

### **A20.ISS. General Practitioners, Paramedics and the Primary Care Team; the Potential for Mutual Benefit.**

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<https://doi.org/10.32378/ijp.v3i2.137>

**Background:** General practice is entering a challenging phase. Increased workload and complexity with an increasing consultation rate is coming about as a result of an ageing population, extension of care that is free at the point of delivery to more people, and the trend to move routine care of chronic illness from secondary care to primary care.(1) This is all coming about at a time when the GP population is ageing and doctors graduating from GP training are choosing to emigrate or work part time.(2) It will be difficult to continue this work without changes to current practice. In the past nurses have been employed by GPs to help deliver care (3), however there is a shortage of nurses that challenges this model. It has been suggested that the unique skillset of Paramedics would complement those of GPs.(4) Various models of paramedics working primarily in primary care have been described. This practice of paramedics working with and under the guidance of GPs would be expected to have the benefit of keeping patients out of hospital and managed in the community . The skillsets of paramedics would be kept up by appropriate deployment in the community, especially in quieter country areas where their presence is necessary geographically for emergencies, but they do not get to practice their skills at an optimum rate. Barriers exist to such deployment but can be overcome resulting in a well-functioning PCT with good levels of interprofessional collaboration and generally positive effects.(5) Paramedics have shown a willingness to be engaged in such work.

**Proposed methodology:** Questionnaire survey of GPs associated with the UL GEMS (ULEARN) based on what skills they would use that would be shared by paramedics. Attitudinal study of GPs and paramedics on their attitudes towards this novel way of practice. **Anticipated outcomes:** GPs and paramedics have shown flexibility in the past. Literature review indicates that this is ongoing. It is anticipated that this would mean that respondents would attitudinally favour this move to make paramedic practitioners an integral part of the primary care team.

#### *References*

1. Behan W, Molony D, Beamer C, et al. Are Irish adult general practice consultation rates as low as official records suggest? A cross sectional study at six general practices. *Irish medical journal* 2013;106(10):297-9
2. Pericin I, Mansfield G, Larkin J, et al. Future career intentions of recent GP graduates in Ireland: a trend analysis study. *BJGP Open* 2018.
3. O'Kelly M TC, O'Kelly F, Ní Shuilleabhain A, O'Dowd T. The Structure of General Practice in Ireland 1982-2015. Trinity College Dublin: Irish College of General Practitioners, 2016.
4. O'Meara P, Stirling C, Ruest M, et al. Community paramedicine model of care: an observational, ethnographic case study. *BMC Health Services*

Research 2016;16:39 <https://doi.org/10.1186/s12913-016-1282-0>

5. Pullon S, Morgan S, Macdonald L, et al. Observation of interprofessional collaboration in primary care practice: A multiple case study. *Journal of interprofessional care* 2016;30(6):787-94 <https://doi.org/10.1080/13561820.2016.1220929>