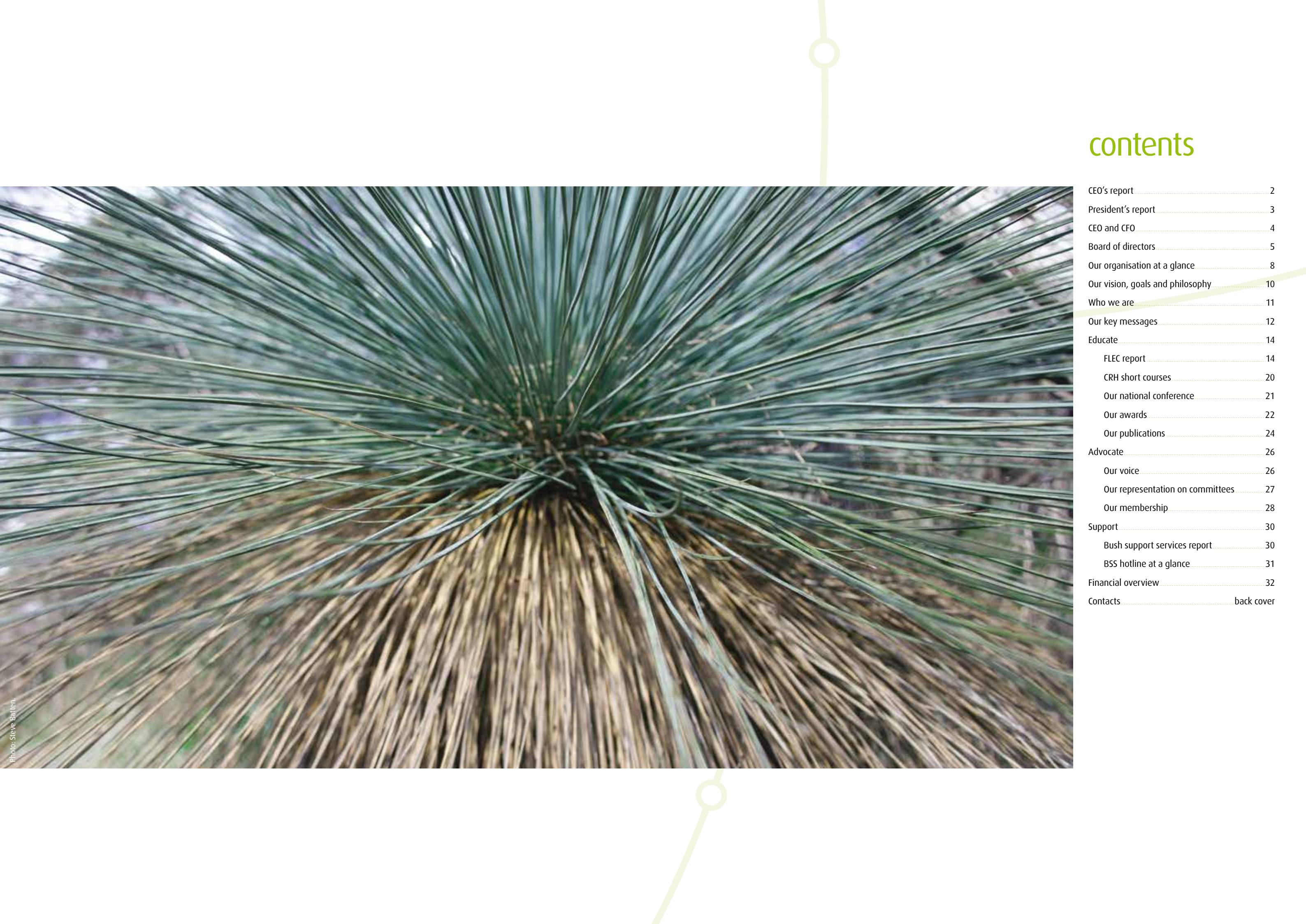


annual report 2011–2012



educating, supporting and advocating for remote health across australia



contents

CEO's report	2
President's report	3
CEO and CFO	4
Board of directors	5
Our organisation at a glance	8
Our vision, goals and philosophy	10
Who we are	11
Our key messages	12
Educate	14
FLEC report	14
CRH short courses	20
Our national conference	21
Our awards	22
Our publications	24
Advocate	26
Our voice	26
Our representation on committees	27
Our membership	28
Support	30
Bush support services report	30
BSS hotline at a glance	31
Financial overview	32
Contacts	back cover

ceo's report



Over the past four to five years CRANApplus has undergone a period of very rapid growth. Members are aware of this and I have stated it on more than one occasion.

This growth has certainly not diminished, as the call on our services has risen once again at an unprecedented rate.

Our courses have grown by over 20 per cent, with new ones being developed to meet the ever-growing need associated with the sector and National Registration of the Health Professions. Also, the demand for the services delivered by the Bush Support Services has increased at a rapid pace and, in addition, we are working harder in terms of our representation of the remote health sector.

With growth of this kind, an organisation goes through 'phases' that have to be managed in order to both sustain growth and to ensure that 'growing pains' are lessened and contained.

The first phase in that period was one of survival as the Government went through a period of restructuring within the remote and rural sector, looking at who was delivering services and what duplication, if any, was occurring.

CRANApplus was always well placed to survive this phase as we are the only member-based national organisation educating, supporting and advocating for the remote health sector. The challenge was to ensure that those who needed to, were aware of that fact and to create a level of understanding and respect for what we achieve.

The second phase was to grow or wither and, having achieved success in the first phase, this too became less of a challenge. Recognition and respect at all levels was and still is, the foundation for CRANApplus to move forward and commence the difficult task of trying to better meet the needs of the workforce in the sector.

Both our support team under Colleen Niedermeyer and our education team, led by Libby Bowell, were able to rise to that challenge and, with a great deal of dedication and hard work, have been able to deliver a better and more responsive product.

The sector in which we work is a very difficult one indeed. Those who work within it are a very special group of people, with very special needs. For example, the model that has a small group of people working in a community for long periods is sadly changing. We now have people staying for shorter periods and we have many more locums or short-stay people in remote locations.

The challenge for us, in supporting all those within the sector, is ensuring more people are trained and supported so that they can practice safely and effectively in a difficult and sometimes unfamiliar environment. We now have more Fly in Fly out services, augmenting the residential teams, and these too are seeking out our services.

It is clear to us that the growth of the organisation over the past few years must be sustained and continued.

