

BMJ Open Understanding the roles and work of paramedics in primary care: a national cross-sectional survey

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ABSTRACT

Objectives This research aimed to fill a current knowledge gap, namely the current scope of clinical role of paramedics in primary care, in relation to specific constructs such as a level of education and clinical experience.

Setting The survey was distributed to paramedics in primary care across the UK through the College of Paramedics.

Participants A total of 341 surveys were returned (male=215). 90% of responses were from paramedics in England, 1.7% from paramedics in Northern Ireland, 4.6% from paramedics in Scotland and 2.9% from paramedics in Wales. This represents approximately 33% of the primary care paramedic workforce in England and Wales. Estimates for percentages in Northern Ireland and Scotland are unavailable due to the lack of workforce datasets capturing paramedics in primary care.

Results Considerable variation was found in job titles, level of education and provision of clinical supervision of paramedics in primary care. Differing levels of practice were noted, despite guidance documents that attempt to standardise the role. Statistical analysis of quantitative data highlighted that relationships exist between paramedic clinical exposure in primary care, level of education, and ability of independently prescribe medicines and the extent to which clinical presentations are seen and examinations performed. However, free-text responses indicated that challenges in relation to access to further education and clinical supervision to support clinical development resulted in frustration for paramedics who work in this setting.

Conclusions As well as offering an insight into the demographics of the primary care paramedic work force, there is indication of the clinical scope of role undertaken in this setting. Based on our findings, we recommend changes to education and support, governance and legislation to ensure paramedics employed in primary care can work to achieve the full extent of their professional capability.

INTRODUCTION

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

STRENGTHS AND LIMITATIONS OF THIS STUDY

- ⇒ The survey was distributed by the UK College of Paramedics and on social media, and so may not capture the experiences of paramedics not members of their professional body or without profiles on social media.
- ⇒ There was a low uptake in responses from paramedics working in Northern Ireland and Scotland.
- ⇒ All (n=341) respondents answered all questions within the survey.
- ⇒ The sample size power calculation was met, assuring an adequate power to detect statistical significance in the results.
- ⇒ The survey was undertaken during September–November 2021, during which time UK primary care was continuing to respond to the ongoing global pandemic of COVID-19.

are multifactorial and interwoven. Changes to healthcare access have created a sociocultural dependence on the ambulance service,² resulting in an increase of urgent and primary care related dispositions attended by paramedics.³ To respond to the changing demands of 999 calls, paramedic preregistration education prepares registrants to deliver holistic care across the lifespan,⁴ moving beyond protocolised training for the management of emergency presentations, for which paramedics have historically been most well known. This broad undergraduate education defines the pluripotential nature of paramedics, enabling them to act as generalist clinicians in a range of clinical settings—and ultimately enables them to leave the ambulance service. This, coupled with poor managerial support and a lack of clinical progression within the ambulance service,⁵ is resulting in paramedics seeking opportunities to work in other clinical settings which offer further development and an improved work–life balance.⁶ Occurring at a time where the primary care workforce is understaffed due to a failure to recruit and retain general

practitioners (GPs),⁷ paramedics actively seek opportunities to work in primary care, believing their capabilities fit well within this clinical setting.⁸ Indeed, recent National Health Service (NHS) workforce policy welcomes this professional group into primary care,^{9–11} with associated funding through the Additional Roles Reimbursement Scheme available for practices employing paramedics (among other health and social care staff) in England.¹²

Our previous research has highlighted that for paramedics to work successfully as part of the primary care team, transition into this workforce needs to be supported through a combination of formal education, clinical supervision and socialisation.⁸ Desired outcomes, such as increasing clinical capacity within the primary care team (and filling workforce gaps created by the shortage of GPs), may then transpire. Health Education England (HEE) has made steps to provide a framework that addresses these concepts. HEE is a non-departmental public body, which provides coordination and support for the training and education within England's health-care workforce. In 2019, HEE set out a 'roadmap' for paramedics to follow as they transition into primary care roles.¹³ This document outlines the qualifications, capabilities, clinical skills and case presentations paramedics are expected to encounter while working in primary care. This is the only published document across the devolved nations that sets any scope of role for paramedics working in this clinical setting.

Paramedics are being actively recruited into the primary care workforce, but knowledge gaps remain. This research specifically aims to fill a current knowledge gap, namely the paramedics' scope of role in primary care and their perception of their roles. This research records the current scope of clinical role of paramedics in primary care, in relation to specific objectives:

- ▶ 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 primary care teams.

METHODS

Prior to commencing this survey, a study protocol was developed and registered with OSF Registries (10.17605/OSF.IO/YKDA7). We report our findings according to the Strengthening the Reporting of Observational Studies in Epidemiology statement.¹⁴

Study design

An online survey was distributed via the College of Paramedics to paramedics in primary care in England, Northern Ireland, Scotland and Wales. The survey used both qualitative and quantitative items in recognition of the polygonal objectives of the study.¹⁵ Details regarding workforce data for paramedics in primary care are reported for England¹⁶ and Wales,¹⁷ but not yet for

Northern Ireland or Scotland. Based on the available data in England and Wales, we estimated that approximately 1500 paramedics were working in primary care roles across the UK in August 2021, and therefore, considered a sample size of 306 would be needed for a CI of 95% and margin of error of 5% for statistical analysis.

Materials and procedure

The survey was developed by authors in consultation with members of a patient and public involvement group, and stakeholders from the College of Paramedics, HEE and the Royal College of General Practitioners. The survey was first piloted with paramedics within this stakeholder group and refined by the authorship team. This pilot assisted in the flow of questions, and the format of question presentation. The final survey was presented using Jisc online surveys (<https://www.onlinesurveys.ac.uk/>) (online supplemental file 1). Data collection took place between 1 September 2021 and 30 November 2021.

Distribution of the survey was initially via internal communications within the College of Paramedics, as well as across their social media platforms. This survey was shared further on social media to reach paramedics working in primary care who may not be members of the College of Paramedics.

Respondents were offered a £10 Amazon e-voucher in compensation for their time to complete the survey.

Data analysis

Free-text responses were analysed using semantic level, inductive thematic analysis in NVivo V.12,¹⁸ undertaken by GE. Ten per cent of these codes were reviewed by ST. Quantitative data were analysed using descriptive statistics (mean, SD and frequencies) and appropriate non-parametric tests (χ^2 test of independence, Kruskal-Wallis Test, Mann-Whitney test, Spearman's r correlation) in IBM SPSS Statistics, V.28 (IBM). Bonferroni correction was used to counteract problems where multiple comparisons occurred, and this adjustment is included in the results reported in this paper. Statistical analysis was undertaken by GE and reviewed independently by JO.

Quantitative and qualitative data were initially analysed separately, then merged and interpreted.¹⁹ During interpretation, data were considered in relation to existing conceptual frameworks⁸ to enrich findings and synthesise complementary results.

Patient involvement

The patient and public group associated with this research were involved during the design of the survey instrument and the analysis of the qualitative results.

RESULTS

A total of 341 responses were returned, of which 90.6% were from paramedics working in primary care in England (n=309). Based on workforce data published for the period within which the survey was undertaken

Table 1 Description of survey respondents

Age range	n	Gender	n	Country of work	n
18–24 years old	4	Female	126	England	309
25–34 years old	98	Male	215	Northern Ireland	6
35–44 years old	113			Scotland	16
45–54 years old	96			Wales	10
55–65 years old	30				

(September–November 2021),^{16 17} our respondents represent 33% of the population for England and Wales separately. **Table 1** outlines descriptive characteristics of survey respondents according to age range, gender and country of work. All respondents answered each question in the survey.

Experience as a paramedic prior to working in primary care

Prior to working in primary care, most respondents had 3–5 years (n=93) or 6–10 years (n=93) experience of working as a paramedic. When asked why they chose to work in primary care, a majority cited an improved work-life balance as the single biggest contributing factor. This was often referred to in relation to a move away from the unsustainable workload in the ambulance service, especially working hours that were considered family friendly, with no night or weekend shifts. Other factors prompting paramedics to take up employment in primary care included the opportunity for clinical development; increased job satisfaction associated with the increased autonomy and enhanced clinical skill set required to work in primary care; and a clinical interest in holistic and preventative medicine associated with general practice.

Level of education

The majority (52%) of respondents were educated to at least one module at Framework for Higher Education Qualification (FHEQ) level 7/Scottish Credit and

Qualifications Framework (SCQF) level 11, with more than half of these educated to postgraduate certificate (n=90). **Figure 1** outlines the level of education for respondents. The need for additional knowledge to work in primary care was articulated. Respondents often reported a ‘constant pressure to study’ (RID 118; Emergency Care Practitioner), and a sense of overwhelm regarding the volume of academic work alongside their clinical workload. Both a lack of protected time to study, as well as absence of funding from primary care employers for paramedics to undertake education qualifications, were highlighted as a hinderance to development in primary care.

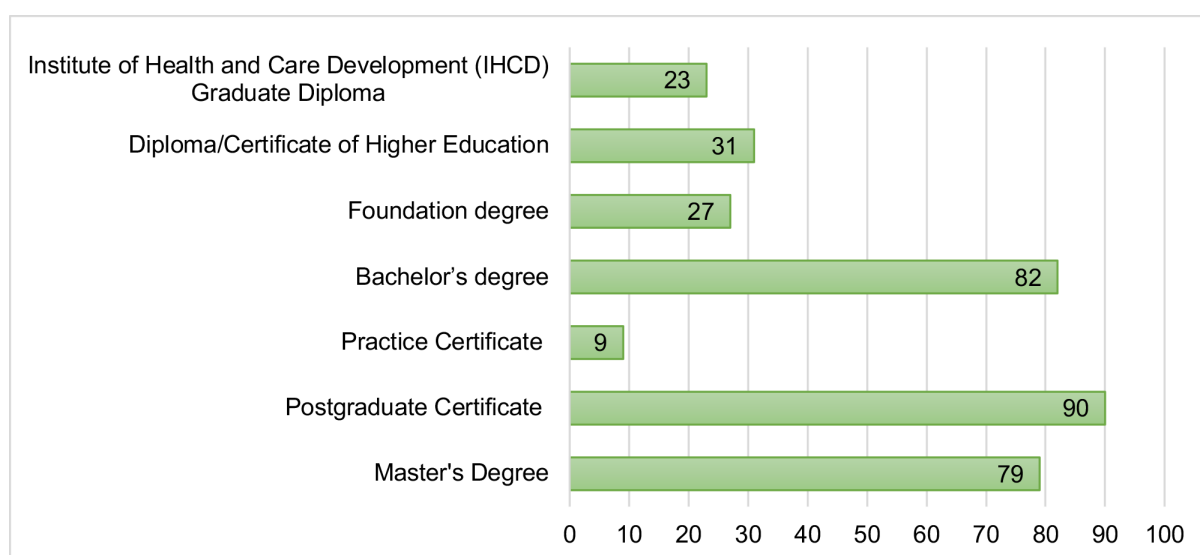
Effect of HEE roadmap

For respondents in England, the ‘roadmap’ published by HEE¹³ was viewed to assist in the standardisation and supervision of the role (n=42), but was often poorly executed at an employment level, due to lack of clarity in the roadmap’s requirements (n=21), ease of fulfilment (n=25) or uptake by employer (n=21). Fifty-seven respondents reported the roadmap had no influence on their employment or practice in primary care:

I’m not ARRS funded so doesn’t impact me. I’m aware of the roadmap but my surgery isn’t pressuring me to complete it. They know my skill set. (RID 327; Paramedic Practitioner).

Clinical supervision

85.6% (n=292) of respondents received clinical supervision within their role. When asked to what extent the clinical supervision meets their needs, 25 respondents reported a clinical supervision model that was regular and structured. Other experiences of supervision were ‘very poor due to limited time with supervisor’ (RID 51; Paramedic Practitioner).

**Figure 1** Level of education of respondents.

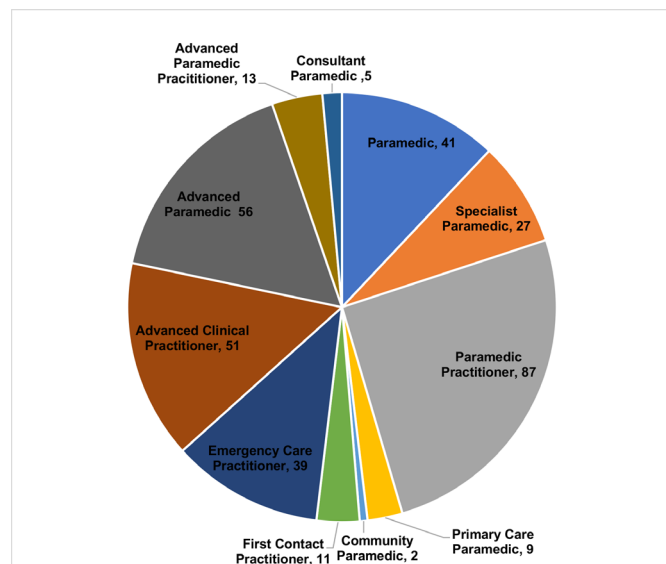


Figure 2 Job title of respondents.

I don't feel the GPs really understand the role yet or have the time to support it in a way that would meet the expectations set out by the... roadmap. (RID 199; Paramedic Practitioner).

While a trend was seen concerning the provision of clinical supervision and the extent to which clinical presentations were seen and clinical examinations undertaken, this failed to reach statistical significance (online supplemental tables A and B).

Job title

Job titles for paramedics working in primary care were varied and inconsistent (figure 2). Inconsistency in job titles was suggested to contribute to discrepancies in scope of practice and understanding of the role from other healthcare professionals in primary care:

I still feel that there is a lack of understanding, or clear delineation between roles... I am unsure if those at my surgery are aware of the difference between a Paramedic Practitioner and Advanced Clinical Practitioner... (RID 305; Advanced Clinical Practitioner).

As well as patients:

I don't think [my job title] reflects my role and is unclear to patients. (RID 150; Emergency Care Practitioner).

