



NATIONAL RURAL
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Advanced nursing practice in rural and remote areas

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This Position Paper represents the agreed views of the National Rural Health Alliance, but not necessarily the full or particular views of all of its Member Bodies.

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Advanced nursing practice in rural and remote areas

EXECUTIVE SUMMARY AND RECOMMENDATIONS

This paper highlights the importance of advanced nursing practice in Australia's rural and remote areas and provides an update on the status of *nurse practitioners* – a particular sub-set of nurses with advanced nursing skills.

Expert nurses work in roles that allow for increased clinical discretion, responsibility and autonomy. Some expert nurses seek additional authorisation from nurse regulatory authorities to work as nurse practitioners, with their role specifically sanctioned by legislation and professional regulation. So, in Australia, a nurse practitioner is a registered nurse who has been authorised by the State or Territory regulatory authority to use the title.

There is a need for further debate and research on the recognition and support of advanced nursing practice roles, particularly in terms of how these roles contribute to improved patient outcomes in rural and remote areas. Following the recommendation of the Senate Inquiry into Nursing, nurse practitioner Competency Standards have been developed but not yet endorsed by all authorities. The Senate Inquiry also recommended that there be work on a national approach to the credentialing of advanced practice nurses.

It would further strengthen its national leadership and credibility on these and related issues if the Department of Health and Ageing had a unit dedicated to nursing policy issues.

Nurses with advanced practice skills, like the rural and remote nursing workforce as a whole, are affected by a range of workforce and legislative issues. Pre-eminent among the former are remuneration, living and working conditions, professional isolation, access to information technology (and support in its use), access to professional development, and succession planning. There are legislative and regulatory provisions in place that support the expanded scope of practice of nurses in rural and remote areas and underpin all levels of nursing practice, from novice to advanced. State, Territory and Australian governments need to review their health legislation to ensure there are no impediments to supporting advanced nursing practice.

Successful models of nurse clinicians in rural and remote Australia, working alone or in partnership, inform the development of education and models of practice for the nursing profession.

Recommendation 1

It is proposed that the Australian Government, through the Department of Health and Ageing, fund a national project to validate the National Nursing Organisations' competency standards for the advanced registered nurse.

Recommendation 2

It is proposed that private and public sector health employers, including the Australian and State/Territory Governments, work with professional and industrial nursing organisations to evaluate advanced nursing practice in different contexts and with

different scopes of practice in rural and remote areas, to assess the quality of care and health outcomes that result from each.

Recommendation 3

The Australian Department of Health and Ageing should have a dedicated nursing unit, headed by a Director of Nursing Policy (however titled).

Recommendation 4

Private and public sector health employers, including the Australian and the State/Territory Governments, should:

- provide nurses in advanced clinical practice in rural and remote areas with remuneration appropriate to their skills, training and experience, and the responsibilities required for their position, their level of isolation, and the range of functions they perform;
- improve the living and working conditions available to rural and remote area nurses, by providing adequate and safe accommodation and/or the development of a rural incentive scheme;
- investigate a range of options for facilitating staff leave and time out, including the provision of relief staff and locums; and
- ensure that advanced practice rural and remote area nurses have access to reliable and relevant information technology, including the internet, as well as access to appropriate training and mentoring in IT skills and technical support.

Recommendation 5

The employers of nurses working in rural and remote areas should work with universities and other institutions to:

- develop innovative approaches to providing postgraduate education, especially in rural centres, including measures to address the costs of such qualifications;
- request the Australian Government to provide specific funding for an expansion of its continuing professional development scholarships program for rural and remote area nurses undertaking postgraduate advanced practice training programs; and
- provide advanced practice rural and remote area nurses with good access to on-going education and professional development, with support provided through video-conferencing, webstreaming and satellite broadcasts, and the means to access them.

Recommendation 6

Universities and other education institutions should list and promote their current advanced practice nursing education programs to help nurses, employers and others to select and recognise appropriate training pathways.

Recommendation 7

State, Territory and the Australian Government should:

- commission an update of previous reviews of legislation relating to advanced nursing practice; and
- introduce and/or amend health legislation (where appropriate) to support and enhance advanced rural and remote nursing practice.