Running parallel with our program of rapid growth, we have, this year, started to look at examining the business of CRANApplus. We are looking very carefully at our processes and procedures to ensure that our corporate sector is robust enough to underpin the work of our other teams.

The Board and senior management is looking at our Strategic framework and business planning to take us to the next level and, as all organisations should from time to time, we are re-examining our mission and core business.

This next phase sounds nowhere near as exciting as those we have just gone through, but we are a very vital cog in the remote health wheel and we must make sure that our organisation is underpinned by the best possible financial, governance and management practices available to us.

We are confident that we will find ourselves at the conclusion of 'phase three', with a strong, relevant and effective organisation, better equipped to support the remote health workforce and contribute to better health outcomes for the sector.

In conclusion, I would like to thank all of the staff and the Board members for their hard work and confidence, and of course our members, who are comprised of the most diverse and dedicated group of health professionals, with a collective knowledge of the sector, unparalleled anywhere else.

Carole Taylor
CEO, CRANApplus

president's report



CRANApplus has made outstanding progress over the past 12 months. Numerous milestones mark significant achievements in providing the remote and isolated health workforce with a high level of support, advocacy and educational opportunities.

Perth provided us with a wonderful venue for the 2011 conference: a wonderful opportunity to hear about exciting research, listen to heartfelt personal stories and catch up with lots of CRANApplus mates from across the country.

It's always great to see firsthand the diversity of the CRANApplus membership, all linked with the common thread of having a passion to ensure that remote Australians have access to the best possible healthcare.

At the AGM, our organisation paid tribute to two retiring board members, Dr Sue Kildea and Dr Isabelle Ellis, both valuable and dedicated contributors to our organisation. Paul Stevenson from the Torres Strait, Katherine Zeitz from Adelaide and Breanna Bailey from Cairns have joined the CRANApplus board.

As we position ourselves to address the future priorities of remote health, we are doing our bit as a board to ensure that your CRANApplus has a strong foundation. In line with our plans to invest in property and diversify our base of operations, we opened our far north Queensland CRANApplus office in Cairns. This will join our other locations in Alice Springs, Adelaide and Canberra.

The work being done around the voluntary credentialing for Remote Area Nurses is progressing and should be a valuable resource for the broader industry, as we define our specialty area, along with setting minimum standards. The requests on CRANApplus to advocate for appropriate professional practice and support with employers is large, a sign we have a long way to go with some of our industry stakeholders. I'm often frustrated that we are still having to support clinicians against structures and systems that actively stifle innovation, prevent diversity, restrict the scope of practice of professionals and create a culture of fear and belittlement.

I'm sure many of you are also excited to see the plain packaging of cigarettes, a great initiative to help reduce the burden of preventable disease. The roll out of the Personally controlled electronic health record will also be an exciting time, as the industry slowly reacts by placing higher priority on the implementation of an electronic medical record. Hopefully this will also provide long-term improvements for our clients as they obtain control of their own health information. I sincerely hope that many of our members have thrown their hat in the ring to be considered for governance or senior roles with the Medicare Locals and Local Hospital Networks, it's imperative that the unique needs, challenges and costs of remote health are not lost in this avalanche of reform. CRANApplus will watch with keen interest to see how the divisions of General Practice transform into multifaceted organisations meeting the multi-professional and the diverse PHC needs of all the communities in which they are now accountable.

I sincerely hope that you knowing CRANApplus has your interests at heart gives 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.

CRANApplus is only a sum of its membership and as such I thank you for entrusting me with the role of President. I look forward to the coming year and working with many of you to continue driving ahead in developing an even bigger, more robust, more accessible and more powerful organisation, while retaining the culture and warmth we have grown to love

Christopher Cliffe
President, CRANApplus

ceo



carole taylor

CEO

Carole Taylor has been CEO of CRANApus 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 Worawa 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, Amajere and Kurdudju projects with prisoner release, emergency relief and the Tangentyere ID card.

CRANApus 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, CRANApus will continue to grow and to provide support to all those who work in this most challenging of sectors.

cfo



steven dangaards

CFO

Steven was appointed Chief Finance Officer (CFO) of CRANApus in September 2011. As an accountant

Steven boasts impressive practical and academic achievements and comes highly regarded within his profession and local community.

Before joining CRANApus Steven previously worked in the forensic and insolvency industry for seven years. During this time Steven attained his professional membership with the Institute of Public Accountants, became a Justice of the Peace and completed both his Postgraduate Degree in Professional Accounting and Masters Degree in Commerce.

Over the past five years Steven has also been enthusiastically involved in the not-for-profit industry by currently acting as treasurer for Youth Empowerment Towards Independence (YETI) which engages in local youth health projects. Having grown up, studied and worked in Far North Queensland Steven is currently based to work from the newly established Cairns office.

With Steven's youthful enthusiasm, strong leadership attributes and demonstrated experience we are confident he will continue to play an integral role in helping the organisation achieve its aims and objectives.

board of directors



christopher cliffe

President Chair Students and Graduates 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.



paul stephenson

Vice President Chair Fellowship Subcommittee

Paul's background and qualifications are in isolated practice nursing, and health care management.

He began his career in health as a registered nurse in the heart of Sydney, trained and worked across numerous speciality areas including burns, sexual health and community health, and moved to Cairns in 1990 to begin what is now two decades of experience with Queensland Health in the FNQ.

After six years as a clinical nurse consultant/program manager in sexual health and HIV with community health services, he went on to public health nursing on Palm Island and then as Director of nursing/service manager at Cooktown. Four years later, he took on the same role in the Mossman.

He has served on the Board of Directors for Family Planning QLD along with multiple rural and remote health advisory committees.

His transition to management streams means the satisfaction of making a difference at strategic levels, with an emphasis on practical improvements in health care access and outcomes in rural and remote communities.

In 2002, he became District Manager of the Cape York Health Service District and remains proud of the progress made by the team in Cape York during the mid 2000s.

He accepted his first role in the Torres Strait as relieving District Manager of the Torres Strait and Northern Peninsula Area Health Service in 2003 and then returned to Cape York in 2005.

An appointment as CEO of the Mt Isa Health Services District followed in 2009 and currently he is District Chief Executive Officer of the Torres Strait and Northern Peninsula Area Health Service District.

As of August 2012 he will take on the role of Executive Manager of PHC Apunipma Cape York Health Council.



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 CRANApus 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.



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 (Nguui) 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.



