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CRANA *plus* magazine

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the voice of remote health



**BIGGEST
EDITION
EVER!**

educate	54	■
advocate	64	■
support	74	■

from the editor



This bumper issue 86 is packed with information about new members, new offices and new projects.

We also provide interesting background material about our upcoming conference and, as always, a great selection of stories and photos from members sharing their experiences of the extraordinary remote workplace settings where they choose to practise.

It is with much pleasure that we introduce two outback icons as our newest corporate members: RFDS (Queensland Section) and Mt Isa Centre for Rural and Remote Health (MICRRH).

CRANApplus greatly values our relationship with all our Corporate members and appreciates their support. Membership also offers a range of significant benefits to

the employees of Corporate Members. If you are an employee of one of these organisations (see page 52–53) you are entitled to discounted membership of CRANApplus and a range of selected CRANApplus products. So, if you are joining us for the first time or renewing your membership, remember to mention your employer to take advantage of these discounts.

What a busy time we have had since our last edition: a new office opening in Cairns and relocation in Alice Springs, and we have photos to share of these events.

Conference preparations are ramping up and we promise to deliver an event you won't forget. Check the conference section for the bios of some of the illustrious speakers to join us in October in Cairns.

In this edition we have the first of readers contributions to our 'Soapbox' section (page 68) If you would like to contribute an article, photos or item for the Soapbox for possible inclusion in the magazine see our contact details below. The poster included with this edition is designed to go up on your workplace noticeboard or better still on the fridge door!

And, on the subject of fridges, we are looking forward to receiving all your recipes for possible inclusion in the Bush Support Services Cook Book. (I'm entering Gran's comforting German Potato Cake recipe.)

So: make a coffee, take a seat and read on.

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About the Cover: Federal Health Minister Tanya Plibersek at the official opening of the CRANApplus Cairns Office. (Read more on page 4).

from the ceo

A time to reflect

I believe this, our 30th year, is a good time to reflect on how far our organisation has come.

We are now a multidisciplinary organisation and we have grown and developed as a result of that. It's important to applaud our recent achievements and the changes that have been made to our organisation. But, in the lead up to this year's conference, I would like to take a moment to reflect on our roots and say thank you and acknowledge our past.

As most of you know, CRANApplus began its life as the Council for Remote Area Nurses of Australia (CRANA), born from the desire of a forward-thinking group of RANs to help and support their colleagues working in remote locations. Until then, those people were working in isolation with little or no support and with no collective voice.

Those forward-thinking people are affectionately known as the 'mothers' of CRANA and what has now become CRANApplus.

At the recent opening of our new office in Alice Springs, MP Warren Snowdon referred to CRANApplus as the child of CRANA, an organisation that had been around as a powerful advocate for many years and one that had always had very committed people as its membership.

And there is no doubt that such is the case. It is very easy for those of us who were not around at the beginning to forget that it was no mean feat to get CRANA up and running and it must have taken an enormous amount of work. It is also important to reflect that this work was done on a voluntary basis on kitchen tables and in makeshift 'offices' in the hours after their real jobs had ended for the night.

So, from those who now have the privilege of further developing this great organisation, we thank you for giving life to what is now and was always expected to be, a dynamic, well represented and highly regarded organisation with a strong focus on remote health and the health outcomes of those who live in this sector.

Where are we headed?

Without losing the focus and the ethos of our forebears, we will continue to grow, but it is vital that we do so in response to need and the health reform climate and not just for the sake of growth itself.

CRANApplus, like all other things in life, will and must change. It will always be driven by the needs of its members and it will always be responsive to the needs of the remote health sector.

Organisations that refuse to change and keep pace tend to be relegated to the scrap heap at worst, or be seen as irrelevant at best. To go down this path, the path of resistance to change, would, in my mind, be an insult to those who worked so hard to create this organisation and be an anathema to our members who continue to work so hard to deliver remote health services.

We grow or wither – that's the reality. Our membership has expanded from around 300 to over 1200 people, so we are able to meet the needs of a bigger and more diverse group of health professionals.

Governments change, expectations change and we must keep up.

The real trick is to look to the past with respect and gratitude and thank goodness that this organisation was set up to be robust enough to embrace change, to further fill the needs of those we serve and to do it with the same dedication and passion of those who have gone before us.

Carole Taylor
CEO, CRANApplus





engage

from the president

Dear CRANApus members and stakeholders,

As I'm sure this magazine will attest, your professional body has been extremely busy representing, educating, supporting, investing and advancing the remote health agenda of Australia.

The level of interest and exposure that CRANApus has been able to shed onto this mostly invisible sector of healthcare is very rewarding. By growing, changing and ensuring we are robust, we can provide well-considered, meaningful contributions into this rapidly changing healthcare landscape.

As your elected representative, it is a challenge to ensure that the enormous diversity of your areas of practice, let alone professional disciplines, are reflected in discussions with stakeholders. Clearly I come with my own experiences and bias, but our common ground is the isolated health consumer.

It's a disgrace that most Australians are still surprised to hear that remoteness is an indicator for worsening health!

I recently had the opportunity to spend considerable time with our Federal Health Minister, Tanya Plibersek within both my CRANApus and Royal Flying Doctor Service capacities. She travelled with RFDS to the remote community of Aurukun, in Cape York, Queensland. It was heartwarming to witness a Minister invest so much of her precious time and energy getting to know the reality of remote Australia.

It was heartwarming to witness a Minister invest so much of her precious time and energy getting to know the reality of remote Australia.



I will soon be meeting with the Shadow Health Minister and the Greens and will be sure to provide an invitation to them to visit very remote Australia, essential if they are to be well informed health policy makers.



The CRANApus board and executive staff are busily developing the strategic plan for the next five years. Not an easy task, balancing the needs of today's workforce, with those of tomorrow's... once we work out who is tomorrow's workforce! Optimistically, the roles of the personally controlled electronic health record, development of non-medical prescribing, and the impact of a variety of innovative service models will change the way remote health services are provided into the future.

It's a disgrace that most Australians are still surprised to hear that remoteness is an indicator for worsening health!

To end, I recommend you read the 'National Strategic Framework for Rural and Remote Health' (www.crana.org.au/news), an attempt to promote a national approach to policy, planning, design and delivery of health services to remote communities. Its goals of improving access, sustainable delivery, skilled workforce, collaborative planning and strong leadership are 'no brainers' from my perspective.

Hope to see many of you at the CRANApus conference in my hometown of Cairns in late October.

Christopher Cliffe
President, CRANApus ●

full circle back to cairns

The opening of the Cairns office for CRANAp_{plus} aims to boost support for improved health services for people in remote Queensland.

Health Minister Tanya Plibersek opened the new CRANAp_{plus} premises on May 14th during her trip to Far North Queensland to visit a remote community.

"CRANAp_{plus}, as many know, started life as CRANA and was located in Cairns for a period of time before finally finding its home in Alice Springs," CEO Carole Taylor said.

"The opening of this new office in Cairns in 2012 is surely an indication that we have come a long way... and we have also come full circle. We all had the feeling that the office purchase and the choice of location in Cairns was just right. We had indeed come home."

"CRANAp_{plus} was delighted to have the opportunity to give Minister Plibersek some insight into the work of the organisation," Carole said.

"We were thrilled that, so soon after her appointment, she made the time to visit a remote location to engage with the health providers and supporters."

"CRANAp_{plus} was delighted to have the opportunity to give Minister Plibersek some insight into the work of the organisation..."

"The move into Cairns was a logical one, as Far North Queensland has a vast and quite divergent remote population and boasts a large proportion of our membership base, which we are keen to support," CRANAp_{plus} President Christopher Cliffe said.

"It has been a challenge to see this dream become a reality, but just like the industry we represent, dogged determination and a 'can-do' mentality has seen it eventuate." ●



L-R: President Christopher Cliffe, Federal Health Minister Tanya Plibersek and CEO Carole Taylor.



L-R: BSS Senior Clinical Psychologist Annmaree Wilson, Federal Minister Tanya Plibersek and BSS Psychologist Mark Millard.



L-R: Rosie Schmidt (Queensland Health) and Dr Andrew Lee (JCU).

home sweet home in alice



Guests with Minister Warren Snowden at the Alice Springs opening.

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

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

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

Well finally the head office in Alice Springs has a real home.

Our new premises were opened on May 18th by Hon Warren Snowden, a great friend and supporter of CRANApplus, with a number of colleagues and friends celebrating the occasion.

CRANApplus is proud of its new head office in Stokes Street and welcomes anyone who is passing through or visiting Alice Springs to drop in and have a cuppa. We even have matching mugs now and CRANApplus green is everywhere.

For six years we had struggled with the very pretty but totally unworkable old house that was our office. We boiled in the summer and froze in the winter while the tourists oohed and aahed over the heritage-listed building put together just after the war with rocks from Billy Goat hill opposite.

The structure was getting a bit tired and the mice and cockroaches were much more inclined to call it home than we were. But it served its purpose and housed most of the CRANApplus staff for that time.

For some years, we had been looking for something new, clean and affordable and as most people know that is a big ask in the Alice. ►►



L-R: Vicki Gordon (AMSANT), Sue Lenthall (CRH) and Colleen Niedermeyer of BSS.



Officially opening the offices – Minister Warren Snowden with CEO Carole Taylor.



L-R: Exec Assistant Amy Blom with Aboriginal Liaison Officer Lenny Cooper.

» We found places we could never afford and places that were just changing one old and tired place for another. The search went on until one day – as luck would have it – we happened to pass by what looked like a new building in the making.

There was no doubt that it was not in the best location, just bordering on the industrial estate, but hey it was new.

With great excitement, we tracked down the owner-builder and, as they say in the classics, the rest is history.

We now have a brand new, very affordable purpose built office upstairs and plenty of room for our equipment and archives downstairs. It is quite lovely and it is so easy to keep clean.

We even have a dishwasher which beats bending over an extremely low sink when the cups run out and fighting with plumbing that had seen better days.

For six years we had struggled with the very pretty but totally unworkable old house that was our office.

Our new office, with our own photos on the walls and some great art adorning each office, is our new home.

Carole Taylor
CEO, CRANApplus ●



The CRANApplus new purpose-built offices, Alice Springs.

a year in the antarctic

Lloyd Fletcher, who spent 12 months in Antarctica as the Doctor on Australia's Davis Station, says he would recommend the experience of "going south" to any colleague.

Australia has four Antarctic Stations, and each Station has approximately 20 winter expeditioners and up to 80 summer expeditioners.

There is one Doctor provided for each Station and it is his/her role to provide ongoing and emergency medical care for these expeditioners. Although there is no other medical staff provided, three or four fellow

expeditioners volunteer to undergo two weeks surgical and anaesthetic training at Royal Hobart Hospital prior to their departure so they can be assistants to help the Doctor in times of medical emergency.

The Doctor receives training in various disciplines, to prepare for a range of services that may be required to be carried out on the Antarctic Station as part of the job –including surgery, anaesthetics, dentistry, pathology, radiology, emergency field work and public health. These courses are varied and cover a wide range, but are all very interesting and enjoyable. ►►



Above: Field travel by skidoo. Right: Me on hilltop overlooking local glacier.

dr lloyd fletcher

My name is **Lloyd Fletcher**. I am a Medical Practitioner. I graduated from the University of Western Australia in 1972 and, after undertaking several Residencies in appropriate disciplines (Medicine, Surgery, Psychiatry, Eyes, ENT, Anaesthetics, Obstetrics, Paediatrics), I have spent my entire medical career practicing Medicine in Remote Areas.

I have always enjoyed working in remote areas as this has allowed me to be my own boss, to make my own decisions most of the time, and to practice Medicine with the patient's best interest at heart. The practice of remote medicine has also presented the ongoing challenge of meeting unexpected tasks, which might range from minor through to critically major. Also, remote-area medical practice has afforded me the privilege of practicing a wide range of medical skills. Some of my medical work has included jobs in Nhulunbuy, Cocos (Keeling) Islands, the RFDS, Saudi Arabia, Norfolk Island, Antarctica, and assorted locums throughout the States of WA and Tasmania.

I recently took part in the CRANAp^{plus}, 2½ day, Advanced Remote Emergency Care Course in Geraldton, WA. And what an excellent course it was. The Course allowed me to accumulate most of my PDPs (Professional Development Points) as required by ACRRM, the Medical College to which I belong. Also, it provided me with a refreshing look at the systemic approach to assessing a patient in an emergency situation. Wendy Bowyer, the Course Coordinator, asked me to write a brief profile of my career for the CRANAp^{plus} magazine.

The highlight of my medical life has been the practice of Medicine in Antarctica. This is a region of truly remote medical practice. No medivacs are available at all from Antarctica for 9 months of the year, and thus an isolated Antarctic Doctor is expected to fill all medical roles whilst there,



to be the Anaesthetist, Surgeon, Pathologist, Radiologist, Lab Technician and Nurse for his patients whenever required. It is an exceptionally enjoyable challenge, and the rewards of the job are the phenomenal beauty, the magnificent wildlife, and the awesome majesty of the frozen lands and seas which make up that continent. ●



Above: Mid-winter swim. Centre: Awesome sights experienced on sea ice.

