



# annual report 2010–2011



educating, supporting and advocating for remote health across australia

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## ceo's report



Our advocacy role has become, not only a way to speak for the sector in which we serve, but also a way to influence policy, outcomes and the way our members do business. With the growth of the role of our Professional Officer, Geri Malone we have been able to extend our services and influence further than ever before. Geri's expertise is now being called upon to assist in all aspects of growth in the number of professions, and their role, in the concept of multidisciplinary teams. This concept, now being fully embraced as a way to deliver primary health care across the board, is something our members in the remote sector have been doing for many years.

With the changes big and small in the name of health reform over the past year, CRANApplus has been an active participant in discussions around the table and has made its voice well heard in regard to the need for Medicare Locals and Local Hospital Networks to remain flexible, consumer focused and equitable. We have been asked to support some of the applications for Medicare Locals and have only done so where organisations have read and agreed to our stated requirements, so as to protect the remote sector and its consumers.

In terms of the organisation, we continue to go from strength to strength. We have an ever-increasing membership, with our corporate membership also firming up. We have a louder and more potent voice, both in the remote sector and with Governments, State and Federal.

Our programs are evolving at a rapid pace, with more and more bookings for our courses from an ever-hungry workforce and also the development of new courses to meet the needs of remote and rural health professionals right across Australia.

The Bush Support Services (BSS) program, which has also grown into a more complete support service, has experienced a vastly increased call on its many talents and is bursting at the seams trying to keep up with demand.

We believe that the added call on the services of BSS is the result of the work of the team to increase the visibility and awareness of the BSS program, rather than there being a vast increase in stress levels out bush. This is always hard to ascertain but there is a direct correlation, for example, between a BSS presence at a conference and the number of calls on that service in the following days.

Finally, I would like to take this opportunity to say goodbye to staff members who have left us this year, and to welcome Steven Dangaard our new Chief Finance Officer. I am always very proud of the work and dedication of the staff of CRANApplus and never cease to be amazed at the calibre and sheer volume of work they manage to cover in a given year. Thank you.

I would also like to thank the Board of Directors for their faith, their work, their dedication and their support. This has been a busy year and the Board members, who are all volunteers, work above and beyond for the organisation and the members they represent.

And lastly, I would like to thank our members. You come from all over and cover all aspects of the health scene, but you have one thing in common: you all care very much about the health of this nation especially the health of the less-seen people in remote Australia.

Keep it up – they and we need you.

Carole Taylor  
CEO, CRANApplus

## president's report



The Board farewells some long-standing members this year, and I thank them all for their input and time over the last year. With departures comes the opportunity to welcome new members to the Board. They will have a big learning curve, but we are excited to have new ideas and enthusiasm so that CRANApplus can brace itself for the very challenging year ahead.

Frequently I stumble over describing the dedicated members of CRANApplus, as 'remote health', a title that doesn't always quite fit... its bigger than that. The providers of comprehensive multi-disciplinary Primary Health Care in remote and isolated locations is more descriptive, but a bugger of a mouthful!

In the early 90s I worked as a RAN, then on International Aid Work, and since then as manager of remote PHC. My latest challenge has been to up-skill to undertake flight nurse shifts with the RFDS in Cairns. Although I'm very green (extremely green) in this specialty of isolated nursing, it has been a wonderful re-awakening to the issues of clinicians. Not only the isolation at 25,000 feet or the vast technical scope required, but also how the whole intricate and interlinked chain of health care providers is required to ensure a safe network of health-care delivery.

I sincerely hope that knowing CRANApplus has your interests at heart gives you some comfort, and I commend all of our members, corporate members, students, supporters, and stakeholders for helping us to do our part in advancing the impact of Remote and Isolated Health in Australia. I also include a special thank you to the Federal Government (Department of Health & Ageing), without whose financial support we would have difficulty providing the quality and scope of many of our programs.

Christopher Cliffe  
President, CRANApplus

# ceo



## carole taylor

### CEO

Carole Taylor has been CEO of CRANplus since March 2008, instigating numerous changes in areas of training, support and Indigenous health. Her career path and personal life experiences have provided a wealth of knowledge and skills for the position.

Carole entered the political arena in the late 80s, working latterly as an advisor for the Federal government in areas of aged care and family health. Following this period, appointments included Executive Director of Save the Children, Victoria and Executive Director of the Optometrists Association of Victoria, positions where she achieved significant successes.

A two-week stint as a house parent at Worrora College, Victoria's only Aboriginal specific Boarding School, where her adopted son was a student, turned into a two-year experience, where Carole worked ultimately as Registrar and Submission Writer.

A growing love of the desert took Carole, her son, who is now 22, and her partner to Alice Springs in 2006, there she worked with Tangentyere Council as the Coordinator of the Remote Area Night Patrol program and then as the Coordinator of the Return to Country, Amatjere and Kurdujup projects with prisoner release, emergency relief and the Tangentyere ID card.

CRANplus is "an excellent organisation that gives back much more than its size would suggest", says Carole. It now has a far greater role in the preparation of remote health professionals and is vital to the 'closing the gap' strategy of the Government.

She believes that, in concert with a very aware and supportive Board of Directors and fabulous staff, CRANplus will continue to grow and to provide support to all those who work in this most challenging of sectors.

# board of directors



## christopher cliffe

### President Chair Education Subcommittee

Christopher is the Manager for Primary Health Care for the Royal Flying Doctor Service in Queensland.

An experienced clinical leader in the field of remote comprehensive Primary Health Care, Christopher has worked as a Remote Area Nurse in a variety of remote and rural communities in South Australia and the Northern Territory.

Christopher has provided leadership to a variety of health care organisations during his career, specifically as Nursing Director for Remote Health in the NT, Leigh Creek Hospital in SA, and Lorne and Colac Hospitals in Victoria.

Christopher was executive director of the National Centre for Quality Improvement in Indigenous Primary Health Care, helping to establish the centre as a sustainable not-for-profit entity for the health industry.

Christopher has extensive international experience, working for the Red Cross in war and disaster zones, with missions to the South of Sudan, Abkhazia (Georgia), Afghanistan, PNG, Sri Lanka, the Bali Bombing, the Boxing Day Tsunami and most recently the earthquake in Haiti.

In addition to undergraduate nursing qualifications, he holds a Masters Degree in Public Health and is a Justice of the Peace.

Christopher has served as President for the last five years.



## sue kildea

### Vice President

Sue is a Professor of Midwifery and holds the Clinical Chair in Midwifery as a joint appointment

between the Mater Health Services Brisbane and the Australian Catholic University. Sue has extensive clinical experience in primary health care models and women's health in rural and remote areas of Australia and is one of Australia's leading advocates for maternity service reform, promoting the return of birthing services to rural and remote areas.

Sue's interests are in safety, quality and professional collaboration in maternity care. She has a particular interest in increasing the capacity of the health workforce to maximise their effectiveness to make a difference to the lives of Aboriginal and Torres Strait Islander families.

Sue was the Perinatal Health Analyst who compiled the Maternal Deaths in Australia Report 2000–2002. In 2004 she was awarded the UTS Human Rights Award for her contribution to advancing reconciliation between Indigenous and non-Indigenous Australians during her PhD work. Sue has worked as a technical advisor in the development of guidelines, competencies and protocols for reproductive health and maternity services.

Her international experience includes working as a midwife in South Africa and midwifery consultancies in Indonesia and Mongolia. She is currently working on a World Health Organisation project in Viet Nam, which aims to make pregnancy safer and reduce the numbers of mothers who die in childbirth, particularly in the primary care setting.



