



Pre-budget submission 2026-2027

CRANAplus Postgraduate Rural and Remote Generalist Pathway
for Registered Nurses and Registered Nurse Midwives

CRANAplus Clinical Reflective Supervision Program
for Rural and Remote Nurses and Midwives

Postgraduate Rural and Remote Generalist Pathway *for Registered Nurses and Registered Nurse Midwives*

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Recommendation

CRANaplus recommends the Australian government invest \$25 million over 5 years (\$5 million annually) for a postgraduate, nationally recognised, rural and remote generalist nursing and midwifery education, training, and clinical support program.

CRANaplus is the peak professional body for the remote and isolated health workforce, currently providing high quality education and support targeting rural and remote area practice. The organisation is uniquely positioned to coordinate this much-needed pathway program through strong linkages with employers, tertiary education providers, and industry bodies to ensure this workforce initiative aligns with sector needs.

Background

This Pathway Program Proposal follows the significant collaboration led by the National Rural Health Commissioners' Office in developing the [National Rural and Remote Nursing Generalist Framework, 2023-2027](#).¹ The framework articulates and describes the skills and knowledge required for sustainable and effective rural and remote nursing practice. It has been endorsed by all leading national rural and remote professional bodies. An investment to implement this framework is the critical next step to align nursing and midwifery with expenditure for medical and allied health rural generalism. Nurses and midwives must receive the same investment to ensure professional equity, and to improve access and health outcomes for priority populations.

Nurses and midwives are essential to primary care and public health, they are often the first point of contact, and sometimes the only health professional delivering accessible, cost effective and safe care to underserved populations. Nurses and midwives lead care in chronic conditions management, preventive care and support, reduced hospitalisations, and strengthened community health through education. The professional trust required to support effective multidisciplinary primary health care team collaboration described in the Cormack review² flows from a shared alignment in professional education, training, and experience. Nurses and midwives critically need this investment to support and underpin that trust and collaboration.

By fostering trust and empowering communities, our professions contribute directly to achieving the Closing the Gap targets. A rural generalist education pathway will strengthen nursing and midwifery capability to deliver inclusive and culturally safe comprehensive primary health care as a key member of the rural and remote health care team. As the largest and best distributed clinical workforce, their full utilisation is crucial for health system sustainability.

The issue

People living in rural and remote areas are known to carry a disproportionate burden of disease and inequitable access to health care. There are complexities of geography, history and culture that contribute to this picture; however, ensuring a skilled and capable nursing and midwifery workforce is undoubtedly a vital part of the solution.

Unfortunately, a 2019 study of primary health care nursing and midwifery workforce supply in rural and remote communities showed unacceptably high turnover, low stability, and high rates of temporary staffing.³ For example, baseline nursing and midwifery turnover rates in the Northern Territory are reported as being as high as 150%. Of striking concern is that this rate does not include short-term agency nurse staffing, which is not included in the stated 150%.³

The study states, "... there is a lack of individual-level personnel information for agency-employed nurses, which meant that agency-employed nurses were unable to be included in turnover calculations."³

This actual turnover rate is therefore more likely to be in the vicinity of 300% or more per annum, or complete workforce turnover three or more times every year (based on commonly used 3-4-month contracts). In addition, there is a high likelihood of gaps between staff departures and new commencements that contribute to occurrences of sole practitioner staffing and a lack of adherence to work health and safety guidelines and legislation.

This level of instability seriously disrupts service delivery, causing workforce burnout and attrition that undermines service quality and sustainability for already disadvantaged communities. Furthermore, limited effective pipeline strategies to address the current and future workforce supply further compound the problem.³

This pattern is economically unsustainable and significantly impacts the health outcomes of people living in rural and remote areas.⁴ Recent studies have shown that lower nurse turnover is associated with lower hospitalisations, lower average health costs, and better health outcomes for people in these communities.⁵

Nurses and midwives are critical and fundamental to health care delivery in rural and remote Australia. Rural and remote nurses and midwives are high-profile members of their community who deliver health promotion and best-practice health management, responding to urgent health needs and emergencies as they occur. Nurses and midwives partner with local health workers and practitioners in many remote locations and communities as the only health professionals providing culturally safe, regular face-to-face health services. Significantly, there are times in rural and remote Australia when nurses and midwives are the only available health presence.

The CRANaplus Remote Health Workforce Needs Assessment - June 2024 confirmed these key issues:

- High levels of agency nurse use compounding already excessively high workforce turnover and unsustainable health service costs
- The absence of a curated, coordinated, nationally consistent workforce pipeline for rural and remote nursing and midwifery
- A lack of clinical supervision and support for remote nurses and midwives

The solution

Australian Government investment in the proposed national rural and remote generalist pathway for registered nurses and registered nurse midwives.