► On top of this, there are training courses for all Station personnel in outdoor survival, field travel, navigation and snow-vehicle driving. The entire training period is filled with exciting new challenges.

There is one Doctor provided for each Station and it is his/her role to provide ongoing and emergency medical care for these expeditioners.

My year at Davis was medically rather quiet, a dislocated shoulder being the most exciting challenge that I met. However, as the dislocation had occurred following a slip on ice many kilometres away from the Station, by the time



Summer re-supply ship.



the patient presented at my surgery, he required a general anaesthetic to reduce the dislocation. This gave our lay-medical team some first-hand genuine medical experience.

In past years, some of the Antarctic Doctors have found themselves being tasked with performing laparotomies for appendicitis, peritonitis, retroperitoneal haemorrhage, a craniotomy for extradural bleeding and treatment of multitrauma after falls off ice cliffs.

One Russian Doctor even had to perform his own appendectomy under local anaesthesia. It is a requirement of the job for Australian Doctors nowadays that they have their appendix removed electively prior to "going south".

All in all, a year spent in Antarctica is a challenging, though utterly enjoyable experience, one which I would recommend to any colleague. ●

“So, you work on a rig?”

Actually – No! I work on a platform. A ‘rig’ is a drilling rig with the large derrick for drilling oil and gas wells.

Wandoo B is a production platform which produces oil from reservoirs underneath the seabed and processes it before passing it into storage prior to export. Built in my hometown of Bunbury, WA, the Wandoo B Concrete Gravity Structure was towed to its present location before the topsides were brought in by barge from Singapore.

For Stephen Fuller’s role as offshore remote area nurse on the Wandoo B also includes the jobs of Helicopter Landing Officer, Logistics Administrator, Radio Operator “and anything else the Field Superintendent handballs to me”. And he wouldn’t have it any other way. Here Stephen, outlines his working day – which is anything but routine!!!

I started work on the Wandoo in 2008. Located 80km north of Dampier it was my first time offshore and a real eye opener.



Wandoo B helideck.

Previously I’d worked in a regional hospital for five years, plus I’d been a volunteer ambulance officer for almost 10 years. A friend was working as the medic on the platform and regaled me with stories of life offshore. To make myself more employable I put myself through the Tropical Basic Offshore Safety Induction and Emergency Training (TBOSIET) as well as the Helicopter Landing Officer (HLO) and Industrial Medic courses, and then resigned from my permanent employment and went casual so I could take off at short notice.

Getting to work on Wandoo B is a two-hour drive to Perth, a two-hour flight to Karratha then a 20-minute ride in a helicopter. On disembarking the helicopter, I hand my lifejacket to my back-to-back and start work as the Helicopter Landing Officer in charge of the helideck.

The next two weeks is very much “Groundhog Day” as I settle into the routine of life offshore. The working day runs from 0600-1800 and I’m on call overnight. Toolbox meetings are held at 0600 and 1745 daily. My role comprises Nurse, Helicopter Landing Officer, Logistics Administrator, Radio Operator and anything else the Field Superintendent handballs to me. At Safety Meetings, I’ll often give a health presentation. These tend to be driven by what’s topical at the time either in the media or for the crew and their families.

A friend was working as the medic on the platform and regaled me with stories of life offshore.

When I first arrived offshore, I assessed the potential for injury and realised my skillset would need upgrading. I’m working 80km from the nearest hospital: if anything needs to be done it’s up to me to do it! Sound familiar?

I have access to an Aero Medical Evacuation Team based in Karratha which can get to the platform if they’re available. In the meantime, it’s my job to stabilise the patient and prepare them for transport.

I’ve now attended three FLEC courses and recently I became a facilitator. I regularly recommend the CRANAp/plus courses to others.

I’m also on standby to render assistance on other facilities should the need arise. I started attending courses at Royal Perth and Fremantle Hospitals before I heard about CRANAp/plus.

And with support from my employers at Wandoo B, I attended a REC in Broome, 2010, and was stoked at the skills I picked up.

Since then my employer has realised the benefits of the CRANAp/plus training and made it mandatory for Offshore Nurses.

I’ve now attended three FLEC courses and recently I became a facilitator. I regularly recommend the CRANAp/plus courses to others.

The platform has multiple levels and no lifts. So everyone gets lots of exercise as they go about their work. We also have two gyms, indoor and outdoor. All rooms have WiFi, TV and DVD player plus there is a communal theatre room.

The marine environment surrounding the platform is incredibly diverse. We are constantly surrounded by turtles, sea snakes, fish of all shapes and sizes and heaps of really big sharks. I’ve seen mantra rays and whale sharks and best of all we get the annual migration of the humpbacks.

Nursing offshore really is living the dream. ●



Wandoo B oil platform.

international nurses day 2012



Jennine Lavender, Clinical Nurse Christmas Island Hospital sent a photo of how the nurses on Christmas Island celebrated International Nurses Day 2012. "The nurses from the Indian Ocean Territories Health Service and International Health and Medical Service joined together for a Breakfast BBQ at Flying Fish Cove with the beautiful Indian Ocean in the background. A great way to celebrate our special day."



Photo: Steve Batten.



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Centre for Remote Health
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keynote speakers



The **Hon. Tanya Plibersek MP** Minister for Health was elected to the Australian Parliament as the Federal Member for Sydney at the 1998 federal election.

In her first speech to House of Representatives, Tanya spoke of her strong interest in social justice and her conviction that ordinary people working together can achieve positive change.

Tanya became a Shadow Minister after the 2004 federal election and for the next three years was responsible for a range of portfolios including childcare, work and family, women, youth, human services and housing.

Following the election of the Rudd Government in 2007, Tanya was appointed Minister for Housing and Minister for the Status of Women.

As Minister for Housing, Tanya delivered a wide ranging reform agenda, including significant new investments in affordable rental housing.

Tanya was also responsible for a Homelessness White Paper that set out a comprehensive national strategy to tackle homelessness in Australia.

As Minister for the Status of Women, Tanya was responsible for development of the National Plan to Reduce Violence Against Women and their Children.

Following the 2010 federal election Tanya was appointed Minister for Human Services and Minister for Social Inclusion.

On 14 December 2011, Tanya was appointed to Minister for Health.

Tanya lives in Sydney with her husband Michael and children Anna, Joseph and Louis.

Tanya is fond of bushwalking and 18th Century novels. ●



There couldn't be a more fitting keynote speaker than the **Hon. Michael Kirby AC CMG** for our 30th annual conference, which has the theme of "Pearls of Wisdom".

With an illustrious judicial career, becoming Australia's longest serving judge, followed by a very active "retirement", Michael Kirby will indeed set the scene for a truly enlightening event in October 2012.

He was first appointed in 1975 as a Deputy President of the Australian Conciliation & Arbitration Commission. Soon after, he was seconded as inaugural Chairman of the Australian Law Reform Commission (1975–84). Later, he was appointed a judge of the Federal Court of Australia, then President of the New South Wales Court of Appeal and, concurrently, President of the Court of Appeal of Solomon Islands. His appointment to the High Court of Australia came in 1996 and he served thirteen years. In later years, he was Acting Chief Justice of Australia twice.

In addition to his judicial duties, Michael Kirby has served on three university governing bodies being elected Chancellor of Macquarie University in Sydney (1984–93). He also served on many national and international bodies.

Amongst the latter have been service as a member of the World Health Organisation's Global Commission on AIDS (1988–92); President of the International Commission of Jurists, Geneva (1995–8); as UN Special Representative Human Rights in Cambodia (1993–96); a member of the UNESCO International Bioethics Committee (1995–2005); a member of the High Commissioner for Human Rights' Judicial Reference Group (2007–) and a member of the UNAIDS Reference Group on HIV and Human Rights (2004–).

Following his judicial retirement, Michael Kirby was elected President of the Institute of Arbitrators & Mediators Australia from 2009–2010. He serves as a Board Member of the Australian Centre for International Commercial Arbitration. ►►

► He also serves as Editor-in-Chief of *The Laws of Australia*. He has been appointed Honorary Visiting Professor by 12 universities, and he participates regularly in many local and international conferences and meetings. He has been awarded twenty honorary doctorates at home and abroad.

In 2010, he was awarded the Gruber Justice Prize. He is also presently a member of the Eminent Persons Group which is investigating the future of the Commonwealth of Nations;

and has been appointed to the UNDP Global Commission of HIV and the Law. In 2010, he was appointed to the Australian Panel of the International Centre for Settlement of Investment Disputes (World Bank). In 2010, he was appointed to the Gruber Foundation Advisory Board of the Justice Prize. In March 2011, he was appointed to the Advisory Council of Transparency International, based in Berlin. ●

invited speakers



Dr Mukesh Haikerwal is a General Medical Practitioner in Melbourne's Western Suburbs where he has practised since 1991.

In January 2011 Dr Haikerwal was made an Officer of the Order of Australia for distinguished service to medical administration, to the promotion of public health through leadership

roles with professional organisations, particularly the Australian Medical Association (AMA), the reform of the Australian health system through the optimisation of information technology, and as a general practitioner.

He is currently working with the National e-Health Transition Authority (NEHTA) as its National Clinical Lead and Head of the Clinical Leadership & Engagement Unit. His role is in apprising the Australian community of the benefits of the vital role of IT in health care an enabler of reform and sustainability. This includes drawing together the four corners of the health world: Consumers, Clinicians, Policy Makers and Vendors to synthesise an approach that is beneficial, understood and agreed.

Mukesh is a Broadband champion with the Department of Broadband, Communications and the Digital Economy.

He was elected unopposed as the Chair of Council of the World Medical Association following three years as the Chair of the Finance and planning committee in May 2011.

He was awarded Honorary Fellowships by both the Australian Medical Association (2005) and the Royal Australian College of General Practice (2007) as well as being presented with the Australian Medical Association President's Award in May 2009. In October 2009 he was made an Honorary Life Member of the Royal Australian College of General Practitioners.




He was the 19th Federal President of the Australian Medical Association, its Federal Vice President and, prior to that AMA Victorian State President. This saw him responsible for national policy development, lobbying with federal parliamentarians, co-ordinating activity across the AMA State entities and representing the AMA and its members nationally and internationally.

He was the founding Chair of the Westgate Division of Family Medicine now the Westgate GP Network covering the Federal seats of Gellibrand and Loral.

He is a Professor in the School of Medicine in the Faculty of Health Sciences at Flinders University in Adelaide, South Australia and was appointed to the NH&MRC Health Care Committee.

Dr Haikerwal is also Chair of the beyondblue National Doctors' Mental Health Program, the General Practice Data Governance committee and a Co-Chair of the Australian Asian Medical Federation.

Between February 2008 and June 2009 he was a Commissioner to the National Health and Hospitals Reform Commission by the Prime Minister and Minister for Health. ●

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Karen Cook has over 30 years experience as a nurse in a variety of practice areas in Australia and overseas.

She worked for a number of years in nursing and midwifery regulation at the State, National and International level.

More recently Karen has been involved in workforce planning as a nursing lead with Health Workforce Australia working on the National Training Plan for doctors, nurses and midwives. She has qualifications in Health Administration and Business Administration, is a graduate of the Australian Institute of Company Directors and is Vice President of the Board of Carers Australia; the national peak body representing carers in Australia. In her spare time Karen sings. ●



Melissa Sweet is an independent journalist, media columnist, author, blogger and enthusiastic Tweeter (@Croakeyblog).

She specialises in covering public health matters, with a particular focus on under-served areas and issues, including rural and remote health, Indigenous health, and the

social determinants of health. She coordinates Crikey's health blog Croakey (which is funded by a consortium of public health groups in an arrangement organised by the PHAA), and writes for a wide range of specialist and general publications, including Inside Story and the BMJ.

She is the author or co-author of several books, including Inside Madness, The Big Fat Conspiracy, Ten Questions You Must Ask your Doctor, and Smart Health Choices.

As secretary of the Public Interest Journalism Foundation (based at Swinburne University in Melbourne), Melissa is involved in supporting innovation in public interest journalism. She has an honorary appointment in the Sydney School of Public Health at the University of Sydney, and is involved in a number of research projects around media and health. ●






Lee Thomas is the Federal Secretary of the Australian Nursing Federation, the second largest, and one of the fastest growing unions in Australia.

Lee's priority for the ANF is to ensure that it is one of the strongest industrial, political, professional and campaigning unions in Australia. Membership growth in the private and aged care sectors and increasing members power are paramount to the ANF and to Lee.

Lee commenced nursing as a personal care attendant in aged care, and completed her General Nurse education at the Queen Elizabeth Hospital in Adelaide and subsequently her Midwifery education at the Queen Victoria Hospital in 1987.

Lee also holds a Bachelor of Nursing and a neonatology certificate, is a registered midwife, and is currently studying a law degree.

Prior to taking on her current role Lee was ANF's Assistant Federal Secretary and served as Branch Secretary of the Australian Nursing Federation (SA Branch) for eight years, where she focused on membership growth and enterprise bargaining across all sectors. ●


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Dr Mark Wenitong

(Adjunct Associate Professor, JCU, School of Tropical Public Health) is from Kabi Kabi tribal group of South Queensland. He is the Senior Medical Officer at Apunipima Cape York Health Council, where he is working on health reform across the Cape York Aboriginal communities.

