Pathways to Remote Professional Practice

January 2015

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Contributors

CRANA*plus* would like to thank the following contributors for their inputs to *Pathways to Remote Professional Practice*:

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Introduction

CRANA*plus* is the professional body for the remote and isolated health workforce, with the purpose of improving health care. We are committed to embedding a framework for remote practice, cultural safety, and professional standards for the remote and isolated workforce.

Pathways to Remote Professional Practice conveys the preparation required, and describes the landscape of professional practice in the context of remoteness. It also includes the standards that guide and shape practice for the expected level of health care to remote and isolated communities across Australia.

As the predominant remote health professionals are nurses, midwives, and Aboriginal and Torres Strait Islander health practitioners/workers, *Pathways to Remote Professional Practice* is intended for those who are interested in advancing their careers as a remote health professional. Particular sections are written specifically for nurses and midwives aspiring to become Remote Area Nurses/Midwives.

If you are an allied health practitioner wanting information about preparation for remote practice, visit the SARRAH website, which provides a comprehensive toolkit outlining the necessary requirements for the transition to remote and rural practice. Go to: http://nrrss.sarrah.org.au/.

If you are a medical practitioner wanting information about preparation for rural or remote practice, contact your state/territory Rural Doctors Network or Rural Doctors Workforce Agency.

Preparing to go remote

Have you been thinking for some time about going remote, but don't know:

- Where to start?
- Who to contact and who are the employers?
- What are the opportunities and challenges associated with 'going bush' for your career, professional, and personal life?

The pathway to remote practice has four basic steps for you to consider in preparation.

Step 1 — Thinking about going remote

Step 2 — Getting underway

Step 3 — Following up

Step 4 — Tying it all together

By following each of these steps, you can improve your sense of preparation and become more confident in your decision to go remote or 'out bush'.

Framework and Standards

A Framework for Remote and Isolated Professional Practice captures the characteristics that shape remote practice for the provision of safe, quality health care. The Framework provides the remote and isolated health workforce with a nationally consistent approach for improved health outcomes of those living and working in remote and isolated areas.

In remote and isolated areas, nurses, midwives and Aboriginal and Torres Strait Islander health practitioners/workers deliver the majority of frontline health care. CRANA*plus* has also developed *Professional Standards of Remote Practice: Nursing and Midwifery*. There are nine standards, each with specific criteria to validate professional remote practice.

Validating nurses and midwives against professional standards of remote practice ensures recognition by their peers of their high level of expertise and their role as clinical leaders in their field. The long-term benefit for the health industry is a benchmark for an expected level of practice for those seeking employment in the remote and isolated areas of Australia.

Step 1 — Thinking about going remote

When preparing or thinking about going remote, there are many aspects that require equal attention, including your:

- **Professional career and practice**
- **Social life, family, and friends**
- **Cultural aspects of living in a remote or isolated community.**

Photo: Nancy Weatherford

Professional practice

Your professional practice will embrace health as a whole-of-life concept, encompassing the physical, spiritual, and emotional wellbeing of individuals, family, community, and the environment.

Professional practice in this context requires generalist expertise, integrating a comprehensive primary healthcare approach, inclusive of acute and emergency care, chronic disease, and public health across the life span.

Effective, safe, and quality care requires an understanding of the needs of the community within its cultural context. Therefore, your professional role and responsibilities, and scope of practice will differ depending on the unique needs of the community and health service's location.[1]

CRANA*plus* Rural and Remote Mentoring Program

As part of preparing to go remote, it would be advisable to consider participating in the **CRANA*plus* Rural and Remote Mentoring Program**. This program is tailored to new graduates or being 'new' to remote practice, as well as current clinicians. It aims to support clinicians (mentees) to develop the skills and knowledge relevant to remote practice, building capabilities in clinical leadership, decision-making, networking, and resilience.

For more information, visit the CRANA*plus* website at: https://crana.org.au/education/eremote/remote-and-rural-mentoring-program/.

Aspiring to be a Remote Area Nurse/Midwife

The RAN/M role has been defined as:

A registered nurse, whose day-to-day scope of practice encompasses broad aspects of primary health care, and requires a generalist approach. This practice most often occurs in an isolated role or geographically remote location. The RAN is responsible, in collaboration with others, for the continuous coordinated and comprehensive health care for individuals and their community[2].

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[1] Malone, G., & Cliffe, C. (2012). *Framework for remote practice*. Retrieved February 2014, from https://crana.org.au/advocacy/professional-issues/framework-for-remote-practice/.

[2] Adapted from Sabina Knight's definition of Remote Area Nurse (1993). This definition was the work undertaken by the CRANA*plus* Credentialing Pilot Project Advisory Group (2012–2013).

Career pathways leading to remote practice

A number of professional pathways will equip nurses and midwives for remote practice. These include:

- Primary health care
- Emergency care, pre-hospital care, and/or critical care
- Rural and regional health settings
- Community nurse roles or general practice nursing
- Midwifery
- Paediatric care.

If you are a new graduate entering the remote health workforce, seek out a dedicated graduate program that has a specific focus for rural and remote practice.

Specific roles and advanced scope of practice may require preparation in:

- Maternal and child health
- Mental health
- Women's and men's health
- Community capacity building/health promotion
- Chronic disease management
- Emergency care.
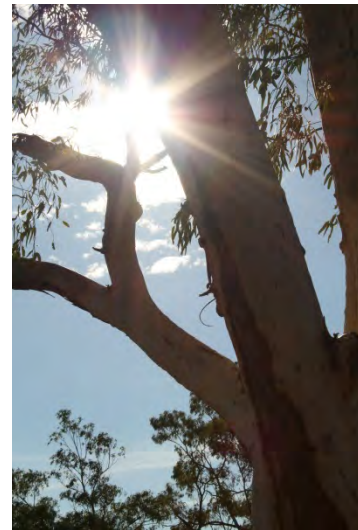
Photo: Amy Hill

Step 2 — Getting underway

Getting underway will require you to explore the possibility of going remote by actively seeking answers. In doing so, you will gain the awareness and insight into what is required and expected, as well as the opportunities and challenges you may experience as a remote health professional.

Photo: Tom Farrar

Exploring the possibility

It is a good idea to ask questions of a:

- Potential employer
- Clinician who is currently working in a remote or isolated workplace
- Clinician who has had remote experience.

Professional	Personal
• What skills and qualifications do I need to work remote? • How do I go about filling the gaps and updating my skills and education? • What kinds of support are available? • Are there orientation, induction, and mentoring programs in place? • What would be the 'on-call' and 'after-hours' requirements?	• Would there be opportunities for my partner? • How am I going to keep in touch with family and friends? • Will I be able to take my pet(s), e.g. budgie, dog, cat? • What sort of things should I take, e.g. photos, camera, books, diary?
Health services	**Community**
• What are the health priorities in the community? • What kinds of services does the health service/clinic provide, e.g. physiotherapy, mental health, pre/postnatal care, emergency care, immunisation? • What is the composition of the local clinical health team, e.g. health professionals' disciplines/gender/skill mix/how experienced?	• What are the demographics of the local community and surrounding area? • What do I need to know about this community? • What other services exist besides health services, e.g. police, service station, fuel access and type, school, recreation centre, and landline/satellite mobile/internet access? • What are the cultural implications associated with working in a community?

