"... paramedics can do GP house calls ... Paramedics are highly trained, degree-level professionals who are, above all, experienced — my stories of house calls seem tame in comparison ... They also see the same types of patients as GPs."

Good medicine — the GP paramedic

I am old school. I think that craft beers taste like urine, tofu tastes like polystyrene, and that posting your life all over social media is tasteless. I feel lucky to be a doctor; it's a privilege not a burden. I also don't buy into the idea that doctors are the most gifted and caring people in our society, because it just isn't true. Becoming a doctor is much more about privilege than ability. The attributes of care, intelligence, and commitment are common among the wider population — which brings me to the GP recruitment crisis. Most doctors don't want to be GPs because of the profession's low status — and this is not going to change any time soon. In fact, the workforce crisis is only going to get worse. A twister of change is coming; it's just that the profession hasn't seen it yet. And this is a good thing, as for too long doctors have had a stranglehold over change in primary care.

Currently I am involved in supporting a large practice that is in difficulties, and I have had an epiphany. The new reality is that other professionals are going to do the work of GPs, for example, paramedics can do GP house calls. I have done thousands of house calls and been involved in every conceivable situation: been through the doors with police holding riot shields; persuaded a patient to come away from their balcony; seen all manner of deaths; dished out antibiotics; conducted mouth-to-mouth resuscitation; and visited patients night and day in all weathers. I'm not fazed by house calls. But I am the exception. Young doctors often have limited exposure to house calls, don't like doing them, and struggle with the uncertainty of it all. Instead, telephone advice is commonplace, because GPs are becoming avoidant of house calls. You cannot teach doctors about house calls; learning comes from that most underrated aspect of medical training: experience.

Paramedics are highly trained, degree-level professionals who are, above all, experienced — my stories of house calls seem tame in comparison. They have been first responders in every situation, a calm shelter in the howling chaos that can ensue in domestic emergencies. They also see the same types of patients as GPs, and are experts at keeping them at home and linked to various community teams. And, as practices often run on-call systems with different doctors visiting on different days, there is currently limited continuity in house visiting.

So, employing a paramedic in primary care seems like a no-brainer, providing an experienced professional and cohesion, in a continuity-free NHS. There are issues around prescribing, but, just as nurses are now prescribing, paramedics will soon follow suit. Modern technology means they can link via video to a GP if need be. To employ a GP paramedic there is a critical mass of patient numbers, likely in excess of 10 000 patients. Employing GP paramedics frees up GP time because patients are no longer having to constantly come to and from the surgery, enabling GPs to focus on other aspects of the unscheduled work. And, of course, GPs can still visit in situations like palliative care.

At the practice I am supporting we are exploring language and titles too. We need a long overdue professional mash-up and to start to merge and blur the boundaries between us all. Here is an idea to consider: let's refer to our health professionals as 'GP doctor','GP nurse', and 'GP paramedic', with all primary care clinical staff wearing the same simple uniform like a scrub top.

On this note, my practice has just employed a GP paramedic as a start to the coming storm of change.

Des Spence,
GP, Maryhill Health Centre, Glasgow.

DOI: https://doi.org/10.3399/bjgp17X691445