He was the Senior Medical Officer at Wuchopperen Health Services in Cairns for the previous nine years. He has also worked as the medical advisor for OATSIH in Canberra.

Dr Wenitong is a past president and founder of the Australian Indigenous Doctors Association and was a member on the National Health and Medical Research Committee – National Health Committee for the last three triennium.

He is Chair of the Andrology Australia – Aboriginal and Torres Strait Islander Male Reference Group

and sits on several other committees. He is a council member of the Australian Institute of Aboriginal and Torres Strait Islander Studies and a member of the Queensland Aboriginal and Torres Strait Islander Advisory Council.

Dr Wenitong has been heavily involved in Aboriginal and Torres Strait Islander health workforce and has helped develop several national workforce documents, sits on the COAG Australian Health Workforce Advisory Council. He is involved in several research projects, and has worked in prison health, refugee health in East Timor as well as studying and working in Indigenous health internationally. He was a member of the NTER review expert advisory group in 2008.

He is involved in clinical and policy work with the aim of improving Aboriginal and Torres Strait Islander health outcomes in Australia. He has received the 2011 AMA Presidents Award for Excellence in Healthcare, and the Queensland Aboriginal and Torres Strait Islander Health Council Hall of Fame award (2010). ●

registration costs

Early Bird Registration available until 31 July 2012

	Early Bird Member	Early Bird Non-Mbr	Member	Non-Mbr
Full Conference Package 24–27 October 2012 (includes Opening and Networking Function, all Paper Sessions and Official Conference Dinner)	\$600	\$800	\$700	\$900
Student Concession Full Package (must be fulltime UNDERGRADUATE students only)	\$350	\$400	\$400	\$450
Single Day Pass Thursday, Friday or Saturday (Paper Sessions only)	\$250	\$350	\$300	\$400
Opening Ceremony and Networking Function Wednesday 24 October 2012 (Day Pass delegates and/or additional guests only)	\$70	\$75	\$80	\$85
Conference Dinner Saturday 27 October 2012 (Day Pass delegates and/or additional guests only)		\$120.00		

Check CRANAplus website www.crana.org.au for information regarding Courses and Workshops to be held Pre and Post Conference. ●



Photo: Steve Batten.

PaRROT Pathways to Rural and Remote Orientation Training a Primary Health Care approach

Primary Health Care Governance Team, Office of Rural and Remote Health (Cairns), Queensland Health

The vision of the recently launched National Strategic Framework for Rural and Remote Health launched in April 2012 is that Australians living in rural and remote areas will be as healthy as people living in the rest of Australia. The framework outlined five goals, which when met, will assist this vision to become a reality. The goals centred around improving access to appropriate and comprehensive health care, the development and support of an appropriate and skilled health workforce, collaborative planning and policy development undertaken between health services and strong leadership, governance, transparency and accountability within the health care services.

PaRROT (Pathways to Rural and Remote Orientation and Training) www.health.qld.gov.au/PaRROT as a free, self paced, flexible delivery education and training programme is well placed to support improvements in the recruitment, retention and the ongoing professional development of a rural and remote health workforce. Participation in the PaRROT programme can act as an enabler for the above goals becoming a reality.

PaRROT and Chronic Disease

In many rural and remote communities chronic disease prevention, detection and management can be a large part of the daily work of any health provider,



however current health care delivery work practices can favour acute and episodic care rather than the delivery of holistic and preventive care. It is suggested that the health status of rural and remote communities will continue to decline and the incidence of chronic disease will continue to grow unless the burden of chronic disease in rural and remote Australia is addressed.

Developed from a concept in 2009, PaRROT as an education and training programme has continually focussed, through its incorporation of content from the Chronic Disease Guidelines Manual www.health.qld.gov.au/cdg, on a primary health care approach to chronic disease.

This has been tailored for the multi disciplinary team working in a rural and remote community. Using a collaborative partnership approach to guide its development the Primary Health Care Governance unit has partnered with other health care provider organisations including the Royal Flying Doctor Service (Queensland Section), Apunipima (Cape York Health Council), eight (8) Queensland Health – Health Service Districts, Cunningham Centre, Mamu Aboriginal Health Services and James Cook University, to define PaRROT's scope, strategic positioning, editorial philosophy and implementation strategies.

This PaRROT Steering Group (as it is known) aims to maximise the number of participants – to date over 800 users have enrolled as participants in the PaRROT programme

What PaRROT is delivering?

Complementing existing mandatory orientation and training programmes and filling the gaps in training required by the rural and remote multi disciplinary workforce PaRROT has delivered a means of providing increased job satisfaction

and a reorientation to a comprehensive primary health care approach to health care in rural and remote areas.

Aims of PaRROT

Enrolling on PaRROT can support new health care workers at orientation and induction into rural and remote health services to increase their confidence as primary health care workers. Existing health care workers will receive consistent messages about comprehensive primary health care and chronic disease care at undergraduate levels, and through ongoing professional development at postgraduate level implementation.

PaRROT has been designed to assist the multi disciplinary team working in a rural and remote

environment to feel less isolated making recruitment easier and enhancing the retention of this workforce.

The ultimate aim of PaRROT is that Australians living in rural and remote communities improve their health status...

The ultimate aim of PaRROT is that Australians living in rural and remote communities improve their health status as the prevention and early detection of chronic disease slows the growth in the burden of chronic disease. ►►




►► Table 1: PaRROT Orientation Course

This course is available online. It is recommended that this module is completed prior to commencing work in rural and remote and primary health care settings.

		
Introduction Introduction to PaRROT Chronic Disease Introduction to chronic disease Queensland strategy for Chronic Disease Chronic Disease Strategy-Rural and Remote Clinical Support Evidence based guidelines Clinical information systems Primary health information systems Medicare - Rural and Remote Medical Benefits Scheme		
Team Work Looking after yourself Working as a team Cultural Issues Multicultural health Working with Aboriginal and Torres Strait Islander Communities Safety and Quality Patient safety		
Prevention	Early Detection	Management
Primary Health Care Aboriginal and Torres Strait Island Health Comprehensive Primary Health Care Selective Primary Health Care	Screening Introduction to health checks	Management modules commence in the Induction Course

Table 2: PaRROT Induction Course

This course should be completed in the first 12 weeks of an employee commencing work in a rural and remote and primary health care setting. The course is currently being finalised and is due to be released in September 2012.

		
The Health Team Scope of Practice Credentialing	Clinical Support Chronic Disease Guidelines Primary Clinical Care Manual Primary Health Information System	Cultural Considerations Cultural Response Cross Cultural Interaction Cultural Awareness Cultural Safety
Population Health		
Continuous Quality Improvement Continuous quality improvement in PHC NHS Quality Framework Quality Practices Pathology Packing Vaccine Management	Programmes Population Health Defining Population Health Immunisation Programme	Population Specific Sexual Health Men's Health Women's Health Child Health ATODS Mental Health
Prevention	Early Detection	Management
Promoting Health Engaging Communities Ottawa Charter Social Determinants of Health Alma Ata	Brief Intervention Introduction to Brief Intervention Brief Intervention programmes	Chronic Disease Introduction to self-management Self-management programmes Pathways to Healthy Feet

►► Table 3: PaRROT Professional Development Courses: Child Health Check

Professional development courses are recommended for health professionals already working in rural and remote and primary health care settings. There are a number of courses being developed for inclusion. Child Health Check is now available.


 PROFESSIONAL DEVELOPMENT <i>Pathways to Rural and Remote Orientation and Training</i> <small>a Primary Health Care approach to Chronic Disease</small>		
Health Checks Child health check (Available)		
Introduction Background Primary Health Care Screening Screening tool	Child Health Check Core Maternal History Birth Information Current Measurements General appearance	Skin Introduction Rashes Infections
Development Developmental Milestones Reflexes	Ears and Hearing Introduction Otoscopy Tympanometry Audiometry	Eyes and vision Introduction Eye checks Abnormal findings
Oral Health Introduction Screening Prevention	Nutrition Introduction Anaemia Food Growth	Social and emotional Introduction 0 to 4 5 to 14
Child safety Harm Assessment Reporting	Injury prevention Home Water Outdoor Motor vehicle Burns	Alcohol, tobacco and other drugs Introduction Screening Foetal alcohol spectrum disorders (FASD) FASD prevention and management
ARF / RHD Acute Rheumatic Fever Rheumatic Heart Disease		

Table 3: PaRROT Professional Development Courses: Adult Health Check

The Adult Health Check Professional development course is underdevelopment and will be released in September 2012.

 PROFESSIONAL DEVELOPMENT <i>Pathways to Rural and Remote Orientation and Training</i> <small>a Primary Health Care approach to Chronic Disease</small>		
Health Checks Adult health check (under development for release Sep 2012)		
Introduction Background Primary Health Care Screening	Screening Tool Screening Tool Current Measurements	Skin Introduction Screening
Ears and Hearing Ear screening Hearing screening	Eyes and vision Introduction Eye checks	Women's health Introduction Screening
Men's health Introduction Screening	Pathology Introduction Screening	Oral Health Introduction Screening Prevention
Nutrition Introduction Food	Physical activity Introduction Screening	Alcohol, tobacco and other drugs Introduction Screening
Functional capacity and safety Introduction Screening	Cognition and recall Introduction Screening	Social and emotional Introduction Screening

PaRROT – Pathways to Rural and Remote Orientation and Training.
 For further information please contact PaRROT@health.qld.gov.au
 or enrol today at www.health.qld.gov.au/Parrot ●



pilbara visit like going home

A chance encounter at last November's RANZCO conference in Canberra confirmed Dr Jamie Chew as a man with a mission.

While chatting with Dr Angus Turner at the IRIS stand, he was excited to hear of the program's visits to remote and rural communities, particularly the Pilbara in Western Australia.

Dr Chew's parents moved to Mount Newman from Christmas Island in the 1970s. His dad was a diesel mechanic at the mine and his mum worked for WA's Family and Children Services, mainly with the indigenous community.

"I lived in Newman until I was 12 then returned regularly while I attended boarding school in Perth," Dr Chew said.



Dr Jamie Chew with medical students in Karratha.

"I think of Newman and the Pilbara as home. When I heard ophthalmologists were conducting regular trips to the Pilbara I wanted to better understand how eye care services were delivered to the region and contribute in my capacity as a registrar."

Working as a pre-vocational ophthalmology registrar in Sydney and undertaking a Master's degree researching macular degeneration, Dr Chew volunteered to join an IRIS clinical visit to the Pilbara.

It was a return to his roots. Growing up in the Pilbara he mixed with the indigenous communities, going on bush trips with his mum through her work with Family and Children's Services.

The elders took him to sacred bush sites, taught him to make damper, catch fish and told him dreamtime stories.

"I think of Newman and the Pilbara as home..."

Jamie Chew's life then took a very different path from his indigenous playmates.

While studying medicine at the University of Western Australia, he would return to Newman each break to work with the local GP. He undertook his final year rural GP term in Newman.

In 2010-2011 he worked as an ophthalmology registrar in Orange and Dubbo in western NSW, and participated in a two-week eye trip to Papua New Guinea in mid-2011.

"I enjoyed my time working as a registrar in Dubbo and Orange, where I was exposed to a wide range of conditions, and learnt about the challenges and rewards of providing eye care to a rural community," Dr Chew said.

"I was attracted to ophthalmology because it is a hands-on specialty, a combination of medical and surgical therapies.

"It is a specialty that is dynamic, never standing still with constant innovation, and gives you the opportunity to make a huge difference to people's lives."

"I was attracted to ophthalmology because it is a hands-on specialty..."

In February Dr Chew joined West Australian ophthalmologist Dr Angus Turner, theatre nurse Cheryl Doran and orthoptist Sandra Oates for five days' surgery and consultation clinics at Karratha.

"As soon as I saw the red dirt from the window of the plane I knew I was home," Dr Chew said.

For the next five days Dr Turner and his team performed the range of procedures which characterise an IRIS visit, with Dr Chew assisting.

Axial length and corneal measurements on the day of surgery by the orthoptist, pterygium surgery, eyelid surgery, cataract surgery, laser procedures, post-operative reviews as well as dealing with eye cases referred from the hospital's emergency department filled the days.

There were some surprises for Dr Chew.

"I didn't expect to have access to such good equipment," he said.