Geography	Accommodation
• What are the weather patterns for this area? • Is there access by road/air? Is there an airstrip? • What do I know about food security — cost, access, and availability in this area?	• What type of accommodation is available (e.g. house/unit/share house) • Where is the accommodation located? • What is the internet connection like?

Potential employment

If you would like to gain experience in remote practice, consider choosing a regional or larger rural health service, before taking up a position in a remote and isolated community health clinic. There are a number of potential employers to choose from, including:

- **State and territory public health sector**
- **Aboriginal medical services**
- **Aboriginal community-controlled health services**
- **Non-government organisations**
- **Nursing and midwifery recruitment agencies.**

If you would like an opportunity to work in the mining industry as an occupational health nurse, contact a recruitment agency specialising in mining jobs. They will actively seek out potential employment options in this industry for you.

Step 3 — Following up

Following up is about actively finding out where, how to, and what resources, knowledge, and skills you will need to know about and prepare for, prior to taking up employment as a remote health professional.

Photo: H. Sikkens

Preparation for remote practice

The information below outlines the things you need to know and prepare for remote practice, including courses that are essential and recommended prior to working in a remote and isolated area. These will ensure you are equipped to meet the unique community health needs and understand the nuances of working in a remote area.

Recommended short courses or continuing professional development activities

Where do I look to find out more about this?

Courses

CRANA*plus* suggests that the following short courses or continuing professional development activities would equip you with the expected knowledge, skills, and expertise for remote practice prior to commencement of employment. Those marked with an asterisk (*) are considered essential.

- Cultural safety*
- Emergency care — Remote/Maternal/Paediatric Emergency Care (REC, MEC, PEC)*
- Primary health care
- Practical skills, including plastering, suturing, eye and ear assessment*
- Immunisation*
- Pharmacology (endorsement for schedule medicines)*
- Chronic disease course, i.e. diabetes, asthma, renal
- Paediatrics
- Advanced paediatric life support (APLS)
- Workplace health and safety
- Conflict management
- Social determinants of health.

For immunisation courses, refer to the public health unit sections on state and territory health department websites for further information on immunisation accreditation and current course providers' contact details. If you want to work in the Northern Territory, a prerequisite for employment is that nurses/midwives complete a remote emergency care (or equivalent course), a maternity emergency course, and a pharmacotherapeutic course.

Endorsements by Nursing and Midwifery Board of Australia

You will need the following endorsements:

- Remote and Isolated Practice Registered Nurse endorsement by NMBA as being qualified to obtain, supply, and administer limited Schedule 2, 3, 4, or 8 medicines appropriate to the registered nurse's scope of practice. (Relevant to Queensland and Victoria.)
- Registration standard for endorsement for scheduled medicines registered nurses (rural and isolated practice). Visit website: http://www.nursingmidwiferyboard.gov.au/Registration-Standards.aspx.

CRANA*plus* training

CRANA*plus* has a mix of nationally-accredited training and short courses designed specifically for health practitioners working in remote or isolated settings. Continuing nursing education (CNE) points are awarded to modules and courses.

The **mandatory e-learning program** provides an array of modules, including:

- Basic life support (2CNE)
- Building a respectful workplace (1CNE) *
- Cultural awareness (1CNE) *
- Fire awareness (2CNE)
- Introduction to infection control (2CNE)
- Managing difficult behaviours (2CNE) *
- Managing conflict in the remote workplace
- Manual handling including ergonomics (2CNE)
- Medication calculations — adults, paediatrics, and mental health (0.5CNE each module)
- Natural disaster (2CNE)
- Professional development
- Medico-legal documentation (1CNE).

Visit website: https://crana.org.au/education/eremote/programs/eremote-core-mandatories/.

Other e-learning modules include:

- Advanced life support (13CNE)
- Clinical upskilling (13 modules — various CNE points)
- First aid program
- Physical assessment (7 modules — various CNE points) *.

Visit website: https://crana.org.au/education/eremote/programs/.

The CRANA*plus* Education Team facilitates workshops in remote and isolated areas across Australia. You may wish to access these prior to or on commencement of employment, especially first line emergency courses*. Visit website: https://crana.org.au/education/course-participant-information/course-entryrequirements/.

Current state or territory legislation

Where do I look to find out more about this?

Have a good understanding of the state or territory legislation that will govern your scope of practice as a healthcare professional. The titles of the acts will vary in accordance with state and territory laws.

- Health Practitioners Regulation National Law (as per jurisdiction) Act
- Drug and Poisons Act
- Mental Health Act
- Occupational Health and Safety Act
- Consent to Medical Treatment Act
- Advance Care Directive Act
- Palliative Care Act
- Aviation Act
- Radiation Act
- Road Safety Act
- Working with Children Act
- Keep Them Safe Act.

Professional Standards of Remote Practice: Nursing and Midwifery

Where do I look to find out more about this?

The *Professional Standards of Remote Practice: Nursing and Midwifery* are underpinned by a primary health care framework. The Professional Standards have been endorsed by CRANA*plus* as the benchmark for current nursing and midwifery practice in remote and isolated health services. These Standards outline the requirements for nurses and midwives as a recognised Advanced Practice Remote Area Nurse/Midwife. The Professional Standards can be found later in this guide.

Clinical practice

Where do I look to find out more about this?

It is important to check what manuals are used in clinical practice with the employer, prior to employment.

Clinical practice manuals

- *CRANAplus Clinical Procedures Manual: For remote and rural practice*.
- *CARPA Standard Treatment Manual* (if working in NT and other specific jurisdictions you will be required to refer to the CARPA Manual for evidence-based guidelines).
- *Minymaku Kutju Tjukurpa Women's Business Manual*.
- *Medicines Book for Aboriginal and Torres Strait Islander Health Practitioners and Health Workers*.
- *Primary Clinical Care Manual* (if you are working in Queensland and other specific jurisdictions or the military you will be required to refer to this manual for clinical care guidelines and health management protocols, especially for Scheduled Medicines Rural and Isolated Practices Registered Nurses and authorised Aboriginal and Torres Strait Islander Health Workers to administer and supply medications). Visit website: http://www.health.qld.gov.au/pccm/pccm_resource.asp.
- Australian College of Midwives *National Midwifery Guidelines for Consultation and Referral*, 3rd Edition. Visit website: http://www.midwives.org.au.

Health service standards

- *A Clinical Governance Guide: For remote and isolated health services in Australia*. Visit website: https://crana.org.au/files/pdfs/CRANAplus_Clin_Gov_Guide_online_Sep13.pdf.
- *National Safety and Quality Health Service Standards*. Ten Standards that all health services are required to comply with. Visit website: http://www.safetyandquality.gov.au/wp-content/uploads/2011/01/NSQHS-Standards-Sept2011.pdf.

Self-care

Where do I look to find out more about this?