It appears that job title (and thus seniority of paramedic) made a difference to the extent to which a diagnosis is made during a consultation ($H^3=15.73$, $p\leq 0.001$), the management of medical and clinical complexity ($H^3=15.73$, $p\leq 0.001$), and leadership and management ($H^3=10.507$, $p=0.015$) undertaken by paramedics.

Salary

The most common salary bracket was between £33 222 and £43 041 (figure 3). Significant associations were found between salary and job title ($\chi^2 (15)\geq 51.137$, $p\leq 0.001$), prescribing status ($\chi^2 (5)\geq 118.190$, $p\leq 0.001$), highest qualification ($\chi^2 (30)\geq 72.589$, $p\leq 0.001$), length of time as a paramedic ($\chi^2 (40)\geq 101.212$, $p\leq 0.001$) and length of time in primary care ($\chi^2 (25)\geq 112.780$, $p\leq 0.001$).

There was no significant association between salary and gender ($\chi^2 (5)=11.936$, $p=0.036$) or salary and region of work within the UK ($\chi^2 (15)=28.589$, $p=0.018$).

Length of time working in primary care

Length of time in primary care differed with job title ($H^3=14.145$, $p=0.003$), where seniority of job title was associated with increased time in primary care. Elements of the clinical work associated with length of time in primary care are reported in online supplemental tables A and B.

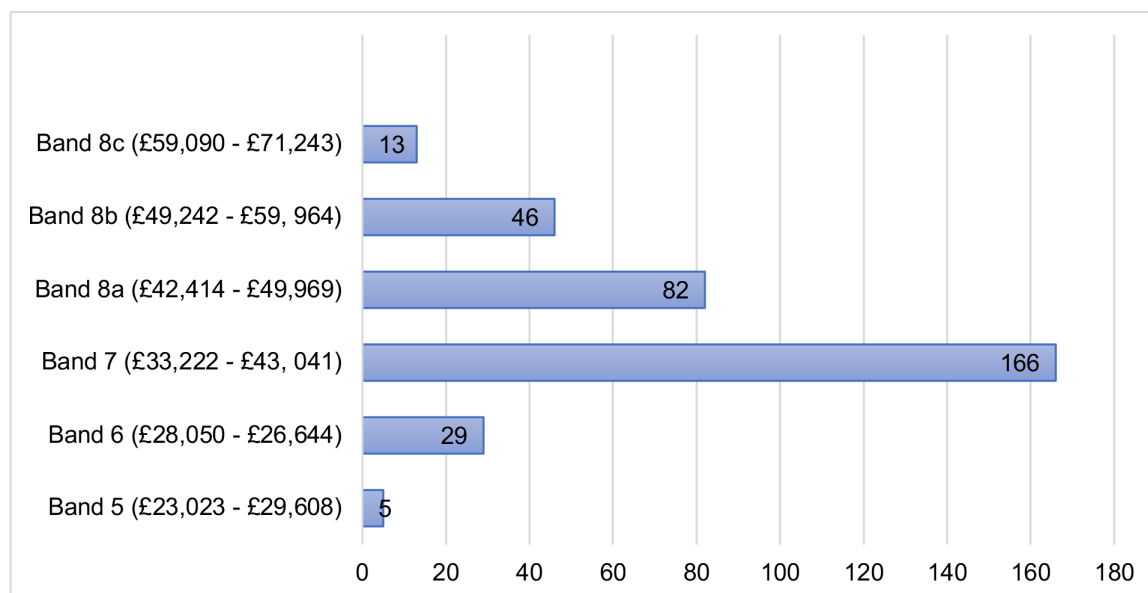


Figure 3 Salary of respondents.

Hours worked in primary care

Significant associations were found between hours worked and employment type ($\chi^2 (15) \geq 129.872$, $p \leq 0.001$), where there was an association found between respondents employed directly with the practice and working full time hours ($n=126$), and those working in rotational roles between ambulance services and primary care providers working 1 day a week ($n=22$).

Core capabilities of paramedics working in primary care

We assessed the relationships between the extent to which the core capabilities of primary care set out within HEE's Roadmap¹³ formed part of the respondent's role, against employment type, length of time registered as a paramedic, length of time in primary care, level of education, hours worked, job title, independent prescribing status and salary. Positive relationships exist between these capabilities and increase in each of these factors. The strength of these correlations are outlined in online supplemental table C.

However, some respondents experienced frustration regarding their progression within these core capabilities:

Keen to undertake a leadership role but don't see this being an option. Very much bums on seats. (RID 92; Advanced Clinical Practitioner).

Clinical work undertaken

To understand the breadth and frequency of clinical work undertaken, respondents were asked the extent to which they saw the range of clinical presentations (figure 4) and the extent to which they undertook clinical examinations (figure 5) outlined in HEE's Roadmap.¹³

Relationships between clinical presentations existed between length of time as a paramedic, length of time in primary care, hours worked in primary care, highest qualification, job title and prescribing status. Relationships between clinical examinations undertaken also existed between length of time in primary care, hours worked in primary care, highest qualification, job title and prescribing status. These results are outlined in online supplemental tables A and B.

Blood tests

The request and interpretation of blood tests by paramedics in primary care was positively influenced by prescribing status, the receipt of clinical supervision, increased salary, hours worked (full time) and higher levels of education—however, these results largely failed to meet statistical significance. There was no correlation between the request and interpretation of blood tests and length of time as a paramedic, nor length of time in

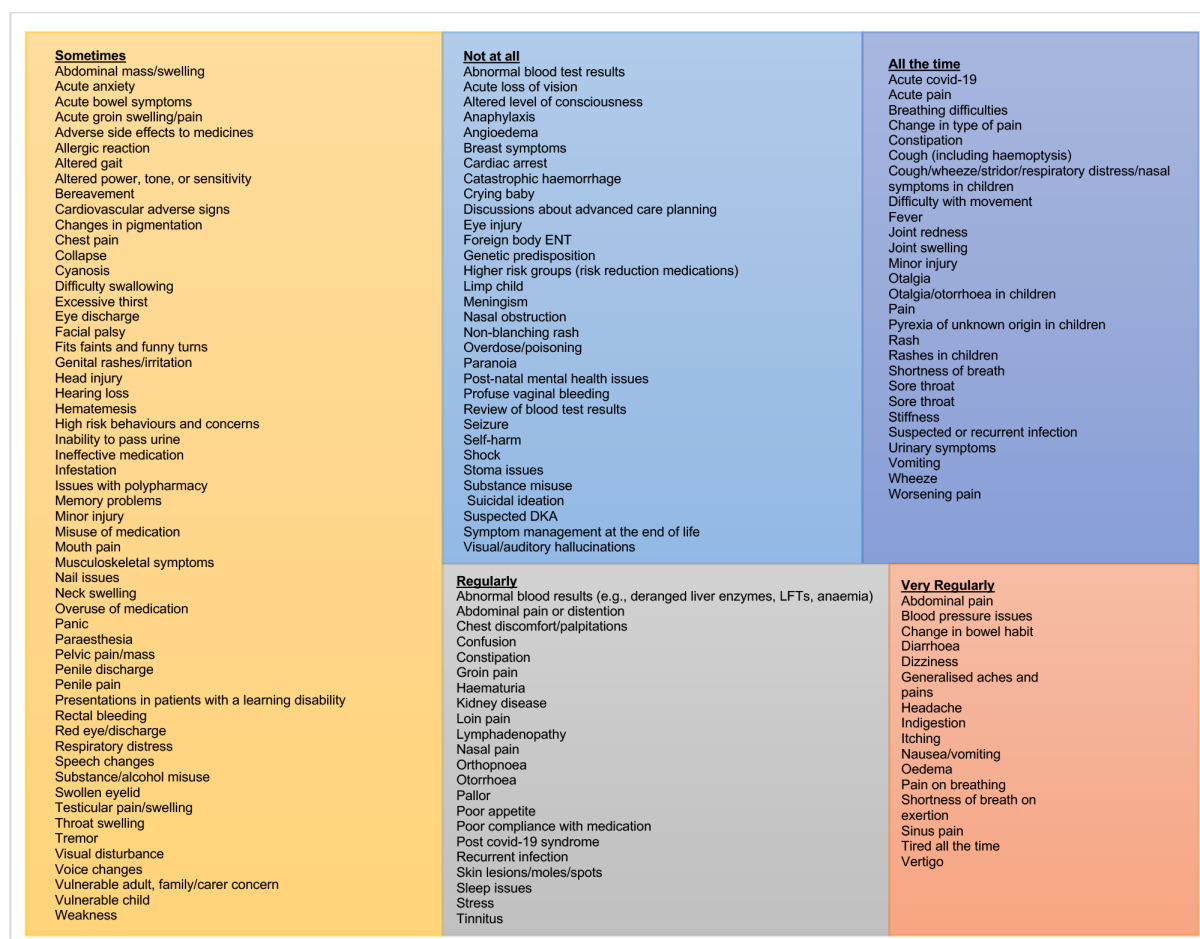


Figure 4 A treemap of clinical presentations attended by respondents as a paramedic in primary care.

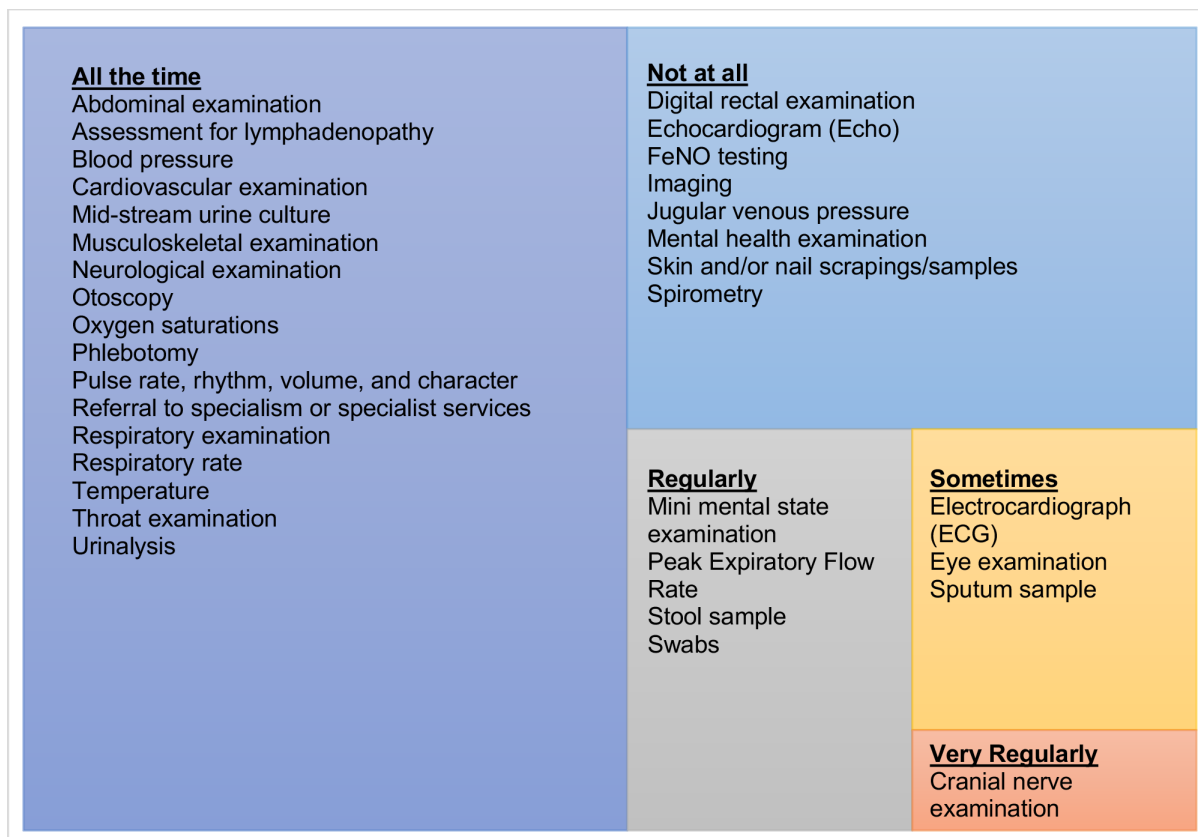


Figure 5 A treemap of clinical examination undertaken by respondents as a paramedic in primary care.

primary care. These results are outlined in online supplemental table D.

Patient groups not seen

When asked about patient groups not seen, many respondents (n=189) would not see presentations relating to women's health (including intimate examination, pregnant patients with directly related pregnancy issues, sexual health or menopause). Other common patient groups not seen by paramedics included children, particularly under the age of 2 (n=114), and presentations relating to mental health (n=69). In addition, respondents saw clinically complex patients, palliative care and chronic conditions less than other patient groups.

Emergency skills

Significant correlations were found between level of education and the undertaking of emergency procedures ($r_s = -0.156$, $p \leq 0.004$), where respondents with lower qualifications undertook emergency procedures to a greater extent. A similar correlation was found between the level of education and attending presentations such as cardiac arrest ($r_s = -0.106$, $p = 0.049$), catastrophic haemorrhage ($r_s = -0.119$, $p = 0.028$), shock ($r_s = -0.173$, $p = 0.001$), cardiovascular adverse signs ($r_s = -0.120$, $p \leq 0.027$) and limp children ($r_s = 0.125$, $p = 0.021$), again where respondents with lower qualifications attended these presentations to a greater extent. This was also reflected in the free-text comments, where some paramedics '*...do not feel challenged*

by only dealing with same day emergency consultations.' (RID 14; Paramedic).

There was also a correlation between hours worked and attending presentations such as catastrophic haemorrhage ($r_s = 0.109$, $p = 0.044$), anaphylaxis ($r_s = 0.127$, $p = 0.019$), angioedema ($r_s = 0.140$, $p = 0.009$), seizures ($r_s = 0.147$, $p = 0.007$) and overdose/poisoning ($r_s = 0.200$, $p \leq 0.001$), where respondents who worked less hours in primary care (such as 1 day a week or 10–20 hours per week) attended these presentations to a greater extent. It was also noted that these respondents were employed primarily by ambulance services, and so likely to be working in rotational roles.