INTRODUCTION

The aims of this paper are to describe the role and importance of advanced nursing practice in Australia's rural and remote areas; to suggest a range of initiatives and support programs for advanced practice nurses; and to provide an update on the status of *nurse practitioners* – a particular sub-set of nurses with advanced nursing skills. The first Appendix briefly describes some successful models of nurse clinicians demonstrating advanced nursing practice, and the second provides some practical reminders to both nurses and their employers about the special initiatives that will help in recruitment to rural and remote areas.

The paper has been prepared within the NRHA, using the skills and experiences of Member Bodies backed up by practical and empirical evidence where it exists.

People living in rural and remote areas face particular health challenges, many of which are attributable to their living conditions, social isolation, socio-economic status and/or distance from servicesⁱ. Nurses constitute the largest group in the rural and remote health workforce, so people there depend heavily on them for health care services. Nurses in non-metropolitan areas provide primary health care and clinical services in a diversity of roles, within a nursing framework and in collaboration with other health professionals. In many smaller towns and communities nurses are supported only by on-call or part-time medical officers and allied health staff, and in more remote centres they may well be the sole health care providerⁱⁱ.

Discussions at the 8th National Rural Health Conference in Alice Springs (March 2005) emphasised the diversity of health workforce needs in rural and remote areas. Whatever the specific local situation, the overall context is one in which shortages are likely to get worse again before they get betterⁱⁱⁱ. In addition to increasing the supply of doctors, nurses and allied health professionals, we must look to new ways to use existing professions, to improved relationships between professional groupings, and to expansions to the role of some of the professions^{iv, v}. Meeting the health service challenges of the future will require greater teamwork, and better preparation for teamwork through such things as inter-professional education and joint placements.

A greater emphasis on a collaborative team approach to health care will see many practitioners working in different ways and at higher levels of practice than is currently the case. Collaboration between nurses providing advanced nursing care and medical practitioners can reduce costs and improve access to care for patients in rural and remote areas^{vi}, helping to reduce the health inequalities that exist.

For example, in their Ten-Point Plan published in March 2004, the Rural Doctors Association of Australia, the Australian Local Government Association, the National Farmers Federation, Health Consumers of Rural and Remote Australia and the Country Women's Association of Australia argue that,

“Advanced nursing practice, in which nurses with special skills and qualifications work as part of a collaborative, though not necessarily co-located, GP-led primary care team, should be supported in areas where access to healthcare is difficult”.^{vii}

There have been small but as yet inadequate increases in the number of undergraduate places for nurses in Australian universities. Initiatives to assist some nurses in or from rural and remote areas with their education, professional development and re-entry to the workforce

include the incremental introduction of nurse practitioners in most States and Territories, and a variety of scholarship and cadetship programs from the Australian and State Governments.

Registered and enrolled nurses¹ play many roles in rural and remote areas. They can begin nursing after completing their entry to practice course in the higher education (for registered nurses) or the vocational education (for enrolled nurses) setting. Nurses can practise at a higher level with more experience and further knowledge-building activities and become *experienced* registered and enrolled nurses. Registered nurses can continue to build their skills and knowledge through years of experience and by undertaking further education to become *expert* nurses in particular fields of practice. They are then able to provide advanced nursing care. A small number of expert nurses will apply for authorisation to practise as nurse practitioners.

Advanced nursing roles using expert nurses have been trialled and implemented to varying degrees in Australia and overseas. They have evolved from attempts to meet demands from communities for diverse options in health care, improved service access, and increased flexibility in models of health care delivery^{viii}. They therefore fulfil an essential function within the Australian health care system because nurses working in these advanced nursing roles work autonomously and initiate the care process, as well as collaborate with other health care professionals^{ix}.

Over the last decade the National Rural Health Alliance has published a number of papers endorsing the development and recognition of nurses providing advanced nursing care. The term *advanced practice nurse* was widely used during this time. However the recent focus on practice nurses (i.e. nurses working in general practice) means that the terminology can now be usefully changed to *advanced nursing practice* to improve clarity and to identify the expert nursing role undertaken by some nurses, including many of those working in rural and remote areas.²

DEFINITIONS

Advanced nursing practice has emerged as the nursing profession has evolved. According to the National Nursing Organisations, the expert registered nurse is a person with specialised skills and knowledge, who is an authority in their chosen field of practice e.g. remote area nursing, emergency care or primary health care nursing. Expert nurses are described as demonstrating advanced nursing practice^x, and may work in a specialist or generalist capacity, in urban, rural or remote areas, in either the public or private sector, and in any clinical area. These are nurses who have advanced their knowledge and skills through education and experience, and who are working in roles that allow for increased clinical discretion, responsibility and autonomy^{xi}. Advanced nursing practice is marked by a combination of education, experience and the further development of competence^{xii}.

