Issue 135 | October 2025

CRANA plus
improving remote health

magazine

the voice of remote health

Aboriginal and Torres Strait Islander readers are advised that this publication may contain images of people who have died.

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Design and production
Graphic designer: Alison Fort
Printer: Newstyle Print
Distribution: 7,200 copies

To view magazine in digital format, head to crana.org.au/stories or scan the QR code below.

CRANAplus Magazine is published two times a year and distributed to health services and professionals nationally. For advertising enquiries or story ideas, email communications@crana.org.au

CRANAplus improving remote health

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From the Acting CEO and Board Chair

Dear colleagues,

Welcome to the October edition of CRANAplus Magazine – our final edition for 2025, closing out what was another impactful and inspiring year for our remote and isolated health community.

This edition is packed with insights that reflect the innovation and dedication defining our workforce. You'll hear from our newly appointed, inaugural Chief RAN, Heather Keighley (page 10), who shares her vision and plans for addressing the systemic challenges facing remote health practitioners and outlines her commitment to advocating for better support and pathways in the sector. We also feature critical research on decolonising primary health care and how it's supporting more culturally responsive delivery in rural and remote communities (page 6).

Our cover story beautifully illustrates connection through CRANAplus Facilitator Clare Burke's journey in Galiwin'ku (page 22). Clare's exploration of the mangroves with her yapa (adopted sister), Tanya, exemplifies the deep community relationships that make remote health practice so meaningful and effective.

Looking ahead, we're excited to share our newly released 2026 course schedule (page 64) and details on our Remote Nursing and Midwifery Conference in Perth next May (page 74). Don't miss our grant and scholarship opportunities (page 76), including new support for new-to-remote practitioners, students, and First Peoples clinicians to attend our conference. We can't wait to welcome you to what promises to be another exceptional program.

You'll also discover our Red Nose Australia collaboration (page 82), new wellbeing resources (page 60), meet new faces on the CRANAplus Nursing & Midwifery Roundtable (pages 24–30), and so much more.

As we transition to a biannual publishing schedule in 2026, with editions in March and July, our commitment to championing the remote health workforce remains unwavering. This strategic shift enhances our long-term sustainability while enabling us to deliver even more focused, high-quality content that truly meets your needs.

Our beloved A5 format will continue to land in tea rooms, mailboxes, and clinics across the country, ensuring easy access whether you're on the road or deep in remote practice. Since its origins as the Outback Flier in the 1980s, this publication has evolved into essential reading for our community, and we're proud to carry that legacy forward.

We hope you enjoy this rich edition and look forward to bringing you our next jam-packed publication in March 2026.

Until then, stay safe and well.

Warm regards,

Emma Barritt, Acting CEO, CRANAplus
Dr Ann Aitken PhD, Board Chair, CRANAplus Board of Directors

CRANAplus acknowledges the Traditional Owners and Custodians of the land, waters and sky, and respects their enduring spiritual connection to Country. We acknowledge the sorrow of the past and our hope and belief that we can move to a place of equity, partnership and justice together. We acknowledge Elders past, present and emerging, and pay our respects to the cultural authority of First Peoples.

First Peoples

Photo: Reto Ammann – stock.adobe.com

Celebrating culturally safe collaboration

As a CRANAplus Board Member and Aboriginal/Torres Strait Islander Health Practitioner, Naomi Zaro was honoured to represent our organisation at a joint breakfast event hosted by the Aboriginal and Torres Strait Islander Health Practitioner Board of Australia (ATSIHPBA) and the Nursing and Midwifery Board of Australia (NMBA) on Larrakia Country, Darwin this June.

The premiere of their collaborative video *Culturally safe collaboration between nurses, midwives and Aboriginal and Torres Strait Islander Health Practitioners* marked a significant milestone in healthcare education. Having worked across remote communities, I understand firsthand the crucial role these professional relationships play in delivering quality healthcare outcomes for our people.

Miss Cubillo's Welcome to Country set the tone for the morning beautifully. Her personal story about the importance of family involvement during her daughter's recent birth resonated deeply with me – it perfectly illustrated why Cultural Safety isn't just policy, it's about genuine understanding and respect for our ways of caring.

The 15–20 minute video showcased something I have seen almost every day for more than a decade, working in the Aboriginal Community Controlled sector, and for over five years, working with Sunrise Health Service Aboriginal Corporation: the vital role Aboriginal and Torres Strait Islander Health Practitioners play as cultural brokers. We don't just provide clinical care; we bridge worlds, translating not just language but cultural understanding, family relationships, and community protocols that are essential for effective healthcare delivery.

What excited me most about this initiative was its potential to educate new-to-remote clinicians about working collaboratively with Aboriginal and/or Torres Strait Islander Health Practitioners. Too often, our expertise in community knowledge and cultural navigation is undervalued.

Naomi with Iris Raye, ATSIHPBA Chair and David Follent, Chair of the NAATSHWP Board of Directors.

Naomi and John Wright, former Chair of CRANAplus Board of Directors.

This video demonstrates that when nurses, midwives, and Aboriginal and/or Torres Strait Islander Health Practitioners work together with mutual respect and understanding, we create truly culturally safe environments that benefit everyone.

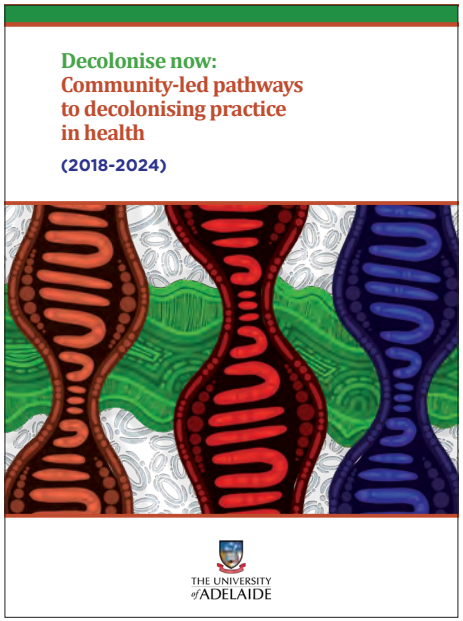
The strong attendance from key stakeholders, including AHPRA staff, NT Health, AMSANT, and education providers such as the Batchelor Institute, demonstrated the sector's commitment to this collaborative approach. As someone who completed my Diploma through these very pathways and is now working as a Clinical Educator, I'm proud that CRANAplus was represented at this important moment in advancing culturally safe healthcare practices.

This video isn't just an educational tool – it's a testament to what's possible when we value all voices in the healthcare team.

I encourage all CRANAplus Members, particularly those new to remote practice or working alongside Aboriginal and/or Torres Strait Islander Health Practitioners, to watch this important resource, which is expected to be released online later in the year. It will deepen your understanding of culturally safe collaboration and help build the respectful partnerships that are essential for delivering quality health care in our communities. ●

Naomi with Pilar Cubillo, ATSIHPBA Accreditation Committee Member.

Report calls for Aboriginal-led care to be funded, backed, and heard



A new report, spurred by the continuing failure of successive Australian governments to close the health gap, puts Aboriginal-led primary healthcare organisations squarely at the centre of real and lasting change.

But it also points to barriers to change: the stubborn structural racism embedded in political, media and bureaucratic systems, and an ongoing refusal to reckon with the legacy of colonisation in this country.

A striking visual from the report, *Decolonise Now: Community-led pathways to decolonising practice in health (2018–2024)*, makes it plain. Above the line: a vibrant vision of justice – First Peoples-led care, flexible funding, cultural authority, anti-racist systems, and strong community voices. Below the line: the status quo – fixed, short-term funding, white-led governance, racist assumptions and deficit-based thinking dressed up as policy.

Professor at the University of Adelaide and one of the report's chief investigators.

Dr Freeman notes the deep disappointment that followed the rejection of the 2023 referendum for a constitutionally enshrined Aboriginal and Torres Strait Islander Voice.

"Australian governments must now work directly with Aboriginal and Torres Strait Islander leaders and communities to support decolonising ways of working," he says.

The report draws on seven years of collaboration between Aboriginal and Torres Strait Islander researchers and non-Indigenous researchers from the University of Adelaide, Flinders University, University of Technology Sydney, University of Queensland and the University of British Columbia. ▸▸

It documents case studies from five Aboriginal Primary Health Care organisations across the country, each offering powerful, practical examples of how colonised health systems can be challenged – and changed.

At **Central Australian Aboriginal Congress** in Alice Springs, community-led alcohol policy reform slashed emergency department presentations and domestic violence rates, despite opposition from government and industry.

In Darwin, **Danila Dilba Health Service** delivers holistic, in-home support to mothers and families, building long-term relationships based on trust, cultural understanding and respect.

Inala Indigenous Health Service in Brisbane, though government-run, has created a culturally safe hub where Aboriginal and Torres Strait Islander people can access care without the fear, judgment or barriers they often face in mainstream hospitals.

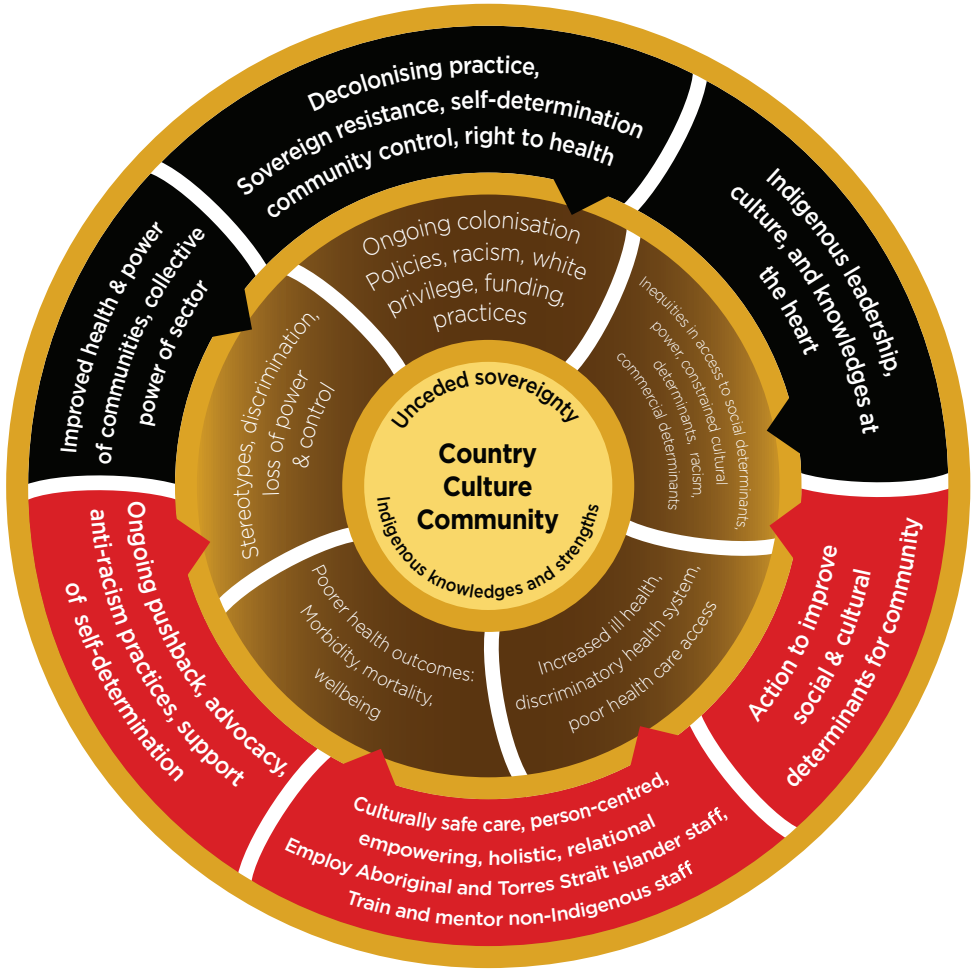
In Adelaide, the **Southern Adelaide Local Health Network's Aboriginal Family Clinic** navigates within mainstream systems to deliver as much culturally safe care as it can – but struggles persist due to governance models that still limit Aboriginal leadership and autonomy.

And in Nowra, **Waminda South Coast Women's Health and Wellbeing Aboriginal Corporation** throws out hierarchical management models entirely, replacing them with a shared Aboriginal leadership team and embedding cultural knowledge, ceremony and sovereignty into every part of its work.

The report makes the case that no model of decolonised care is sustainable without a strong Aboriginal and Torres Strait Islander workforce – particularly in leadership, advocacy and decision-making roles.

It also calls for a shift away from deficit-based narratives – those familiar tropes about "what's wrong" with Aboriginal health – to strength-based stories that recognise what is already working and why.

Dr Freeman says, "Practices and attitudes have improved – but not fast enough. Aboriginal-led organisations and their advocates have had to fight for years for recognition and funding.



They're used to struggle – they've always had to battle for change. They've never been handed the reins easily."

"I believe people in positions of power know Aboriginal-led practice is better. But systemic racism is hard to shift – that baked-in belief that white experts know best, that white intervention is the answer."

He says the report should serve as a roadmap for both community-controlled and government-managed services, as well as for policymakers and funders who are serious about structural change.

"Our hope is that this report contributes to the urgent and crucial project of decolonisation – not just in health, but across all sectors."

"The call is clear: back Aboriginal-led care with long-term, flexible policies – or be complicit in repeating the same failures."

Here is a link to the report *Decolonise Now: Community-led pathways to decolonising practice in health (2018–2024)*: https://www.adelaide.edu.au/stretton/ua/media/817/decolonising-practice_final-knowledge-sharing-report_12-feb-2025.pdf

In Focus

Photo: Lauren – stock.adobe.com

Letter from CRANAplus' inaugural Chief RAN

In a critical time for remote health, CRANAplus is thrilled to appoint Heather Keighley as our inaugural Chief Remote Area Nurse (RAN). The Chief RAN will be a national voice for remote nurses, leading strategic advocacy, shaping policy reform, and championing culturally safe, community-led health care. The creation of this Chief RAN position marks a bold new chapter for CRANAplus, reflecting our deep commitment to elevating the profile and professional standing of remote area nursing. We invite you to join us in welcoming Heather to the role as she leads this transformative journey.

Dear CRANAplus family,

I am delighted to be appointed to this inaugural role as Chief RAN, representing you, our dedicated nurses and midwives working across rural, remote and isolated settings throughout Australia.

This role presents a unique opportunity to bring the voices of the remote health workforce into national conversations, consultations, and policy development. I'm eager to strengthen partnerships with key stakeholders, including government, peak bodies, Aboriginal Community Controlled Health Organisations, and tertiary education and health services.

Most importantly, I'm committed to supporting initiatives and exploring opportunities that improve recruitment, retention, and well-being for remote health professionals.

For too long, it has been an expectation that we will navigate our own paths to this area of practice, without a recognised and accredited pathway, and often without adequate clinical supervision and support. I don't need to tell you that there is an over-reliance on short-term agency staff, which is creating enormous pressures for longer-term staff, and on the financial viability of the system.

Our recent pre-budget submission outlines a plan to address these concerns and has huge support across the regulation and education sectors.

Our aim at CRANAplus is to advance our work on these issues and to find solutions that will alleviate some of the pressures that you experience on a day-to-day basis. We have a fantastic team of clinicians and support staff to enable this to happen; our educators and mental health and wellbeing teams are second to none!

In the weeks and months ahead, I encourage you to engage with us. Be part of the change you want to see.

I look forward to connecting with more of you, many of whom I've already had the privilege to meet, as we shape the future together.

I continue to be impressed and amazed by the extraordinary skills, resilience and capability of nurses and midwives in our sector. Please don't give in or give up. Join us in designing and building stronger foundations and better supports for yourselves now, and for the future.

With deep respect and kind regards,

Heather Keighley, Chief RAN CRANAplus

If you have an idea to share or would like to let us know how you're advocating in your area, we encourage you to get in touch with Heather and our Professional Services team at professionalservices@crana.org.au

Q&A with Midwife of the Year Vanessa Page

Longstanding CRANAplus Member and supporter, Vanessa Page, was named Midwife of the Year at the 2025 HESTA Australian Nursing & Midwifery Awards in recognition of her Endorsed Midwife Care Program at Gateway Health Wodonga, where she works as a nurse practitioner and endorsed midwife. CRANAplus caught up with her to hear about the award and her extensive background in remote health.

Congratulations on your Midwife of the Year Award! What does receiving this mean to you?

Well, firstly, immense pride. I am passionate about my work in women's and maternal health, and, in particular, the care I provide to vulnerable people in my community.

I'm proud of the unique model of care that I initiated out of need at Gateway Health but could not have achieved the Endorsed Midwife Care Program without support.

There are many innovative midwives in Australia doing wonderful things, and I'm just one of them, so I feel very humbled.

Could you explain your Endorsed Midwife Care Program?

When I first arrived here from the north, I very quickly realised there was a gap in continuity of midwife care for more vulnerable, complex women.

In the Albury/Wodonga region, there are few public midwife pregnancy care options. And until recently, there was no public high-risk obstetric or medical clinic in the area either. Women were required to attend private obstetric care with a fee for service, and many women just can't afford these appointments.

So, for this reason, vulnerable and complex pregnancies can end up having ad hoc or limited pregnancy care.

The Endorsed Midwife Care Program has evolved into an all-risk continuity of midwife care program for vulnerable members of the community, in particular CALD [culturally and linguistically diverse] clients.

The program is very well networked with pregnancy care providers in the region, so these more complex women are absolutely linked in where they need to be linked in, but – and this is the important bit – not at the expense of missing out on continuity of midwife care. Women who have complex, high-risk pregnancies often end up down a medical trajectory and become exempt from midwife care. That's probably the biggest thing I'm passionate about, is that these women still have midwife care, despite their complexities.

You also spent over 15 years in remote Australia – what did that journey look like?

I embarked on a trip around Australia, where I ended up stopping in Alice Springs for a year and worked in ICU, and it really was this experience that sparked my passion for remote and Aboriginal health. ▸▸

HANMA 2025 winners and VIPs.

I headed out to Mutitjulu at the base of Uluru where I worked as a remote area nurse. I then did a few short locums around the place.

It was a scenario out bush that made me realise I really needed to become a midwife. Most scenarios out bush didn't phase me too much with my ICU and ED background, but I had quite a significant obstetric emergency, and so I decided it was time.

I moved back to Victoria to do my Midwifery and as soon as I finished, I was just desperate to get back up north. I was then in the Kimberley for 11 years.

What aspects of remote health care are you most passionate about?

I just loved, and still love, working with First Nations people. My 15 plus years of working remote have been the richest years of my life. It was the women out bush, particularly the women in the Kimberley—the strength and power of these women—that really inspired me.

CRANAplus has been lucky to have you spend time as a Board member, volunteer facilitator, and longstanding Member since the early 2000s. What has that involvement been like for you?

I remember attending my first CRANAplus conference in the Blue Mountains where I was in awe of some of the leaders at the time. I just thought, 'Oh, I just want to be you'.

Fairly soon after, I joined the Board and had a few years as a committee member. I was still fairly junior in the remote world, but it was a wonderful learning curve from a clinical governance perspective, as well as a professional perspective. And it just got me in that circle of these great leaders.

Then, of course, I became a facilitator for the MEC [Maternity Emergency Care] and MIDUS [Midwifery Upskilling] courses. I love sharing my knowledge, particularly on MEC, because you are delivering that course to remote area nurses who are just hungry for this information. Anything obstetric frightens them, and I was there, I've been there done that, and to be able to impart some practical knowledge is a real pleasure.

Finally, what advice would you give rural and remote healthcare professionals who want to create change?

Network, network, network. I love networking. I just really love being around like-minded health professionals. They really help inspire me to do what I'm doing.

Align yourself with like-minded people and together, as a cohort, you can do great things. ●

Nurse/Midwife of the Year transforming renal care in the Kimberley

Renal nurse, Nick Corsair, has been named Nurse/Midwife of the Year at the 2025 Western Australian Rural Health Excellence Awards – proudly sponsored by CRANAplus. Under his leadership, kidney transplants in the Kimberley region have surged, rising from just one in the previous seven years to 22. Nick shares how he and his team made it happen.

Originally from the north of England, Nick has spent more than 20 years in nursing – a journey that brought him to the other side of the world. What began as a six-month stint in Broome turned into a 15-year commitment, and counting.

The last five years have seen Nick working for Kimberley Renal Services, a wholly-owned subsidiary of Kimberley Aboriginal Medical Services, in a transplant coordination role that has now earned him this recognition as Nurse/Midwife of the Year.

"You don't get into health care for awards, but it's pretty special when it happens," Nick says.

"There's a huge team that I'm part of which is required to get any patients over the line for transplant, so to be recognised for my part within that team is great - it's definitely a team win."

In Nick's role, he's seen the challenges faced when it comes to kidney disease.

"Aboriginal people are overrepresented within kidney disease, and then very much so within dialysis," he explains. "When they do eventually end up on dialysis, that could be thousands of kilometres away from home."

