

# annual report 2013–2014



representing, educating and supporting the remote health workforce across Australia



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## our patron



When he retired from the High Court of Australia on 2 February 2009, Michael Kirby was Australia's longest serving judge. He was Acting Chief Justice of Australia twice.

Following his judicial retirement, Michael Kirby was elected President of the Institute of Arbitrators & Mediators Australia from 2009–2010. He serves as a Board Member of the Australian Centre for International Commercial Arbitration. In 2010, he was appointed to the Australian Panel of the International Centre for Settlement of Investment Disputes (World Bank). He also serves as Editor-in-Chief of *The Laws of Australia*. He has been appointed Honorary Visiting Professor by 12 universities.

In 2010, Michael Kirby was awarded the Gruber Justice Prize. He served 2011–2012 as a member of the Eminent Persons Group investigating the future of the Commonwealth of Nations. He was appointed as a Commissioner of the UNDP Global Commission of HIV and the Law. In March 2011, he was appointed to the Advisory Council of Transparency International, based in Berlin. In 2013, he was appointed Chair of the UN Commission of Inquiry on Human Rights Violations in North Korea. He was also appointed in 2013 as a Commissioner of the UNAIDS Commission on moving from AIDS to the Right to Health (2013–2014).

## ceo's report



With us enabling you, together we can keep working to close the gap in health outcomes between urban and remote Australians and the even larger gap between Aboriginal and/or Torres Strait Islanders and other Australians.

On behalf of Carole, Geri, the entire CRANAPlus staff and myself, I'd like to thank all of the volunteers who make the organisation run. We quite literally couldn't function without you.

The busy, volunteer education facilitators give so freely of their time and knowledge and I hope our thanks goes some way to compensate for the annoyance of sitting waiting for delayed flights! In addition, Paul Stevenson (acting past President) and Janie Smith (President) and the entire Board volunteer a large amount of their time to undertake a crucial role in providing governance, and for this we are all grateful.

Considering the political, financial, budgetary and health reform agendas currently in play, many interesting times lie ahead for CRANAPlus and indeed our entire remote and isolated health industry. I don't expect the path to necessarily be easy, but since when has that ever stopped us?

The 2013–2014 financial year was one of change, growth and consolidation for CRANAPlus as we continue to build on the strong reputation of being a grassroots organisation that listens to its members and provides services where they need to be, not necessarily just where its convenient.

I cannot take credit for the great position we find ourselves in, as I took over the reins from Geri Malone, the Acting CEO, who filled the big shoes left by Carole Taylor who, after many years as CEO, resigned in December 2013. Carole was a huge asset to CRANAPlus as she used her political guile and booming voice to ensure that remote health was never forgotten around the board tables in Canberra.

The staff at CRANAPlus continue to work smarter and harder to ensure we can deliver the high quality affordable education, support and professional services that you request. An ever-growing banquet of products and services are available as we work closely with our partners to ensure we remove barriers to you being the best remote or isolated health provider possible.

A handwritten signature in black ink, appearing to read 'C Cliffe'.

Christopher Cliffe  
CEO, CRANAPlus

## president's report



My first year as President of CRANApplus has involved shepherding in many changes. It started with bidding farewell to our then CEO Carole Taylor who had been in the role for six years. Following a three-month transition process led by Geri Malone, in March this year, we welcomed our new CEO Christopher Cliffe who is well-known to the remote membership and a long-term previous past President.

As a result of the CEO position now being based in Cairns we needed to reduce our presence in Alice Springs and move the corporate office to Cairns, which involved some difficult decisions. I would like to thank the staff in Alice Springs for their cooperation and patience during this challenging time. Alice Springs had been the home of CRANApplus for 20 years and it carried with it much history. It is somewhat ironic that CRANApplus moved from Cairns to Alice Springs in 1994 under the Presidency of Sabina Knight.

With the organisation in a strong position financially and structurally, 2014 has been the time to both consolidate and grow. We have undertaken several reviews to guide us on the best ways in which to do this, including a review of our Education Programs and Bush Support Services, as well as our communication processes and how we could better engage with Aboriginal and Torres Strait Islander peoples. These reviews have resulted in some structural changes and some reorganisation of the way we do things, as well as identifying opportunities to grow and become more self-sustaining in fiscally-difficult times.

Dr Janie Dade Smith  
President, CRANApplus

As a Board we have also reviewed some of the CRANApplus Board governing processes. This has resulted in the establishment of a Governance Committee and an Audit, Risk and Compliance Committee to ensure our focus is on the strategic direction and structures of the organisation to better meet the needs of our membership. We have passed another rigorous auditing process, under the guidance of the CFO Steven Dangaard, and are in the process of updating our computerised communications processes. We have also undertaken a strategic planning process, developed a business plan and restructured the numerous committees so that they better meet our needs in the future. I thank all of those voluntary members who make up these new 'communities of interest', as well as our Fellows and mentors who continually provide us with wise advice and guidance throughout the year.

CRANApplus continues to provide excellent education programs, support services and representation of the remote workforce. This year we have provided advice to several senate committees of inquiry, as well as ongoing representation on a large number of national committees and professional groups.

CRANApplus is the only multidisciplinary organisation in Australia representing remote health. I am proud to continue to work with my fellow Board members and management to achieve a level playing field for the remote health workforce and improve health access and equity for remote Australians.

## ceo



christopher cliffe  
CEO

Christopher Cliffe is an experienced leader in the field of remote health care, having worked as a remote

area nurse in a variety of remote and rural communities in South Australia and the Northern Territory. Although Christopher was born and raised in rural South Australia, his work has taken him far afield, including working for the Red Cross in war and disaster zones in Sudan, Abkhazia, Afghanistan, Papua New Guinea and Sri Lanka. He has also worked in the wake of large scale tragedies including the 2002 Bali bombings, the 2004 Boxing Day tsunami, and the 2010 earthquake in Haiti. Christopher Cliffe has led a variety of health care organisations, including as Nursing Director for Remote Health in the Northern Territory, Director of Nursing at the Leigh Creek, Lorne & Colac hospitals, Manager of Primary Health Care for the Royal Flying Doctors Service in Queensland and most recently as the Executive Director of Nursing & Midwifery for Cape York Hospital & Health Service. He also served as the inaugural Executive Officer of the National Centre for Quality Improvement in Indigenous Primary Health Care, and as a long serving President of the CRANApplus Board of Directors.

In addition to his undergraduate nursing qualification obtained at the University of South Australia, Christopher holds a Masters degree in Public Health & Grad Cert in Rural Leadership. Christopher is an appointee to the National Lead Clinicians Group and Deputy Chair of CoNNO (Coalition of National Nursing Organisations).

## cfo



steven dangaard  
CFO

Steven was appointed Chief Finance Officer (CFO) of CRANApplus 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 CRANApplus 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 based in the 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.

carole taylor  
CEO



Carole Taylor was CEO of CRANApplus from March 2008 until December 2013, during which time she instigated

numerous changes in areas of training, support and Indigenous health. Carole entered the political arena in the early '80s working latterly as the Senior Advisor/Chief of Staff to the Minister for Aged, Family and Health Services. She has held several appointments including CEO of the South Gippsland Division of General Practice, Executive Director of Save the Children, Victoria and Executive Director of the Optometrists Association of Victoria.

# board of directors



**janie smith**

**President**

Dr Janie Smith is a highly experienced health educationalist, evaluator and project manager who

has extensive experience in remote and rural workforce issues across all disciplines. She has undertaken numerous consultancies that involved remote work including 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 the RFDS and The Public Health Research and Education Program in Chronic Disease education with Menzies School of Research. Janie is Associate Professor (Medical Education) at the Faculty of Health Sciences and Medicine, Bond University, Queensland.



**paul stephenson**

**Vice President**

Paul's background and qualifications are in nursing, 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 was two decades of experience with state health department in FNQ. This included community-based specialised health services, public health nursing on Palm Island, Nursing Director Cooktown and Mossman, then in 2002 he went on to Health District Manager and Chief Executive Officer roles for state health districts of Cape York, Torres Strait and Mt Isa and Gulf communities.

His transition to a management career provided him with the satisfaction of making a difference at strategic levels, with emphasise on practical improvements in health care access and outcomes in rural and remote communities in Far North Queensland.

Paul has served on the Board of Directors for Family Planning QLD along with multiple rural and remote health advisory and development committees over the last 25 years.

He has been involved with the development and delivery of Aboriginal and Torres Strait Islander Community Controlled Health Services in FNQ for the last 15 years and now has the great opportunity of working for Apunipima in the further development and management of primary health care services delivered in Cape York.



**john wright**

**Board Member**

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 CRANAplus representative on the NT Administrator's Medals in Primary Health Care panel.



**nicholas williams**

**Secretary**

Dr Nick Williams was born in mid-north South Australia and trained at Adelaide University, graduating in 1980.

He has considerable public health experience and has worked in Indigenous health for over 21 years in Africa, northern Canada and central Australia. He was extensively involved in the initial development of the CARPA Standard Treatment Manual and is on the current editorial committee for the Remote Primary Health Care Manuals.

He has been a Facilitator for the CRANAplus Remote Emergency Care program for 12 years. He lectures in Aboriginal Health/Public Health at Adelaide University. Nick is currently working with the Aboriginal Health Council of South Australia as a GP Supervisor, Aboriginal Health.



**keith (bunda) hunter**

**Board Appointed**

Bunda is an Aboriginal, born Eora and a ceremonial man of Djuin. He has worked as a

health professional for over 25 years, and has experience in a variety of health roles including; paramedical, general nursing, rural and remote nursing, mental health, social work, primary health care, Aboriginal health and addiction. His specific field of interest is in Aboriginal health and he has conducted several research projects which have led to writing journal articles on the topics of Aboriginal and Torres Strait Island, Mental Health and the Swine Flu Outbreak in the Hunter New England region of NSW.



**jo appoo**

**Board Member**

Jo, a Bunjalung woman, is a highly regarded and experienced Aboriginal Health Worker. Jo was the

first Aboriginal appointee to the Board of Directors of CRANAplus and served on the Board from 2008-2013.



**john ryan**

**Board Appointed**

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

Above: Board of Directors: Back Row (L-R): Breanna Walters, John Wright, John Ryan, Keith (Bunda) Hunter. Front row (L-R): Nick Williams, Kathryn Zeitz, Janie Smith, Paul Stephenson (absent Lyn Byers).



### breanna walters

#### Treasurer Board Appointed

Breanna joined the Board of Directors of CRAN*plus* in December 2011. Breanna

was elected by her fellow directors to bring accounting expertise to the Board of CRAN*plus*. She grew up in Far North Queensland and graduated from James Cook University with a Bachelor of Business and Information Technology. Breanna is a member of the Institute of Chartered Accountants.

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 Accounting Controller for InterOil Corporation. InterOil Corporation is an oil and gas company listed on the New York Stock Exchange with operations based in Papua New Guinea. Breanna works in the Port Moresby office on a fly-in, fly-out roster.



### lynnette byers

#### Board Member

Lyn Byers is a Nurse Practitioner in the specialty of Remote Area Nursing, a Midwife and a Mental Health

Nurse. She has worked in Central Australia since 2001 as a Remote Area Nurse and Midwife in remote communities.

She has also worked in small country hospitals and bush clinics in Victoria. Lyn currently works with a visiting service traveling out to remote communities in Central Australia, providing mental health care.

In 2010 she worked with families at Kaltukatjara on a qualitative research project looking at aspects of child rearing in the remote Aboriginal community context.

Lyn is passionate about delivering high quality health care to remote areas and promoting the work remote area clinicians do in difficult circumstances.



### kathryn zeitz

#### Board Member

Dr Kathryn Zeitz 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 in 2002 reviewed the Remote Emergency Care program.

Her early career was at Flinders Medical Centre, specialising in the emergency department. Since that time she has worked in range of settings from rural primary care and the Royal Adelaide Hospital.