Advanced nursing practice requires a repertoire of therapeutic responses; insightful, sophisticated clinical judgements; and clinical decision making based on the application of advanced knowledge^{xiii}.

In addition, nurses in advanced clinical practice integrate education, research, management, leadership and consultation into their clinical role^{xiv}.

¹ Registered nurse (division 1) and registered nurse (division 2) in Victoria.

² In conversations with the Alliance some very senior commentators have confused the terms 'practice nurse' and 'nurse practitioner'.

Some expert nurses seek additional authorisation from nurse regulatory authorities to practise as nurse practitioners. While advanced nursing practice forms the basis for the role of nurse practitioner, the two terms are not interchangeable. The nurse practitioner role extends advanced nursing practice and is specifically sanctioned by legislation and professional regulation^{xv}. In Australia, a nurse practitioner is a registered nurse who has been authorised by the State or Territory regulatory authority to use the title, which is protected in State and Territory legislation on nursing.

The authorisation process ensures that the expert registered nurse applying has:

- a. undertaken appropriate postgraduate education or has an equivalent level of experience to support their practice; and
- b. provided evidence of their ability to consistently practise autonomously and at an advanced level within an extended role.

In Australia, all States and Territories are currently involved in developing the nurse practitioner role^{xvi}. In NSW, for example, nurse practitioner services were initially established in rural and remote areas but they have now been established as part of health care teams in the acute health care area. The role of the nurse practitioner is characterised by clinical assessment and therapeutic management of health and illness presentations within their scope of practice. This may include authorisation to initiate diagnostic investigations, prescribe and supply medicines, and refer to other health care providers. In the remote context the role also includes prevention, health promotion, public health and care co-ordination.

Queensland has legislation that provides for the nurse regulatory authority to endorse registered nurses in designated areas of practice, including remote and some rural areas, to perform an expanded clinical role, which includes advanced health assessments and initiation of treatment and medications^{xvii}. Queensland is now piloting nurse practitioner positions in a range of settings.

Extensive national and international research has demonstrated that the nurse practitioner role is safe and effective and highly acceptable to the patient population^{xviii}. Nevertheless in Australia there is still some debate about the place of nurse practitioners in health care^{xix}.

Many experienced rural and remote nurses, particularly in under-serviced isolated areas, are currently practising at an advanced level within their everyday practice but are not nurse practitioners. Such situations need to be more clearly defined, recognised and supported, for example through using clinical guidelines^{xx}.

There is a need for further debate and research on the recognition and support of advanced nursing practice roles, particularly in terms of how these roles contribute to improved patient outcomes in rural and remote areas^{xxi}.

SCOPE AND CONTEXT OF PRACTICE

According to Hegney, Rogers-Clark, Gorman, Baker and McCarthy^{xxii}

“it is the very nature of rural and remote communities, that is the low population densities and the distance between major towns and cities, that determines the scope of practice of rural and remote area nurses”.

They found that the major determinant of scope of practice is the professional isolation from medical and allied health professionals. There can be significant variations between individual rural and remote areas, from the very isolated site where the nurse is the sole health care worker in the community, to the rural town with a small in-patient hospital where the nurse works as part of a team. There are many health services that are not geographically remote but which have remote characteristics as far as access and the availability of medical, pharmacy and general infrastructure support are concerned^{xxiii}. In addition, rural and remote nursing practice is context-specific: the needs of each individual community influence the scope of practice and therefore the role of nurses.

Role of nurses in advanced clinical practice in rural areas

Changes in rural health services have led to significant changes in the role and function of rural nurses. There has been a shift towards community-based services, population health and multi-disciplinary decision making in partnership with communities^{xxiv}. Advanced practice for the rural nurse may occur in a generalist or a specialist setting, where medical and allied health support may or may not be available on-site. Generalist nurses provide care to people requiring a range of health care interventions, from population health care to primary health care, including emergency care. In many smaller towns and communities nurses provide a comprehensive range of health services supported by on-call or part-time medical officers and allied health staff. Nurses can also specialise in areas such as mental health, aged care or primary health care. Expert nurses are desirable in all contexts because they provide extra dimensions to the nurse-client relationship.