## dr janie dade smith

Dr Janie Smith is a rural woman who now lives on the beautiful northern rivers of New South Wales. She is a highly experienced health educationalist, evaluator

and project manager who has extensive experience in remote and rural workforce issues across all of the health disciplines. In 2004 Janie established her own small dynamic national organisation, RhED Consulting Pty Ltd, and has since led over 40 consultancies that involved high level project management in developing accredited undergraduate and postgraduate curricula, policy development, Indigenous health, program review, research and innovative workforce development.

Janie lived in the Northern Territory for 11 years in the 1980s, where she undertook her midwifery training, was in charge of the medical ward at the Royal Darwin Hospital and worked on Bathurst Island (Nguiu) in 1985. She wrote the Queensland Aboriginal and Torres Strait Islander Health Worker Program in Cairns and later worked as the Executive Officer for CRANA in 1993–1994.

In the past five years she has undertaken numerous consultancies that involved remote work – the development of an education plan for the Remote Vocational Training Scheme, the NT Review of Nursing and Midwifery Education and Training, NT Review of Medical Education and Training, the Organisational Review of CRANA, an Evaluation of the NT Chronic Disease Strategy, strategic and educational development for Royal Flying Doctor Service and The Public Health Research and Education Program in Chronic Disease education with Menzies School of Health Research.

Janie previously wrote the Bachelor of Pharmacy Program at James Cook University in 2000 and has recently completed a large research consultancy for the Pharmacy Guild of Australia. She has also worked for four years for the Royal Australian College of General Practitioners as their National Education Development Officer and multiple other roles across the public, private, community controlled and not for profit sectors. Janie is well published, is the author of Australia's rural and remote health: A social justice perspective now in its second edition, she is adjunct Associate Professor at James Cook University and Southern Cross University and sits on the Council of the National Rural Health Alliance as chair of its friends committee.



## lyn hinspeter

### Secretary Chair Conference Subcommittee

Lyn has more than 45 years in nursing and still considers having worked as a Remote Area Nurse in Queensland to be a highlight. Hospital trained, Lyn later graduated from CQU at 53 with a Bachelor Health Science in nursing.

Lyn has worked in such diverse places as off-shore islands, small remote towns, Aboriginal communities throughout Cape York and mining communities. She has been involved in PNG and the Philippines, still travelling to the Philippines for three weeks each year to teach at the International Christian College of Manila.

Lyn reckons being a member of the Board has been "an interesting and rewarding experience and a steep learning curve." She represents CRANplus at both CoNNO (Coalition of National Nursing Organisations) where she has also been a council member for the past two years, and on DVA's Community Nursing Industry Advisory Committee.



**john ryan**

**Acting Treasurer**

John is a lawyer living in Newcastle, focusing in recent years on medical negligence. As luck would have it, he says, his wife is a nurse.

As well as owning and operating successful practices, John has experience in a wide range of legal areas. He was the first president of the professional standards panel of the Newcastle Anglican Diocese; and is a past member of the Community Aid Program through Belmont Local Court.

He has been a tutor at Newcastle university; a supervisor at the Newcastle Legal Centre; and a lawyer representing patients at Mental Health tribunals.

John has worked with rural, remote and Indigenous clients and was drawn to CRANplus, with its vision and energy, as a way to contribute to improved outcomes.



**jo appoo**

**Chair Indigenous Subcommittee**

Jo is a highly regarded and very experienced Aboriginal Health Worker. Jo currently works as a locum in a variety of remote community clinics.

Jo, a Bunjalung woman, was born in Murwillumbah NSW. She was employed in a number of fields but it was when she went to work in Aged Care in Docker River that, in her words, "an old fella told me I'd be a good Aboriginal Health Worker" that she decided to give that a go. Completing Certificate 3 in Aboriginal Health Work she worked at Alice Springs Hospital and later on Tiwi Island. Here she set up and managed their first aged-care program and over five years, built it into a successful and sustainable service. In conjunction with the Tiwi Health Board, Jo assisted in the development of alternative care options for the elderly and culturally appropriate models for the residents of four communities on the Island and introduced a meals on wheels program.

Later Jo was appointed Clinic Manager, Central Australian Aboriginal Congress, the largest Medical Health Clinic in Central Australia. Jo's role was to oversee changes in intervention outcomes, patient flow and client complaints.

Jo is the first Aboriginal appointee to the Board of Directors of CRANplus.



**john wright**

**Chair Fellowship Committee**

John is a Remote Area Nurse working in the Northern Territory. He started work as a farmer, shearer, and grain handler before attending university and commencing a career in nursing. After two years as a ward nurse and seven years as an emergency nurse, John moved to the bush in 2003. Since then he has attained a Masters Degree in Remote Health Practice, and a second Masters Degree in Remote Health Management.

John is the CRANplus representative on the NT Administrator's Medals in Primary Health Care panel.



**isabelle ellis**

**Chair Credentialing Subcommittee**

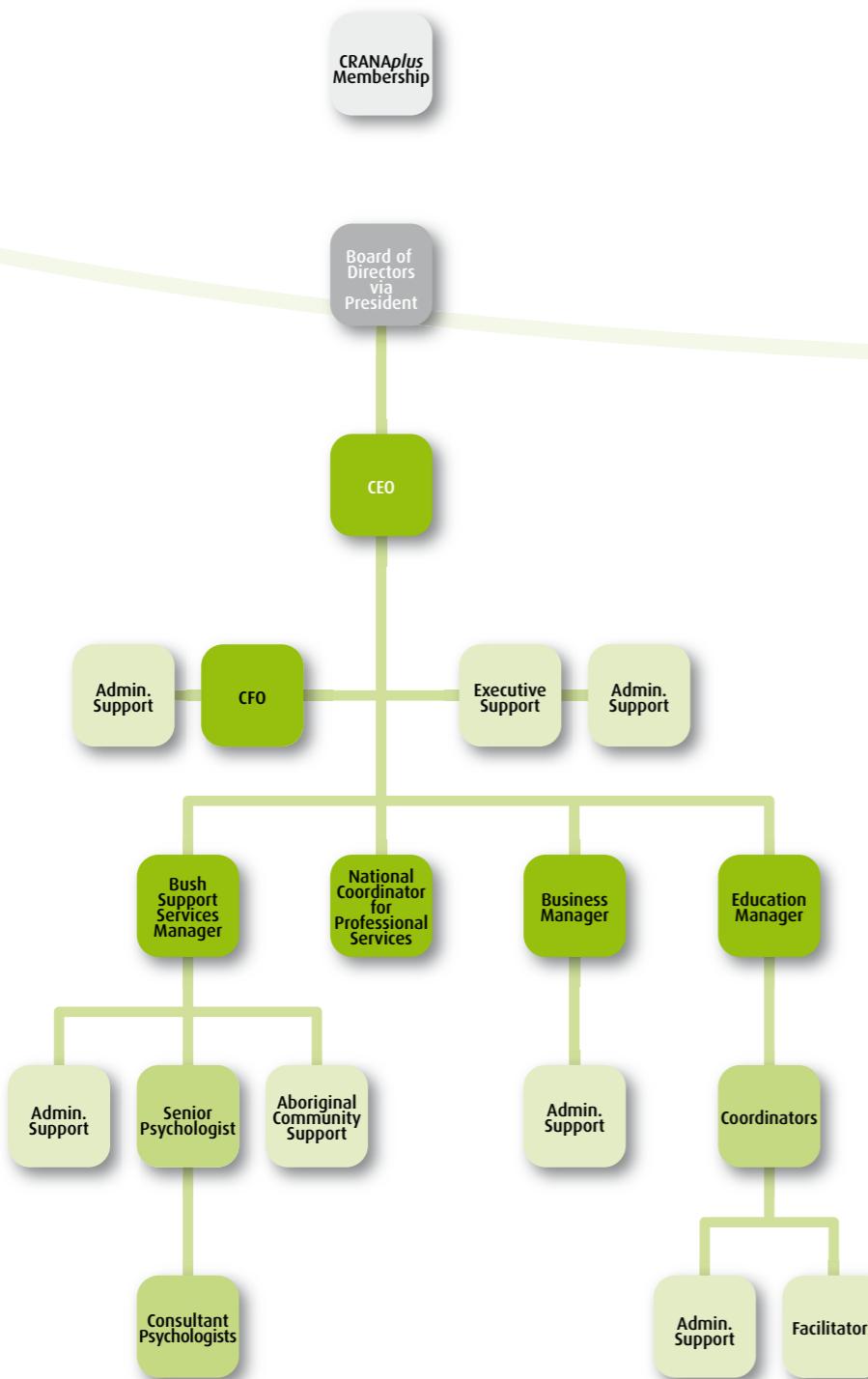
Isabelle Ellis is the Head of Department for Nursing and Midwifery in the new La Trobe Rural Health School, La Trobe University in Bendigo. Prior to this Isabelle held positions with both the Combined Universities Centre for Rural Health in the Pilbara, Western Australia and Charles Darwin University.