"It's a really insidious disease. It really just creeps up on people and affects their whole life. It takes them away from family, takes them away from community and jobs, children, everything."

Receiving a transplant can be a ticket back to community and some sense of normality, but many barriers have made this process more complicated.

"Going back a few years, we really weren't doing any transplants in the Kimberley," Nick explains. "There are several barriers that we faced with that. One of them was we were not identifying patients as suitable transplant candidates early enough ... and then other things like the education program we had wasn't great for our patients."

"On top of all of this, you've got our Aboriginal patients that are engaged in this system that isn't really designed for them."

In 2020, Nick began working as transplant coordinator for the Kimberley Renal Services, and the team started reviewing their processes to find ways to break down those barriers and improve outcomes for the community.

"We started getting patients seen within the first three months of starting dialysis, or even in the pre-dialysis period, so that we could identify them as good candidates, or if they had barriers, we could push in the right direction to address those," he says. "One of our main barriers is smoking, so we try and get people engaged with local services to help them stop.

"We also brought coordination back to the Kimberley, so we're able to reach out to local stakeholders and have good relationships with them where they understand their part in the process for our patients.

Photos: Kirsten Graham – Compose Photography and WA Rural Health West.

"Our patients tend to have several co-morbidities as well, so seeing specialist services is another barrier. Rurally, we get really good specialist services coming up, but we just don't get them that frequently. Some of our patients are hundreds of kilometers away and we've got to get them into a local centre, so we try to address that by grouping appointments."

All of these things have come together to see a great improvement, both in patients being identified for kidney transplants and then in being supported afterwards.

"When patients come back, we want those kidneys to last a long time, and it really does matter how they're supported back within the local community."

Patients who have received transplants now return to help educate others going through the same process, something Nick says is creating real hope and motivation.

"I can go and do an education session and talk for hours, but there are guys that have actually been through and had the transplant from that local area, so that really resonates with the patients.

"It's not an easy process, so to have somebody sat next to them that might have been dialysed six months ago really gives them hope that they can do it as well."

After seeing the life-changing impact of transplantation, Nick hopes he can encourage more people to get checked.

"For people out there who haven't been tested for chronic kidney disease, it's just worth engaging and making sure that you haven't got any issues, because it is a silent disease, especially for our Aboriginal patients." ●

Reframing the myth of medical superiority

The traditional medical hierarchy that positions doctors above nurses has deep historical roots, but does it still serve us well? CRANAplus Member, Dr Kirsten Due, challenges the outdated notion of medical superiority and reflects on what she's learned from her nursing colleagues in bush medicine. Through personal anecdotes and historical context, she explores how true healthcare excellence emerges not from rank, but from teamwork, humility, and shared purpose.

It was the 1800s when the cultural script of "the doctor's the boss and the nurse just takes orders" became solidified. Obviously I'm a doctor. But some of my closest friends are nurses. And I have no problems saying that they are easily smarter, kinder and more resilient than me, and have taught me priceless things about medicine and life. What I often ponder is the unspoken sense that there is something unusual about nurses and doctors being close friends. Almost like it breaks a silent convention.
I remember a manager once telling her staff, including me, that doctors and nurses shouldn't be friends and shouldn't associate after hours. That meant that going for a walk together after work or sharing a meal on the weekend felt sneaky. Not many people would be that extreme, but there's still a sense of inequality.

Some time ago, a new nurse said to my friend, "How long have you been nursing?" When my friend explained she was a doctor, there was a lot of apologising and a sense of embarrassment. *How insulting to have mistaken a doctor for a nurse* was the vibe that hung in the air.

A bit of history: before the 1800s, there were 'nurses', but mostly in the sense of nuns, lay carers, and domestic helpers. They weren't formally trained, and their work was considered charitable rather than professional. It's worth noting that Aboriginal and Torres Strait Islander peoples have practised sophisticated healing traditions for thousands of years. These traditions integrate mind, body, and spirit and continue powerfully today alongside Western medicine. In the 19th century (1800s) medicine aligned itself with universities, licensing laws, and the new 'scientific method'.

Above, left to right: Clinic Manager RAN Jarrad, Kirsten, Tynelle (RAN who completed her masters while working full time and has been acting manager many times) and Dr Sarah at Gunbalanya 'Teamwork makes the dream work'.

Above: Teamwork – Aboriginal Health Practitioner Sarah Bukulatjpi and her sister. Sarah works across health services on Elcho Island and wider afield. Right: Croc in Kakadu.

Being a doctor became linked to formal education, exams, and male-dominated institutions. This set up the aura of intellectual superiority. Partly it was because men were considered superior.

Also in the 1800s, nursing transformed into a profession through figures like Florence Nightingale (Crimean War, 1850s), who founded the Nightingale School of Nursing in 1860. Nursing schools spread across Britain, America, and the colonies through the late 19th century. Even then though, leaders like Mary Seacole, Isabel Hampton Robb, and Lucy Osburn in Australia proved nursing was not just 'obedience' but leadership, organisation, and reform.

For hundreds of years, doctors have been captains of the boat, and everyone else has had the job of rowing. Sometimes we see that today, but less out in the bush when the boat is more of a rusty tinny with a dodgy outboard motor. Out here, everyone rows. Except when the croc has eaten your oar.

Yet the hangover lingers. You'll still hear the line, "Oh, but you're so smart. Why don't you become a doctor?" like we are still in the Victorian era when doctors were the intellectual elite, the clinical masterminds.

I was interviewing a friend for an article recently, and I said, "How does it feel being a male nurse?" I thought it was fair enough because he was the only one among ten women. He shot back, "Well how does it feel being a female doctor?" Touché and good point!

But he did say that not long ago, there was a complex retrieval and the aeromedical crew walked past the female doctors and asked him for a rundown of events. He was the only bloke, and they assumed, therefore, he was the doctor. This raises other issues about clear identification and communication in emergencies, but he said how life-changing the experience was for him and an insight into the stereotypes that remain. He's an amazing guy. ▶▶

If you dig deep enough, you find that even in the beginning, Florence Nightingale was crunching hospital mortality statistics before most doctors had learned to wash their hands.

Mary Seacole, rejected by the establishment, funded her own voyage to Crimea and set up a clinic from scratch.

Lucy Osburn brought Nightingale's reforms to Sydney and took on the hospital boards. Isabel Hampton Robb, Mary Adelaide Nutting, Kofoworola Pratt – the list of nurse trailblazers runs long, and their influence global. They didn't just 'help doctors', they reshaped health care.

Still, the myth stuck. Doctors were framed as the thinkers, nurses as the doers.

Some of it made sense. Doctors did spend longer in training. They carried the legal liability of prescriptions. In emergencies, hierarchy made decisions quicker. But out in the bush, life in the boat is different. Much of the time, there are no doctors. Much of the time, nurses do the jobs that city GPs wouldn't have a clue about. And nurse practitioners are a whole other kettle of fish and an extraordinary bunch of practitioners with specialised skills and knowledge that I could only aspire to.

What I love in the remote clinics is that the receptionist (if there is one) might double as the emergency driver. The doctor might be on hands and knees plunging the blocked toilet before racing off to do an ECG. The nurse might be halfway through delivering a breech baby while shouting for someone—anyone—to check the defib batteries.

The Aboriginal and/or Torres Strait Islander Health Practitioner might be translating medical jargon into something meaningful for an elder before setting up IV fluids and giving antibiotics for sepsis. And who empties the bins? Everyone.

The distinction of doing vs thinking is false – although inevitably I am not very good at reading instructions, or backing large vehicles, and more than once have been responsible for taking out the newly fixed rear lights on an ambulance – thankfully the clinic nurse manager just said, "Well at least the vehicle fits in with all the others now." I have a doctor friend who filled the newly fixed 4x4 ambulance with petrol instead of diesel … we all have our strengths.

But they are not gender or profession-based. We are human, doing difficult jobs in difficult places. And that isn't (always) chaos – but competence. Competence that doesn't care about job titles. Whoever has the hands, the skills, and the guts in the moment, does the thing. We all plunge into the mess with everyone else. And that's the point: bush medicine is not about rank, it's about roles. Roles that shift, overlap, improvise.

The old phrase "Why don't you become a doctor?" lands hollow in that reality. When I asked a friend who is a nurse at Gunbalanya (and completed her Master's in Clinical Leadership) what she thought made for a really good clinic, she laughed and said, "Teamwork makes the dream work!"

I said, "Hey, no, seriously, I mean… What do you really think?"

She said, "I was being serious. It's all teamwork." She's right, survival and joy don't come from pecking order. It comes from a team.

Above, left: Dr Brad Martin Medical Director Red Lily Health Board catching some fish for the team. Works alongside Mark DiFrancesco Primary Healthcare Director of Red Lily Health Board with a long history of remote nursing and management. Above, top: Clinic Driver Gavin Gondarra and daughter Tayleen. Above: Plenty of fish plenty of crocs Traditional Owner Jenny Inmulugulu with the handline with Sharnthea Magbuna and Alfred Gawaraidji.

Florence Nightingale once wrote that nursing required "hard-wrought training, not merely good intentions". She was right. Modern bush medicine requires more: humour, stamina, humility, and a willingness to mop the floor after resuscitating a patient. It is the kind of gritty egalitarianism that would make both Nightingale and Seacole proud. And to be perfectly honest, the best managers I have ever worked under have been nurses – on the COVID HITH team in Darwin, in Warruwi and in Gunbalanya. Sure, we've all had some managers who probably wouldn't vote as the best slice of barra on the BBQ, but that's okay. I can happily say I am not at all cut out for management either.

So yes, hierarchy has its place. In a cardiac arrest, one person needs to call the shots. In court, someone has to sign their name on the line. But superiority? That belongs in the museum with the bone saws and laudanum bottles. Not long ago (just to be polite) I asked a medical colleague how he would like to be addressed because I noticed he had 'AM' after his name. He inferred that in any public situation, he should be clearly addressed as 'Professor'. I didn't mind at all, and he had earned it, but it reminded me of a surgeon in Darwin back in about 2000 who anyone could have mistaken for a cleaner, who was so unobtrusive and humble. After work and on the weekends, he did volunteer work in the prisons. I used to chat to this 'cleaner' in the lift in the mornings, and he always had something kind to say. It was only later I discovered he was one of the most senior doctors in the hospital. That's the sort of person I hope to be.

Out here, in the land of flooded bathrooms and breech births with no antenatal care, there shouldn't be superiority, only colleagues, pulling together in the same boat. Hoping the croc doesn't nick off with the oar.

And the next time a doctor says, "You're so smart, why don't you become a doctor?" one thought might be: "Why don't you become a nurse? Then you'd actually know how to run the place." ●

A midwife among the mangroves

Clare Burke, an endorsed midwife and CRANAplus facilitator, has spent the past year working in the remote community of Galiwin'ku where she has been welcomed as family. She shares how deep connection has strengthened the care she provides women and babies.

Axe in hand, Clare climbs up and over mangroves on the hunt for mud crabs, longbums and mangrove worms that remind her of long umbilical cords and taste like oysters. She knows she would get lost in this tangle of roots if not for the group of women she has grown so close to, leading the way.

Just 12 months ago, Clare's life looked very different.

After 17 years in hospitals and private practice, she has stepped into the world of remote health.

"I thought it was time to take on another challenge."

Clare works as an endorsed midwife on Galiwin'ku, as well as facilitating CRANAplus' Maternity Emergency Care courses with her new remote perspective.

"I just love breaking down the fear," she says. "Generally, women have babies, and they do it quite well. If I can remove some fear from birth and women and babies, then I think it's job done."

This confidence is essential on an island with a significant caseload.

"We've got quite a large pregnant population here on the island," Clare notes.

"There are about 2,500 people in this community. We have anywhere between 20 and 40 pregnant women at any one time."

Clare works FIFO back-to-back with another midwife, Cherryl, so the pair have been able to facilitate continuity of care for these women.

Top: Clare's adopted family Mini, Louise and Tanya. Above: Clare's adopted sister Tanya.

"Obviously the benefits of continuity are well known, but I think in these remote communities it's really, really important," Clare emphasises.

"It makes such a difference, because we're just so invested in these women that we're looking after and we follow them up closely. They get to know us really well and they're comfortable and they contact us when they need us."

Beyond the clinic, the community generously welcome visitors into their lives, and their families.

"When you're here for a little while, a local family will often adopt you," Clare explains.

"All of a sudden, you've gone from being here by yourself to having sisters and brothers and grandchildren and a family around you. You have a place in the community."

"It's very different to anything that I've been used to, but it's so beautiful and it really connects you."

Being a part of a family means being invited into everyday life, like the women's hunting trips, where the food they gather plays an important role in supporting the health of pregnant women and babies.

"One of the big problems out here is low iron or anemia because food insecurity is a real thing here," Clare explains.

"We have women who are starving. Access to good-quality food is really hard."

Clare and her colleague join up with public health to run education sessions on this and other risk factors during pregnancy.

"We'll light a fire out on a beach somewhere and take all the pregnant women and babies and do educational talks about smoking in pregnancy or healthy, iron-rich foods," she says.

Clare works closely with an Aboriginal Health Practitioner, who also happens to be part of her adoptive family. She's learning a lot from her about how to communicate within community.

"The women are just so beautiful and so open to learning about the process, but it's all about the environment in which you're doing it," Clare observes.

Amanda Forti, Remote Clinical Educator CRANAplus and Clare at the 2025 ACM Conference gala in Darwin this September.

"Anything where we can get out and be in the community is much more well-received."

Around a fire on a beach just like this is where Clare finds herself after her days of hunting. The men have been fishing, so the women join them here to make damper and cook up their findings.

"It's a really special time," Clare says.

"It's a privilege to go with them and learn from them."

CRANAplus courses are contextualised to remote and isolated practice, and we are always looking for skilled, experienced and positive volunteer facilitators to help run them. To express interest in becoming a CRANAplus facilitator, email education.admin@crana.org.au

A sense of community in isolation

Not everyone is suited to remote nursing work, but the connections made and the ability to make a difference makes it worthwhile for those who can overcome the initial isolation. That's the word from remote area nurse Samantha Petric, who has worked in isolated communities from Far North Queensland to the South Australian outback in most of her 12 years in the profession.

Trained at the University of Technology Sydney, Samantha started out at St Vincent's Hospital in Darlinghurst before taking on an Australian College of Nursing scholarship at the Alice Springs Hospital. It was a life-changing experience.

"I was only meant to be there for four weeks for my placement, but I really loved Alice, and I thought, 'I'm not going back to the city,'" she recalls.

"I stayed in Alice and worked both clinically in ED and did after-hours/weekend work for Menzies Health Research as a casual data collector."

Samantha had to return to Sydney for family reasons, where she worked on a casual basis at Nepean Hospital, but the desire to be a remote area nurse was building. That led her to take on more rural contracts at Goulburn and Nowra before finally landing her first Aboriginal community contract within Far North Queensland, east of Cairns.

"That was my first taste of what it was like with the on-call component of remote area nursing," she says. "It wasn't far from Cairns by air, but a mountain range made us fairly remote. We had a doctor there 24-7, which was a fantastic learning experience for me. I stayed there for four or five months, which allowed me to build up my critical thinking skills."

From there, Samantha ventured to even more remote regions. She took a nursing role on the Far West Coast, almost a thousand kilometres west of Adelaide on the edge of the Nullarbor.

But it wasn't a full-time position, and she divided her time working alternate contracts between the Far West Coast and Far North Queensland, with her downtime including trips back to Sydney to see family. While one was in the arid heat of the Nullarbor and the other deep into the tropics, there was a sense of community working with the Aboriginal and Torres Strait Islander people for whom she'd achieved a connection.

"I really felt connected to the Far West Coast in the three times I returned during a six-month period. That was my first truly remote experience, where I was hours from the nearest significant community (of Ceduna). When I first arrived to the contract, it was just me, another agency nurse and a health worker."

When no full-time contract was available at Yalata, Samantha took on a role at the even more remote Aboriginal community between Maralinga and the Great Victoria Desert.

"The community is very small and I'm not a country girl, so it took a bit of getting used to. I still had the feeling to want to go for a coffee, to the movies. There were only two nurses and a health manager in the clinic, and it was hard yakka psychologically working ten weeks on and two weeks off. You had to put something in your life at the end of your working day, or you'd really struggle. In my case, I studied for my Master of Philosophy (Nursing) in Cultural Safety and worked on my cooking skills."

However, after six months, Samantha returned back to the Far West Coast.

"Something keeps pulling me back."

Samantha focuses on the benefits rather than the drawbacks of remote work.

"The highs are the connections you make with people and how we can all come together to achieve the same goal. It's really a beautiful thing

when you have people from different areas trying to make this work. Now that I've been here for some time, I can now see more clearly how the wheel turns in primary health. I now have a much greater understanding of how one health check can influence that person's health and the amount of call-outs within a community."

It helps that Samantha, a member of the LGBTQIA+ community, is able to work with her wife, a National Disability Insurance Agency (NDIA) connector, in such remote areas. As others have before her though, she has also endured discrimination because of her sexuality.

"LGBTIQA+ people do face prejudice by some individuals in communities," she says.

"The problems I've experienced are when people are angry and think I've done something wrong on the job. It's easy for them to use my sexuality against me, instead of my nursing treatment. It happened just recently. Thankfully my colleagues and the organisation have zero tolerance for that."

Communication technology has also been a major asset, with the CRANAplus Nursing & Midwifery Roundtable bringing a fresh and informative perspective to the work of remote nursing staff. For Samantha, it was the opportunity to broaden her knowledge, while getting a better understanding of others just like her.

"It was so rewarding discussing CRANAplus agenda items with nurses representing areas I didn't even know," she says.

"We discuss a range of topics, including what should be discussed at conferences, Medicare billing for practitioners and how to encourage new people into this very specialised workplace.

"We discussed workforce planning. That you don't need staff making up the numbers, but the right kind of staff, and that not everyone is suited to remote work. We shared stories of people who arrive to the community on Monday morning, and they're gone Monday afternoon. No judgment here, it's the sort of job where you don't know until you actually get there."

Samantha remembers feeling that sense of isolation when she started her remote nursing career, but she overcame it by finding ways of remaining busy and committed. In addition to her Master's degree, she has written a Webster-Pak policy and procedure administration guide to help and guide the varied support workers. She also remains busy while completing her PhD researching Cultural Safety principles applied to support trans and gender-diverse nurses in the workplace.

"You often don't know if you can do the job until you actually get there so I hope this helps," she says. "We may be thousands of kilometres away from each other, but we're all in this together." ●

Stephanie's Island Home

When Stephanie Pastula-Ramadier first flew into wild Truwana/Cape Barren Island, a 20-minute flight from Tasmania, she knew it would become home.

"As soon as you see the island out the plane window," she says, "you think – how can I come back here?"

Now, three years later, Stephanie splits her time between Bicheno on Tasmania's east coast and this small, isolated community of about 100 people, where she's found purpose, challenge, and deep connection as the community's Clinical Nurse Specialist. The clinic she works in sits within view of Strzelecki Mountain on neighbouring Flinders Island.

"It's a spectacular setting," she says, "but it's the community and the work that make it so special."

"It is an honour to come over here and I feel incredibly lucky. Like any kind of remote area nursing, your whole world expands in a way it never would otherwise."

One of the most significant developments Stephanie has witnessed is the creation of the first Aboriginal and/or Torres Strait Islander Health Worker role within Tasmania's state health system – right here on the island.

"In the NT, WA and SA, Aboriginal and/or Torres Strait Islander Health Workers are instrumental in the clinics. They're not just part of the team – they're the ones who make our presence appropriate and culturally safe. It validates the whole model of care."

"It's taken until 2022 to begin that journey in Tasmania, and I feel incredibly lucky to be part of it."

Stephanie's passion for supporting the development of this role is clear.

"It's still evolving, but it's vital. The island now has three permanent Aboriginal and/or Torres Strait Islander Health Workers and two casuals.

I want to be an ally in that progress. It's one of the most important things I can do."

Stephanie's path to remote nursing was shaped 15 years ago when she joined WA Country Health Service (WACHS) rotational programme.

"I realised how varied nursing was in remote communities. And with the hurdles of limited access to resources and other health professionals, it makes you more creative, you're not just a cog in the hospital machine."

"I love being challenged and pushed to the maximum of my scope as a nurse, and it is deeply satisfying. You feel like you're actually making a difference.

"That experience changed everything," she says. "Tertiary care has its place, but it's the last page in the book. I'm more interested in primary health – keeping people well, picking up issues early, before someone ends up in emergency with a heart attack.

"Someone might come in with early diabetes and not really understand the risks. But if you can work with them, if they want to engage, you can change the whole trajectory. That's the most satisfying part for me."

