

Is There A Role For Paramedics In Primary Care In Ireland: An Exploratory Study

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Introduction

Background: Paramedics are reported to be the most underutilised profession working within rural areas, due to the paucity of service requirements. (O' Meara *et al* 2012). Infrequent opportunities to practice particular skills can lead to reduction in levels of confidence and competence that can have significant risk and safety ramifications for practitioners and patients. (Mulholland *et al* 2014). Traditionally paramedic practice provides emergency care and transport within the community, but current ambulance service models within rural Ireland may be inefficient and contributing to hospital overcrowding and increased healthcare costs. (Lightfoot, 2015). Alternative models of healthcare are implemented within alternative rural jurisdictions such as Australia and Canada that aims to address issues of practitioner underutilisation, skill retention and healthcare personnel shortages. (Wilson, *et al* 2009).

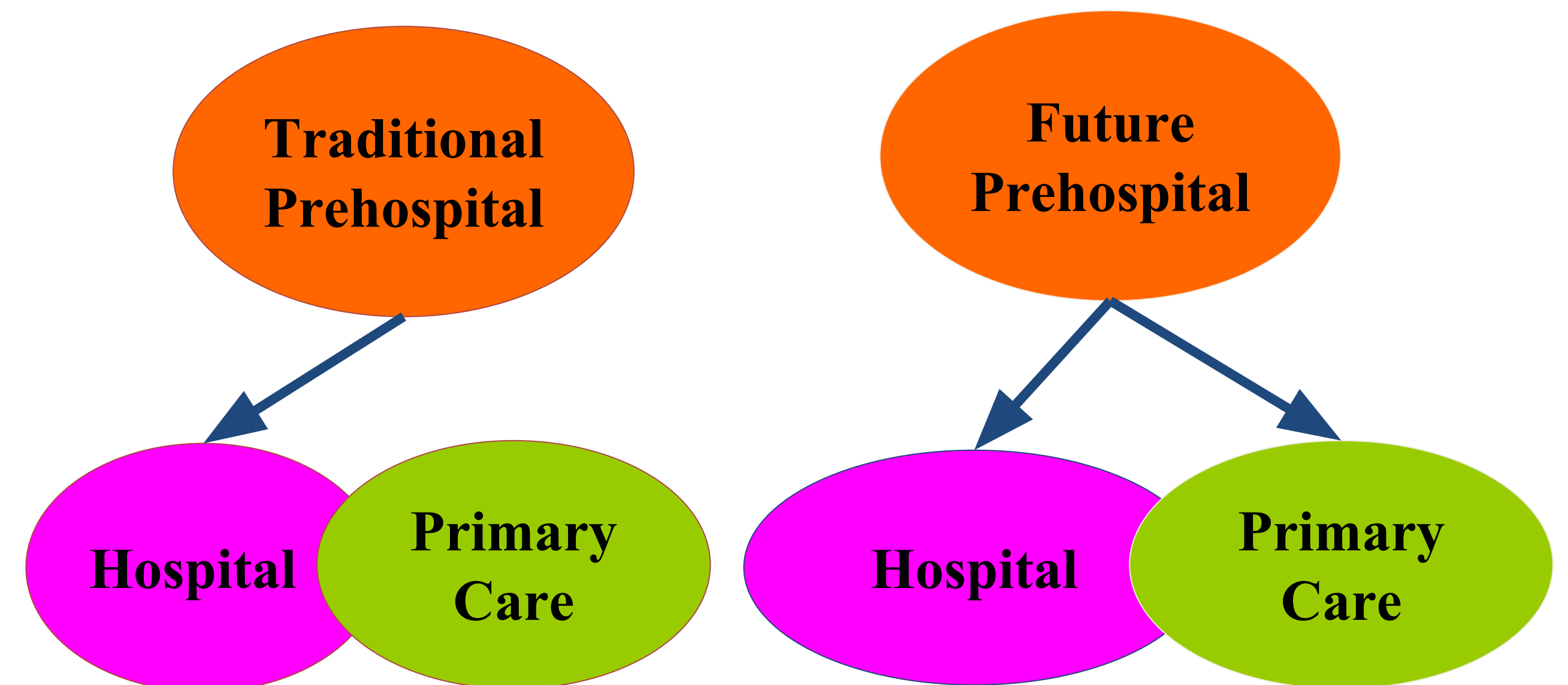
Rationale: Ireland's population is ageing, with increased co-morbidities and reports of current and predicted workforce shortages in general practice. (Smyth *et al* 2017). With rising demands on general practitioners (GPs), measures to increase their supply and retention has become a challenging problem. Potential solutions to this will require immediate change to established work practices, to cater for current and predicted healthcare needs. (H.S.E, 2015). Paramedics with advanced skills (APs) could alleviate some of the shortages identified and enhance paramedic profile by transferring some tasks deemed appropriate from GPs to APs within both urban and rural communities. This process is globally known as task shifting where some competencies are transferred to alternative healthcare practitioners with less training. (WHO, 2007). **Aim:** To ascertain the attitudes and opinions of paramedics and GPs associated with GEMS - UL, towards a new concept of joint collaboration in primary care that should be of mutual benefit to both groups, and also to identify potential barriers.