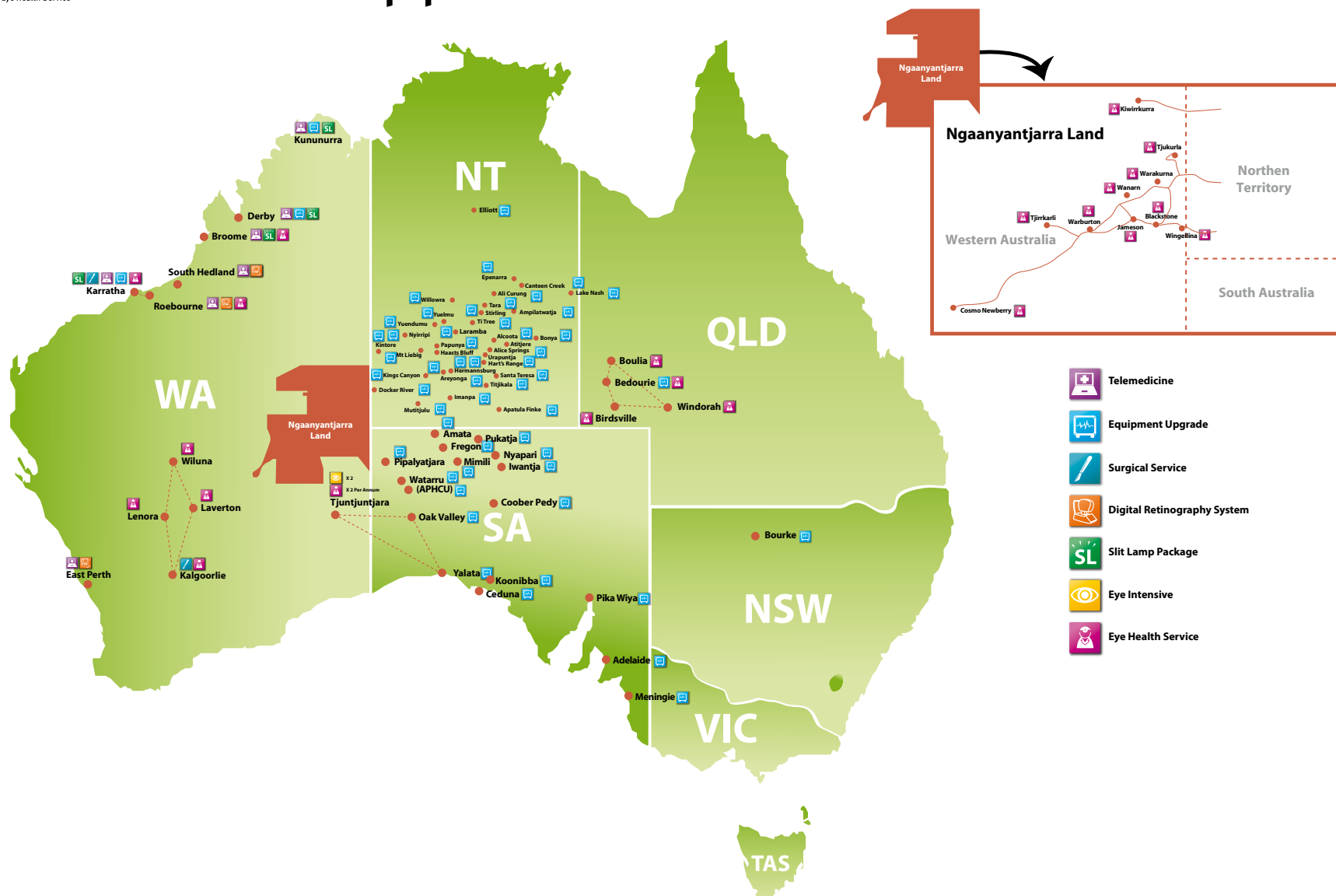
"I didn't expect to have access to such good equipment..."

"I was impressed to see equipment such as an Alcon Infinity Phacoemulsification machine and a Zeiss combination YAG/retinal laser.

"All this equipment is provided by IRIS which clearly demonstrates the commitment to provide quality treatment through the IRIS program.

"There were a lot of patients who required procedures; 30% of patients seen in clinic were booked for surgery." ►►

IRIS Service and Equipment rollout



► An unusual experience for Dr Chew was performing laser treatment (YAG capsulotomy) on a prison inmate while he was handcuffed to his guard.

Chronic diabetes is another challenge for the indigenous community.

Among many issues faced by the indigenous communities in north-western Australia is a high incarceration rate, particularly in Roebourne where the team held a clinic.

Chronic diabetes is another challenge for the indigenous community.

"Diabetes is endemic and a major contributor to eye disease," Dr Chew said.

"At Roebourne we met with the diabetes educator at the Aboriginal Medical Service, brainstorming on the use of the largely automated digital retinography system (DRS).

"It was great to see this new technology adapted for use in a remote context, helping to lessen the burden of screening for diabetic eye disease.

Building trust and long-term relationships with local residents is crucial to the success of future operations, and where better to do this than where the locals gather?

"Having a meal at the local pub at Port Sampson was a memorable moment during the visit," Dr Chew said.

"It was 40°C, there was no air-conditioning but there was the typical camaraderie I remember.

"There was an eclectic group of people, an Aboriginal elder welcoming me to her native land, a Californian miner and two Canadian barmaids who had arrived two days earlier and a collection of friendly locals keen to chat with visitors.

"T-bone steak and good company made for a great evening and great conviviality."

It was typical of the treatment IRIS teams receive from communities they visit.

"We were warmly received by the community and the hospital," Dr Chew said.

"The hospital staff did everything they could to make the theatre lists and clinics run smoothly, and aimed to make successive visits run even more efficiently.

"Patients were extremely grateful either to have surgery or a clinic review performed locally.

"One mother was very happy that her child was reviewed by Dr Turner meaning she did not have to make a long trip to Perth for a short consultation."

Dr Chew observed the ways IRIS operations differ from city practice.

"In some ways there is a greater level of responsibility," he said

"There was an eclectic group of people, an Aboriginal elder welcoming me to her native land, a Californian miner and two Canadian barmaids..."

"Like a general practitioner who has to have a good understanding of all body systems, I was reminded there is great value in having a solid understanding of all aspects of eye care.

"Often in remote locations patients travel hours to see you, your back is to the wall, and you need to prioritise what is important, and work towards a viable solution.

"While sub-specialist care may be available in Perth, (a 1500km drive away) it is not always possible to transfer the patient for a further opinion.

"With some patients, you may need to treat them on the day of presentation.

"A common scenario is indigenous patients who only have transport for that day, and need laser treatment for advanced diabetic retinopathy."

The visit was also Dr Chew's first exposure to telemedicine.

"My goal is to be accepted into the ophthalmology training program and to work in an urban location as well as the Pilbara and other remote locations in Australia."

"Dr Turner is heavily involved in trialling automated digital fundus cameras in rural and remote WA," Dr Chew said.

"One was located in an Aboriginal Medical Service in Roebourne.

"The aim is to allow local staff to obtain retinal photographs and email these to an ophthalmologist for review.

"The camera is a revolution in that it is fully automated once the patient's chin is positioned correctly by the staff member."

Dr Chew said it was hoped this would reduce the burden on health services screening for diabetic eye disease, as well as facilitating earlier detection of serious eye problems.

"In a new program Dr Turner can talk to patients via video conference on Skype while they are attending an optometrist," he said.

"There is great potential for collaboration to deliver improved care in rural areas, sometimes removing the need for a burdensome trip to Perth."

Dr Chew said he had always wanted to work in north-western WA and his IRIS experience had further motivated him to work in the region.

"The trip showed me there is pressing need for eye services in rural and remote Australia," he said.

"I greatly enjoyed my visit to Karratha which gave me the chance to see the problems first-hand and contribute to the services IRIS is providing to the region.

"My goal is to be accepted into the ophthalmology training program and to work in an urban location as well as the Pilbara and other remote locations in Australia." ●



Photo: Steve Batten.

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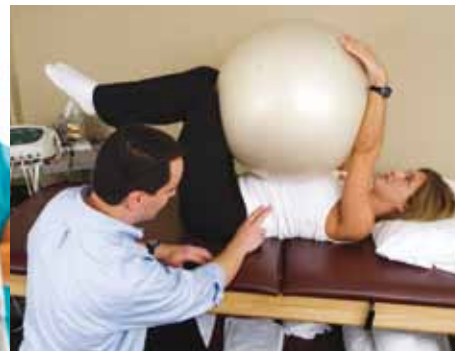


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clean faces, strong eyes

Written by Julie Pedersen and Carolyn Lloyd, Trachoma Strategy Department of Health CDC.

Trachoma is a bacterial infection of the eye that is the world's leading cause of preventable blindness.

The disease is found in Third World and in Indigenous communities in Australia. The World Health Organisation leads efforts internationally for the elimination of blinding trachoma by 2020.

In Australia, the Federal and State Governments and the Aboriginal medical sector and agencies such as the Fred Hollows Foundation and the Indigenous Eye Health Unit at Melbourne University, are working towards the elimination of blinding trachoma in Indigenous communities.

In the Northern Territory the Aboriginal Medical Services Alliance and the Department of Health, in conjunction with the Department of Education are working together to eliminate trachoma through the use of the SAFE strategy.

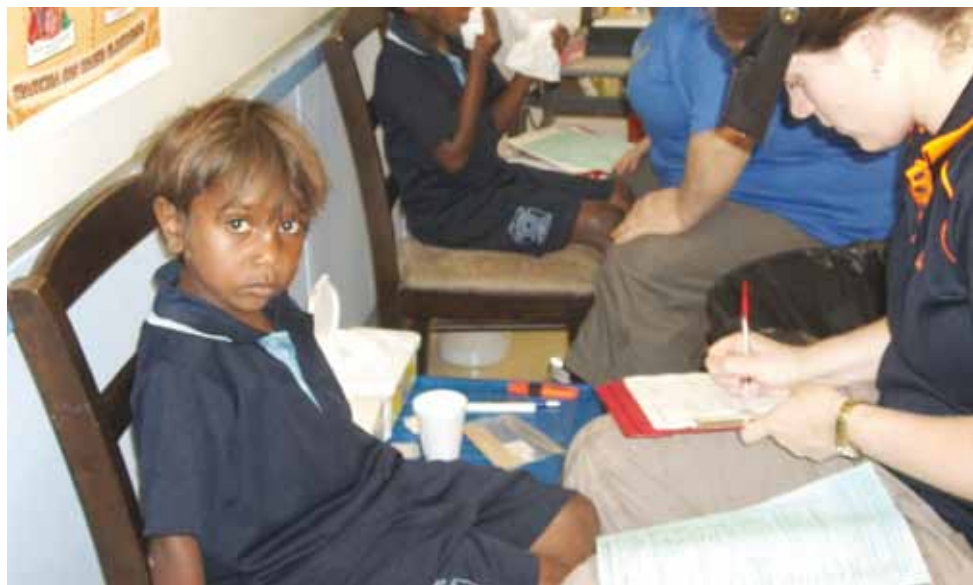
The **SAFE** strategy focuses on **s**urgery for advanced cases and **a**ntibiotics for current infections and promotes **c**lean faces, and **e** improvements in **e**nvironmental health.

The program in the Northern Territory is getting fantastic results, with communities that have had a high prevalence of the disease reducing their trachoma burden below the level required to prove elimination. If we can keep the level that low for five years we will have eliminated trachoma.

The program in the Northern Territory is getting fantastic results...

Trachoma nurses in the Northern Territory travel regularly to all Aboriginal communities to assist the communities and remote health centre staff with their trachoma elimination program.

Julie Pedersen was employed by the Trachoma Program in 2011 to work in Central Australia.



This is what she had to say about her time with the Trachoma Program:

"I came to the Trachoma Program from a background in primary health care to work with Aboriginal communities and families from Central Australia on the trachoma strategy being undertaken by the Northern Territory Government.

"I have found this experience rewarding and developed an ongoing interest in the public health field.

"The position involves working with a team of people who all are interested in realising the same achievable goal the elimination of blinding trachoma.

"The team ranges from the Indigenous Eye Health Unit at the University of Melbourne, Central Australia Aboriginal Congress, Fred Hollows Foundation, Jimmy Little Foundation, AMSANT and the NT Department of Health.

"All these organisations make up a multi-faceted action group focusing on the issues that cause

this infection, and are achieving improvements each year.

"It is motivating to be part of this team and I have found it very rewarding to work in this environment.

"It is motivating to be part of this team and I have found it very rewarding to work in this environment."

"Working both with this team and the community and its members provides a fascinating work environment, and I have thoroughly enjoyed being a part of this project."

The main message of the program is "Clean Faces, Strong Eyes".

Remember to do your part! Clean Faces, Strong Eyes!

For more information on the NT Trachoma Program please contact Carolyn Lloyd (08) 8951 7995. ●

tjuntjuntjara eye surgery support

Twelve members from the remote West Australian Tjuntjuntjara indigenous community recently embarked on an incredible voyage of discovery and hope.

Known as the Spinifex People, these traditionally nomadic people moved southwest into Cundeelee Mission 200 kilometres east of Kalgoorlie in the 1950s and 1960s when drought and the British nuclear testing program affected their traditional country.

Through the intervention of the Indigenous and Remote Eye Health Service (IRIS) and the Tjuntjuntjara Clinic of the Spinifex Health Service the twelve were chosen for the first IRIS surgery clinics to be conducted in Adelaide.

IRIS is a joint initiative of the Australian Society of Ophthalmologists and the Federal Government Department of Health and Ageing.

IRIS primary aim is to bring eye health services into remote and indigenous communities.

Although IRIS normally operates in conjunction with state health departments in this instance the Tjuntjuntjara patients were taken from WA into South Australia for treatment.

The patients included 47-year-old Roy Underwood, a Spinifex community elder and renowned local artist.