On returning to Tasmania from WA, Stephanie embarked on more study to give herself the skills she felt she needed for remote nursing. At the Royal Hobart Hospital, she undertook the Critical Care course, and followed up with postgraduate studies in International Health, with a strong focus on Indigenous health; Maternal and Child Health, and Emergency Nursing.

Before that first visit to Cape Barren Island three years ago, when she filled in at the clinic on a casual basis, Stephanie had spent time volunteering overseas and on remote sailing trips and working with the national locum assistance programme, Rural LAP, with stints in remote locations throughout Australia.

"This is the first time I've lived within a community for a long period of time, and I love being part of the community," says Stephanie.

"I take my dog around to people's homes, have yarns overlooking the beach, visit the school to chat with mums. When you've been here a while, people know you. You're not just the clinic nurse – you're part of their world.

"The ladies here are amazing. They make kelp baskets and long shell necklaces. Shells are treated and stripped back and look like mother-of-pearl. We have a lot of fun."

Stephanie's commitment to upskilling hasn't stopped, and CRANAplus has played a key role in that.

"The AREC course is a great crash course that refreshes you for those emergency presentations and advanced skills," she says.

"And as a non-midwife, the MEC was an absolute lifesaver for me. When someone walks into the clinic and says, 'I'm having my baby,' you need to be ready.

"I've thanked the CRANAplus education midwives a thousand times. The skills they gave me were essential – and they made sure I could be calm and capable when it mattered."

As a member of the CRANAplus Clinician Roundtable, Stephanie has also found professional solidarity and inspiration.

"It's a privilege to be part of something that connects nurses across remote Australia. This island is incredibly isolated, and yet through the Roundtable, I'm in conversation with people working in Arnhem Land, the Kimberley, Cape York. It reminds you that you're part of something bigger."

Looking back, Stephanie says remote nursing has expanded her world in ways she never imagined.

"It's not always easy – but you leave every week changed, and come back ready again."

"And each time I see the island from the plane window, I feel that same pull all over again." ●

Making a difference in Doomadgee

Born in a small rural hospital and raised on a farm, Kylie Anne Lindsay's early life grounded her in the simplicity and pace of rural life. Now with 35 years' experience as an RN, Kylie has joined the CRANAplus Nursing and Midwifery Roundtable to be actively involved in conversation and solution identification for the remote health workforce.

Can you tell us about your journey to becoming a remote area nurse?

I started nursing straight from school. My grandmother was a nurse. Once I became a registered nurse, it took me a while to find my niche, but when I did, I fell in love with nursing.

In 2015, my partner and I made the decision to travel around Australia in a caravan. This resulted in me briefly working at Normanton Hospital in 2016, which I loved, and the rest is history.

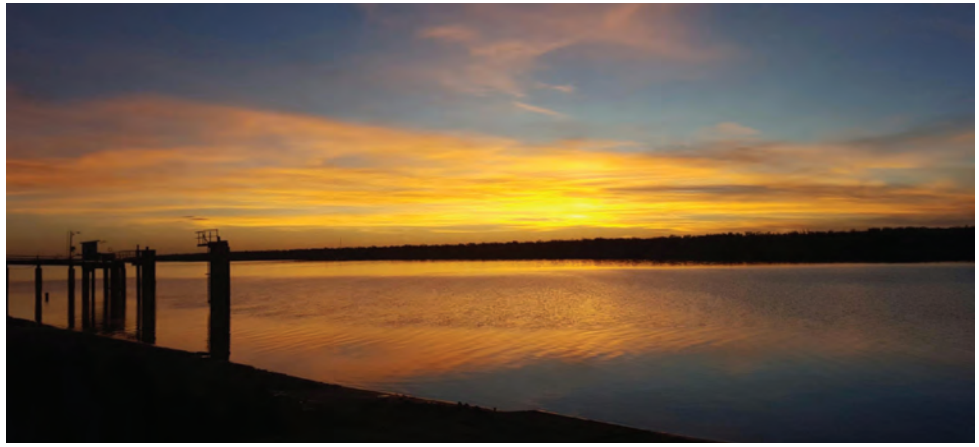
In 2024, I decided I wanted to return to Queensland to be closer to home. A friend worked at Yellagundgimarra Hospital Doomadgee and was looking for senior staff, so I decided to apply.

How do you think working in a remote community differs from working in a larger urban hospital?

There is increased familiarity with your patients when working in a remote community. Over time, you become familiar with the patient and their medical history, and you develop a relationship that makes them feel comfortable to share their concerns with you. You feel like part of the community, not just a healthcare worker.

The biggest challenges are the lack of resources, fewer staff in an emergency, and recruitment of skilled staff. ▸▸

Above: First remote contract – Normanton; Morning glory in Doomadgee.



Above: Sunset at Karumba boat ramp. Above: Hells Gate – the middle of nowhere, but where I spend my days off in Doomadgee.

What satisfies and motivates you in your role?

There is always something to learn and something to teach. I enjoy increasing my own knowledge and skill base but also sharing my knowledge and skills – that's what keeps me motivated. I want to help build the next generation of passionate, skilled nurses.

What surprised you about working in rural and remote health care?

How much I love it. I came from a tertiary ICU and ED setting, but fell in love with regional and remote nursing. I think it stems back to having grown up on a farm. I love getting to know your community, not having to navigate traffic, and living a much simpler life.

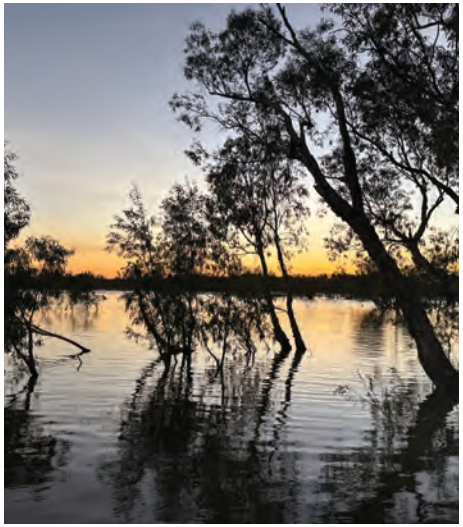
There is a joy when patients feel comfortable and trust you as their healthcare provider. I have had regular involvement with a patient who attended ED in the middle of the night, acutely unwell. Their initial presentation was very challenging. However, due to a successful outcome and spending so much time together, the patient became more relaxed with subsequent presentations, and we were able to initiate treatment more rapidly as we were aware of existing medical issues.

What strategies do you use to educate patients about their health, especially in a community with limited resources?

Patient education can be challenging, but as we see the same patients regularly, frequent, simple, consistent information is the key. Work with Aboriginal and/or Torres Strait Islander clinicians and support staff and involve the whole family (if appropriate). Build a relationship with your patient and community, and hopefully, trust will follow, which will support information sharing.

What tips would you give nurses interested in exploring a career in rural and remote locations?

Make sure you research and understand what life will be like. One of the biggest challenges living in a rural and remote location is ensuring you can adapt to a quieter personal life (on your days off). Undertake some courses before going remote to build a base set of skills and knowledge, such as CRANAplus' Remote Emergency Care, Maternity Emergency Care, and Paediatric Emergency Care + Paediatric Advanced Life Support courses. ●



Below, left: Sunset over the Nicholson River, Doomadgee.
Below: Karratha, WA.

Where line dancing meets learning

During her undergraduate placement at Mount Isa Base Hospital, Georgie Collis not only honed her clinical skills, but also bootscooted her way into the lively local scene. She shares how this blend of professional growth and community connection helped shape her approach to occupational therapy, especially in rural and remote settings.

Earlier this year, I embarked on my final ten-week placement. I'm in my fourth year of a Bachelor of Occupational Therapy (OT), majoring in Indigenous Health, studying at Southern Cross University. My placement was based at Mount Isa Base Hospital, and I was placed with a fellow Southern Cross OT student.

From day one, I knew the experience was going to be unforgettable, but I wasn't aware of the huge positive impact it would have on my personal and professional growth, and my outlook to working in rural and remote areas.

In Mount Isa, the support for students is well set up through the JCU Murtupuni Centre. We were provided with a private room in shared accommodation, sharing with other students doing placements in many medical fields, from nursing to physiotherapy, medicine and speech pathology.

The clinical side of placement was an amazing learning opportunity, with the ability to work across different areas of OT in the hospital. This included such activities as concussion assessments in the acute ward, neurological screenings with patients with suspected strokes and stroke rehabilitation, shower and toilet assessments on the medical and surgical ward, working collaboratively with allied health professionals, working alongside families and communities to safely discharge patients home with assistive equipment, palliative care management and being a part of MDT meetings and complex discharge discussions, to name a few.

Georgie during a trail run near Mount Isa.

Georgie and fellow OT student, Phoebe.

Gorge at Boodjamulla National Park.

Abandoned Uranium mine, Mary Kathleen, near Mount Isa.

I was able to develop my clinical skills, as well as my interpersonal and communication skills. Having a strong theoretical base of culturally safe practice is something I value very highly, and I was able to collaborate with First Nations patients, families and communities to ensure culturally safe and competent healthcare services were delivered.

My time in Mount Isa has shaped me and my future practice as an OT, to come at situations with the ability to understand diverse perspectives and to be critically reflective of my practice and areas I can improve on.

This learning will be something I carry with me throughout my whole career and has made me even more excited to become a health professional and work in rural and remote areas of Australia throughout my career.

Apart from the amazing clinical experience, living in the outback was nothing short of amazing, with weekend adventures and friends that I'll have forever. We regularly went away camping (thanks to JCU's free camping gear) and explored places such as Adele's Grove (Waanyi Country), where we met and befriended the locals who helped us cross some tricky water crossings to get into the park, kindly gave us local tips and knowledge about areas to explore and had some yarns with.

Weekend races were a regular occurrence, with events such as the Gregory Annual Canoe Race. When we stayed in Mount Isa for the weekend, I joined the local trail running club, which provided me with a better understanding of the local community spirit and landscape. Meeting other like-minded young health professionals out and about made the weekends ever so social. Oh, and how can I forget, joining the local line dancing club (Mount Isa Line Dancers) each Wednesday, for some boot-scootin' fun! I've taken it back to the Gold Coast with me and have taught a few friends some moves I picked up.

I'm a big advocate for experiencing rural and remote health care whilst studying. It has helped me grow immensely and is an experience I hold dearly, and can look back on fondly throughout my career. So, if anyone is unsure or undecided about whether they should give it a go, my advice would be – go for it. You'll meet so many amazing people along the way, be exposed to clinical experiences you just wouldn't see in urban areas, which challenge you to problem solve and get creative with the resources you have, and make lifelong friends. ●

This CRANAplus Undergraduate Remote Placement Scholarship was sponsored by HESTA.

HESTA An Industry SuperFund

Alice sparked something bright

During her undergraduate placement at Alice Springs Hospital, nursing student Danielle Richmond found more than just clinical experience. Surrounded by the colours of the desert and the glow of Parrtjima: A Festival in Light, Danielle's time in Alice Springs stoked her passion for rural and remote nursing and culturally safe care.

Earlier this year, I was privileged to do a five-week placement on the Surgical Ward of Alice Springs Hospital (ASH). Already having a passion for rural and remote nursing, I was excited to be going not only interstate, but to be going to such an iconic location. Coming from a smaller town in the lower south-west of Queensland and knowing nothing of the Northern Territory or Alice Springs, I was so surprised at the diversity of not just the population but of the landscape, flora, and fauna.

The hospital provided an environment rich in education and unique opportunities, from the diverse patient population to the eclectic staffing one. ASH is very supportive of its students and graduates, ensuring we saw a friendly face every day who was always ready to be a personal cheer squad, celebrating all the highs and providing a safe space through the lows. Hearing all the First Peoples' languages was really eye-opening, as I had never heard any before my time at ASH. After a while, I was able to identify when I was hearing a different First Peoples' language.

Eventually, I worked up the courage to try some basics of a couple of the more common languages with my patients; this was usually met with a bit of a giggle and firm encouragement to keep trying.

This page, from top: Danielle at Simpsons Gap; Rock wallaby; Rock art. Opposite page, from top: Parrtjima; Anzac Day.

These interactions enriched my world in ways I could never have foreseen, deepening my cultural understanding while further solidifying my foundation to nurse with empathy, without bias, and in culturally safe ways. I would urge all students to jump at the chance of a placement in Alice Springs if given the opportunity.

Being in Alice Springs for five weeks, I got to experience and see a lot. I enjoyed all the markets had to offer, especially the beautiful art produced by local First Peoples artists.

I was also lucky enough to be there for Anzac Day; it was a beautiful homage to a terrible time delivered to the backdrop of sunrise over the stunning beauty of the desert. A personal highlight was Parrtjima: A Festival in Light, where I attended a workshop on bushfood and medicine with Arrernte women Veronica and Camille Dobson, where we learned about a wide variety of plants and their uses while being able to touch and smell samples. I was entranced by the MacDonnell Ranges Light Display and mesmerised by the myriad of differing light displays scattered throughout the festival, all representing different visions, interpretations, and stories.

I enjoy hiking and exploring and Alice Springs did not disappoint, from the history of John Flynn and Adelaide House to the beauty of the Telegraph Station. The magic of Simpsons Gap with its shy inhabitants, the rock wallabies, to the first rock art I had ever seen at Jessie and Emily Gaps, with Ellery Creek Big Hole possibly being the coldest water I have ever braved (up to my ankles!).

However, nothing could have prepared me for the majesty and beauty of Uluru and Kata Tjuta, fierce and steadfast in their presence, with Kings Canyon being unlike anything else. An alien landscape rich in diversity and ancient history and equally as surprising in its pull.

I will forever be grateful to CRANAplus and the Aussiewide Transport Sponsorship for providing me with the support to have such an unforgettable adventure through my nursing studies. All I have gained from Alice Springs I will take forward with me as I follow my passion into rural and remote nursing. ●

This CRANAplus Undergraduate Remote Placement Scholarship was sponsored by Aussiewide Transport.

Care in the classroom

Steph Bryan's undergraduate placement in a remote school in Katherine offered a unique look at occupational therapy beyond the clinical setting. She learned to adapt her approach to fit the culture and day-to-day life of the students, making therapy practical and meaningful. She shares how this experience showed her the importance of flexibility and reflection in remote work.

Driving 35 hours over four days from the Sunshine Coast to Katherine for my ten-week placement was a big adventure and one I'll never forget. While the stunning landscapes, waterfalls and hiking spots made Katherine a beautiful place to explore, it was the opportunity to learn and connect with the people and their culture that made this experience even more meaningful.

I was placed in a remote primary school, where I quickly saw how deeply culture shapes learning, relationships and everyday life.

Katherine Southern Rockhole.

From the beginning, I felt welcomed by both the staff and especially the students. The students were open and eager to connect, and I quickly built strong relationships with many of them. It was especially meaningful to see them wave to us around town, showing how much they valued us and how they value a sense of community and connection.

One of the most valuable parts of the placement was taking part in cultural classes at the school. I made an effort to immerse myself, knowing that understanding culture was essential to providing meaningful support. These classes gave me insight into language, traditions, music, and community perspectives, which influenced how I approached therapy, communication and classroom involvement.

There were definitely some challenges along the way. Navigating therapy in a remote setting with limited access to resources, consistency, and communication was not always easy.

Edith Falls.

Katherine Gorge.

It took time to adjust my expectations and find creative ways to support students within the school's routines. Learning how to deliver therapy that was not only practical but also culturally appropriate required continuous reflection and flexibility. However, these difficult moments were some of the most important learning experiences, helping me grow my confidence and adaptability.

During the placement, I supported teachers in the classroom and observed gradual improvements in students' emotional regulation, confidence and handwriting skills. Although therapy is a long journey, these small changes reflected a positive impact of consistent support and engagement over time. Teachers also shared their observations and appreciation, which was very rewarding to hear. Through ongoing reflection and observation, I was able to identify areas where students needed extra support and developed recommendations for future therapy.

Outside of the school, the Katherine community was also welcoming. The locals were friendly and always up for a chat at the pub. This sense of community made an impression on me.

Katherine Gorge Waterfall.

Exploring the area with my peers from different universities across Australia through visiting waterfalls, hiking, and sharing our placement experiences also helped strengthen our friendships and created space for meaningful reflection. Living and working together gave us the chance to share our journeys, with each of us learning something different from the same environments. These shared reflections helped us grow professionally and personally.

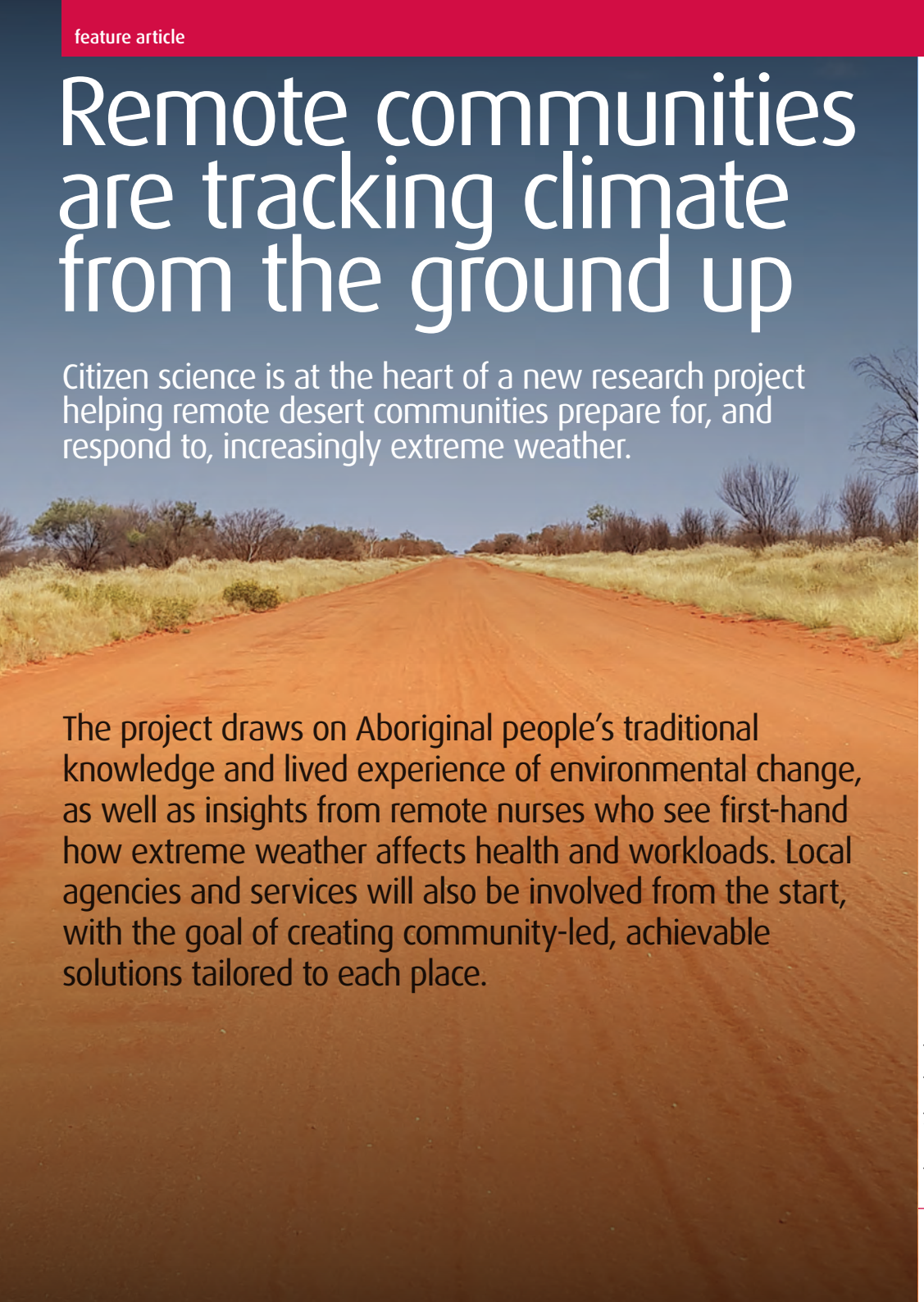
Overall, my remote placement in Katherine was an amazing and rewarding experience. It strengthened my passion for occupational therapy, especially in remote contexts, and highlighted the importance of cultural understanding and holistic care. I feel incredibly grateful to have had the opportunity to contribute, learn and grow in such a unique and meaningful environment. This experience has given me a stronger sense of purpose as I continue my journey in occupational therapy. ●

This CRANAplus Undergraduate Remote Placement Scholarship was sponsored by Zeitz Enterprises.

Zeitz Enterprises

Remote communities are tracking climate from the ground up

Citizen science is at the heart of a new research project helping remote desert communities prepare for, and respond to, increasingly extreme weather.



The project draws on Aboriginal people's traditional knowledge and lived experience of environmental change, as well as insights from remote nurses who see first-hand how extreme weather affects health and workloads. Local agencies and services will also be involved from the start, with the goal of creating community-led, achievable solutions tailored to each place.

