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Integrating a Paramedic in Primary Care – Rakaia Medical Centre

CASE STUDY – FOR REFERENCE (OCTOBER 2024)



Integrating a Paramedic into Primary Care – Rakaia Medical Centre

Case Study

Dr Sue Fowlie and Stuart Cook

About this resource:

This case study was produced through the generosity of Sue Fowlie and Stuart Cook from Rakaia Medical Centre.

The content and reflections of their work together is hoped to inspire other General Practices to integrate paramedics into their model of care.

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Acknowledgement

Collaborative Aotearoa extends their gratitude for this case study to significantly enrich our existing resources in supporting the integration of Paramedics into Primary Care. By generously sharing their time, expertise, and passion, this case study aims to empower others who are considering employing a paramedic into their service.

In the development of this document the team gives credit to:



- Dr Sue Fowlie – General Practitioner (GP) and Practice owner
- Stuart Cook – Extended Care Paramedic (ECP)
- Rakaia Medical Centre
- Pegasus Health (Charitable) Limited

Introduction

Dr Sue Fowlie is the owner GP of the Medical Centre. Sue is originally from Scotland and came to Aotearoa for a life change. She has been in Rakaia for over eight years and took up the offer to purchase the Practice around the time of COVID lockdown.

Stuart Cook's career includes 26 years in ambulance and paramedic work, having worked in remote areas, oil rigs and on helicopters.

The site visit to Rakaia Medical Centre took place in September 2024. All information was accurate at the time of the case study capture.



About Rakaia Medical Centre

Rakaia Medical Centre is located in Rakaia – a small town one hour south-west of Ōtautahi/Christchurch, situated on the southern aspect of the Rakaia River, Waitaha/Canterbury.

A rural servicing town, Rakaia has a growing industrial commercial base with innovative engineering firms specialising in agricultural and marine products. Rakaia is widely known as the 'Salmon Capital' of New Zealand due to the salmon and trout able to be caught in the Rakaia River.¹

¹ <https://www.ashburtondc.govt.nz/ashburton-district/about-ashburton-district/living-in-ashburton/towns/rakaia>



The role of paramedics in primary care

The healthcare landscape is evolving rapidly, with growing demands on General Practices to provide high-quality, accessible care to diverse patient populations. As part of this evolution, the integration of paramedics and ECPs into General Practice teams is emerging as a powerful strategy to enhance service delivery, improve patient outcomes, and alleviate pressures on traditional healthcare roles.

Paramedics and ECPs bring a wealth of skills and experience in acute care, patient assessment, and emergency response. Their inclusion in General Practice settings can significantly bolster the capacity of healthcare teams to manage urgent and unscheduled care, offer comprehensive home visits, and provide tailored care for patients with complex needs.

Beginning at the Practice

Stuart approached Sue over a year ago, having always wanted to work in a Practice. Sue knew the value of paramedics, with colleagues 'singing their praises' in Scotland's rural Practices, and knew the model would work. The key considerations for Sue included legislation limitations, funding and enough work for providing unscheduled care. By identifying elements that make a Practice busy – including unscheduled and urgent care alongside triage – workarounds were enabled, including a supportive Practice team.

The successful integration of a new employee into General Practice is crucial to get the most out of the new – and existing – staff. A smooth transition with clear communication, a workspace that is set up and all required equipment available will support a positive, welcoming impression.

Sue had scheduled a week with Stuart to support the integration of his role to navigate the needs of the community. This included triage, assessing acute patients and being flexible to needs as they arose. Supporting the wider team was critical to the success. Having extensive experience in variety of roles in paramedicine, both clinicians realised the processes, pathways and terminology was quite different in General Practice.



A key mindset shift for Stuart was supporting a patient through their healthcare journey over a long period of time, as opposed to working in the back of an ambulance or helicopter.

“We knew Stuart could ‘see treat and discharge’ because of the standing orders. We’ve got medications in the cupboard. We worked out when we needed balances of scripts and how you worded those things” shares Sue.

The role of Acute Demand²

Because of the rurality of the Practice and distance to hospital, wider parameters of care are considered, such as with children. The Practice has a safe, spacious room to provide fluids and pain medication under observation, whilst Stuart is still being able to proceed with administrative tasks. After a period, an assessment is made on whether to be discharged home or transferred to hospital.

“For example, cellulitis, we can give them IV antibiotics, assess them over the next 3–4 days and have them stay in their community, as opposed to being transferred to hospital. The cost on the health system for a few days IV antibiotics in hospital, in addition to the cost of the patient being away from their natural supports, is significant”, said Stuart.

“The support and audit processes are brilliant here. Sue sees everything I do, my thoughts processes and what I write in the notes. Sue can review and comment on the notes, providing regular improvements in my practice”.

Opportunity for the team in a trusted environment

Stuart wanted to hear from the team on what would make life easier day-to-day to take the pressure off, particularly the nursing team.

Skillsets are shared in the Medical Centre – nurses are still involved in triage and seeing acute patients. Nurses were able to support Stuart in teaching him skills in immunisations, immunotherapy and wound care. Chronic disease management and acute demand are other areas of growth.

Sue suggested that for any Practice looking into employing a paramedic, she would say this: “sit down with your team and ask, where do we need to support? How could this work? Because that’s what it’s about. And it’s saying, listen, the whole team need to be involved, the whole team needs to be on board. And there will be people who are worried about it, I think that’s natural. It’s about having open conversations and making sure you get the right person in your clinic, which is what we do for any member of staff.”

² Also known in other areas of Aotearoa as Primary Options for Acute Care (POAC)



Future opportunities for paramedics

Paramedics and ECPs are not currently listed as treatment providers in Accident Compensation Corporation (ACC) Cost of Treatment Regulations. Therefore, General Practices cannot claim for treatment provided by ECPs, and ECPs are unable to respond as part of the Primary Response in Medical Emergencies (PRIME) service which is co-funded by ACC.

ECPs also cannot refer people for ACC-related investigations (e.g. x-ray for a suspected fracture).

However, following a national consultation and with changes to legislation to ACC452 funding from mid-December 2024, paramedics will be able to complete ACC45 alongside General Practitioners and Nurse Practitioners.

Resources

Supplementary to this written case study, you can hear from Sue and Stuart on the case study video, [here](#).

To learn more about supporting paramedics into primary care, check out the toolkit developed through a collaboration of Practices, health professionals, emergency ambulance services, paramedics, Paramedic Council and others [here](#). It includes a set of over fifty nationally consistent, profession-agnostic standing orders to allow health professionals to work at their top of scope.

Additionally, there is a webinar on integrating paramedics into General Practices, found [here](#).