

# The potential contribution of paramedics in primary and urgent care



Georgette Eaton, Geoff Wong, Veronika Williams,  
Nia Roberts, Kamal R Mahtani

Within the United Kingdom, there are now opportunities for paramedics to work across a variety of healthcare settings, with many opting to move into primary care. We undertook a systematic scoping review of published literature to provide an overview of the types of clinical roles paramedics are undertaking in these settings.

## THE RESEARCH FOUND

### Titles

The papers in this review found that paramedics working in primary care operate under a variety of titles. The paramedic profession is regulated by the HCPC and the title is protected in law. The College of Paramedics outlines the nomenclature alongside education level: Paramedic (Bachelors' Degree) Specialist Paramedic (PgCert); Advanced Paramedic (Master's Degree); Consultant Paramedic (Doctorate) and does not associate them with the setting in which they work. Therefore, consideration should be given to the appropriate use of job title when paramedics are working in roles in primary care.



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Georgette Eaton, Geoff Wong,  
Veronika Williams, Nia Roberts,  
Kamal R Mahtani

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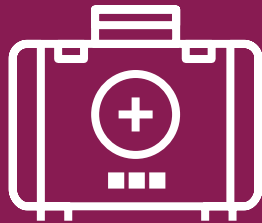
## Clinical work environment

Paramedics were found to be working in:

- Home visiting services
- Minors units
  - First aid units
  - Minor injury units
  - Minors departments in hospitals
- Walk-in-centres
- General Practice;
- Out-of-hours services;
- A rotational role into any of the above settings, whilst retaining the ambulance service as the main employer.

## Reducing General Practitioner Workload

In some cases, the role of paramedics in primary care settings was reported to decrease general practitioner workload by assessing and treating urgent, non-complex, patients. However, in other cases, issues with patient management and supervision extended patient consultation times and increased workload on General Practitioners.



## Clinical activities in primary care

The search did not focus on scope of practice for paramedics, but it was clear that the existing paramedic skillset is used to undertake general health assessment, with the acknowledgement that paramedic specific skills (such as 12-lead ECG interpretation) and the ability to provide high-acuity or emergency care was an advantage of paramedics working in primary care settings.



## RECOMMENDATIONS FOR PRACTICE

This review found no evidence of the optimal role of the paramedic in primary care, nor any standardisation of training programmes. This is likely related to the relative novelty of the role in primary care, inconsistencies in the application of the title, and the lack of correlation between title, role and education level, in contrast to that outlined by the College of Paramedics. The absence of a well-defined role for paramedics may make the development of training programmes to prepare paramedics to work in these settings challenging. Clinical users, providers and policymakers should be mindful of these limitations. Research is needed into the best use of the paramedic resource in primary care to inform and develop the right training for the future.

For more information, contact Georgette Eaton:  
[georgette.eaton@stcatz.ox.ac.uk](mailto:georgette.eaton@stcatz.ox.ac.uk)