On 25 November 2024, Minister Anne Webster put forward a motion in Parliament urging the Minister for Health and Aged Care to advance rural generalist pathways in medicine, nursing, and allied health to address dire workforce shortages in rural, remote, and regional Australia. This is supported by evidence that shows investing in rural generalist pathways can improve workforce recruitment and retention.⁶

It is well-established that providing a structured workforce pathway is a crucial strategy for improving rural and remote retention.^{7,4} As part of this workforce pipeline, research indicates the need for strong intersectoral collaboration and harmonisation between the health and education sectors to ensure a fit-for-purpose workforce.⁵ Studies suggest that when given the chance to learn and develop in a supported environment, individuals report increased knowledge, confidence, competence, and preparedness to work in rural and remote health settings.⁸

The proposed CRANaplus 18-month program will assist in stabilising the health workforce and provide career advancement for an estimated 1,000 participants over the 5-year funding cycle, thus adding strength and resilience to a struggling healthcare system.

The program is based on the Domains and Capabilities described in the National Rural and Remote Nursing Generalist Framework 2023-2027. The design incorporates collaborative partnerships and harmonisation of training and education across jurisdictions and between employers, universities, and CRANaplus. In addition to established CRANaplus accredited remote care workshops, participants will complete a relevant Graduate Certificate as a pathway to a master's Qualification in Advanced Nursing Practice or Nurse Practitioner.

The following infographic provides an overview of the program. Due to our strong linkages across education and industry and long history of supporting the rural and remote health workforce, CRANaplus can play a pivotal role in guiding up to 1,000 nurses and midwives through critical education, training, and supported employment while embedding key pillars of cultural capability, clinical reflective supervision, and capability for practice.

Postgraduate Rural & Remote Generalist Pathway for Registered Nurses & Registered Nurse Midwives

A workforce pipeline contributing up to 1,000 nationally recognised and accredited nurses who are professionally, clinically, culturally and emotionally prepared for practice over the next five years.



CRANAplus will be pivotal in creating collaborative partnerships between employers, universities, and national regulators.



The outcome

Funding a nationally accredited, rural and remote generalist nursing and midwifery pathway program will:

- ✓ Build a pipeline of nationally qualified and well-prepared rural and remote nurses and midwives by providing up to 1,000 additional nationally accredited and prepared rural and remote area nurses over the five-year funding cycle⁶
- ✓ Address the current excessively high rate of nursing and midwifery workforce turnover in rural and remote communities
- ✓ Lower unsustainable healthcare costs
- ✓ Reduce hospitalisations and improve health outcomes for rural and remote populations, particularly in remote First Nations communities.⁴

Through extensive consultations, CRANAplus has received robust support across the health and education landscape. This widespread endorsement spans a diverse range of stakeholders, including employers, peak bodies, state and territory health departments, Aboriginal Community Controlled Health Organizations (ACCHOs), universities, workforce agencies, and Primary Health Networks (PHNs).

CRANAplus has already established numerous informal working partnerships with universities, health services, and industry regulators who are anticipating a significant opportunity to make a real difference in the current inequitable status of rural and remote health. With its four-decade legacy of supporting rural and remote nursing, CRANAplus is uniquely positioned to transform this collaborative vision into meaningful action.

Budget

The comprehensive training, education, and preparation of up to 1,000 rural and remote area nurses and/or midwives over the next five years represents a strategic investment of \$25 million. This investment promises substantial financial returns and transformative benefits beyond predicted cost savings. By developing a stable, accredited nursing workforce, healthcare organisations can substantially reduce the unsustainable costs associated with a reliance on agency nurse recruitment and minimise the recurring costs of high staff turnover. In the words of Zhao et al:³

High staff turnover exacerbates the already high costs of providing primary care in remote areas, costing approximately A\$50 extra per consultation. This equates to an extra A\$400 000 per clinic per year on average, or A\$21 million annually for the NT government. Over time, sustained investments in developing a more stable primary care workforce should not only improve primary care in remote areas but also reduce the costs of excessive turnover and overall service delivery costs.

The financial advantages are compelling. Replacing the cyclical reliance on agency nurses with a dedicated, professional, clinically, and culturally prepared nursing and midwifery workforce not only generates significant economic efficiencies but also yields profound qualitative improvements. These include enhanced continuity of care, deeper community connections, improved health outcomes, increased staff retention and job satisfaction, and strengthened rural healthcare services.

Moreover, the \$25 million investment must not be viewed as an expense but as a strategic allocation of resources to address critical workforce challenges in rural and remote healthcare settings. The long-term economic and social returns far outweigh the program expenditure, making this program a prudent and forward-thinking approach to sustainable healthcare delivery.

The case for reform

This proposal highlights the critical juncture for the survival and sustainability of our rural and remote health services across Australia. It provides a unique opportunity to improve health outcomes for priority populations.

CRANaplus urges the government to increase its investment in creating a more sustainable rural and remote health workforce by prioritising funding for a nationally accredited and sustainable rural and remote generalist nursing and midwifery training, education, and support program to ensure all Australians, regardless of location, have equitable access to high-quality healthcare.

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Clinical Reflective Supervision Program *for Rural and Remote Nurses and Midwives*

Pre-budget submission 2026-2027



Recommendation

The Australian Government invests \$5 million over three years (\$1.7 million/year) to develop and implement a 'fit-for-purpose' national, rural and remote clinical reflective supervision initiative. This will enable CRANaplus to transform and stabilise rural and remote healthcare through an innovative, sustainable, strategic, and proven workforce retention and resilience approach. Utilising a Train-the-Trainer model to accredit rural and remote nurses and midwives as clinical supervisors, the program will directly address workforce challenges, strengthen professional capabilities, and mitigate professional isolation in Australia's most challenging geographical settings.