Nurses in rural areas are not advanced practitioners simply because of their context of practice, the broad nature of their role, or the level of autonomy they possess. The rural context influences how care is provided but does not automatically promote the nurse to advanced practitioner status.

Rather, rural nurses working at an advanced level advocate strongly for their community, mentor less experienced health professionals, and actively participate in interdisciplinary collaboration to achieve positive health outcomes for their clients. These nurses think critically, analyse, reflect, problem solve, and apply high-level knowledge that is based on evidence and research to clinical interactions with people who need their care. Clinical practice demonstrated by these nurses is of a very high standard and is culturally and contextually appropriate. Expert rural nurses take responsibility for their own ongoing professional development, including education.

Role of nurses in advanced clinical practice in remote areas

The remote area nurse works and generally lives in isolated areas - in Indigenous communities, on islands, tourist centres, mining, pastoral, fishing communities, in jails, refugee camps or internment centres. They also work in emergency retrieval services,

specialist outreach and in remote regional towns in management, professional support and quality improvement, strategic development, public health, research or education.

For many isolated remote communities, registered nurses provide the first point of contact for a range of primary care functions that, in metropolitan areas, would normally be provided by suitably trained specialists, general practitioners and allied health professionals. In more remote centres, nurses often act as sole primary health care providers and are frequently required to extend their skills due to community demand and the lack of any other form of health personnel support. Working with Indigenous Australians can be a key element of their role. In this context the expert remote area nurse practises in a comprehensive, holistic and collaborative manner, providing advanced care to individuals and families across the lifespan and within the context of their family and community, both when they are sick and when they are well. Thus they provide care for people who are acutely and/or chronically ill as well as population-based public health and illness prevention programs.

The expert remote area nurse in collaboration with colleagues on-site or remotely based in regional centres, uses the tools of health education, communication, public health, advocacy, advanced nursing practice and clinical decision making, hands on care, prevention and surveillance, to manage illness and disease and promote improved health outcomes for the community in which they are working, which may be disadvantaged as well as isolated.

Remote area nurses develop partnerships with other health professionals, individuals, families and local communities to identify needs, plan care and evaluate services. To further this, remote area nurses work to facilitate communication between these populations, government and non-government organisations. Advocacy and empowerment are critical nursing strategies required to promote sound health choices and self-determination. For remote area nurses, collaboration within and between health care professionals, services and other sectors which impact on health is fundamental to effect quality care and health outcomes.

Remote area nurses provide care across the lifespan. They require skills and knowledge (often all at once) in a range of areas such as maternal, infant and child health, adolescent health, mental health, women's and men's health, aged care, palliative care, emergency care retrieval and transfer, and public health - including in communicable diseases and chronic illness management. They use best practice treatment and management protocols to provide and co-ordinate the diverse range of care that is required in remote areas. The expert remote area nurse also uses advanced clinical insight and reasoning.

In addition, the role often includes administration and management of clinic and health service systems, environmental health, education and research, vehicle and clinic maintenance, cleaning and animal health.

All nurses practising in remote and isolated areas are required to develop their knowledge and competency so that they can function at an advanced level. While not generally an expert in all areas of care, remote area nurses collaborate with experts remotely to provide a competent standard of care across the range required in remote communities and this establishes them as expert remote area nurses.

Some expert nurses in remote areas are recognised and endorsed as nurse practitioners and have undertaken appropriate further education and competence assessment; while others

critically apply best practice guidelines to legally provide aspects of care in their remote communities.

Ideally, beginning remote area nurses should be adequately prepared for this advanced nursing role, but this is often not the case.

Frameworks for developing and assessing competency

Competency standards for remote area nurses, reflecting remote advanced nursing practice, were developed and endorsed by the profession and stakeholders, including employer groups, six years ago. One of the recommendations of the Senate Inquiry into Nursing was that the Commonwealth Department of Health and Ageing, the States and key stakeholders, develop a framework for nationally consistent standards and competencies for nurse practitioners. Subsequently the Nurse Practitioner Competency Standards^{xxv} were developed through a project commissioned by the Australian Nursing and Midwifery Council but they have not yet been endorsed by the nurse regulatory authorities in the States and Territories^{xxvi}.

