The Role of the Rotational Paramedic in Primary Care: What do they contribute to the workforce?

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Background

Paramedics moving into Primary Care

Over the last decade, paramedics in the United Kingdom (UK) have increasingly taken up clinical employment away from ambulance services, with many moving into primary care settings[1]. Reasons for this move are multifactorial and interwoven, but are posited to include: Poor managerial support and a lack of clinical progression within the ambulance service[2]; pursuit of further clinical development; and an improved work-life balance[3]. In an effort to retain the paramedic workforce, rotational roles between ambulance services and primary care providers have been initiated. In these roles, paramedics are employed by the ambulance service and work a set amount of time in primary care as part of their rota.

In 2019, Health Education England (HEE) set out a 'roadmap' for paramedics to follow as they transition into primary care roles[4]. This document outlines the qualifications, capabilities, clinical skills, and case presentations paramedics are expected to encounter whilst working in primary care.

Research Aims

- To better understand the patterns of education level, experience, salary, prescribing status, and clinical supervision for paramedics in primary care.
- To investigate the scope of role undertaken by paramedics in NHS primary care.
- To explore the perceptions paramedics in primary care have on their contribution to working both in the ambulance service and in primary care.

Methods

An online survey was distributed via the College of Paramedics to paramedics in primary care in England, Northern Ireland, Scotland, and Wales. The survey utilised both qualitative and quantitative items. Free-text responses were analysed using semantic level, inductive thematic analysis in NVivo v.12. Quantitative data were analysed using descriptive statistics (mean, SD, and frequencies) and appropriate non-parametric tests (Chi-Square Test of Independence, Kruskal-Wallis Test, Mann-Whitney test, Spearman's rho correlation) in IBM SPSS Statistics, Version 28.

Results

The survey was completed by 341 paramedics. Of these, 15% worked in a rotational role between the ambulance service and primary care.
The length of rotation between the ambulance service and primary care was varied and inconsistent, ranging from one day per week to 10 week blocks.

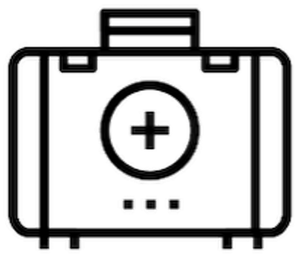
The most common job title for rotational paramedics was Advanced Paramedic Practitioner (44%) or First contact Practitioner (25%), though other job titles were also reported including Paramedic, Specialist Paramedic and Paramedic Practitioner.

Perceptions on Workforce Contribution and Integration

Rotational working between ambulance services and primary care settings was considered to have benefit regarding the transferability of clinical knowledge and skills from one clinical setting to the other:

"My rotational role increases understanding between ambulance & primary care, increases my knowledge & understanding which I can pass on to colleagues and increases visibility, trust and understanding of the profession throughout primary care and the lay community."
(RID 36; Specialist Paramedic).

"I find that having both [ambulance work] and primary care]works well in terms of gaining a better understanding for my patient management."
(RID 17; Paramedic).



However, it was acknowledged that support for paramedics to develop rotationally largely came from the primary care provider (GPs) rather than their employer:

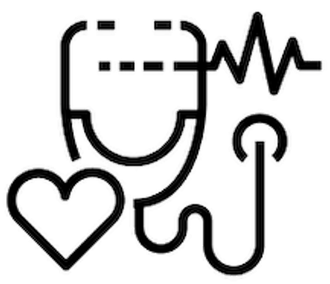
"Management and support wise they are incomparable. In primary care I am supported, developed, mentored and cared about. I am not a number or a resource like in the [ambulance] service, I am a key piece of the clinical team."
(RID 305; Trainee Advanced Clinical Practitioner).

Rotational working also provided variety and flexibility in clinical work, contributing to a positive work life balance and enjoyment of the role:

"Rotational paramedic is fantastic - experienced and exposure of primary care, whilst also rotating through urgent and emergency care."
(RID 228; Specialist Paramedic).

Clinical Work Undertaken

- Statistical analysis of quantitative data highlighted a correlation between hours worked and attending presentations such as catastrophic haemorrhage (rs=.109, p=.044), anaphylaxis (rs=.127, p=.019), angioedema (rs =.140, p=.009), seizures (rs =.147, p=.007), and overdose/poisoning (rs =.200, p=<.001), where respondents who worked in a rotational role attended these presentations to a greater extent than paramedics who were employed directly by primary care.
- Phlebotomy was the most common clinical examination undertaken by paramedics working in rotational roles (rs=.220, p=.00001), and other examinations failed to reach statistical significance.
- From a core capabilities perspective, paramedics working in rotation roles managed medical and clinical complexity less as part of their role (rs = .236, p = <0.007).
- There was an association found between respondents working in rotational roles between ambulance services and primary care providers working one day a week(X2(15)>=129.872, p=<.001).



Concluding Remarks

Paramedics working in rotational roles between primary care and ambulance services generally reported a good work/life balance and enjoyment of a varied role.
Clinical support was more forthcoming from primary care in comparison to their main employer, which contributed to their development and overall effectiveness.
Paramedics working less hours in primary care undertake less medical complexity when compared to their full-time counterparts. Whilst the ability for paramedics to attend emergency presentations in primary care may be a benefit for primary care providers, this does little to develop the paramedic primary care clinical acumen.

Considerations for Practice

Paramedics felt working in a rotational role benefitted patients, as they were able to apply the skills learnt in one area to another – benefitting patients accessing care via both workforces.

Scan this QR code for the published full-text results of this survey

References:
1. Eaton G, Wong G, Williams V, Roberts N, Mahtani KR. Contribution of paramedics in primary and urgent care: A systematic review. Br J Gen Pract 2020; 70 (695): e421-e426
2. Beldon R, Garside J. Burnout in frontline ambulance staff. JPP 2021 Dec 30;14(1):6–14.
3. Mahtani KR, Eaton G, Catterall M, Ridley A. Setting the scene for paramedics in general practice: what can we expect? J R Soc Med 2018;111(6).
4. Health Education England. First Contact Practitioners and Advanced Practitioners in Primary Care: (Musculoskeletal) A Roadmap to Practice. London, Health Education England 2021.

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