CRANA*plus* Bush Support Services

A 24-hour confidential psychologist-driven phone line (1800 805 391) supporting remote health professionals and their families.

Other tips for self-care:

- Get enough sleep.
- Maintain proper nutrition.
- Build in regular exercise to your daily/weekly routine.
- Find a hobby — drawing/reading/gardening.
- Keep the mind sharp — challenge memory and attention with brain games.
- Think positive — be positive in your attitude.
- Maintain social supports through phone and internet.

Self-care and Stress Management Workshop tailored to your needs is available at: https://crana.org.au/support/support-services-workshops/.

National Rural Health Student Network (NRHSN) *When the Cowpat Hits the Windmill: A guide to staying mentally fit* (2008), available at: https://www.nrhsn.org.au.

Employee Assistance Program

If you are employed within a state or territory's public health sector, there is an Employee Assistance Program available for all employees.

Professional and social isolation

Where do I look to find out more about this?

- Maintain professional networks/teleconferences/conferences/online forums.
- Become a member of CRANA*plus* — receive the 3-monthly magazine, Friday Newsletter, and Updates. Visit https://crana.org.au/members/.
- Stay connected with other health professionals and peers through Twitter and Facebook.
- Subscribe to the CRANA*plus* Facebook page and the Remote Area Nurse Facebook page.
- Limiting social isolation requires keeping in contact with friends and relatives through Skype, emails, and phone, and taking regular annual leave. It is important for reducing social isolation to get to know and build your relationships with local community members and networks.

Safety and survival skills

Where do I look to find out more about this?

You will need to have a current driver's licence and may be required to undertake four-wheel-driving and two-way radio training courses prior to commencing employment or once employed.

You will need to know about:

- Landline connection — availability and access
- Internet and mobile access
- Phonetic alphabet/international radio telephony spelling alphabet
- Road surfaces — graded dirt road or bitumen road
- Road notices as a result of torrential rain
- Reporting in when travelling from one site/place to another
- Weather patterns
- Water supply — importance of being hydrated
- Staying cool or warm
- Protective clothing and shoes to wear
- Maintaining physical fitness and wellbeing — walking in safe places
- Cultural places
- Cultural ceremonies, e.g. Men's Business.

Step 4 — Tying it all together

Now that you have successfully navigated the other preparatory steps, and have professionally and personally decided to take up the opportunities and challenges associated with being a remote health professional, there are few more aspects you need to be aware of to tie it all together.

Photo: J. Blaschek

New (novice) to remote practice

What does **new (novice) to remote practice** mean? At the commencement of any new role or position individuals experience a sense of feeling 'new', when processes and activities are presented for the first time within an unfamiliar workplace setting. This may seem overwhelming at first; however, it is a learning curve all employees experience.

It is important to recognise that you bring to the role or position acquired knowledge, proven abilities, and expertise, which over time will be enhanced, reflecting the expertise and practices of an experienced remote health professional. The diagram below shows the continuum of professional clinical competence (novice to expert — five levels of proficiency)[3] for registered nurses/midwives in acquiring and developing expertise.

Pathway to Remote Nursing/Midwifery Practice

'New' → Remote Practice → Advanced

Knowledge
Skills
Attributes

Knowledge
Skills
Attributes

Professional Standards of Remote Practice

Novice → Advanced Beginner → Competent → Proficient → Expert

Grounded in remote experience, education and continuing
professional development

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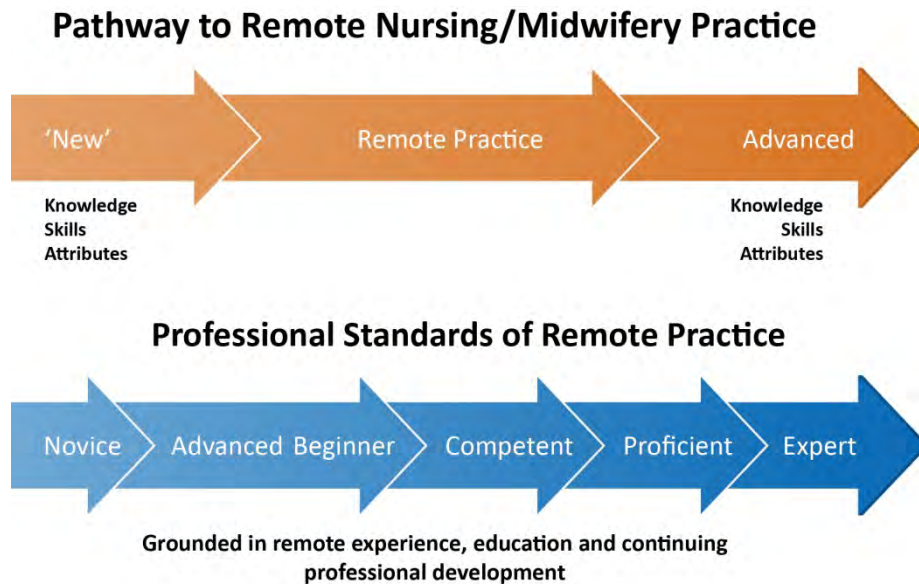
[3] Benner, P. (1984). *From novice to expert: Excellence and power in clinical nursing practice* (pp.13–34). Menlo Park: Addison-Welsey.

The continuum of professional competence is underpinned by the endorsed CRANA*plus Professional Standards of Remote Practice: Nursing and Midwifery*, coupled with grounded remote experience, education, and ongoing professional development required at each level of proficiency. The Professional Standards are the requirements for safe and quality nursing/midwifery care.

Workplace support

The employer is responsible for supporting all staff to fulfil their roles and responsibilities within the organisation. Support is required to ensure new staff are given the opportunity to participate in an orientation and induction program inclusive of practice-specific processes, networks, peer support, and mentors. In addition, support is needed for the ongoing training and development of all staff to further acquire expertise, to work to their full scope of practice in meeting the community's health needs.

It is beneficial to talk to the employer regarding your position description, contract, and performance review and development, including the regularity of review. For example, is there an annual performance review and development program in place, and would your position description and contract be reviewed on an annual basis?

To gain some understanding of working in the community, talk to a senior Aboriginal and Torres Strait Islander health worker, if they are working in the health centre, or a locally-acknowledged senior elder of the community. They will be able to provide you with solid evidence and stories about the successes and challenges you may experience (this should be in addition to a cultural orientation).

While some health services offer peer support and recommend mentors as part of the induction program, others will suggest **CRANA*plus* Rural and Remote Mentoring Program**.

Survival tips

These survival tips were gathered from a number of Advanced Practice RAN/Ms. They were gained from their experiences in dealing with the isolation of practice, the terrain, and limited resources:

- **Examine what your motivation is**, before you make your decision — pay is only one factor! Job satisfaction is linked to liking what you do, and having a work environment congruent with your values and professional growth.

- **Practise your assessment skills prior to employment**, i.e. listen to chests, look in ears, note skin integrity — gain confidence and experience under supervision.

- **In preparation for remote practice — think about a rural placement first**. It's a great place to learn expertise relevant to remote practice and often gives you an opportunity to get a 'feel' for the area and potential remote opportunities.