The education standard is now a masters level nursing course, as agreed by most jurisdictions and universities preparing and delivering nurse practitioner courses.

The Senate Inquiry also recommended that that the Department of Health and Ageing and other key stakeholders examine the feasibility of establishing a national approach to the credentialing of Advanced Practice Nurses. It is suggested that a framework for credentialing should include multiple pathways for remote area nurses to provide evidence of their advanced nursing practice, including recognition of prior learning. In the Northern Territory an advanced nurse can be credentialed by completing an education pathway such as the Masters of Remote Health Practice, obtaining references, peer interview or by presenting a portfolio reflecting evidence of meeting the competencies in remote practice outlined in the competency document. The candidate needs to be examined by an expert panel established by the Nursing and Midwifery Board. This process needs to be transparent.

Regular assessment and monitoring for competency and knowledge gaps is essential. Royal College of Nursing, Australia, considers that advanced practice nurses should periodically be assessed by peers and supervisors against defined generic standards of competence for advanced practice nurses^{xxvii}, with additional specific competencies relevant to the context of practice as necessary.

Recommendation 1

It is proposed that the Australian Government, through the Department of Health and Ageing, fund a national project to validate the National Nursing Organisations' competency standards for the advanced registered nurse.

Recommendation 2

It is proposed that private and public sector health employers, including the Australian and State/Territory Governments, work with professional and industrial nursing organisations to evaluate advanced nursing practice in different contexts and with different scopes of practice in rural and remote areas, to assess the quality of care and health outcomes that result from each.

NATIONAL LEADERSHIP

Progress on nursing workforce issues in rural and remote Australia would be enhanced with national leadership from the Australian Government and better co-ordination of education, training and related activities. The Australian Government plays a crucial role in funding and delivering health, education and aged care services and it is important that they establish a nursing position to develop and coordinate policy in these areas^{xxviii}. The Australian Government is also the key to the delivery of health services in small communities, and to the recognition and development of suitable models of nursing practice^{xxix}. The Australian Government should encourage consistent approaches to terminology, role definitions, competency standards and educational requirements for nursing in remote and rural areas. Policies on mutual recognition demand a collaborative approach across Australia to these issues.

Governments have become increasingly aware of an emerging crisis in rural and remote area nursing, exemplified by nursing shortages and the ageing of the nursing workforce. In response the Australian Government now offers a range of aged care, undergraduate, re-entry/upskilling and continuing professional development scholarships for nurses and students in rural and regional areas. Furthermore, the National Nursing and Nursing Education Taskforce has been established to drive major nursing education and workforce reforms, including implementing the recommendations of *Our Duty of Care*, the report of the National Review of Nursing Education.

The problems facing rural and remote nurses are many-faceted and will only be resolved by a strategic long-term approach involving all relevant parties, led by national action.

To perform such roles effectively the Australian Department of Health and Ageing should have a dedicated unit of staff with nursing experience and qualifications, including some with experience in remote and rural areas. This unit would give the Australian Government the credibility to influence other players and the resources to pursue these issues with vigour. Ideally the unit would be headed by a Director of Nursing Policy (however titled), with sufficient status to be able to play a significant role in the Australian Government's broader health policies and to influence Departments of Education in their approaches to workforce planning for nurses.

Recommendation 3

The Australian Department of Health and Ageing should have a dedicated nursing unit, headed by a Director of Nursing Policy (however titled).

ENCOURAGING MORE ADVANCED PRACTICE NURSES IN RURAL AND REMOTE AREAS

Rural and remote communities urgently need more expert nurses, so that health systems can provide a greater volume of high level clinical practice in a way that is culturally and contextually relevant. Nurses of this calibre advocate strongly for their community, mentor less experienced health professionals, and actively participate in interdisciplinary collaboration to achieve positive health outcomes for their clients^{xxx}.

Workforce Issues

Where rural and remote areas are concerned, there are common workforce challenges facing all professionals - not just those in the health sector but accountants, teachers, Ministers of religion, electricians and vets as well. The challenges include the lack of peer support, the visibility of their work, higher costs of living, jobs and education for their family, and the difficulties of obtaining continuing professional development. These issues impact on nurses as much as any others.