Free-text comments outlined that respondents who had been employed for a longer time in primary care missed the opportunity to attend higher acuity patients, and also reported a loss of paramedic identity without the opportunity to practice their emergency skills.

Prescribing status

A total of 125 respondents (36.7%) were independent prescribers, with a further 57 (16.7%) undertaking the course at the time of the survey, and a further 137 (38.7%) wishing to undertake the course in the future. Inability to prescribe frustrated 20 respondents when asked about the frustrations in their role.

Significant associations were found between prescribing status and clinical assessment skills outlined in online

supplemental table E, where independent prescribers were more likely to undertake these examinations when compared with paramedics who could not prescribe.

Role frustrations

Short appointment times and volume of patients within the day contributed to high workload and feelings of frustrations about their role in primary care. General system frustrations were also reported regarding the structure, organisation and funding of primary care. In addition, the impact of the ongoing global pandemic of COVID-19 on the working practices of respondents caused frustration, with experiences of an increase in telephone consultation and aggression from patients.

Respondents reported frustration when faced with restrictions in practice, commonly due to an inability to prescribe schedule 2 controlled medicines, or to provide patients with a Statement of Fitness for Work. Other restrictions in practice included an ability to fit contraceptive devices, as well as certain procedural skills such as undertaking intimate examination.

Another frustration reported was a lack of understanding of the capabilities of the paramedics in primary care, from both colleagues and patients:

Sometimes there are major misconceptions about what paramedics can and can't do. Most management have no idea about the role of a paramedic. (RID 326; First Contact Practitioner Paramedic).

I am well qualified for my role, I am experienced. But I work alongside doctors who do not understand my capabilities. (RID 15; Advanced Clinical Practitioner, Paramedic).

Role gratification

When asked about the difference respondents felt they made in the role, this was considered between the difference they felt they made in the primary care workforce, the difference to patients and the difference their role had on the paramedic profession overall.

Primary care

Just under half of respondents felt their role in primary care increased workforce capacity (n=161, 47%). This was in the context of freeing up time *'for GPs to manage complex conditions'* (RID 9; Advanced Paramedic Practitioner); facilitating multidisciplinary team working and being able to capitalise on their unique paramedic skills:

Our clinical knowledge with ability to make autonomous safe decisions with the ability to recognise big sick / little sick quickly means that we are a strong spoke in the wheel of general practice. (RID 303; Specialist Paramedic).

Patients' satisfaction

Respondents measured the satisfaction of patients who they had seen in their role by virtue of positive feedback received, and patients who actively sought consultations

with them again in the future, or did not reattend for the same presenting complaint. This patient satisfaction was attributed to the comprehensive consultations undertaken by paramedics, which they reported as benefiting from increased time slots, and the discussion of medical conditions in a simple language patients could understand. Indeed, paramedics viewed their interpersonal skills as one of their greatest strengths regarding patient satisfaction:

For the most part people are happy to see a professional that listens to them, treats them with respect and dignity and is competent. I think a lot of paramedics offer this in primary care. (RID 135; Advanced Clinical Practitioner).

Experiences of patient dissatisfaction following consultation by a paramedic in primary care were also reported by respondents. These occurred when patients were disappointed that the consultation was not with a GP, and where there was a lack of understanding of the paramedic role, leading them to question the clinical expertise paramedics could offer:

Some patients do not understand my role/skill set and just want a GP. (RID 143; Advanced Paramedic).

Profession

Respondents considered their role in primary care in relation to promotion and understanding of the profession, which *'shows that there is so much more than being a paramedic on the back of an ambulance'* (RID 144; Paramedic Practitioner). Other respondents considered this in relation to the development of the profession as a whole:

I feel as though the level of autonomous clinical decision making, management of complex cases, referrals and medicine management we are practising is at a much higher level than a large amount of the profession. I think it sets a good example to other paramedics and other medical colleagues alike that paramedics can be pushed beyond traditional roles and expectations and can prove to be valuable part of clinical team. (RID 202; Advanced Paramedic).

The impact of the move to work in primary care was also acknowledged in context of the wider healthcare workforce. Respondents outlined this both in terms of leaving the ambulance service to undertake roles in primary care, as well as rotational working between ambulance services and primary care settings. This 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).

DISCUSSION

Main findings of this study

This research confirms previous publications which noted variance in (A) job title reported by paramedics working in primary care; (B) the clinical work and examinations undertaken by paramedics in this setting and (C) entry requirements in terms of clinical experience and education to work in primary care.¹⁸ This level of variation subsequently leads to confusion around the scope and expectations for the role and contributes to a lack of recognition of paramedics within primary care teams. While attempts have been made through HEE's Roadmap¹³ to outline a framework to address this, this is applicable only in England, and such a framework has no influence for paramedics across the devolved nations. The main barriers to engagement with this Roadmap were competing workload pressures affecting the delivery of clinical supervision and uptake of this framework by primary care employers. Such inconsistency contributed to frustration and demotivation among respondents, who were concerned regarding their clinical development in this setting.

Clinical examinations and procedural skills

Our analysis indicates that length of time in primary care, higher levels of education and status as an independent prescriber all contribute to an increase in the scope of role for paramedics in primary care. Indeed, an inverse association was also observed, where paramedics with lower educational qualifications attended emergency presentations within primary care to a greater extent than those who had undertaken higher education. This outlines that, while the paramedic may transition into primary care due to the virtue of their generalist background, their productivity in primary care may be influenced by further education and feedback regarding their clinical experience in this setting. Despite this generalist background, this survey also outlines there are patient groups commonly not seen by paramedics. This could be due to a creep into the paramedic role of nursing policy which emphasise that nurses should refer women who are pregnant to midwifery or physician care if they are not dual registered in this area²⁰; and legacy of instructions for paramedics in ambulance services to convey all children under the age of 2 to emergency departments, and children under the age of 5 must be seen by a physician if non-conveyed.²¹

The survey also highlighted that paramedics working less hours in primary care (such as 1 day a week or 10–20 hours per week) attended emergency presentations in their primary care role to a greater extent when compared with their full-time counterparts. Such hours are common in rotational models, where paramedics, specialist paramedics or advanced paramedics work in a split clinical role between ambulance services and primary care settings in an attempt to increase workforce capacity in primary care and reduce attrition from the ambulance service.²² While the ability for paramedics to

attend emergency presentations in primary care may be a benefit for primary care providers, this does little to develop their primary care clinical acumen.

Paramedic taxonomy

Some job titles reported by respondents match those endorsed by the College of Paramedics²³ (such as 'Paramedic', 'Specialist Paramedic', 'Advanced Paramedic' or 'Consultant Paramedic') or those outlined by HEE¹³ (such as 'First Contact Practitioner' and 'Advanced Practitioner'), yet there remains a variety of job titles that do not correlate to these archetypes.

Our analysis indicates that, as paramedics take up more senior roles in primary care (such as 'advanced paramedic'), their scope of role increases in relation to clinical examinations performed and the clinical presentations they attend. Such an increase in scope could be due to their ability to independently prescribe and undertaking postgraduate study. Independent prescribing is typically undertaken by 'advanced paramedics' who have completed (or working towards completion of) a master's degree.²⁴ We noted that these paramedics are more likely to make a diagnosis during the consultation and manage medical and clinical complexity. This is in contrast to 'paramedics' or 'first contact practitioners', who may have a similar scope of clinical examination, but a reduced scope in relation to managing clinical complexity and making a diagnosis. This supports previous findings where such paramedics are employed in an 'eye and ears' approach only.⁸

There was a strong correlation with advanced and consultant level roles and undertaking activities related to leadership and management in primary care. This suggests that paramedics may move into leadership roles within primary care that have traditionally been filled by GPs. However, there was no correlation regarding undertaking research activities and job title. This indicates that research activities are less accessible to paramedics in primary care, despite being a pillar of advanced practice, matching previous research findings.²⁵

Strengths and weaknesses of the study

This is the first national survey of the paramedic role in primary care within the UK. It has international relevance for primary care workforce transformation in countries where paramedics operate in a similar way to in the UK, such as in Australasia and Canada.²⁶ While the survey was distributed across each UK nation, this was either through the College of Paramedics or on social media—and thus paramedics not registered with the professional body, or not on social media, may not have had access. At best, the surveyed respondents constitute one-third of the paramedic workforce in primary care, and therefore, results should not be generalised to the entire population of paramedics working in the primary care.

It is noted that the uptake of the survey in Northern Ireland and Scotland was low. The number of paramedics working in primary care roles is likely to be fewer than

in England, however, the paramedic role is currently not captured in workforce data for these countries,^{27 28} so the actual number of paramedics in primary care in these countries is unknown. However, there was no variation by region reported in the clinical work undertaken, outlining that paramedics are working in a similar way across the UK. Nevertheless, we recognise that paramedics from Northern Ireland and Scotland may be underrepresented in this survey.

The use of data triangulation within the cross-sectional survey allowed for the exploration of both the distribution and variety of roles paramedics undertake in primary care. Additional free-text responses also enabled further understanding of the support and frustrations paramedics experience when working in primary care. However, in the interpretation of the quantitative data we undertook multiple statistical tests. While adjustments were made to control familywise error rate, it is possible that some of the marginal results produced are not robust. Further research, using different variable types, could build on these findings to determine their strength.

It is appreciated that data collection took part during the ongoing global pandemic of COVID-19. As this is the first national survey of the paramedic role in primary care, it is unclear what impact this ongoing pandemic has on these results. Future surveys may be able to determine this.

RECOMMENDATIONS

Based on our findings above, we make a number of recommendations:

Education and support

- ▶ There is a need to further standardise required education and training for paramedics working in primary care.
- ▶ There should be systems in place within primary care settings to ensure paramedics have access to structured clinical supervision.
- ▶ Support should be given to employers to enable them to effectively support the paramedic in primary care and use this healthcare professional to the greatest benefit.

Governance

- ▶ There is a need to standardise job titles, salaries and descriptions for paramedics working in primary care to ensure role recognition by both patients and the wider primary care team.
- ▶ A standard scope of role for paramedics working in primary care that is applicable to all nations is needed.
- ▶ Clear career pathways for paramedics working in primary care should be established, to maximise retention and job satisfaction in this clinical setting.

Changes to legislation

- ▶ Changes to legislation to support independent prescribing of controlled medications.
- ▶ Ability for paramedics to provide a Statement of Fitness for Work.

CONCLUSION

As the first survey of the paramedic role in primary care across the UK, this study indicates the demographic range of paramedics working in primary care, and the common clinical presentations and examinations undertaken by this workforce. As well as offering an insight into the clinical scope of role undertaken in this setting, we have highlighted that relationships exist between paramedic clinical exposure in primary care, level of education and ability of independently prescribe medicines and the extent to which clinical presentations are seen and examinations performed. As well as policy makers, this is important information for primary care employers seeking to employ, or develop, paramedics in this practice setting.

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Contributors GE, ST, GW, KRM and VW designed the survey. Data analysis was carried out by GE, JO and ST. The manuscript was drafted by GE, ST, GW, JO, VW and KRM. All authors accept full responsibility for the work and/or the conduct of the study, had access to the data and controlled the decision to publish. All authors read and approved the final manuscript.

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Competing interests GE is a Trustee in the College of Paramedics. The recruitment of paramedics to the survey was made by application to the College of Paramedics Research Design Advisory Committee and was not associated with GE's trusteeship. The remaining authors declare no competing interests.

Patient and public involvement Patients and/or the public were involved in the design, or conduct, or reporting, or dissemination plans of this research. Refer to the Methods section for further details.

Patient consent for publication Not applicable.

Ethics approval This study was reviewed by the University of Oxford Central University Research Ethics Committee (MS IDREC Ref: R64129/RE001). Participants gave informed consent to participate in the study before taking part.

Provenance and peer review Not commissioned; externally peer reviewed.

Data availability statement Data are available on reasonable request.

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SURVEY QUESTIONNAIRE

Understanding the roles and work of paramedics in primary care: A national cross-sectional survey**What is this project about?**

Thank you for your interest in participating in this questionnaire. This questionnaire is part of a study which aims improve understanding of the ways in which paramedics are working within the primary care workforce in the United Kingdom. Whilst paramedics are currently working in primary care roles, evidence must be generated to show how and why these changes would work, for whom, in what context and to what extent. That's why we're keen to understand from your perspective, as a paramedic working in primary care, the impact you feel you have and your perspectives of your role. We hope that the results of our research will influence future policy and professional change, as well as support paramedics working in primary care in the future.

You have been invited to participate as you are a paramedic working in primary care within the UK. Please read through this information before agreeing to participate (if you wish to) by ticking the 'yes' box below.

You may ask any questions before deciding to take part by contacting the researcher (details below).

The Principal Researcher is Georgette Eaton, who is attached to the Nuffield Department of Primary Care Health Services at the University of Oxford. This project is being completed under the supervision of Dr Kamal R. Mahtani, Dr Geoff Wong, Dr Stephanie Tierney and Dr Veronika Williams from the University of Oxford, and Professor Julia Williams from the University of Hertfordshire. It is funded through a Doctoral Research Fellowship from the National Institute of Health Research.

You will be asked a series of questions about the work you undertake in primary care, and your perceptions of this. This should take about 20 minutes. No other background knowledge is required.

Do I have to take part?

No. Please note that participation is voluntary. If you do decide to take part, you may withdraw at any point for any reason before submitting your answers by pressing the 'Exit' button/ closing the browser. We are offering every paramedic who completes the questionnaire a £10 Amazon e-voucher. However, we are only able to offer this to participants who complete all study activities.

We have included a 'Prefer not to say' option for each set of questions should you prefer not to answer a particular question.

How will my data be used?

During the main set of questions, we will not collect any data that could directly identify you.

At the end of the survey, you will see a page to register your interest in being part of the second phase of our research which will involve an interview. To register your interest, please submit your name and nhs.net email address. This is not linked to your completion of the questionnaire and there is no obligation to be involved in the second phase of our research.