The program created considerable interest in the Spinifex community.



Escort and Translator Anne Baird, Tjuntjuntjara elder Roy Underwood and friend with ophthalmologist Dr Stewart Lake.



Dr Stewart Lake operates at Adelaide's Flinders Medical centre assisted by RN Sharon Ley.

Every day for 12 months, 67-year-old community elder and Spinifex artist Carlene West, who has needed some assistance walking due to loss of vision, had been asking clinic staff when she would be travelling to Adelaide for her surgery.

Spinifex artist Anne Hogan met the Queen in Melbourne last year and presented her with a painting by Spinifex women.

Despite attending her husband's funeral in the South Australian community of Kalka the Saturday before the scheduled surgery, the 66-year-old travelled most of Sunday and through the night on Monday to make the plane, as did her 38-year-old son Timothy Hogan, Loretta Stevens and Angelina Woods.

Angelina Woods was one of the last Spinifex people to stop living traditional nomadic life in 1986. The 57-year-old is also a well known Spinifex artist.

On the first trip the patients were escorted by Anne Baird and her 17-month-old son, Simon Baird.

Anne also acted as a translator during the visit.

Patients on the second visit included Simon Hogan, Ned Grant, Harry Brown, Elaine Thomas, Kathleen Donegan, Mima Ginger and Linda Coleman.

The surgeries were conducted over two visits in March and April by ophthalmologist Dr Stewart Lake. ►►



RN Chris De Rosa, Flinders Medical Centre Aboriginal Patient Pathways Officer Natalie McCabe, Anne Baird and Roy Underwood.

►► The success of the two visits owed much to the support of many individuals and groups, and IRIS would like to acknowledge particularly Dr Stewart Lake, Jennie Pollis Chief Nursing Coordinator at Flinders Medical Centre, Christina Whap Eye Health Coordinator Aboriginal Health Council South Australia, Katie Pennington Remote Area Nurse Tjuntjuntjara Clinic, Natalie McCabe Karpa Ngarrattendi Aboriginal Health Unit and Lindsay Osborne Kanggawodli Hostel.

Also involved were the Department of Health and Ageing, the Spinifex Health Service and

community, Outreach in the Outback Rural Health West WA, Aboriginal Health Council SA, Rural Doctors Workforce SA, Karpa Ngarrattendi Aboriginal Health Unit at Flinders Medical Centre and the interpreters and carers who accompanied the patients or who looked after them in Adelaide.

If you would like to know more about the IRIS program, IRIS projects or some assistance with eye health service delivery in your community please contact **Angela Aicken, Program Coordinator** (07) 3831 3007 or email iris@aso.asn.au ●

new initiatives in international point-of-care testing

By Dr Mark Shephard, Heather Halls and Lara Motta, Flinders University International Centre for Point-of-Care Testing, Flinders University.

Point-of-Care (POC) testing is a new and exciting discipline of clinical practice that is revolutionising the delivery of pathology services globally. POC testing enables a range of pathology tests for chronic, acute and infectious diseases to be performed on small portable medical devices outside the laboratory, principally in hospital and primary care settings (including general practices and Aboriginal medical services).

Now, and increasingly into the future, members of the nursing profession are front-line operators of this new and innovative technology.

At Flinders University in Adelaide, the Community Point-of-Care Services (CPS) unit has been a national leader in the development and delivery of POC testing models in primary care settings in Australia for more than a decade. ►►



GO Flinders' iPOCT scientist Lara Motta (right) with nurse Glennis Barnes at Ouyen, Victoria.

► For example, the QAAMS (Quality Assurance for Aboriginal and Torres Strait Islander Medical Services) Program, which is managed for the Australian Government by the Flinders CPS unit and the RCPA Quality Assurance Programs, is the largest national POC testing network for diabetes management and is currently being conducted in over 160 Aboriginal medical services. The Northern Territory POC Testing Program, which is a partnership between the Flinders CPS unit and the Northern Territory Department of Health, is now operating in over 40 remote health centres in the Territory and provides on-site pathology tests for both acute and chronic conditions.

The Northern Territory POC Testing Program... is now operating in over 40 remote health centres in the Territory and provides on-site pathology tests for both acute and chronic conditions.

In 2011, the Flinders University International Centre for Point-of-Care Testing was established with the aims of:

- Delivering advanced research and teaching programs in the field of community-based point-of-care testing to an international audience, and,
- Building the capacity of rural and remote communities globally to develop and sustain innovative, quality-assured point-of-care testing solutions.

In terms of research, the International Centre has developed an international POC testing model for diabetes management called the ACE Program (ACE standing for 'analytical and clinical excellence'). In this program, POC testing for haemoglobin A1c (HbA1c) and urine albumin:creatinine ratio (ACR) is being conducted in remote Indigenous communities in countries including Canada, South Africa, Thailand, Papua New Guinea, the Solomon Islands and New Zealand.

As its first major teaching initiative, the International Centre is now offering a Graduate Certificate in Global Point-of-Care Testing as an 18-unit, fully on-line, one-year part-time postgraduate qualification (the first academic postgraduate qualification available in this field). This course will provide advanced level preparation for practising health professionals and recent graduates from Australian and international backgrounds wishing to specialise in POC testing at local, national or international levels. Particular emphasis will be placed on preparing students for working within a multidisciplinary health care team in rural, remote or Indigenous primary care settings in their country of origin.

Students enrolling in the Graduate Certificate must complete nine units of core topics on POC testing delivered by the International Centre. They can then select a further nine units from specialty streams designed to complement and enhance the core topics; these specialty topics are delivered by the International Centre and its collaborating Flinders partners – the Centre for Remote Health, the Flinders Human Behaviour and Health Research Unit, and the School of Nursing and Midwifery.



Flinders' CPS scientist Brooke Spaeth (right) with health manager, remote area nurse and driver at Waruwi (Goulburn Island), Northern Territory.

These specialty streams cover areas including remote health, Indigenous health, primary health care, chronic disease management, disaster management and infectious disease. The course is particularly relevant for health professionals or graduates with qualifications in the fields of nursing, as well as health science, medical science, medicine, nutrition, paramedic science, Indigenous health or public health.

In addition, the Community Point-of-Care Services unit is offering a three day, face-to-face short course on POC testing which will provide nurses with an introduction to the application of POC testing in Australia, describe the principles behind setting up and managing a sustainable POCT service and provide practical demonstrations of point-of-care medical devices and kits. This course will be conducted in association with the School of Nursing at Flinders University from 10-12 July 2012 and will provide 20 hours of education that can be used for Continuing Professional Development (CPD).

This course will provide advanced level preparation for practising health professionals and recent graduates from Australian and international backgrounds wishing to specialise in POC testing at local, national or international levels.

For further information on the new Graduate Certificate in Global Point-of-Care Testing or the intensive short course on POC testing, please contact: **Associate Professor Mark Shephard, Director, Flinders University International Centre for Point-of-Care Testing, Flinders University, Phone 61 8 8201 7555 or Email: Mark.Shephard@flinders.edu.au**

KATHERINE WEST HEALTH BOARD

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For further information, contact our HR Manager on (08) 8971 9300 or visit our website at www.kwhb.com.au

Geoffrey Barnes - Wangapa Jungarrayi
KWHB Chairperson, Lajamanu

first national free-to-air health tv channel launched to boost remote communities

The *Rural Health Channel*, aimed at people living and working in the more remote corners of the country, began broadcasting on 21st May. It represents a breakthrough: in increasing health literacy and helping fight health inequity in rural and remote communities.

The new TV channel will play its part in closing the gap by providing vital health information and education to families and healthcare teams.

The channel has been launched by the Rural Health Education Foundation. Until now, this service was only available to health professionals in limited clinics or workplaces, and only for two hours per fortnight.

The Foundation can now extend its service to the wider community and health professionals in their homes.

The *Rural Health Channel* is being broadcast via the Aurora Digital satellite system which carries VAST (Viewer Access Satellite Television) services. VAST has been set up to provide digital TV to people who cannot receive terrestrial digital television. VAST currently reaches 84,000 households, and this number is expected to grow to 250,000 by the end of next year.

“The channel means we can now deliver the latest health news, information and training, to health professionals and communities, no matter where they live.” says Ms Craig, CEO Rural Health Education Foundation.

The *Rural Health Channel* will initially broadcast 24 hours per week: from 1.30 to 3.30pm and 7.30 to 9.30pm on weekdays, and 4.30 to 6pm on Sundays.



View the *Rural Health Channel* Tune in to Channel 600

A satellite dish and a digital VAST set-top box is required to access the *Rural Health Channel*.

If you do not have access to VAST in your home or at your local clinic or centre, **Rural Health Education Foundation satellite viewing sites** across Australia have access to VAST and their set-top boxes have recording capabilities.

As always to locate a viewing site near you visit the webpage www.rhef.com.au

To view each week’s schedule visit www.rhef.com.au/RHCGuide

advertising rates

Standard rates		One issue	2 issues (- 10%)	3 Issues (- 15%)	4 Issues (- 20%)
Full page	Type: 128mm W x 183mm H Trim: 148mm W x 210mm H Bleed: 154mm W x 216mm H	1,600	2,880	4,080	5,120
Half page	Horizontal: 128mm W x 90mm H Vertical: 65mm W x 183mm H	880	1,584	2,244	2,816
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Double page		4,256	7,661	10,853	13,619
Magazine colour insert		10,000 single-sided	10,000 double-sided		
Full size	Trim: 148mm W x 210mm H Artwork must be supplied	1,200			1,500

Magazine is printed in A5 format. Other advertising sizes can be negotiated.
Note: Back cover and centre spread are unavailable until March 2013
Corporate members receive further discount on these rates. Contact business@crana.org.au for further information.

Publication Dates: March, June, September, and December
Submission Dates: First day of February, May, August and November

Rates are in AUD\$ and are inclusive of GST. All artwork to be submitted by close of business on the published deadline date.
Full colour ads to be submitted in high resolution PDF format with all fonts embedded and all colours separated into CMYK.



CRANApus corporate members



Cairns Nursing Agency is the employment gateway for Nurses and Healthcare professionals travelling to, around and through Northern Queensland and the Northern Territory



The **Centre for Remote Health** aims to contribute to the improved health outcomes of people in remote communities through the provision of high quality tertiary education, training and research focusing on the discipline of Remote Health.



Northern Territory Dept of Health & Families Remote Health Branch offer a career pathway in a variety of positions as part of a multi-disciplinary primary health care team.



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



First Choice Care is a privately owned Australian company, owned and run by nurses. Industry insight brings a true understanding of the work-life balance wanted by nursing professionals as well as the staffing demands of health care facilities.



Indigenous Allied Health Australia's vision is to achieve the same quality of health for Aboriginal and Torres Strait Islander peoples.



The **Indian Ocean Territories Health Service** manages the provision of health services on both the Cocos (Keeling) Islands and Christmas Island.



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



Healthcare Australia is the leading healthcare recruitment solutions provider in Australia with operations in every state and territory. Call 1300 NURSES/1300 687 737. 24 hours 7 days. Work with us today!



The **Mount Isa Centre for Rural and Remote Health (MICRRH)** James Cook University, 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 3,400 kilometres (9 days).



NAHRLS provides assistance with Locum back-fill for Nurses, Midwives and Allied Health Professionals in rural and remote Australia who would like to undertake CPD activities.



Since 1989 **Oxley Nursing Service** has based its service on what health clients and professionals would be seeking – ethical, professional, approachable and supportive.



Puntukurnu Aboriginal Medical Service presently provides services to Jigalong, Punmu, Kunawarritji and Parnngurr with a client base 830 and growing. Our administration base is in the Iron Ore rich town of Newman.



The **Remote Area Health Corps (RAHC)** is a new and innovative approach to supporting workforce needs in remote health services, and provides the opportunity for health professionals to make a contribution to closing the gap.



Randstad's healthcare team has provided the best people, recruitment solutions and HR services to your industry for over 30 years.



The **Royal Flying Doctor Service** has been ensuring equitable access to quality comprehensive primary health care for 80+ years to remote, rural and regional Queensland.



The **Rural Health Education Foundation** is an independent, non-profit organisation dedicated to delivering free, tailored, accessible health education to healthcare teams in remote and rural Australia and their communities.



Silver Chain provides primary health and emergency care to 11 remote communities throughout Western Australia where there is no resident doctor or hospital.



educate

distance is no barrier

Aboriginal Health Workers (AHWs) in Nauiyu, a community on the banks of the Daly River 220 kilometers south of Darwin, have just completed their first core mandatory module through *CRANApplus* e-learning. Nauiyu has a population of around 510 people, of which 86 per cent are Aboriginal.

The AHWs, who have impressive portfolios and understand the importance of lifelong learning, often find that family responsibilities hinder their attendance at mainstream courses held in town. E-learning, however, enables them to stay in their community and support each other while studying accredited courses online.

The *CRANApplus* eRemote core mandatory modules have been developed to meet organisational annual requirements as well as assisting all health practitioners meet their own professional and personal development needs.



L-R: Jerome Gilbert, Grace Daly, Philip Wilson and Beatrice Parry.