For many nurses in rural areas and most remote area nurses, the relationship with Aboriginal Health Workers is an important matter affecting their work practice and effectiveness.

Employment issues

Rural and remote area nurses are employed in the public, private and non-government sectors, and under a variety of industrial agreements. There is a range of employment-related issues which impacts on their ability to fulfil their roles and responsibilities and which divert energy from service provision.

The Alliance has produced short 'check lists' for both nurses and their potential employers of issues related to recruitment and retention in rural and remote areas; see Appendix 2.

Remuneration

Nurses in advanced clinical practice in rural and remote areas should be remunerated in accordance with the skills, training and responsibilities required for their positions and their level of isolation, given they are often the first point of contact and have little professional support. However, remuneration and classification of positions are not always based on the context of practice or the role of the expert nurse. Positions must be classified appropriately and nurses should be paid at the correct level for their skills, training and responsibilities. Remuneration should account for additional roles and responsibilities the expert rural and remote area nurse may have, for example as the health service manager.

Remuneration should take account of relevant postgraduate qualifications (for example, in remote area or rural nursing, midwifery, or sexual health) and experience.

Living and working conditions

Being visible and accessible at all times means that it can be difficult for nurses to get 'time-out' where they are able to focus on themselves and/or be involved in activities that enable them to get away from the stressors inherent in living, working and socialising in rural and remote communities. Nurses need their local community to understand and value their roles, as well as their need for regular 'time out'. Ways of doing this include nurses and their communities working actively together to achieve realistic expectations; expanding community liaison roles; and using the media to raise the profile and understanding of the nurses' role.

Living arrangements offered by different States/Territories and employing bodies vary enormously. States and Territories need to pursue better options for providing adequate and safe accommodation for nurses in rural and remote areas. In line with the recent Senate Inquiry recommendations, this could include the development of a rural incentive scheme including relocation expenses, housing subsidies and bonuses for length of service.

The provision of other benefits, such as relocation expenses, access to motor vehicles and leave away from the isolated area, is also variable.

The discrepancies between what is provided both between and within professional groups do not assist the development of good interpersonal and inter-professional relationships. When the disquiet arising from this impacts on the functionality of a health team, it compromises the delivery of the service.

Professional isolation

While nurses in metropolitan settings may sometimes practise in isolation from peers (for example, an occupational health nurse, sole practice child health nurse), rural and remote area nurses face the added isolating factors of distance from other health services and other health practitioners. Geographical, social, professional and cultural isolation can have significant effects on the professional growth, practice and well-being of nurses working in rural and remote communities. Geographical isolation can direct the way in which health care services are provided and the level of infrastructure and support services available to sustain the nurse in their practice. It can also impact significantly on the cost of living and the costs associated with travel and accommodation.

Related problems include absence from families, concerns about harassment, threat to personal security and safety within the work environment, reluctance of staff to travel, and replacement of staff on leave. Professional isolation raises specific difficulties relating to skill and knowledge development, intellectual stimulation, and professional 'burnout'. The development of strategies to overcome such geographic and professional isolation poses a major challenge for the nursing profession.

Working conditions do not always recognise the impact this isolation has on rural and remote area nurses and their services. Action by States and Territories to help address isolation could include putting in place and ensuring compliance with current safety and security policies and providing support services in relation to housing, relief and professional development.

Information technology

Access to information technology (IT) for nurses in rural and remote areas is another area that has been subject to much discussion and reporting at national levels, but which has still not improved.

The use of information technology is not only critical to improving access to education and training and removing some of the realities of isolation, it is also critical to improving health services in rural and remote communities. In addition to issues of access, rural and remote area nurses are often unfamiliar with how to use IT due to inadequate preparation and orientation. Other problems can include lack of time and technical breakdowns. State and Territory Governments need to assess the need for information technology in rural and remote areas, purchase appropriate technology, and provide training, mentoring and technical support to ensure it is fully utilised.