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 *CRANApplus*, with its vision and energy, as a way to contribute to improved outcomes.



breanna bailey

Chair IT and Social Media Subcommittee

Breanna joined the Board of Directors of *CRANApplus* in December 2011. Breanna

was elected by her fellow directors to bring accounting expertise to the Board of *CRANApplus*. She grew up in Far North Queensland and graduated from James Cook University with a Bachelor of Business and Information Technology.

Breanna spent four years in the Audit Division of KPMG Chartered Accountants, providing audit and other professional services to clients in Cairns and remote areas of far north Queensland.

Breanna is currently employed as an Upstream Accountant for InterOil Corporation. InterOil Corporation is an integrated oil and gas company listed on the New York Stock Exchange with operations based in Papua New Guinea.

Breanna is currently studying a Graduate Diploma of Chartered Accounting to obtain professional accreditation with the Institute of Chartered Accountants.



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 *CRANApplus*.



john wright

Chair nurse practioner Subcommittee

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 *CRANApplus* representative on the NT Administrator’s Medals in Primary Health Care panel.



catherine zeitz

Chair Research Subcommittee

Kathryn first became associated with the Council of Remote Area Nurses in 1998

when she developed the Remote Emergency Care Program and piloted the first four programs – and ever since then, she has been a member of *CRANApplus*. Again, in 2002, she had the opportunity to review the Remote Emergency Care program.

She has seen *CRANApplus* grow over the past 10 years or so and the significant changes to the organisation this has required.

She also recognises that the organisation benefits from the support of a strong board, which she considers comes from a balance of frontline clinical expertise supported by expertise in specialist areas.

She has worked in a number of areas since graduating as a Registered Nurse from Sturt College of Advanced Education in 1985. Her early career was at Flinders Medical Centre, specialising in the emergency department. Since that time, she has worked in rural primary care and at the Royal Adelaide Hospital.

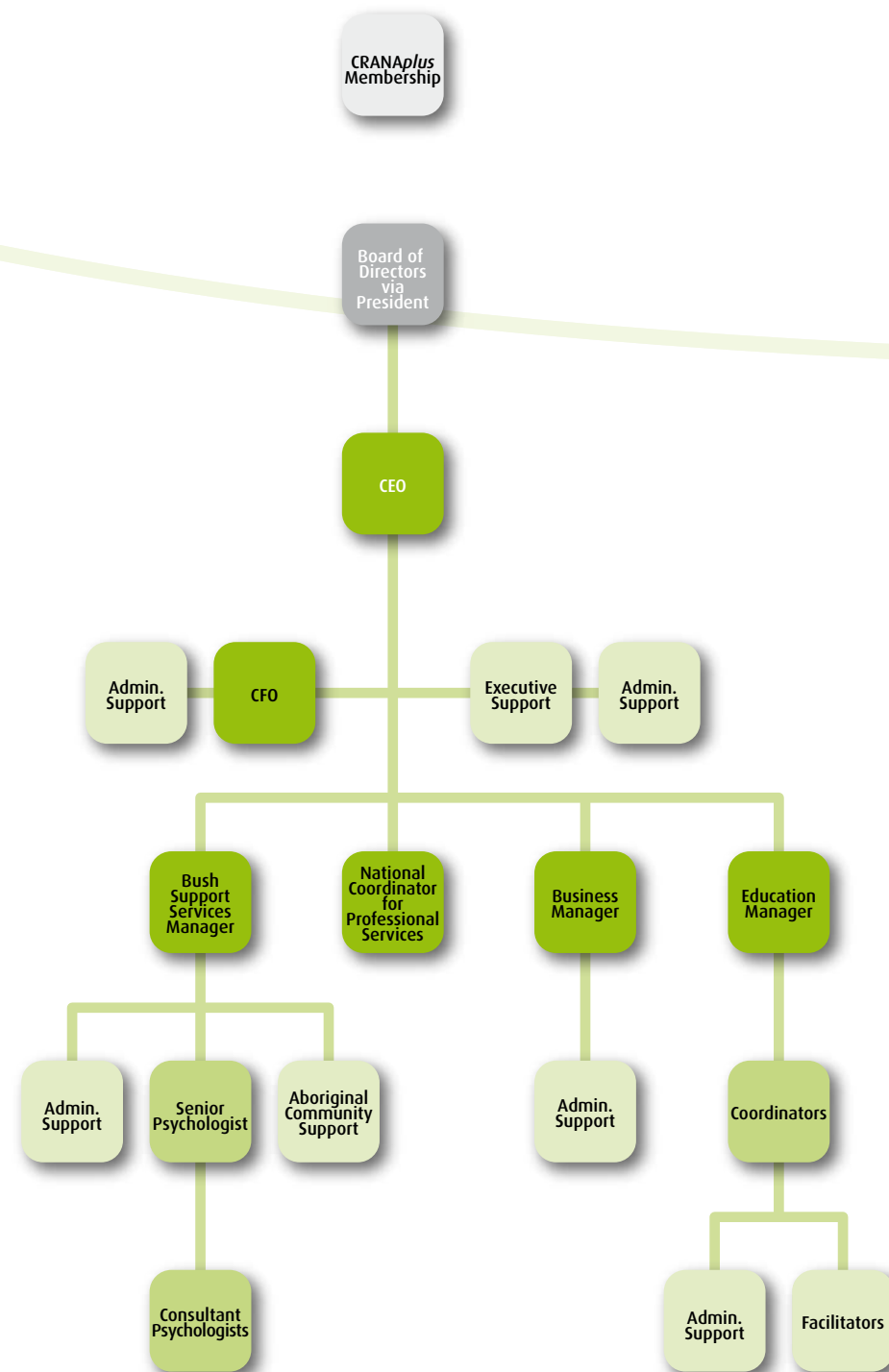
Her current role with the Central Adelaide Local Health Network is in change management and she has a strong background in research, completing her PhD at the University of Adelaide Clinical Nursing School.

She has over 30 years’ experience as a volunteer with St John Ambulance Australia, providing frontline health care provision in the mass gathering setting and national leadership positions.

Her board experience has included being a member of the board for Variety, the Children’s Charity in SA, and a member of the South Australian Government’s Volunteer Minister’s Advisory Panel.

She would love the opportunity to support the members of *CRANApplus* and the organisation’s ongoing work as a member of the Board through her expertise in governance, strategy and planning.

our organisation at a glance



CRANApplus, celebrating 30 years in 2012, has been steadily expanding its operation over the last few years.

Within one week in May, CRANApplus returned to its roots and opened a new office in Cairns and moved its head office to new premises in Alice Springs.