AHWs in remote locations are just one group benefiting from the opportunity to undertake online training. Christmas Island and the Cocos Keeling Islands are another example of remote health sites using eRemote to meet their mandatory requirements. Health workers from countries such as Canada, Germany and New Zealand who periodically work in Australia as locums, also take advantage of the *CRANApplus* mandatory modules to keep up to date and appropriately qualified to continue to return to work in Australia.



"eRemote continues to meet the challenges in remote health education," says eRemote Coordinator Julia Stewart.

"The range of people who are accessing these modules clearly demonstrates the accessibility and convenience of these training products to local, remote and distant locations. By providing access to dynamic, innovative resources, *CRANApplus* is empowering the health professional."

"By providing access to dynamic, innovative resources, *CRANApplus* is empowering the health professional."

"The learning modules are engaging, interactive and focused on remote and rural practices, and have proven successful in enhancing the skills, knowledge and capacity of the remote health workforce."

Julia Stewart
Online Program Coordinator, *CRANApplus* ●

benefits of online training

The eRemote service offered by CRAN^{plus} is “awesome”, says Sonja de Smid, Clinical Nurse/Staff Development Nurse in the Emergency Department at Nickol Bay Hospital in Karratha, Western Australia. Sonja, a local assessor for the Advanced Life Support (ALS) course outlines here what she considers to be the main benefits.

Working in Karratha – almost 1600 km north of Perth – definitely has both rewards and challenges. One of the biggest difficulties working in a rural/remote area is to keep clinical skills current with mandatory training, extended skills and documented Continuing Professional Development (CPD).

Online learning is a solution that makes particular courses more accessible to a greater number of staff, often at a lower cost.

Online learning is a solution that makes particular courses more accessible to a greater number of staff, often at a lower cost.

Accessibility and cost are, of course, major factors for our managers to consider when approving staff to attend external sites to undertake courses: not just the issue of maintaining competent staffing levels, but also the need to prioritise to fill the often very limited number of places, replacement of staff to fill the study leave granted, costs of travel via car or plane, accommodation requirements, extended time off for travel days, and the cost of the course itself.

A huge bonus of the eRemote service is that, once staff are enrolled, they complete the modules at their own leisure while still able to stay local and work their rostered shifts.



Sonja de Smid, Clinical Nurse/Staff Development Nurse, Emergency Department, Nickol Bay Hospital.

The process I am part of is that, once participants receive feedback via email of their completed learning modules from Julia Stewart the CRAN^{plus} Online Coordinator, the participants then get in touch with me to organise a time and day for the practical assessment – or if I am unavailable Julia can do the practical assessment via Skype. Too easy!! And cost effective also, not to mention the added bonus points: replacement of staff is not required, no accommodation needs to be sourced and, as mentioned, staff stay local. All this achieved, while staff keep their ALS competence current.

What an awesome service CRAN^{plus} provides! It makes working in a rural/remote area just that much better and easier!

Sonja de Smid
Clinical Nurse/Staff Development Nurse
Emergency Department, Nickol Bay Hospital ●

the future face of nursing

REC Coordinator Wendy Bowyer continues to conduct successful courses throughout the country. Here she describes the content of the recent Canberra Student REC course.

On a rainy wet Thursday afternoon, preparation started in earnest for the Canberra student REC. The University of Canberra provided an excellent venue for the lectures and the new nursing wards were wonderful to demonstrate and practice the emergency skills of the course.

Nineteen 3rd year nursing students showed up for the course, although a 1st and 2nd year snuck on to the course and did very well.

There was a diverse age group of student nurses participating, ranging from 19 – 60 plus.

Carolyn, a grandmother of two, explained that she thought if she didn't complete her nursing degree now she would never have the chance to do so, the teenagers in the group were just as keen and bright to take on a nursing career, ►►



CPR and Airways skill station.



Participants and Facilitators at the Student REC in Canberra.



IV Cannulation skill station.

►► and those that chose nursing after previous careers have come with life experiences and a committed and passionate view about their chosen career of nursing.

In the multi-casualty lectures, students were kept in suspense as Chris Cliffe provided many stories from his experiences from around the world; Geri Malone was active as the CRANApus Professional Officer, reminding the students of their future professional roles, scope of practice and providing career advice; and Facilitators Sharon Marchant and Marg Masline also provided numerous stories from the remote and tertiary perspective.

We were most grateful to Leeanne Thompson and her sister Kim who cooked and prepared all the food for the weekend...

Associate Professor Kerrie Doyle was a participant and also supported the students throughout the course. Kerrie kindly supported the Saturday night dinner at the uni bar and this provided a great opportunity for students to discuss nursing, the future of nursing and nursing careers, and to hear many war stories from the facilitators.

We were most grateful to Leeanne Thompson and her sister Kim who cooked and prepared all the food for the weekend including Leeanne's infamous caramel slice (recipe available on request!)

As we sat around the uni pizza bar, I glanced at the faces of the future and admired the diversity of the group.

Ely Taylor the Co-Chair of CRANC (Canberra Rural Allied Health and Nursing Collective) was a great organiser and supported Leeanne in bringing the course together.

We finalised the course on Sunday afternoon with congratulations and certificates as all the students passed all assessment criteria.

As we sat around the uni pizza bar, I glanced at the faces of the future and admired the diversity of the group. We left the course feeling encouraged that our nursing workforce is in strong, passionate and capable hands. ●



Students practicing IV Cannulation with Facilitator Christopher Cliffe.

new courses conceived

To cater for Indigenous cultural requirements, CRANap^{lus} has successfully adapted its Remote Emergency Care (REC) and Maternity Emergency Care (MEC) courses for Aboriginal and Torres Strait Islander Health Workers (ATSIHWs). As well as delivering the REC and MEC courses over three days to allow for a more interactive format with additional scenario-based teaching, both a male and female version of MEC have been developed.

Michelle Bodington, one of our MEC Co-ordinators, describes her involvement with these courses.

I have had the pleasure of co-ordinating two MEC course specifically adapted for male ATSIHWs, both in Darwin but both significantly different from each other. The first course was for Health Workers and the second course was directed towards trainee Health Workers.

The development of the course specifically for men was the result of a direct request from Nathan Aucote Aboriginal Health Worker Director, Central Australia Remote Health about response to health care emergencies. He said that male ATSIHWs believed they should increase their own awareness and skill in this area, which has traditionally been women's business.

The two Darwin courses were the first to be held in the Top End, following a pilot course in Alice Springs. Both courses in Darwin were facilitated by male midwives, but, during both, the male participants gave me permission to be involved. They stated that they were keen that I stayed, as they decided that, even though this was "women's business", they, as health professionals, were keen to learn and gain as much knowledge as possible.

...male ATSIHWs believed they should increase their own awareness and skill in this area, which has traditionally been women's business.

This meant that I was able to interact freely throughout the course, with no restraints due to cultural sensitivities. Christopher Wilson and Keppel Schafer were the two male facilitators who facilitated the bulk of the lectures to the participants on the first course and Keppel Schafer and Nigel Lee facilitated the second course.

Following the Darwin Male ATSIHW Course, one of the participants attended an emergency



L-R: Keppell Schafer, Chris Wilson, Clifford Taylor, Mark Hansen, Michelle Bodington and Kenton Winsley.



Focusing on the Complications in Pregnancy with the "Red Flag" Activity.



Facilitator Chris Wilson supervises the neonatal resuscitation skill station.

birth whilst on call at work. He said that he felt comfortable and confident assisting with the birth, and the MEC course certainly helped prepare him for this exciting opportunity.

The participants for both courses were interactive, interested and engaged and Kenton Winsley, the Aboriginal Health Worker Director/ Area Services Manager (Darwin Rural) believes that more male ATSIHWs will come to attend the courses after word of mouth from those who have completed the course.

We certainly anticipate increased demand for these courses in the Northern Territory, and a future need to take them into other states around Australia.

At the end of the course for trainee Health Workers studying at Batchelor Institute, we sat with the

participants to gather more feedback about the course. Comments were made as follows:

Asked how they felt about being taught by female facilitators?

- The guys were good, you (Michelle) would be ok too but not someone (a female) we don't know. (I was present during the whole course adding on information and helping – this was approved by the participants at the beginning of the course.)

Asked if they felt it was too much so early in their Health Worker training?

- Lots of new words but good

Asked how they would feel if we combined the lectures with female AHWs and then had separate skill stations? They commented:

- No, like it as it is – separate
- It is women's business, so we want to be away from the others (women)

Other general comments were:

- Liked the videos, PowerPoints, skill stations, Red Flags etc
- Would like to do this course yearly

For information on this course please visit our website <http://courses.crana.org.au/19-page-about-aboriginal-and-torres-strait-islander-health-worker-courses-crana.html> or contact the MEC coordinator for ATSIHW male MEC courses michelle@crana.org.au ●

FLEC courses for 2012

Location	Dates	REC	ALS	MEC	MIDUS	AREC	AHW
Alice Springs, NT	13–15 Jul	●					
Cairns, QLD	20–22 Jul				●		
Newman, WA	20–22 Jul	●					
Alice Springs, NT (MEC) (Tues–Thurs)	24–26 Jul						●
Weipa, QLD (Tues–Thurs)	24–26 Jul	●					
Canberra, ACT (3rd year students) ○	10–12 Aug			●			
Darwin, NT	24–26 Aug			●			
Cairns, QLD	24–26 Aug					●	
Alice Springs, NT (Liebig) (Sun–Tues) ■	26–28 Aug	●					
Alice Springs, NT	31 Aug–2 Sep				●		
Esperance, WA	7–9 Sep	●					
Esperance, WA	10 Sep		●				
Thursday Island, QLD	14–16 Sep	●					
Port Augusta, SA (REC) (Wed–Fri)	26–28 Sep						●
Burnie, TAS	28–30 Sep			●			
Launceston, TAS	5–7 Oct					●	
Mt Gambier, SA	12–14 Oct			●			
Pre Conference Cairns, QLD (REC)	21–23 Oct						●
Pre Conference Cairns, QLD	21–23 Oct			●			
CRANApus Conference	24–27 Oct						
Post Conference Cairns, QLD	28–30 Oct	●					
Cairns, QLD	31 Oct		●				
Broome, WA	9–11 Nov	●					
Alice Springs, NT ■ TBC	16–18 Nov			●			
Longreach, QLD	23–25 Nov	●					
Darwin, NT (REC) ■	25–27 Nov						●
Broome, WA	30 Nov–2 Dec				●		
Darwin, NT	30 Nov–2 Dec					●	
Darwin, NT (REC) ■	4–6 Dec	●					

○ CRANC 3rd year nursing students. ■ NT Department of Health course.

Please keep checking our website as details may change.

endorsements and accreditations

The CRANApus Remote Emergency Care (REC), Advanced Remote Emergency Care (AREC), Advanced Life Support (ALS), Maternity Emergency Care (MEC) and the Midwifery Up Skilling (MIDUS) courses are all accredited by the Australian College of Rural and Remote Medicine.

ACRRM is responsible for setting the professional standards of training, assessment, certification and continuing professional development of medical professionals caring for rural and remote communities across Australia.

These courses are also endorsed by the Royal

College of Nursing Australia and the MIDUS course is also endorsed by the Australian College of Midwives, Midplus program.

These three organisations provide representation for nurses, midwives and general practitioners and therefore allows for the CRANApus philosophy around remote and rural health to be broadened. ●

It is a pre-requisite that all nurses working in the Northern Territory are to have completed a Remote Emergency Care (or an equivalent emergency course) and the Maternity Emergency Care course.

CRANApus course

REC (Remote Emergency Care)

MEC (Maternity Emergency Care)

AREC (Advanced Remote Emergency Care)

MIDUS (Midwifery Up Skilling)

ALS (Advanced Life Support)

Endorsed or accredited by

Endorsed by RCNA (Royal College of Nursing Australia)

Endorsed by RCNA, accredited by the Australian College of Rural & Remote Medicine

Endorsed by RCNA, accredited by ACRRM, endorsed by the Rural Locum Education Assistance Program (Rural LEAP)

Endorsed by RCNA and MidPLUS (Australian College of Midwives) accredited by ACRRM

Endorsed by RCNA, accredited by ACRRM



Endorsed by the Australian College of Midwives.
Approved for 20 CPD points in the MidPLUS Program.



We are excited and proud to announce the accreditation of our Advanced REC course and ALS on line program by the Australian College of Rural & Remote Medicine. The course had been approved with ACRRM for 20 PDP points for doctors upon completion of the course or program.



This Activity has been endorsed by APEC number: 050620121 as authorised by Royal College of Nursing, Australia according to approved criteria.
Contact hours: 20 CNE points.



advocate

ensuring visibility for remote agenda

Carole and I have had many opportunities lately in the areas of lobbying and advocacy to ensure the remote agenda is highly visible. We've also had to do a lot of travel, a strong indication that we are indeed engaged in a National agenda. With all these air miles, I have to say it sometimes feels like one spends half one's life at an airport or in an aircraft.