Recommendation 4

Private and public sector health employers, including the Australian and the State/Territory Governments, should:

- provide nurses in advanced clinical practice in rural and remote areas with remuneration appropriate to their skills, training and experience, and the

responsibilities required for their position , their level of isolation, and the range of functions they perform;

- improve the living and working conditions available to rural and remote area nurses, by providing adequate and safe accommodation and/or the development of a rural incentive scheme;
- investigate a range of options for facilitating staff leave and time out, including the provision of relief staff and locums; and
- ensure that advanced practice rural and remote area nurses have access to reliable and relevant information technology, including the internet, as well as access to appropriate training and mentoring in IT skills and technical support.

Professional development

One of the primary drivers for advanced nursing practice in rural and remote areas is the need to provide education and professional support for nurses whose scope of practice is extended by circumstances of geographical isolation or health need^{xxxix}.

Education is a crucial factor in ensuring safe and appropriate health practice, including for nurses working in advanced practice roles. Educational providers must be aware of the competencies required to practise effectively and efficiently in rural and remote settings, and allow for the problems nurses face relating to access issues and barriers, timing and costs of education.

The difficulty for rural and remote area nurses in accessing ongoing education and professional development has been widely discussed and reported. Despite continually being the subject of recommendation, and despite the development of initiatives such as University Departments of Rural and Remote Health and the Australian Government Rural and Remote Nursing Scholarship Program, rural and remote area nurses remain at a significant disadvantage when it comes to being provided with educational and professional development opportunities.

In some areas, the ability of nurses to attend courses relates directly to the availability of appropriately qualified and readily accessible relief staff. Expert nurses, in particular, are generally irreplaceable in the clinical setting, and although they may identify areas in which they require further education or supervised clinical experience, it can be difficult to obtain leave to pursue these opportunities. In more isolated areas, where the nurse may be the only professional available 24 hours per day and/or the primary provider, they can be seen as indispensable to a community. As a result, the educational focus for employers may be on less experienced nursing staff who require up-skilling to provide a competent level of care to community members.

Expert nurses identify where their personal knowledge gaps are and seek to proactively address them. Experiential learning including reflection on practice is an important method and is generally combined with the resources that present, such as health care provider colleagues, both permanent and visitors, and social meetings with colleagues. They make use of the internet, professional journals and networks, and short courses.

Innovative approaches to addressing the challenges of postgraduate education include live interactive television education via satellite to rural and remote health professionals, including programs specifically for nurses. However, to support greater education and training

opportunities for nurses, they need improved access to information technology and tele-health facilities^{xxxii}.

Postgraduate nursing education is now available in a range of modes, including distance education, which makes it more accessible for some. Many expert nurses have now completed postgraduate qualifications. Given the high travel and accommodation costs for rural and remote nurses to attend courses, more training needs to be available in regional and rural centres, for example through the development of regional study centres located at regional hospitals. Clinical education to support the development of advanced practice for remote area nurses can require some face-to-face contact. Despite the availability of scholarships, there continue to be significant barriers such as distance, obtaining leave or relief staff, inflexible learning environments and unrealistic expectations relating to clinical practice and learning opportunities. Many nurses use long service leave and holiday entitlements to attend courses.

To address these issues, Australian, State and Territory Governments should provide funding and support for continuing education and up-skilling, and for the provision of leave and relief for personnel. In addition, access to support systems such as the Bush Crisis Line and the networks provided by the professional organisations such as the Council of Remote Area Nurses of Australia and the Association for Australian Rural Nurses is essential for expert nurses in rural and remote areas.

Recommendation 5

The employers of nurses working in rural and remote areas should work with universities and other institutions to:

- develop innovative approaches to providing postgraduate education, especially in rural centres, including measures to address the costs of such qualifications;
- request the Australian Government to provide specific funding for an expansion of its continuing professional development scholarships program for rural and remote area nurses undertaking postgraduate advanced practice training programs; and
- provide advanced practice rural and remote area nurses with good access to on-going education and professional development, with support provided through video-conferencing, webstreaming and satellite broadcasts, and the means to access them.

Recommendation 6

Universities and other education institutions should list and promote their current advanced practice nursing education programs to help nurses, employers and others to select and recognise appropriate training pathways.

Succession Planning

Succession planning is “the deliberate and systematic effort made by an organisation to identify, develop, and retain individuals with a range of leadership competencies who are capable of implementing current and future organisational goals”^{xxxiii}. Succession planning is separate from activities such as orientation and preparation for practice which are imperative and should be routinely available. Succession planning is about planning for the future and ensuring leaders and potential leaders are identified and developed. Lacey argues that the focus is on future requirements, and providing high potential and high performing employees with developmental experiences that will skill them to meet future demands^{xxxiv}.

