

CLOSER CARE: HOW PARAMEDICS ARE CHANGING COMMUNITY HEALTH



CARE
WORKFORCE

Photo courtesy of Gateway Health



Project title:	CP@clinic: Community Paramedicine in Australian Community Health
Investigators:	Prof. Evelien Spelten, Adjunct Prof. Louise Reynolds, Adjunct Assoc. Prof. Ruth Hardman, Dr Laura Hemming, Prof. Leigh Kinsman, Prof. Gina Agarwal.
Timeline:	2022 to 2027
Location:	Victoria
Partners:	Violet Vines Marshman Centre for Rural Health Research, Safer Care Victoria, Sunraysia Community Health Service, Primary Care Connect, Gateway Health, Grampians Community Health, McMaster University, Department of Family Medicine



CONTEXT

Rural and remote Australians experience significant health inequities compared to those in metropolitan areas, largely due to geographic isolation and limited access to essential healthcare services. Contributing factors include longer travel times to medical facilities, chronic shortages of healthcare professionals, reduced access to specialist and preventative care, and lower per capita healthcare funding. In this context, the *CP@clinic* model—developed by the Department of Family Medicine at McMaster University—offers a promising solution. Successfully implemented in Canada and the UK over the last decade, *CP@clinic* brings proactive, community-based healthcare to underserved populations by enabling paramedics to deliver preventative care, chronic disease monitoring, and follow-up support in non-emergency settings, relieving pressure on emergency departments and improving overall health outcomes. By realising their integration into primary care services, community paramedics can offer timely, culturally appropriate, and cost-effective care close to home.



APPROACH

La Trobe University researchers, together with McMaster University, adapted co-implemented and evaluated a pilot *CP@clinic* program in partnership with Sunraysia Community Health Services (SCHS). Uniquely, this version of *CP@clinic* operated outside of an ambulance jurisdiction and was delivered within a community health setting. The pilot expanded to five clinic sites across the Mildura local government area, offering free, walk-in access to healthcare for residents. A feasibility study assessed key implementation factors—including acceptability, adoption, appropriateness, fidelity, costs, penetration, and sustainability—drawing on both quantitative and qualitative data from clients, SCHS staff, and stakeholders. Based on strong feasibility findings, the program was deemed ready for broader rollout to other communities. However, ongoing data collection is needed to assess its long-term impact on health outcomes and service utilisation. There is a unique opportunity for registered paramedics to be better utilised in primary care settings, given that the current pipeline of graduating students outnumbers the available jurisdictional employment roles.



OUTCOMES

The initial trial of the Australian adaptation of the *CP@clinic* program showed benefits across four areas: clients, community, paramedics, and the broader healthcare system. The evaluation found that 36% of participants had no regular GP, highlighting the model's reach into underserved populations. Delivered in a community rather than medical setting, the program removes barriers like appointments and lack of bulk billing, creating a more accessible and welcoming environment. It also builds social connection, with community partners working alongside paramedics to run walking groups, provide food relief, and host meals. For paramedics, it offers professional development and long-term patient engagement, helping reduce burnout and improve workforce retention. The program is now expanding to four more community health services to test its effectiveness in managing chronic conditions by improving access to care, including impact on ambulance callouts and emergency department presentations.

"[CP@clinic] catches people before health problems arise [...] it's getting to the people that really need it."

External stakeholder





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