Background: Paramedics are reported to be the most underutilised profession working within rural areas, due to the paucity of service requirements.(1) Infrequent opportunities to practice particular skills can lead to reduction in levels of confidence and competence that can have significant risk and safety ramifications for practitioners and patients.(2). Traditionally paramedic practice provides emergency care and transport within the community, but current ambulance service models within rural Ireland may be inefficient and contributing to hospital overcrowding and increased healthcare costs.(3) Alternative models of healthcare are implemented within alternative rural jurisdictions such as Australia and Canada that aims to address issues of practitioner underutilisation, skill retention and healthcare personnel shortages.(4) Rationale: Ireland’s population is ageing, with increased co-morbidities and reports of current and predicted workforce shortages in general practice.(5) With rising demands on general practitioners (GPs), measures to increase their supply and retention has become a challenging problem. Potential solutions to this will require immediate change to established work practices, to cater for current and predicted healthcare needs. Paramedics with advanced skills (APs) could alleviate some of the shortages identified and enhance paramedic profile by transferring some tasks deemed appropriate from GPs to APs within both urban and rural communities. This process is globally known as task shifting where some competencies are transferred to alternative healthcare practitioners with less training. Aim: To ascertain the attitudes and opinions of paramedics and GPs associated with GEMS - UL, towards a new concept of joint collaboration in primary care that should be of mutual benefit to both groups, and also to identify potential barriers. Methodology: Questionnaire survey of graduate Paramedics and General Practitioners associated with University of Limerick Graduate Entry Medical School and Paramedic Studies to identify competencies that GPs would deem appropriate to reassign to APs and ascertain both groups’ opinions towards this new concept of joint collaboration and practice. Conclusion: Studies report successful outcomes in similar models of joint collaboration to support shortages of GPs in rural healthcare. Collaboration on this scale has been shown to be beneficial for enhancing the paramedic profession within the wider healthcare system while providing essential support within primary care and general practice. Potential benefits have been reported with reduced emergency department admissions and early intervention in the management of chronic disease. References


