semi-structured interviews. Data was recorded and transcribed verbatim and thematically analyzed.
Results: In total n=27 GPs responded to the survey and n=13 GPs were interviewed. The majority of GPs were familiar with APs and were receptive to the concept of closely collaborating with APs within a variety of settings including out-of-hours services, home visits, nursing homes, and even roles within the general practice surgery.
Conclusion: GP and AP clinical practice dovetail within many facets of primary care and emergency care. GPs believe that current models for providing rural general practice care are unsustainable, and they realize the potential of integrating APs into the general practice team to help support services into the future. These interviews provide a detailed insight into the opinions of rural general practitioners in Ireland on healthcare provision and the clear necessity for support and change.

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Key Competencies of Pediatric Disaster Medicine as Determined by a Systematic Review of Gray Literature

Schyler Grodman MD, MS[1,2], Alexander Hart MD[1], Attila Hertelendy PhD[1], Christina Woodward MD[1,2], Amalia Voskanyan RN[1], Issa Fadi MD, JBEM, EMDM[1], Debra Weiner MD, PhD[3,2], Greg Ciottone MD[1,2]
1. Beth Israel Deaconess Medical Center, Disaster Medicine Fellowship, Boston, USA
2. Harvard Medical School, Boston, USA
3. Boston Children's Hospital, Boston, USA

Introduction: Children are often disproportionately impacted by disasters, and yet pediatric specific considerations are not properly emphasized during disaster planning and training, resulting in the desperate needs of children falling through the cracks during disasters. Children differ from adults developmentally, physiologically, and psychologically, and are more vulnerable to negative long-term medical, social, and behavioral outcomes. Additionally, children lack autonomy and rely on adults to gain access to the healthcare system and other resources. Despite the distinctions between adults and children, time and curricula for pediatric disaster training is insufficient, and workforce capacity and competency to plan for and respond to the disaster related needs of children are inadequate; this is especially true for both physicians and other healthcare responders who do not complete a specific pediatric residency. Our study seeks to determine the key core competencies of pediatric disaster medicine that should be included in the training of responders.
Method: A systematic gray literature review of existing pediatric disaster medicine curricula was performed, from which a list of the most commonly present key core competencies was created.
Results: Data collection and analysis is expected to be completed by April 2023 and will yield a ranked list of core competencies.
Conclusion: There is a need for improved pediatric disaster training that addresses the specific considerations of children; this is especially true for non-pediatricians who may be treating children following a disaster. The gray literature review will identify key components of pediatric disaster medicine, which should be applied to all such training curricula to ensure that the care of children who suffer during and after disasters is equitable across the globe.

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International Comparison of Ambulance Times Terminology and Definitions: A Benchmarking Study

Edel Burton[1], Kieran Crosbie-Staunton[2], Conor Deasy[3,4], Jerry Overton[5], Áine Merwick[6], David Willis[2], Patricia Kearney[1], Vera McCarthy[7], Claire Buckley[1], PHoCoS Stroke Consortium[8]
1. School of Public Health, University College Cork, Ireland
2. National Ambulance Service, Health Service Executive, Ireland
3. Emergency Department, Cork University Hospital, Ireland
4. College of Medicine and Health, University College Cork, Ireland
5. International Academies of Emergency Dispatch, Salt Lake City, USA
6. Department of Neurology, Cork University Hospital, Ireland
7. School of Nursing and Midwifery, University College Cork, Ireland
8. Consortium of, International Prehospital Practitioners, Ireland

Introduction: Ambulance times are internationally recognized Key Performance Indicators (KPI) for prehospital care. International benchmarking by comparing ambulance times between countries is a valuable method to help to identify strengths and weaknesses across healthcare systems. However, ambulance times are not standardized across or sometimes even within countries. Thus, this benchmarking study aims to compare terminology and definitions of ambulance times from the ambulance services of a range of countries to facilitate international benchmarking.
Method: A 23-point questionnaire was developed and pilot-tested on members of international emergency care organizations. The final questionnaire was administered to domestic and international Ambulance Services, who use the Advanced Medical Priority Dispatch System, asking for the terminology and definitions for times from "call received" to "arrival at hospital". This included "clock start" and "clock stop" times. We asked for the ambulance terms and related variable names in the computer aided dispatch/reporting system. We engaged with clinical stakeholders and Patient and Public Involvement Contributors throughout the process.
Results: We gathered information from 10 international ambulance services, representing nine countries, and three continents. Some services in the United Kingdom have standardized ambulance times terminology and definitions. However, in the majority of cases terminology differed greatly between countries, and at times within countries and between reports. Definitions of ambulance times varied between countries and regions, with some having different clock start and stop times and others not collecting data on the same time periods.
Conclusion: The current level of variation in international ambulance times terminology and definitions poses a challenge for international benchmarking and research. International consensus or harmonization of language and definitions would