Isabelle has been involved with CRANplus since 1993, when she was working as a Remote Area Nurse at One Arm Point in the North West of Western Australia. She has held various positions on the Board and is a Past President.



Photo: George Fort

# our organisation at a glance



## alice springs

CRANplus' Corporate Services Centre (CSC), based in Alice Springs, is the engine room of the organisation. It provides the planning, support and grant income generation that the organization needs to survive. The CEO is the public face and spokesperson for the organisation, providing non-clinical representation and advocacy. The CEO is responsible for federal grant applications and acquittals.

Up until this point the financial department of the organisation has been located at the Alice Springs Office. However, from September 2011 with the appointment of a new Chief Finance Officer, the finance department will be largely run out of a new office in Cairns.

The CSC provides vital support to the Board of Directors and the Sub Committees of the Board to ensure the highest level of governance practices are maintained.

It also provides support to the general public, existing and potential workers who are currently working, or thinking of working in the remote sector. It maintains an extensive database of the sector and services a small retail outlet for CRANplus merchandise and professional manuals vital for use in remote health. The Alice Springs office is also home to one of the REC coordinators and the Aboriginal & Torres Strait Islander Community Support Program.

In addition, as well as being responsible for website development, maintenance and IT support, the CSC also provides HR functions for the staff of all offices: insurance policy maintenance, staff benefits, taxation requirements and the maintenance of the requirements of all statutory bodies.

Bush Support Services (BSS) program management and coordination of consultant psychologists for the BSS hotline has taken place in the Alice Springs office. This program will be relocated to the new Cairns office.

## adelaide

CRANplus Adelaide office is the operational hub and works to reduce the isolation of the remote health workforce through the production of magazines, access to journals, web-based materials and weekly email bulletins. These communication tools and outlets are available to members through the dedicated work of staff members in our Adelaide office, with the CRANplus Business Manager responsible overall for these activities.

The Adelaide office is responsible for the challenging role of providing logistical and administrative support to ensure the overall management and delivery of the nationally acclaimed FLEC Programs.

This office also has CSC functions including the building and retention of membership, organisation of the annual CRANplus Conference and additional income generation.

## cairns

The newest office in the CRANplus organisation, is to be located in Cairns.

This office will house the Bush Support Services (BSS) Program Manager and support staff. They will be responsible for the coordination of the consultant psychologists who staff the BSS hotline and deliver additional workshops and services to remote Australians and their families.

The finance department will also be relocated to Cairns. The appointment of a Chief Finance Officer and associated administrative support staff from Cairns has afforded the organisation the option of relocating this department and we have seized the opportunity to do so.

## canberra

The Canberra office houses our National Coordinator of Professional Services. Co-located in the SARRAH offices in Deakin, this office and the position it holds is a vital part of the advocacy and support network. It ensures that CRANplus is well represented from the clinical viewpoint and that networks are maintained with other professional organisations and stakeholders. This office is also responsible for Scholarship administration.

# our vision, goals and philosophy

## our vision

To promote the development and delivery of safe, high-quality health care to remote areas of Australia and her external Territories (CRANApplus Constitution).

## our goals

1. To provide enhanced and effective communication to members.
2. To advocate on behalf of members, clients, and stakeholders in the remote health sector.
3. To provide support, training and education to staff so that they can fulfill their roles effectively and efficiently.
4. To provide support and guidance to the Board of Directors in their governance of CRANApplus.
5. To provide services to those who deliver health care to all remote Australians.
6. To collaborate with other organisations that have an impact on remote health.
7. To optimise CPD opportunities for remote practitioners and services.
8. To assist Governments and decision-makers in the formulation and implementation of health policy especially in the remote sector.
9. To continue to grow the membership of CRANApplus by 20% over three years.
10. To have lessened the % dependency on the Government purse by 2013.

## our philosophy

CRANApplus acknowledges the Aboriginal Peoples and Torres Strait Islander Peoples of Australia, many of whom live in remote areas, as the first peoples of the Nation who have suffered and continue to suffer the impact of colonisation.

CRANApplus believes that people living in Australia's 'remote' areas are entitled to access quality Primary Health Care; including emergency, clinical care, health promotion, and public health services.

CRANApplus believes that collaboration within and between health care professional groups, services and other sectors which impact on health is fundamental to effective quality care and quality health outcomes for remote populations.

Remote health professionals are specialist practitioners who provide and/or coordinate a diverse range of health care services for remote, disadvantaged or isolated populations within Australia and her Territories and who undertake appropriate educational preparation for their practice.

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

Remote health professionals embrace codes of professional ethics that respect cultural safety, the diverse range of social values, beliefs and lifestyles and commit to deliver care regardless of these differences. They adhere to standards of practice and aspire to provide the highest quality of health care at all times, seeking to achieve improved health outcomes.

Remote health professionals value partnerships with other health professionals, individuals, families, local communities and outback towns to identify needs, plan care and evaluate services. To further this they work to facilitate communication between these populations and both government and non-government organisations.

Advocacy and empowerment are critical strategies used to promote health choices and self-determination.

Remote health professionals are professionally accountable to engage in competent, reflective practice and accept their responsibility to maintain competence through professional development.

# who we are

For the benefit of readers new to this amazing sector, it is worth giving a brief explanation of who we are and what we do.

CRANApplus is a member-based organisation.

Our core business is to educate, support and advocate for health professionals working in the remote sector of Australia. We are the only health organisation that has the remote sector as its sole focus.

What that really means is that it is incumbent on us to help ensure that those who choose to work in this most difficult of sectors are as prepared as they can be for the challenges they will face.

We provide vital training opportunities to potential and existing staff to help them work in settings that have very little access to the wide variety of professional staff and resources that other nurses, allied health professionals and doctors take for granted.

A likely scenario is that a remote Indigenous Community will be staffed by a team of two or three nurses and an Aboriginal Health Worker. This small team will have the sole care of the complete health needs of that community.

Working in these types of situations is an enormous responsibility and the people who do this work deserve the best training opportunities possible and a great deal of support if they are to practise safely and remain able to continue their work.

The education and support provided by CRANApplus is unique. It is totally focused on remote staffing needs and provides the kind of support that is vital for staff satisfaction and retention.

Health professionals who undertake such work deserve our thanks.

Those who work in remote Indigenous communities, in mining camps, on off shore islands and oil rigs and the few lucky ones who work on island holiday resorts are the backbone of remote health. It is for these professionals that we provide the service we have developed over the years. It is for the health of those who rely on these people that we continue to meet the challenge.