We are offering every paramedic who completes the questionnaire a £10 Amazon e-voucher. At the end of the survey, you will be taken to a separate page to give us your

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name and nhs.net email address in order to claim this e-voucher. This cannot be matched to your responses in the survey and will be destroyed when individual participant involvement is complete (e.g. when the Amazon e-voucher has been sent and redeemed by you).

Your IP address will not be stored. We will take all reasonable measures to ensure that data remain confidential.

The responses you provide will be stored in a password-protected electronic file on University of Oxford secure servers and may be used in academic publications, conference presentations, reports for external organisations and on websites. Identifiable information will be deleted as soon as it is no longer required for the research. Research data will be stored for 3 years after publication or public release of the study's results.

Who will have access to my data?

The University of Oxford is the data controller with respect to your personal data (name and email address) and, as such, will determine how your personal data is used in the study. The University will process your personal data for the purpose of the research reasons outlined above. Research is a task that we perform in the public interest. Further information about your rights with respect to your personal data is available from <https://compliance.admin.ox.ac.uk/individual-rights>.

All data will be anonymous. The answers you give us will be shared with the College of Paramedics, Health Education England, and the National Institute for Health Research.

We would also like your permission to use the questionnaire answers in future studies, and to share these with other researchers (e.g., in online databases). This will not include your name and email address, as this is only to claim incentive for the study or to participate in future work associated with this project.

The results will be written up for a DPhil (PhD) degree.

Who has reviewed this study?

This project has been reviewed by, and received ethics clearance through, a subcommittee of the University of Oxford Central University Research Ethics Committee R64129/RE001.

Who do I contact if I have a concern or I wish to complain?

If you have a concern about any aspect of this study, please speak to Georgette Eaton at georgette.eaton@phc.ox.ac.uk or their supervisor, Professor Kamal R. Mahtani kamal.mahtani@phc.ox.ac.uk and we will do our best to answer your query. We will acknowledge your concern within 10 working days and give you an indication of how it will be dealt with. If you remain unhappy or wish to make a formal complaint, please contact the Chair of the Research Ethics Committee at the University of Oxford who will seek to resolve the matter as soon as possible.

Please note that you may only participate in this survey if you are 18 years of age or over

Yes
No

If you have read the information above and agree to participate with the understanding that the data (including personal data) you submit will be processed accordingly, please tick the box below to start.

Yes
No

SURVEY QUESTIONNAIRE

Section 1. The purpose of this section is to find out about the prevalence of paramedics working in primary care in the United Kingdom.	
Are you currently a paramedic working in primary care?	Yes No
What is your age range?	18-24 years old 25-34 years old 35-44 years old 45-54 years old 55-65 years old
Which of the following most accurately describe(s) you? (Multiple choice answer)	Female Intersex Male Non-binary Transgender Let me type (answer box)
Where do you practice?	England Northern Ireland Scotland Wales
How long have you been a registered paramedic?	0-2 years 3-5 years 6-10 years 11- 14 years 15 - 19 years 20-24 years 25 - 30 years 31-35 years >36 years
How long have you worked in your current role in primary care?	0-6 months 6-12 months 12 – 18months 18months – 2 years 2-4 years 5-7 years 8-10 years 11- 14 years 15 - 19 years >20 years
What is your salary?	Band 5 (£24,907 - £30,615) Band 6 (£31,365 - £37,890) Band 7 (£38,890 - £44,503) Band 8a (£45,753 - £51,668) Band 8b (£53,168 - £62,001) Band 8c (£63,751 - £73,664) Band 8d (£75,914 - £87,754) Band 9 (£91,004 - £104,927)

SURVEY QUESTIONNAIRE

What hours do you work in primary care?	Full time – more than 30 hours per week Part time – 21-30 hours per week Part time – 10-20 hours per week One day a week One session a week (4 hours)
What is your highest qualification relevant to your role as a paramedic in primary care?	Institute of Health and Care Development (IHCD) Graduate Diploma Diploma/Certificate of Higher Education Foundation degree Bachelor's degree Practice Certificate Postgraduate Certificate Postgraduate Diploma Master's Degree Let me type (answer box)
What is your job title?	Paramedic Specialist Paramedic Paramedic Practitioner First Contact Practitioner (Paramedic) Emergency Care Practitioner Advanced Clinical Practitioner (Paramedic) Advanced Paramedic Consultant Paramedic Let me type (answer box)
Are you annotated as an independent prescriber with the Health and Care Professions Council?	Yes Not yet – I am undertaking the course currently No – but I would like to be in the future No
How are you employed in primary care?	Directly employed by GP practice Directly employed by a primary care network/federation/health board Freelance/locum contract Agency/Private provider Rotational through ambulance trust Let me type (answer box)
What type of tasks do you undertake*? *These could be face to face or remotely (by telephone or online) Please select as many as apply.	Same day/urgent home visits Routine home visits Same day/urgent clinic appointments* Minor illness clinic* Routine clinic appointments* Telephone triage Care home ward rounds Chronic Disease Reviews* Covid clinics*

SURVEY QUESTIONNAIRE

	Admin (e.g. requesting investigations, interpreting results, medication checks) Let me type (answer box)
What types of patients do you see?	Let me type (answer box)
Are there any patient types that you do not see?	Let me type (answer box)
Why?	Let me type (answer box)

SURVEY QUESTIONNAIRE

Section 2.					
The purpose of this section is to understand the type of activities that make up your role as a paramedic in primary care. For each of the following activities, please indicate the extent that these form part of your role					
	Not at all	Little extent	Some extent	Great extent	Very great extent
Communication and consultations					
Practising holistically to personalise care and promote public and person health					
Working with colleagues in primary care					
Maintaining an ethical approach and fitness to practice					
Information gathering and interpretation					
Clinical Examination and procedural skills					
Making a diagnosis					
Managing medical and clinical complexity					
Independent prescribing, medicines, and supply of pharmacotherapy					
Leadership and Management					
Education and Development					
Research and evidence-based practice					

SURVEY QUESTIONNAIRE

Section 3.					
The purpose of this section is to understand the type of clinical presentations that make up your role as a paramedic in primary care. For each of the following activities, please tick the regularity of which you see these in your role in primary care					
	Not at all	Sometimes	Regularly	Very regularly	All the time
Cardiovascular system* Blood pressure issues, chest pain, chest discomfort, orthopnoea, palpitation, irregular pulse, oedema, shortness of breath on exertion					
Dermatology* Rash, itching, infestation, spots, skin lesions/moles, nail issues, changes in pigmentation					
Eyes, Ears, Nose and Throat* Red eye, visual disturbance, acute loss of vision, eye discharge, eye injury, foreign body, swollen eyelid, dizziness, vertigo, otalgia, otorrhoea, sinus pain, nasal pain, nasal obstruction, mouth pain, neck swelling, sore throat, throat swelling, tinnitus, hearing loss, voice changes					
Emergency presentations* Cardiac arrest, catastrophic haemorrhage, shock, respiratory distress, cardiovascular emergency, anaphylaxis, angioedema, allergic reaction, collapse, seizure, non-blanching rash, overdose/poisoning, suspected DKA, meningism, limp child					
Gastrointestinal system* Difficulty swallowing, poor appetite, excessive thirst, abdominal pain, abdominal distention, abdominal mass/swelling, constipation, diarrhoea, change in bowel habit, nausea/vomiting, haematemesis, indigestion, rectal bleeding, abdominal blood results (eg. deranged liver enzymes, LFTs, anaemia), high risk behaviours and concerns, stoma issues					

SURVEY QUESTIONNAIRE

Genitourinary System* Loin pain, groin pain, haematuria, urinary symptoms, kidney disease, recurrent infection, penile pain, testicular pain/swelling, inability to pass urine, profuse vaginal bleeding, acute groin swelling/pain					
General presentations* Breast symptoms, tired all the time, generalised aches and pains, lymphadenopathy, sleep issues, fever, substance/alcohol misuse, overdose/poisoning, vulnerable adult, family/carer concern, genetic predisposition, presentations in patients with a learning disability; review of blood test results					
Sexual health assessment* Genital rashes/irritation, urinary symptoms, penile pain, penile discharge, acute groin swelling/pain, pelvic pain/mass, contraception					
Medication Review* Adverse side effects, ineffective medication, poor compliance, overuse of medication, misuse of medication, issues with polypharmacy, abnormal blood test results, higher risk groups (risk reduction medications)					
Mental Health* Suicidal ideation, self-harm, acute anxiety, stress, panic, post-natal mental health issues, visual/auditory hallucinations, paranoia, bereavement, substance misuse					
Musculoskeletal system* Pain, swelling, redness, stiffness, difficulty with movement, minor injury					
Neurological system* Altered level of consciousness, fits faints and funny turns, dizziness, altered power tone sensitivity, paraesthesia, altered level of consciousness,					

SURVEY QUESTIONNAIRE

weakness, altered gait, facial palsy, tremor, speech changes, headache, head injury, memory problems, confusion					
Paediatrics* Vulnerable child, rashes, pyrexia of unknown origin, crying baby, otalgia/otorrhoea, eye injury, red eye/discharge, cough/wheeze/stridor/respiratory distress/nasal symptoms, sore throat, vomiting, diarrhoea, acute bowel symptoms, abdominal pain, constipation, musculoskeletal symptoms, minor injury					
Pain* Acute pain, worsening pain, change in type of pain					
Palliative and end of life care* Symptom management, discussions about advanced care planning, verification of death					
Pregnancy related conditions					
Non-pregnancy related conditions in pregnant people					
Respiratory System* Shortness of breath, breathing difficulties, pain on breathing, cough (including haemoptysis), wheeze, pallor, cyanosis, suspected or recurrent infection, acute covid-19, post covid-19 syndrome					

SURVEY QUESTIONNAIRE

Section 4.					
The purpose of this section is to understand the type of clinical investigations and procedural skills that make up your role as a paramedic in primary care. For each of the following activities, please order the regularity that you undertake these in your role in primary care					
	Not at all	Sometimes	Regularly	Very regularly	All the time
Abdominal examination – including inspection, auscultation, percussion & palpation					
Assessment for lymphadenopathy					
Blood pressure					
Blood sugar					
Blood ketones					
Blood tests – FBC, ESR, iron studies, TFT, HbA1c, LFT, U&Es, haematinics, PSA, ACR, B12, drug levels, calcium, CRP, clotting factors, vitamin D, rheumatoid factor, anti CCP, urate, D-dimer, INR, TnT, autoimmune antibodies, TFT, lipid profile, testosterone, SHBG, free androgen index, FSH/LH +/- prolactin, CA125, CA19-9, CRP, coeliac screen, amylase, hepatitis, HIV, glandular fever screen/monospot, BNP/NT-proBNP					
Cardiovascular examination – including inspection, auscultation & palpation, Jugular venous pressure					
Core paramedic skills: Emergency procedures for seeking assistance and calling ambulance; provide basic life support (CPR, defibrillator); administration of nebulised therapies; management of anaphylaxis; management of suspected meningitis; management of seizures; management of					

SURVEY QUESTIONNAIRE

suspected MI; administration of oxygen					
Digital rectal examination					
Interpretation of injection fraction from echocardiogram (Echo)					
Electrocardiograph (ECG)					
Eye examination including inspection and visual acuity, fundoscopy and pupils, fluorescein, local anaesthetic					
Respiratory clinic - FeNO testing Spirometry					
Request for Imaging (eg. X-ray, CT, MRI, Ultrasound of organs, MSK and soft tissue, pelvic transvaginal and testicular)					
Interpretation for imaging					
Joint Injections					
Prescribing					
Mental health examination – Person Health Questionnaire (PHQ9); Generalised Anxiety Disorder Questionnaire (GAD7); Edinburgh Post					
Mid-stream urine culture					
Minor Surgery					
Mini mental state examination (MMSE), GPCOG and 6CIT, 480					
Musculoskeletal examination – including spine, neck, shoulders, elbows, wrists, hands, fingers, hips, pelvis, knee, ankle, feet and toes using Look/Feel/Move principles					
Neurological examination – including inspection, palpation, reflexes, sensation, power, tone, strength, pupils and nystagmus, cranial nerve and cerebellar testing					
Otoscopy					
Oxygen saturations					
Peak Expiratory Flow Rate					
Phlebotomy					

SURVEY QUESTIONNAIRE

Pulse rate, rhythm, volume and character					
Referral to specialism or specialist services					
Respiratory examination – including inspection, auscultation, percussion and palpation					
Respiratory rate					
Skin and/or nail scrapings/samples					
Smear					
Spirometry					
Sputum sample					
Stool sample – culture and sensitivity, faecal calprotectin, helicobacter-pylori testing, FIT testing or FOB					
Swabs					
Temperature					
Throat examination					
Urinalysis and HCG					
Vaginal examination (PV)					
Are there any clinical investigations and procedural skills that you undertake that we have not listed here?	Let me type (answer box)				

SURVEY QUESTIONNAIRE

Section 5. The purpose of this section is to understand your perspectives of your role working in primary care. You are welcome to write your answers, or bullet point them – whichever works best for you	
Why did you choose to work in primary care?	
Compared to your previous role, how do you find your current role in primary care?	Prompt: What are the challenges? What are the differences?
Do you experience conflict in your role?	Yes – go to next Q No – skip
What type of conflict occurs?	
Do you receive clinical supervision in your role?	Yes – go to next Q No – skip
To what extent does the clinical supervision/support you receive meet your needs?	
Do you feel patients are satisfied following a consultation with you?	Yes – go to next Q No - go to next Q (negative)
Why do you feel patients are (not) satisfied following a consultation with you?	
How does Health Education England's Roadmap to Practice in primary care impact you in your role?	
What frustrations do you have about your role?	
How does your role as a paramedic in primary care make a difference to: <ul style="list-style-type: none"> - Patients - Other members of the primary care team - The profession 	

Supplemental Table A. Correlations between clinical presentations and demographics of paramedics

