

## Pathway to Remote Practice - Thinking about going remote

Have you been thinking for some time about going remote? Don't know where to start, who to contact, who are the employers, what are the opportunities and challenges associated in 'going bush' for your career, professional and personal life?

The pathway to remote practice<sup>1</sup> has 4 steps in unpacking the preparatory stage. In following each of these steps, you will have gained an improved level of knowing that you are well prepared and confident in your decision to go remote, or 'out bush'.

**Step 1. Thinking about going remote**

**Step 2. Getting underway**

**Step 3. Following up**

**Step 4. Tying it all together**

This information is intended for nurses and midwives, if you are an allied health professional wanting information about the preparation to remote practice, visit the SARRAH website which provides a comprehensive toolkit outlining the necessary requirements for the transition to remote and rural practice.

Website: <http://www.sarahtraining.com.au/site/index.cfm?display=369985>

### Step 1 - Thinking about going remote

When preparing or thinking about going remote or 'out bush', there are many aspects for you to consider concerning your professional career and practice, social life, family, friends as well as the cultural aspects of living in a remote or isolated community. Each one of these aspects requires equal attention.

Keep in mind that your professional practice will embrace 'health' as a whole-of-life concept, encompassing physical, spiritual and emotional wellbeing of individuals, family, community and the environment. In other words, your practice will require generalist expertise in providing an integrated comprehensive primary health care approach, inclusive of acute and emergency care, chronic disease and public health across the life span.

Effective, safe, quality care requires an understanding of the needs of the community within its cultural context. Therefore, your professional role and responsibilities, and scope of practice will differ depending on the unique needs of the community and health service's location.<sup>1</sup>

As part of preparing to go remote, 'out bush' it would be advisable to consider participating in the *CRANAplus Rural and Remote Mentoring Program*. This Program is tailored to new graduates or being 'new' to remote practice, as well as for current clinicians. With the aim to support clinicians (mentees) with the skills and knowledge relevant to remote practice, building capabilities in clinical leadership, decision-making, networking and resilience.

For more information visit CRANAplus website: <https://crana.org.au/education/eremote/remote-and-rural-mentoring-program/>

### Aspiring to be a Remote Area Nurse/Midwife

Remote Area Nurse (RAN/M) role has been defined as:

'A registered nurse whose day-to-day scope of practice encompasses broad aspects of Primary Health Care and requires a generalist approach. This practice most often occurs in an isolated role or geographically remote location. The RAN is responsible, in collaboration with others, for the continuous coordinated and comprehensive health care for individuals and their community'.<sup>2</sup>

<sup>1</sup> Malone G, Cliff C: The Framework for Remote Practice: CRANAplus  
posted <https://crana.org.au/advocacy/professional-issues/framework-for-remote-practice>, retrieved February 2014

## Career pathways leading to remote practice

There is an old adage “many roads lead to Rome” in this context “many pathways lead to remote practice”. There are a number of professional pathways that will equip nurses and midwives for remote practice. They are:

- Primary Health Care
- Emergency care, pre-hospital care, and/or critical care
- Rural and regional health settings
- Community nurses roles or general practice nursing
- Midwifery
- Paediatric care

If you are a new graduate entering the remote health workforce seek out a dedicated graduate program that has a specific focus for rural and remote practice.

Specific roles and advanced scope of practice may require preparation in:

- Maternal and Child Health
- Mental Health
- Women’s and Men’s Health
- Community Capacity Building / Health promotion
- Chronic disease management
- Emergency care

## Defining Remoteness and Isolated Practice within a Health Context

To gain a broader understanding of remote and isolated practice, CRANAp<sup>lus</sup> worked with a number of experienced remote health professionals in defining remoteness and isolated practice **within a health context** <sup>3</sup>

Remote Health practice in Australia is characterised by geographical, professional, and often social **isolation** of practitioners through:

- geography and terrain, limiting access and egress
- cultural and social isolation
- environmental and weather conditions resulting in isolation
- isolation due to long distances
- professional isolation from colleagues, peers, and supports
- isolation as a result of infrastructure, communications and resources.

Remote Health is carried out in **contextually different settings**, including but not limited to: government health services; community controlled health services; aboriginal medical services; primary health care centres; multi-purpose centres; private general practices; mining; and other industries like tourism; mobile and fly-in/fly-out services; as well as private, and non-government organisation health services.

Remote Health practice is **delivered through**:

- health service models catering for highly mobile populations
- predominantly Nurse-led models of care
- collaborative multidisciplinary approaches, in partnership with community and stakeholders
- an understanding of the community within its cultural context
- overlapping, and evolving advanced and extended roles of team members
- integrated comprehensive primary health care approach, inclusive of acute and emergency care, chronic disease and public health across the life span
- scopes of practice that are informed by the identified needs of, and engagement with the community.

This definition provides a succinct picture of the characteristics, different settings and models of care across the Australian remote health sector.

<sup>2</sup> Adapted from Sabina Knights definition of Remote Area Nurse (1993). This definition was the work undertaken by the CRANAp<sup>lus</sup> Credentialing Pilot Project Advisory Group (2013).

<sup>3</sup> Adapted from Wakerman J: Defining Remote Health: *Australian Journal of Rural Health*, 210–214: (2004) and Malone G, Cliffe C: Framework for Remote Practice: CRANAp<sup>lus</sup> (2012, Jan 4)