurses.
- Both professional groups expressed **satisfaction with the joint training** provided.

Main References:

- TaSHI Project. *The Project – Empowering EU Health Policies on Task Shifting.* Available at: https://tashiproject.eu/the-project/).
- TaSHI Project - D5.1 CASE STUDIES OF IMPLEMENTATION SITES Available at: D5.1-Case-studies-of-implementation-sites.pdf
- TaSHI Project - D5.2 GUIDEBOOK ON TASK SHIFTING Available at: D5.2-Guidebook-on-task-shifting_revised_final_ISBN.pdf