Methodology

Questionnaire survey of graduate Paramedics and General Practitioners associated with University of Limerick Graduate Entry Medical School and Paramedic Studies to identify competencies that GPs would deem appropriate to reassign to APs and ascertain both groups' opinions towards this new concept of joint collaboration and practice.

Anticipated Results

Traditional Vs Future Rural Healthcare Relationships



Reburn: Rural Paramedic Practitioner – A Future Model Of Care Australasian Journal Of Paramedicine: 2017;14(1)

Conclusion

Studies report successful outcomes in similar models of joint collaboration to support shortages of GPs in rural healthcare. (Reburn, 2017). Collaboration on this scale has been shown to be beneficial for enhancing the paramedic profession within the wider healthcare system while providing essential support within primary care and general practice. Potential benefits have been reported with reduced emergency department admissions and early intervention in the management of chronic disease. (Blacker *et al*, 2009).

References

1. Blacker N, Pearson L, Walker T. (2009) Redesigning Paramedic Models Of Care To Meet Rural And Remote Community Needs, Council Of Ambulance Authorities, Ambulance Victoria 10th National Rural Health Conference.
2. Campbell D, Shepherd I, McGrail M, et al. (2015). Procedural Skills Practice And Training Needs Of Doctors, Nurses, Midwives And Paramedics In Rural Victoria. *Advances In Medical Education And Practice*. 2015;6:183-194. Doi:10.2147/Amep.S77779.
3. Lightfoot Report, (2015):national Ambulance Service Of Ireland Emergency Service Baseline And Capacity Review.
4. Medical Workforce Planning: Future Demand for General Practitioners, 2015-2025, Health Service Executive
5. Mulholland P, Barnett T, Spencer J. (2014). Interprofessional Learning And Rural Paramedic Care, *Rural And Remote Health*, 14, (3) Article 2821. Issn 1445-6354
6. O'Meara P, Tourle F, Stirling V, Walker CJ, Pedler D. (2012). Extending The Paramedic Role In Rural Australia : A Story Of Flexibility And Innovation, *Rural And Remote Health*, Vol. 12, No. 2, Pp. 1-
7. Reburn: Rural Paramedic Practitioner – A Future Model Of Care *Australasian Journal Of Paramedicine*: 2017;14(1).
8. Smyth B, Marsden P, Donohue F, Kavanagh P, Kitching A, Feely E, Collins L, Cullen L, Sheridan A, Evans D, Wright P, O'Brien S, Migone C. (2017) Planning For Health: Trends And Priorities To Inform Health Service Planning. Report From The Health Service Executive.
9. Wilson N, Couper I, Vries E De, Reid S, Fish T, (2009) Inequitable Distribution Of Healthcare Professionals To Rural And Remote Areas, *Rural And Remote Health*.
10. World Health Organisation (2007) : Task Shifting Rational Redistribution Of Tasks Among Health Workforce Teams *Global Recommendations And Guidelines*.



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