- **Do your homework** — ask people who are already working out bush about your first community. **Do not feel pressured into taking the first offer.**

- Ideally a location with three or more nurses and Aboriginal and Torres Strait Islander health workers will give you an opportunity to learn and have their support. Take the opportunity to work alongside health workers and learn from them. They can act as 'cultural mentors'.

- **Understand that to become a 'local' it often takes a generation or so** to gain a sense of belonging and acceptance within a community.

- **Authenticity** is the key to building trust and commitment to the community.

- **As a health professional, form relationships**, be friendly, but maintain a level of professionalism.

- **Respect local health workers and community workers**. Do not take over from them, as this will be perceived as a sign of disrespect, and they will not be keen to work with or alongside you.

- **Follow protocols and guidelines**, and seek advice whenever necessary.

- **Do not** take it upon yourself to **work outside of your scope of practice**. If you don't know **ASK** — confer with your professional and collegial networks.

- **'Self-care' comes first** — be aware of feeling tired or fatigued. Have a plan — remember you can't be all things to all people, and look after yourself.

- **Feel comfortable with your employer**, as you need to feel confident that you can call and discuss concerns.

- **CRANA***plus* **does not support single nurse posts**. For more information, refer to our Position Statement at: https://crana.org.au/advocacy/position-statements/singlenurseposts.

Recommended readings

Lenthall, S., Gordon, V., Knight, S., Aitken, R., & Ivanhoe, T. (2012). Do not move the furniture and other advice for new remote area nurses (RANs). *Australian Journal of Rural Health, 20*, 44–45.

Manhood, K. (2012). Kartiya are like Toyotas: White workers on Australia's cultural frontier. *Griffith REVIEW, 36*, 43–59.

Postgraduate and continuing education programs

For postgraduate courses and continuing education programs specific to remote health, visit the AHPRA website: http://www.ahpra.gov.au/Education/Approved-Programs-of-Study.aspx, which refers to specific accredited education programs and providers.

The AHPRA website also provides information regarding requirements for continuing education programs. See the website: http://ahpra.gov.au/Education/Continuing-Professional-Development.aspx.

For information about relevant postgraduate courses, you can also visit CRANA*plus* 'Fact sheet 4: Tying it all together', at https://crana.org.au/advocacy/professional-issues/remote-practice/.

A Framework for Remote and Isolated Professional Practice

Introduction

CRANA*plus* is the peak professional body for remote and isolated health, providing advice to government, service providers, clinicians, and consumers on equitable access to safe, high quality health care.

CRANA*plus* believes it is imperative to have nationally-consistent standards of practice for remote health service delivery to improve health outcomes for those living and working in remote areas, and as such, has developed *A Framework for Remote and Isolated Professional Practice*, which is underpinned by safe and quality care principles.

Photo: Steven Batten

Framework for remote and isolated professional practice

The framework consists of five elements, which are aimed at all health professionals providing care in the community, including 'fly-in fly-out' (FIFO) and/or 'drive-in drive-out' (DIDO), mining, and all other settings.

Framework for remote and isolated professional practice:

- Definition of remote and isolated areas
- Describing remote practice
- Characteristics of remote health services
- Pathway for remote practice for nurses/midwives
- Validating remote professional practice.

Definition of remote and isolated areas

CRANA*plus* defines remoteness as a complex subjective state, the causal factors of which are:

- Geography and terrain limiting access and egress
- Being socially and culturally isolated
- Environmental and weather conditions resulting in isolation
- Isolation due to distances
- Being isolated from professional peers and supports
- Isolation as a result of infrastructure, communications, and resources.

We believe no one remoteness classification system can adequately cover the complexity in which our members practice.

Discussion

Defining remote areas has traditionally been based on Commonwealth Government categories of remoteness, using a range of classifications:

- RRMA (Rural, Remote and Metropolitan Areas) classification
- ARIA (Accessibility/Remoteness Index of Australia) classification (based on ARIA index values)
- ASGC (Australian Standard Geographical Classification) Remoteness Areas (based on ARIA+ index values — an enhanced version of the ARIA index values).

The current classification system used by Department of Health is the ASGC–RA system: based on road distance from a locality to the closest service centre in each of five classes of population size.

Areas are classified as:

- RA1 — Major Cities of Australia
- RA2 — Inner Regional Australia
- RA3 — Outer Regional Australia
- RA4 — Remote Australia
- RA5 — Very Remote Australia.[4]

In general, when inner regional and outer regional are taken together we use the term **regional**. When remote and very remote areas are taken together we use the term **remote**.

The use of geographical classifications in reference to remote and isolated health care is of limited value. This relatively singular interpretation of 'remoteness' fails to take into consideration other factors that impact on the access to and availability of quality health services in any given community.

At the time of publication, the Modified Monash Model Classification system is being considered for use, to replace the ASGC–RA classification system.

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[4] Australian Government, Department of Health. (n.d.). Australian Standard Geographical Classification — Remoteness Area (ASGC-RA). *DoctorConnect*. Retrieved February 2014 from http://www.doctorconnect.gov.au/internet/otd/publishing.nsf/Content/ra-intro.

CRANA*plus* believes the following factors need to be considered:

- **Geography and terrain limiting access and egress:** mountainous terrains and islands can result in isolation from resources and limit access, but still be within an area designated through the classification system as non-remote, e.g. Bruny Island (Tasmania).

- **Being socially and culturally isolated:** where living and working in a culture different to your own/or where social networks are limited or different to your usual supports and networks.

- **Environmental and weather conditions resulting in isolation:** natural disasters such as flooding or inclement weather like snow and storms, result of other natural disasters.

- **Isolation due to vast distances:** distance and the time to access services can vary due to the mode of transport or the quality of the roads.

- **Setting for practice:** such as operating in the aeromedical environment where altitude is the isolation factor along with limited resources, or where security procedures are an isolating factor, e.g. prisons.

- **Being isolated from professional peers and supports:** this includes health professionals working in non-health organisations, e.g. detention centres, tourism, mining, industry.

- **Isolation as a result of infrastructure, communications, security processes that limit access:** e.g. defence forces, international development (aid workers), unreliability of communication systems and referral pathways.

Describing remote practice

The setting

Remote health professionals work in a variety of settings, as described in the CRANA*plus* definition of Remoteness.

Remote health professionals are an integral part of the healthcare system in Australia. Remoteness, in and of itself, is a social determinant of health.