## our key messages

CRANplus as the voice for remote health, strongly advocates the following:

1. Health care in Australia is based on comprehensive Primary Health Care approach. The gatekeepers of a client's healthcare need to be responsible for coordination and case management; this needs to be broadened from the current model to encompass other providers such as remote area nurses, nurse practitioners and midwives.
2. A nationally adopted scope of practice for all Aboriginal Health Workers is implemented. This requires both, a 'clinical' and 'cultural' stream.
3. 'Single nurse posts' are unsafe for patients and clinicians, a structured plan for phasing them out across the country is required urgently.
4. Remote area nurses have a consistent and nationally adopted scope of practice to ensure they are supported, empowered and prepared to meet the needs of clients.
5. Nurse Practitioners and Eligible Midwives have uninhibited access to the MBS and their clients access to the PBS to make these roles a viable alternative choice for clients when accessing healthcare in Australia.
6. A national minimum standard for emergency care in isolated areas is developed, for all remote health professionals, including an ongoing skills maintenance program with regular mandatory competencies.
7. All women have access to a skilled maternity care provider regardless of where they live and safe options should be developed for women who choose to have uncomplicated births where they reside, including remote areas. The closure of further birthing services in regional and rural areas are ceased.
8. Remote communities with a population greater than 200 people should have the opportunity and funding to have their water supply fluoridated.
9. The resourcing of the management of chronic disease is based on the chronic disease prevalence of the population served.
10. A minimum of 1/3 of all health funding is quarantined for preventative care measures.



Photo: Amy Blom.

# FLEC report

## education

Education and training continues to be one of the three main focuses for CRANApplus.

CRANApplus' focus of improving health outcomes through the delivery of safe, quality health care has been enhanced by the successful further development and reviewing of the FLEC programs in 2010-2011.

All disciplines of health are welcome to register for the appropriate course.

FLEC now specifically caters for all levels of practitioners working in the remote setting including:

- Remote Area Nurses (RAN)
- Remote Area Midwives (RAM)
- Flight Nurses
- Registered Nurses working in the rural setting (RN)
- Enrolled Nurses working in the rural setting (EN)
- Third year nursing students (preparation for practice in remote)
- Aboriginal and Torres Strait Island Health Workers (AHW or TSHW)
- Ambulance officers
- Paramedics including those who work in the mining environment
- Isolated practice Medical Officers (GP)
- Allied health such as dentists and physiotherapists

The development of new courses has proved successful with an increase in demand right across all courses in 2011.

Our courses are endorsed by several organisations:

### CRANApplus course

REC (Remote Emergency Care)

MEC (Maternity Emergency Care)

AREC (Advanced Remote Emergency Care)

MIDUS (Midwifery Up Skilling)

ALS (Advanced Life Support)

### Endorsed or accredited by

Endorsed by RCNA

Endorsed by RCNA, accredited by ACRM

Endorsed by RCNA, accredited by ACRM, endorsed by Rural Leap

Endorsed by RCNA and Midplus, accredited by ACRM

Endorsed by RCNA, accredited by ACRM

### Testimonials

*"CRANA should be recognised (and supported financially) for the wonderful work they do in preparing/enhancing/consolidating RAN's. Really want to get out and use knowledge and skills in remote setting. Will do more courses. Planning to undertake eRemote modules."* (Alice Springs, REC244)

*"Facilitators had an excellent knowledge base and were up to date with best practice. It was good to learn these skills in relation to remote practice. Great to be taught by nurses, tailored for nurses. Easy to understand and relate to."* (Canberra, REC213)

*"This has been a brilliant course and the best value for money I have ever had from a nursing course. The knowledge of the facilitators, and their experiences are clearly extensive. The delivery style of the lectures was easy, non-confrontational and really enjoyable. I look forward to the next course! Many thanks."* (Adelaide, REC188)

*"What can I say? Loved the delivery and appreciate on a level easily understood in a very reasonable manner. Great opportunity to consolidate, recall and refine. Amazing educators, very reasonable, very personable. Fantastic intervention to provide us out here with such a great workshop."* (Longreach, REC216)



Clockwise from top left:  
Left to right: REC course facilitators: Kath Bowman, Sue Orsmond, Kath Ferry, Libby Bowell and Geri Malone.  
Kath Ferry supervising Students Nurses in Canberra.  
"Now I get it!"  
Yilpara Community, NT.  
Nursing students with Kath Bowman during a skill station.

## maternity emergency care (MEC)

MEC was developed in consultation with the Australian College of Midwives with input from several specialist Midwives and rural and Remote Nurses (RANs). The course was designed to enable non midwives to deliver the basic maternity emergency care in a remote setting when required.

The course continues to fill a specific need with all courses full this year. Whilst there is a shortage nationally of midwives, the MEC course will continue to deliver up to date skills and emergency maternity knowledge to the non midwives working in the remote setting. The NT Department of Health contracted CRANplus to provide two MEC courses as part of the orientation process in 2011. These courses were held in Alice Springs and Darwin. There is a strong interest for MEC in Queensland in 2012 with several requests for private courses already under negotiation.

### Testimonials

*"Facilitators were all excellent! Well done! What a fantastic course! Prior to this course my knowledge base regarding all maternity care was zero (0). I feel more confident and no longer fearful of pregnant ladies presenting to the emergency department. What a great area of nursing, I have even taken a huge interest and would further studies in midwifery."*

(Tennant Creek, PMEC242)

*"The whole weekend was very enjoyable, informative and relative to my practice. It has made me seriously think of completing midwifery."*

*"A desire to continue further education with CRANA due to "non threatening" and relaxed delivery of education."*

(Longreach, MEC216)

*"After doing this course it has opened my eyes to world of midwifery. The lessons are well done, informative, well set up. Things are explained well, and instructors adjusted their lesson plan to meet my needs."*

(Darwin, MEC183)

*"Excellent course for me! Gave me what I expected plus more. Also an opportunity to meet some truly inspirational and amazing nurses/people."*

(Mackay, MEC184)

*"CRANA you are magnificent! Shall we start the revolution and show 'Birth Rites' all over Aboriginal Australia? Posters on CRANA site good."*

(Mackay, MEC184)

## AFLEC

The AREC, MIDUS and Health Worker specific REC and MEC courses were developed to meet the needs of all practitioners working in the remote setting.

## advanced REC

This was developed and piloted to specifically meet the growing needs of the advanced practitioner in the remote setting. Feedback over the last few years was that remote health practitioners wanted to be challenged further. This course was developed following an extensive and collaborative process that included the formation of an advisory committee, surveying 80 RANs nationally and several semi structured interviews.

Feedback has been extremely positive about the inclusion of the on line advanced life support (ALS) in this course. Participants for this course include RANs, Registered Nurses, flight nurses, mining paramedics and doctors. This course has been accredited by the Australian College of Rural and Remote Medicine (ACCRM) and endorsed by both RCNA and Rural Leap.

AREC will continue to undergo review due to the broad target group of participants and their needs. It is anticipated Paediatric Life Support (PLS) qualification will be added to this course in 2012.

The funding requirement for 2010-2011 was for five scheduled courses.

### Testimonials

*"I have gained a great deal out of this short course. I will go away feeling more confident to cope with an emergency that presents."*

(Broken Hill, AREC212)

*"As a city GP doing a bit of rural locum work, it was a great refresher course and hopefully will make me more confident with the next emergency."*

(Alice Springs, AREC204)

## MIDUS

This course was developed and piloted to specifically meet the growing needs of midwives working in the remote setting. Feedback around the MEC course was that midwives needed and wanted the same style of course but with information specific to midwife skills. This course was developed following an extensive collaborative process that included the formation of an advisory committee surveying 380 midwives nationally and with several others participating in semi structured interviews.

This course is already in demand and we anticipate several private MIDUS courses in the next 12 months. Feedback suggests that this course is meeting the needs of the isolated practice midwife who often works as a generalist nurse first and midwife second. It was paramount that this course met their needs to remain upskilled. The course is endorsed by RCNA and Midplus and accredited by ACCRM.

