Community Paramedics in Australia: A Case Study Adapting the Canadian Community Paramedicine at Clinic (CP@clinic) Program in Rural Australia, Using an Implementation Science Approach

What Did This Study Do?

Examine the international scale-up of the CP@clinic Program from Canada to Australia, using the Institute for Healthcare Improvement's (IHI) Framework for Going to Full Scale

The Numbers: Summary of Implementation Results

As of June 30, 2025

CP@clinic©

4	35	11	676	4,158
Community Health Services	Locations	Paramedic Staff	Active Participants	Risk Factor Actions

Results within the IHI Framework

Phases of Scale Up - Key Activities

1 Set-up	2 Develop the scalable unit	3 Test scale-up	4 Go to full scale
• Learning conversations • Established local need • Adapted program to local context	• Australian paramedics trained • Canadian mentors • Relationship-building • Pilot locations • CP@clinic database	• Qualitative interviews of participants and implementers • Stakeholder reports: demographics, risk factors, actions, data fidelity	• State funding application • Multi-site expansion • Governance committee

Key Adoption Mechanisms

- Multi-organizational leadership
- IMOC Funding
- Communication pathways
- Australian local partnerships & sector connections
- Prior Canadian experience
- Mentorship
- Community-of-Practice

Key Support Systems

- CP@clinic database
- Implementation guides
- Pre-existing training infrastructure
- Advertising materials
- Collaboration
- Flexible model
- Cost-effective program design

Take Home Message

Effective scale-up goes beyond replication, requiring contextual assessment and adaptation, strong communication networks, trust building, and developing pathways for long-term sustainability.

VIP Research Lab | McMaster Community Paramedicine Research Team | McMaster University Family Medicine

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Agarwal G, Mahal G, Spelten E, et al. *Community Paramedics in Australia: A Case Study Adapting the Canadian Community Paramedicine at Clinic (CP@clinic) Program in Rural Australia, Using an Implementation Science Approach*. J Prim Health Care. 2026;17:1-16.