It is truly a national organisation, working on national issues, on the national stage, promoting, supporting and advocating for all remote health professionals living and working in remote health.

alice springs

CRANApplus' 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 organisation 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.

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 CRANApplus 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, the Alice Springs office is responsible for website development, maintenance and IT support, the CSC also provides HR functions for the staff of all offices.

adelaide

CRANApplus 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 CRANApplus 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 CRANApplus Conference and additional income generation.

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 CRANApplus 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.

cairns

The newest office in the CRANApplus organisation, is located in Cairns.

This office houses the Bush Support Services (BSS) Program Manager and support staff. They are 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 appointment of Chief Finance Officer Steven Dangaards and associated administrative support staff from Cairns has afforded the organisation the option of relocating the finance department to the new Cairns office.

Top: The new purpose-built offices, Alice Springs.
Middle: Officially opening the Alice Springs offices – Minister Warren Snowden with CEO Carole Taylor.
Bottom: Left to right: President Christopher Cliffe, Federal Health Minister Tanya Plibersek and CEO Carole Taylor opening the Cairns office.

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 (CRANApus 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 CRANApus.
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 CRANApus by 20% over three years.
10. To have lessened the % dependency on the Government purse by 2013.

our philosophy

CRANApus 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.

CRANApus 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.

CRANApus 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

CRANApus 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 CRANApus 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

CRAN*plus* 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: George Fort.

FLEC report

education

Education and training continues to be one of the three main focuses for CRAN*plus*. CRAN*plus*' 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 2011-2012.

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 Islander Health Workers (ATSIHW)
- Ambulance officers
- Paramedics including industrial medics and those who work in the mining environment
- Offshore medical/nursing/paramedical staff
- Isolated practice Medical Officers (GP)
- Allied health professionals such as dentists and physiotherapists

The development of new courses has proved successful with an increase in demand right across most courses in 2012. A&TSIHW courses being the course that has struggled beyond the NT in the last year with several reasons for this being identified.

Clockwise from top left:
ATSIHP facilitators (left to right) Rose Hoffman, Grace McCarthy, Rachel Walker, Ross Cole and Lenny Cooper.
REC course participant during a skill station.
REC course facilitators (left to right) Sharon Marchant, Geri Malone, Libby Howell and Sue Orsmond.
Facilitator Greg Dime (left) supervises REC course participants during skill station on Thursday Island.
REC course participant on Thursday Island.

Our courses are endorsed by several organisations:

CRAN <i>plus</i> course	Endorsed or accredited by
REC (Remote Emergency Care)	Endorsed by RCNA
MEC (Maternity Emergency Care)	Endorsed by RCNA, accredited by ACRRM
AREC (Advanced Remote Emergency Care)	Endorsed by RCNA, accredited by ACRRM, endorsed by Rural Leap
MIDUS (Midwifery Up Skilling)	Endorsed by RCNA and Midplus, accredited by ACRRM
ALS (Advanced Life Support)	Endorsed by RCNA, accredited by ACRRM

FLEC remote emergency care (REC)

REC was developed in consultation with the Australian College of Rural and Remote Medicine and the College of Emergency Medicine with input from several other emergency specialties and RANs. The course was designed to enable health practitioners to develop knowledge and skills essential to provide safe emergency care and treatment in emergency situations encountered in the remote setting.

This course continues to meet the needs of the Remote Area Practitioner with demand continuing to increase. Despite an increase in the number of courses, all courses for the year have been full and many participants have been waitlisted in the last 12 months. (Despite additional unfunded courses being added mid year.)

A strong commitment by the FLEC team to provide up to date emergency skills and knowledge to allow teams to work together for the best possible patient outcome continues. The REC course continues to attract new facilitators and more importantly retain almost, if not all of them long-term.

The NT Department of Health contracted CRAN*plus* to a further four REC courses in the NT as part of their Remote Area Nursing orientation program for 2011/12. These courses were held in Alice Springs and Darwin. There have also been three private courses delivered for the year.

Testimonials

*"CRAN*plus* REC is the best education I have experienced for nursing. Very relevant subjects with instructive and entertaining lecturers. Great support for the participants with the facilitators experiences in rural/remote nursing and health care really helping with advice and actions to be taken in trauma and isolated incidences. Encouraging and friendly facilitators', really appreciated the learning environment."* (Weipa, REC283)

"I thought this course was great. I can't wait to do a MEC if it is anything like REC. All the facilitators were supportive and knowledgeable. Was a lot of fun. Catering amazing. Was so good to networking and firming relationships with other RANS. I want to do it again!!!" (Alice Springs, REC288)

"I really loved this course. As a third year nursing student I found every lecture relevant and informative. I was seriously considering going bush before this course and now I am sure it is the direction I want to go with my career. Thank you." (Canberra, REC263)

"A brilliant course that strikes at the heart of remote nursing. It brings out the best and gives confidence to the nurse who is faced with difficult situations." (Coober Pedy, REC259)



"I loved this course-practical evidence-based, appropriate info and skill stations, facilitators who work and know the remote context. The interactive hands on nature of the course demystify many practices thus making them more accessible to us in our context. Very 'user- friendly'. Leaders/facilitators who want you to take valuable skills away and help you succeed and develop confidence in the skills required in remote practice." (Darwin, REC240)

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 again contracted CRANaplus to provide two MEC courses as part of the orientation process in 2012. These courses were held in Alice Springs. There have also been 3 private MEC courses delivered over the previous year, 2 of these in Queensland.

South Australia has it's own Maternity course for non midwives so proves to be the vulnerable state to fill courses so this annual scheduled course is being moved into Victoria or Western Australia.

Testimonials

"Money well spent! I will be promoting this course to my colleagues, I have no previous mid experience and haven't given birth myself... so anything to do with pregnancy/delivery gave me a nervous sweat! I now feel so much more confident...wish I'd done the course years ago. Thank you!"
(Perth, MEC230)

"As a new graduate, young male, with no previous exposure, I feel much more prepared to handle maternal situations. I will recommend this to classmates - continue to recommend CRANA to future students."
(Ceduna, MEC220).

"Thankyou so much for a fantastic course! As someone with no maternity/midwifery experience I feel a lot less scared and a lot more confident in managing maternity situations now. All the facilitators were fantastic at making everything so simple to understand, very glad I did the course."
(Miles, MEC257)

"Brilliant. A really nice surprise. As a "reluctant" ex-midwife I attended thinking this was a necessary mandatory requirement. But I have learnt so much, felt reassured in my decision to leave mid to the specialists who obviously love their job/role... I feel much more comfortable in my ability to manage maternity emergencies out bush. Course presented in a realistic manner. Good resources. Will definitely recommend to others. Thankyou and keep up good work."
(Alice Springs, MEC260)

AFLEC

The AREC, MIDUS and Aboriginal and Torres Strait Islander Health Worker (ATSIHW) 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 has continued to be 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, offshore medical and nursing personnel and doctors. This course has been accredited by the Australian College of Rural and Remote Medicine (ACRRM) and endorsed by the RCNA.