May was budget time, in case you hadn't noticed. This usually equates to a great flurry of activity in Canberra. CRANApus was invited to the budget lockdown held by DoHA, which means you get to be briefed about the detail of the Health Budget before it is formally released in the public domain. This is a good opportunity to actually sit and endeavour to really look at the impact on the remote sector. The oral and dental health funding is greatly welcome for all Australians and we will need to see how this will



Photo: Stephanie Jeremy.

impact particularly for remote health. Hopefully it might mean we see more dentists and oral health professionals out there: certainly a couple of mobile services funded to RFDS is a good move along with funding other facilities. There were several remote sites that received funding under the Health and Hospitals Fund, which included accommodation and training facilities.

We will need to wait and see the actual impact of the Budget on the workforce...

The Aged Care initiative, which was announced pre-budget, is also greatly welcome: we hope to see some impacts in remote health, potentially for the aged care workforce.

We will need to wait and see the actual impact of the Budget on the workforce: the announcements

were aimed primarily at practice nurses and the cap to the Mental Health Nurse Incentive Scheme will potentially limit access for Mental Health clients. It is hard to exactly know how extensive this service has been in remote health, but it is significant in itself that a successful nurse-led program is being cut.



In other areas:

Significant time is spent on funding discussions with DoHA to ensure we continue to be funded to be able to continue what we are doing.

Carole gave a presentation at a **Medicare Local forum** in Canberra (see a précis of her presentation in this edition).

As a member of the **NAHRLS steering committee**, Carole is ensuring that the scheme is working for remote health without detracting from the longer more established workforce.

Carole is also on the committee for a joint project looking at **safety in rural and remote workplaces for health professionals, teachers and the police**. The project is managed by the Rural Doctors Association of Australia, on behalf of a consortium consisting of CRANApus, the Australian Nursing Federation, the Australian College of Rural and Remote Medicine, the Queensland Teachers Union and the Australian Federal Police.

Stage 1 of the project establishes a foundation for preventing violence and building safer workplaces in rural and remote Australia by determining current initiatives/strategies and their effectiveness, and, developing a national framework for action for a whole-of-community response to working safely. ►►

» Consultants for the project, Urbis, have undertaken a literature review, key stakeholder interviews and an on-line survey of the three groups who live and work in rural and remote Australia. Based on this work a National Working Safe Framework will be developed. The completion date of the project is scheduled for September 2012.

The opportunity to meet with the **Minister for Health Tanya Plibersek** at the opening of our Cairns office was a great opportunity to further inform her and her advisors of remote health issues and CRANaplus's role. Along with President Christopher Cliffe, Carole was able to continue discussions over dinner with the Minister along with representatives from RFDS.

You may recall Carole and I reported on our visit to **Tasmania** last year around the recognition of and issues with scope of practice for remote nurses in Tasmania. This involved a meeting with the Minister for Health and a visit to Bruny Island with the Chief Nurse. Carole and Libby Bowell revisited this issue in May this year due to lack of resolve and continuing issues around our education programs. They reported a good meeting and are confident there is a genuine willingness to find a resolve. Further meetings are scheduled for later this month.



We realise how important this issue is to our Tasmanian members and we will keep pursuing these issues until they are resolved to our satisfaction.

The age-old problem of **single nurse posts** has come up again, following an interview with a journalist who attended the Cairns office opening. Carole was later contacted to do a radio interview on this topic and is following up with nurses in such positions.

We also became involved in supporting another RAN in a single nurse post in Western Australia. It is distressing to hear continuing stories where RANs who are responding to the needs of their communities, continue to be placed in single posts and are not well supported. We are pleased to be able to offer support not just from a professional issue perspective but also through the BSS.

The **Student & New Grad sub committee** is functioning. It is early days, but we have a great group which is representative of students/new graduates, health service managers and the university sector. One of our first issues is looking at clinical placements for students in the remote sector.

Senate inquiries: In May I attended two Senate inquiries representing CRANaplus. One was at the invitation of ANF who were invited to appear to speak to their submission on *"Palliative Care Services in Australia"* which we were consulted on. CRANaplus was at that table alongside ANF, CATSIN and Palliative Care Nurses Association (PCNA). The second one was in our own right where we were asked to appear for our Submission on *"The factors affecting the supply of health services and medical professionals in rural areas"*.

We continue representation at CoNNO, Health Workforce Australia, and National scholarship forums and attend other forums and Conferences where appropriate.

Geri Malone
National Coordinator of Professional Services
CRANaplus ●



Greening the Health Sector Policy Think Tank Wednesday 22 August 2012

Luna Park Sydney

Sponsored by: The Canberra University

How can the health care sector in Australia play a leadership role in beginning the low carbon transition and reducing the sector's environmental footprint? It is increasingly recognised that hospitals and healthcare have a significant impact on environmental health. This forum will kickstart the conversation about how the Australian health system can be strengthened through the promotion of greater sustainability and environmental health, with the beneficiaries being population health and health sector budgets.

Program

From 9.30	Registration
10.00 – 10.10	Welcome [facilitator - tba] Fiona Armstrong – Convenor Climate and Health Alliance Prue Power - CEO, Australian Healthcare & Hospitals Association
10.10 – 11.00	<i>The Global Green and Healthy Hospitals Agenda – opportunities for healthcare settings in Australia</i> Dr Peter Orris - Senior Adviser to Health Care Without Harm, USA
11.00 – 11.20	Morning tea
11.20-11.40	<i>Sustainable Development in Health - the UK experience</i> Dr Kate Charlesworth – Public Health Registrar previously from the NHS Sustainable Development Unit
11.40 – 12.00	<i>Greening the Health Sector – how will we measure our achievements?</i> Professor Tony Capon - Head of the Discipline of Public Health Faculty of Health University of Canberra
12.00 – 12.20	<i>Signing up to Global Green and Healthy Hospitals – what does this mean for your hospital?</i> Dr Brendan Murphy [tbc] - CEO Austin Hospital Victoria
12.20 – 1.00	Speaker Panel
1.00 – 1.45	Lunch
1.45 – 2.00	<i>Summary and identification of key issues for the break-out groups</i> [facilitator]
2.00 – 3.00	<i>Concurrent groups</i> Priorities for recommendations A position and advocacy plan for each recommendation
3.00 - 3.45	<i>Plenary session</i> Group chairs will report back on major discussion points and outcomes from the workshops
3.45 – 4.00	<i>Statement of PTT Outcomes</i> Prue Power and Fiona Armstrong



soapbox

Although we commend the AMA

on developing a position statement that highlights the challenges faced by Doctors in Rural and Remote Australia, I struggle with the 1950's view the AMA still hold in regards to nursing. This 'hand maiden' stuff needs to end. If the AMA want nurses to work 'for and on behalf of doctors' perhaps they'd best buy themselves a Labrador. And to still be so fearful of independent nurse practitioners... Really guys, get with the program.

C. Cliffe

Organisations can sometimes be seen to be more powerful than they really are.

The problem is that it takes Governments a long time to notice and to shift the mantle of power from one old and tired organisation to one with more vitality and representation. Could this be the case with the country's biggest medical 'union'? Are they still representing the medical profession or are they simply resting on some very withered laurels?

Name withheld

Is the double qualification and experience of the RN/RM at danger of becoming an extinct species?

There are predictions that many of these Midwives who are also RN's will continue to choose to not re register as Midwives, attributed to two perceived reasons.

The inability to practice across the spectrum of Midwifery care due to loss of birthing services and perception they will not be able to meet the CPD needs of NMBA.

I wonder if this is not deliberate, you either have to be one or the other, you are either a full time Midwife or not at all. Is another example of role protection, professional silo/snobbery issues.

The RN/RM has been the fabric of rural and remote health services much sought after and applauded and whilst many things in the professions have required change I fear we are becoming more and more restricted in our practice. particularly across the broad scope to meet community needs.

The generalist approach to health care is essential for R&R and often a source of great professional satisfaction. Why isn't it treated with the same level of concern as is the demise of the GP proceduralist, rural and remote communities equally need both of these.

Name withheld

The views expressed in this "Soapbox" section are not necessarily those of CRANApus. Names are supplied but may be withheld on request. CRANApus has editorial rights if we believe content is a personal attack.

rural health students set to connect, engage and inspire

"Is it fun being a health person?"

"My brother has physio for lungs."

"My little sister went to a speech therapist when she was little and now she can't stop talking."

These were some of the comments that popped up on the screen during assembly at the Alice Springs School of the Air on 27 April. The children were responding to a live presentation on health careers and healthy living by university health students.

The National Rural Health Students' Network (NRHSN) has had a great start to the year, with highlights including a Rural High School Visit organised in conjunction with NT Health Workforce. Six university health students from across Australia visited schools around Central NT as well as the Alice Springs School of the Air.

Their broadcast was beamed out to a "virtual" classroom of 60 remote kids scattered across an area of 1.3 million square kilometres – all the way from Borroloola in the Gulf Country to a remote cattle station 1,000km from Alice Springs.

As the studio cameras zoomed in and the computer screens flickered, the banter travelled to and fro with a distant but clearly engaged audience. The children were introduced to an anatomical dummy called "Gutsy Gus", they discovered what a Webster-pak is used for, and they watched as reflexes were tested and blood pressure was measured.

It's certainly a lot different from the 300 face-to-face visits that occur at country schools throughout Australia each year thanks to university rural health club volunteers from the NRHSN.

But the aim is still the same – and that's to encourage the next generation of rural health professionals.

The Assistant Principal of Alice Springs School of the Air, Bill Newman, says he hopes the visit might inspire kids in remote areas to consider a career in health.

"I think for a lot of people there's a single trigger somewhere in their lives that made them say 'that's why I want to be a doctor' or 'that's why I want to be a nurse'. By providing these opportunities we may well provide a trigger for a number of children. If that's the case, then that's a really positive thing for them and for rural Australia."

The visiting team was led by Tamworth's Ben Crough, a pharmacy student at the University of New England in Armidale and the 2012 Secretary of the National Rural Health Students Network.

"I believe that students anywhere should have the opportunity to go to university," Ben says. "That's why we're here today. We're here to encourage them to think about the possibilities."

"I believe that students anywhere should have the opportunity to go to university..."

Ben's team included Stephen Langley, a physiotherapy student from the University of Newcastle, who had been inspired to study health by a rural high school visit when he was in Year 10.

The Territory visits are so popular that NT Health Workforce received more than 250 applications from rural health club members for 12 places in the 2012 program. ►►



Above: Technology allows the rural health message to reach remote school students.

Right: The Assistant Principal of Alice Springs School of the Air, Bill Newman (centre), is pictured with visiting rural health club members Rebecca Gaston, Amy Hoitink, Stephen Langley, Ben Crough, Rob Scott-Burchell and Neeraj Vyas.

►► The next highlight of 2012 for the National Rural Health Students Network is sure to be the National University Rural Health Conference (NURHC). NURHC will be held 10th–11th August at the Novotel Forest Resort in picturesque Creswick, Victoria

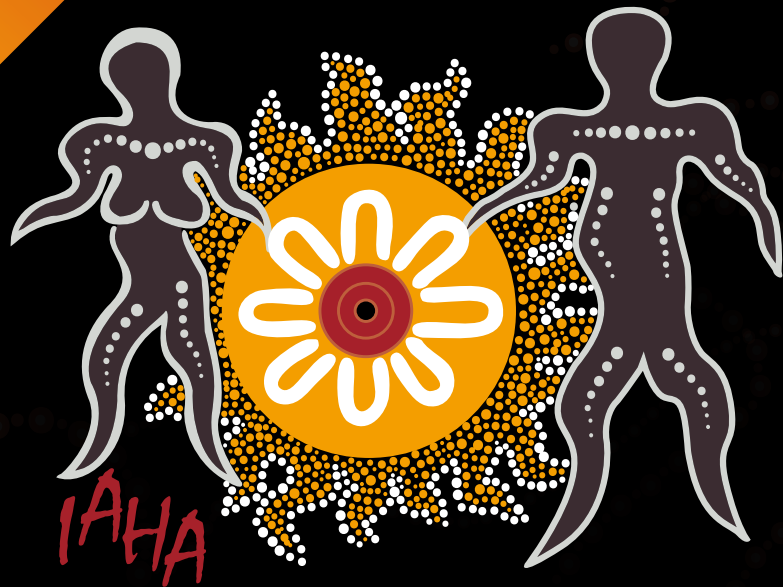
NURHC is the biennial conference for our members and represents our most significant event this year. It is a time to connect our members from every corner of Australia

and to provide educational and networking opportunities. It is a great networking and educational opportunity for our unique multi-disciplinary Network. Conference delegates will have the opportunity to learn from inspirational leaders, policy-makers and professionals within the health and education sectors. To find out more about how you can get involved in NURHC 2012, go to www.nrhn.org.au/nurhc. NURHC 2012: Connect, Engage, Inspire.

The National Rural Health Students Network is auspiced by Rural Health Workforce. It represents more than 9,000 medical, nursing and allied health students who belong to 29 Rural Health Clubs at universities throughout Australia. RHW is also the national peak body representing the seven not-for-profit Rural Workforce Agencies that operate in each Australian state and the Northern Territory. NT Health Workforce is one of these Rural Workforce Agencies. ●



REGISTER
NOW!