The funding requirement for 2010-2011 was for five scheduled courses. There are several requests for courses for 2012 currently under negotiation.

### Testimonials

*"The 'gem' for me was the atmosphere created by the facilitators - a nurturing learning environment where people's experiences drawn on - and where felt comfortable asking questions/checking concerns/information."*

*"Well done (hey guess that's about living the ethos of good midwifery care/model of care!)"*

(Rockhampton, MIDUS214)

*"I thoroughly enjoyed this course - the content/skill stations and the enthusiasm of the lecturers was contagious. It was really positive and empowering without being a DR bashing session."*

*"I was trained as a midwife and finished my bachelor of midwifery 4 years ago - all of this information was skimmed over and not taught. There was almost a total denial that anything could go wrong in childbirth - childbirth is a natural event however it doesn't do anyone any favours (mother, baby or midwife) if we are not taught how to deal with these possible situations."*

*"GREAT COURSE! Having a self test instead of an exam meant that I was free to relax and listen during the course and not stress about an exam. A much more adult way of learning and recognising gaps in knowledge and practice."*

## AHW REC and MEC

These courses have been further developed as a result of requests from the NT Department of Health who felt that AHWs often benefit from learning with other AHWs in an environment that allows them to ask questions and feel comfortable to participate in skill stations. The REC and MEC courses are essentially the same course but we have allowed an extra half day to maximise the learning environment. Where possible further skill stations and case scenarios have been included to make it as beneficial as possible to participants. There is also a strong commitment from the FLEC team to provide facilitators who have extensive remote experience.

These courses were developed following an extensive collaborative approach that included formation of an advisory committee that remains active to stay abreast of issues that relate to AHW national registration in 2012.

It is our aim to meet the needs of mandatory competencies that relate to emergency and maternity care.



Clockwise from top left:  
AHW course participants in skill station training.  
AHW course participant, Darwin.

A retrieval with the Port Augusta RFDS team.

AREC emergency trauma scenario held in Mackay, QLD.

Initially this course was only run in the NT but this year we have delivered a AHW MEC in Port Lincoln, SA and a ATSIHW REC on Thursday Island, QLD. Both courses were very successful and Health Workers continue to tell us that we are teaching them the 'right way'. In 2012 we will schedule courses in WA and NSW in addition to NT, QLD and SA. The male AHW MEC has been run in the NT again with very positive feedback. All courses have received extremely positive feedback around relevance, comfort of learning environment and level of information.

There has also been a big interest from AHWs around the on line learning and 18 health workers from the Torres Strait have recently registered to take part in the first aid learning. They will be guided through the process by the coordinator and then provide us with any necessary feedback. We hope to increase this interest with health workers in online learning in 2012.

The funding requirement for 2010-2011 was five courses. There was also a request for several private courses including the NT Department of Health. These courses were held in Alice Springs and Darwin.

#### Testimonials

*"Course was well delivered, instructors made course appropriate for my needs."*

*"Well presented and spoke in ways people understand."*

*"Fantastic resources, presenters were great and had a wealth of knowledge and experience between them, it feels good doing this course."*

*"All facilitator's great knowledge and communication skills with students."*  
(Darwin, AHW REC November 2010)

*"This is a proper course, they make us sign in and stay and learn, it was good to be allowed to do practical skills, this will help us be part of a team, I enjoyed it very much and it will help me when I have an emergency!"*  
(Thursday Island, REC207)

*"Very impressed that such "road shows" are available for Aboriginal remote/rural workers as well as RNs, RMS etc."*

*"Really loved the skill station and getting hands on experience or getting to feel what certain things felt like (fundus etc)."*

*"The presenters were fantastic, very knowledgeable and kept us very interested, so happy I did this course, Thankyou! The course was fantastic."*

*"The women (facilitators) were fantastic and very clear to understand. I would recommend this course to other people."*  
(Port Lincoln, MEC218)

#### eRemote

The online program is a result of a commitment from CRANplus to fill the void of readily available learning material and information for remote practitioners in between attending face to face learning. It is based on feedback from participants and organisations and perception of experienced coordinators and facilitators.

Currently core mandatory skills include:

- basic life support
- building a respectful workplace
- cultural awareness
- fire awareness
- introduction to infection control
- manual handling including ergonomics
- managing difficult behaviours
- medication calculation
- medico-legal documentation
- natural disasters
- professional development
- Advanced Life Support – 9 modules
- Advanced Life Support recertification Program
- First Aid for AHWs

#### Clinical Upskilling modules:

- 12 Lead ECG Airway Management
- Defibrillation
- Interpretation of Arrhythmias
- IV cannulation
- Non-Invasive Positive Pressure Ventilation (NIPPV)
- Chest Pain
- Intravenous Narcotic Pain Relief
- Suturing
- Plastering

Other modules/programs are being developed to ensure a capacity for remote health professionals to maintain clinical currency in emergency care in-between the face-to-face courses. Interactive case studies and journal articles and current policies will be included in these programs as well as learning packages. All materials have a strong remote focus.

#### Testimonials

#### Core Mandatory

##### Building a Respectful Workplace

*"It is great to see this as a core mandatory unit, a much needed resource for all."*

##### Fire Awareness

*"Informative; well set out; quiz was particularly helpful to my learning."*

*"I finished the "Core Mandatory" course today... many thanks for such a great course, I didn't know how I'd ever get my education up to date working in remote areas until I found your course..."*

*"This has been one of the best presentations I have seen on cultural awareness. Thanks very much Lenny – it was wicked!!"*



#### ALS

##### Module 1

*"Excellent online learning module. Look forward to continuing with the other modules"*

*"Excellent co-ordinator support. Easy to contact and helpful with course learning."*

##### Module 3

*"I have thoroughly enjoyed this module."*

#### Clinical Upskilling

##### Chest pain

*"The knowledge is good to review on a regular basis and this is a great format to do it in."*

*"I work permanent part-time in a Prison, and casual in both a Day Surgery and a GP Practice. I was previously employed in a public hospital, where it seemed much easier to access ongoing education/recertification of mandatory skills. Online training such as this, (I am at present registered for the Core Mandatory Suite) and others I have discovered through other professional memberships, are extremely helpful, and help me take control of my ongoing education, and fill in the gaps when I am unable to attend formal education sessions."*

*(In reference to the Basic Life Support module, eRemote, January 2011)*

*"Once again many thanks. The online education is a terrific resource and I have found it more useful than attending "compulsory" inservice as the workbooks are excellent resources and I can study at a time and pace that suits me."*

#### FLEC course numbers

##### Courses

Course	2009-10	2010-11	% increase
REC	550	733	33.27
AREC	54	133	157.41
AHW	47	100	112.77
MEC	300	403	34.43
MIDUS	110	152	38.18

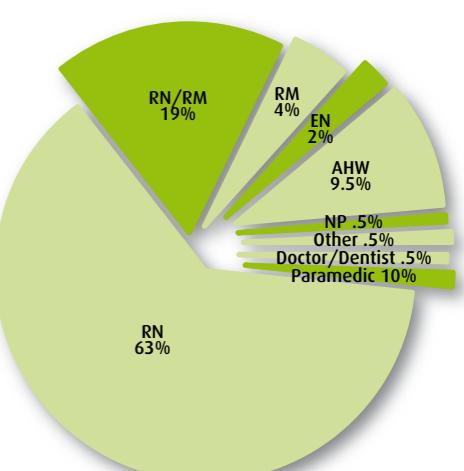
##### Locations

Location	2010	2011	% increase
NT	255	430	68.63
WA	185	315	70.27
Queensland	255	489	91.76
NSW	89	143	60.67
Victoria	79	172	117.72
Tasmania	66	112	69.70
SA	114	177	55.26
ACT	15	15	0.0
International	3	17	466.67

##### Funded/Private

Funded Courses	Private Courses
33	21

#### Breakdown of disciplines 2010-2011



# CRH short courses

## remote health practice

CRANApplus is a major stakeholder in the Remote Health Practice Program run in conjunction with the Centre for Remote Health and a joint venture between Flinders University and Charles Darwin University.