Photo: Vishnu Khanal.

Climate Preparedness in Very Remote Desert Communities is a five-year project funded by the National Health and Medical Research Council (NHMRC) and led by Associate Professor Supriya Mathew (Remote Health Systems and Climate Change Centre, Menzies School of Health Research), an environmental health researcher based in Mpartnwe (Alice Springs). It builds on her previous work in some of the regions hardest hit by environmental change.

"Much of Australia's climate health research has focused on urban and temperate zones," says Dr Mathew. "But the challenges in desert Australia are different – and so are the solutions. You can't just copy and paste."

Remote health workers are central to the project, Dr Mathew says, because of their long-standing relationships with community members.

Associate Professor Jamie Ranse, an investigator on this project, is a nurse clinician-academic. He works as an academic at Griffith University on the Gold Coast, and as a locum community nurse in a very remote desert community of South Australia.

Retaining nurses in remote areas is important, says Dr Ranse. "There is a large amount of agency or locum nurses who practice in very remote desert communities. Understanding health workforce patterns, relating to willingness to work during extreme weather events in remote communities, is important.

"This research may help inform workforce models that provide consistent staffing to priority populations and help retain nurses in remote desert communities."

Dr Ranse and Dr Mathew both point to the importance of data collection and environmental monitoring. Dr Ranse says, "We already know climate affects health – but in remote areas, we don't have the data. After a bushfire, flood or extreme weather event, we don't have enough information about how people respond, how it affects their health in the long term.

Top: Associate Professor Supriya Mathew.
Above: Associate Professor Jamie Ranse.

In urban areas, we track things like heat-related hospital admissions in real time. That level of data just doesn't exist out here."

Environmental monitoring is a major gap, Dr Mathew says. "In remote regions, we don't routinely measure air or water quality, or track how heatwaves or cold snaps affect temperatures inside homes," she says. "In cities, during a bushfire, you get real-time air quality alerts sent to your phone. That doesn't happen in remote Australia. There's no monitoring system – and often no monitoring equipment."

That's where citizen science comes in.

"If we want better data, we need to work with local people. With training, community members can collect information and help build a more complete picture of what's happening – and help develop strategies on how to better respond." ▸▸

Rather than researchers arriving with their own agenda, the project will begin by asking each community what matters most to them.

"It might be water quality, or housing, or bushfire danger," Dr Mathew says. "Some communities might be worried about food security or soil health. Our job is to listen first, then support people to collect the evidence they need to push for change."

Dr Mathew gives the example of water testing: "A community worried about water quality might learn how to take a sample and send it to us. Later, they might feel confident to share that data with a government agency. That confidence – to ask questions, to demand answers – that's a sign of success."

Already, changes are happening. In earlier projects, some remote area nurses said they have adapted the clinic opening hours to suit the weather – opening earlier during summer heatwaves, or later on freezing winter mornings. The change reduces after-hours callouts and works better for community members, too.

Good climate communication and health promotion has also come through strongly in previous focus groups with remote PHC staff.

"Sometimes people won't drink the water available in a community. That might be a trust issue," Dr Mathew says. "Maybe key local agencies are monitoring it, but they may not be reporting it back to the community. Or maybe the water is safe but is hard water and has an unpleasant taste. The solution could be as simple as filtering it and bottling it for drinking – but you need that conversation first."

There's also growing recognition, she says, that Western science and Aboriginal people's knowledge need to work hand in hand.

"A lot of information is shared. There's genuine effort across the country – people are realising it's not productive to rely only on Western science. As researchers, you're not there all the time. Aboriginal people are. They have deep knowledge of place – we have to find ways to use both."

For Dr Mathew, real success will be when local people have the tools to integrate knowledge, and confidence to lead local climate responses.

"If people have the information, the training, and the opportunity to lead – they will," she says. "And when they do, things start to shift." ●

Corporate Members and Partners

2XM Healthcare is an Australian-owned and operated Rural and Remote Nursing specialist. Based in WA our consultants have over 20 years' combined experience in the industry and have experience in supporting remote area clients and candidates in their searches. We are committed to developing high-quality relationships and our mission is to support the R&R community as best we can. For all our up-to-date jobs, please visit www.2xmhealthcare.com.au or call (08) 6388 0700.

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Anyinginyi Health Aboriginal Corporation (AHAC) provides primary healthcare services to Aboriginal people of Tennant Creek and four small communities. Established in 1984 as Anyinginyi Congress Aboriginal Corporation, in 2003 we underwent a name change to become Anyinginyi Health Aboriginal Corporation. That year also saw an expansion of services outside of Tennant Creek. Anyinginyi remains focused on our central objective. That is to relieve the poverty, sickness, disempowerment, serious social and economic disadvantage, and dysfunction that affects the Aboriginal population of the Region. Ph: 08) 8962 2633 ext. 5
Email: css_reception@anyinginyi.com.au
Website: www.anyinginyi.org.au

AMRRIC (Animal Management in Rural and Remote Indigenous Communities) is a national not-for-profit charity that uses a One Health approach to coordinate veterinary and education programs in Indigenous communities.
Ph: (08) 8948 1768 Website: www.amrric.org

The **Australian Stroke Alliance** is a $40 million program bringing together 40 organisations committed to transforming prehospital stroke care. We plan to take brain imaging to the patient via road and air medical retrieval, speeding up diagnosis and treatment. This is a once-in-a-generation opportunity to address an unmet clinical need and to deliver urgent stroke care for all Australians. Ph: (03) 9342 4405 Website: austrokealliance.org.au

The **Central Australian Rural Practitioners Association (CARPA)** supports primary health care in remote Indigenous Australia. We develop resources and support education and professional development. We also contribute to the governance of the remote primary healthcare manuals suite.
Website: www.carpa.com.au

The **College of Emergency Nursing Australasia (CENA)** is the peak professional association representing emergency nurses across Australia and internationally. There are large numbers of nurses working in emergency and many more in circumstances which see them providing emergency care to patients outside of emergency departments. This includes nurses working in small regional and rural hospitals, health care centres and flight nurses. Ph: (03) 9586 6090
Email: national@cena.org.au Website: www.cena.org.au

Charles Darwin University (CDU) is proactively shaping the future health workforce and improving outcomes in rural and remote Northern Territory communities. The Faculty of Health offers a range of undergraduate and postgraduate Nursing courses in specialisations such as Medical Nursing, Mental Health Nursing, Perioperative Nursing and Renal Nursing. We offer several Graduate Certificates in Nursing including in Primary Health, Mental Health, Medical Nursing, Surgical Nursing, Clinical Education, and Safety & Quality in Health Service Delivery. CDU offers flexible online or on campus study options. We aim to train Nursing and Midwifery professionals who can deliver high-quality, patient-centred care in urban, regional or remote communities, health centres and hospitals. Through our Faculty of Health, Menzies School of Health Research, and Molly Wardaguga Research Institute, we address key challenges such as chronic disease, mental health, nutrition, and Indigenous health. Our innovative, culturally safe, and person-centred healthcare models are tailored to remote community needs. With campuses in Darwin, Katherine, and Alice Springs, plus training sites in metro cities across Australia, students gain hands-on experience through research, partnerships, and real-world learning. Ph: 1800 061 963 Email: study@cdu.edu.au Website: http://www.cdu.edu.au/health

The **Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM)** is the peak representative body for Aboriginal and Torres Strait Islander nurses and midwives in Australia. CATSINaM's primary function is to implement strategies to embed Cultural Safety in health care and education as well as the recruitment and retention of Aboriginal and Torres Strait Islander People into nursing and midwifery.

Connect Staffing was born from the merger of Connect Health Services (established in 2004) and Elite Hospitality Personnel (established in 2015). With almost 20 years of experience staffing Australia's largest healthcare, aged-care and hospitality organisations, we retain a high-performing workforce because we don't just fill positions, we help people find fulfilment at work. Ph: WA: (08) 9206 0800 VIC: 1300 696 396 Website: www.connectstaffing.com.au

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The **Derby Aboriginal Health Service** is committed to core principles including Aboriginal self-determination, access, equity, empowerment, and reconciliation. Allied health programs include women's and child health, sexual health, social and emotional wellbeing, health education, diabetes, antenatal, renal and youth advocacy and support.

Downs Nursing Agency (DNA) was established in 2000 and is 100% Australian-owned and operated. Our agency understands both the lifestyle needs of nurses and the healthcare provider requirements. We are a preferred supplier for governmental and private healthcare facilities in Queensland. Contact us on (07) 4617 8888 or register at www.downsnursing.com.au

Connecting skilled nurses with remote career opportunities, **E4 Recruitment's** specialist Remote Nursing team offers short and long-term roles in regional, rural, remote, and Indigenous communities. Supporting healthcare facilities across Australia since 2012, we provide access to diverse nursing roles, ensure clear communication throughout every step of the process, and offer professional development opportunities. Our focus is on matching the right individuals with the right opportunities, contributing to the future of health care. Ph: 1300 854 400 Email: remote@e4recruitment.com.au Website: e4recruitment.com.au

Passionate about providing top nurses and healthcare workers to rural and remote areas of Australia, the **Evolve Healthcare** team has devoted their careers to the recruitment of highly skilled professionals within rural government hospitals, Indigenous health care, chronic disease, non-for-profit organisations, aged-care, and mental health practices. Evolve Healthcare has dedicated offices and consultants within every major Australian state and offers local healthcare recruitment services throughout Australia. Ph: (02) 9189 3089
Website: evolvetalent.com.au/healthcare/upload-cv/

Flinders NT is comprised of The Northern Territory Medical Program (NTMP), The Centre for Remote Health, The Poche Centre for Indigenous Health, Remote and Rural Interprofessional Placement Learning NT, and Flinders NT Regional Training Hub. Sites and programs span across the NT from the Top End to Central Australia. Ph: 1300 354 633 Website: flinders.edu.au

Healthy Male is a national organisation that helps men and boys lead healthier lives by providing evidence-based, easy-to-understand information on men's health topics. They aim to make information available to everybody, regardless of gender, age, education, sexual orientation, religion, or ethnicity.
Ph: 1300 303 878 Website: www.healthymale.org.au

Health Workforce Queensland is a not-for-profit Rural Workforce Agency focused on making sure remote, rural and Aboriginal and Torres Strait Islander communities have access to highly skilled health professionals when and where they need them, now and into the future.

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Email: enquiries@hendersonhealthcare.com.au
Website: www.hendersonhealthcare.com.au

HESTA is the industry super fund dedicated to health and community services. Since 1987, HESTA has grown to become the largest super fund dedicated to this industry.
Learn more at hesta.com.au

The **Indian Ocean Territories Health Service** manages the provision of health services on both the Cocos (Keeling) Islands and Christmas Island.
Website: shire.cc/en/your-community/medical-information.html

James Cook University – Central Queensland Centre for Rural and Remote Health (Emerald).
Here at JCU CQCRRH our aim is to attract, build, and retain a high-quality health workforce across Central Queensland. This in turn will lead to the delivery of better health, aged-care, and disability services in regional, rural, and remote communities across Central Queensland.
Ph: (07) 4986 7450 Website: www.cqcrrh.jcu.edu.au

James Cook University – Murtupuni Centre for Rural & Remote Health is part of a national network of 11 University Departments of Rural Health funded by the DoHA. Situated in outback Queensland, MICRRH spans a drivable round trip of about 3,400km (nine days). Its vision of 'A Healthy, Vibrant Outback Queensland' shapes its values, partnerships and commitment to building a workforce in and for the region.

KAMS (Kimberley Aboriginal Health Service) is a regional Aboriginal Community Controlled Health Service (ACCHS), providing a collective voice for a network of member ACCHS from towns and remote communities across the Kimberley region of Western Australia.

Katherine West Health Board provides a holistic clinical, preventative and public health service to clients in the Katherine West region of the Northern Territory.

Mala'la is committed to improving the health and wellbeing of our people in the Maningrida community and surrounding outstations; we provide a holistic approach to Primary Health Care that enhances the safety and quality of health care to our community members. Ph: (08) 8979 5772
Email: ray.matthews@malala.com.au
Website: http://malala.com.au

Medacs Healthcare is a leading global healthcare staffing and services company providing locum, temporary and permanent healthcare recruitment, workforce management solutions, managed health care and home care to the public and private sectors. Ph: 1800 059 790
Email: info@medacs.com.au Website: apac.medacs.com

Miwatj Health Aboriginal Corporation is an ACCHO designed to facilitate Aboriginal and Torres Strait Islander (Yolŋu) people in communities across East Arnhem Land taking control over their health. In addition to our Miwatj clinical services, acute care, chronic disease management and longer-term preventive care, our ACCHO focuses on education and primary prevention programs. Today, a significant proportion of our Miwatj workforce are Yolŋu. However, we also depend on health professionals from elsewhere who work together with Yolŋu staff. Website: www.miwatj.com.au

Ngaanyatjarra Health Service (NHS), formed in 1985, is a community-controlled health service that provides professional and culturally appropriate health care to the Ngaanyatjarra people in Western Australia.

Nganampa Health Council (NHC) is an Aboriginal community-controlled health organisation operating on the Anangu Pitjantjatjara Yankunytjatjara (APY) lands in the far north-west of South Australia. Ph: (08) 8952 5300
Website: www.nganampahealth.com.au

NT Dept Health – Top End Health Service Primary Health Care Remote Health Branch offers a career pathway in a variety of positions as part of a multidisciplinary primary healthcare team.

The Norfolk Island Health and Residential Aged Care Service (NIHRACS) is the first-line health service provider for the residents and visitors of Norfolk Island. Norfolk Island has a community of approximately 1,400 people on Island at any one time and is located about 1,600km north-east of Sydney.
Ph: +67 232 2091 Email: liz.unkles@health.nlk.gov.nf
Website: www.norfolkislandhealth.gov.nf

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Nurses' Memorial Foundation of South Australia Limited. Originally the Royal British Nurses Association (SA Branch from 1901) promotes nurse practice, education and wellbeing of nurses in adversity. It provides awards in recognition of scholastic achievements, grants for nursing research, scholarships for advancing nursing practice and education, and financial assistance in times of illness and adversity.
Website: nursesmemorialfoundationofsouthaustralia.com

Oak Valley Health Service (OVHS) delivers culturally safe, high-quality primary and preventive health care to the Anangu community of Oak Valley, located on Maralinga Tjarutja Lands in remote South Australia. Established in 1985 for Anangu displaced by British atomic testing at Maralinga, Oak Valley Community's essential infrastructure includes a clinic, aged care facilities, school, store, arts centre, ranger program and airstrip. OVHS focuses on supporting healthy beginnings, promoting strong bodies through chronic disease prevention and management, empowering Anangu across all life stages with tools and education and building a healthy future through community-led, culturally grounded programs. OVHS has been a member of NACCHO for over 40 years, providing comprehensive health services aligned with national standards and operates under the governance of Oak Valley (Maralinga) Aboriginal Corporation ensuring services reflect community needs and priorities.
Email: reception@maralinga.com.au Website: oakvalley.com.au

Faced with the prospect of their family members being forced to move away from country to seek treatment for End Stage Renal Failure, Pintupi people formed the Western Desert Dialysis Appeal. In 2003 we were incorporated as **Purple House (WDNWPT)**. Our title means 'making all our families well'.

Puntukurnu Aboriginal Medical Service presently provides services to Jigalong, Punmu, Kunawarritji and Parnngurr with a client base of 830 and growing. PAMS' Clinics are located at Jigalong (Hub), Punmu, Parnngurr and Kunawarritji. PAMS has over 830 registered clients with the majority living in Jigalong.
Ph: (08) 9177 8307 Email: pams.pm@puntukurnu.com
Website: www.puntukurnu.com

The **Red Lily Health Board Aboriginal Corporation (RLHB)** was formed in 2011 to empower Aboriginal people of the West Arnhem region to address the health issues they face through providing leadership and governance in the development of quality, effective primary healthcare services, with a long-term vision of establishing a regional Aboriginal Community Controlled Health Service.

The **Royal Flying Doctor Service** is one of the largest and most comprehensive aeromedical organisations in the world, providing extensive primary health care and 24-hour emergency service to people over an area of 7.69 million square kilometres.
Website: www.flyingdoctor.org.au

Do you work in a rural or remote healthcare facility? Is it difficult to go on leave due to a team member shortage? You may be eligible for Australian Government-funded support to help alleviate the pressure of finding a temporary replacement. Our program officers will recruit, screen and place highly experienced locums. Are you interested in becoming a locum? For every rural and remote placement, you receive complimentary travel and accommodation, and incentive and meals allowances.
Ph: (02) 6203 9580 Email: enquiries@rurallap.com.au
Website: www.rurallap.com.au

Rural Health West is a not-for-profit organisation that focuses on ensuring the rural communities of Western Australia have access to high-quality primary healthcare services working collaboratively with many agencies across Western Australia and nationally to support rural health professionals.
Ph: (08) 6389 4500 Email: info@ruralhealthwest.com.au
Website: www.ruralhealthwest.com.au

SHINE SA is a leading not-for-profit provider of primary care services and education for sexual and relationship wellbeing. Our purpose is to provide a comprehensive approach to sexual, reproductive and relationship health and wellbeing by providing quality education, clinical, counselling and information services to the community.

Skilled Medical's Nursing and Midwifery Division, led by a team of dedicated nurses, specialises in recruitment and placement services tailored for rural and remote areas. As a trusted agency in nursing and midwifery placements, we excel in connecting highly skilled nurses and midwives with healthcare facilities in rural and remote communities. Our nurse-led approach guarantees that our placements align with the unique requirements of both healthcare providers and the communities they serve. To learn more about our services, or explore the opportunities we offer, please visit our website at www.skillednursing.com.au or contact us on 1300 444 100 or email enquiries@nursingjobsaustralia.com

The **Spinifex Health Service** is an expanding Aboriginal Community-Controlled Health Service located in the Tjuntjuntjara Community on the Spinifex Lands, 680km north-east of Kalgoorlie in the Great Victoria Desert region of Western Australia.

SustainHealth Recruitment is an award-winning, Australian-owned and operated, specialist recruitment consultancy that connects the best health and wellbeing talent, with communities across Australia. It supports rural, regional and remote locations alongside metropolitan and CBD sites. Ph: (02) 8274 4677
Email: info@sustainhr.com.au Website: www.sustainhr.com.au

Talent Quarter works with a shared and singular purpose – connecting the best healthcare talent with the best opportunities to have a positive impact on people's lives! By empowering people to deliver that difference, we aim to be your agency of choice in healthcare recruitment. NSW, VIC, TAS & QLD
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Email: hello@talentquarter.com Website: talentquarter.com

Tasmanian Health Service (DHHS) manages and delivers integrated services that maintain and improve the health and wellbeing of Tasmanians and the Tasmanian community as a whole.

University of Tasmania The University of Tasmania's Centre for Rural Health (CRH) is an academic unit working towards improving rural health. The focus on education, research and engagement enables the CRH to achieve its mission to strengthen the Tasmanian rural health workforce and contribute to rural healthcare system improvement by valuing close, sustained, and responsive relationships with the communities it serves and engages with. It is uniquely positioned within the University of Tasmania and operates within our island state through strong strategic alliances with local government, community organisations and the Tasmanian Government Department of Health and Human Services, to promote an evidence-based rural health agenda. Ph: 03 6324 3318 Email: rural.health@utas.edu.au Website: utas.edu.au/rural-health

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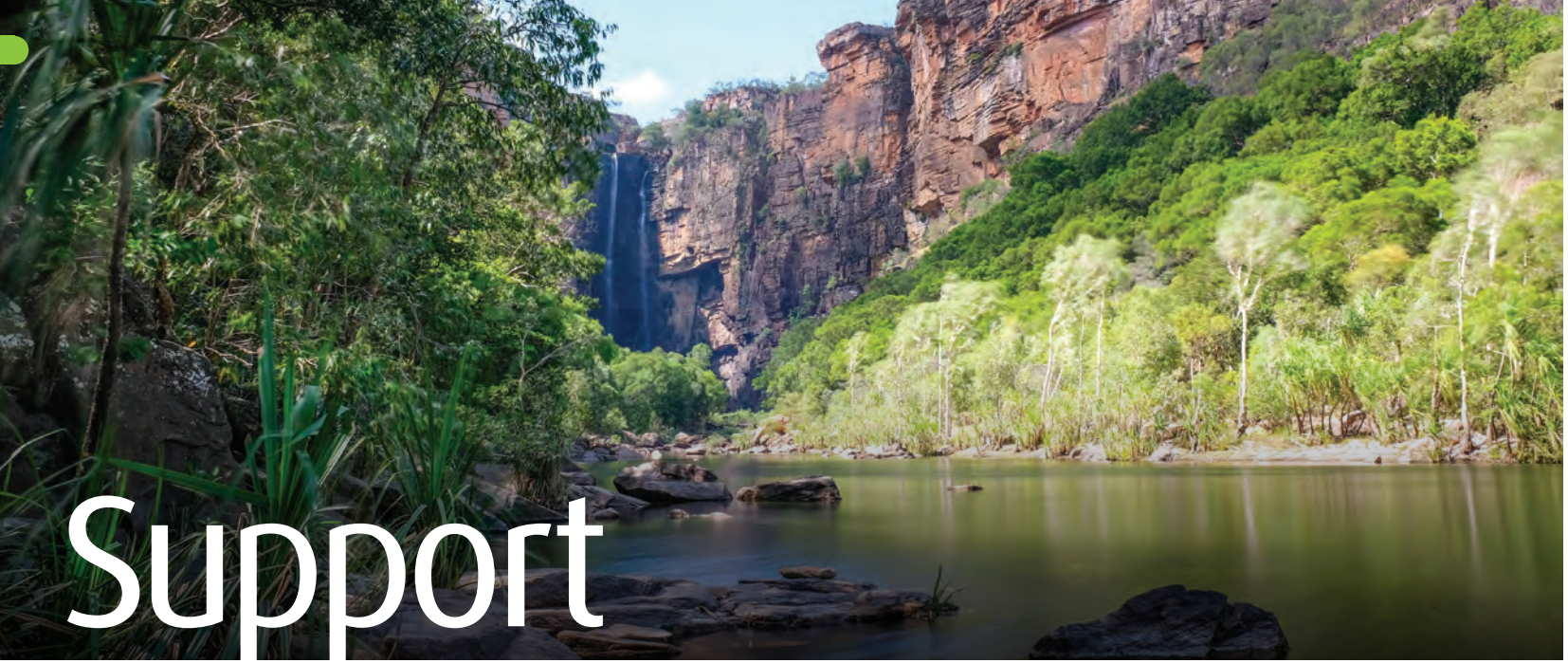
Email: workforce@vanguardhealth.com.au
Website: www.vanguardhealth.com.au

WA Country Health Service – Kimberley Population Health Unit – working together for a healthier country WA.