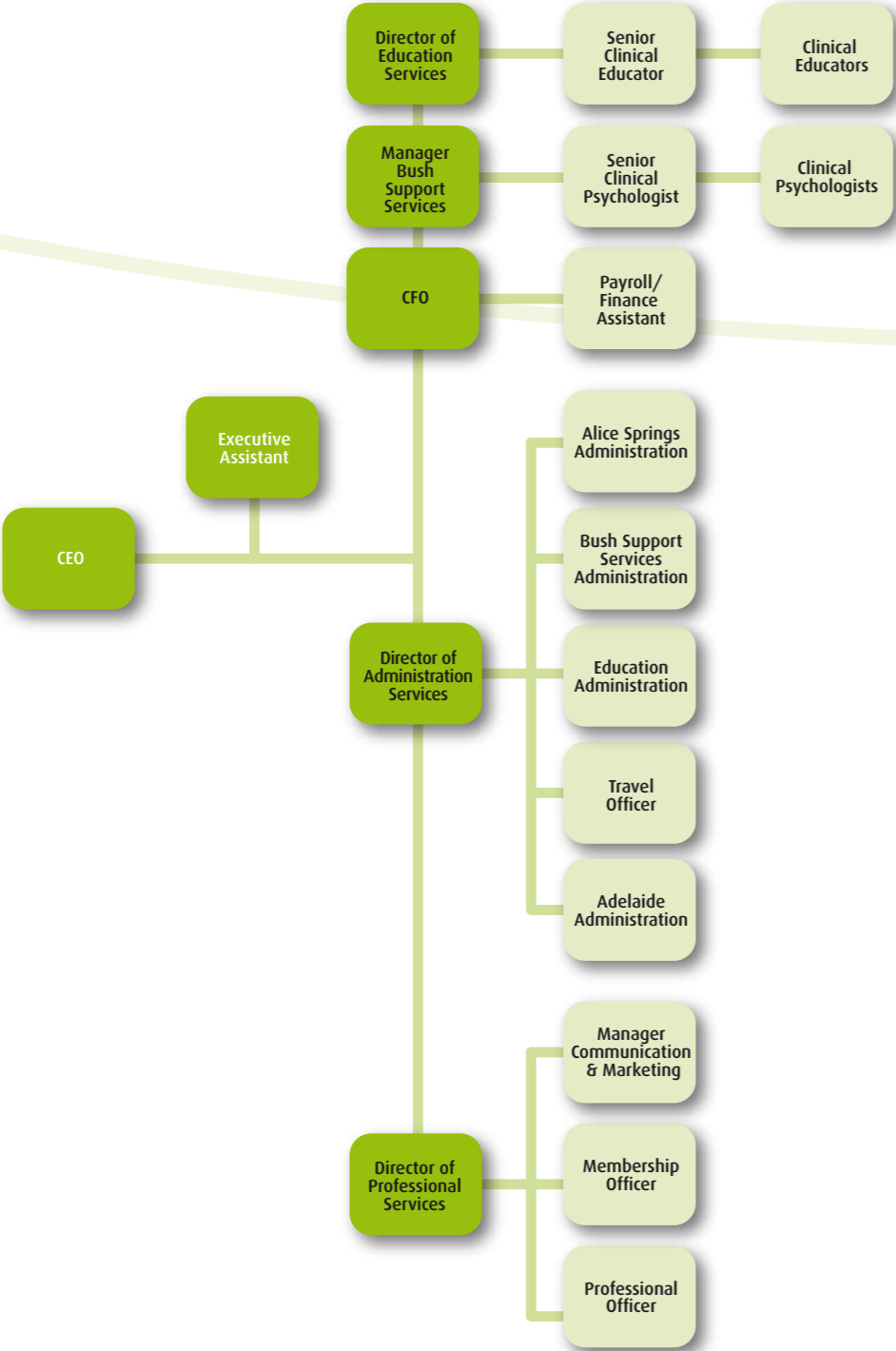
Her most recent role with the Central Adelaide Local Health Network was in change management and in August 2014 was appointed as the Executive Director of the Mental Health Directorate. She has a strong background in research, completing a PhD at the University of Adelaide Clinical Nursing School.

Her Board experience has included being a member of the Board for Variety, the Children's Charity in SA, where she is the Deputy Chair and three years with CRAN*plus*, where she is the Chair of the research subcommittee and the Conference subcommittee.



Photo: Tom Gara.

# our organisation at a glance



# our strategic framework

## our purpose

to promote the development and delivery of safe, high-quality healthcare to remote areas of Australia and her external territories

## our values

- integrity
- social justice
- respect
- inclusiveness
- excellence in all we do

## our vision

to be the leading expert in remote and isolated health

## our method

educating, supporting and representing the remote health workforce

## our four strategic priorities

- to continuously strengthen our ability to realise our purpose and our vision
- to bolster our impact, influence and partnerships
- to contribute to reducing health disparity
- to build the remote health workforce sense of value



## who we are

CRAN*Aplus* is a non-government, member based organisation. It is guided and governed by a volunteer board of nine Directors, seven of whom are health professionals elected by the membership and two are skills based and appointed by the Board.

The organisation is registered for DGR status with the Australian Taxation Office.

The operations of the organisation are spread over three main offices: the head office is located in Cairns, with operations delivered from offices in Adelaide and Alice Springs, and a large network of staff across the country in home-offices.

The purpose of CRAN*Aplus* is to *represent*, *educate* and *support* the people providing healthcare services in remote and isolated regions of Australia.

In 2008 the Council of Remote Area Nurses of Australia (CRANA) opened our membership to all those people working within the context of remote and isolated practice to better reflect the work of the organisations delivering health services, not any one specific professional discipline. As a result CRANA became CRAN*Aplus* and opened its doors to become multi-disciplinary.

The priority of the Board of Directors is to implement controls and sets the ongoing strategy to assist in the realisation of the goals and aspirations of CRAN*Aplus*. A CEO is appointed to run the operations of the business along with a small executive team of program directors and a Chief Financial Officer.

### represent

CRAN*Aplus* is the only member based national organisation with a sole remote health focus. CRAN*Aplus* maximises involvement in all policy-making forums, information sessions and expert reference groups both within and outside of the Federal and State Government arenas. CRAN*Aplus* also utilises its vast reach and unique expertise to advocate for our industry along with developing resources, standards, protocols and frameworks to help drive safety and quality within the remote health sector; this includes publication of the CRAN*Aplus* Clinical Procedures Manual.

### educate

CRAN*Aplus* is the recognised premium provider of education and training for the remote health workforce. It provides accessible and quality continuing professional education to meet their unique needs.

Education is a primary focus of the organisation. Many thousands of clinicians from all health disciplines have been educated in the internationally recognised Remote Emergency Care (REC) Course and Maternity Emergency Care (MEC) course for non-midwives.

CRAN*Aplus* has expanded to include Remote Emergency Care for midwives (MIDUS), Advanced Remote Emergency Care (AREC), Aboriginal Health Worker REC and many other related courses. An online eRemote program meets the mandatory annual training needs for much of the remote workforce.

CRAN*Aplus* helped develop a suit of post-graduate qualifications with the Centre of Remote Health in Alice Springs, to increase the leadership capacity within the remote health sector.

### support

The corner stone of the CRAN*Aplus* support program is the Bush Support Service, which offers a free, confidential telephone support and debriefing service 24-hours a day to any remote health worker or their family members. The support line is staffed by Clinical Psychologists with extensive experience within the remote and cross-cultural context.

Wellness and self-care workshops are also offered in addition to providing resources and publications to help remote health professionals deal with and build resilience to the day-to-day stress and challenges of remote work.

CRAN*Aplus* also supports the remote health workforce by reducing the effects of isolation through the production of a weekly email bulletin, a quarterly magazine, access to the *Australian Journal of Rural Health*, web-site and interactive web-based materials, and various social media platforms. The annual CRAN*Aplus* Conference enables remote health professionals from across the nation to meet colleagues and share the broader aspects of their work with academics and other health professionals.

# education report

## education

CRANAp<sup>plus</sup> has a proud reputation as the leading provider of remote based training for health practitioners in Australia. In January 2013 CRANAp<sup>plus</sup> was successful in gaining status as a Registered Training Organisation (RTO No.40719).

In 2014 course numbers increased to 91 for the calendar year.

The CRANAp<sup>plus</sup> focus of improving health outcomes through the delivery of safe, quality health care has been enhanced by the further development of some successful new courses in 2013–2014. This past year has focused on delivering courses, updating course content and adding the RTO processes to ensure we are compliant with the Australian Skills Quality Authority (ASQA).

The education unit continues to develop courses with consideration of the needs of the remote and rural health workforce. Advisory committees are established for all major reviews to ensure external stakeholder input and relevance to currency of practice for remote and rural health professionals.

All of the following courses will be included in the 2015 program schedule.

- REC
- MEC
- AREC
- MIDUS
- ATSI REC
- ATSI MEC
- TEC
- AMB Preparedness for Trauma
- ALS
- ALSP (this course has been further developed to be launched as a Paediatric Emergency course (PEC) in 2015
- BLS

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



Our courses are endorsed by several organisations:

CRANAp <sup>plus</sup> course	Endorsed or accredited by
REC (Remote Emergency Care)	Endorsed by ACN, accredited by ACRRM and RACGP
MEC (Maternity Emergency Care)	Endorsed by ACN, accredited by ACRRM
AREC (Advanced Remote Emergency Care)	Endorsed by ACN, accredited by ACRRM
MIDUS (Midwifery Up Skilling)	Endorsed by ACN and Midplus, accredited by ACRRM
ALS (Advanced Life Support)	Endorsed by ACN, accredited by ACRRM and RACGP
ALSP (Advanced Life Support – Paediatrics)	Endorsed by ACN, accredited by ACRRM and RACGP

As a result of successfully becoming a Registered Training Organisation (RTO) the following are delivered as RTO accredited courses:

- MEC
- AREC
- ALS
- ALSP

These courses all meet the national standards required by ASQA and have RTO units of competency attached which means that statements of attainment are issued to successful candidates in addition to certificates for the relevant course. These units of competency may be used towards other nationally accredited training.

All other courses are run without units of competency attached but under the auspice of the organisation as an RTO, which means they meet those same national standards.

Our registration as an RTO has impacted on all staff with an increase in all elements of the courses from preparation to post course procedures. The increased demands from ASQA are at times challenging, but a strong commitment from the education team to safeguard the quality and standard of our product ensures it is not damaged while conforming to the requirements of nationally accredited training.

The education sector continues to cater 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 Practitioners (ATSIHP)
- 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
- Remote hospital orderlies (Kimberley ambulance preparation for trauma course)

The inclusion of additional courses in 2013–2014 has proved successful with almost all courses full. ATSIHP courses continue to struggle for various reasons including the need for strong support from within the ATSI structure.

## 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 Health Professional 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 again mid year).

A strong commitment by the education 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 requirement for all RANs to undertake the course every 2 years has impacted nationally on other agencies that send their staff to work in the NT. In conjunction with this demand the REC course is a very good course for the generalist wishing to work in the remote sector. It has strong fundamental principles for the management of the critically ill or injured patients and is taught in a supportive environment which identifies that emergency principles are not necessarily well understood. This ensures that all courses are full and despite additional courses being added we struggle to keep up with the demand for this course.

Running weekday courses to cater for both the Department of Health (DoH) and the Centre for Remote Health (Remote Health Practice course) has not impacted on the ability to fill them.

The NT Department of Health contracted CRANAP<sub>plus</sub> to provide a further four REC courses in the NT as part of their Remote Area Nursing orientation program for 2013–2014. These courses were held in Alice Springs and Darwin. The courses in Alice Springs are also attended by the students from the Remote Health Practice post graduate courses. There have also been 3 additional private REC courses (2 in Queensland and one in WA) and 3 unfunded courses to meet the demand of a full schedule.

#### Testimonials

*"My second CRANAP<sub>plus</sub> course, as excellent as the first. So humbling and inspiring the knowledge and experience in the room both of the facilitators and participants. Engaging and interactive really helps with me retaining."*  
(Darwin, NT. September 2013)

*"This course provides helpful tips and access to experienced remote practitioners. The skills learnt and discussed assist directly in the rural/remote setting and can be applied directly and immediately into practice at my place of employment."*  
(Narrogin, WA. September 2013)

*"I thoroughly enjoyed the course. I studied the manual 3 times before the course as this was a completely NEW area of practice for me. But that really helped me to be thoroughly prepared. I now feel I have a really good understanding of the knowledge needed and tools to help me in my transition to remote practice. Just need to secure the first experience!! Thank you very much ☺."*  
(Campbell Town, TAS. February 2014)



### advanced life support (ALS)

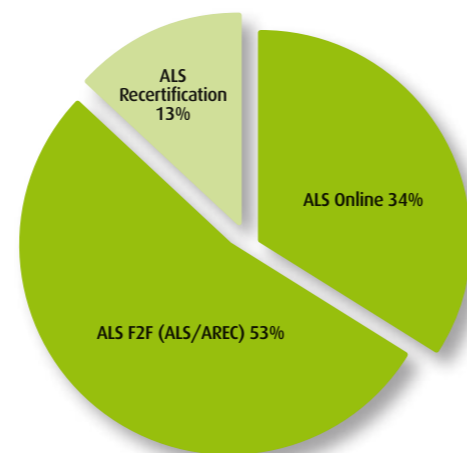
The ALS program has proven to be an extremely popular course. The course has the flexibility to meet the demands of our clients through the capacity to complete the course completely online, or with a combination of online theory and a one-day face-to-face workshop.