This course took longer to find it's audience but the last 6 months has seen courses waitlisted and from next year the first private courses secured.

Testimonials

"No course was available in my area health service that matched the contents of the AREC. I plan to do this yearly to update. I plan to do modules from e learning e.g. plastering and suturing. Thoroughly enjoyed it. Thank you. All facilitators were clear. I didn't feel awkward asking questions and of course they were very knowledgeable."
(Cairns, AREC287)

"This course has given me insight into relevant skills to handle emergencies as first line. I have improved my knowledge and skills. It has given me motivation to improve certain skills required to deliver efficient care to patients."
From a GP in a rural setting. (Dubbo, AREC258)

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.

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. The course is endorsed by RCNA and Midplus and accredited by ACRRM. There have been two private courses this year with requests for further in 2012-13 already.

Testimonials

"Provision of resources and www links is excellent and well researched - THANKYOU!! P154 good pictures for reminding about VE presentation. Much more enjoyable than the ALSO assessment and exam I did 9 years ago. Good talks about cultural safety - this is not done well in far west."
(Broken Hill, MID252)

"As with REC course I attended at Broken Hill last year, I not only learnt lots, but also loved every minute of this CRANA course. All the facilitators are inspiring. Thank you."
(Alice Springs, MID222)



ATSIHW REC and MEC

The ATSIHW REC and MEC courses are essentially the same course but have 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 a strong commitment from the FLEC team to provide facilitators who have extensive remote experience and this has been taken even further this year with the introduction of a number of ATSI facilitators. A three day workshop was conducted in Alice Springs from 12th -14th June 2012 where potential facilitators were introduced to CRANaplus as an organisation representing remote and rural health professionals. The workshop then proceeded to develop skills for successful facilitation with each participant practicing their presentation skills in the supportive environment which had grown within the group over the course of the workshop. These facilitators have now begun to facilitate on courses.

ATSIHP REC courses have been conducted in Alice Springs and Darwin as well as a private course in the NT. A MEC has also been delivered in Port Lincoln with separate male and female MEC courses conducted in Darwin.

Courses have received extremely positive feedback around relevance, comfort of learning environment and level of information.

Some courses have been cancelled due to lack of participants including RECs in Western Australia and Northern Territory. The difficulties with running these courses successfully beyond the NT borders in 2012 seems to be related to the urgency in ATSIHPs seeking to complete their Certificate 3 or 4 this year as part of their registration process. CRANaplus remains committed to delivering the courses nationally and being pivotal in ATSIHW education and is continuing to be represented in appropriate forums.

Clockwise from top left:
Student group and facilitators in Canberra at the first-ever MEC course for nursing students.
Breech birth skill station at MEC course in Port Lincoln.
MEC Coordinator Katie Sullivan with Bronson helping in the kids' room at the clinic in Mililingimbi.

Testimonials

“Would like CRANaplus to do course every two years. It was reassuring to do the course and brush up on the skills you don’t get to use every day and assist your confidence in emergency situations.”
(Alice Springs, AHW REC308)

“Understandable and more easy for using my imagination on trauma and emergency in a real case scenario.”
(Darwin, AHW REC310)

“As an indigenous male, need to do courses like this and to be done the way it was presented.”
(Darwin, AHW MEC303)

“Well thought out for Aboriginal Health Workers. “Well done “ Girls very good, learnt a lot.”
(Port Lincoln, AHW MEC208)

eRemote

The online program is a result of a commitment from CRANaplus 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.

End users from as far as Germany, Canada, New Zealand, Christmas and Cocos Keeling Islands and Indonesia have been utilising the modules for their professional development. Clinical support continues to be utilised on a daily basis and is a success for this program

There has been a growing number of end users utilising Skype and external assessors to achieve competency for various modules. This is coordinated by the On-Line Coordinator and has allowed many participants to successfully complete the Advanced Life Support (ALS) assessment, where they have struggled in the past to do this without travelling to a regional setting.



Photo: Barry Skipsey

Revisions of the eRemote platform and its functionality is an ongoing process to ensure a smooth end user process. IT support including platform issues and content loading continues by Jim Kesting. Jim’s support and IT expertise is invaluable to the background workings of eRemote.

In April 2013 we anticipate the piloting of the Advanced Paediatric Support course which follows the same format as the very successful ALS. It will be a combination of both online and a 2 day F2F course.

The Remote and Rural Mentoring Module was trialled in May/June with positive feedback, we are looking at how this can be rolled out to be a useful tool to both mentees and mentors in 2013.

An ALS video to compliment ALS online was developed this year and will be launched at conference. We anticipate this being available nationally.

All modules are reviewed annually to ensure best practice and current resources are linked and available. Assessments are also updated as part of this process.

Currently core mandatory skills include:

- basic life support
 - building a respectful workplace
 - cultural awareness
 - drug calculations for remote practitioners
 - adults
 - paediatrics
 - mental health
 - 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 – 4 modules
- 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

Testimonials

“Excellent!!! I really enjoyed the module and feel empowered to better handle challenging situations that may arise in the future, both in a city and remote setting. I received exceptional, helpful service from the CRANaplus support staff, thank you!!”

“The Performance and Development module was fantastic. I work for a new and evolving organisation that has had no history of doing PR’s or similar. Last year we really struggled to find an appropriate PR tool for use with non-clinical staff and the resources you have provided are fantastic. As someone new to clinic and staff management I have found them extremely useful. THANK YOU, you guys have taken out the hardwork for us and made PR’s easy to do.”

“Keep up the good work – it is great to be able to test these skills in a non-emergent situation.”

“Excellent co-ordinator support. Easy to contact and helpful with course learning.”

“ALS – What a great course, notes easy to understand and a great learning exercise.”

“Overall comment on all the modules – this is a great way to remind myself of the knowledge I need to complete my job.”