Wurli-Wurlinjang is an Aboriginal Community Controlled Organisation (ACCHO) providing a wide range of effective, quality-controlled, culturally appropriate and progressive healthcare services in Katherine. Established over 40 years ago, we are one of Australia's most mature and experienced ACCHOs. Over the years, Wurli has focused more on the underlying determinants of health, men's health, mental health and family wellbeing, alcohol and other drugs and several other related areas. Wurli delivers services from several locations across Katherine including delivering general and acute care at our main clinic. Ph: (08) 8972 9100 Email: wurli@wurli.org.au
Website: www.wurli.org.au

Your Fertility is a national public education program funded by the Australian Government Department of Health and the Victorian Government Department of Health and Human Services. We provide evidence-based information on fertility and pre-conception health for the general public and health professionals. Ph: (03) 8601 5250 Website: www.yourfertility.org.au

Your Nursing Agency (YNA) is a leading Australian owned and managed nursing agency providing high-quality health and aged-care workers and support since 2009. YNA provides highly skilled registered nurses, enrolled nurses, specialist nurses, midwives, care workers and support to private clients, community and in-home programs, government agencies and hospitals. Email: recruitment.regional@yna.com.au
Head to www.yna.com.au for more information.



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Support

Stopping in with support

Senior Bush Support Line Psychologist, MC Mandile, recently spent some time in the Top End delivering a wellbeing workshop and dropping into clinics, and found it to be a wonderful opportunity to connect with remote health professionals.

CRANAplus provides free, flexible, online wellbeing workshops to rural and remote health workplaces throughout Australia.

MC was scheduled to deliver one of these workshops to a team in Darwin a few days before she had planned to travel to Kununurra on a personal trip, and saw an exciting opportunity to do something special while she was up north, in a place close to her heart.

"I thought, 'Oh, this would be good to do face to face.'" MC says, and so she flew up a day earlier than planned in order to deliver the workshop in person. "Which was really nice to do, especially in Darwin, because my son was premie, and he was born in Darwin Hospital," she recalls.

"It was probably ten years since I was last at Darwin Hospital, and it was nice to give back something, because they gave a lot to me when we were there."

CRANAplus' wellbeing workshops are designed to help teams meet the challenges of providing health care in their unique setting, and can be customised to each workplace. MC explains, "In a lot of the professions that we work with, it's all those caring, giving professions, which is beautiful, but in order to do that well, you have to do stuff for yourself. A lot of the wellbeing workshops are about how to look after yourself.

"We actually need to do self-care. You can't not do it and be good at your job. It's not optional. It's like water – you need water, you need self-care to do your job.

"Burnout is real, but it's preventable. You can do things before you get burnt out. In the medical profession, there are a lot of things you can do to prevent diseases and all that kind of stuff. Our brains are the same. It's about getting those messages to people."

Above: Smiling faces of Katherine Hospital, enjoying their new BSL mugs!

After the workshop, MC headed from Darwin to Kununurra, and paid a few surprise visits to local clinics on the way, including Timber Creek, Adelaide River and Katherine, to share some Mental Health & Wellbeing resources.

"It's just really nice letting people know what supports are out there, because a lot of people don't know. And sometimes you get stuck in your space and you think you're alone, when you're not," MC says.

"As humans, we're hardwired for connection, and I think it's important to have that. Having lived remote, I know that you don't necessarily know what you don't know. So it's great getting out and meeting with people and letting them know what services are out there that they can use."

"Also, it's lovely meeting people who choose this as the life they're wanting to live. It's a real honour."

MC found it especially important to let the teams know about CRANAplus' 24/7 free and confidential Bush Support Line (1800 805 391).

She says, "The Bush Support Line is so good. It's a great service for people. You can call unlimited times. You can talk for however long you want. For some people it's quick, whereas other people you're not rushing, and as a therapist, it's really nice to be able to do that for people. You just give people what they need, when they need it."

"It's great to be able to connect with people to let them know that this is an option."

This is the second time MC has dropped into clinics during her personal travels to deliver CRANAplus resources, and she's already started thinking about which workplaces she could drop in to in future.

"I'm like, 'Where to next!' Bring it on."

To arrange an online wellbeing workshop for your workplace, email wellbeing@crana.org.au or to download free Mental Health & Wellbeing resources, visit crana.org.au/helpful-resources

CRANAplus supports WA Government's suicide prevention initiative

CRANAplus was invited by SafeSide Prevention to contribute insights on clinical practice in remote and cross-cultural contexts, helping to produce learning content tailored to rural and remote healthcare settings. The Western Australian State Government is investing $3.3 million in suicide prevention initiatives, including workforce education delivered by SafeSide – an organisation that offers a systems-based approach to suicide prevention.

The Australian Institute of Health and Welfare reports that in Australia, about nine people die by suicide each day. The impact is magnified in rural, regional and remote areas where increased connectedness means the loss of a single person's life ripples out into an entire community.

WA Minister for Health and Mental Health, Meredith Hammat, says, "Tragically, too many Western Australians have experienced the devastating effects of a loved one's death by suicide."

"Our government is committed to suicide prevention, and this investment will provide our mental health workforce with enhanced skills and training for the challenging job they face when confronted with a suicidal crisis in our community."

CRANAplus Bush Support Line Senior Psychologist, Dr Nicole Jeffery-Dawes, is a WA local living and working on Miriwoong Country/Kununurra.

She says, "Suicide has impacted the community where I live as everyone knows everyone... so when there is a death by suicide, everyone is affected, everyone knows about it and everyone is grieving."

Nicole and the CRANAplus' Mental Health & Well-being team use SafeSide as their chosen suicide prevention training provider and use the frame-work for assessing and managing suicide risk.

As part of their current project, SafeSide is tailoring its suicide prevention education program to reflect the real-world experiences and needs of Western Australians.

Above, left to right: Mel Clark, Program Coordinator Family Advocate (SafeSide); Dan Mobbs, Director of Workforce, Education and Innovation (SafeSide), Dr Nicole Jeffery-Dawes; and Ryan Edwards, Project Manager (SafeSide)

Nicole specialises in rural and remote mental health, making the SafeSide project an ideal platform for sharing her expertise.

In the videos, she covers essential topics including drivers of suicide in remote communities, approaches for sensitive conversations with community members, and cultural safety practices.

But perhaps most importantly, she shares a lesson learned during her time in the Tanami Desert: remote health professionals must recognise that communities themselves know what works best for them.

"I wasn't the expert when it came to mental health, or anything. I needed to sit back, observe and listen and learn."

Nicole also says it's critical to give people hope.

"There are so many opportunities to get in there and help people, and it's about providing hope to those people who are feeling like that, in that moment. It doesn't mean they're always going to feel like that."

When supporting someone through a crisis, Nicole's advice is simple but powerful: show up as your authentic self, make it clear you're in this journey together, and don't carry the weight alone.

"Working in that space can be confronting, and there are times we need to take stock to look after ourselves," Nicole says.

"I think at the end of the day, everyone within that community has an integral role when it comes to suicide prevention. Everyone can keep an eye out."

"The biggest thing is to help the community understand what to look out for, what to notice ... and just to keep talking to people."

This WA Mental Health Commission-funded training will support those working in mental health, alcohol and other drugs services, and youth services, to help staff respond during a suicidal crisis. It will extend and complement Western Australia's suicide prevention initiatives funded under the Western Australian Suicide Prevention Framework 2021–2025.

Nicole's participation will enhance the delivery by ensuring representation of rural and remote workforce perspectives, and by increasing the relatability and resonance of content for regional, rural and remote audiences.

Visit safesideprevention.com.au to find out more about bringing their programs to your workplace, or take CRANAplus' free online course, Critical Conversations, to learn how to navigate conversations with people who need support, recognise when extra help is needed, and familiarise yourself with key points when discussing self-harm or suicide.

If you, or someone you know, needs crisis support, contact Lifeline on 13 11 14, 13 Yarn on 13 92 76, Suicide Call Back Service on 1300 659 467, MensLine on 1300 78 99 78 or Kids Helpline on 1800 55 1800. The rural and remote health workforce, along with their families, can also access free, 24/7 telephone counselling through the Bush Support Line on 1800 805 391.

References

1. AIHW (Australian Institute of Health and Welfare) (2025) Suicide & self-harm monitoring, AIHW, accessed 9 September 2025. https://www.aihw.gov.au/suicide-self-harm-monitoring/overview/summary
2. Government of Western Australia (2025) Upskilling mental health workforce to prevent deaths by suicide, Government of Western Australia, accessed 9 September 2025. https://www.wa.gov.au/government/media-statements/Cook%20Labor%20Government/Upskilling-mental-health-workforce-to-prevent-deaths-by-suicide-20250520

Understanding and addressing burnout in health care: A path forward

Burnout is an increasing concern in the healthcare profession and is more than stress or overwhelm, writes Stephanie Cooper, Mental Health & Wellbeing Manager, CRANAplus.

Recognised in the ICD-11 (code QD85 – Burnout), burnout is "conceptualised as resulting from chronic workplace stress that has not been successfully managed. It is characterised by three dimensions: 1) feelings of energy depletion or exhaustion; 2) increased mental distance from one's job, or feelings of negativism or cynicism related to one's job; and 3) a sense of ineffectiveness and lack of accomplishment. Burn-out refers specifically to phenomena in the occupational context and should not be applied to describe experiences in other areas of life".[1]

Anyone can experience burnout. Emerging research suggests that certain individual factors may increase someone's susceptibility to burnout. However, organisational risk factors are the primary contributors to the development of burnout.

By noticing these factors ahead of time, you can take some preventative steps. However, workplace changes should be paramount, as burnout impacts both employees and organisations.

Some of the signs and symptoms of burnout to be watchful for are:

Physical symptoms

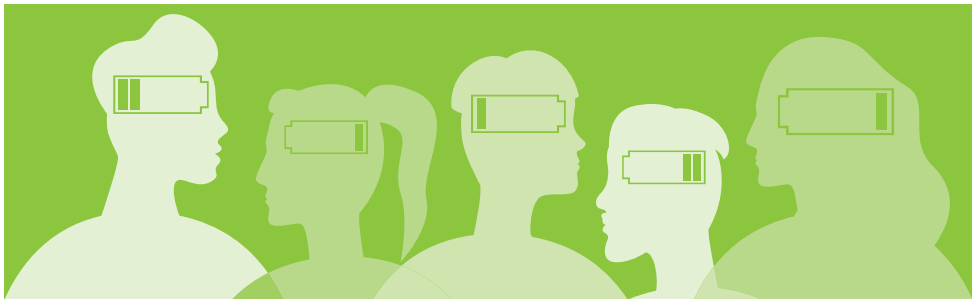
- Exhaustion/fatigue
- Gastrointestinal issues
- Headaches and body pain
- Sleep disturbance
- Appetite changes
- Frequent illness

Behavioural symptoms

- Social withdrawal
- Irritable/angry outbursts
- Procrastination
- Difficulty concentrating
- Taking longer to complete tasks, reduced output/productivity
- Using food or substances to aid coping
- Increased absenteeism

Emotional symptoms

- Hopelessness and helplessness
- Negativity or cynicism
- Low motivation
- Feeling like a failure or doubting oneself
- Feeling trapped



Managing risk

Prevention is always desirable over recovery. An organisation should have practices in place to ensure staff are not exposed to the risks of burnout. There are also several ways to buffer the risk individually. However, this is not always manageable in resource-poor environments, and health workers may feel guilty prioritising their needs over patients or colleagues.

Let's first explore individual factors and actions that can buffer the impacts that lead to burnout and strategies to manage the risk:

- **Boundaries.** Always saying 'yes', blurred boundaries with work hours (including accepting calls and replying to emails outside of scheduled hours), not following fatigue management policies, working outside your scope of practice and extra responsibilities can significantly impact the road to burnout. Establishing boundaries by learning to say 'no' and following procedures and protocols can help protect you and reduce risk. Seeking advice from professional bodies can help navigate challenging environments when workplaces do not support boundary setting.
- **Work-life balance.** All work and no play limits the opportunity for a life outside of work. Reflect on work as a priority in your life right now, and then the importance of other aspects of your life (family, social engagement, hobbies and interests, community, religion or spirituality, etc). Is there a balance between your work and personal life?
- **Self-care.** If work drains you too much, you may not have much left to ensure your health and wellbeing are in tip-top condition. Adequate sleep, exercise, medical care, good nutrition, and social connection all help restore wellbeing.
- **Connections.** When work is overwhelming, demanding and stressful, we can withdraw and isolate ourselves. Investing in meaningful relationships at work and in your personal life can be a powerful support. In small teams, this may mean focusing on personal relationships or maintaining long-distance connections.
- **Reconnect with the passion.** Reflecting on why you entered health care can reconnect you with passion and purpose, shifting focus to what matters most and helping you make informed decisions about your role and workplace.

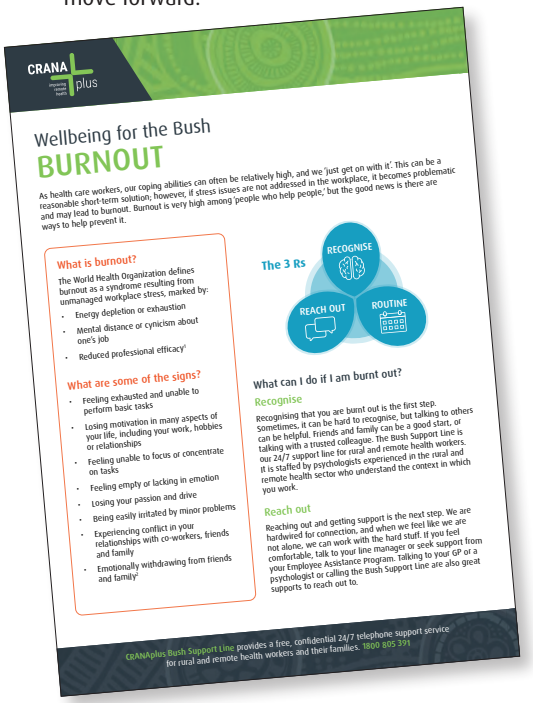
Let's explore some key organisational areas that managers, team leaders and workplaces can consider improving, that significantly contribute to burnout, and strategies to help manage the risk:[2,3]

- **Workload and support.** Address unattainable workloads and strive for staffing levels that align with the time needed to deliver quality care and meet deliverables. This includes managerial and team support to help staff perform their work effectively.
- **Role clarity.** Having uncertainty about roles, responsibilities, and expectations should be addressed with clear and up-to-date role descriptions and performance targets.
- **Resources.** A lack of resources and equipment required to fulfil duties and responsibilities adds to overwhelm and frustration. Staff can perform more effectively when they have the required training and resources and feel empowered in their roles.
- **Lack of autonomy.** Lacking control in your workplace can feed frustration and powerlessness. When staff have autonomy in their work and are included in decision-making, it improves job satisfaction.
- **Values.** Risk increases if a workplace's values don't translate into action or if an employee's values don't align with the organisation. Where possible, an employee's work should be meaningful and aligned with their values. An organisation's values should be visible throughout all levels and represented in policies and procedures.
- **Transparency/fairness.** When organisational policies and procedures aren't fair or there is a lack of transparency, this contributes to burnout. Policies must be fair, transparent, equitable, and enforced consistently among all staff.
- **Community.** Addressing poor workplace relationships and fostering opportunities for authentic connections and teamwork creates cohesiveness and trust.
- **Reward.** Unnoticed effort harms individuals and teams. When implemented in a way that is not tokenistic, reward, recognition, and appreciation systems can increase job satisfaction and boost team morale.

Recovering from burnout

Recognise signs early and take action. Burnout is not caused by an individual's failure. It is a result of systemic challenges that are often out of an individual's control. Steps to take if you are feeling burnt out, or at risk of developing burnout include:

- **Acknowledge burnout.** This is a big first step in the recovery journey.
- **Identify the core people you can ask for support.** We all need support at one time or another, and we value supporting others too. Give the people who care about you the most, whether family, friends, or colleagues, the opportunity to be there for you.
- **Identify immediate changes.** Any areas at work that are changed, no matter how small, can start to make a difference. If you feel safe to do so, speak with a line manager, team leader, or the People and Culture department about what you are experiencing, so your workplace can provide support and develop a plan to move forward.


CRANAplus

Wellbeing for the Bush

BURNOUT

As health care workers, our coping abilities can often be relatively high, and we 'just get on with it'. This can be a reasonable short-term solution; however, if stress issues are not addressed in the workplace, it becomes problematic and may lead to burnout. Burnout is very high among 'people who help people,' but the good news is there are ways to help prevent it.

What is burnout?

The World Health Organization defines burnout as a syndrome resulting from unmanaged workplace stress, marked by:

- Energy depletion or exhaustion
- Mental distance or cynicism about one's job
- Reduced professional efficacy[1]

What are some of the signs?

- Feeling exhausted and unable to perform basic tasks
- Losing motivation in many aspects of your life, including your work, hobbies or relationships
- Feeling unable to focus or concentrate on tasks
- Feeling empty or lacking in emotion
- Losing your passion and drive
- Being easily irritated by minor problems
- Experiencing conflict in your relationships with co-workers, friends and family
- Emotionally withdrawing from friends and family[2]

The 3 Rs

RECOGNISE

ROUTINE

REACH OUT

What can I do if I am burnt out?

Recognise

Recognising that you are burnt out is the first step. Sometimes, it can be hard to recognise, but talking to others can be helpful. Friends and family can be a good start, or talking with a trusted colleague. The Bush Support Line is our 24/7 support line for rural and remote health workers. It is staffed by psychologists experienced in the rural and remote health sector who understand the context in which you work.

Reach out

Reaching out and getting support is the next step. We are hardwired for connection, and when we feel like we are not alone, we can work with the hard stuff. If you feel comfortable, talk to your line manager or seek support from your Employee Assistance Program. Talking to your GP or a psychologist or calling the Bush Support Line are also great supports to reach out to.

CRANAplus Bush Support Line provides a free, confidential 24/7 telephone support service for rural and remote health workers and their families. 1800 805 391

- **Seek professional support.** Speak to your GP and discuss options available, including a referral to a mental health professional if appropriate. You can also call the Bush Support Line 24/7 and speak with one of our experienced psychologists for support and guidance, or contact your EAP if one is available.
- **Consider a reset.** This could involve taking some leave to allow yourself to rest and reevaluate. Schedule a break if you don't have one on the horizon.
- **Reassess your self-care plan.** Does it balance work and self-care? Are your physical, mental, and emotional needs being met? If you'd like to create one for yourself, visit our self-care plan at crana.org.au/helpful-resources
- **Practise self-compassion.** You deserve to treat yourself with the same kindness and compassion you'd offer a loved one or client on their recovery.

Remember, caring for yourself isn't selfish, and a workplace that values your skills and experience, and where wellbeing is prioritised, should be non-negotiable. Doing so keeps you sustainable for yourself, your loved ones, and patients and clients in the communities you serve for the years to come.