The course is also a part of the Advanced Remote Emergency Care (AREC) course with the online modules being completed prior to attendance at the 3-day course. Attendance at a one-day face-to-face workshop to consolidate the online learning, putting the theory into practice in a number of skill stations, which is popular for those practitioners who are new to ALS or would like a more in depth refresher with the skill stations.

An ALS recertification course has also been commenced this year, with the same options.

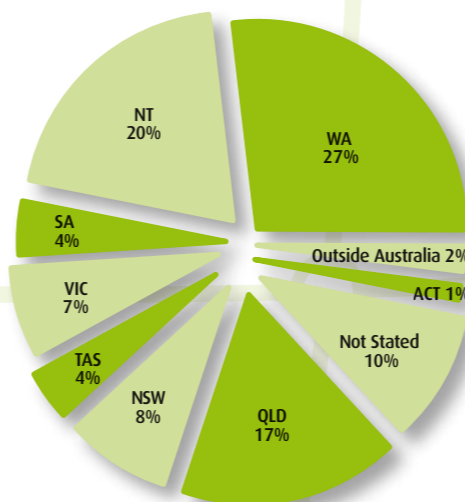
The ALS program is offered in the following modalities: ALS online, F2F and ALS recertification. This ensures participant and employer needs are met.

**Figure 1:**  
Attendance at ALS by course type



Whilst the online courses are steadily growing with their popularity, it remains clear that in the target group of CRANAP<sub>plus</sub> course participants there is still a need to provide the face-to-face courses, as reflected in the above graph.

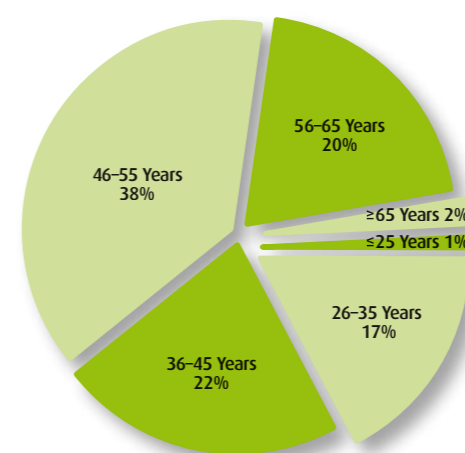
**Figure 2:**  
Location of participants in ALS courses



Nearly half of the participants in the ALS programs have identified their location as Western Australia and the Northern Territory, which reflects the employer groups which have identified CRANAP<sub>plus</sub> as their provider of staff continuing professional development, eg. Silverchain and Indian Ocean and Territories Health Service (IOHHS). The numbers in other states have been increasing over the last 12 months, with courses being accessed from as far away as New Zealand and Papua New Guinea.

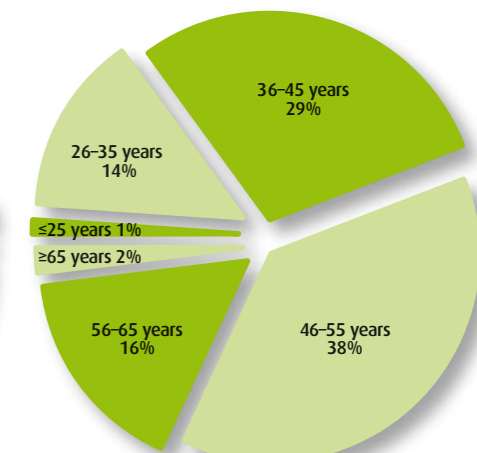


**Figure 3:**  
Age group of students in all ALS programs



Students attending the ALS programs overall are fairly evenly split in age groups, the breakdown in face-to-face courses is not significantly different to those completing their course online.

**Figure 4:**  
Age group of students in ALS online



#### Testimonials

*"Very impressive support and education."*

*"Great to train as a team who work together in the space and with the equipment we would be using. Increased confidence in all the team to contribute advice and assistance in situation."*

## 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 most 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 MEC course content underwent a major review in 2013–2014.

The NT Department of Health again contracted CRANApplus to provide two MEC courses as part of the orientation process in 2013–2014. These courses were held in Alice Springs and Darwin. The courses in Alice Springs are also attended by the students from the Remote Health Practice post graduate courses. There have also been three private MEC courses (in WA, Queensland and Victoria). There were two additional unfunded courses delivered to meet the demands of full courses in Queensland.

The MEC course runs as an RTO course. The two units of competency added to the course comprise the cultural component of the course which means the student receives both a certificate of completion and two statements of attainment for HLTHIR403C Work effectively with culturally diverse clients and co-workers and HLTHIR404D Work effectively with Aboriginal and/or Torres Strait Islander people



### Testimonials

*"Excellent course – well presented. You always understand us and our learning needs in rural and remote communities. Thank you, always time well spent."*  
(Roma, QLD. March 2014)

*"I feel well prepared to handle an unexpected labour or recognise problems in a pregnant patient considering I have no midwifery training. This is a fantastic course and would also benefit ED nurses who occasionally have to assist in unexpected deliveries. The models are fantastic and very useful. A very experienced and helpful staff."*  
(Broome, WA. November 2013)

*"The skill stations really excellent. These women provided an amazing course with their breadth of knowledge; sense of fun and approachability all making the learning environment. Self-empowering, relaxing and educational."*  
(Alice Springs, NT. October 2013)

The AREC, MIDUS and Aboriginal and Torres Strait Islander Health Worker/Practitioner (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. Advanced health professionals needed to have the next level of course available to allow development of critical thinking and team leadership during an emergency. The course specifically targets these skills in a multidisciplinary and scenario-based environment.

Participants for this course include RANs, Registered Nurses, flight nurses, isolated practice GPs, mining paramedics, offshore medical and senior nursing personnel.

This course now runs over 3½ days to allow for the inclusion of the ALS component. The AREC course is run as an RTO course with the unit of competency HLTDEFHC410B Record clinical information during casualty resuscitation attached. This course has a strong focus on team leadership and the ability to trouble shoot, consult and handover the patient to a high standard.

### Testimonials

*"Course was very well organised and structured. Good timing and breaks well planned. Would definitely recommend the course to all nurses/paramedics I know. Not just a course for RANS! Thank you CRANApplus."*  
(Darwin, NT. April 2014)

*"Fantastic operation CRANApplus facilitators. Heaps to take back to workplace. Also good to network and watch some very good minds, skills at work from co-participants. Personal: increased confidence, made aware of my 'areas for development' in team leadership. Thank you."*  
(Swansea, TAS. October 2013)

*As always you guys provided an interesting informative and challenging course– I have no ideas why anyone would go elsewhere!!! Well done team ☺."*  
(Darwin, NT. August 2013)

## MIDUS

The MIDUS 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 ACN and Midplus and accredited by ACRRM. There have been an additional two private courses this year in the NT and Queensland

This course was developed and piloted to specifically meet the growing needs of midwives working in the remote setting. Following feedback around the MEC course that midwives needed and wanted the same style of course but with information specific to midwifery skills.

Initially the MIDUS course was run as an RTO course but due to feedback, the units of competency were withdrawn until further review in 2014.

### Testimonials

*"I found this better than ALSO and suitable for my work. I have enjoyed this immensely."*  
(Kalgoorlie, WA. March 2014)

*"Thank you for a course which has provided both an update and which has affirmed current practice is in fact current (particularly management of obstetrics emergencies. Excellent supportive, non judgemental learning environment."*  
(Northam, WA. November 2013)

*"Hanging onto my midwifery by my fingernails as Emergency birthing/ambulance transfers and occasional antenatal/postnatal visits still occur. However hospital say they don't provide Birthing so they don't need to support!! Ha!! Thank you for being there so I can support the small number of clients that I do see."*  
(Dubbo, NSW. September 2013)

## aboriginal & torres strait islander health practitioner (ATSIHP) REC and MEC

The ATSIHP REC and MEC courses are essentially the same as the multidisciplinary version of these courses 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. The program also facilitates a better learning environment by moving frequently between lectures and skill stations. The course is generally run from Tuesday to Thursday to allow for ATSIHP's to travel and maximise the potential for full attendance at the course.

There is a strong commitment from the education team to provide facilitators who have extensive remote experience. Working with ATSIHP's and ATSI people. The addition of ATSI facilitators has had mixed success due to difficulties for them to travel away from home. However, it remains a priority to continue to attract more facilitators and provide the necessary support for them to succeed.

Courses have received extremely positive feedback around relevance, comfort of learning environment and level of information. Both REC and MEC courses have been run in the NT, Queensland and WA during this 12-month period.

CRANAPlus remains committed to delivering the courses nationally and being pivotal in ATSIHP education and we are continuing to be represented in appropriate forums. These courses will undergo a review in 2015, which will involve stakeholder meetings and input from ATSIHPs.

The feedback from these courses is extremely positive with a common theme being that "you teach it the right way." The difficulties however, continue with filling the courses and appear to relate to inability to provide relief or lack of support and communication to ATSIHPs within their existing workplace.



The education team is committed to continue to develop and market these courses to try and provide the courses in the most appropriate locations and at the most appropriate time.

### Testimonials

*"The CRANAPlus courses taught are skills very much used in our workplace and very helpful."* (ATSIREC Katherine, NT. March 2014)

*"Thoroughly enjoyed the course. Learnt heaps and believe I will feel more comfortable talking to antenatal women and girls in the community using these extra skills and knowledge. Having this knowledge will assist me in feeling confident if I need to help a pregnant woman."* (ATSIMEC Cairns, QLD. July 2013)

*"I like to do this course because I live near the Stuart Highway. I need to do and complete or pass this course of sharing knowledge and getting information in to my mind. I will go home and ask the PHCM (Primary Health Care Manager) if I could be first or second on call working at my own community, so I will be next to prepare emergency equipment for the MVA on the Stuart Highway."* (ATSIREC Alice Springs, NT. July 2013)

## eRemote

The online program is an ongoing commitment from CRANAPlus eRemote to deliver and supplement our face-to-face courses. In Australia, there is a trend towards greater use of distance learning technologies in the provision of continuing professional education in the health professions. There are multiple reasons, which contribute to a difficulty accessing professional development in rural and remote areas.

Distance learning modalities have an important role to play in addressing the professional isolation challenges experienced by rural and remote health care providers.

CRANAPlus offers an expanding range of content including courses and individual modules, targeting the multidisciplinary audience of rural and remote healthcare providers.

One of the strengths of the eRemote program is the accessibility to continuing professional development with access to both clinical and technical support for the students who are completing their courses either fully online or with a face-to-face component to complete their learning.

The eRemote program now has a total of 45 modules (two Free with membership), which include theoretical face-to-face course support modules.

For the period of 1/7/13–30/06/14 eRemote had 1441 end users from all states/territories of Australia and as far away as Christmas/Cocos Keeling Islands, New Zealand, Papua New Guinea and Singapore.

Figure 5 demonstrates the exponential growth eRemote has experienced over the last 12-month reporting period.

Some of the increase in end users can be attributed to the increase in the number of face to face courses with the associated online theory component, with students accessing anywhere from one to nine modules in their course support package (see Figures 6 and 7).

### Free online modules for all CRANAPlus members

All CRANAPlus members have the opportunity to access two of our eRemote modules as a part of their membership.

These are Managing Conflict in the Remote Workplace (172 end users) and Telehealth.

CRANAPlus was part of the Telehealth Consortium Steering Committee – Standards Advisory Committee and Education and Training. eRemote was involved in the development of

the Telehealth Online Learning Program which is now available free of charge through the eRemote platform with 88 users accessing the module via eRemote.