Remote and isolated practice areas present particular challenges to the delivery of quality services, including:

- Dispersed population
- Poor health status
- Diverse cultures
- Social erosion
- Geographic isolation
- Problematic transport
- Poor infrastructure
- Small economic base, poverty, high unemployment
- Limited political influence
- Harsh extremes of climate
- High turnover of workforce across all disciplines
- Limited opportunities for private models of health care.
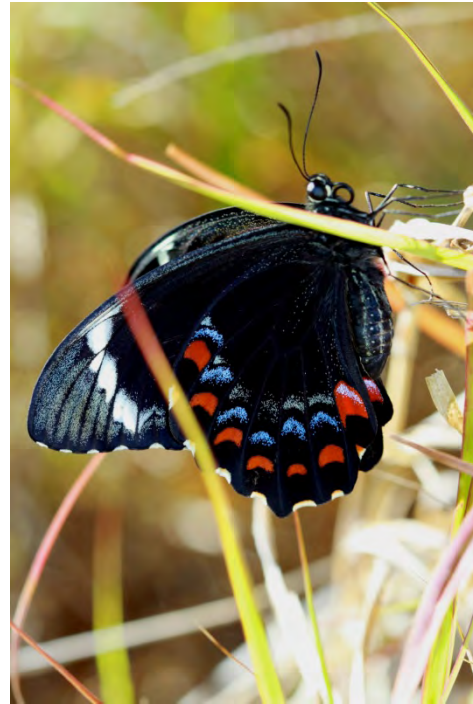
Photo: Steph Jeremy

Remote health professionals are employed in a range of settings, including:

- State and territory government health services
- Community-controlled health services
- Aboriginal medical services
- Primary health care services/clinics
- Multi-purpose centres
- Private general practices
- Mining and other industries
- Mobile and fly-in fly-out (FIFO) services
- Private and non-government organisation (NGO) health providers.

It is widely acknowledged that the remote and Indigenous populations of Australia have a higher burden of diseases and subsequent reduced life expectancy, yet poorer access to equitable health services compared to the rest of the Australian population.

The workforce

There is limited data currently available around the remote and isolated health workforce in Australia that accurately reflects the numbers, vacancy rates, characteristics, and settings/facilities in which they work. In a series of papers by Lenthall et al. (2011)[5] the characteristics of the nursing workforce in remote areas has been described. The data available reflects that remote Australia has a disproportionately lower number of health professionals per head of population, in comparison to urban and rural Australia.

This mal-distribution is across all health professional groups. While nurses are the most evenly distributed across all geographical areas and comprise 50% of the total workforce, their numbers and those of midwives are decreasing in remote areas. The remote health workforce works longer hours and is older compared to the urban workforce.

The remote communities are becoming increasingly reliant on overseas-trained professionals, short-term placements, and fly-in fly-out services.[6]

Remote health professionals are typically 'hard-working', flexible, adaptable, resourceful, and passionate about their work. Their practice encompasses all of the challenges, and the considerable rewards, of this unique and specialised field of health care.

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[5] Lenthall, S., Wakerman, J., Opie, T., Dunn, S., MacLeod, M., Dollard, M., Rickard, G., & Knight, S. (2011). Nursing workforce in very remote Australia, characteristics and key issues. *Australian Journal of Rural Health, 19*(1), 32–37.

[6] Australian Government, Australian Institute of Health and Welfare. (11 October 2010). *More doctors and nurses, but supply varies across regional and rural areas* [Media release]. Retrieved June 2012, from http://www.aihw.gov.au/media-release-detail/?id=6442464894.

Remote health professionals are guided by 'health' as being a whole-of-life concept, encompassing physical, spiritual, and emotional wellbeing of individuals, families, the community, and the environment.

Remote health professionals, in accordance with their scope of practice, are specialist practitioners who provide and/or coordinate a diverse range of healthcare services for the entire population.

Scope of Practice

CRANA*plus* supports the following definition of Scope of Practice:

A profession's scope of practice is the full spectrum of roles, functions, responsibilities, activities and decision-making capacity which individuals within the profession are educated, competent and authorised to perform.

The scope of professional practice is set by legislation — professional standards such as competency standards, codes of ethics, conduct and practice and public need, demand and expectation. It may therefore be broader than that of any individual within the profession.

The actual scope of an individual's practice is influenced by the:

- context in which they practice
- consumers' health needs
- level of competence
- education, qualifications and experience of the individual
- service provider's policy, quality and risk management framework, and organisational culture.[7]

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[7] Australian Nursing and Midwifery Council. (2007). *National framework for the development of decision-making tools for nursing and midwifery practice* (p.19). Melbourne: Author.

Characteristics of remote health services

CRANA*plus* identifies two key principles, which are essential for a robust, safe, and sustainable remote and isolated health service. These are a:

- Comprehensive primary health care model of care
- Robust remote clinical governance framework.

CRANAplus supports the Australian Primary Health Care Research Institute (APHCRI) definition of Primary Health Care:

> Primary health care is socially appropriate, universally accessible, scientifically sound first level care provided by health services and systems with a suitably trained workforce comprised of multi-disciplinary teams supported by integrated referral systems in a way that: gives priority to those most in need and addresses health inequalities; maximises community and individual self-reliance, participation and control; and involves collaboration and partnership with other sectors to promote public health. Comprehensive primary health care includes health promotion, illness prevention, treatment and care of the sick, community development, and advocacy and rehabilitation[8].

CRANA*plus* supports the following definition of Clinical Governance:

> The system by which the governing body, managers and clinicians share responsibility and are held accountable for patient or client care, minimising risks to consumers and for continuously monitoring and improving the quality of clinical care.[9]

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[8] Primary Health Care Research and Information Service. (2014). Introduction to… Primary Health Care. *Resources*. Retrieved February 2014 from http://www.phcris.org.au/guides/about_phc.php.

[9] Australian Council on Healthcare Standards. (2004). ACHS news in brief: Clinical governance defined (p.4). *ACHS News, 12*. Retrieved February 2014 from http://www.achs.org.au/about-us/achs-news/achs-news-archive/.

Staffing

CRANA*plus* supports the concept of minimum ratios of staffing in remote PHC services, taking into consideration the population, size of the community, remoteness from other significant health services, and the ill-health burden experienced by its population.

Table 1: Standard of health service staff[10] to population ratios by community size

Pop. range	AHWs	Nurses	Doctors
>3,000	1:350 (9)	1:500 (6)	1:1,000 (3)
1,300–2,999	1:250 (5–9)	1:450 (3–6)	1:1,000 (1.5–3)
800–1,299	1:200 (4–6)	1:300 (2.5–4.5)	1:800 (1–1.5)
400–799	1:100 (4–8)	1:200 (2–4)	1:600 (1)
250–399	1:75 (3.5–5.5)	1:200 (1.5–2)	1:400 (1)
75–249	1:75 (1–3.5)	1:150 (1–2)	1:400 (0.5)
<75	1:50 (1.25)	1:150 (1)	1:400 (0.5)

Numbers in brackets are estimated numbers.

Table 1: Standard of health service staff to population ratios by community size uses the basic staff to population ratios of: AHW 1:50, Nurses 1:200, and Doctors 1:400, and modifies this according to the size of communities, whereby in larger communities, economies of scale and access to other human services (health and otherwise) mean that fewer staff numbers can be effective, as opposed to the smaller communities with smaller population numbers.

In addition to this narrow mix of healthcare providers, CRANA*plus* highlights the need for inclusion of a system to ensure access to midwives, oral health professionals, nurse practitioners, allied health professionals, mental health workers, and specialist medical services in any model.

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[10] Bartlett, B., & Duncan, P. (April 2000). *Top End Aboriginal health planning study: Report to the Top End Regional Indigenous Health Planning Committee of the Northern Territory Aboriginal Health Forum*. Coledale, NSW: PlanHealth.