Indigenous Allied Health Australia Inc. 2012 National Conference & AGM

Joining the Dots ... An Interprofessional Approach to Indigenous Health

The conference is focused on the importance of inter-professional working relationships and partnerships within the diversity of allied health services and the broader health and related areas to improve the health and wellbeing of Indigenous Australians.

This two day conference provides a supportive environment for Aboriginal and Torres Strait Islander and non-Indigenous professionals to discuss topics on:

- Indigenous Allied Health initiatives
- Education and Training
- Cultural competency
- Holistic care
- Personal experiences
- Closing the Gap
- Health leadership and influencing policy
- Lateral violence
- Inter-professional partnerships
- Community health services

We welcome our IAHA members to the Annual General Meeting and Forum on Saturday 24 November 2012. IAHA full and associate members may be eligible for scholarships to assist with travel/accommodation and registration fees. Further information and applications will be available on the website www.indigenousalliedhealth.com.au soon.

If you are not a member of IAHA please see our website for eligibility and JOIN NOW!

22-24 November 2012

The Bardon Centre, Bardon, Brisbane QLD 4065

Full details are available on our website www.indigenousalliedhealth.com.au

stepping up to the board

You love being a member
of CRANAp_{plus}.

Have you considered becoming
a member of the Board?

Our AGM is in October and nominations for the CRANAp_{plus} Board of Directors are now open. If you have the time, the energy and the additional drive to step up to Board membership, now's your opportunity to fill the sole position available!

Our organisation continues to flourish and grow because of our wonderful membership. Your support for all our efforts, activities and projects is invaluable. If you want to be more closely involved in setting direction for our organisation, please consider nominating for the Board.

This year we will have one position to be vacated, with that member indicating that they do not wish to re-stand.

Nominations for the three-year term must be returned in writing by **COB Friday 17 August**. Please send us a brief summary of qualifications, experience and professional interests, so that CRANAp_{plus} members can make an informed choice.

This year's AGM will be held on Saturday 27 October 2012 at The Sebel in Cairns

Only financial members are eligible to nominate, support a nomination and vote. If you have any questions please do not hesitate to contact us. ●



Photo: Barry Skipsey

support

the disaster response pack

As a result of Australia's recent spate of fires, floods and cyclones, Bush Support Services (BSS) has produced a Disaster Response Pack to assist health professionals who find themselves working in these situations. Dr Annmaree Wilson, Senior Clinical Psychologist with BSS, outlines the aims of the Pack

The Disaster Response Pack addresses the recognition that those of us working in rural and remote areas are particularly vulnerable to the impact of disasters. Health professionals not only have to cope with personal emotional responses to disasters but also care physically and psychologically for those in affected communities.

Research has shown the importance of providing caregivers with brief and accurate information about the sorts of psychological responses that may occur before, during and after a disaster.



This information helps them prepare for disasters and to feel more in control.

Our pamphlet contains some useful tips. For example, the threat of disaster is often associated with widespread anxiety in the community. When people are overwhelmed by anxiety, their decision-making and forward-planning ability is compromised.

The information contained in the BSS Disaster Response Pack reminds health workers that anxiety about a potential disaster is not necessarily a bad thing as it helps to mobilise people to take the necessary measures to keep themselves and their families safe.

Anxiety can be reduced by reminding people that actively participating in practical preparations helps to reduce anxiety.

...anxiety about a potential disaster is not necessarily a bad thing as it helps to mobilise people...

As always, when a natural disaster occurs Bush Support Services is available through the 1800 805 391 number. Bush Support Services is available to provide 24 hour, 7 day a week support and counselling to all rural and remote health workers and their families.

If you would like a Bush Support Services Disaster Response Pack please contact us on (07) 4057 8147 or email: bss@crana.org.au

Annmaree Wilson
Senior Clinical Psychologist
CRANApus Bush Support Services ●



mental health and the remote practitioner

By BSS Psychologist Christine Martins.

Staying mentally and emotionally healthy in the bush can be a challenge at times, but there are strategies which can help the remote practitioner to stay focused and mentally well, says BSS Psychologist Christine Martins.

Here she offers 10 top tips to help people working in remote locations.

“We recognise that it may be difficult to put into effect all of these strategies,” she says, “but the smallest changes can make such a difference.”

1. Set your priorities

Put yourself at the top of your priorities list. If you don't take care of yourself, you won't be able to efficiently take care of others. Making yourself a priority is similar to a pre-flight instruction to strap your face mask on first before you assist a child or elderly person.

Plan time out regularly to refresh and re-enthusiase for the challenges of the day. This also means taking time out from the community on scheduled breaks, even if it is only a day trip to a nearby waterhole or beach, or going birdwatching or photographing the landscape. Do more of those things which relax and refresh you. The secret to success here is to actively PLAN those activities.

2. Relax and enjoy life

Do more of the things you enjoy – make time for hobbies or recreation, plan for time to engage in creative pastimes. Make sure you have “clear head” space, where you are not on call and can unwind. Research shows that when we are stressed, anxious or depressed, we stop doing the very things which help us to enjoy life and cope more effectively.

3. Get enough sleep

Researchers are just beginning to untangle the complicated relationship between sleep and long-term mental abilities. Almost everyone has had the experience of feeling a little less sharp after a bad night's sleep, but the data suggests that interrupted sleep patterns are more closely associated with an increased risk of dementia than previously thought.

To manage stress and demanding schedules you need to be well rested. Health practitioners report this to be a significant issue in remote settings, especially when there is a pager attached to rostered time off. When you can, turn off the TV and get to bed early.

Learning good self-hypnosis or meditation regimes can be powerful in getting to sleep quickly and deeply.

4. Eat healthily

A diet rich in vegetables, fruit, wholegrains and lean protein provides the nutrients needed to cope with stress and the energy to get things done in a busy schedule. Regular small snacks of protein (such as cheese, nuts, yogurt) help to keep serum levels of blood sugars at optimum levels for efficient functioning. It also helps to stave off the urge to snack on less healthy alternatives (think chocolates or chips...).

5. Exercise

It is important to get at least 30 minutes of moderate level exercise each day: this has been shown to lower stress levels and improve energy levels. Fit people need less sleep!

It can be tricky in communities where there are few suitable options available for exercise (such as roaming dogs which make walking difficult) but an effort to take daily exercise will pay huge



dividends. When we exercise at a rate which moderately raises the heartbeat for about 30 to 40 minutes, feel good hormones are then released which help to counteract the harmful effects of stress. In part, this is why exercise helps to alleviate depressive symptoms.

6. Don't overindulge

When people are under pressure they typically smoke more cigarettes (if they are smokers) and drink more tea or coffee (if that is their preference). Reliance on alcohol is less of a problem in “Dry” communities but it can be a crutch relied on elsewhere. Watch the use of drugs and other substances, because their overuse or abuse exacerbates pressure and stress. You may not need to make radical lifestyle changes – just be aware of your patterns of use.

7. Stay Connected with others

Research shows that people who maintain good social networks are happier and less stressed. It can be hard to live, work and socialise with the same people; however, keeping positive relationships with the people we mix with in the community is important. It is important to make an effort to nurture those bonds. Tensions and conflict are inevitable but make it a priority to defuse disagreements where possible. Stay in touch with family and friends away from the community by phone, email and VOIP (such as Skype). Talking issues through with someone else really works.

Studies have shown that socialising and a regular chat to others has many benefits, including boosting memory and recall! ►►



► 8. Maintain boundaries

Put in place a self-imposed boundary between work and home, so there is closure to your work day and a clear delineation to what's work and what's home. This is particularly tough in a community work setting, but many people keep a clear boundary between the two settings by being firm with themselves and others about what is acceptable. For example, don't return to work after you have finished for the day and gone home. (Clearly there are times when this is not possible; just be firm about the times you can validly make the distinction between work and home).

9. Recognise your stress triggers

With some reflection, we can all easily recognise what triggers our stress. We all have different situations which trigger our stress; be aware of the signs and symptoms that you are entering a danger zone. Once you understand the cause of your stress, you can take steps to cope by avoiding any thoughts, feelings or behaviours which may result in anxiety responses.

Try to do the tasks which need higher concentration at the time of day when you

perform best – usually early in the day when energy levels are higher. Get labour-intensive tasks out of the way earlier in the week and ease off at the end of the working week.

10. Ask for help

Don't be afraid to ask for help from colleagues or management when it has all got too hard! When we are under pressure or feel stretched beyond our coping levels, it can be hard to "see the wood for the trees" and to realise we need outside assistance. No-one can work long, demanding hours without reaching a breaking point. This is particularly true for those working in a remote context where often there is no family support and practitioners live and work in a close relationship with others.

Finally, the CRANApus Bush Support Line was created for just this situation: the line has free, confidential counselling, provided by qualified psychologists.

They can be contacted 24 hours a day, every day of the year on 1800 805 391. The service is a support for remote health providers, and their immediate family. ●

eat, live, work

Remote health practitioners around Australia are gathering together their favourite recipes and stories for a special cookbook.

CRANApus Bush Support Services is behind the innovative project to create a publication that will be informative, funny and full of culinary tips and ideas.

BSS is calling on all remote health practitioners to become involved: including Aboriginal, Torres Strait and Allied Health Workers; those still working out bush and those who have already returned home.

You have until 30 September to send in your contributions. All contributors will receive a copy of the book and will also have a chance to win a prize.

"We hope to draw a huge response and our aim is for the book to be interesting, lighthearted, even funny," says Colleen Niedermeyer, BSS Manager.

"We hope to draw a huge response and our aim is for the book to be interesting, lighthearted, even funny..."

Apart from creating a fantastic cookbook, the idea behind the project is to take people's minds off the stressors and day-to-day hassles and give them something to focus on in their downtime, Colleen says. ►►



» "Health practitioners working rural and remote often work in isolation," she says. "Some clinics and country hospitals are in the middle of nowhere and there is no Gloria Jeans on the corner to grab a coffee with a friend, or catch up at the movies."

A pamphlet outlining the project is being distributed throughout rural and remote areas.

BSS is hoping all those dedicated people who go remote to provide health services will be pulling out the simple recipes they have found that worked so well out bush; that innovative recipe using bush tucker that they are proud of; or the recipe for good wholesome tucker that became a favourite staple.

"Health practitioners working rural and remote often work in isolation..."

Perhaps you want to share a 'community recipe' or an old family recipe which has been adapted using local foods. Your recipe can be cooked inside or outside, wind-dried or sun-baked, on top or underground.

And BSS is hoping contributors will attach their stories behind the recipes, providing a useful or amusing anecdote.

Updates regarding the competition will be regularly featured in the CRANAplus Weekly eUpdate and also on the website:
www.crana.bss.org.au

"We do want to highlight that names will be printed next to recipes so if people want to remain anonymous – they should indicate this quite clearly," Colleen points out.

The recipes can be emailed to:
bssadmin@crana.org.au or posted to:
CRANAplus BSS, PO Box 1081,
Smithfield QLD 4878

Any queries call: (07) 4057 8147.
Your entry should include your name,
address, email and phone numbers. ●

The 'Eating, Living and Working in the Bush' project is the third in a series of 'Craft Self Care' projects introduced by BSS (Bush Support Services), aimed at assisting with the prevention of stress.

The first project: 'the Cosy Blanket Knitting Project' encouraged health practitioners to knit woollen squares in their 'down time' to make up blankets for distribution to mates in need. BSS provided knitting kits which included wool and instructions.

Introduced in 2009 the response was so great the project still continues. Keen knitters send the squares to the CRANAplus offices where local volunteers make up the blankets. In 2011 blankets were donated to various charities throughout Australia, such as the Queensland flood victims. This year blankets will be donated to Refuge Centres in New South Wales.

The second project: the 'Stress Buster Competition' encouraged people to do something different in their spare time and if possible, form a team or group with colleagues. This competition continued for two years due to the enthusiastic response. Among the team and individual projects were a diverse range of activities from; lead lighting; developing a lush vegetable garden in the middle of the outback to supply a local school; designing and making cloth dolls; designing and building a crab pot from local scrap items (dubbed "The Crabinator"); learning folk dancing and performing in costume at local weddings on the Cocos Keeling Islands.

This latest project, the Recipe competition "Eating, Living and Working in the Bush" is something different altogether. Everyone who submits a recipe will receive a free copy of the book when published.

Prizes for the most outstanding stories and recipes will be awarded. ●

BUSH SUPPORT SERVICES

CRANAplus
bush support services

1800 805 391

Toll-free Support line

a confidential telephone support and debriefing service

available 24 hours every day of the year

for multi-disciplinary remote health practitioners and their families

staffed by registered psychologists with remote and cross-cultural experience

available from anywhere in Australia

Phone: (07) 4057 8147 Email: bss@crana.org.au Web: www.bss.crana.org.au



Be part of the effort to improve Indigenous health

Are you a Health Professional who is passionate about closing the gap in Indigenous health? RAHC has opportunities for you to undertake short-term paid placements of 3-12 weeks in remote Indigenous communities in the Northern Territory.

To find out more or to see what opportunities are available that work around your regular job, visit our website to apply or register your interest today.



RAHC
REMOTE AREA HEALTH CORPS

Get involved.
rahc.com.au