Revision of the eRemote platform and its functionality is continuous to ensure a smooth end user process and to identify future needs as the program continues to grow.

All modules are reviewed 2-yearly or according to changes on practice or guidelines relevant to the content of the courses to ensure contemporary, evidence-based and relevant information.

Figure 5: New enrolments in eRemote

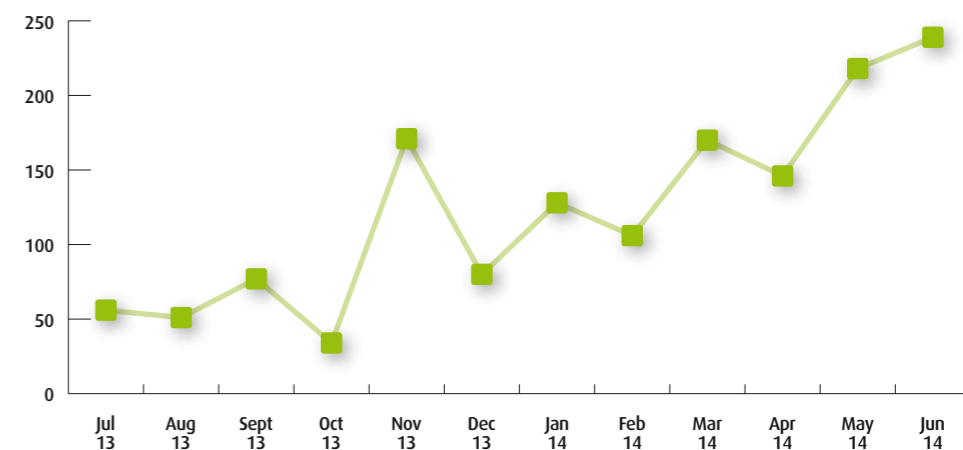


Figure 6: Number of enrolments by course type (fully online or course support)

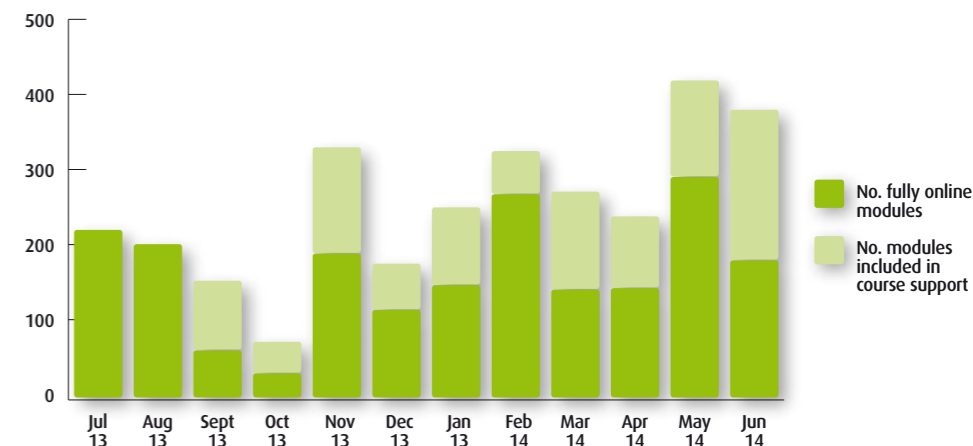


Figure 7: Courses with eRemote course support

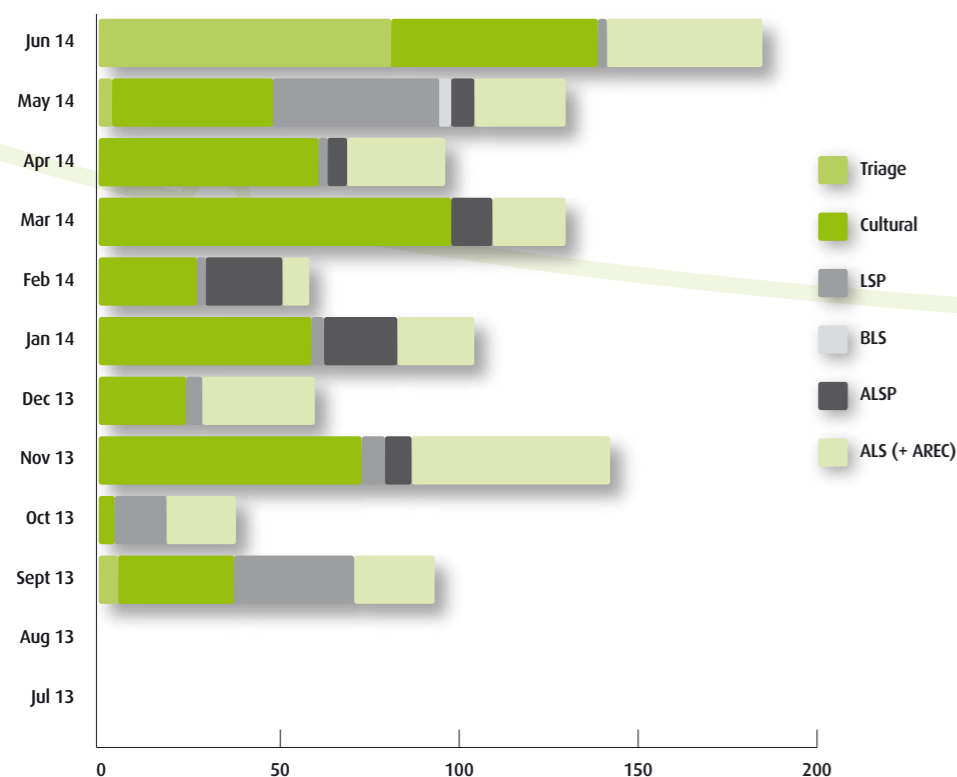


Figure 8: Age group of end users

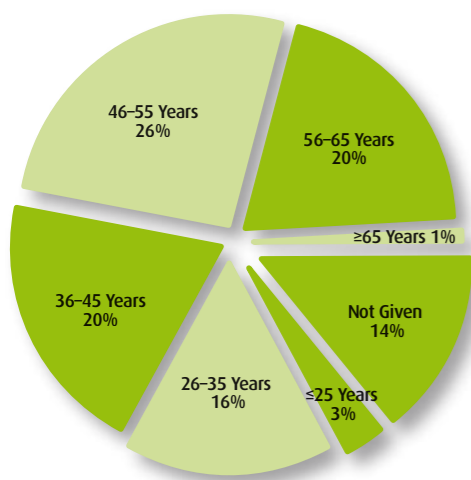
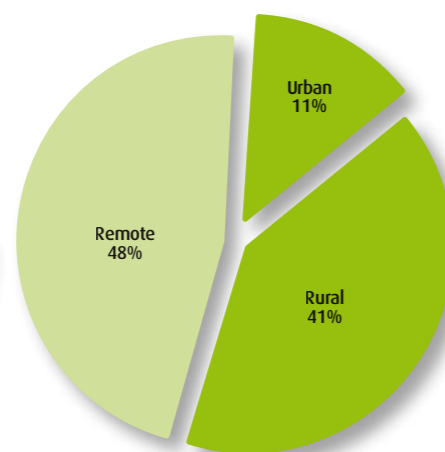


Figure 9: Location of eRemote evaluation respondents



## eRemote evaluations

A 'Survey Monkey' evaluation is available for any user of any eRemote module to access and provide feedback. The following is a summary of evaluations for the period 01/12/2013-30/06/14 as a new survey tool was created in December 2013.

A total of 307 responses have been received (20.3% of total end users for the 2013-2014 financial year).

The majority of respondents identify as being in a rural or remote area, therefore our target audience are accessing these services. Over 50% of respondents are aged over 50 years.

97% of respondents say they would recommend the module/program to a colleague.

Interestingly nearly 50% of students accessing online learning modules are aged over 45 years of age, with more than 20% over 55 years of age.

Figure 10: Age group of eRemote evaluation respondents

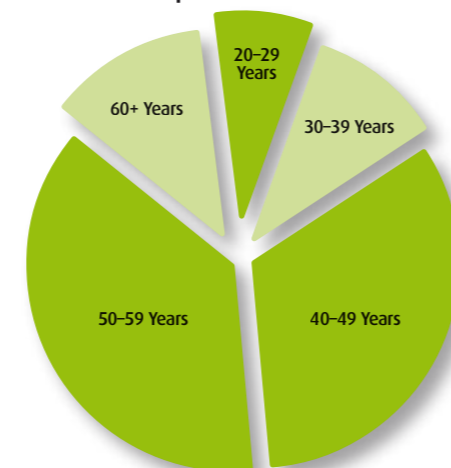
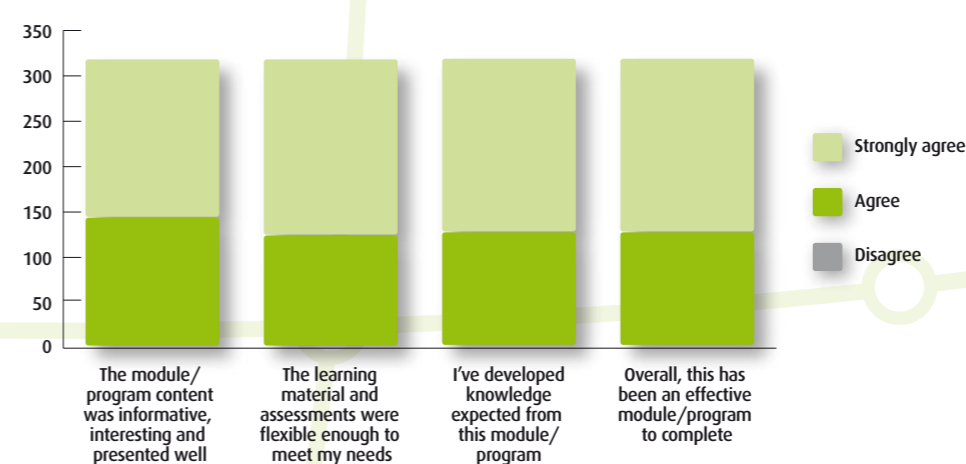


Figure 11: Level of satisfaction of eRemote evaluation respondents



## Testimonials

"I think all the module content, thought, hard work and variety of IT e.g. You Tube sites to access was brilliant and engaging as well as informative. WELL DONE TEAM. Can't imagine how much work as well as continuous upgrading, this takes, so sincerely, hats off to all concerned."

"Very comprehensive."

Easy to do at own pace and time, cost-effective and without travel

"It is flexible but very thorough it uses different learning techniques, and I find the tutors very responsive and helpful."

"All of the content I found to be very interesting and well researched. The learning material was easy to follow and well navigated throughout the course."



## education course numbers

### Courses (Registrations)

Course	2011-2012	2012-2013	2013-2014
Remote Emergency Care (REC)	495	532	424
Maternity Emergency Care (MEC)	361	323	282
Advanced Remote Emergency Care (AREC)	62	132	73
Midwifery Up Skilling (MIDUS)	98	137	109
Aboriginal Health Worker (AHW)	83	74	60
Advanced Life Support (ALS)	31	101	176
Ambulance Auxillary Course (Ambo)	30	43	26
Student REC	21	24	24
Student MEC	0	20	0
Basic Life Support (BLS)	0	0	98
Triage Emergency Course (TEC)	0	0	154
Life Support Paediatric (LSP)	0	0	105
Advanced Life Support Paediatric (ALSP)	0	0	48

### Locations (where students identify place of work)

Location	2011-2012	2012-2013	2013-2014
NT	291	431	451
WA	291	284	321
QLD	226	347	441
NSW	136	68	126
VIC	68	78	106
TAS	75	32	55
SA	83	38	49
ACT	36	70	14
International	2	13	16

### Funded/Private

June 2012	
Funded Courses	33
Private Courses	23
June 2013	
Funded Courses	38
Private Courses	24
June 2014	
Funded Courses	38
Private/DoH/Unfunded Courses	24

June 2013: Please note: 5 additional funded courses from the funding period were added due to cancelled courses for varying reasons during the 3-year funding cycle.

As these figures show, course registration numbers have steadily risen again with an overall 12.75% growth in the last 12 months. It is pleasing to see a 80% increase in Medical Officers registrations, 80% increase in paramedics and 58% in ATSIHPs.

The successful application to seek ACRRM and RACGP accreditation has aided the increase in medical officers numbers.