To support your sustainability in rural and remote health care, we have developed a Burnout tip sheet. It can be accessed at crana.org.au/wellbeing-for-the-bush-burnout

References.

1. ICD-11 online. https://icd.who.int/browse/2025-01/mms/en#129180281
2. Maslach C, Leiter MP. Understanding the burnout experience: recent research and its implications for psychiatry. World Psychiatry. 2016;15(2):103-111. doi:10.1002/wps.20311
3. NSW Public Service Commission 2022. Understanding Burnout in the NSW public sector, NSW Government, Sydney. Available at: https://www.psc.nsw.gov.au/assets/psc/0.-Report-Understanding-burnout-in-the-NSW-public-sector-Final.pdf

Educate

Photo: Liam – stock.adobe.com

2026 Education Schedule

Below, we have published our course schedule for January to December 2026. Please visit the CRANAplus website for the latest information on available courses. CRANAplus Members will get early access to book January–June courses from 24 October 2025, with the general public able to access bookings from 31 October 2025. July–December courses will be available to book in January 2026.

January

REC – Adelaide (SA) – Thurs 29–Fri 30

ALS – Adelaide (SA) – Sat 31

February

Practical Skills – Adelaide (SA) – Mon 2

AREC+ALS – Adelaide (SA) – Wed 4–Fri 6

MEC – Adelaide (SA) – Sat 7–Sun 8

TECInt – Virtual – Mon 9

REC – Perth (WA) – Wed 11–Thurs 12

MEC – Perth (WA) – Sat 14–Sun 15

PEC+PALS – Perth (WA) – Tues 17–Thurs 19

MIDUS – Perth (WA) – Fri 20–Sun 22

MEC – Darwin (NT) – Tues 24–Wed 25

REC – Darwin (NT) – Thurs 26–Fri 27

ALS – Darwin (NT) – Sat 28

Clustered courses Many of our courses will run back-to-back in the same location, allowing participants who want to undertake several courses to save on travel and take one block of leave.

March

REC – Darwin (NT) – Mon 2–Tues 3

MEC – Darwin (NT) – Wed 4–Thurs 5

Practical Skills – Alice Springs (NT) – Thurs 12

AREC+ALS – Alice Springs (NT) – Fri 13–Sun 15

PEC+PALS – Alice Springs (NT) – Tues 17–Thurs 19

MEC – Alice Springs (NT) – Tues 24–Wed 25

REC – Alice Springs (NT) – Thurs 26–Fri 27

TECInt – Virtual – Thurs 26

MIDUS – Alice Springs (NT) – Sat 28–Mon 30

April

MEC – Cairns (QLD) – Wed 8–Thurs 9

REC – Cairns (QLD) – Sat 11–Sun 12

ALS – Cairns (QLD) – Mon 13

TECInt – Virtual – Tues 14

AREC+ALS – Cairns (QLD) – Wed 15–Fri 17

Practical Skills – Cairns (QLD) – Sat 18

REC – Brisbane (QLD) – Sat 18–Sun 19

MEC – Brisbane (QLD) – Tues 28–Wed 29

REC – Dubbo (NSW) – Wed 29–Thurs 30

May

MEC – Dubbo (NSW) – Sat 2–Sun 3

TECInt – Virtual – Mon 4

REC – Katherine (NT) – Sat 9–Sun 10

ALS – Katherine (NT) – Mon 11

MEC – Bendigo (VIC) – Sat 16–Sun 17

REC – Bendigo (VIC) – Sat 23–Sun 24

June

MIDUS – Devonport (TAS) – Mon 1–Wed 3

REC – Launceston (TAS) – Thurs 4–Fri 5

MEC – Launceston (TAS) – Sat 13–Sun 14

PEC+PALS – Port Hedland (WA) – Mon 15–Wed 17

REC – Port Hedland (WA) – Thurs 18–Fri 19

AREC+ALS – Perth (WA) – Fri 19–Sun 21

MEC – Port Hedland (WA) – Sat 20–Sun 21

REC – Hobart (TAS) – Thurs 25–Fri 26

ALS – Hobart (TAS) – Sat 27

MEC – Hobart (TAS) – Tues 30–Wed 1 July

July

Practical Skills – Roma (QLD) – Fri 3

AREC+ALS – Roma (QLD) – Sat 11–Mon 13

TECInt – Virtual – Tues 14

REC – Emerald (QLD) – Sat 18–Sun 19

ALS – Emerald (QLD) – Mon 20

Practical Skills – Adelaide (SA) – Tues 21

REC – Adelaide (SA) – Sat 25–Sun 26 ▶▶

Build essential hands-on skills

Ready to advance your clinical expertise? Our Practical Skills courses cover:

- **Wound closure** – Stapling, skin adhesive, and suturing
- **Plastering** – Back slab application for upper and lower limbs
- **Eye assessment** – Visual acuity testing, ophthalmoscope and Morgan lens techniques
- **Ear assessment** – Otoscope use and injury management

August

REC – Booleroo (SA) – Sat 1–Sun 2
MEC – Katherine (NT) – Sat 8–Sun 9
MEC – Adelaide (SA) – Mon 10–Tues 11
MIDUS – Adelaide (SA) – Wed 12–Fri 14
REC – Katherine (NT) – Sat 15–Sun 16
MEC – Albury/Wodonga (VIC) – Sat 15–Sun 16
REC – Albury/Wodonga (VIC) – Tues 18–Wed 19
ALS – Albury/Wodonga (VIC) – Thurs 20
Practical Skills – Charleville (QLD) – Fri 28

September

MEC – Mildura (VIC) – Tues 1–Wed 2
REC – Mildura (VIC) – Thurs 3–Fri 4
PEC+PALS – Alice Springs (NT) – Sat 5–Mon 7
TECInt – Virtual – Tues 8
REC – Alice Springs (NT) – Wed 9–Thurs 10
ALS – Alice Springs (NT) – Fri 11
MEC – Alice Springs (NT) – Mon 14–Tues 15
AREC+ALS – Darwin (NT) – Wed 16–Fri 18
TECInt – Virtual – Wed 23
PEC+PALS – Darwin (NT) – Thurs 24–Sat 26

October

REC – Nhulunbuy (NT) – Sat 3–Sun 4
MEC – Nhulunbuy (NT) – Sat 10–Sun 11
MEC – Broome (WA) – Mon 12–Tues 13
TECInt – Virtual – Tues 13
AREC+ALS – Broome (WA) – Wed 14–Fri 16
REC – Broome (WA) – Sat 17–Sun 18
REC – Batemans Bay (NSW) – Sat 17–Sun 18
Practical Skills – Broome (WA) – Mon 19
MEC – Batemans Bay (NSW) – Sat 24–Sun 25
MIDUS – Geraldton (WA) – Tues 27–Thurs 29
PEC+PALS – Cairns (QLD) – Wed 28–Fri 30
MEC – Cairns (QLD) – Sat 31–Mon 2

November

REC – Darwin (NT) – Mon 2–Tues 3
MEC – Darwin (NT) – Thurs 5–Fri 6
MEC – Perth (WA) – Sat 7–Sun 8
REC – Perth (WA) – Tues 10–Wed 11
Practical Skills – Perth (WA) – Thurs 12
MEC – Adelaide – Thurs 12–Fri 13
TECInt – Virtual – Tues 17
AREC+ALS – Adelaide (SA) – Wed 18–Fri 20
PEC+PALS – Adelaide (SA) – Mon 23–Wed 25
REC – Adelaide (SA) – Sat 28–Sun 29
REC – Esperence (WA) – Sat 28 –Sun 29
ALS – Esperence (WA) – Mon 30 ●

Course schedule is subject to change. For the latest updates scan the QR code (left) or visit crana.org.au/courses to browse or book courses.

FREE TRAINING IN SEXUAL VIOLENCE RESPONSE

Are you looking to complete accredited training and expand your knowledge of sexual violence?

Monash University's Department of Forensic Medicine delivers free CPD training that equips AHPRA registered healthcare professionals to recognise and respond appropriately to adult disclosures of sexual violence.

This course is delivered nationally, both online and face-to-face, and equips practitioners through a patient-centred and practical curriculum.

SVRT | Sexual Violence Response Training Australia

MONASH University

The course comprises of three units, which can be undertaken as standalone units or as a complete training suite.

The units include:

> Sexual Violence: Drivers & Impacts
> Responding to Sexual Violence in Adults
> Responding to Sexual Violence in At-Risk Patients

Upcoming Face-to-Face intakes:

- Gove
- Launceston
- Darwin
- Adelaide

Register here for upcoming online and face-to-face intakes

Facilitator role is a win-win

Retired paramedic Ken Iles reflects on 16 years supporting rural and remote nurses as a CRANAplus facilitator. "I can't recommend this move enough," he says of the personal and professional rewards.

For Ken, becoming a facilitator for the Remote Emergency Care (REC) course wasn't just about teaching. It was about giving back – to a profession he loves, and to people he has learned to respect.

Ken started nursing at 17, joined the ambulance service in 1979, and became an intensive care paramedic by 1984. His work eventually included helicopter retrievals in remote regions – where he first saw just how vital rural nurses are to their communities.

"We'd fly in to retrieve patients, but those nurses were the ones holding it all together, often without a doctor on site, often using minimal equipment," he says. "And they are the ones who stay in the community, continuing to care for patients who might return home with life-changing injuries. They're not just clinicians – they're neighbours, support people, advocates.

"The way they manage patients is exemplary."

Over the years, Ken travelled throughout Australia as a CRANAplus facilitator, bringing critical training to nurses where they live and work. He believes that the provision of CRANAplus courses in rural and remote settings isn't just convenient – it's essential.

"It allows nurses to do the course near their families and their workplaces. That matters," he says. "The tyranny of distance is real, and being able to learn in place keeps them connected to their communities."

"It's such a great thing to pass knowledge on," he says. "To help people understand things they didn't feel comfortable asking anywhere else."

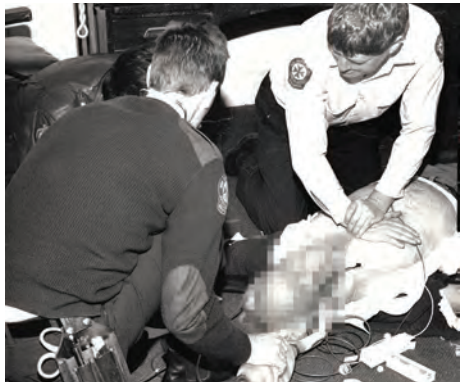
Ken emphasises that it's not just about clinical knowledge. "It's about creating a space where people feel comfortable enough to ask questions," he says. "That's why having these sessions locally is so powerful – you're more relaxed in familiar surroundings. You feel seen."

He also sees facilitation as a two-way exchange. "It's a bilateral thing. You give, but you learn too. I worked with a tremendous group of facilitators and I also learned a lot from the course participants I met along the way."

Ken's time in rural health has shown him how emotionally taxing the work can be. "In the city, we forget what isolation really feels like," he says. "There's not always someone to debrief with, especially after significant events."

He's a strong advocate for the CRANAplus Bush Support Line, both professionally and personally. "The stronger person is the one who's brave enough to say, 'I need help.'" After the sudden death of his sister, Ken turned to the Bush Support Line for support. "It helped. It really did," he says.

Now close to 70, Ken says it was very difficult for him to step away from facilitating. "It was a very hard decision," he admits. "But there are younger, smarter people ready to take it on. I'd say to anyone thinking about volunteering: 'just do it'. You're not losing anything. You're gaining. You learn, and you feel good about yourself." ●



Ambulance Paramedic Ken Iles, still tending his patient, and Jeff Gilchrist of the Ambulance SCAT Team lower "roadie" Patrick Murray to the ground after a marathon rescue effort by Ken on the second floor of the Workers' Club. This had involved moving tonnes of rubble, single-handed until a Police Officer arrived to assist. Once this was completed, IV lines were established, Haemaccel and Morphine administered. All-in-all, a brilliant combination of medicine and rescue was effected by Ken. Also seen in this photo is Bruce Varley and Superintendent Gerry DeVries.

Opposite page, top row: Recent selfie of Ken and some colleagues; An incident 30 nautical miles off Newcastle. A sailor had fallen down a hatch, we flew to the boat and were winched onto the vessel, the only way to extricate the patient was to stretcher them and use the onboard winch to bring them to a usable deck. The harness lifting point had knocked Ken's hard hat off during the ascent. Second row: This person was helping to muster cattle when they fell off a motorcycle and suffered a spinal injury. They became a quadriplegic from the injury; This was a 'routine' cardiac arrest at a doctor's surgery. Ken had just commenced the ECM on a second rotation. About five minutes after, the patient had a return of circulation and lived for a number of years. Right: Newcastle earthquake in December 1989.

Standing together for change: Lessons from Alice Springs

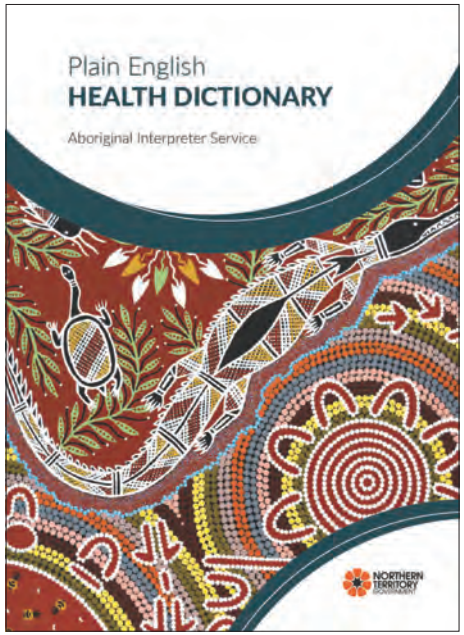
Stories have the power to heal, connect, and transform healthcare delivery. This truth resonated throughout the fourth biennial First Nations Health Communication Symposium in Alice Springs this August. CRANAplus Clinical Education Manager Shannan Lewis shares insights from the event's focus on improving health outcomes through better communication.

The symposium's theme, 'Stories that matter: reflecting and collaborating for change', drew leaders, health professionals, researchers, interpreters, and community advocates together to address pressing gaps in health communication. Presentation topics centred around communication practices in Central Australia, culturally safe conversations in clinical practice, language and meaning in health communication, and cultural safety in the medical curriculum and professional development.

Many sessions emphasised the importance of acknowledging the ongoing injustices and suffering experienced by First Peoples, as well as the urgent need for honest dialogue and truth-telling. These conversations are essential to raising awareness about the historical events that have shaped current health disparities and the complexities surrounding the concept of 'closing the gap', a phrase that is often used without fully appreciating its depth and implications.

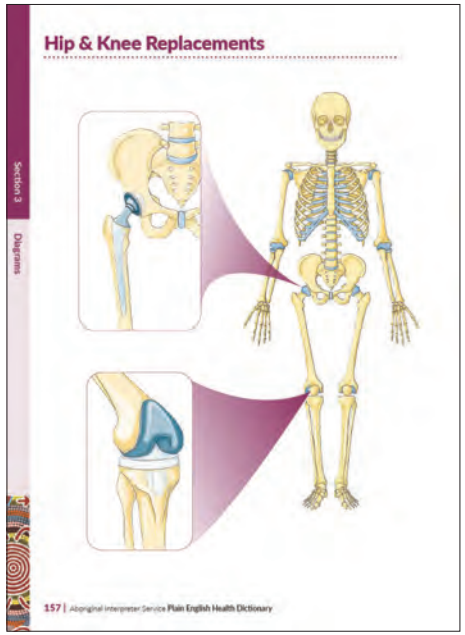
Keynote speaker Carol Christophersen delivered a deeply moving address on her work repatriating ancestral remains that had been stolen from local lands and relocated to the UK. The enduring impacts of historical practices committed in the name of Western science continue to cause ongoing trauma for individuals and communities. Christophersen's presentation, rich with photographs, reflections, and emotional insights, highlighted the long-lasting effects of these historical atrocities.

Another standout presentation focused on the vital role of interpreter services in health communication, featuring the Plain English Health Dictionary developed for Aboriginal Interpreter Services (AIS) in the Northern Territory. While this resource was designed for interpreters, the presentation highlighted that it is also a valuable tool for anyone seeking to communicate more effectively with Aboriginal and/or Torres Strait Islander people in healthcare settings. The free, downloadable resource translates medical English into plain English and aligns closely with the lexicon, syntax, and discourse of Aboriginal languages.



It includes illustrations of body parts and medical equipment to support clearer understanding during consultations, addressing communication barriers that can have serious health consequences.

Sally Sena, independent contractor and former Aboriginal Liaison Officer, and Emily Armstrong from the Northern Institute, presented research on culturally congruent processes for collecting patient stories from speakers of Aboriginal languages in Central Australia. Their work, part of research led by Anne Lowell and Robyn Aitken titled 'Exploring and improving processes for speakers of Aboriginal languages to influence the safety and quality of their health care (EQuaLS)' revealed major communication failures with serious health consequences. Even for people who speak English as a first language, their research demonstrated significant miscommunication. Improving communication between healthcare staff and Aboriginal patients is a crucial element in closing the gap in health outcomes and achieving cultural safety in health care.



The symposium reinforced that improving First Peoples' healthcare experiences requires more than policy or training modules.

Speakers called for ongoing commitment from health workers to build trust and work collaboratively with First Peoples, both individuals and communities, to create meaningful change.

Helen Guyupul Wunungmurra emphasised the collaborative approach needed for meaningful change, powerfully stating, "Stand up and walk together. Be with them, walk with them – to make them feel comfortable."

The symposium's powerful message – that effective health communication requires walking together, not just talking about collaboration – reinforces CRANAplus' commitment to meaningful cultural safety in our education.

While CRANAplus already embeds cultural-safety principles throughout our programs and recommends participants also complete the Murra Mullangari: Introduction to Cultural Safety program through CATSINaM, the symposium's insights will further inform and inspire our educational approaches as we continue to develop and improve our education, to ensure rural and remote clinicians are skilled to provide safe and accessible health care for First Peoples communities. ●

To download the free Plain English Health Dictionary resource scan the QR code (left)

Engage

Photo: Kevin – stock.adobe.com

Mentors brewing confidence for new nurses

At a small rural hospital in Tasmania, experienced nurses are helping new graduates build confidence over coffee catch-ups. This mentoring initiative, spearheaded by Janelle Stephens, creates a safe, informal space to share concerns, ask questions, and ease the stress of early practice.

The CRANAplus LINKS Mentoring Program connects mentors and mentees from around Australia. It focuses on encouraging career development and building capabilities in clinical leadership, decision-making, networking, and resilience during placements and recently gained employment.

However, the LINKS online learning modules can also be used as a professional development tool to create a mentor program in your workplace, just as Janelle Stephens has done.

Janelle is responsible for the transition to practice program at Mersey Community Hospital in North West Tasmania.

She says, "Each year I have grads who struggle with their transition, and I am always looking for ways to help them."

"I had been thinking about a mentor program, and the course I completed with CRANAplus inspired me to put it into place."

Janelle developed the Minder Project to address the need for new graduate nurses to have a mentor or confidant with whom they can ask questions, discuss concerns or open up about problems they may be facing. It is a strategy to aid in decreasing stress and anxiety during early practice.

She says, "Transition to practice nurses have NUMs and ANUMs, educators, facilitators and preceptors, but may not have the confidence or have developed a trusted relationship with these peers to be able to comfortably disclose concerns or seek advice. This program aims to match an experienced and junior nurse, with a common interest or goal, to be able to develop and grow a professional relationship based on trust, confidentiality and career progression."

Experienced nurses in the hospital can complete a questionnaire, with the results helping pair them with a new graduate. Prior to commencing, minders are also asked to complete the CRANAplus LINKS mentoring module, and, once complete, are paired with a mindee.

Minders and mindees are encouraged to meet for coffee once or twice a month, and Janelle has received sponsorship from the Mersey Hospital volunteer auxiliary to fund coffee vouchers for these meetings. The pair will develop a mentoring plan that details goals and communications methods, and mentors will be a listening ear, reflecting on their own career journey and providing encouragement and advice.

The program is mutually beneficial, with mindees gaining a trusted professional to confide in, an ease of transition into the workplace and a chance to grow their professional network, and minders being able to accrue CPD points and develop skills for education and leadership roles.

Above, left to right: Janelle Stephens, Rakelle Walker (Transition to Practice RN and mindee), Karen Thurlow (Mersey Hospital Auxiliary volunteer) and Jess Wyld (Clinical Nurse Educator and minder of Rakelle).

Within the program's first year, Janelle has matched nine minders and mindees, and has seen some great success stories.

She says, "I have enlisted a physiotherapist to be a minder for a new grad – this new grad has a Chinese background and was struggling with communication, so I enlisted a Chinese physiotherapist working in Australia to be his minder and the benefits have been amazing."