FLEC course numbers

Course	2011–12
REC	495
MEC	361
AREC	62
MIDUS	98
AHW	83
ALS	31
Ambo	30
Student REC	21
MHW	27

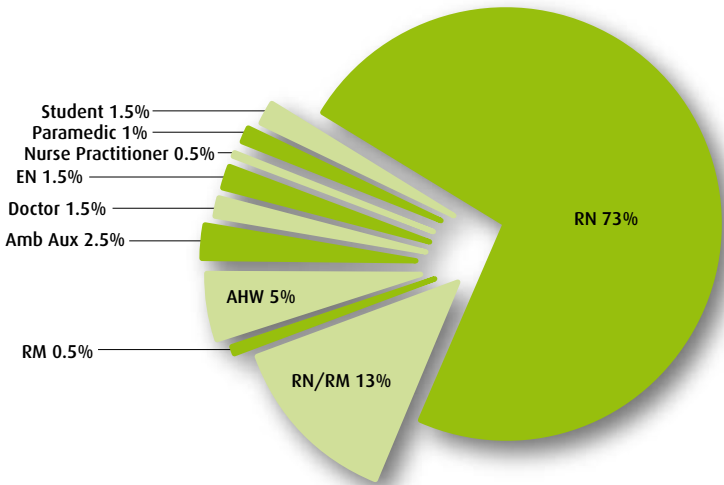
Locations

Location	2012
NT	291
WA	291
QLD	226
NSW	136
VIC	68
TAS	75
SA	83
ACT	36
International	2

Funded/Private

Funded Courses	Private Courses
33	23

Breakdown of disciplines 2011–2012



CRH short courses

remote health practice

CRANAP_{plus} 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.

The Graduate Certificate and Graduate Diploma of Remote Health Practice articulates with the Master of Remote and Indigenous Health, 18 months full time or equivalent study part time, and the Master of Remote Health Practice (Nurse Practitioner), 2 years full study or equivalent part time.

The Master of Remote and Indigenous is designed for health professionals experienced in working within the remote and Indigenous context to advance their knowledge of the discipline of Remote and Indigenous Health. Core topics provide theoretical knowledge for understanding social determinants of health and illness, implementing Primary Health Care and practicing at an advanced clinical level. It includes public health topics and the Masters is equivalent to a Public Health Masters.

The Master of Remote Health Practice (Nurse Practitioner) provides specialised education for Remote Area Nurses undertaking a Nurse Practitioner candidature for the purpose of endorsement with the National Regulation Authority (AHPRA).

short courses 2011–2012 financial year

Chronic Disease in Remote Practice

Alice Springs	September 2011
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Fracture Assessment and Management

Alice Springs	August 2011
Alice Springs	April 2012
Alice Springs	May 2012
Darwin	June 2012

Framing Indigenous Health

Alice Springs	August 2011
Alice Springs	March 2012
Alice Springs	March 2012
Darwin	June 2012

Pharmacotherapeutics for RANS

Alice Springs	August 2011
Umuwa	September 2011
Broome	October 2011
Alice Springs	April 2012
Alice Springs	May 2012
Darwin	June 2012

PHC: Making a difference

Broome	October 2011
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Recognising and Responding to Dementia in Indigenous Communities

Alice Springs	March 2012
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Remote Advanced Nursing and Family Practice

Alice Springs	November 2011
Alice Springs	April 2012

Remote Advanced Nursing Practice

Alice Springs	August 2011
Alice Springs	March 2012
Alice Springs	April 2012
Darwin	June 2011

our national conference



CRANAP_{plus} has held an annual conference since the organisation's inception in 1983. 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:
Presentation of the Inaugural CRANAP_{plus} Fellows.
Rachel Verschuren and Elizabeth Lawrence of Agrisafe Australia.
President Christopher Cliffe, Executive Director of Nursing WACHS
Marie Baxter, the Hon Helen Morton MLC and CEO Carole Taylor.
Presentation by Rhonda Henry, Raima Baker and Deborah Jones
of Katherine West Health Board Aboriginal Corp.
Viv Casey, Beth Hummerston, Lauren Peel,
Katie Pennington and Sue Twining.

Photos: Rosey Boehm.

our awards

the aurora award

The prestigious Aurora Award was initiated by CRANAp^{plus} 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 CRANAp^{plus} awards

The CRANAp^{plus} 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.



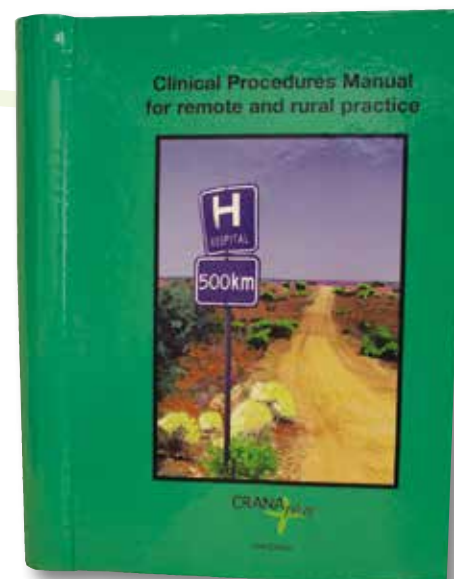
Above, clockwise from top left:
 Julia Stewart receiving her Excellence in Remote Health Education Award from Robyn Aitken.
 Monica Frain receiving her Excellence in Remote Health Management Award from Glory Baker.
 Katie Pennington receiving her Primary Health Care Champion Award from Christopher Cliffe.
 Debbie Moon receiving her Clinical Excellence Award from Wendy MacKay.
 Opposite: Kary Sachse, 2011 CRANAp^{plus} Aurora Award winner with CRANAp^{plus} President Christopher Cliffe.

Photos: Rosey Boehm.

our publications

the clinical procedures manual

The aim of CRANAplus is to promote the development and delivery of safe, high quality health care to remote areas of Australia. CRANAplus 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 CRANAplus and the New Zealand Institute of Rural Health.

the CRANAplus magazine

The CRANAplus magazine, with a circulation of 10,000 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 CRANAplus 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 3000 recipients weekly.



our voice

CRANAP_{plus} is 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 2011–2012

CRANAP_{plus} 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.