Remoteness and isolated practice within a health context

The definition below provides a succinct summary of the characteristics, different settings, and models of care differentiating remote workforce practice from rural and urban workforce practices.[11]

Remote health practice in Australia is characterised by geographical, professional, and often social isolation of practitioners through:

- Geography and terrain, limiting access and egress
- Cultural and social isolation
- Environmental and weather conditions resulting in isolation
- Isolation due to long distances
- Professional isolation from colleagues, peers, and supports
- Isolation as a result of infrastructure, communications, and resources.

Remote health is carried out in **contextually different settings**, including government health services, community controlled health services, Aboriginal medical services, primary health care centres, multi-purpose centres, private general practices, mining and other industries like tourism, mobile and fly-in fly-out services, as well as private and non-government organisation health services.

Remote health practice is **delivered through**:

- Health service models catering for highly mobile populations
- Predominantly nurse-led models of care
- Collaborative multi-disciplinary approaches, in partnership with community and stakeholders
- An understanding of the community within its cultural context

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[11] Adapted from: Wakerman, J. (2004). Defining remote health. *Australian Journal of Rural Health, 12*(5), 210–214; Malone, G., & Cliffe, C. (2012). *Framework for remote practice*. Retrieved February 2014, from https://crana.org.au/advocacy/professional-issues/framework-for-remote-practice/.

- Overlapping and evolving advanced and extended roles of team members
- Integrated comprehensive primary health care approach, inclusive of acute and emergency care, chronic disease, and public health across the life span
- Scopes of practice that are informed by the identified needs of, and engagement with, the community.

Pathway to remote practice for nurses/midwives

CRANA*plus* believes that nurses and midwives who work in remote and isolated practice need a generalist approach using a broad scope of practice, to address the diverse needs of their entire community.

A Remote Area Nurse/Midwife is defined as:

> …a registered nurse whose day-to-day scope of practice encompasses broad aspects of Primary Health Care and requires a generalist approach. This practice most often occurs in an isolated or geographically remote location. The RAN/M is responsible, in collaboration with others, for the continuous, coordinated and comprehensive health care for individuals and their community[12].

Remote Area Nurses and Midwives have varying career backgrounds. There are some professional pathways that will prepare individuals for working in remote, isolated, and resource-poor environments, such as:

- Emergency care
- Pre-hospital care and/or in a critical care area
- Rural and regional health settings
- Community nursing roles or practice nursing.

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[12] CRANA*plus*, 2013*:* Adapted from Sabina Knight's definition of Remote Area Nurse (1993). This definition was the work undertaken by the CRANA*plus* Credentialing Pilot Project Advisory Group (2012–13).

New graduates may enter the remote health workforce through a dedicated graduate program that has a specific focus on preparing for a rural and remote context.

Each remote health role will differ, depending on the unique needs of each community. Specific roles and extended scope of practice may require preparation in:

- Maternal and child health
- Mental health
- Women's and men's health
- Community capacity building/health promotion

- Chronic disease management
- Emergency care
- Workplace health and safety.

Photo: Amy Hill

To maintain competence in the workplace requires nurses/midwives to embrace the concept of 'lifelong learning' to gain the necessary knowledge, skills, attitudes, and behaviours to meet their obligation to provide ethical, effective, safe, and competent practice[13].

> Continuing professional development (CPD) is the means by which members of the profession maintain, improve and broaden their knowledge, expertise and competence, and develop the personal and professional qualities required throughout their professional lives[14].

CPD activities may be informal and formal, and broad and varied to maintain competence in the workplace. Possible examples might include, but are not limited to:

- Postgraduate education
- Short courses
- Conferences
- Webinars

- Forums
- Journal club
- Mandatory workplace activities (e.g. cardiopulmonary resuscitation, fire training).

Photo: Andrew Cameron

Continuing professional development activities must have relevance to the individual's scope of practice with clear aims and objectives that meet the individual's self-assessed requirements.[15]

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[13] Nursing and Midwifery Board of Australia. (2014). *FAQ: CPD FAQ for nurses and midwives*. Retrieved July 2014, from: http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/FAQ/CPD-FAQ-for-nurses-and-midwives.aspx.

[14] Nursing and Midwifery Board of Australia. (2010). *Continuing professional development registration standard* (p.1). Retrieved July 2014, from http://www.nursingmidwiferyboard.gov.au/Registration-Standards.aspx.

[15] Nursing and Midwifery Board of Australia. (2014). *FAQ: CPD FAQ for nurses and midwives*. Retrieved July 2014, from: http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/FAQ/CPD-FAQ-for-nurses-and-midwives.aspx.

Minimum CPD required for annual renewal of registration by NMBA[16]

Type of registration	Minimum hours	Total hours
Registered nurse or enrolled nurse	20 hours	20 hours
Midwife	20 hours	20 hours
Registration as an enrolled nurse and midwife	Registered nurse — 20 hours Midwife — 20 hours	40 hours
Nurse practitioner (Registered nurse with endorsement)	Registered nurse — 20 hours Nurse practitioner endorsement — 10 hours relating to prescribing and administration of medicines, diagnostics investigations, consultation and referral	30 hours
Midwife practitioner (Midwife with endorsement)	Midwife — 20 hours Endorsement – 10 hours relating to prescribing and administration of medicines, diagnostics investigations, consultation and referral	30 hours
Registered nurse with scheduled medicines endorsement (rural and remote)	Registered nurse — 20 hours Scheduled medicines — 10 hours	30 hours
Eligible midwife (Midwife with notation)	Midwife — 20 hours Notation — 20 hours relevant to the context of practice and across the continuum of midwifery care	40 hours
Endorsed eligible midwife (scheduled medicines) (Eligible midwife with endorsement)	Midwife — 20 hours Endorsement — 20 hours (e.g. 10 hours relating to continuum of midwifery care and 10 hours relating to prescribing and administration of medicines, diagnostics investigations, consultation and referral).	40 hours
Registration as a nurse and endorsed eligible midwife	Registered nurse — 20 hours/Enrolled nurse — 20 hours Midwife — 20 hours Eligible midwife with a scheduled medicines endorsement — an additional 20 hours (e.g. 10 hours relating to continuum of midwifery care and 10 hours relating to prescribing and administration of medicines, diagnostics investigations, consultation and referral).	40 hours

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[16] Ibid, p.3.

Topics relevant to remote and isolated practice

The topics relevant to remote practice may include:

- Cultural safety
- Emergency care
- Primary health care
- Immunisation

- Pharmacology (Endorsement for scheduled medicines)
- Chronic disease courses, i.e. diabetes, asthma, renal
- Workplace health and safety.

Postgraduate education or qualifications are beneficial for remote and isolated practice. Courses that are more relevant to the remote context include:

- Remote/rural health practice
- Public health
- Primary health care

- Health promotion
- Critical care (Emergency care).