"Another success has been a new graduate RN who was navigating stress and anxiety and required leave for mental health reasons. Her pairing with a minder was written into her return to work plan."

Janelle is hoping to roll the program out to the North West Regional Hospital soon and expand the scope of participants to other healthcare professionals and different levels of nursing.

She says, "Thank you CRANAplus for your amazing online course – it has had a significant impact on ensuring we maintain a high standard of mentoring in the program."

To join CRANAplus' LINKS Mentoring Program, or to undertake our free mentoring modules, visit crana.org.au/links

2026 Remote Nursing & Midwifery Conference

Join us from 11–13 May 2026, in beautiful Boorloo/Perth, on the traditional lands of the Whadjuk Nyoongar people, for the CRANAplus Remote Nursing & Midwifery Conference to connect, learn, and celebrate our dedicated workforce in remote health care, at Perth Convention and Exhibition Centre (PCEC).

Distance. Dedication. Difference. The future of remote health is the theme at the centre of the event this year. The program will be loaded with narratives, projects, and research, as told by the remote health professionals shaping our landscape – AKA, you!

Abstract submissions

We're inviting abstracts and want to hear from you:

- What have you done to overcome the ***challenges*** of distance?
- How have you demonstrated your ***dedication*** to improving remote health outcomes?
- What initiatives or experiences have you participated in to make a ***difference***?

Consider how your experiences and findings impact the future of remote health. Learn more about submitting your abstract at www.cranaconference.com.au

2026 Free Expo

Kicking off the two and a half days is our free expo on Monday, 11 May 2026. If you know someone who might be interested in transitioning to remote health practice, invite them to come along.

The expo is open to anyone, including those interested in changing careers, current health professionals, university students, or school students. The afternoon will provide the opportunity to learn about pathways and helpful resources, chat with experienced remote area nurses and midwives, and meet with remote healthcare employers. It's free to attend, but it's necessary to register in advance on the conference website.

Sponsors and exhibitors

We invite sponsors and exhibitors to join the celebrations and show their support for the highly committed remote health workforce. Your support helps us to deliver a high-quality conference that inspires and empowers remote health professionals while providing your organisation with the opportunity to communicate with a hard-to-reach, targeted audience. Look through our prospectus on the conference website and secure your package.

We can't wait to share two and a half days of learning and inspiration with you in May 2026. We'll catch you there!

Register soon to secure an early bird discount at www.cranaconference.com.au

Apply now for CRANAplus 2025 scholarships, grants and awards

We are now accepting nominations for CRANAplus' 2025 Australian Remote Health Awards. Applications are also open for the Round 2 2025 Scholarships and Grants program. Browse award categories and support opportunities below.

CRANAplus Australian Remote Health Awards

Nominations are now open and will close on 5 January 2026. Awards will be presented at the CRANAplus 2026 Remote Nursing and Midwifery Conference gala dinner.

Each year, we are delighted to run our annual awards program, which includes the prestigious Aurora Award for Remote and Isolated Health Professional of the Year, as part of our commitment to celebrating excellence in remote nursing practice.

For 2025, we will also be awarding the following categories: Excellence in Remote and Isolated Health Practice, Early to Remote Practice, Collaborative Team, and Excellence in Education and/or Research.

Here's your chance to nominate one of your colleagues and acknowledge their outstanding contribution to the rural and remote health sector!

Winners of the awards will receive a small cash prize and a complimentary ticket to the 2026 Remote Nursing and Midwifery Conference in Perth, May 2026. Please note that award recipients will be required to arrange their own travel and accommodation. Visit crana.org.au/awards for more information.

Scholarships

NEW OPPORTUNITY

2026 Remote Nursing and Midwifery Conference Attendance Scholarship

Now taking applications until 5 January 2026.

We are excited to announce a new opportunity to access a complimentary registration to the CRANAplus 2026 Remote Nursing and Midwifery Conference being held in Perth in May. Thanks to generous donations we've received from our community, Members and stakeholders, this new scholarship program is designed to support attendance of:

- Undergraduate students studying a health discipline with an interest in rural and remote practice
- New to remote clinicians (under three years in practice)
- First Peoples' clinicians working in rural and remote

Scholarship recipients will be contacted on 11 February 2026. Please note that travel and accommodation costs will be at the recipient's own expense and are not covered by this sponsorship. For more information or to apply, visit www.cranaconference.com.au

CARPA Remote Health Management Scholarship

Now taking applications until 30 November 2025.

Are you a current remote health practitioner looking to develop your leadership, management, or workplace health and safety skills? The CARPA Remote Health Management Scholarship supports the development of leadership, management, and workplace health and safety (WHS) in the remote health workforce by supporting current remote health practitioners in undertaking training in these areas.

Photo: Alexandre ROSA – stock.adobe.com

This scholarship offers multiple opportunities:

- Scholarships of up to $2,000 per person to subsidise a VET course focused on leadership and management
- Scholarships of $200 per person to cover the cost of an online short course in WHS
- Scholarships of $350 per person for a face-to-face short course in WHS

Applications are open to current remote health practitioners for courses being held between 1 July and 31 December 2025. For more information or to apply, visit crana.org.au/scholarships

Undergraduate Remote Placement Scholarships

Are you an undergraduate nursing, midwifery or healthcare student seeking support for an upcoming remote health placement? Thanks to HESTA, current undergraduate student members can apply for support to experience remote health firsthand.

Our Undergraduate Remote Placement Scholarships provide up to $1,000 to cover the cost of fares, travel and accommodation associated with clinical placement.

They are offered in two rounds each year to current CRANAplus undergraduate student members enrolled as undergraduates in a health discipline at an Australian University.

Applications are now open for placements being held between 1 July and 31 December 2025. For more information or to apply, visit crana.org.au/scholarships

Grants

Nurses Memorial Foundation of SA Grants

Thanks to the generosity of the Nurses Memorial Foundation of South Australia Inc., we are able to offer a limited number of grants to assist CRANAplus members (registered as a nurse and/or midwife and working in a remote/rural area) who have attended our courses. The funds make learning accessible by contributing to the fees and costs associated with course attendance. Aboriginal and/or Torres Strait Islander nurses and/or midwives are strongly encouraged to apply.

Applications are now open for courses being held between 1 July and 31 December 2025. Grants are provided as reimbursement for CRANAplus courses. For more information or to apply, visit crana.org.au/grants

Connect

Photo: Shibo Liu Wirestock Creators – stock.adobe.com

Flight nurse turned ocean rower

Royal Flying Doctor Service (RFDS) flight nurse, Cassie Gaff, is preparing for her biggest adventure yet, the World's Toughest Row, to raise funds for charity. She shares how her skills as a remote area nurse have prepared her for the journey.

Cassie is part of 'Blades of Oary', a team of four Perth women rowing 4,800km across the Atlantic Ocean.

The World's Toughest Row is an endurance race that sees teams from around the world pushed to the edge of their limits.

"We are beyond excited and are currently training six days a week," Cassie says. "We'll row for 40–60 days straight, carrying all our food, water, and medical supplies. Our ocean rowing boat has two cabins in it at the bow and stern where we will rest and bunker down in a storm."

Their journey begins in La Gomera in the Canary Islands, from where they will row continuously in two-hour on two-hour off shifts until arriving in Antigua.

"There is no support boat, so we have a mandatory list of courses such as navigation, sea survival, VHF radio operation and marine first aid to complete prior to leaving."

Cassie thrives on this kind of adventure, having worked as a medic for an Australian camel trek across the Simpson Desert and a 300km camel crossing of the Gobi Desert.

"I've always been completely obsessed with expedition medicine – a place where clinical practice meets wild places and human endurance," she says.

"The skills I'd gained through remote health care, especially in planning, clinical prioritisation, and calm decision-making, helped me lead confidently."

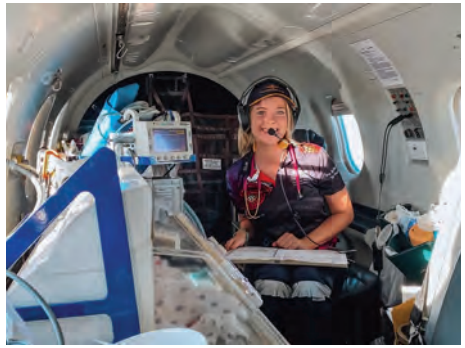
Cassie began her remote healthcare journey after being inspired by a remote area nurse at a young age, and still carries an admiration for her colleagues.

"Spending a small part of my childhood in the small coastal community of Maningrida in the Northern Territory had a big influence on me. I remember being inspired by a remote area nurse from Maningrida, which was crazy that even as a child, I knew I wanted to follow a similar path," she says.

"Remote work has taken me everywhere – from the Top End to Cocos Keeling Islands, Norfolk Island, Central NSW, Christmas Island, and even Rottnest Nursing Post. In my role with RFDS, I mainly retrieve patients from these regions now and it's clear: remote area nurses are the backbone of these communities."

As the designated medic on board this expedition, Cassie is preparing for whatever may come.

"From a medical perspective, I expect us to be managing saltwater rubs, pressure sores, shoulder and back injuries from overuse, but could encounter anything from capsizing to a marlin strike into the boat!" she says.



"While I hope to spend more time rowing than triaging, CRANAplus has definitely given me the skillset to manage emergencies in the middle of the ocean."

Cassie has completed CRANAplus' Remote Emergency Care, Maternity Emergency Care and Midwifery Upskilling courses.

"All of this laid the foundation for me to fit the criteria and become the perfect candidate as a flight nurse – a role that perfectly matches my personality. I thrive on adventure, variety, and the challenge of working in different locations with diverse presentations."

While the physical and emotional challenges of the row are monumental, the cause behind it gives the journey deeper meaning.

Cassie and her team are rowing to raise money for two organisations close to their hearts: the RFDS and Ruah Community Services, Perth's oldest women's shelter.

"This row is my way of giving back," Cassie says.

"As women, our team hopes to send a powerful message about equity, access, and the importance of supporting remote communities and vulnerable populations." ●

To find out more about this adventure, scan the QR code (left) or follow on Instagram @blades_of_oary

Strengthening pregnancy loss support through collaboration

Red Nose Australia is strengthening its bereavement support services to cater to vulnerable population groups, and CRANAplus is grateful to have been invited to the table to bring a rural and remote lens.

Amanda Forti (pictured left), one of CRANAplus' remote clinical educators, frequently hears of the challenges health professionals face in supporting pregnancy loss in the rural and remote setting.

Red Nose designed the Healing Through Community project to support both clinicians and families through pregnancy loss.

Amrit Dhillon (pictured above), National Project Manager of the initiative, explains, "The project is looking at improving equity across bereavement care for five vulnerable population groups: First Nations, refugees and migrants, culturally and linguistically diverse, young mums and rural and remote.

"The research consistently shows these are the communities most at risk of experiencing loss, and least likely to have access to the care and support they need. Our aim is to close the gap and make sure no family is left unsupported."

Red Nose has created a suite of seven short videos to educate clinicians on how to prepare for the conversation, through to how to support those different population groups, handover and self-care. Alongside these, there are practical care guidelines for quick access to key information and a range of targeted, patient-centred resources.

Amrit says, "We didn't want to create resources that would sit on a shelf. Our goal was to develop tools that are practical, tangible and ready to be used, whether in a clinical setting or as part of education and training. We're confident that's exactly what we've achieved."

The project is grounded in genuine co-design methodology, bringing together clinical partners and community members with lived experiences to share and lead the work. Amanda has contributed as a member of the steering committee as a representative for CRANAplus and the rural and remote health workforce, and as a subject matter expert in the field of midwifery.

Amrit says, "CRANAplus has been a real partner for us in this. Working with Amanda has been invaluable. She brings practical, clinical application and clinical education expertise into the conversation, as well as the delivery and design of resources."

Amanda has embedded not only her own knowledge, but that of the remote health professionals she encounters on CRANAplus courses.

"I talk to our Maternity Emergency Care and Midwifery Upskilling participants about what they need and what's important to them in the rural and remote practice settings, and then I feed that back through the committee in order to develop resources that are most appropriate for the health practitioners that are working in those spaces."

Amrit says it's been important to ensure the lived experience and clinical voices remain at the centre of the decision-making process throughout the whole project.

'We invested heavily at the beginning in community consultation," she explains.

"For six months we were simply listening, talking with community and people across different population groups, hearing their stories and really understanding the challenges and barriers they faced.

"From lived experience stories, we learned that people enter into the health system in different ways. Some people may enter through a maternity service, some ED, some community care.

"Our aim was to create a resource that would support clinical knowledge no matter which setting you were in, plus also resources that could be accessed at the time, when you step into the room with a patient in five minutes."

The feedback so far has been encouraging, with a number of tertiary hospitals nationally already embedding the tools, and national frameworks around stillbirth/perinatal education integrating them as key resources.

Amrit says, "From a clinical perspective, they're seeing it as valuable tools that give that cultural safety lens, as well as seeing it as an easy, implementable resource.

"Then from community, I've heard lots of stories from patients and family members that have seen the videos and say, 'I can see myself in that video'. When someone says they can see themselves, that just makes me know I've done a good thing."

"It's been really insightful to hear community feel that they can better understand and navigate that system that can feel quite complex."

Amanda is grateful to now be able to embed these resources into CRANAplus education to provide remote health professionals with the confidence to handle situations in the most appropriate way, to ultimately improve outcomes for families.

"We know how pregnancy loss can influence the short- and long-term psychological wellbeing of women and families and how the degree of care provided is important; however, the sensitivity, inclusion, and cultural appropriateness of that care also have a significant impact.

"I enjoy working with Red Nose because their co-design approach is truly inclusive, which is evident in the creation of these high-quality, evidence-based, culturally relevant resources.

"It's really important that we do this stuff well."

To access Red Nose's Healing Through Community resources, visit rednose.org.au/for-professionals/supporting-grieving-families/supporting-diverse-families

Proof of Life

Nicholas Williams, aka Dr Nick, a long-time CRANAplus facilitator and former Board member, has lived a life of adventure, which he describes in his recently published memoir, *Proof of Life*. Here, he shares the inspiration behind the book and some glimpses into what can be expected within.

Nick's mum gave him a cardboard shoebox filled with letters before she passed. The handwriting looked like his, and they were addressed to his mum (whom he would have no reason to lie to), but the content was so far-fetched, he could barely believe they were his own, true stories.

"My early years were pivotal to my life. During those years, I was an enthusiastic writer of letters, and my mother kept them all," Nick explains. "I started reading them and I was transported back 35 years."

Nick knew he needed to do something with the memories these letters revived. So he started *Proof of Life* – named after the kidnapping precautions taken while working on a humanitarian mission in Pakistan with the Red Cross.

"I had to fill out a 'proof of life' form, which involved writing down three questions the negotiators could ask your wife or close relative that only they would know the answer to, that would prove that you were alive," Nick recalls.

Below, clockwise from left: Nick's Mazda in Drakensberg, South Africa; Nick; Swabi camp, Pakistan; Rondavels near Isilimela, South Africa. Opposite page: Nick Williams.

"It made me feel like, 'Oh my God, I might die'.

"I realised that the three questions I put down were really significant moments in my life and I framed the memoir around them."

And so the story unfolds that Nick worked as a doctor in rural Africa in the 80s, which led to a career in First Peoples' health in remote Australia. It was a student elective in the Southern highlands of Papua New Guinea, however, that determined the direction of his career.

Having grown up in country South Australia, Nick had intentions of becoming a country GP.

"I was a typical, middle-class, white guy in my fifth year of medical school," he confesses.

"I might have stayed like that for years if not for the Papua New Guinea experience."

It changed everything. It was there that Nick found himself dangling from a plane, staring down into the reality of what a career in remote medicine would entail.

"I'm flying into Tari in the southern highlands, and there's a gap between two mountains, hidden by clouds. It was dangerous because the pilots had to circle quite a few times until there was a gap in the clouds that they could go between," Nick remembers.

"I was sitting next to the pilot in the copilot's seat. As he circled round, he said, 'It's open!' and he thrust the nose of the plane down. At that moment, the door on my side of the plane flew open, and one of my seatbelt clips came undone, so I sort of dangled one arm and half my body out of the plane. I thought I would die. About a minute later, the plane levelled out and the door closed."

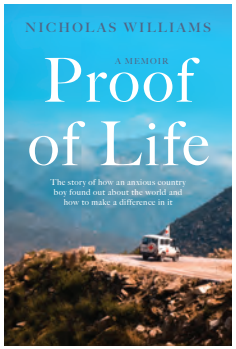
Nick can laugh as he recounts the story now, but this experience set the tone for the serious and challenging nature of working in remote and isolated environments that he would discover throughout his career. Through it all, it was the people he worked alongside who supported and shaped him.

"The theme of the book is how much I learned from nurses and health workers throughout my career."

Nick paid it forward by becoming a volunteer facilitator on CRANAplus courses for over 25 years, as well as a Board member for 12 years.

He hopes that by reading the book, anyone working in the rural and remote workforce will feel validated in what they do, and that others will find the courage to have a go.

"In the end, the book is a homage to those working in challenging, isolated situations. I really respect people who are up for that." ●



Proof of Life by Nicholas Williams is available now on Booktopia and Fishpond.

Opening the conversation on sexual health

CRANAplus Member and Fellow, Lyn Byers, writes about the importance of sexual health education in the remote setting, and shares her tips for broaching the subject.

Over 50% of the Aboriginal and Torres Strait Islander population across Australia is young – less than 25 years old. There are high rates of sexually transmitted infections (STIs) in young people right across Australia, but in very remote Australia there is limited access to methods of birth control or specialist services, and limited knowledge of sexual health. Remote communities rely on remote area nurses (RANs) for accurate information, screening and treatment

The most common STIs, chlamydia, gonorrhoea, trichomonas and syphilis, have few or no symptoms. All STIs in pregnant women can have serious consequences both for the woman and her baby.

Syphilis has significantly increased in Australia over the last ten years, now declared a Communicable Disease Incident of National Significance by Australia's Chief Medical Officer, and women of reproductive age are especially at risk.

Exploring sexual health matters with young people provides them with accurate information about how their body works and how they can care for themselves. Early detection of STIs can prevent long-term health complications, such as infertility or chronic infections.

Young people need to learn about puberty and the normal changes occurring in their bodies, too. Working in very remote communities where English is not the first language for many people, RANs become adept at sketching anatomy diagrams to illustrate a concept and sourcing pictorial resources.

Participating in a group health session organised by the local youth workers, one RAN found that the grandmothers, mothers and girls were all fascinated by the menstruation cycle story. Normalising the story and offering practical tips on how to manage menstrual bleeding gave the women more control over their bodies. Understanding fertility helped the women to understand concepts such as contraception, STIs and cervical screening – often all lumped together under 'women's health' in remote clinic settings.

Issues such as sexual dysfunction, trauma, or abuse may not be revealed unless the RAN creates a safe and supportive environment. Addressing these concerns can improve quality of life, enhance relationships, and prevent further psychological distress.

A young man with a serious mental illness declined to take his anti-psychotic medications. The RAN in his community was attentive to his concerns and found the patient attributed his impotence to the anti-psychotic medication he was prescribed – a valid concern. He and his partner wanted to have children. Working with the psychiatry team, a suitable alternative medication was found. The young man remained mentally well, and he and his partner had a child a year later.

Being skilled in this area of health is essential to reducing health disparities. It helps to ensure that all patients, regardless of gender, orientation, or background, receive the same level of attentive and nonjudgmental care. It fosters trust between patients and RANs, promoting better health outcomes and patient satisfaction.

Tips for discussing sexual health:

- **Consider terminology.** Think about the many relationships people have and what it might mean to the patient if asked, "Are you in a stable relationship?" A stable relationship could be two partners, three partners, an occasional partner, platonic or some other variation. Another example is asking if someone is married. They could answer yes and might be married but haven't seen their married partner for many years, or be living with someone different. Using the words, "Are you sexually active?" means the RAN will need to explore what sexually active means to the patient; does it include penetrative vaginal, oral, anal sex, or kissing and cuddling?
- **Communication techniques.** Use communication techniques such as open and closed questions, silence, clarifying, summarising, and reflecting. Questions that don't have underlying assumptions, are precise and useful, and are understood by both patient and clinician, are the aim.
- **Sideways talk.** Explain the issue without relating it to the person, then bring the person in. For example, ask, "Have you seen the ads on TV for STI testing? Have you thought about having an STI test?"
- **Normalise.** For example, say, "We offer this to everyone."
- **Hook.** For example, say, "Have you heard about the HPV vaccine?" Alternatively, say, "Do you have one of those rods (Implanon contraceptive) in your arm?"
- **Incorporate.** For example, say, "While we are talking about cervical screening, can I also talk about your sexual health?"
- **Warning shot.** For example, state, "I am going to ask you some personal questions, these are all for a reason, and they are all confidential. Is that ok with you?"
- **Importantly, never apologise for asking questions related to sexual health.** Understanding a patient's sexual health enables RANs to identify potential risks, prevent diseases, and offer more personalised treatment options.