Julia Stewart (Online Education Coordinator)

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

Libby Bowell (Education Manager)

- Royal College of Nursing Australia (RCNA) Disaster faculty
- Primary Reviewer (emergency/trauma) CARPA Manual
- NT Remote Health Emergency Equipment and Training Group

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
- Therapeutic Goods Administration (TGA) Review
- Remote Health Advisory Group

- National Council to Reduce Violence Against Women and Children
- Nursing & Allied Health Rural Locum Scheme (NAHRLS) Steering Committee
- Medicare Locals Reference Group
- Aboriginal & Torres Strait Islander Health Worker (ATSIHW) Project Combined Reference Group
- Working Safe in Rural and Remote Project Steering Committee

Geri Malone (CRANAP_{plus} National Coordinator of Professional Services)

- Nursing and Allied Health Scholarship and Support Selection and Advisory Committee
- Aged Care Scholarship Advisory & Selection Committee
- Health Workforce Australia (HWA)
 - ERG Rural & Remote Workforce Strategy
 - ERG Nursing & Midwifery Workforce
 - ERG National Training Plan Geographical Distribution
- ANMAC Registration Standards Forum
- Telehealth Nursing & Midwifery Consortium Steering Group
- Rural Health Continuing Education (RHCE) Assessment Panel
- Remote & Regional Workforce Strategy
- Centre for Remote Health Manuals Remote context sub-group
- Australian Council for Safety and Quality (ACS&Q)
- Expert Advisory panel Practice-level indicators of safety and quality for primary health care

Christopher Cliffe (President)

- Medicines Line Advisory Group NPS
- Chief Nurses Nursing & Midwifery forum
- Technical Reference Group (MBS & e-Health)

Lyn Hinspeter (Board Member)

- Coalition of National Nursing Organisations (CoNNO)

Dr Sue Kildea

- 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 CRANAP_{plus} President)

- National Rural Health Alliance (Canberra)

our membership

CRAN^{plus} has been offering membership since the organisations inception in 1983. This report reflects the strong growth and high retention of our membership base over the past year.

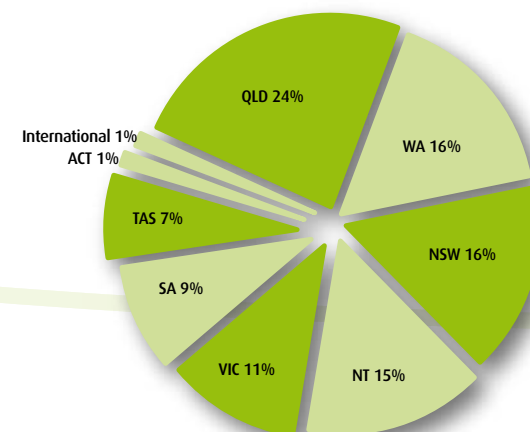
In early May 2012 we reached another milestone by welcoming our 1300th member and we continue to attract a wide range of health disciplines.

Historically Queensland represents our highest proportional membership and continues to do so. During this reporting period we have experienced even greater growth and retention of members in that State, validating the organisational decision to open our newest office in Cairns. We have seen continuing growth across all States and in particular Western Australia and New South Wales.

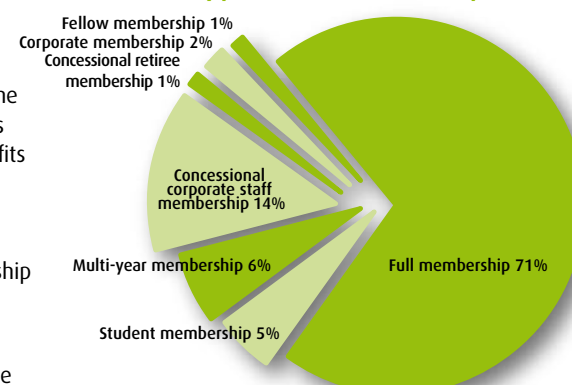
Government, private sector, Aboriginal Medical Services and NGO's are among the organisations choosing to partner with us as Corporate Members. Among the benefits afforded to our Corporate Memberships is discounted individual CRAN^{plus} membership for their employees, while still offering the full benefits of membership to those employees.

We believe our increasing numbers, the diversity of health disciplines and increase in student numbers, is an acknowledgement of the value of CRAN^{plus} expertise in the areas of remote education, support and advocacy for all current remote health professionals and the remote health professionals of the future.

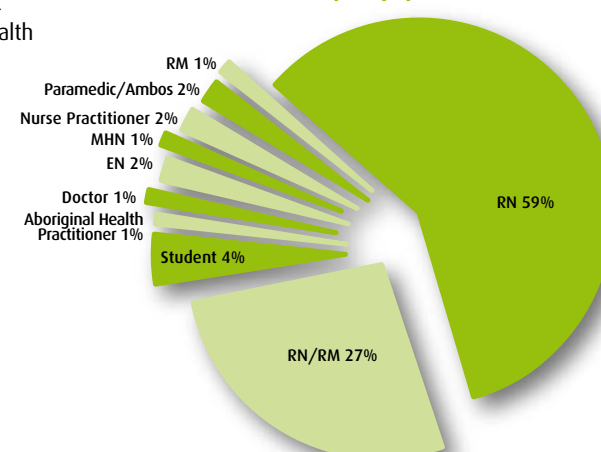
membership by state



type of membership



membership by profession



corporate members



Clockwise from top left:
Even cowboys have to brush their teeth – Dr Andrew Lee with a patient in Alice Springs.
Michael Lanagan, St John Ambulance Officer for the remote community of Sandfire in Western Australia.
Ken Clayton, Medical Attendant on the Spirit of Tasmania, outside his "office".
Patricia Hack, nursing student from Wollongong University, on remote placement in Tara in the Northern Territory.
The clinic in Corella Creek, a 10-house community of about 50 inhabitants off the Barkly Tablelands Highway, four hours away from Tennant Creek in the Northern Territory.

bush support services report

As a result of maintaining a position of Best Practice and in response to feedback from workshop participants, BSS has adopted a new approach to self-care workshops. In the past, the workshops have primarily had a stress/trauma model as their foundation. Whilst this was appropriate for many years, Positive Psychology has become an area of increasing recent psychological interest. Positive Psychology focuses on the more positive human emotions such as joy, happiness and resilience. The workshops are much more interactive and aim to assist participants develop a personalised portfolio of coping strategies. These workshops are designed to be delivered in modules in two and four hour sessions, or full day workshops.

- Reflective Practice
- Trauma Preparedness
- Basic Counselling Skills (Helpful Conversations)
- Mindfulness and Acceptance
- Ethical Practice
- Resilience
- Positive Psychology
- Exercise and Mental Health
- Workplace Bullying
- Managing your Stress
- Staying Safe Emotionally

In addition to the Workshops and Courses BSS launched an on-line stress management course entitled 'Managing Conflict' (developed by BSS Psychologist, Christine Martins).