			Clinical Supervision	Hours worked	Job Title	Length of time registered as a paramedic	Length of time in primary care	Level of Education	Prescribing Status	
Spearman's rho	Cardiovascular	Blood pressure issues	Correlation Coefficient	.118	.139	.062	.002	.001	.105	.068
			Sig. (2-tailed)	0.029	0.01	0.256	0.972	0.988	0.052	0.21
			N	341	341	341	341	341	341	341
		Chest discomfort	Correlation Coefficient	.097	.065	0.212**	.024	.120	.061	.084
			Sig. (2-tailed)	0.073	0.234	0.0000	0.66	0.027	0.262	0.123
			N	341	341	341	341	341	341	341
		Chest pain	Correlation Coefficient	.016	.018	0.206**	-.002	.103	.076	.050
			Sig. (2-tailed)	0.762	0.737	0.0001	0.972	0.058	0.163	0.358
			N	341	341	341	341	341	341	341
		Irregular pulse	Correlation Coefficient	.087	.176	.036	.061	.088	.047	.057
			Sig. (2-tailed)	0.108	0.001	0.506	0.259	0.105	0.389	0.298
			N	341	341	341	341	341	341	341
Oedema	Correlation Coefficient	.188	.130*	-.018	-.045	-.037	-.024	.010		
	Sig. (2-tailed)	0.0001	0.016	0.742	0.408	0.499	0.659	0.851		
	N	341	341	341	341	341	341	341		
Othopnoea	Correlation Coefficient	.058	.106	.096	.030	.053	-.029	.051		
	Sig. (2-tailed)	0.283	0.051	0.076	0.584	0.325	0.588	0.349		
	N	341	341	341	341	341	341	341		
Palpitations	Correlation Coefficient	.076	.094	.186**	.015	.093	.129	.171		
	Sig. (2-tailed)	0.159	0.083	0.0005	0.786	0.086	0.017	0.002		
	N	341	341	341	341	341	341	341		
Shortness of breath on exertion	Correlation Coefficient	.140	.177	.028	-.049	.026	.029	.059		
	Sig. (2-tailed)	0.01	0.001	0.606	0.37	0.628	0.591	0.278		
	N	341	341	341	341	341	341	341		
** Correlation is significant at the 0.0008 level (2-tailed).										
Dermatology		Changes in pigmentation	Correlation Coefficient	-.011	.108	.093	.073	.100	.093	.279**
			Sig. (2-tailed)	0.843	0.045	0.087	0.177	0.066	0.087	0.000
			N	341	341	341	341	341	341	341
		Infestation	Correlation Coefficient	.022	.094	.105	.103	.206**	.159**	.365**
			Sig. (2-tailed)	0.688	0.084	0.053	0.058	0.000	0.003	0.000
			N	341	341	341	341	341	341	341
		Itching	Correlation Coefficient	.086	.037	.213**	.094	0.125	.203**	.303**
			Sig. (2-tailed)	0.111	0.500	0.000	0.084	0.021	0.000	0.000
			N	341	341	341	341	341	341	341
		Nail issues	Correlation Coefficient	.019	.093	.098	.108	.165**	.133*	.308**
			Sig. (2-tailed)	0.725	0.087	0.070	0.046	0.002	0.014	0.000
			N	341	341	341	341	341	341	341
Rash	Correlation Coefficient	.108	-.003	.226**	.048	.063	.192**	.260**		
	Sig. (2-tailed)	0.045	0.962	0.000	0.379	0.249	0.000	0.000		
	N	341	341	341	341	341	341	341		
Skin lesions/moles	Correlation Coefficient	.113	.044	.182**	.036	.111	.156**	.327**		
	Sig. (2-tailed)	0.038	0.420	0.001	0.503	0.041	0.004	0.000		
	N	341	341	341	341	341	341	341		
Spots	Correlation Coefficient	.092	.024	.161**	.077	.164**	.188**	.313**		
	Sig. (2-tailed)	0.088	0.662	0.003	0.156	0.002	0.000	0.000		
	N	341	341	341	341	341	341	341		
** Correlation is significant at the 0.001 level (2-tailed).										
Ear, Nose and Throat		Acute loss of vision	Correlation Coefficient	.042	.166	.088	-.004	.249**	.101	.176
			Sig. (2-tailed)	0.443	0.002	0.104	0.948	0.0000	0.063	0.001
			N	341	341	341	341	341	341	341
		Dizziness	Correlation Coefficient	.130	.167	.153	-.049	.089	.131	.147
			Sig. (2-tailed)	0.016	0.002	0.005	0.370	0.100	0.015	0.007
			N	341	341	341	341	341	341	341
		Eye discharge	Correlation Coefficient	.093	.047	.156**	.067	.197**	.151	.215**
			Sig. (2-tailed)	0.088	0.382	0.004	0.216	0.0002	0.005	0.0001
			N	341	341	341	341	341	341	341
		Eye injury	Correlation Coefficient	-.053	.068	.108*	.020	.140	.013	.046
			Sig. (2-tailed)	0.327	0.209	0.046	0.711	0.010	0.816	0.395
			N	341	341	341	341	341	341	341
		Foreign body	Correlation Coefficient	-.025	.020	.068	.021	.143	.024	.063
			Sig. (2-tailed)	0.645	0.719	0.208	0.706	0.008	0.664	0.245
			N	341	341	341	341	341	341	341
		Hearing loss	Correlation Coefficient	.084	.192	.071	.011	.149**	.091	.308**
			Sig. (2-tailed)	0.122	0.0004	0.188	0.834	0.006	0.095	0.0000
			N	341	341	341	341	341	341	341
		Mouth pain	Correlation Coefficient	.043	.080	.014	-.036	.092	.066	.181
			Sig. (2-tailed)	0.431	0.140	0.797	0.507	0.089	0.222	0.001
			N	341	341	341	341	341	341	341
		Nasal obstruction	Correlation Coefficient	-.060	.159	.093	.012	.212**	.134	.267**
			Sig. (2-tailed)	0.272	0.003	0.088	0.821	0.0001	0.013	0.0000
			N	341	341	341	341	341	341	341
Nasal pain	Correlation Coefficient	.071	.143	.124	.030	.149	.160	.324**		
	Sig. (2-tailed)	0.194	0.008	0.022	0.584	0.006	0.003	0.0000		
	N	341	341	341	341	341	341	341		
Neck swelling	Correlation Coefficient	.057	.098	.139	.004	.119	.198**	.225**		
	Sig. (2-tailed)	0.293	0.072	0.010	0.948	0.028	0.0002	0.0000		
	N	341	341	341	341	341	341	341		
Otalgia	Correlation Coefficient	.104	.009	.243**	.099	.121	.128	.214**		
	Sig. (2-tailed)	0.056	0.865	0.0000	0.069	0.026	0.018	0.0001		
	N	341	341	341	341	341	341	341		
	Correlation Coefficient	.120	.056	.210**	.069	.171	.134	.259**		

Eyes, E	Otorrhoea	Sig. (2-tailed)	0.027	0.305	0.0001	0.206	0.002	0.013	0.0000
	N		341	341	341	341	341	341	341
	Red eye	Correlation Coefficient	.098	.069	.141	-.004	.153	.130	.189
		Sig. (2-tailed)	0.070	0.201	0.009	0.943	0.005	0.016	0.0005
	N		341	341	341	341	341	341	341
	Sinus pain	Correlation Coefficient	.107	.137	.202**	.075	.164	.200**	.307**
		Sig. (2-tailed)	0.048	0.011	0.0002	0.167	0.002	0.0002	0.0000
	N		341	341	341	341	341	341	341
	Sore throat	Correlation Coefficient	.078	.072	.210**	.043	.083	.171	.134
		Sig. (2-tailed)	0.148	0.183	0.0001	0.430	0.127	0.002	0.013
	N		341	341	341	341	341	341	341
	Swollen eyelid	Correlation Coefficient	.090	.099	.146	.056	.146	.151	.259**
		Sig. (2-tailed)	0.098	0.069	0.007	0.303	0.007	0.005	0.0000
	N		341	341	341	341	341	341	341
	Throat swelling	Correlation Coefficient	.003	.101	.140	-.096	.132	.161	.192
		Sig. (2-tailed)	0.955	0.063	0.010	0.079	0.015	0.003	0.0004
	N		341	341	341	341	341	341	341
	Tinnitus	Correlation Coefficient	.097	.066	.119	.040	.101	.195**	.215**
		Sig. (2-tailed)	0.074	0.224	0.029	0.459	0.062	0.0003	0.0001
	N		341	341	341	341	341	341	341
Female and Male Anatomical Health	Vertigo	Correlation Coefficient	.111	.121	.116	-.004	.078	.181	.176
		Sig. (2-tailed)	0.040	0.025	0.032	0.937	0.151	0.001	0.001
	N		341	341	341	341	341	341	341
	Visual disturbance	Correlation Coefficient	.085	.111	.103	.005	.168	.106	.191
		Sig. (2-tailed)	0.119	0.042	0.058	0.934	0.002	0.051	0.0004
	N		341	341	341	341	341	341	341
	Voice changes	Correlation Coefficient	.034	.099	.047	.015	.216**	.090	.274**
		Sig. (2-tailed)	0.535	0.067	0.389	0.777	0.0001	0.097	0.0000
	N		341	341	341	341	341	341	341
	** Correlation is significant at the 0.0003 level (2-tailed).								
	Acute groin swelling/pain	Correlation Coefficient	.038	.140	.202**	-.017	.184**	.206**	.276**
		Sig. (2-tailed)	0.487	0.010	0.0002	0.754	0.001	0.0001	0.00000
	N		341	341	341	341	341	341	341
	Breast symptoms	Correlation Coefficient	-.024	-.038	.138	-.018	.087	.169	.191**
		Sig. (2-tailed)	0.664	0.483	0.011	0.735	0.109	0.002	0.0004
	N		341	341	341	341	341	341	341
	Genital rashes/irritation	Correlation Coefficient	-.024	.094	.239**	.022	.145	.188**	.332**
		Sig. (2-tailed)	0.662	0.082	0.00001	0.688	0.007	0.0005	0.00000
	N		341	341	341	341	341	341	341
	Pelvic pain/mass	Correlation Coefficient	-.024	.136	.167	.050	.164	.169	.242**
		Sig. (2-tailed)	0.665	0.012	0.002	0.361	0.002	0.002	0.00001
	N		341	341	341	341	341	341	341
	Penile discharge	Correlation Coefficient	.032	.133	.137	.037	.158	.195**	.293**
		Sig. (2-tailed)	0.560	0.014	0.011	0.499	0.003	0.0003	0.00000
	N		341	341	341	341	341	341	341
Gastrointestinal & Hepatic System	Penile pain	Correlation Coefficient	.039	.147	.200**	-.027	.170	.234**	.331**
		Sig. (2-tailed)	0.469	0.007	0.0002	0.614	0.002	0.00001	0.00000
	N		341	341	341	341	341	341	341
	Urinary symptoms	Correlation Coefficient	.042	.036	.174**	-.003	.013	.060	.134
		Sig. (2-tailed)	0.439	0.513	0.001	0.949	0.804	0.273	0.013
	N		341	341	341	341	341	341	341
	** Correlation is significant at the 0.001 level (2-tailed).								
	Abdominal blood results	Correlation Coefficient	.187	.131	.117	.033	.065	.142	.224**
		Sig. (2-tailed)	0.001	0.015	0.031	0.538	0.229	0.009	0.0000
	N		341	341	341	341	341	341	341
	Abdominal distention	Correlation Coefficient	.041	.249**	.042	-.071	.085	.018	.012
		Sig. (2-tailed)	0.455	0.0000	0.440	0.188	0.116	0.737	0.820
	N		341	341	341	341	341	341	341
	Abdominal mass/swelling	Correlation Coefficient	.038	.207**	.023	-.041	.096	.009	.059
		Sig. (2-tailed)	0.489	0.0001	0.671	0.451	0.076	0.872	0.274
	N		341	341	341	341	341	341	341
	Abdominal pain	Correlation Coefficient	.060	.023	.133	.001	.045	.113	.093
		Sig. (2-tailed)	0.273	0.678	0.014	0.991	0.410	0.037	0.085
	N		341	341	341	341	341	341	341
	Change in bowel habit	Correlation Coefficient	.064	.004	.084	-.041	.002	.091	.144
		Sig. (2-tailed)	0.238	0.943	0.120	0.451	0.973	0.094	0.008
	N		341	341	341	341	341	341	341
	Constipation	Correlation Coefficient	.102	.134	.072	-.014	.013	.041	.115
		Sig. (2-tailed)	0.060	0.013	0.187	0.791	0.813	0.448	0.034
	N		341	341	341	341	341	341	341
Gastrointestinal & Hepatic System	Diarrhoea	Correlation Coefficient	.042	.094	.064	-.039	.052	.041	.116
		Sig. (2-tailed)	0.434	0.082	0.239	0.477	0.338	0.451	0.032
	N		341	341	341	341	341	341	341
	Difficulty swallowing	Correlation Coefficient	.070	.152	.079	-.007	.145	.026	.184
		Sig. (2-tailed)	0.195	0.005	0.144	0.902	0.007	0.627	0.001
	N		341	341	341	341	341	341	341
	Excessive thirst	Correlation Coefficient	.014	.183	.076	-.056	.036	.077	.174
		Sig. (2-tailed)	0.797	0.001	0.161	0.300	0.507	0.158	0.001
	N		341	341	341	341	341	341	341
	Hematemesis	Correlation Coefficient	-.012	.103	.098	-.019	.143	.116	.133
		Sig. (2-tailed)	0.820	0.058	0.070	0.732	0.008	0.032	0.014
	N		341	341	341	341	341	341	341
	High risk behaviours and	Correlation Coefficient	-.017	.143	.016	.121	.138	-.011	.086
		Sig. (2-tailed)	0.750	0.008	0.768	0.025	0.011	0.836	0.114
	N		341	341	341	341	341	341	341