CRANA*plus* recommends all nurses and midwives working in remote and isolated health services, be provided the opportunity to undertake a comprehensive introductory and orientation program.
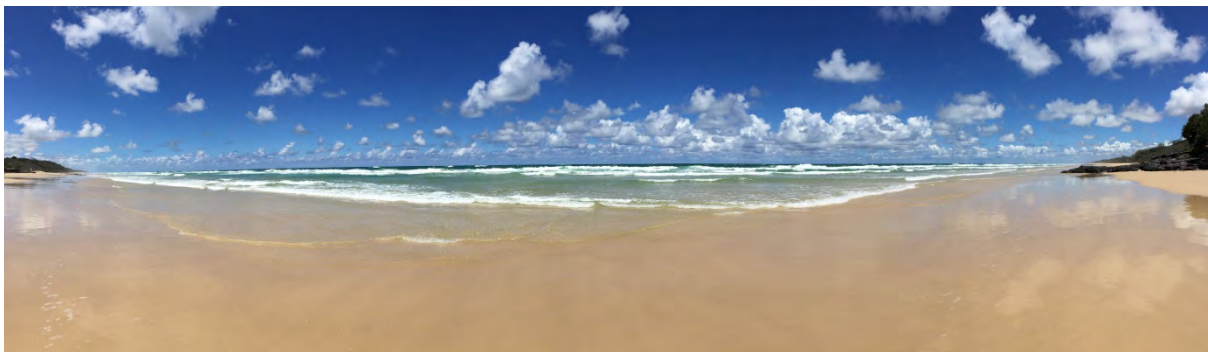
Photo: Nancy Weatherford

**Recommended courses that can be undertaken pre-employment or within the first year include (but are not limited to):

- Remote emergency care (REC) or equivalent**
- Advanced life support (ALS)**
- Pharmacotherapeutics for RAN/Ms**
- Non-midwives: Maternal emergency care (MEC) or equivalent**
- Midwives: Midwifery up-skilling (MIDUS) or equivalent**
- Immunisation**
- Practical skills, including plastering, suturing, eye and ear assessment**
- Paediatric emergency care (PEC) course**
- Advanced paediatric life support (APLS)
- Driver education courses 4x4**
- Cultural education**
- Annual core mandatory competencies — through eRemote or equivalent:
    - Fire and evacuation
    - Manual handling
    - Drug calculation
    - Basic life support.

The frequency of re-certification will be dependent upon health service requirements, personal CPD needs, and professional recommendations.

It is important to note:

- ALS generally needs to be re-certified every year, dependent upon provider's recommendations.
- Emergency courses, i.e. REC, MEC, and PEC, to be undertaken with a maximum interval of 2 years, to maintain competence.
- Jurisdictional or employer specific requirements, such as:
    - Queensland Health, Remote and Isolated Practice Registered Nurse (RIPRN) course
    - Northern Territory Department of Health prerequisites for remote health nursing/midwifery.

Validating remote Nursing and Midwifery professional practice

CRANAplus promotes the recognition of individual registered nurses/midwives who meet the *Professional Standards of Remote Practice: Nursing and Midwifery*, through validating their status as an Advanced Practice RAN/M.

CRANA*plus* believes the benefits of validating include:

- The setting of clear nationally consistent standards for remote health practice, to promote safety and quality in practice.
- The provision of a workforce benchmark for governments, employers, and education providers.
- Clarity around the career pathway for RAN/Ms.
- Recognition by the profession and health industry as specialist area of nursing.
- Recognition of Advanced Practice RAN/Ms by their colleagues and the profession as clinical leaders of remote and isolated nursing/midwifery practice.

A peer review process, coordinated by CRANA*plus*, will be undertaken for the assessment of a registered nurse/midwife professional portfolio, inclusive of the nine Professional Standards of Remote Practice. The nine Professional Standards, each with set criteria, necessitate the individual to show demonstrated evidence as to how they have met the criteria requirements.

This process is voluntary for the individual. An individual registered nurse/midwife may choose or be nominated to undertake the assessment against the Professional Standards. For the recognition and acknowledgement of their practice and validation of their status as an Advanced Practice Remote Area Nurse, CRANA*plus* will invite the individual to be a Fellow of CRANA*plus*.

CRANA*plus* has an Application Package, which sets out the requirements to meet the criteria of the Professional Standards. A volunteer peer review panel consisting of remote nursing/midwifery professional experts will assess the evidence provided.

Professional Standards of Remote Practice: Nursing and Midwifery

The Professional Standards (June 2014) were endorsed by the CRANA*plus* Board of Directors. The nine Professional Standards, each with specific criteria, reflect the benchmark for contemporaneous remote and isolated nursing/midwifery practices.

The individual RAN/M must be able to demonstrate that they comply with the following standards.

Standard 1:	Has appropriate registration and endorsements for practice and works in accordance with the Professional Standards for the nurse/midwife (NMBA)
Knowledge	• Understands the relevant standards, guidelines, statutes, codes of conduct, and ethics that govern practice.
Skills	• Practices in accordance with legislation, policies, codes, and standards, and uses reflective practice.
Attitude	• Values the contribution of the standards and codes for professional practice, and reflects on own practice to identify areas of need for improvement.

Standard 2	Maintains own health, wellbeing, and resilience within a professional, safe working environment
Knowledge	• Understands personal and organisational interventions and systems that promote coping and resilience for self, colleagues, and the organisation. • Understands the Workplace Health and Safety policy relating to employer and employees' duties.
Skills	• Uses reflective practice; identifies coping strategies to maintain health and wellbeing. • Identifies actions and interventions to control risks associated with safety in the workplace; identifies avenues of support within and external to the community.
Attitude	• Values self-care strategies to maintain and enhance emotional, physical, and psychological wellbeing. • Acknowledges the importance of a safe work environment that promotes personal health, wellbeing, and resilience.

Standard 3	Practices within a culturally respectful framework
Knowledge	• Understands the importance of cultural and social context in the delivery of holistic health care.
Skills	• Develops strategies, in collaboration with stakeholders and communities, in the delivery of care that are consistent with the needs of individuals in a cultural, social, emotional, spiritual, mental, and physical context.
Attitude	• Advocates for culturally-appropriate practices, and respects the cultural values and beliefs of all groups and individuals.

Standard 4	Practices within a comprehensive primary health care model of service delivery
Knowledge	• Understands a primary health care framework of practice, inclusive of the social determinants of health.
Skills	• Collaborates and engages with consumers and the community to develop, activate, and evaluate comprehensive health care.
Attitude	• Values the concept of consumer/carer participation.

Standard 5	Works within care pathways, and develops networks of collaborative practice
Knowledge	• Understands principles of collaborative and multi-disciplinary care, and understands care pathways relevant to own scope and specific to the setting.
Skills	• Has the skills and abilities to demonstrate: 　▪ High level of interpersonal communication skills that promotes engagement with other agencies and stakeholders 　▪ Partnering and collaboration, involving community/stakeholders 　▪ Utilises established networks, and identifies new opportunities.
Attitude	• Values partnerships and collaborative practice.