Photo: Lev – stock.adobe.com

Free sexual health training

The Australian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM) Nursing Policy and Advocacy Lead, Cherie Bennett, recommends several professional development opportunities for remote health professionals from ASHM's suite of free education resources.

Cherie has dedicated over 15 years to working in sexual health, HIV, and viral hepatitis, bringing a deep understanding of both frontline nursing and broader health systems. During this time, she has worked as a Clinical Nurse Specialist at a publicly funded sexual health clinic and has held a range of roles at ASHM where she is now the Nursing Policy and Advocacy Lead. ASHM is the peak organisation for health workers and professionals working in HIV, blood-borne viruses (BBVs), and sexual and reproductive health.

ASHM delivers high-quality education and training across HIV, viral hepatitis, and sexual health, available face-to-face, online, and on-demand via their training library.

Cherie explains, "We also develop a wide range of resources, including profession-specific booklets for allied health and other professionals who may encounter BBVs and STIs. Beyond training, we advocate for our members, contribute to policy development, host conferences and events, and offer a scholarship program to strengthen and support the workforce."

Cherie champions the vital role of nurses in shaping evidence-based policy and improving health outcomes, saying, "My commitment to the sector is driven by a belief in the power of nurse-led care and the importance of building strong, supported nursing workforces."

Below, she outlines some ASHM courses of benefit to remote health professionals.

ASHM courses

- **NACCHO HTLV-1 Guidelines webinar:** Focuses on pre and postnatal care in HTLV-1.
- **Strengthening STI and BBV Prevention through Primary Nursing Practice:** Unpacks the vital role of preventing STIs and BBVs, with a strong focus on HIV prevention and the use of pre-exposure prophylaxis (PrEP).
- **Contraception Essentials in Primary Care:** Increases primary care providers' knowledge and confidence in providing evidence-based and patient-centred contraceptive consultations.
- **NSW Introduction to Syphilis for Midwives and Clinicians Providing Antenatal Care:** Provides midwives and clinicians providing antenatal care in NSW with the tools to identify priority populations for antenatal syphilis testing in their practice, and distinguish the stages of syphilis infection based on a patient's history and clinical presentation.
- **STIs and BBVs: Nursing and Midwifery Module:** Provides primary healthcare nurses and midwives with an understanding of the most common STIs (chlamydia, gonorrhoea, syphilis, hepatitis A) and BBVs (hepatitis B, hepatitis C and HIV).

You can search for these courses, and explore the upcoming training opportunities calendar, at ashm.org.au or get in touch with Cherie at cherie.bennett@ashm.org.au for more information.

ashm

From pilot to national impact: the evolution of the 600 Nurses Project

Two years after launching a South Australian pilot, Project Check Mate has evolved into a national program, the 600 Nurses Project, training nurses across rural Australia to detect skin cancer.

When Project Check Mate launched in December 2022 with pop-up clinics at regional South Australian events, the Rosemary Bryant Research Centre team at the University of South Australia had ambitious hopes but modest expectations. The pilot, funded by The Hospital Research Foundation Group and supported by Skin Check Champions, aimed to address a critical gap: with skin cancer rates 30 per cent higher in regional areas, and only 550 dermatologists serving the entire country.

What began as training nurses for screenings at regional community events has transformed into the 600 Nurses Project – a national initiative demonstrating how targeted pilots can create lasting change.

Building on early success

The original approach proved its worth quickly. At pop-up clinics like the Opal Festival in Coober Pedy and Clare Valley SGA Gourmet Week, trained nurses effectively used dermoscopy equipment to capture digital images for GP and dermatologist review. The model worked: demonstrating accessible nurse-led skin checks with clinical oversight through established referral pathways.

"The pilot showed us that nurses were not just capable of this work – they were embracing it," says Professor Marion Eckert, Director of the Rosemary Bryant Research Centre.

Scaling beyond pop-ups

Australia's 1,400 annual melanoma deaths, disproportionately affecting rural communities, demanded a response beyond occasional festival screenings. The 600 Nurses Project represents this scaled vision – training primary care nurses across regional Australia in dermoscopy and AI-assisted skin cancer detection within existing healthcare infrastructure.

Above: Professor Marion Eckert (left) and Dr Kim Gibson (right) with Holly Chatfield, Merle Weetra and Lauren Oswald (middle) who recently completed the training.

The evolution from pop-up clinics to permanent practice addresses a key limitation: moving from one-time screening events to continuous care. A cornerstone of this expansion is the newly launched Professional Certificate in Clinical Dermoscopy by the University of South Australia. This 13-week course equips nurses with advanced dermoscopy skills, lesion imaging, AI-supported assessment and referral pathways through online learning and hands-on clinical experience.

Proven impact

The numbers are compelling: over 50 nurses trained, more than 1,200 people screened, and 485 suspicious lesions detected. More importantly, the program demonstrates that nurse-led skin cancer detection is not just viable but preferred by many communities.

As one Port Lincoln nurse practitioner notes, "Appointments are offered more readily than GP-only clinics. Where suspicious lesions are detected, I can escalate promptly to our GPs for review and management."

The transformation from Project Check Mate to the 600 Nurses Project illustrates how thoughtful pilots can evolve into systemic change, building rural and remote healthcare capacity while maintaining the collaborative spirit that made the original project successful.

If you would like to join the project as one of the '600 Nurses', reach out to the team at RBRC@unisa.edu.au

Double the care

Twin sisters and CRANAplus course participants, Robyn McCahill and Sue McGrath, have been nursing for 48 and 47 years respectively. They share how they both managed to end up on the career path to remote area nursing, and what it's like working alongside your twin.

Robyn and Sue are on the same wavelength in a way that only twins can be.

Robyn says, "We always think the same. We still send each other the same gifts at Christmas and for birthdays. One year, Sue instinctively sent me a pair of shoes – the same style that I had lost."

So, it only makes sense that they both ended up in the field of nursing from the time they were teenagers.

Sue always knew she wanted to become a nurse, inspired by the photo in their family home of her grandmother in her nursing cap. However, Robyn came around to the idea when an opportunity to enrol in Enrolled Nurse (EN) training came up, and with a lack of employment opportunities around at the time, she thought, "Why not?"

Both sisters remember how different nursing was when they first started out.

"RNs were referred to as 'Sisters' and all wore long white veils," Robyn recalls.

"The Sisters were very intimidating and almost nothing was disposable … we sterilised our glass syringes and manually re-sharpened stainless-steel needles." Sue adds, "It was a hands-on approach to nursing. There wasn't much available in the way of fancy equipment to transfer patients from point A to B. We lifted, we showered and made every bed each day. We brushed teeth (that were mostly false ones, mind you)."

"Testing urine was a tedious process which consisted of boiling urine over a Bunsen burner … I was very impressed with Multistix when they first appeared," Robyn laughs.

Since those days, Robyn has worked as a midwife, ED nurse practitioner and remote area nurse (RAN), now undergoing PhD studies at QUT on anticipatory anxiety and discomfort in ED patients. Sue has worked in many ED roles after completing her postgraduate certificate in emergency nursing, and worked as a RAN throughout most states, from Kalgoorlie to the Torres Strait.

The twins were excited to work together for several years in the emergency department at Mackay Hospital, both emphasising that it was like working with a best friend.

Sue says, "My sister taught me so much in our field of emergency."

Robyn also appreciated having her twin around at work.

"Sue always looked after me. I would go back to the desk to write a patient note, and there's a hot coffee there! She always had my back, looked after me, kept me in the loop and could always anticipate my next move. I would go to see a patient, and she would always know exactly how I would manage the patient and have all the gear there ready to go.

Opposite page, from top: Robyn and Sue 62 years ago; Sue and Robyn; Sue fishing; Robyn fishing. Below: Robyn and colleagues at Murray Island Primary Health Care Centre.

"A couple of times though, medical teams (who didn't know I had a twin) would tell Sue their patient management plan instead of me, which caused some confusion."

Aside from their identical appearance, one noticeable similarity in these sisters is the admiration they have for each other.

Robyn says, "I think Sue is a great nurse, much better than I am. Sue has saved multiple people's lives, particularly in remote area cardiac arrests, and received commendations for her actions in difficult circumstances. Sue's also been involved in multiple baby's deliveries despite not being a midwife. She's very glad for having attended the CRANAplus Maternity Emergency Care course.

"There is not much that fazes Sue, she just gets on with it. I also admire Sue's unique ability to communicate openly and frankly with people. We have a good laugh about this sometimes."

While Sue completely mirrors her sister's sentiments.

"She is my guru. I can't compete with Robyn's knowledge base. Robyn is exceptional after all these years working as an ED nurse practitioner. Wow, I am very proud of her."

The pair have come to share a mutual love for remote area nursing over the years, too.

Robyn says, "I have travelled all over Australia and met a lot of lovely people. I think if any nurse feels that they need a change and a challenge, then consider RAN work. I haven't looked back!"

"Change is great for getting out of your comfort zone and broadening your knowledge."

Sue adds, "I never know what patient presentations I'm going to be faced with each day – It's never boring! I've met so many wonderful people and worked at places I'd never have thought to go to. I'm 64 now and have no intention of retiring anytime yet!"

"Let more adventures begin, maybe some more future contracts with my sister would be an added touch of lovely!" ●

Delivering care where it's needed most

The Royal Flying Doctor Service (RFDS) (Queensland Section) Primary Health Care team play a crucial role in providing comprehensive health services to more than 20 rural and remote communities across Northern and North-Western Queensland, reaching areas that often lack a permanent health centre. Here, Karenlee Hess, Nursing Manager Primary Health Care, writes about their service and a typical day for a Primary Health Care (PHC) nurse on their team.

Not only do we deliver services where no others exist, but we also provide supportive care to existing Queensland Health clinics. Our collaboration helps alleviate pressure on local services, extend clinic reach, and enhance the quality and continuity of care.

The Cairns/Mt Isa PHC nursing team is made up of 11 PHC nurses, one Aboriginal and/or Torres Strait Islander Health Practitioner and two nurse practitioners. Our dedicated PHC nurses offer far more than basic health support – they are highly skilled, each bringing more than ten years of remote health experience and postgraduate qualifications to further enhance their clinical expertise and deliver a wide range of services tailored to the unique needs of each community. From immunisations to chronic disease management, women's and men's health, midwifery care, and child and family health services – their scope of practice is broad and deeply impactful.

In communities without established health centres, our team becomes the frontline of care. Their presence often represents the only accessible source of routine and preventive health services for residents. In these stand-alone clinics, the PHC team transports all necessary equipment, medications, and supplies via RFDS aircraft to the location, often setting up in community spaces such as town halls.

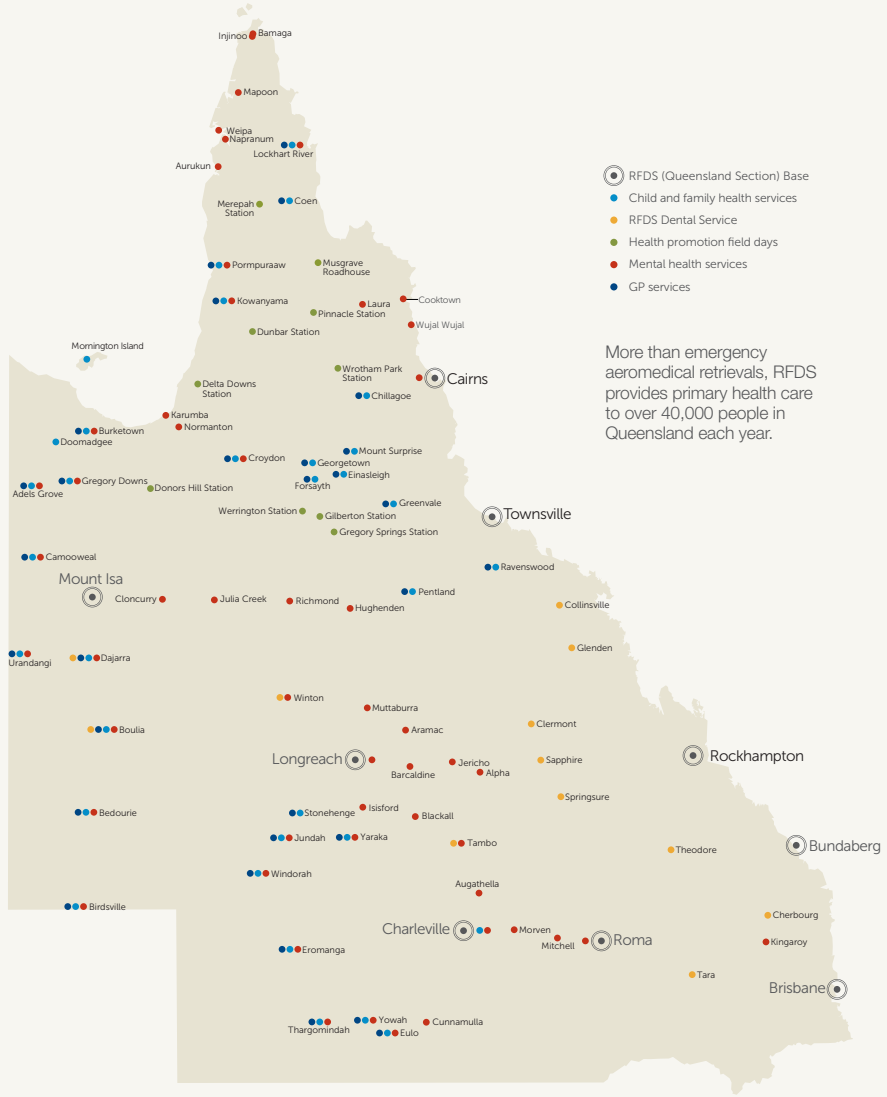
Above: Mark Caldwell (PHC Nurse) and Jagama Yanner (Aboriginal and Torres Strait Islander Health Practitioner) at Kowanyama PHC Centre.

This approach ensures the delivery of essential health services in areas where permanent medical facilities may not be available. However, despite their expertise and preparedness, access to these remote areas still remains dependent on weather conditions.

Our nurses work in multidisciplinary teams, collaborating closely with RFDS general practitioners, mental health professionals, Queensland Health professionals, allied health professionals, and local community leaders to identify and address individual and community-wide health needs.

The importance of their work cannot be over-stated, as they play a critical role in bridging the gap between rural living and urban healthcare standards. By promoting early detection and preventive care, they help improve long-term outcomes and reduce hospitalisations.

Our primary health care locations



More than emergency aeromedical retrievals, RFDS provides primary health care to over 40,000 people in Queensland each year.

The RFDS PHC team administers vaccines to both children and adults to help protect communities from preventable diseases. This is an especially critical task in remote areas where outbreaks can escalate quickly, and travel to the nearest hospital or GP may take hours. Their efforts ensure that immunisation schedules are maintained.

Our women's and men's health services include cervical screening, reproductive health education and lifestyle counselling. For expectant mothers in remote communities, midwifery care delivered by these nurses is often the only available prenatal and postnatal support to ensure safe pregnancies and improve maternal and infant health.

Chronic disease management is another cornerstone of our service. With conditions such as diabetes, cardiovascular disease, renal disease and respiratory illnesses prevalent in rural populations, our nurses provide education, monitoring and medication support to help patients manage their conditions locally. This prevents complications and reduces the need for costly, time-consuming travel to urban centres.

A typical day for a PHC nurse attending a stand-alone clinic begins early with arrival at the RFDS hangar by 6.30 am. After equipment checks on key clinical equipment such as the i-STAT machine, defibrillator, vaccine fridge, drugs and computer, the nurse ensures up to 100kg of medical equipment and supplies are loaded into a trolley and weighed. Weight is imperative so the pilot can complete precise flight calculations. With the doctor's help, the equipment is loaded into the aircraft.

After flying to the remote community, a local community volunteer transports the team and gear to a suitable community space, where the nurse sets up a makeshift clinic to deliver a full day of PHC services. The day is organised by pre-booked appointments, with a full individual clinical list for both the nurse and doctor. There's no onsite administration on the day, and unexpected consults often add to the busy schedule.

Leanne Murray (Chronic Disease and PHC Nurse) and Nikki Powel (Women's Health and PHC Nurse).

At day's end, it's always a scramble to pack up, load the gear, and make it back to the aircraft in time for the flight home, usually returning to the hangar between 5.30 and 6.30 pm, depending on the clinic location.

Ultimately, the work of RFDS PHC nurses and Aboriginal and/or Torres Strait Islander Health Practitioners in rural and remote Queensland is more than a job – it is a commitment to equity, compassion, and community. Their ability to adapt to varied clinical roles, build trust within isolated communities, and respond to a broad spectrum of health issues makes them a cornerstone of Australia's rural and remote health landscape. As we continue to navigate healthcare challenges in remote areas, their role remains critical in ensuring that quality care is not limited by location.

To learn more about the RFDS (Qld Section), visit flyingdoctor.org.au/qld/

Meet CRANAplus Member Lucy Pike

Student nurse, Lucy Pike, introduces herself to the community and explains what being a Member means to her.

Why did you become a CRANAplus Member?

I am not yet a remote health professional. However, as a third-year student nurse with the goal to work in the rural and remote areas of Australia, I am excited to be a part of CRANAplus as a student Member. Having heard fantastic things about CRANAplus from other nurses, I was inspired to join as a student Member in order to further my passion for rural and remote nursing. Additionally, the prospect of joining other rural and remote health workers in striving to improve access to, and quality of, rural and remote health care was too incredible to not be a part of.

What do you love about remote health?

I grew up in Singapore, which is essentially a tiny island city, hence I spent the first 16 years of my life in an urban environment, which made me explore non-urban healthcare access across the world as a method to understand differing perspectives and experiences. I moved to a regional area of NSW in which I navigated the health system and further explored the disparity in services and accessibility even on a regional level. These experiences have driven me towards the goal of supplying high-quality nursing care to regional, rural and remote communities. I believe the postcode lottery in healthcare access should not exist, and my primary driving force as a student nurse has been to become a member of the rural and remote nursing workforce to help eliminate this barrier.

What career goals are you building towards?

I am striving to become a Rural Generalist Nurse Practitioner. This is a passion that I've had for a long time and one I wish to share with others to inspire and encourage other students to pursue rural and remote healthcare roles.

What do you wish other people knew about being a remote health professional?

I wish other students realised how much of a huge impact one can make in rural and remote locations as a nurse. The opportunities on offer in rural and remote health facilities, especially as an early career nurse, are incredible.

Are you a new CRANAplus Member keen to introduce yourself to the community? Email communications@crana.org.au

Finding support and adventure with Rural LAP: James' Story

For Enrolled Nurse James Baker, working with the Rural Locum Assistance Program (Rural LAP) over the past year has highlighted the value of strong support systems and thoughtful logistics in making remote nursing both manageable and rewarding. From memorable placements in regional Tasmania to the everyday support that makes locum life easier, James shares what has set his experience apart.

James has been working as a Rural LAP locum nurse for just over a year and for him, the experience has been defined by one thing: how well Rural LAP looks after its staff.

"Being a locum isn't always easy," James admits. "But Rural LAP seeks specialised staff and provides them with specialised treatment."

James first heard about Rural LAP through word of mouth. "I'd only ever heard good things," he says. That reputation rang true when he took on his first placements.

One highlight was four weeks in St Helens, Tasmania, in January 2025. "It was an amazing, welcoming facility in a spectacular part of Tasmania during the best time of year," he recalls. "Rural LAP provided fantastic accommodation and transport, which made it such a contract to remember."

While rural locum work can sometimes feel isolating, James says Rural LAP makes sure support is always at hand. "The Rural LAP program officers are fantastic and responsive. Just knowing they're at the other end of the phone when needed is a big help."

Practical support also makes a difference. "A unique inclusion of my Rural LAP contracts has been their endeavour to provide a hire car. I completed a three-month contract in Tasmania last year, and having access to a car on my days off was honestly a game-changer. It gave me peace of mind and freedom to explore."

Accommodation is another area where James has noticed a difference. "With Rural LAP, my requests, like not sharing and having a full-sized fridge, have always been able to be accommodated."

James also values the strong reputation Rural LAP nurses have in facilities. "As an agency nurse of over four years, every contract I've started with Rural LAP, I've heard: 'We know they send good ones!' That kind of welcome means a lot."

James' advice to other nurses considering locum work? "Make sure you've got a broad skill set and be prepared to hit the ground running. After a short time with Rural LAP, I've found myself striving to represent this great organisation."

Rural LAP provides all locums with travel, accommodation and daily incentives. If this sounds like an adventure you would like to take, not only to explore Australia but to contribute to rural and remote health care and gain knowledge and skills, reach out to our team today – www.rurallap.com.au

rural LAP

Conference Preview pages 74-75.
Registration opening November 2025.

For more information, scan the QR or visit
www.cranaconference.com.au