	concerns	N	341	341	341	341	341	341
		Correlation Coefficient	.142	.097	.222**	.008	.138	.157
		Sig. (2-tailed)	0.009	0.073	0.0000	0.883	0.011	0.004
		N	341	341	341	341	341	341
	Indigestion	Correlation Coefficient	.138	.102	.123	.005	.055	.078
		Sig. (2-tailed)	0.011	0.060	0.023	0.929	0.308	0.152
		N	341	341	341	341	341	341
	Nausea/vomiting	Correlation Coefficient	.090	.098	.034	.043	.045	-.001
		Sig. (2-tailed)	0.095	0.070	0.530	0.430	0.407	0.978
		N	341	341	341	341	341	341
	Poor appetite	Correlation Coefficient	.074	.128	.153	.012	.117	.119
		Sig. (2-tailed)	0.174	0.018	0.005	0.820	0.031	0.028
		N	341	341	341	341	341	341
	Rectal bleeding	Correlation Coefficient	-.033	.242**	-.017	.047	.107	-.065
		Sig. (2-tailed)	0.544	0.0000	0.754	0.383	0.049	0.235
		N	341	341	341	341	341	341
	Stoma issues	Correlation Coefficient	.038	.070	.150	.000	.044	.101
		Sig. (2-tailed)	0.486	0.200	0.006	0.999	0.415	0.063
		N	341	341	341	341	341	341
	Fever	Correlation Coefficient	.121	.052	.069	-.037	-.001	.064
		Sig. (2-tailed)	0.026	0.335	0.203	0.493	0.988	0.238
		N	341	341	341	341	341	341
	Generalised aches and pains	Correlation Coefficient	.029	.029	.036	.049	.069	.043
		Sig. (2-tailed)	0.593	0.590	0.504	0.365	0.204	0.424
		N	341	341	341	341	341	341
	Genetic predisposition	Correlation Coefficient	.138	.136	.125	0.054	0.057	.149
		Sig. (2-tailed)	0.011	0.012	0.021	0.318	0.298	0.006
		N	341	341	341	341	341	341
	Lymphadenopathy	Correlation Coefficient	-.048	.254**	.101	-.073	.160	.057
		Sig. (2-tailed)	0.377	0.00000	0.061	0.181	0.003	0.290
		N	341	341	341	341	341	341
	Overdose/poisoning	Correlation Coefficient	.024	.178	.075	.097	.117	.029
		Sig. (2-tailed)	0.653	0.001	0.166	0.075	0.031	0.588
		N	341	341	341	341	341	341
	Presentations in patients with a learning disability	Correlation Coefficient	.144	.094	.201	-.001	.087	.199
		Sig. (2-tailed)	0.008	0.082	0.0002	0.982	0.109	0.0002
		N	341	341	341	341	341	341
	Review of blood test results	Correlation Coefficient	.074	.060	.040	-.104	-.039	.080
		Sig. (2-tailed)	0.171	0.267	0.457	0.056	0.472	0.140
		N	341	341	341	341	341	341
	Sleep issues	Correlation Coefficient	.014	.127	.115	-.018	.175	.092
		Sig. (2-tailed)	0.791	0.019	0.034	0.743	0.001	0.091
		N	341	341	341	341	341	341
	Substance/alcohol misuse	Correlation Coefficient	.165	.077	.096	-.036	.029	.105
		Sig. (2-tailed)	0.002	0.154	0.077	0.513	0.590	0.053
		N	341	341	341	341	341	341
	Tired all the time	Correlation Coefficient	.072	.216	-.033	.016	.054	-.069
		Sig. (2-tailed)	0.185	0.0001	0.545	0.765	0.320	0.205
		N	341	341	341	341	341	341
	Vulnerable adult, family/carer concern	Correlation Coefficient	.105	.098	.194**	.055	.095	.186
		Sig. (2-tailed)	0.052	0.072	0.0003	0.312	0.080	0.001
		N	341	341	341	341	341	341
	Abnormal blood test results	Correlation Coefficient	.026	.080	.118	.046	.222**	.131
		Sig. (2-tailed)	0.626	0.142	0.029	0.402	0.00003	0.016
		N	341	341	341	341	341	341
	Adverse side effects of medication	Correlation Coefficient	.044	.116	.159	.078	.206**	.145
		Sig. (2-tailed)	0.416	0.033	0.003	0.152	0.0001	0.007
		N	341	341	341	341	341	341
	Higher risk groups (risk reduction medications)	Correlation Coefficient	.015	.085	.145	.044	.149	.139
		Sig. (2-tailed)	0.776	0.117	0.007	0.420	0.006	0.010
		N	341	341	341	341	341	341
	Ineffective medication	Correlation Coefficient	.038	.145	.187	.120	.195**	.163
		Sig. (2-tailed)	0.488	0.007	0.001	0.026	0.0003	0.002
		N	341	341	341	341	341	341
	Issues with polypharmacy	Correlation Coefficient	-.005	.130	.156	.101	.188**	.128
		Sig. (2-tailed)	0.929	0.017	0.004	0.063	0.0005	0.018
		N	341	341	341	341	341	341
	Misuse of medication	Correlation Coefficient	.041	.083	.230**	.099	.197**	.122
		Sig. (2-tailed)	0.451	0.127	0.00002	0.068	0.0002	0.024
		N	341	341	341	341	341	341
	Overuse of medication	Correlation Coefficient	.071	.105	.135	.103	.144	.110
		Sig. (2-tailed)	0.188	0.052	0.012	0.058	0.008	0.042
		N	341	341	341	341	341	341
	Poor compliance with medication	Correlation Coefficient	-.007	.082	.061	-.049	.040	-.020
		Sig. (2-tailed)	0.902	0.129	0.265	0.369	0.467	0.709
		N	341	341	341	341	341	341
	Minor injury	Correlation Coefficient	.054	.104	.113	.036	.023	.023
		Sig. (2-tailed)	0.317	0.055	0.037	0.508	0.669	0.668
		N	341	341	341	341	341	341
	Difficulty with movement	Correlation Coefficient	-.007	.082	.061	-.049	.040	-.020
		Sig. (2-tailed)	0.902	0.129	0.265	0.369	0.467	0.709
		N	341	341	341	341	341	341

** Correlation is significant at the 0.0004 level (2-tailed).

** Correlation is significant at the 0.0004 level (2-tailed).

** Correlation is significant at the 0.0008 level (2-tailed).

Musculoskeletal	Pain	Correlation Coefficient	.057	.051	.153	.070	.019	.063	.039
		Sig. (2-tailed)	0.296	0.346	0.005	0.198	0.725	0.249	0.472
		N	341	341	341	341	341	341	341
	Redness	Correlation Coefficient	.051	.164	.146	.031	.092	.006	.093
		Sig. (2-tailed)	0.350	0.002	0.007	0.569	0.090	0.907	0.086
		N	341	341	341	341	341	341	341
	Stiffness	Correlation Coefficient	.064	.100	.128	.040	.062	.042	.112
		Sig. (2-tailed)	0.240	0.064	0.018	0.456	0.253	0.442	0.039
		N	341	341	341	341	341	341	341
	Swelling	Correlation Coefficient	.033	.133	.152	.027	.093	.023	.077
		Sig. (2-tailed)	0.540	0.014	0.005	0.617	0.087	0.679	0.155
		N	341	341	341	341	341	341	341
** Correlation is significant at the 0.001 level (2-tailed).									
Neurological	Altered gait	Correlation Coefficient	.062	.165	.018	.095	.075	.019	.053
		Sig. (2-tailed)	0.251	0.002	0.743	0.081	0.169	0.729	0.326
		N	341	341	341	341	341	341	341
	Altered level of consciousness	Correlation Coefficient	.024	.170	.054	.081	.156	-.012	.036
		Sig. (2-tailed)	0.656	0.002	0.320	0.136	0.004	0.820	0.508
		N	341	341	341	341	341	341	341
	Altered level of consciousness	Correlation Coefficient	.013	.176	.039	.068	.149	-.022	.064
		Sig. (2-tailed)	0.812	0.001	0.472	0.209	0.006	0.687	0.239
		N	341	341	341	341	341	341	341
	Altered power, tone or sensitivity	Correlation Coefficient	.039	.120	.119	.044	.101	.096	.065
		Sig. (2-tailed)	0.473	0.027	0.028	0.423	0.062	0.076	0.231
		N	341	341	341	341	341	341	341
	Confusion	Correlation Coefficient	.071	.229**	.012	.070	.116	.017	.128
		Sig. (2-tailed)	0.190	0.00002	0.827	0.196	0.032	0.753	0.018
		N	341	341	341	341	341	341	341
	Dizziness	Correlation Coefficient	.101	.061	.125	.004	.042	.144	.092
		Sig. (2-tailed)	0.061	0.258	0.021	0.937	0.436	0.008	0.090
		N	341	341	341	341	341	341	341
	Facial palsy	Correlation Coefficient	.017	.131	.080	.086	.185	.051	.184
		Sig. (2-tailed)	0.754	0.015	0.138	0.112	0.001	0.347	0.001
		N	341	341	341	341	341	341	341
	Fits faints and funny turns	Correlation Coefficient	.096	.110	.118	-.016	.118	.069	.060
		Sig. (2-tailed)	0.078	0.043	0.030	0.762	0.029	0.204	0.268
		N	341	341	341	341	341	341	341
	Head injury	Correlation Coefficient	-.028	.029	.092	-.053	.068	.037	.001
		Sig. (2-tailed)	0.605	0.593	0.088	0.330	0.207	0.498	0.989
		N	341	341	341	341	341	341	341
	Headache	Correlation Coefficient	.103	.046	.195	-.046	.025	.172	.153
		Sig. (2-tailed)	0.057	0.396	0.0003	0.396	0.643	0.001	0.005
		N	341	341	341	341	341	341	341
	Memory problems	Correlation Coefficient	.090	.178	-.028	.075	.084	.032	.130
		Sig. (2-tailed)	0.098	0.001	0.607	0.166	0.120	0.553	0.016
		N	341	341	341	341	341	341	341
	Paraesthesia	Correlation Coefficient	.017	.081	.189	.057	.211	.139	.199
		Sig. (2-tailed)	0.758	0.138	0.0005	0.298	0.0001	0.010	0.0002
		N	341	341	341	341	341	341	341
	Speech changes	Correlation Coefficient	.031	.224**	.011	.049	.184	.014	.097
		Sig. (2-tailed)	0.567	0.00003	0.841	0.367	0.001	0.797	0.073
		N	341	341	341	341	341	341	341
	Tremor	Correlation Coefficient	.039	.127	.031	.013	.134	.042	.099
		Sig. (2-tailed)	0.474	0.019	0.568	0.813	0.014	0.440	0.067
		N	341	341	341	341	341	341	341
	Weakness	Correlation Coefficient	.104	.133	.068	.025	.050	.032	.030
		Sig. (2-tailed)	0.054	0.014	0.210	0.650	0.361	0.550	0.581
		N	341	341	341	341	341	341	341
** Correlation is significant at the 0.0004 level (2-tailed).									
Abdominal pain	Correlation Coefficient	341	341	341	341	341	341	341	
	Sig. (2-tailed)	0.334	0.977	0.00000	0.811	0.002	0.00000	0.00000	
	N	.053	-.002	.293**	.013	.171	.249**	.260**	
Acute bowel symptoms	Correlation Coefficient	.040	.014	.254**	-.058	.144	.217**	.234**	
	Sig. (2-tailed)	0.461	0.800	0.00000	0.285	0.008	0.00005	0.00001	
	N	341	341	341	341	341	341	341	
Constipation	Correlation Coefficient	.049	.052	.266**	.001	.134	.248**	.294**	
	Sig. (2-tailed)	0.371	0.335	0.00000	0.987	0.013	0.00000	0.00000	
	N	341	341	341	341	341	341	341	
Cough/wheeze/stridor/respiratory distress/nasal symptoms	Correlation Coefficient	.043	-.032	.249**	.005	.109	.203	.148	
	Sig. (2-tailed)	0.433	0.557	0.00000	0.923	0.045	0.0002	0.006	
	N	341	341	341	341	341	341	341	
Crying baby	Correlation Coefficient	-.025	-.048	.296**	-.069	.149	.214	.192	
	Sig. (2-tailed)	0.639	0.372	0.00000	0.201	0.006	0.0001	0.0004	
	N	341	341	341	341	341	341	341	
Diarrhoea	Correlation Coefficient	.059	.009	.246**	-.046	.149	.237**	.230**	
	Sig. (2-tailed)	0.280	0.866	0.00000	0.393	0.006	0.00001	0.00002	
	N	341	341	341	341	341	341	341	
Eye injury	Correlation Coefficient	.003	.061	.116	-.042	.197	.117	.146	
	Sig. (2-tailed)	0.961	0.260	0.032	0.434	0.0002	0.030	0.007	
	N	341	341	341	341	341	341	341	