Standard 6	Has a level of clinical knowledge and skills to safely undertake the role
Knowledge	• Holistic and evidence-based practice, and a well-developed understanding of Scope of Practice.
Skills	• Has the skills and abilities to undertake clinical assessment and decision-making; and participates in peer reviews and audit processes.
Attitude	• Accounts for and accepts responsibility for own judgments and actions.

Standard 7	Has a period of recent clinical practice in a remote and isolated location within the past 5 years

Standard 8	Has an ongoing commitment to education relevant to practice in the remote environment
Knowledge	• Continuous professional education and development appropriate to the role.
Skills	• Demonstrates a commitment to ongoing education.
Attitude	• Values the contribution of professional development, research, and lifelong education.

Standard 9	Practices within a safety and quality framework
Knowledge	• Understands clinical governance principles and practices.
Skills	• Incorporates these principles into own practice. Uses reflective practice to analyse own needs for improvement.
Attitude	• Demonstrates commitment to quality care, and willingly participates in activities to continuously improve services and performance.

Continuing professional development

Continuing professional development (CPD) is relevant to all health professionals to maintain and gain the necessary knowledge, skills, attitudes, and behaviours in meeting their obligations for the provision of ethical, safe, effective, and competent practice.

> Continuing professional development is the means by which members of the profession maintain, improve and broaden their knowledge, expertise and competence, and develop the personal and professional qualities required throughout their professional lives.[1]

CPD activities must be relevant to the individual's scope of practice and context, with clear aims and objectives that meet the individual's self-assessed requirements.

Participation in continuing professional development

Keep clear records of your participation in continuing education activities. Include activities such as:

- ☐ Tertiary and other accredited courses, including distance education (related to practice context).
- ☐ Conferences, forums, seminars, and symposia.
- ☐ Short courses, workshops, seminars, and discussion groups through a professional group or organisation who may issue a certificate of compliance/completion.
- ☐ Mandatory learning activities in the workplace in the area of practice.
- ☐ Service to the profession.
- ☐ Self-directed learning.
- ☐ Any other structured learning activities not covered above.

It is important to develop and maintain a useful record of your participation in relevant activities and reflect on what you have learnt and how this learning helps you to meet your responsibilities as a health professional. **For each hour of CPD activity you will accrue 1 CPD point.**

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[1] Nursing and Midwifery Board of Australia. (2014). *FAQ: CPD FAQ for nurses and midwives*. Retrieved July 2014, from: http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/FAQ/CPD-FAQ-for-nurses-and-midwives.aspx.

Documentation of CPD activities

Create a record of your CPD activities that summarises the following information for each activity:

Date	Source or provider details	Identified learning needs	Action plan	Type of activity	Description of topics covered and outcome	Reflection on activity and specification to practice	Description of evidence provided for CPD hours	CPD hours

The content in this section has been adapted from Nursing and Midwifery Board of Australia. (2014). *FAQ: CPD FAQ for nurses and midwives*. Retrieved July 2014, from: http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/FAQ/CPD-FAQ-for-nurses-and-midwives.aspx.

References

Australian Commission on Safety and Quality in Health Care. (October 2012). *Safety and quality improvement guide, Standard 1: Governance for safety and quality in health service organisations*. Sydney: Author.

Australian Council on Healthcare Standards. (2004). ACHS news in brief: Clinical governance defined. *ACHS News, 12*. Retrieved February 2014 from http://www.achs.org.au/about-us/achs-news/achs-news-archive/.

Australian Government, Australian Institute of Health and Welfare. (11 October 2010). *More doctors and nurses, but supply varies across regional and rural areas* [Media release]. Retrieved June 2012, from http://www.aihw.gov.au/media-release-detail/?id=6442464894.

Australian Government, Department of Health. (n.d.). Australian Standard Geographical Classification — Remoteness Area (ASGC-RA). *DoctorConnect*. Retrieved February 2014 from http://www.doctorconnect.gov.au/internet/otd/publishing.nsf/Content/ra-intro.

Australian Nursing and Midwifery Council. (2007). *National framework for the development of decision-making tools for nursing and midwifery practice*. Melbourne: Author.

Bartlett, B., & Duncan, P. (April 2000). *Top End Aboriginal health planning study: Report to the Top End Regional Indigenous Health Planning Committee of the Northern Territory Aboriginal Health Forum*. Coledale, NSW: PlanHealth.

Benner, P. (1984). *From novice to expert: Excellence and power in clinical nursing practice* (pp.13–34). Menlo Park, California: Addison-Welsey.

Coalition of National Nursing Organisations. (May 2011). *Project to develop a national nurse credentialing framework*. Retrieved July 2014, from http://www.conno.org.au/images/stories/PDF/Meetings/Aug11/conno_credentialling_framework_final.pdf.

Lenthall, S., Gordon, V., Knight, S., Aitken, R., & Ivanhoe, T. (2012). Do not move the furniture and other advice for new remote area nurses (RANs). *Australian Journal of Rural Health, 20*, 44–45. Retrieved February 2014 from http://onlinelibrary.wiley.com/doi/10.1111/j.1440-1584.2011.01250.x/full.

Lenthall, S., Wakerman, J., Opie, T., Dunn, S., MacLeod, M., Dollard, M., Rickard, G., & Knight, S. (2011). Nursing workforce in very remote Australia, characteristics and key issues. *Australian Journal of Rural Health, 19*(1), 32–37.

Malone, G., & Cliffe, C. (2012). *Framework for remote practice*. Retrieved February 2014, from https://crana.org.au/advocacy/professional-issues/framework-for-remote-practice/.

Manhood, K. (2012). Kartiya are like Toyotas: White workers on Australia's cultural frontier. *Griffith REVIEW, 36*, 43–59.

Nursing and Midwifery Board of Australia. (2010). *Continuing professional development registration standard*. Retrieved July 2014, from http://www.nursingmidwiferyboard.gov.au/Registration-Standards.aspx.

Nursing and Midwifery Board of Australia. (2014). *FAQ: CPD FAQ for nurses and midwives*. Retrieved July 2014, from: http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/FAQ/CPD-FAQ-for-nurses-and-midwives.aspx.

Primary Health Care Research and Information Service. (2014). Introduction to… Primary Health Care. *Resources*. Retrieved February 2014 from http://www.phcris.org.au/guides/about_phc.php.

Wakerman, J. (2004). Defining remote health. *Australian Journal of Rural Health, 12*(5), 210–214.

Abbreviations

ACHS	The Australian Council on Healthcare Standards
AHPRA	Australian Health Practitioner Regulation Agency
AIHW	Australian Institute of Health and Welfare
ALS	Advanced life support
APHCRI	Australian Primary Health Care Research Institute
APLS	Advanced paediatric life support
CNE	Continuing nursing education
CPD	Continuing professional development
MEC	Maternal emergency care
MIDUS	Midwifery up-skilling
NMBA	Nursing and Midwifery Board of Australia
NRHSN	National Rural Health Student Network
NSQHS	National Safety and Quality Health Service (NSQHS) Standards
PEC	Paediatric emergency care
REC	Remote emergency care
RIPRN	Remote and Isolated Practice Registered Nurse
SARRAH	Services for Australian Rural and Remote Allied Health

Photo: Gaye Shepherd