Through this program, we support the continuing education efforts of remote health practitioners in an effort to build a highly sustainable workforce in remote and isolated Australia.

The Graduate Certificate and Graduate Diploma in Remote Health Practice have three major areas of study – the remote context, primary health care and advanced practice.

A Master of Remote Health Practice is also offered as part of the program. The program combines distance learning, online education and intense short courses held in locations throughout Australia.

## short courses 2010–2011 financial year

### Chronic Disease in Remote Practice

Alice Springs August 2010

### Foundations of Remote Health Management

Alice Springs August 2010  
Alice Springs March 2011

### Fracture Assessment and Management

Alice Springs August 2010  
Darwin October 2010  
Alice Springs April 2011  
Darwin June 2011  
Darwin June 2011

### Framing Indigenous Health

Alice Springs	August 2010
Darwin	October 2010
Alice Springs	March 2011
Alice Springs	April 2011
Darwin	June 2011

### Pharmacotherapeutics for RANS

Alice Springs	August 2010
Umuwa	September 2010
Darwin	October 2010
Broome	October 2010
Warakurna	February 2011
Alice Springs	April 2011
Darwin	June 2011

### PHC: Making a difference

Broome	October 2010
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### Recognising and Responding to Dementia in Indigenous Communities

Alice Springs	March 2011
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### Remote Advanced Nursing and Family Practice

Alice Springs	April 2011
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### Remote Advanced Nursing Practice

Alice Springs	August 2010
Darwin	October 2010
Alice Springs	April 2011
Darwin	June 2011

# our national conference



CRANApplus has held an annual conference since the organisation's inception in 1982. Delegates are representative of all areas of remote health delivery, student bodies and educational institutions. Also in attendance are representatives from state and federal governments, academics, managers and policy makers.

Many of our participants are located in isolated areas and therefore have limited access to ongoing professional development. They often rely on our annual conference to keep abreast of the latest information and technology available to their field.

During the three day conference, participants are informed of the latest developments in remote health care policy, drug therapies, technologies and therapeutic treatments for clients in their care.

Clockwise from top left:  
Lee Thomas, Federal Secretary ANF.  
President Christopher Cliffe and Chief Nurse and Midwifery Officer Rosemary Bryant.  
Delegate Claire Kappel at Welcome ceremony at Adelaide Zoo.  
Conference delegates.

## our awards

### the aurora award

The prestigious Aurora Award was initiated by CRANApplus to recognise individuals who have made an outstanding contribution to remote health. These individuals stand out, not because they are an extrovert or seek recognition, but often the opposite, in that they may be the silent achiever who provides inspiration, leadership and energy to make things happen. Nominated by a mentor, colleague or co-worker as a 'A Shining Light' in the delivery of remote health care and for their contributions to remote health.

### the CRANApplus awards

The CRANApplus Awards recognise remote health professionals who have made a significant contribution improving health outcomes or have made a special contribution to their profession in general. There are seven categories for these awards. Any individual, group or community may nominate a person for an award.



Photos: Rosey Boehm.

From left to right:  
 CRANApplus Award trophies.  
 Isabelle Ellis, 2010 CRANApplus Aurora Award winner.  
 Excellence in Remote Health Management award  
 recipient Emma Barritt with Christopher Cliffe.  
 Primary Health Care Champion award recipient  
 Sharon Marchant with Wendy Mackay.

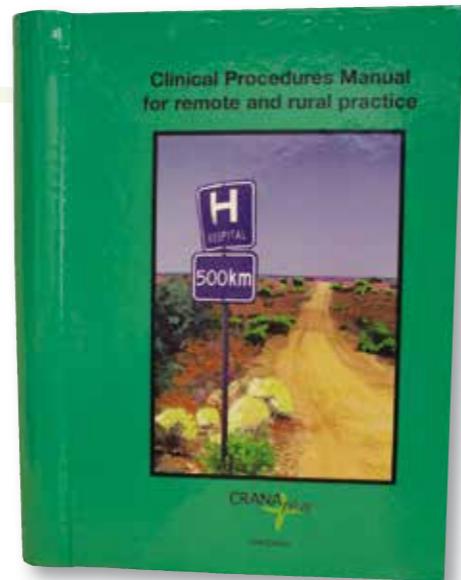
## our publications



Photo: Donna Lamb

### the clinical procedures manual

The aim of CRANApplus is to promote the development and delivery of safe, high quality health care to remote areas of Australia. CRANApplus has initiated, and continues to develop practical programs and resources for remote practitioners.



The second edition of the *Clinical Procedures Manual for remote and rural practice* reflects the collaboration between Australian and New Zealand health professionals facilitated by CRANApplus and the New Zealand Institute of Rural Health.

### the CRANApplus magazine

The CRANApplus magazine, with a circulation of 8000 copies, is published four times per year. The magazine replaces the 'Outback Flyer' which had served the organisation for over 20 years. The new look publication reflects the broadened scope of the organisation, with the content focusing on the three areas of CRANApplus core business; to educate, advocate and support the remote health sector.

### the friday update

The 'Friday Update' is a weekly e-newsletter available to current and lapsed members. Designed to keep readers in touch with current events and educational opportunities, it has an informal style and invites readers to contribute information relevant to their colleagues and the remote health sector. It reaches in excess of 2500 recipients weekly.



From left to right:  
The second edition of the Clinical Procedures Manual for remote and rural practice.  
CRANApplus magazine editions for the year.

## our voice



CRANApplus is now recognised as the voice of remote health. There is now a clear recognition, both within Government and in the wider sector, that the people who make up our organisation have an unparalleled level of knowledge and expertise in this area. It is also understood that we are the primary providers of post graduate emergency care training and the only organisation providing complete support for all health professionals in the remote health context.

This recognition has made advocacy for the sector easier — but much more demanding. We are now on almost every committee, reference group and advisory panel pertaining to health and health reform and we are regularly called on for comment on most papers and policy that impact on the sector.

We will continue to work towards an understanding of 'remote' and to fight for the sector to be seen as separate from rural. There are certainly some overlaps between the two areas of work, but the challenges facing those living and working in the remote sector are unique; and so too must be the solutions. Most policy decisions that benefit the rest of the health sector often either don't work in remote situations or, worse, have a negative impact. This has yet to be clearly understood, with each decision having to be unravelled and rethought for this area. It is a job that is ongoing and difficult.

Remote health has a small population, a huge geographic land mass and poorly resourced infrastructure. It is hard to find cost effective health solutions where it is understood that everything else is expensive — but this is our chosen area of work and one we love.

We will push on in the hope that we can make a difference and we will continue to be heard — that is what advocacy is all about.

## our representation on committees

CRANApplus staff and members are actively involved in a wide range of professional bodies and our work in this area is crucial to developing and maintaining good networks and working relationships with a wide range of partners.