With the successful piloting of the unfunded ALS course we have rolled out more courses this year with a sharp increase in registrations and demand for many more courses this financial year.

The APLS, PLS and BLS courses have now been successfully piloted and will be scheduled into the course program this year.

### Breakdown of disciplines 2013-2014

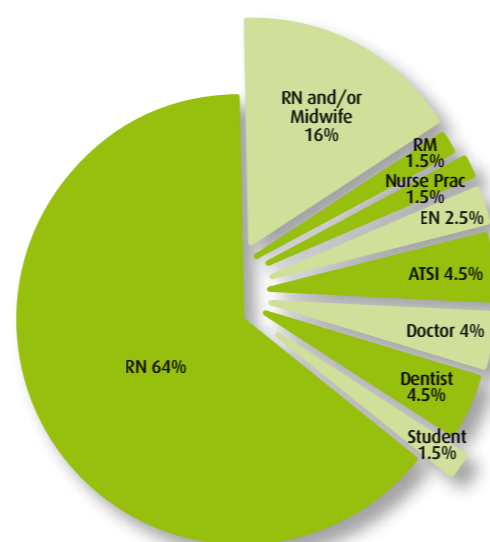


Photo: Steve Batten.

# CRH short courses

## remote health practice

CRANAp<sup>plus</sup> is a major stakeholder in the Remote Health Practice Program run by the Centre for Remote Health, a joint centre of Flinders University and Charles Darwin University.

Through this program, we support the continuing education 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 articulate with the Master of Remote and Indigenous Health.

The Master of Remote and Indigenous Health is designed for experienced health professionals working within the remote and Indigenous context. Core topics provide theoretical knowledge for understanding social determinants of health and illness, implementing Primary Health Care and practising at an advanced clinical level.

It includes public health topics and the Masters is equivalent to a Public Health Masters.

The Master of Nursing (Nurse Practitioner) Award course, a 2 year part-time external course offered by Charles Darwin University and delivered through CRH, has been approved as leading to authorisation as a Nurse Practitioner by the Nursing and Midwifery Board Australia. The MNNP has a Graduate Diploma entrance requirement.

## short courses 2013–2014 financial year

### Framing Indigenous Health

Darwin	July 2013
Alice Springs	August 2013
Alice Springs	August/September 2013
Darwin	November 2013
Alice Springs	March 2013
Darwin	June 2013

### Pharmacotherapeutics for RANS

Alice Springs	July 2013
Alice Springs	August 2013
Darwin	September/October 2013
Darwin	October 2013
Broome	October 2013
Darwin	November 2013
Alice Springs	February 2014
Alice Springs	March 2014
Alice Springs	March/April 2014
Darwin	May 2014
Darwin	May 2014

### Primary Health Care: Making a Difference

Broome	October 2013
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### Fracture Assessment and Management

Alice Springs	August 2013
Alice Springs	August 2013
Alice Springs	March 2014
Alice Springs	March 2014
Darwin	May 2014

### Remote Advanced Nursing and Family Practice

Alice Springs	October 2013
Alice Springs	April 2014

### Remote Advanced Nursing Practice

Alice Springs	August 2013
Darwin	November 2013
Alice Springs	March 2014
Darwin	May 2014

### Recognising and Responding to Dementia in Remote and Indigenous Communities

Adelaide	February 2014
Alice Springs	April 2014
Melbourne	May 2014
Sydney	June 2014

# our national conference



Photos: Rosey Boehm.



CRANAp<sup>plus</sup> has held an annual national Conference since the organisation's inception in 1982. Our 31st Conference was held in Darwin with the theme *'from the cradle to the grave – challenges facing remote service provision across the life continuum'*.

Remote health providers from all around Australia took advantage of the opportunity to catch up with old friends and discover new ones. The 3 day annual event serves as both a professional and social opportunity for Remote health providers to sustain them when they return to their highly valued work in some of the most challenging and fulfilling health practitioner roles in Australia.

For the first time at a CRANAp<sup>plus</sup> Conference, we were joined by five of the Chief Nursing & Midwifery Officers from Australia and the CN&MO of New Zealand, who were attending their quarterly face to face meeting, on this occasion in Darwin.

Many of our Delegates 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.



Clockwise from top:  
Chief nurses at the Opening Ceremony.  
Exhibitor Centre for Remote Health Alice Springs.  
Exhibitor Air Ambulance NSW.  
Keynote Dr Peter Saul, Former Medical Ethicist at Newcastle University.



Photos: Rosey Boehm.

The annual Conference is always a good time to not only network but also celebrate achievements and successes over the past year. Two PhD graduates and two Masters graduates were presented to CRANaplus members, delegates and invited guests during the Welcome Ceremony by Ms Karen Parish, Chief Nursing and Midwifery Officer NT. Tess Opie, a PhD graduate from Flinders University in South Australia, has provided a great deal of knowledge about occupational stress among RANs to CRANaplus and the remote health workforce as a result of her thesis, which was part of the *Back from the Edge* project.

Scott Davis, also a PhD graduate, is the senior director of the Greater Northern Australia Regional Training Network. He completed his PhD on the role of Aboriginal community controlled health services in restoring community capacity for health outcomes.

Jonathan Hardwick has completed a Master of Nursing (Perioperative), following on from gaining a Graduate Certificate in Remote Health Practice (RHP), while Lesley Brown has graduated from the University of Wollongong with a Masters of Health Leadership and Management, with distinction.

Opposite page, clockwise from top left:  
(L-R) Carol Mudford, Lisa Waters and Ben Crough.  
Karen Parish, Chief Nursing & Midwifery  
Officer NT and Dr Robyn Aitken, NT Health.  
Delegates at the Opening Ceremony.  
Board Member Dr Nick Williams with Lynn Hart,  
Executive Manager Client Relations, HESTA SuperFund.  
Aboriginal Dancers *One Mob Different Country*  
entertained delegates at the Opening Ceremony.  
Above: (L-R) Tess Opies, Lesley Brown,  
Jonathan Hardwick and Scott Davis.

## our awards



### the aurora awards

The prestigious Aurora Award was initiated by CRANAPlus 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 'Shining Light' in the delivery of remote health care and for their contributions to remote health.

Quiet achiever Donna Hindmarsh, Director of Nursing at Halls Creek in Western Australia since 2009, was the recipient of the Aurora Award, recognising her leadership and outstanding contribution to remote health. Over the past three years, in her quiet and effective professional manner she has led the service from 20%–30% permanent nursing staff to 80%–90%. This is coupled with her implementation of a team approach that now successfully delivers high quality Primary and Secondary health care to clients and their families.

### the CRANAPlus awards

The CRANAPlus 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. Nominations were made in five categories for these awards.

Any individual, group or community may nominate a person for an award. The Awards are Sponsored through the generosity of a number of Sponsors each year and a highlight at the Annual National Conference.

The 2013 CRANAPlus Collaborative Team Award was awarded to the Indian Ocean Territories Health Service, a small health service team on Christmas Island, which has faced numerous high casualty emergencies with limited immediate support over the last few years.

The 2013 CRANAPlus Excellence in Remote Health Practice Award sponsored by the Remote Area Health Corps (RAHC) was awarded to RAN/RAM Christine Foletti, who has the aged care, diabetes and antenatal portfolios on the Cocos Keeling Islands.

The 2013 CRANAPlus Primary Health Care Champion Award sponsored by Mt Isa Centre for Rural & Remote Health (MICRRH) was awarded to Yvonne Tan, who has been an Enrolled Nurse at the Christmas Island Hospital for over 30 years.



The 2013 CRANAPlus Excellence in Education and/or Research in Remote Health Award sponsored by the Centre for Remote Health (CRH) was awarded to Vicki Gordon who has worked in remote Australia for many years with CRH and AMSANT as clinical liaison and support.

The 2013 CRANAPlus Outstanding Novice Award sponsored Dr Janie Smith went to Emily Taylor, who came to her first remote placement at One Arm Point in WA from an ED background, embracing the role and is now leading her own small team at the clinic.



Clockwise from top left:  
Aurora Award recipient Donna Hindmarsh (centre) with Christopher Cliffe and CRANAPlus President Dr Janie Smith.  
Award winners (from left): Yakin Capstan (Nes Qus), Rebecca Smith and Christine Foletti.  
Chris Cliffe (left) and Geri Malone (right) with student delegates.  
Student Presenter Carol Mudford.  
Christine Foletti, IOHS with Fiona Wake, Clinical Manager, RAHC.  
Monica Frain (WACHS) accepting the Outstanding Novice Award on behalf of Emily Taylor.

Photos: Rosey Boehm.

## our voice

CRANApus 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.

Our representation is highly sought after for national and more local jurisdictional issues pertaining to remote health, from health reform to the broader health agenda. This includes representation on Expert Advisory groups, working parties and invitation to comment on policy and discussion papers.

We are well acknowledged as the preferred provider of professional development courses in management of emergencies in the remote context and the key providers of psychological and professional advice to the remote workforce.

We continue to work towards an understanding of 'remote' and to consistently highlight the differences between rural and remote. There are certainly 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.

## our representation on committees

CRANApus 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.

**Christopher Cliffe**  
(Chief Executive Officer)

- Member National Lead Clinicians Group
- Australian Health Care Reform Alliance (AHCRA)
- Nursing & Allied Health Rural Locum Scheme (NAHRLS) Steering Committee
- RAHC Governance Committee
- Deputy Chair Coalition of National Nursing Organisations (CoNNO)
- Nursing & Midwifery Stakeholder Reference Group – Federal Chief Nurse
- Climate and Health Alliance Coalition
- National Health Reform Alliance

**Geri Malone**  
(Director of Professional Services)

- Nursing and Allied Health Scholarship and Support Selection and Advisory Committee (Australian College of Nursing)
- Aged Care Scholarship Advisory & Selection Committee (Australian College of Nursing)
- Health Workforce Australia (HWA)
  - ERG Nursing & Midwifery Workforce
  - ERG National Training Plan
  - Allied Health Professions – Rural and Remote Generalist Project, Project Advisory Group (PAG)
- ANMAC Registration Standards Forum
- Rural Health Continuing Education (RHCE) Assessment Panel
- Centre for Remote Health Manuals Remote context sub-group
- ACRRM Telehealth Advisory Group (ATHAC)
- Community Nursing reference group (DVA)
- National Rural Health Alliance (NRHA) Council representative & Board member
- Remote Primary Health Care Manuals Governance Committee
- The Administrator's Medals in Primary Health Care 2014
- Rural and Remote Australian College of Midwives Advisory Committee (ACM)

**Libby Bowell**  
(Director of Education Services)

- Primary Reviewer (emergency/trauma) CARPA Manual
- Member of Australian College of Nursing disaster health faculty

**Colleen Niedermeyer**  
(Bush Support Services Manager)

- Life Promotion Steering Committee (Mental Health Central Australia)
- National committee Helpline Australia

**Dr Annmaree Wilson**  
(Senior Clinical Psychologist)

- Australian Psychological Society Rural and Remote Interest Group
- National committee Helpline Australia
- Reference Group for Beyond Blue New Access Program

**Marcia Hakendorf**  
(Professional Officer)

- Nurse Practitioners Remote Interest Group
- ACN Nursing in General Practice Advisory group
- Australian College Mental Health Nursing – Chronic Disease & Mental Health Project
- ACN nursing scholarships

**Glenda Gleeson**  
(Maternity Emergency Care Coordinator)

- NT representative of Australian College of Midwives (ACM)
- Rural and Remote Australian College of Midwives Advisory Committee (ACM)
- Australian College of Midwives National Board



# professional services report

While the activities of the CRANApplus Professional Services team for this reporting period have been varied, a major focus has been on the area of Standards. This is under two realms: Individual Professional Standards and Health Service Standards.