Paediatrics	Minor injury	Correlation Coefficient	-.074	-.030	.155	-.039	.190	.081	.092
		Sig. (2-tailed)	0.174	0.583	0.004	0.472	0.0004	0.137	0.090
		N	341	341	341	341	341	341	341
	Musculoskeletal symptoms	Correlation Coefficient	-.031	-.024	.247**	.015	.173	.158	.167
		Sig. (2-tailed)	0.572	0.660	0.00000	0.778	0.001	0.003	0.002
		N	341	341	341	341	341	341	341
	Otaglia/otorrhoea	Correlation Coefficient	.070	-.024	.273**	-.010	.139*	.190	.223**
		Sig. (2-tailed)	0.196	0.663	0.00000	0.851	0.010	0.0004	0.00003
		N	341	341	341	341	341	341	341
	Pyrexia of unknown origin	Correlation Coefficient	.004	-.063	.265**	-.048	.090	.225**	.145
		Sig. (2-tailed)	0.947	0.248	0.00000	0.372	0.097	0.00003	0.007
		N	341	341	341	341	341	341	341
	Rashes	Correlation Coefficient	.023	-.039	.261**	-.007	.142	.208	.238**
		Sig. (2-tailed)	0.671	0.472	0.00000	0.904	0.009	0.0001	0.00001
		N	341	341	341	341	341	341	341
Red eye/discharge	Correlation Coefficient	.045	.035	.222**	.026	.212	.193	.253**	
	Sig. (2-tailed)	0.405	0.517	0.00003	0.628	0.0001	0.0003	0.00000	
	N	341	341	341	341	341	341	341	
Sore throat	Correlation Coefficient	.053	-.020	.270**	.003	.099	.224**	.185	
	Sig. (2-tailed)	0.327	0.713	0.00000	0.962	0.067	0.00003	0.001	
	N	341	341	341	341	341	341	341	
Vomiting	Correlation Coefficient	.066	.008	.262**	-.053	.149	.224**	.225**	
	Sig. (2-tailed)	0.227	0.885	0.00000	0.333	0.006	0.00003	0.00003	
	N	341	341	341	341	341	341	341	
Vulnerable child	Correlation Coefficient	-.059	.103	.200**	.022	.175	.159	.196**	
	Sig. (2-tailed)	0.279	0.057	0.0002	0.686	0.001	0.003	0.0003	
	N	341	341	341	341	341	341	341	
** Correlation is significant at the 0.0004 level (2-tailed).									
Pain	Acute pain	Correlation Coefficient	.100	.071	.160	.053	.096	.127	.122
		Sig. (2-tailed)	0.066	0.190	0.003	0.326	0.076	0.019	0.024
		N	341	341	341	341	341	341	341
	Change in type of pain	Correlation Coefficient	.028	.079	.121	.048	.079	.017	.133
		Sig. (2-tailed)	0.606	0.145	0.026	0.373	0.148	0.750	0.014
		N	341	341	341	341	341	341	341
Worsening pain	Correlation Coefficient	.052	.079	.140	.046	.035	.050	.090	
	Sig. (2-tailed)	0.337	0.144	0.010	0.398	0.523	0.359	0.097	
	N	341	341	341	341	341	341	341	
** Correlation is significant at the 0.002 level (2-tailed).									
Palliative and End of Life Care	Discussions about advanced care planning	Correlation Coefficient	.047	.205**	-.093	.051	.168	-.043	.071
		Sig. (2-tailed)	0.382	0.0001	0.088	0.349	0.002	0.433	0.190
		N	341	341	341	341	341	341	341
	Symptom management	Correlation Coefficient	.056	.205**	-.046	.051	.089	-.029	.044
		Sig. (2-tailed)	0.300	0.0001	0.399	0.349	0.103	0.593	0.418
		N	341	341	341	341	341	341	341
** Correlation is significant at the 0.003 level (2-tailed).									
Renal and Genitourinary	Acute groin swelling/pain	Correlation Coefficient	.017	.155	.175	.076	.174	.141	.259**
		Sig. (2-tailed)	0.750	0.004	0.001	0.161	0.001	0.009	0.0000
		N	341	341	341	341	341	341	341
	Groin pain	Correlation Coefficient	.104	.135	.184	-.064	.110	.126	.260**
		Sig. (2-tailed)	0.055	0.012	0.001	0.238	0.041	0.020	0.0000
		N	341	341	341	341	341	341	341
	Haematuria	Correlation Coefficient	.132	.134	.156	.075	.116	.111	.226**
		Sig. (2-tailed)	0.015	0.014	0.004	0.165	0.032	0.041	0.0000
		N	341	341	341	341	341	341	341
	Inability to pass urine	Correlation Coefficient	.048	.206**	.046	.039	.131	.064	.101
		Sig. (2-tailed)	0.378	0.0001	0.400	0.471	0.016	0.240	0.063
		N	341	341	341	341	341	341	341
	Kidney disease	Correlation Coefficient	.090	.209**	.127	.028	.074	.119	.204**
		Sig. (2-tailed)	0.099	0.0001	0.019	0.601	0.173	0.028	0.0001
		N	341	341	341	341	341	341	341
	Loin pain	Correlation Coefficient	.093	.109	.189**	.027	.143	.143	.266**
		Sig. (2-tailed)	0.086	0.044	0.0004	0.622	0.008	0.008	0.0000
		N	341	341	341	341	341	341	341
	Penile pain	Correlation Coefficient	.037	.151	.095	.003	.162	.097	.271**
		Sig. (2-tailed)	0.495	0.005	0.079	0.949	0.003	0.073	0.0000
		N	341	341	341	341	341	341	341
	Profuse vaginal bleeding	Correlation Coefficient	-.044	-.006	.153	.067	.157	.117	.130
		Sig. (2-tailed)	0.416	0.917	0.005	0.218	0.004	0.031	0.017
		N	341	341	341	341	341	341	341
	Recurrent infection	Correlation Coefficient	.100	.141	.055	.058	-.016	.053	.081
		Sig. (2-tailed)	0.065	0.009	0.313	0.283	0.762	0.332	0.134
		N	341	341	341	341	341	341	341
	Testicular pain/swelling	Correlation Coefficient	.017	.129	.211**	.035	.215**	.182	.351**
		Sig. (2-tailed)	0.755	0.017	0.0001	0.517	0.0001	0.001	0.0000
		N	341	341	341	341	341	341	341
	Urinary symptoms	Correlation Coefficient	.136	.058	.089	.022	-.073	.060	.097
		Sig. (2-tailed)	0.012	0.282	0.102	0.691	0.181	0.266	0.074
		N	341	341	341	341	341	341	341
** Correlation is significant at the 0.0006 level (2-tailed).									
Acute Covid-19	Breathing	Correlation Coefficient	.005	.121	.125	-.079	.029	.063	.069
		Sig. (2-tailed)	0.931	0.026	0.021	0.148	0.588	0.248	0.202
		N	341	341	341	341	341	341	341
		Correlation Coefficient	.069	.111	.114	.023	.105	.097	.129

Respiratory	Breathing difficulties	Sig. (2-tailed)	0.202	0.041	0.036	0.678	0.052	0.074	0.017
		N	341	341	341	341	341	341	341
		Correlation Coefficient	.090	.129	.133	-.005	.054	.126	.140
	Cough (including haemoptysis)	Sig. (2-tailed)	0.097	0.017	0.014	0.934	0.321	0.020	0.010
		N	341	341	341	341	341	341	341
		Correlation Coefficient	-.054	.143	.058	.021	.144	.068	.125
	Cyanosis	Sig. (2-tailed)	0.317	0.008	0.284	0.693	0.008	0.213	0.021
		N	341	341	341	341	341	341	341
		Correlation Coefficient	.107	.104	.118	-.009	.088	.107	.106
	Pain on breathing	Sig. (2-tailed)	0.047	0.055	0.030	0.872	0.105	0.048	0.051
		N	341	341	341	341	341	341	341
		Correlation Coefficient	-.038	.174	.060	.064	.120	.026	.108
	Pallor	Sig. (2-tailed)	0.482	0.001	0.272	0.242	0.026	0.638	0.046
		N	341	341	341	341	341	341	341
		Correlation Coefficient	-.028	.090	.042	-.062	.034	.072	.093
	Post Covid-19 syndrome	Sig. (2-tailed)	0.603	0.097	0.435	0.252	0.535	0.186	0.087
		N	341	341	341	341	341	341	341
		Correlation Coefficient	.064	.126	.082	-.011	.067	.076	.107
	Shortness of breath	Sig. (2-tailed)	0.241	0.020	0.130	0.833	0.218	0.162	0.048
		N	341	341	341	341	341	341	341
		Correlation Coefficient	.077	.080	.090	.035	-.015	.100	.052
	Suspected or recurrent infection	Sig. (2-tailed)	0.154	0.138	0.097	0.515	0.789	0.064	0.342
		N	341	341	341	341	341	341	341
		Correlation Coefficient	.086	.128	.126	.046	.100	.121	.146
	Wheeze	Sig. (2-tailed)	0.113	0.018	0.020	0.393	0.066	0.026	0.007
		N	341	341	341	341	341	341	341

** Correlation is significant at the 0.0007 level (2-tailed).

Supplemental Table B. Correlations between clinical examinations and demographics of paramedics

			Clinical Supervision	Hours worked	Job Title	Length of time in primary care	Level of Education	Prescribing Status
Spearman's rho	Abdominal examination	Correlation Coefficient	.062	.116	.129	.091	.113	.117
		Sig. (2-tailed)	0.254	0.032	0.017	0.094	0.036	0.031
		N	341	341	341	341	341	341
	Assessment for lymphadenopathy	Correlation Coefficient	.062	.019	.186	.148	.211**	.257**
		Sig. (2-tailed)	0.254	0.730	0.001	0.006	0.0001	0.0000
		N	341	341	341	341	341	341
	Blood pressure	Correlation Coefficient	.064	.094	.072	.058	.071	.017
		Sig. (2-tailed)	0.238	0.085	0.183	0.284	0.190	0.751
		N	341	341	341	341	341	341
	Cardiovascular examination	Correlation Coefficient	.081	.113	.111	.065	.087	.066
		Sig. (2-tailed)	0.138	0.037	0.040	0.230	0.109	0.226
		N	341	341	341	341	341	341
	Cranial nerve examination	Correlation Coefficient	.048	.088	.166	.139	.155	.132
		Sig. (2-tailed)	0.376	0.106	0.002	0.010	0.004	0.015
		N	341	341	341	341	341	341
	Digital rectal examination	Correlation Coefficient	.007	.141	.217**	.195	.264**	.444**
		Sig. (2-tailed)	0.902	0.009	0.0001	0.0003	0.0000	0.0000
		N	341	341	341	341	341	341
	Echocardiogram (Echo)	Correlation Coefficient	-.066	.065	.052	.082	.091	.138
		Sig. (2-tailed)	0.228	0.236	0.343	0.133	0.096	0.011
		N	339	339	339	339	339	339
	Electrocardiograph (ECG)	Correlation Coefficient	-.047	.150	.053	.127	.027	.055
		Sig. (2-tailed)	0.388	0.005	0.329	0.019	0.616	0.311
		N	341	341	341	341	341	341
	Eye examination	Correlation Coefficient	-.036	.017	.105	.204**	.212**	.255**
		Sig. (2-tailed)	0.513	0.753	0.054	0.0002	0.0001	0.000
		N	341	341	341	341	341	341
	FeNO testing	Correlation Coefficient	-.193	.015	.026	.060	.091	.121
		Sig. (2-tailed)	0.0003	0.790	0.632	0.271	0.094	0.025
		N	341	341	341	341	341	341
	Imaging	Correlation Coefficient	-.005	.084	.214**	.129	.127	.185
		Sig. (2-tailed)	0.924	0.124	0.0001	0.018	0.019	0.001
		N	341	341	341	341	341	341
	Jugular venous pressure	Correlation Coefficient	.077	.062	.089	.124	.137	.181
		Sig. (2-tailed)	0.155	0.256	0.099	0.022	0.011	0.001
		N	341	341	341	341	341	341
	Mental health examination	Correlation Coefficient	.092	.037	.073	.126	.129	.178
		Sig. (2-tailed)	0.089	0.496	0.177	0.020	0.017	0.001
		N	341	341	341	341	341	341
	Mid-stream urine culture	Correlation Coefficient	.113	.179	0.075	0.013	0.093	.129
		Sig. (2-tailed)	0.037	0.001	0.167	0.807	0.088	0.017
		N	341	341	341	341	341	341
	Mini mental state examination (MMSE)	Correlation Coefficient	.094	.126	.040	.128	.081	.084
		Sig. (2-tailed)	0.082	0.020	0.464	0.018	0.135	0.120
		N	341	341	341	341	341	341
	Musculoskeletal examination	Correlation Coefficient	.017	.086	.153	.133	.112	.073
		Sig. (2-tailed)	0.758	0.113	0.005	0.014	0.039	0.180
		N	340	340	340	340	340	340
	Neurological examination	Correlation Coefficient	.008	.084	.125	.067	.124	.052
		Sig. (2-tailed)	0.887	0.123	0.021	0.217	0.022	0.335
		N	341	341	341	341	341	341
	Otoscopy	Correlation Coefficient	.058	.053	.162	.088	.088	.193
		Sig. (2-tailed)	0.282	0.332	0.003	0.106	0.104	0.0003
		N	341	341	341	341	341	341
	Oxygen saturations	Correlation Coefficient	.048	.080	.029	.029	-.067	-.105
		Sig. (2-tailed)	0.372	0.142	0.593	0.599	0.217	0.052
		N	341	341	341	341	341	341
	Peak Expiratory Flow Rate	Correlation Coefficient	-.006	.045	.036	.183	.037	.123
		Sig. (2-tailed)	0.909	0.407	0.510	0.001	0.491	0.023
		N	341	341	341	341	341	341
	Phlebotomy	Correlation Coefficient	.016	.220**	-.105	-.085	-.047	.033
		Sig. (2-tailed)	0.762	0.0000	0.053	0.116	0.385	0.539

	N	341	341	341	341	341	341
Pulse rate, rhythm, volume and character	Correlation Coefficient	-.016	.057	.044	.054	-.077	-.055
	Sig. (2-tailed)	0.774	0.292	0.422	0.320	0.156	0.310
	N	341	341	341	341	341	341
Referral to specialism or specialist services	Correlation Coefficient	.086	.168	.061	.143	.118	.190
	Sig. (2-tailed)	0.111	0.002	0.258	0.008	0.029	0.0004
	N	341	341	341	341	341	341
Respiratory examination	Correlation Coefficient	-.012	.085	.087	.085	.038	.034
	Sig. (2-tailed)	0.829	0.116	0.109	0.116	0.480	0.527
	N	341	341	341	341	341	341
Respiratory rate	Correlation Coefficient	.013	.084	.024	.018	-.058	-.063
	Sig. (2-tailed)	0.813	0.121	0.666	0.742	0.285	0.248
	N	340	340	340	340	340	340
Skin and/or nail scrapings/samples	Correlation Coefficient	.045	.124	.072	.149	.042	.296**
	Sig. (2-tailed)	0.410	0.022	0.183	0.006	0.444	0.0000
	N	341	341	341	341	341	341
Spirometry	Correlation Coefficient	-.015	.004	.022	-.001	.032	.046
	Sig. (2-tailed)	0.778	0.940	0.687	0.986	0.561	0.402
	N	341	341	341	341	341	341
Sputum sample	Correlation Coefficient	.134	.209**	.084	.152	.118	.290**
	Sig. (2-tailed)	0.013	0.0001	0.121	0.005	0.030	0.0000
	N	341	341	341	341	341	341
Stool sample	Correlation Coefficient	.212**	.107	.126	.049	.142	.257**
	Sig. (2-tailed)	0.0001	0.049	.021	0.363	0.009	0.0000
	N	341	341	341	341	341	341
Swabs	Correlation Coefficient	.126	.211**	.082	.089	.090	.277**
	Sig. (2-tailed)	0.020	0.0001	0.133	0.099	0.097	0.0000
	N	341	341	341	341	341	341
Temperature	Correlation Coefficient	.023	.067	-.023	-.019	-.103	-.114
	Sig. (2-tailed)	0.676	0.215	0.672	0.733	0.057	0.035
	N	341	341	341	341	341	341
Throat examination	Correlation Coefficient	.071	.072	.153	.063	.082	.102
	Sig. (2-tailed)	0.193	0.183	0.005	0.243	0.129	0.061
	N	341	341	341	341	341	341
Urinalysis	Correlation Coefficient	.071	.104	.029	.050	-.004	.033
	Sig. (2-tailed)	0.193	0.056	0.592	0.356	0.947	0.548
	N	341	341	341	341	341	341