### Leanne McGill (CRANApplus Member)

- Board of Human Services Training Advisory Council (HSTAC)

### Emily Dalton (CRANApplus Student Member)

- Co-Chair, NOMAD Junior Nursing Portfolio
- National Rural Health Student Network (NRHSN)

### Julia Stewart (Online Education Coordinator)

- WA Country Health Forum
- Climate & Health Alliance, Executive Committee

### Libby Bowell (Education Manager)

- QLD Rural & Remote Speciality Reference Group
- NT Best Practice Advisory Group
- Royal College of Nursing Australia (RCNA) Disaster faculty
- Primary Reviewer (emergency/trauma) CARPA Manual

### Carole Taylor (CEO)

- Executive of Australian Health Care Reform Alliance (AHCRA)
- Health Workforce Australia Expert Reference Group on Aboriginal Health Workers review
- Minister's Advisory Group on Rural & Remote
- Specialist Outreach Northern Territory (SONT) Advisory Committee
- Remote Primary Health Care Manuals Governance Committee
- Jack Thompson Foundation AD Committee
- Office of Rural Health Review
- NT Cancer Plan
- NT Emergency Response Review
- Palliative Care Panel

### Christopher Cliffe (President)

- Medicines Line Advisory Group NPS

### Lyn Hinspeter (Board Member)

- Coalition of National Nursing Organisations (CoNNO)

### Dr Sue Kildea (Vice President)

- Expert Advisory Committee for the Indigenous Evidence Bases ANC Guidelines

### John Wright (Board Member)

- NT Administrator's Medals in Primary Health Care Committee

### Sophie Heathcote (Past CRANApplus President)

- National Rural Health Alliance (Canberra)

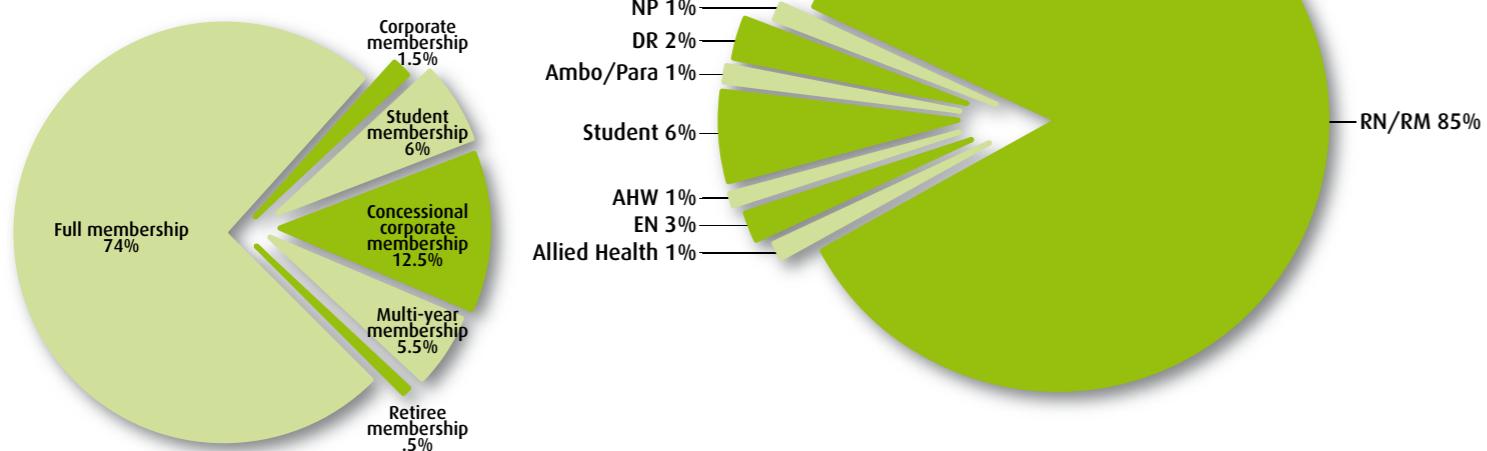
# our membership

The last year has seen increased member numbers and strong retention of the current membership. We continue to attract a wide range of health disciplines and those numbers are steadily growing. Growth in student member numbers has doubled those of the previous financial year.

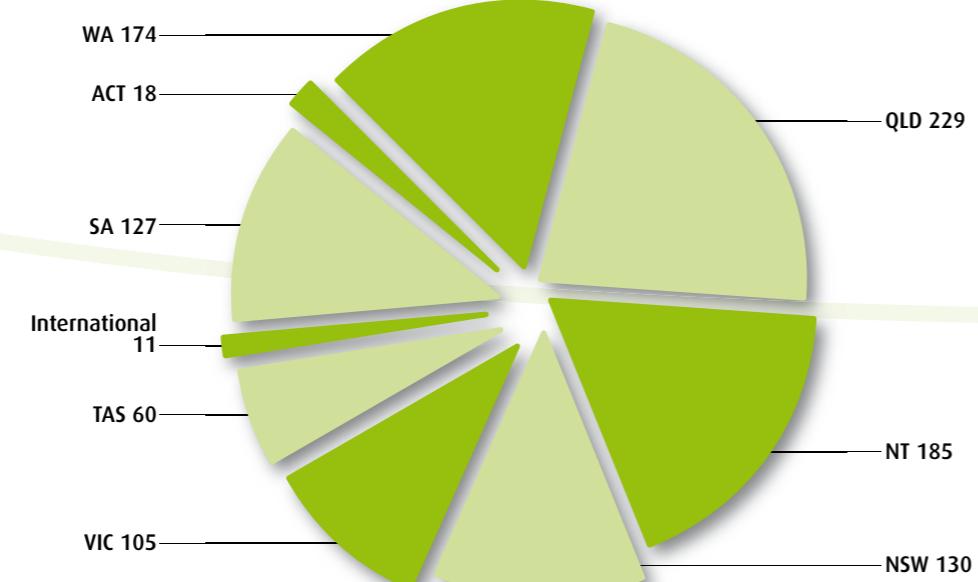
Historically Queensland represents our highest proportional membership and continues to do so. During this reporting period we have experienced even greater growth in members there, validating our organisational decision to open our newest office in that state. Although there has been varying rates of growth across all states, Western Australia and Victoria have demonstrated significantly increased membership take up.

CRANplus enjoys continued growth, bucking the current trend of membership decline within many organisations. We believe our increasing numbers and the diversity of health disciplines, and the increase in student numbers, is an acknowledgement of the value of CRANplus expertise in the areas of remote education, support and advocacy for all remote health professionals and the remote health professionals of the future.

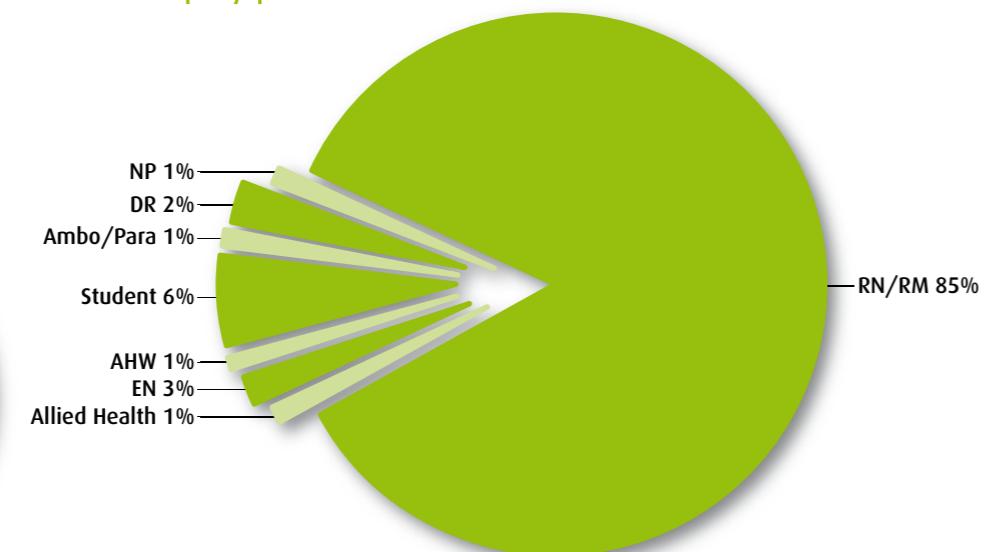
## type of membership



## membership by state



## membership by profession



Clockwise from top left:  
 Donna Lamb in the dentist's chair.  
 Helen Sikkens believes you can't beat the view from her office window!  
 Conference competition winner, Jonathan Hardwick with National Coordinator of Professional Services, Geri Malone.  
 Bringing the patient back on board the rig.