There have been two main outcomes of our National Standards & Credentialing project

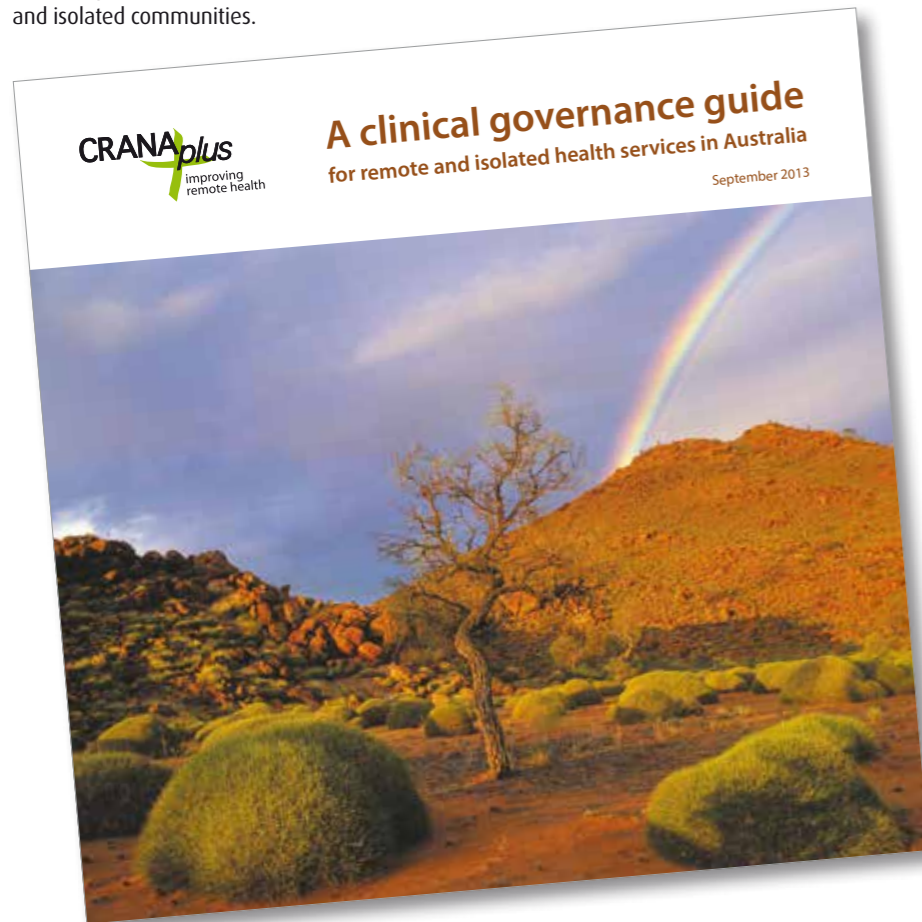
## 1. a clinical governance guide for remote and isolated health services in australia

The prime objective of this Guide is to enhance governance, transparency and accountability in delivering safe, quality health care to remote and isolated communities.

The Guide is a reference and resource for clinical service managers and clinicians so they will be able to discern their responsibilities in applying the recently introduced National Safety and Quality Health Service Standards to their workplace and in their practice.

This Guide looks at the components and processes of clinical governance and quality improvement for remote and isolated health services in Australia.

It is based on the National Safety and Quality Health Service Standards, specifically Standard 1: *Governance for Safety and Quality in Health Service Organisations* with reference to Standard 2: *Partnering with Consumers*.



The Clinical Governance Guide is designed to capture 'what it is', 'why we need it' and 'how we do' Clinical Governance in the remote and isolated Australian context. The Standard's criteria steps out activities into four key areas:

- what does it mean
- what should be in place
- responsibilities as a service manager
- responsibilities as a clinician.

## 2. pathway for professional practice

A variety of materials are being produced to enable CRANApplus to provide advice in regard to practicing in the context of remote and isolated practice. This advice varies from explaining what the education and experience requirements are, where to practice, and who the employers are.

To date, the advice offered has often tended to be informal and we are now structuring a more formal, streamlined suite of information.

It is important to acknowledge that the Pathway to remote practice is variable.

Nurses and Midwives may have accumulated significant years of experience in a variety of health roles before venturing in to remote context, while others, as students, pursued a pathway through undergraduate clinical placements looking for Graduate opportunities.

Content of this project will include:

- Fact sheets
- Framework for Remote Practice
- Professional Standards for Remote Practice N&M
- Discussion paper on Advanced Practice
- Peer review for Advanced Practice RAN

As the various outputs from this project are being produced in stages, we recommend that you refer to our website: [www.crana.org.au/represent](http://www.crana.org.au/represent)



# student engagement

A key activity of CRAN*plus* is our ongoing engagement with undergraduate students. As the health workforce of the future, we are keen to support their interests in either accessing a remote clinical placement, or to explore the opportunities for Graduate positions.

CRAN*plus* works closely with the National Rural Health Student Network (NRHSN) in a variety of ways including:

- CRAN*plus* representation at NRHSN national events to raise our profile and highlight services to new student members of rural health clubs
- Support for Rural Health Club regional activities either through attendance or other means

- The offer to NRHSN of free, designated space for a feature article and photos in each edition of the quarterly CRAN*plus* Magazine

In addition:

We administer a number of Clinical Placement Scholarships for undergraduate students, provided by a range of sponsors, to support them while undertaking a clinical placement in a remote setting.

We engage with our Student Membership through the formation of a student and new graduate subcommittee of the Board of Directors.

The CRAN*plus* Mentoring Program focuses on students and new graduates, linking them with experienced remote health professionals to provide guidance for their future careers



CRAN*plus* has responded positively to strong lobbying from the National Rural Health Student Network (NRHSN) for members to have the chance to benefit from our educational courses.

The outcome is that two courses a year are being provided for students (a Remote Emergency Care course and a Maternity Emergency Care course).

The criteria is that the students must be in their third and final year of study and be a current member of a NRHSN Club. There are currently 29 university clubs in the network.

The selection process and organisation of the courses is the responsibility of the local sponsoring Rural Health Club.



Above: Student MEC participants.

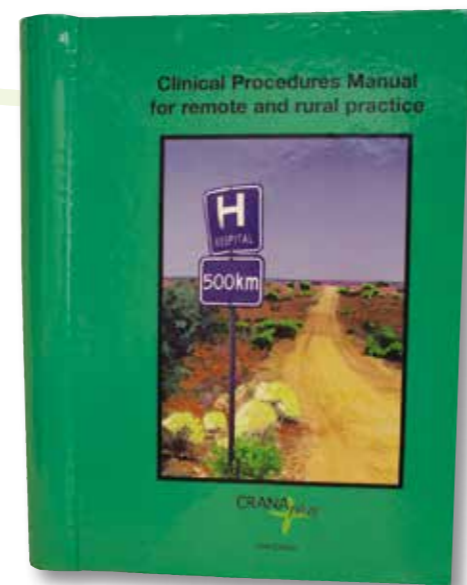
## Undergraduate remote placement scholarships 2013

First name	Last name	Professional study	University	Year of study	Placement location	Sponsor
Kathryn	Anderson	Bachelor of Nursing	Charles Sturt University Bathurst	First year	Alice Springs, NT	Michael Ilijash Perpetual Scholarship
Joseph	Monteith	Bachelor of Medicine	University of Melbourne	3rd year	Katherine, NT	CRAN <i>plus</i>
Ankur	Verma	Bachelor of Nursing Bachelor of Physiotherapy (concurrent)	James Cook University Townsville	1st year	Emerald Base Hospital, QLD	Panda Pearls Australia
Vicki	Kingston	Bachelor of Nursing	Edith Cowan University Joondelup	3rd year	Regional Hospital, Exmouth	Deb Moon & Kira-Erin Hart
Sam	Ifould	Bachelor of Nursing Science	James Cook University	3rd year	Winton, QLD	CRAN <i>plus</i>
Alice	Rigg	Bachelor of Medicine	University of NSW Kensington	5th year	Darwin, NT	CRAN <i>plus</i>
Jade	O'Brien	Bachelor of Nursing Science Bachelor of Midwifery	Monash University Gippsland	3rd year	Alice Springs, NT	Anonymous
Cornelia (Conny)	Hierl	Bachelor of Nursing	Griffith University Southport	3rd year	Beswick, NT	CRAN <i>plus</i>
Tim	Schmidtke	Bachelor of Nursing	Charles Darwin University Casuarina	3rd year	Alice Springs, NT	Rozlyn Baartz
Mikala	Gerloff	Speech Pathology	Flinders Medical Centre	4th year	Port Augusta, SA	CRAN <i>plus</i>
Marcus	Alderson	Bachelor of Occupational Therapy	James Cook University Townsville	3rd year	Longreach, QLD	CRAN <i>plus</i>
Rory	McGrath-Swan	Bachelor of Nursing	University of South Australia	3rd year	Lombadina, WA	Zeitz Enterprises

## our publications

### 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 third 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 is a quarterly publication reflecting the broadened scope of the organisation. This compact glossy publication enjoys a circulation of 15,000 copies each edition and reaches those who are passionate about remote health in Australia. It is posted throughout Australia, her Territories and to International subscribers. As 'the voice of remote health' this content rich publication reflects the three areas of CRANApplus core business; to represent, educate and support the remote health sector. Members are actively encouraged to submit content and photos for inclusion in the Magazine.

Our print publication is supported by website resources with each issue online in perpetuity.

### the weekly update

The 'Weekly Update' is our weekly e-newsletter available to current and lapsed members and stakeholders. 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. Forwarded to over 6000 recipients 50 weeks of the year it is uniquely placed to reach Australia's remote health professionals. In combination with our website it is an effective method in bringing time sensitive information to the attention of our readership.



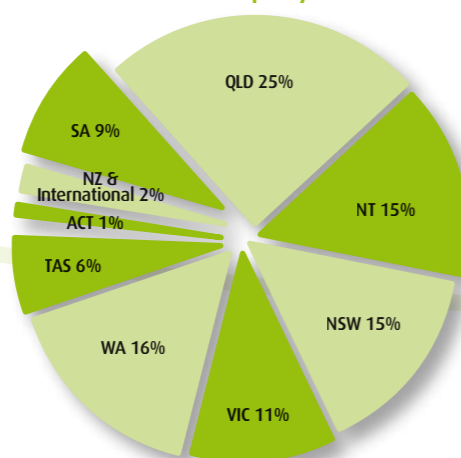
Photo: Steve Batten.

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

# our membership



membership by state

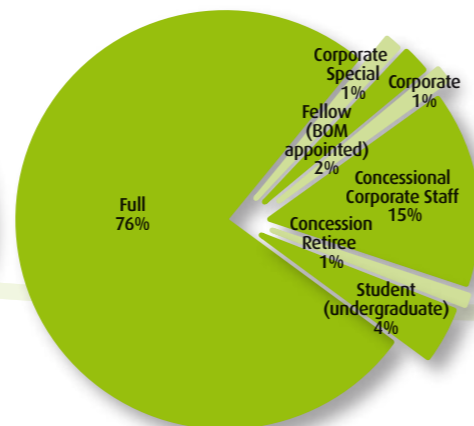


CRANaplus has been offering membership since the organisations inception in 1983. We continue to see strong growth and a diversity of disciplines represented among our membership.

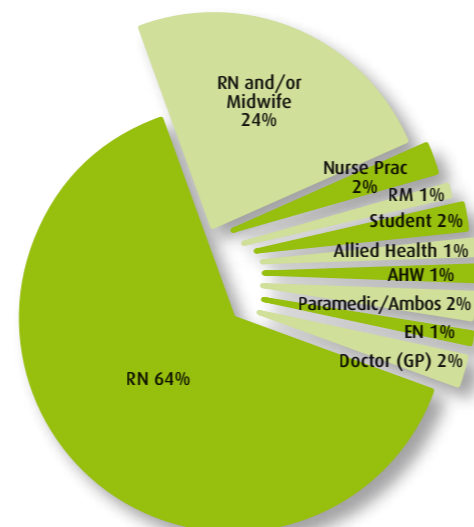
We continue to see consistent growth and retention across all States and Territories. For the third year consecutive year Queensland represents our largest membership base. International member numbers remain steady for the period and in part reflects the unique skills and aptitude of the remote health workforce.