The problem

Unlike most other health professionals, clinical reflective practice and supervision are not embedded within the nursing and midwifery professions. Due to the traditional task-oriented point-of-care clinical supervision approach within nursing and midwifery, reflective approaches have not been translated from academia into clinical practice. Furthermore, rural and remote nurses, due to their professional isolation, have restricted access to any form of clinical supervision.¹ This key deficit underpins the many recognised workforce challenges and shortages in this sector.

To address this concern, key nursing peaks, including the Australian College of Mental Health Nurses, the Australian College of Midwives, and the Australian College of Nursing, united in 2019 to release a joint position statement advocating for access to clinical supervision for every nurse and midwife, wherever they may work.²

Position statement definition of clinical supervision (CS)

This definition was utilised for the development of the ACT Clinical Supervision Framework implemented in 2023.³

CS is a formally structured professional arrangement between a supervisor and one or more supervisees. It is a purposely constructed regular meeting that provides for critical reflection on the work issues brought to that space by the supervisee(s).

It is a confidential relationship within the ethical and legal parameters of practice. CS facilitates development of reflective practice and the professional skills of the supervisee(s) through increased awareness and understanding of the complex human and ethical issues within their workplace. (ACM, ACMHN, ACN, 2019)²

The key industrial body, the Australian Nursing and Midwifery Federation (ANMF), also uses this definition in the 'ANMF Position Statement—Clinical (Reflective) Supervision for Nurses and Midwives' (2020).⁴

Clinical reflective supervision enhances professional confidence, improves patient care outcomes, provides emotional and professional support, and helps practitioners develop critical reflection skills.⁵ The research is also clear that nurse midwife practitioners in rural and remote healthcare settings experience significant barriers to accessing clinical supervision, often working with limited support and preparation in advanced generalist practice. This isolation limits their ability to access supervision and peer support effectively.⁶ With a core value of delivering optimal quality healthcare, the unique working environment for rural and remote nurses and midwives increases the risks of ethical challenges and potential for moral injury. Clinical Supervision is a health and safety imperative. It is now included under Standard 1: Clinical Governance in the Australian Safety and Quality Health Service Standards.⁷

CRANAplus, as the peak body for remote and isolated health practice, is well-placed to navigate the barriers to implementing effective and resilient reflective practice supervision and train-the-trainer programs.



The solution

CRANaplus will deliver a clinical reflective supervision initiative, including providing access to clinical reflective supervision for rural and remote nurses across Australia. The program will also deliver a comprehensive train-the-trainer program that accredits rural and remote nurses and midwives as clinical reflective practice supervisors.

The program aims to:

- Provide comprehensive clinical reflective supervision to rural and remote nurses and midwives across Australia, supporting their professional growth and emotional resilience
- Develop a robust train-the-trainer program to accredit and train experienced rural and remote nurses as clinical supervisors, creating a self-sustaining professional development and support ecosystem
- Cultivate a more skilled, competent, culturally prepared, and resilient nursing and midwifery workforce in rural and remote areas by ensuring consistent access to high-quality, culturally informed clinical reflective supervision and professional support

Investing in the professional development and clinical supervision of rural and remote nurses and midwives, will enhance the quality of healthcare delivery, reduce professional isolation, strengthen cultural capability, and create a more sustainable rural and remote nursing and midwifery workforce. Stabilising and strengthening the nursing and midwifery workforce will support improved population health outcomes for rural, remote, and isolated communities.

Why CRANAplus?

As the peak body for remote and isolated health workforce, CRANAplus brings:

- ✔ Extensive experience in rural and remote healthcare education, mentoring, advocacy and mental health and wellbeing support
- ✔ Established networks across rural and remote Australia
- ✔ Proven track record in program delivery and evaluation
- ✔ Deep understanding of remote healthcare challenges and solutions
- ✔ Strong relationships with key stakeholders, particularly health services throughout rural and remote Australia.

The outcome

Investing in clinical reflective supervision for all rural and remote nurses will support workforce retention and improved quality of health care delivery. The benefit of this investment will ultimately be to the communities and the people receiving health care from a well prepared and supported workforce and the strengthened efficiency and effectiveness of health services. It will also be reflected in the relationships with community members, through improved safety and quality experiences for healthcare professionals and their communities.

Immediate Benefits (Years 1-2)

- Improved access to regular clinical supervision for 500+ rural and remote nurses and midwives
- Development of up to 300 accredited clinical supervisors across key geographical areas
- Enhanced professional confidence and clinical competence among participants
- Reduced professional isolation and improved job satisfaction

Long-term Impact (Year 3 and beyond)

- Sustainable, self-perpetuating supervision model
- Improved workforce retention in rural and remote areas
- Strengthened professional networks and support systems
- Enhanced quality of healthcare delivery and better health outcomes for rural and remote populations

Investment requirements

Total funding sought: \$5 million over three years (\$1.7 million per year)

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