# bush support services report

Driving down dirt tracks in difficult weather conditions and spending long lonely hours in a vehicle with a 'sat' phone for company in order to reach remote health workers in faraway places was "life" for nine months for BSS Psychologist, Mark Millard. Mark undertook the first-ever Bush Support Services (BSS) National Road Show. Mark's arrival in remote communities caused a stir of excitement. Remote health workers were pleasantly surprised to see Mark arrive in person for a chat and also to present in detail the counselling and support services offered by this unique service known as BSS. The good old-fashioned country hospitality extended to Mark was well received.

The team at BSS makes it their business to focus on helping remote health workers and their families cope with a large range of challenging situations. We feel that if people are dedicated and committed enough to undertake work out Bush, then they need to know that BSS is always there to support them and their families should the need arise.

Mark initiated and undertook this first ever BSS National Road Show with a view to reaching out to remote health workers in a personal way. He accessed more than 800 remote health workers in 35 rural and remote locations. Mark's personal visits proved more valuable than any advertising campaign could possibly have done. The response and feedback from his visits has been overwhelmingly positive and encouraging.

Mark said he was surprised at the iconic status of BSS in the Bush. "Don't ever change the phone number: keep it 1800 805 391 forever," was the key message from one nurse in the Kimberley. This was one of the most memorable statements to come from remote health workers who Mark met during the nine-month-long Road Show.

The same nurse told Mark that he should not underestimate the benefit of the BSS Team "just being there," even if the phone sometimes didn't ring! She said just knowing what BSS did and that the Line was staffed 24 hours daily had made her life easier: she said that, at times, she had used the line, and at times, she had managed to cope using her own resources.

In clinics, hospitals and health centres, BSS Toll Free 1800 805 391 stickers and magnets were found on filing cabinets, notice boards and washroom doors throughout remote Australia.

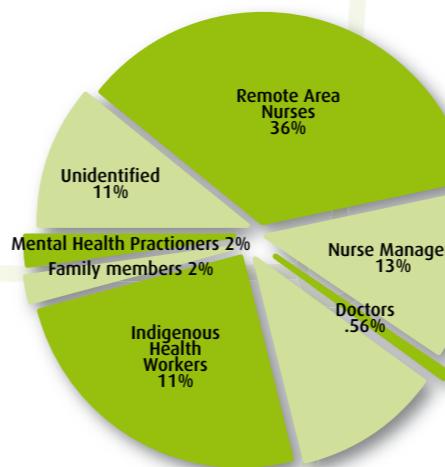
The following was achieved during the 9 months:

- 48 onsite visits and activities in 35 locations
- 8 full-day workshops focussing on self-care and stress management
- 2 Regional Health Service Open Days at hospitals
- Personal distribution of more than 800 BSS information and resource packs.

# bss hotline at a glance

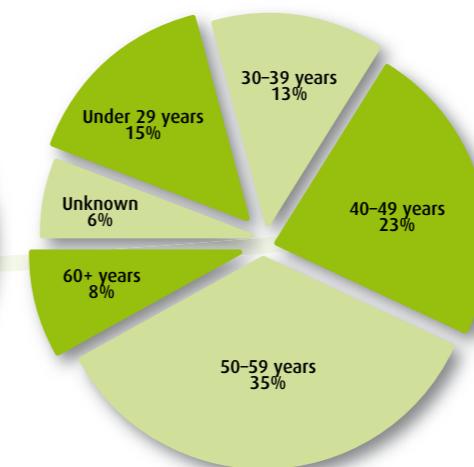
## who?

75% of callers are female



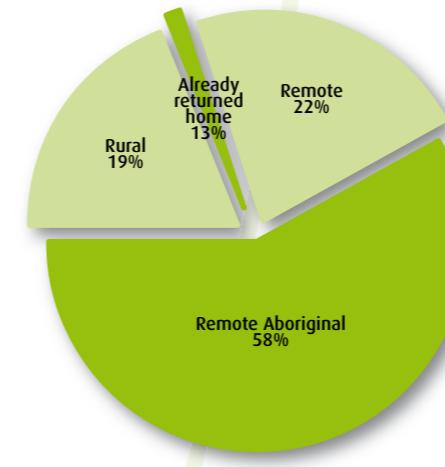
## what?

age group



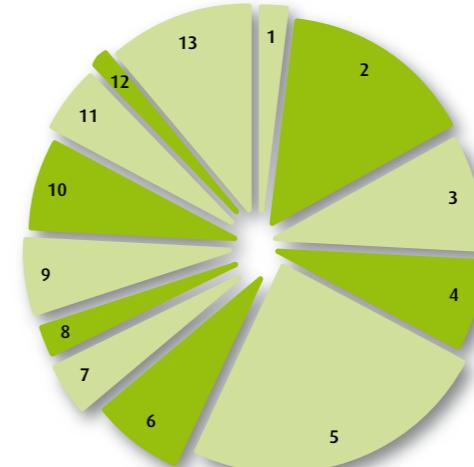
## where?

setting/location



## why?

reason for the calls



## when?

46% of call are made during business hours

- 1 Assistance with psychological interventions 2%
- 2 Conflict 15%
- 3 Debriefing 9%
- 4 Grief issues 7%
- 5 High levels of day-to-day stress 24%
- 6 Job related trauma 7%
- 7 Mental Health disorder 4%
- 8 Physical health problems 2%
- 9 Professional issues 6%
- 10 Relationship issues 7%
- 11 Suicide ideation 5%
- 12 Violence against practitioner 1%
- 13 Workplace bullying 11%

# financial overview

## CRANApplus incorporated trading statement for the year ended 30 June 2011

Sales	\$	Expenditure	
Clinical Procedure Manuals	50,930	Reference materials	71,677
Sales	70,795	Accountancy & bookkeeping	9,960
	<b>121,725</b>	Advertising and promotion	34,331
		Audit Fees	5,460
		Bank Charges	9,627
		Bookkeeping	1,465
		CADPHC-TENN Charges	15,000
		Cleaning	14,570
		Conference costs	95,076
		Consultant's fees	1,426
		Consumables	16,610
		Course costs, catering and facilitors	132,707
		Depreciation	117,898
		Donations	2,875
		Doubtful debts	3,393
		Employee entitlement provision	(43,598)
		Insurance	33,834
		IT Costs	(15,058)
		Leasing	2,791
		Legal fees	7,344
		Magazine and newsletter	41,809
		Marketing products	11,390
		Motor vehicle	40,464
		Organisational support (internal charge)	207,300
		Postage and freight	107,508
		Redundancy pay	29,401
<b>Less cost of goods sold</b>			
Opening stock	216,867		
Purchases	(116,832)		
	<b>100,035</b>		
Closing stock	(98,356)		
	<b>1,679</b>		
<b>Gross profit from trading</b>	<b>120,046</b>		
<b>Other income</b>			
Conference fees	115,964		
Course fees	490,556		
Interest received	75,084		
Membership fees	103,630		
Organisational support (internal charge)	207,300		
Particular purpose grants	3,635,097		
Profit on disposal of assets	8,564		
Recovered costs	7,718		
Website	2,045		
Sundry income	(1,433)		
	<b>4,644,525</b>		
		<b>Net surplus</b>	<b>759,453</b>

\* Please contact CRANApplus if you wish to be sent the full financial report.