Government, private sector, Aboriginal Medical Services and NGOs are among the organisations choosing to partner with us as Corporate Members. Among the benefits afforded our Corporate Membership is discounted individual CRANaplus membership for their employees (while still offering the benefits of full membership), complimentary advertising on our website, significant discounts on Magazine advertising and conference costs.

type of membership



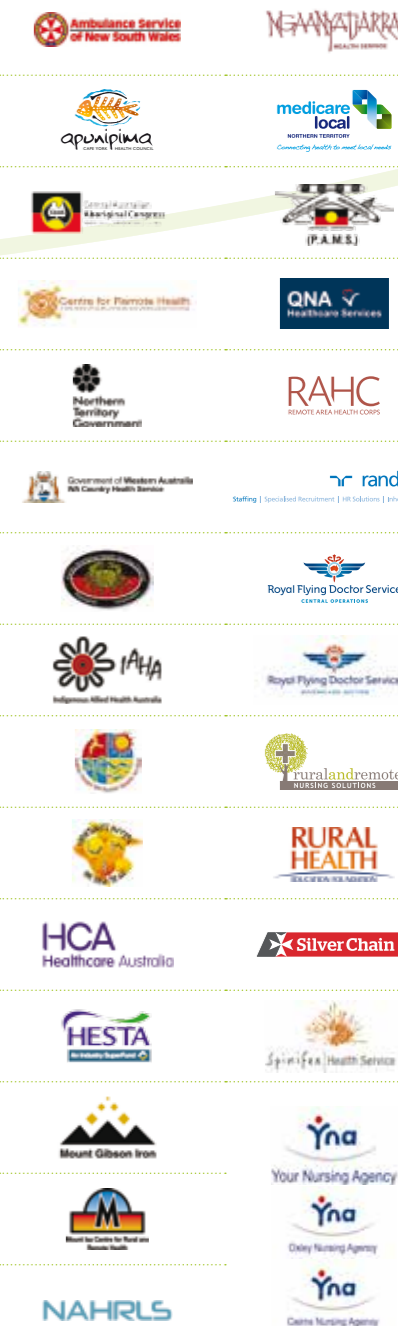
membership by profession



We believe the steady growth and retention of our membership base and the diversity of health disciplines is an acknowledgement of the value of CRANaplus expertise in the areas of representation, education and support for all current health professionals and the remote health professionals of the future.



corporate members



Above: Connie Hiel during her remote placement at Beswick (Wugulari) in the Northern Territory. Opposite page, clockwise from top: Tim Schmidtke enjoys a bit of local tradition, during his placement at Alice Springs Hospital. Squadron Leader Sarah Wheal, Health Centre Manager at the East Sale RAAF base. Nancy Weatherford, a newly qualified Registered Nurse in the Torres Strait and Northern Peninsula Area Graduate Program.

# bush support services report

This year saw Bush Support Services develop and launch three major projects; the first is a free telephone App about identifying Bullying and was developed in response to the needs of callers to the BSS Support Line. The second is an informational DVD detailing the range of services provided by Bush Support Services and is narrated by iconic Australian actor Jack Thompson. Lastly, BSS Senior Clinical Psychologist, Dr Annmaree Wilson, researched and explored the mental health benefits of singing and through the assistance of the musical director of the Orange Conservatorium, Graham Sattler, formed what is considered to be the world's first cyber choir.

Over the past 12 months, the BSS Team of Psychologists provided support and assistance to 707 remote health service providers and their families via the 24-hr Toll Free 1800 805 391 BSS Support Line and also through the Internet.

While 86% of these callers chose the telephone as their preferred method of communication, 13% used internet-based and email to engage with BSS Psychologists. It is envisaged that as the NBN reaches remote and very remote locations, and becomes readily available and reliable, asynchronous counselling will increase accordingly.

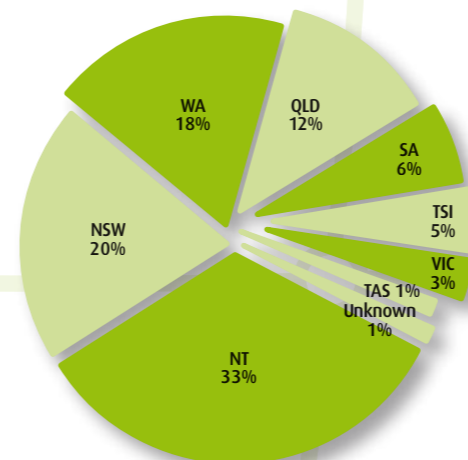
## Testimonial from a caller to the BSS Toll Free Support Line

*"I would like to say a huge thank you to the CRANApus team – just for being who you are and also for providing us with so much support and care."*

*"Just 7 weeks ago I experienced a life changing event when my husband was badly injured in a motorbike accident caused by an uncontrolled dog running in front of the bike. I was just a few minutes behind him and had to put into place my skills as a RAN using only the tools consisting of: my training, my voice and my hands. He has been through the journey of ambulance, air evacuation, ED, ICU and general ward and then driven home by me. As the 'Matron' (as he lovingly referred to me), I then nursed him back to near full action and he has now regained his cheeky demeanour."*

*"This event has resulted in a certain level of PTSD for which I have utilised the services of the BSS mob and yesterday I received a beautiful Body Shop gift pack for which I am very grateful. Thank you so much for your care and support, Cheers, L."*

## where? setting/location



## how? means of contact

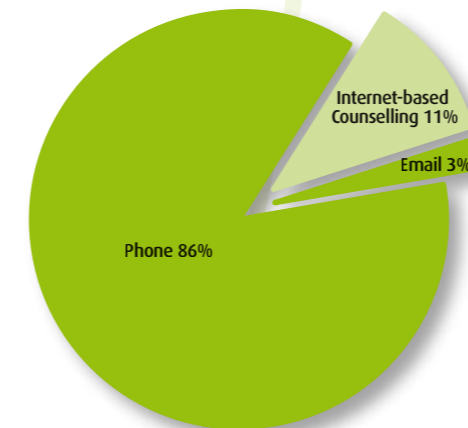


Photo: Steve Gatten



## workshops

Bush Support Services presented 18 self-care workshops to 281 health service providers in remote NSW, NT, WA, QLD, Christmas and Cocos Keeling Islands with 98% of participants rating the overall workshops as excellent or very good. Topics covered included Reflective Practice, Self-Awareness, Sleep, Resilience and the Brain, Vicarious Trauma, Bullying, Positive Psychology, Mindfulness, Relaxation Therapy, Exercise/Mental Health, Creativity and Stress Management. Four of the workshops included art therapy.

Workshops in remote towns facilitate interaction between workers to provide a sense of connectedness. These workshops are also likely to assist in forming helpful, supportive relationships between workers and partnerships between organisations. Both outcomes address isolation and stress for remote health workers.

### Testimonials

Q: *"What were the most valuable things you learnt during the workshop?"*  
(Knowledge and/or skills and/or experience)

A: *"That a tremendous service (CRANApplus BSS) exists! (I've recently moved to the bush.)"*  
(Broken Hill, NSW)

*"One of the best workshops I have done. So relevant to everyday life – work, home and play. I feel so much better for having come here today."*  
(Gove, NT)

*"Keep doing what you do! It is a fantastic workshop and very informative! You don't even realise that a whole day has passed because you are relaxed all day. Thank you so much."*  
(Lightning Ridge, NSW)

*"The whole workshop from beginning to end was extremely effective, informative and enjoyable. I would not change a thing."*  
(Bourke, NSW)

## the cosy blanket project

The 'Knit a square for a mate in need' project is the most recent adaption of the BSS Cosy Blanket project which commenced in 2009. 'Knit a square for a mate in need' offered an opportunity for remote health service providers to respond to an appeal from BSS to assist in producing hand knitted blankets for the coming colder months. Knitters produced hundreds of woollen squares which were made into more than 50 magnificent brightly coloured blankets in time for winter. Donations of blankets were gratefully received by Anglicare in Hobart for families who had lost their homes in fires, the Homeless People of Melbourne and Umoona Aged Care Centre in the Northern Territory.

### Testimonials

*"Just wanted to let you know that we received the second round of boxes of blankets you sent. Thank you for these we will distribute them to those in need in the bush fire affected areas. The first boxes have already gone out, half to the Dunalley area and the others to Ellendale/ Mt Field area, which is another rural/farming community also affected by fires that same January. Thank you once again."*  
(Anglicare Tasmania Inc.)

*"I have just returned from holidays and I have been greeted with more beautiful blankets from you. We took them to the caravan park and they were gratefully snapped up. We all appreciate your kindness and generosity very much. Thanks once again."*  
(JK – Homeless Persons Program Western Region Health Centre)

*We would just like to say thank you for the blankets we received in the mail from CRANApplus, as you can imagine with the cool weather as of late they have gone down a treat! They are greatly appreciated by the elders at Aged Care and in the Community.*  
(Umoona Aged Care)

## sing for your life – the mental health benefits of singing

### Testimonials

*"I don't like writing very much but I will give it a go because this project has been wonderful!!! Thanks to you two for making it happen!"*

*"It is Wednesday and I am feeling the emptiness of not having our half hour Skype singing lesson. My husband suggests I could go on the net and see if Graham or you would answer by chance anyway."*

*"He is keeping a quiet and low profile as he has done during the last 3–4 months of the lessons, no grinding, chain-sawing or shredding out of respect for the 'rising Singing Stars', and what a Star moment it was to perform: Seeing the faces of the audience light up with joy, well wishing and admiration in such a beautiful spot has certainly been a confidence boost."*

*"The singing lessons via Skype, in my own home, have been such a great time efficient way to do something enjoyable for body, mind and soul. Having to be in charge all the time in my job and being often involved in the organisation of activities in my small community it was soo relaxing and refreshing to be a participant and having not to worry about any logistical problems. This set up is brilliant for the delivery into rural and remote areas. Doing it with a friend has been an additional bonus."*

*"Despite learning our songs in our homes all over Australia I felt very much connected to the other members of the choir and got enjoyment and reassurance from the fact that I knew others faced the same challenges of learning something new, making mistakes and having to deal with the fear of performing and exposure, first only in front of Graham and later in front of colleagues. This connectedness expressed itself in the first sound we all created together when meeting in Darwin it was incredible 😊."*

*"I would like to especially thank you for delivering a program of such high standard. Learning a new skill from such a qualified teacher like Graham has been the icing on the cake for me. I was able to trust in the process because I trusted you and your skill level. It improved my self worth by the simple fact of an organisation for once seeing it is worth investing into the grassroot health workers..."*

*"I hope this project will inspire lots of organisations to set up something similar in their environment. It has shown me how important the arts are in the work environment and how it can connect us on a different level in a very positive way. I will finish with a simple but very heartfelt THANK YOU."*

### Dr Annmaree Wilson, Senior Clinical Psychologist, Bush Support Services about the Sing for Your Life project:

From the perspective of Bush Support Services, the *Sing For Your Life* project was the perfect vehicle to walk the talk of the new theoretical perspective that BSS has adopted, that of Positive Psychology.

The aim of Positive Psychology is to re-focus attention away from negative emotions such as stress or depression and to focus on understanding the positive emotions, eg. joy, peace, contentment, happiness.

The new BSS self-care booklets, explore positive emotions allow new ideas and experiences to occur and they encourage play, exploration and creativity and importantly, how this understanding can help build resilience in the remote area health workforce.