Working together with the CRANAPlus Education Department the first 'Trauma Preparedness Course' was delivered to Ambulance Drivers and Nurses in the Kimberley region of Western Australia earlier this year by BSS Psychologist Therese Forbes, in collaboration with the CRANAPlus FLEC Team. The success of this pilot course has seen requests for further courses in 2012.

A highlight of the year for BSS was the invitation to present a two-day self-care workshop to Aboriginal Health Workers attached to the Katherine West Health Board in the Northern Territory.

Following on from the hugely successful 'road show' around Australia by psychologist, Mark Millard, during 2010/11, further "mini" road shows have since been undertaken through New South Wales, Queensland, South Australia and Western Australia by BSS Psychologists Lee Rushton and Dr Annmaree Wilson, thereby providing much sought after face to face visits to staff at country clinics, communities and hospitals along the way.

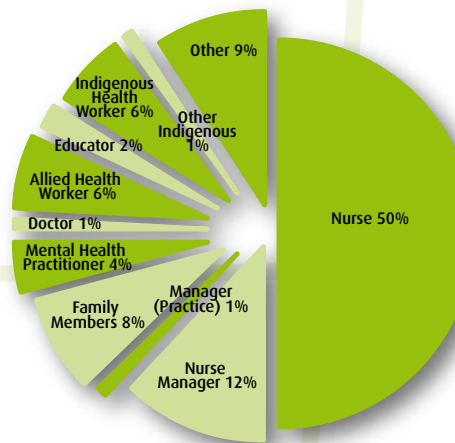
In response to the series of natural disasters which have occurred in recent years, BSS has developed and launched a 'BSS Natural Disaster' information pack to assist remote health workers and their families during and after natural disasters.

As part of the self-care stress busting initiatives, BSS has launched a new competition entitled 'living, working and eating in the Bush' which calls for entrants to submit recipes, household tips and stories – culminating in 2013 with the CRANAPlus Remote Cookery Book.

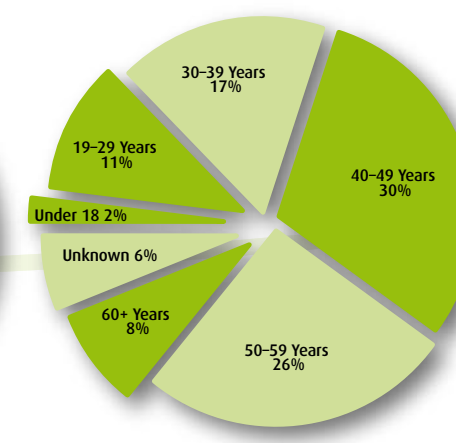
The successful 'BSS Cosy Blanket' project which commenced in 2010 continues to flourish with 25 hand-knitted blankets being distributed to Women's Refuge Centres in New South Wales this year.

bss hotline at a glance

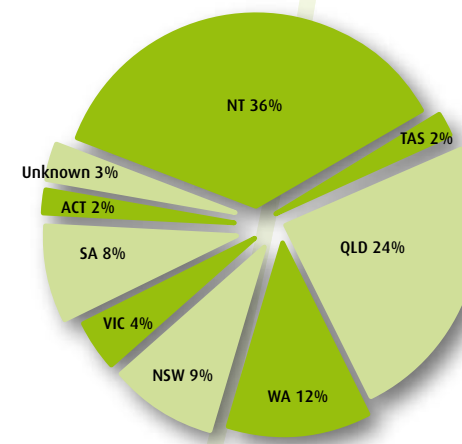
who?
82% of callers are female



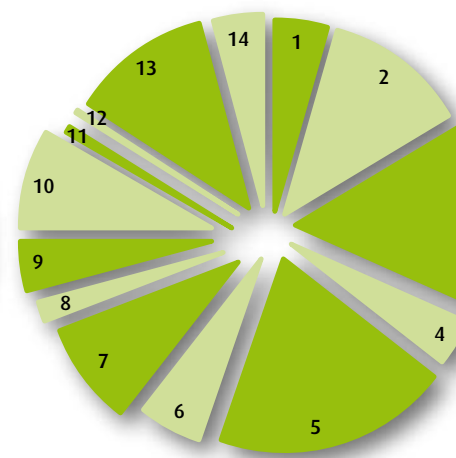
what?
age group



where?
setting/location



why?
reason for the calls



when?
46% of call are made during business hours

financial overview

CRANAp^{plus} incorporated income statement for the year ended 30 June 2012

Sales	\$	Expenditure	\$		
Sales	86,410	Advertising and promotion	15,532	Organisational support (internal charge)	216,800
	86,410	Audit Fees	15,680	Postage and freight	173,633
Less: cost of goods sold		Awards	6,106	Reference materials	37,603
Opening stock	100,703	Bank Charges	16,847	Relocation costs	22,955
Purchases	41,965	Bookkeeping	10,442	Rent and utilities	110,502
	142,668	CADPHC-Tenn Charges	14,413	Repairs and maintenance	10,508
Closing stock	(120,700)	Cleaning	14,862	Salaries, wages and allowances	2,002,903
	21,968	Conference costs	41,691	Security	1,094
		Consultant's fees	31,587	Scholarship awards	12,317
Gross profit from trading	64,442	Consumables	14,990	Staff amenities	4,222
Other income		Course costs, catering and facilitators	236,890	Staff clothing	6,958
Advertising	39,746	Depreciation	89,730	Stationery and printing	162,890
Conference fees	147,907	Donations	324	Storage	5,858
Consultancy	1,091	Doubtful debts	22,134	Sub contractors	170,336
Course fees	703,834	Employee assistance	960	Superannuation	154,457
Interest received	72,455	Employee entitlement provision	49,346	Telephone, fax and email	79,055
Membership fees	163,654	Equipment hire	627	Tools and minor equipment	14,253
Organisational support (internal charge)	216,800	Evaluation	42,000	Training	26,659
Particular purpose grants	3,761,320	Insurance	52,217	Travel and accommodation	617,369
Profit on disposal of assets	73	Interest expense	142	Venue charges	31,788
Raffle income	132	IT costs	49,110	Workers compensation	34,015
Recovered costs	564	Legal fees	1,570	Total expenses	4,780,106
Rental income	11,076	Loss on disposal of assets	57,121		
Sponsorships	1,200	Magazine and newsletter	64,090	Net surplus	496,097
Sundry income	91,909	Marketing products	18,630		
Total income	5,276,203	Membership packs	5,702		
		Motor vehicle	11,188		

* Please contact CRANAp^{plus} if you wish to be sent the full financial report.

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Photo: Barry Skipsey