** . Correlation is significant at the 0.0002 level (2-tailed).

Supplemental Table C. Relationship between core capabilities of primary care and demographics of paramedics

			Clinical Supervision	Hours worked	Job Title	Length of time registered as a paramedic	Length of time in primary care	Level of Education	Prescribing Status	Salary
Spearman's rho	Communication and consultations	Correlation Coefficient	-.042	-.050	.138	.150	.051	.112	-.102	.127
		Sig. (2-tailed)	0.436	0.356	0.011	0.006	0.349	0.038	0.059	0.019
		N	341	341	341	341	341	341	341	341
	Practising holistically to personalise care and promote public and person	Correlation Coefficient	-.015	-.076	.123	-.016	.066	.115	-.162	.159
		Sig. (2-tailed)	0.779	0.164	0.023	0.767	0.226	0.034	0.003	0.003
		N	341	341	341	341	341	341	341	341
	Working with colleagues in primary care	Correlation Coefficient	-.128	-.189**	.066	.069	-.015	.048	-.107	.077
		Sig. (2-tailed)	0.018	0.0005	0.225	0.204	0.783	0.375	0.048	0.156
		N	341	341	341	341	341	341	341	341
	Maintaining an ethical approach and fitness to practice	Correlation Coefficient	-.095	-0.083	0.095	0.139	0.026	0.013	-0.055	.078
		Sig. (2-tailed)	0.081	0.125	0.080	0.010	0.629	0.812	0.312	0.153
		N	341	341	341	341	341	341	341	341
	Information gathering and interpretation	Correlation Coefficient	-.059	-.024	.219**	.062	.066	.125	-.123	.177
		Sig. (2-tailed)	0.280	0.658	0.0000	0.251	0.225	0.021	0.023	0.001
		N	341	341	341	341	341	341	341	341
	Clinical Examination and procedural skills	Correlation Coefficient	-.005	-.079	.079	.142	.106	.081	-.119	.102
		Sig. (2-tailed)	0.924	0.145	0.145	0.009	0.051	0.137	0.028	0.059
		N	341	341	341	341	341	341	341	341
	Making a diagnosis	Correlation Coefficient	.016	-.081	.174	.092	.251**	.196**	-.284**	.231**
		Sig. (2-tailed)	0.763	0.134	0.001	0.090	0.0000	0.0003	0.0000	0.0000
		N	341	341	341	341	341	341	341	341
	Managing medical and clinical complexity	Correlation Coefficient	-.047	-.145	.209**	.017	.170	.156	-.298**	.236**
		Sig. (2-tailed)	0.391	0.007	0.0001	0.750	0.002	0.004	0.0000	0.0000
		N	341	341	341	341	341	341	341	341
	Independent prescribing, medicines, and supply of pharmacotherapy	Correlation Coefficient	-.044	-.091	.334	.097	.357**	.403**	-.757**	.481**
		Sig. (2-tailed)	0.416	0.092	0.0000	0.075	0.0000	0.0000	0.0000	0.0000
		N	341	341	341	341	341	341	341	341
	Leadership and Management	Correlation Coefficient	.016	-.213**	.158	.045	.302**	.175	-.331**	.255**
		Sig. (2-tailed)	0.774	0.0001	0.003	0.403	0.0000	0.001	0.0000	0.0000
		N	341	341	341	341	341	341	341	341
	Education and Development	Correlation Coefficient	-.008	-.095	.105	.003	.143	.087	-.143	.106
		Sig. (2-tailed)	0.888	0.080	0.052	0.956	0.008	0.110	0.008	0.051
		N	341	341	341	341	341	341	341	341
	Research and evidence-based practice	Correlation Coefficient	.000	-.088	.095	.005	.033	.082	-.114	.133
		Sig. (2-tailed)	0.997	0.104	0.079	0.927	0.546	0.131	0.035	0.014
		N	341	341	341	341	341	341	341	341

**. Correlation is significant at the 0.0005 level (2-tailed).

Supplemental Table D. Correlations between the request and interpretation of blood tests and demographics of paramedics

			Clinical Supervision	Hours worked	Job Title	Length of time registered as a paramedic	Length of time in primary care	Level of Education	Prescribing Status	Salary
Spearman's rho	ACR	Correlation Coefficient	.093	.232	.094	-.021	.116	.123	.230	.236
		Sig. (2-tailed)	0.085	0.001	0.082	0.705	0.033	0.023	0.001	0.001
		N	341	341	341	341	341	341	341	341
	Amylase	Correlation Coefficient	.077	.118	.150	.059	.115	.198	.306	.266
		Sig. (2-tailed)	0.156	0.030	0.005	0.274	0.033	0.001	0.001	0.001
		N	341	341	341	341	341	341	341	341
	Anti CCP	Correlation Coefficient	.080	.047	.147	.035	.087	.165	.248	.195
		Sig. (2-tailed)	0.139	0.389	0.007	0.514	0.108	0.002	0.001	0.001
		N	341	341	341	341	341	341	341	341
	Autoimmune antibodies	Correlation Coefficient	.100	.084	.129	-.025	.041	.198	.197	.223
		Sig. (2-tailed)	0.065	0.120	0.017	0.649	0.448	0.001	0.001	0.001
		N	341	341	341	341	341	341	341	341
	B12	Correlation Coefficient	.125	.100	.158	-.005	.011	.149	.245	.273
		Sig. (2-tailed)	0.021	0.066	0.003	0.922	0.835	0.006	0.001	0.001
		N	341	341	341	341	341	341	341	341
	BNP/NT-proBNP	Correlation Coefficient	.153	.228	.095	.022	.109	.134	.278	.297
		Sig. (2-tailed)	0.005	0.001	0.081	0.687	0.044	0.013	0.001	0.001
		N	341	341	341	341	341	341	341	341
	CA125	Correlation Coefficient	.092	.161	.148	.005	.115	.186	.268	.257
		Sig. (2-tailed)	0.091	0.003	0.006	0.923	0.034	0.001	0.001	0.001
		N	341	341	341	341	341	341	341	341
	Calcium	Correlation Coefficient	.130	.165	.110	.055	.025	.166	.251	.214
		Sig. (2-tailed)	0.016	0.002	0.043	0.312	0.643	0.002	0.001	0.001
		N	341	341	341	341	341	341	341	341
	Coeliac screen	Correlation Coefficient	.077	.086	.146	-.054	.126	.197	.305	.326
		Sig. (2-tailed)	0.153	0.114	0.007	0.322	0.020	0.0003	0.001	0.001
		N	341	341	341	341	341	341	341	341
	CRP	Correlation Coefficient	.153	.189	.099	.009	.083	.108	.246	.296
		Sig. (2-tailed)	0.005	0.001	0.068	0.871	0.124	0.047	0.001	0.001
		N	341	341	341	341	341	341	341	341
	Drug levels	Correlation Coefficient	.025	.181	.011	.007	.037	.095	.172	.164
		Sig. (2-tailed)	0.641	0.001	0.836	0.895	0.498	0.079	0.001	0.002
		N	341	341	341	341	341	341	341	341
	ESR	Correlation Coefficient	.158	.114	.104	.091	-.028	.158	.189	.201
		Sig. (2-tailed)	0.003	0.036	0.055	0.094	0.600	0.003	0.001	0.001
		N	341	341	341	341	341	341	341	341
	Estosterone	Correlation Coefficient	.009	.090	.044	-.023	.013	.117	.134	.144
		Sig. (2-tailed)	0.869	0.097	0.415	0.671	0.806	0.030	0.013	0.008
		N	341	341	341	341	341	341	341	341
	FBC	Correlation Coefficient	.176	.125	.136	.009	.015	.167	.20	.267
		Sig. (2-tailed)	0.001	0.021	0.012	0.871	0.789	0.002	0.001	0.001
		N	341	341	341	341	341	341	341	341
	Free androgen index	Correlation Coefficient	-.054	.019	.024	-.044	.022	.129	.098	.104
		Sig. (2-tailed)	0.320	0.732	0.657	0.415	0.686	0.017	0.070	0.055
		N	341	341	341	341	341	341	341	341
	FSH/LH +/- prolactin	Correlation Coefficient	.005	.071	.089	.018	.032	.144	.161	.132
		Sig. (2-tailed)	0.920	0.189	0.101	0.746	0.552	0.008	0.003	0.015
		N	341	341	341	341	341	341	341	341
	Glandular fever screen	Correlation Coefficient	.061	.104	.168	.123	.223	.204	.342	.324
		Sig. (2-tailed)	0.264	0.056	0.002	0.023	0.001	0.0001	0.0000	0.001
		N	341	341	341	341	341	341	341	341
	Haematinics	Correlation Coefficient	.080	.201	.152	.069	.086	.144	.304	.279
		Sig. (2-tailed)	0.140	0.001	0.005	0.206	0.111	0.008	0.00100	0.001
		N	341	341	341	341	341	341	341	341
	HbA1c	Correlation Coefficient	.155	.142	.118	-.064	.002	.162	.202	.249
		Sig. (2-tailed)	0.004	0.009	0.029	0.235	0.971	0.003	0.0002	0.0000
		N	341	341	341	341	341	341	341	341
	Hepatitis	Correlation Coefficient	.076	.087	.127	-.015	.120	.156	.193	.234
		Sig. (2-tailed)	0.164	0.107	0.019	0.779	0.027	0.004	0.0003	0.001
		N	341	341	341	341	341	341	341	341
	HIV	Correlation Coefficient	.045	.069	.137	-.034	.154	.136	.192	.208
		Sig. (2-tailed)	0.407	0.205	0.011	0.526	0.004	0.012	0.001	0.001
		N	341	341	341	341	341	341	341	341
	Iron studies	Correlation Coefficient	.139	.115	.104	-.017	-.004	.135	.162	.198
		Sig. (2-tailed)	0.010	0.034	0.055	0.760	0.938	0.013	0.003	0.0002
		N	341	341	341	341	341	341	341	341
	LFT	Correlation Coefficient	.175	.129	.137	-.006	-.007	.165	.183	.247
		Sig. (2-tailed)	0.001	0.017	0.011	0.911	0.900	0.002	0.001	0.001
		N	341	341	341	341	341	341	341	341
	Lipid profile	Correlation Coefficient	.104	.071	.158	-.003	.077	.192	.278	.341
		Sig. (2-tailed)	0.054	0.192	0.003	0.957	0.157	0.0004	0.001	0.001
		N	341	341	341	341	341	341	341	341
	PSA	Correlation Coefficient	.123	.195	.137	-.008	.002	.205	.297	.293
		Sig. (2-tailed)	0.023	0.001	0.011	0.876	0.977	0.001	0.001	0.001
		N	341	341	341	341	341	341	341	341
	Rheumatoid factor	Correlation Coefficient	.082	.085	.154	.019	.081	.196	.248	.235
		Sig. (2-tailed)	0.130	0.117	0.004	0.727	0.137	0.001	0.001	0.001
		N	341	341	341	341	341	341	341	341
	SHBG	Correlation Coefficient	-.034	.008	.027	.009	.020	.155	.132	.101
		Sig. (2-tailed)	0.530	0.885	0.623	0.867	0.707	0.004	0.014	0.063
		N	341	341	341	341	341	341	341	341
	TFT	Correlation Coefficient	.133	.138	.154	.039	.081	.201	.276	.276

	Sig. (2-tailed)	0.014	0.011	0.004	0.476	0.136	0.00019	0.001	0.001
	N	341	341	341	341	341	341	341	341
U&Es	Correlation Coefficient	.175	.146	.123	.006	-.007	.152	.185	.261
	Sig. (2-tailed)	0.001	0.007	0.024	0.906	0.898	0.005	0.001	0.001
	N	341	341	341	341	341	341	341	341
Urate	Correlation Coefficient	.141	.193	.122	.063	.133	.167	.256	.288
	Sig. (2-tailed)	0.009	0.001	0.025	0.244	0.014	0.002	0.001	0.001
	N	341	341	341	341	341	341	341	341
Vitamin D	Correlation Coefficient	.142	.090	.095	-.066	-.027	.147	.183	.192
	Sig. (2-tailed)	0.009	0.098	0.078	0.225	0.623	0.006	0.001	0.000
	N	341	341	341	341	341	341	341	341

** . Correlation is significant at the 0.0002 level (2-tailed).

Supplemental Table E. Associations between prescribing status and clinical skills assessments in primary care

Clinical Assessments	Value	df	Asymptotic Significance (2-sided)
Digital rectal examination	68.059	4	.215
Eye examination	24.228	4	<.001
Imaging	15.861	4	0.003
Lymphadenopathy	28.75	4	<.001
Mental health examination	14.886	4	0.005
Otoscopy	21.312	4	<.001
Referrals to specialism or specialist services	14.886	4	0.003
Skin samples	37.529	4	<.001
Sputum samples	31.322	4	<.001
Stool samples	24.25	4	<.001
Swabs	32.213	4	<.001