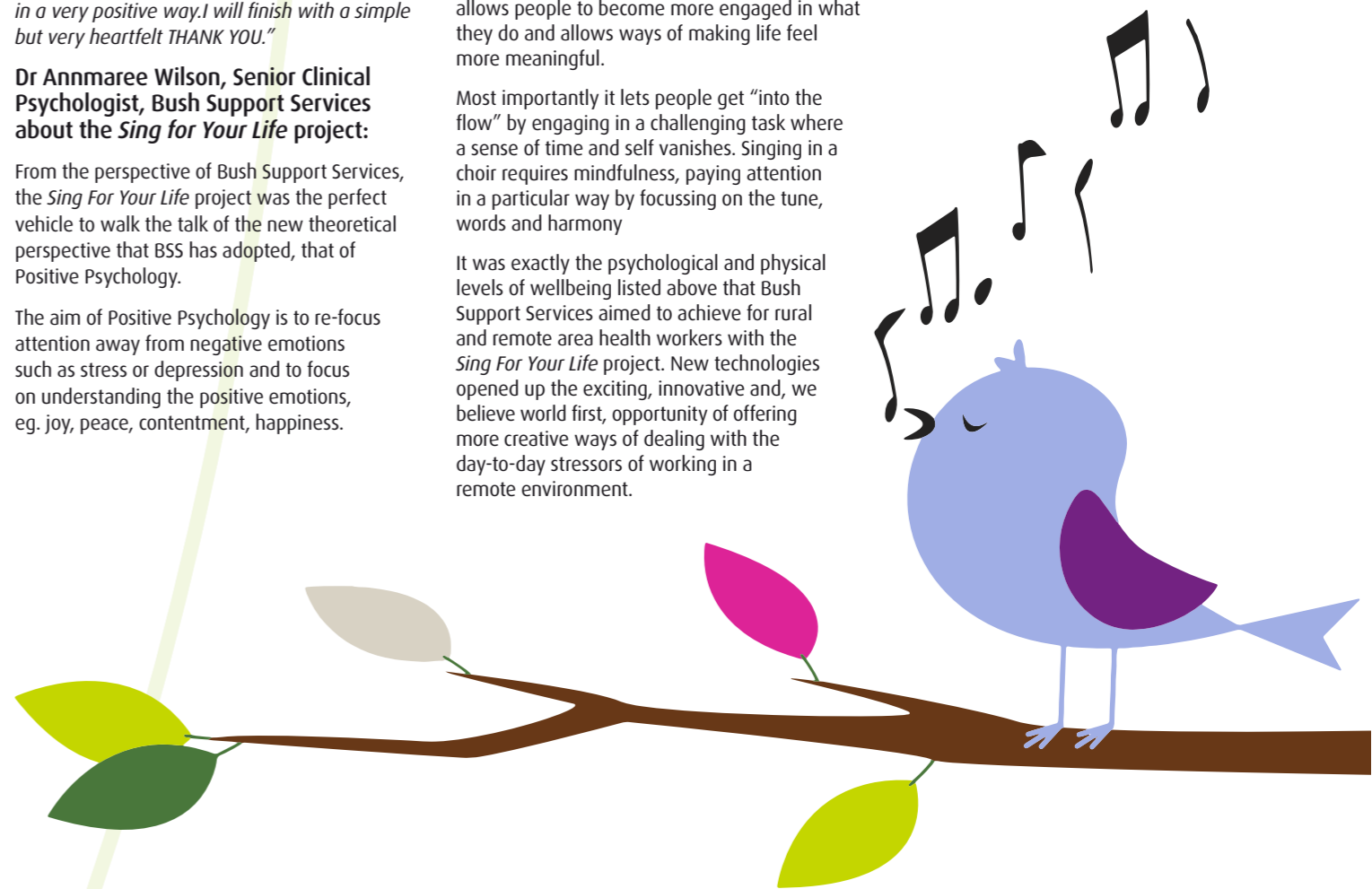
The research on singing, especially in a choir, suggests that this activity meets the essential criteria of happiness and resilience building as defined by Positive Psychology.

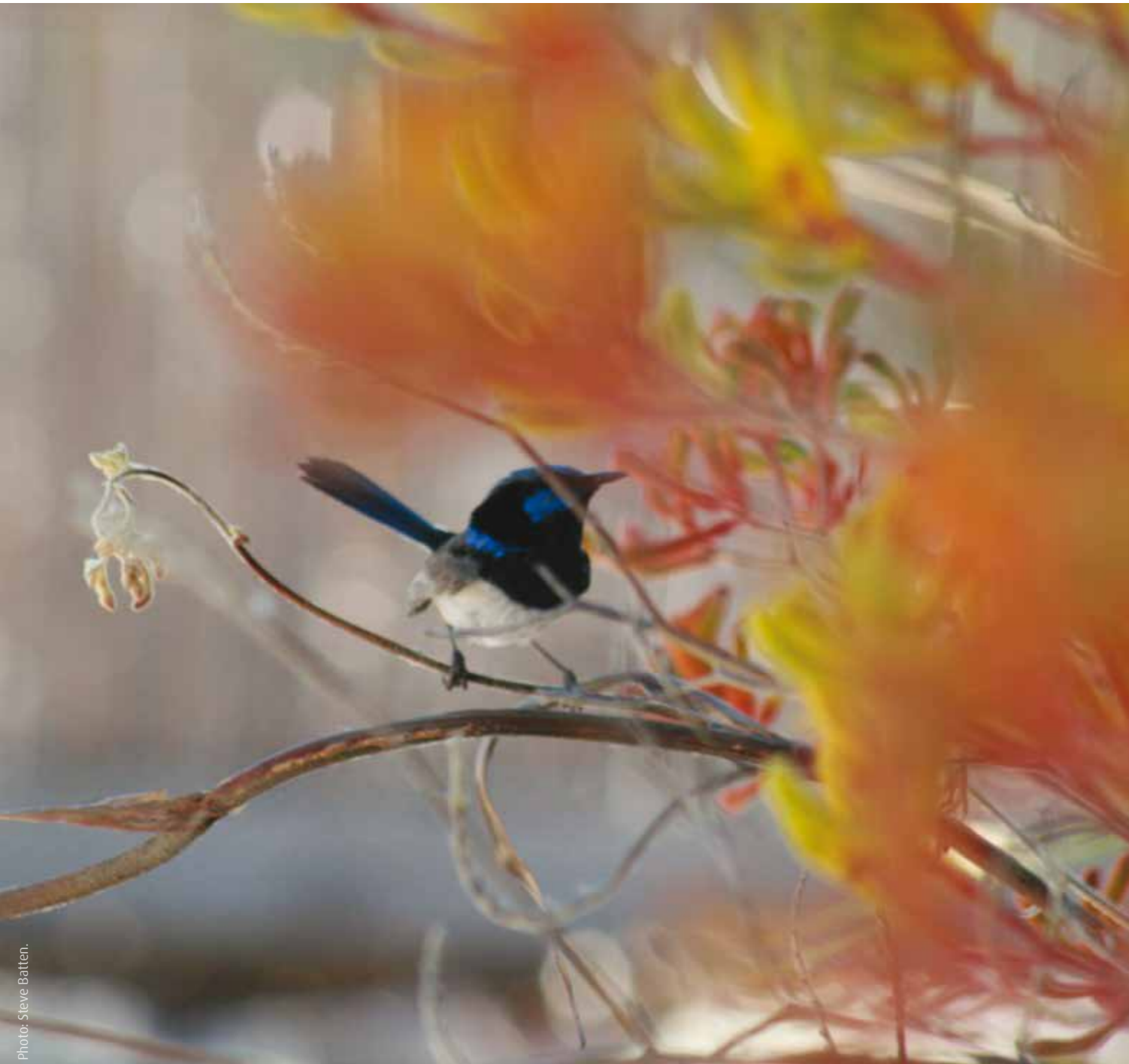
Apart from the physical benefits, such as reduced blood pressure, we know that singing encourages social connections that are enduring, allows people to get more pleasure out of life, it allows people to become more engaged in what they do and allows ways of making life feel more meaningful.

Most importantly it lets people get "into the flow" by engaging in a challenging task where a sense of time and self vanishes. Singing in a choir requires mindfulness, paying attention in a particular way by focussing on the tune, words and harmony

It was exactly the psychological and physical levels of wellbeing listed above that Bush Support Services aimed to achieve for rural and remote area health workers with the *Sing For Your Life* project. New technologies opened up the exciting, innovative and, we believe world first, opportunity of offering more creative ways of dealing with the day-to-day stressors of working in a remote environment.

At the 2013 CRANApplus Conference in Darwin twelve rural and remote area health workers from Queensland, Northern Territory, Tasmania and New South Wales rehearsed and performed for their peers. This was the culmination of nearly six months of commitment to regular singing lessons conducted via Skype by Graham Sattler. It would not be an exaggeration to say that the project was an amazing success. As well, the participants have contributed to the body of knowledge about the mental health benefits of singing. Some of the qualitative finding are described below.





### New learning/self-confidence

A common response from the remote area health worker participants concerned new things that they learnt about themselves and an increased sense of achievement and self-confidence. For example, one participant said:

*"I have lost some fear about technology. Singing at my computer, into a microphone, being recorded and filmed not once but several times during rehearsals officially, and by everybody's phones and cameras has had it's repeated exposure effect. I am almost ready now to be a celebrity!"*

Another said:

*"...I got enjoyment from the fact that I knew others faced the same challenges of learning something new, making mistakes and having to deal with the fear of performing..."*

A third participant reported:

*"Having improved my singing and having managed to perform in front of an audience has given me the confidence to look for the next challenge no matter what it might be. It has shown me that it only takes half an hour per week of commitment to achieve a lot of personal growth and add some fun into the day-to-day activities."*

### Social connections

The important aspect of social connections outlined in Positive Psychology was another theme that emerged out of the participants feedback. As one choir member said:

*"Despite us learning our songs all over Australia I felt very much connected to the other members of the choir."*

Another said:

*"It was a fabulous experience doing the lessons via remote and individually and then getting together to rehearse and perform."*

*"Once we met our connection was already established and our friendship was gelled."*

### Validation

Another typical experience of participants was a validation of health workers by an organisation for the work that they do. For example, one participant said:

*"It improved my self-worth by the simple fact of an organisation for once seeing it is worth investing in grass root health workers. Normally we are delivered funding cuts and more work demands to be addressed with less time and additional paperwork as well as bearing the pain and frustration of the marginalised groups in society we are delivering health care to..."*

Of course, there were challenges encountered by the *Sing For Your Life* project. Being a first time project, recruitment of participants was initially slow. Technology was not always kind. There are costs involved, especially if a professional singing teacher is engaged.

But one participant must have the final word:

*"This set up is brilliant for delivery into rural and remote areas... I hope this project will inspire lots of organisations to set up something similar in their work environment. It has shown me how important the arts are in the work environment and how it can connect us on a different level in a very positive way."*

## financial overview

## CRANAp<sup>plus</sup> incorporated income statement

for the year ended 30 June 2014

<b>Sales</b>	<b>\$</b>	<b>Expenditure</b>	<b>\$</b>
Sales	26,244	Advertising and promotion	14,869
	<b>26,244</b>	Audit fees	11,500
		Awards	4,750
<b>Less: cost of goods sold</b>		Bank charges	15,015
Opening stock	103,753	Cleaning	17,966
Purchases	3,673	Conference costs	115,352
	<b>107,426</b>	Consultants' fees	142,132
Closing stock	(46,390)	Consumables	12,791
	<b>61,036</b>	Course costs, catering and facilitators	134,456
		Depreciation	152,926
<b>Gross profit (loss) from trading</b>	<b>(34,792)</b>	Donations	1,605
		Doubtful debts	(3,116)
<b>Revenue</b>	<b>\$</b>	Employee entitlement provision	(9,020)
Grant revenue	4,048,628	Equipment hire	20,140
Interest received	87,251	Insurance	84,873
Gross profit from trading	(34,792)	Interest expense	17,329
Course fees	1,037,746	IT costs	152,540
<b>Other income</b>		Legal fees	8,214
Advertising	39,906	Loss on disposal of assets	924
Conference fees	108,836	Marketing products	53,832
Consultancy	3,060	Membership packs	3,855
Membership fees	212,619	Motor vehicle	20,964
Profit on disposal of assets	13,755	Postage and freight	235,002
Raffle income	1,449	Reference materials	72,985
Rental income	35,645	Rent and utilities	163,514
Website	682	Repairs and maintenance	13,506
Sponsorships	6,840	Salaries, wages and allowances	2,533,652
	<b>422,792</b>	Security	3,581
		Scholarship awards	12,660
<b>Total revenue</b>	<b>5,561,625</b>	Staff amenities	8,993
		Staff clothing	6,546
		Stationery and printing	199,971
		Sub contractors	250,934
		Superannuation	202,192
		Telephone, fax and email	113,892
		Tools and minor equipment	55,811
		Staff training and development	23,344
		Travel and accommodation	747,589
		Venue charges	79,710
		Workers compensation	17,318
		<b>Total expenses</b>	<b>5,715,097</b>
		<b>Net (deficit) surplus</b>	<b>(153,472)</b>

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

# contacts

## cairns office

Street address:  
Lot 2, Wallamurra Towers,  
189-191 Abbott Street, Cairns, QLD 4870

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PO Box 7410, Cairns, QLD 4870

Phone: (07) 4047 6400

Fax: (07) 4041 2261

## alice springs office

Street address:  
1/1B Stokes Street, Alice Springs, NT 0870

Mailing address:  
PMB 203, Alice Springs, NT 0872

Phone: (08) 8959 1111

Fax: (08) 8959 1199

## adelaide office

Street address:  
Unit 1/81 Harrison Road, Dudley Park, SA 5008

Mailing address:  
PO Box 127, Prospect, SA 5082

Phone: (08) 8408 8200

Fax: (08) 8408 8222



Photo: Joyce van Dijk.