Succession planning acknowledges the fact that there are multiple paths to leadership, and aligns organisational thinking, the external environment and the development needs of individuals and the health service. Using the imperatives that Lacey has identified, advanced practice rural and remote area nurses have a responsibility to be actively involved in strategic succession planning. This includes developing policies and processes for the recruitment, development and retention of staff, with recruitment involving more than just selection processes. As Lacey argues, when there is no formal process in place and it is left to individuals to manage succession, incumbents tend to groom successors who resemble themselves in appearance, background and values. A formalised process provides all staff with access to development and training plans, with managers and subordinates discussing an individual's career path. Appropriate support networks for new appointees are also important.

In summary, effective succession planning supports the recruitment, development and retention of appropriate nursing leaders. Employers should recognise the importance of providing career progression opportunities for rural and remote nurses and provide a mechanism for the identification and development of future leaders.

Legislative issues

The demand for a comprehensive range of services can present challenges for nurses in rural and remote areas, who are expected to be aware of their own limitations and competence and only practise within these in accordance with relevant legislation. However, remote area nurses are often in the position where they have to respond as best they can to the health needs of the community with limited support such as the Royal Flying Doctor Service.

In response to these concerns there are usually legislative and regulatory provisions in place that support the expanded scope of practice of nurses in rural and remote areas and underpin all levels of nurse and all levels of practice, from novice to advanced^{xxxv}. State, Territory and Australian governments need to review their health legislation to ensure there are no impediments to supporting advanced nursing practice. Most Australian jurisdictions require nurse practitioners to have a Masters level qualification, with some interim processes to enable immediate authorisation, subject to some grandparenting process or sunset clause so that they have time to gain the qualification, or so that equivalence can be recognised. Western Australia has a postgraduate diploma for nurse practitioners.

Most nurses, including nurse practitioners, have professional indemnity cover through their employer with vicarious liability legislation. However indemnity is a major issue for some midwives where the cost of insurance is very high because it is aligned to that of obstetricians. Midwives in Tasmania are required to have their own professional indemnity insurance and self-employed midwives in all jurisdictions are particularly affected by the difficulty in securing indemnity insurance at a reasonable price.

Recommendation 7

State, Territory and the Australian Government should:

- commission an update of previous reviews of legislation relating to advanced nursing practice; and
- introduce and/or amend health legislation (where appropriate) to support and enhance advanced rural and remote nursing practice.

APPENDIX 1 EXAMPLES OF ADVANCED RURAL AND REMOTE NURSING PRACTICE

There are a number of successful models in rural and remote Australia of nurse clinicians, working alone or in partnership, demonstrating advanced nursing practice. These can be used to inform the development and progression of education and models of practice of the profession. Effective models of advanced rural and remote nursing practice:

- are appropriate for the context in which they occur;
- are congruent with community needs/aspirations;
- are based on small teams with broad complementary roles;
- are models in which educational preparation, experience and skill mix matches practice;
- have a multi-disciplinary, knowledge-sharing approach to teamwork;
- allow for overlap of practice roles;
- take a primary health care approach;
- recognise and observe cultural sensitivities;
- provide appropriate pay levels; and
- encourage professional respect and autonomy within discipline areas^{xxxvi}.

Some examples of the different contexts and scope of practice are outlined below. They illustrate the diversity of rural and remote communities in terms of population and access to health services and resources. Staffing levels reflect the different levels of service provision and service size. At each site the nurse provides a range of duties to support the communities in which they are located. Single nurse posts are not to be encouraged^{xxxvii}, but nurses who find themselves at sole practitioner sites consistently undertake advanced clinical tasks beyond the scope of practice of a registered nurse, while those at rural facilities with an on-site medical officer perform this expanded role less frequently^{xxxviii}.

Rural areas

With a population of approximately 9,000 residents, Nanango Shire is located 200 km north-west of Brisbane, in the south-east corner of Queensland. The needs of its population include services for the elderly and socially disadvantaged with high levels of unemployment, drug and alcohol issues and mental health conditions.

Box 1

Nanango is equipped with a sixteen-bed hospital that provides services for people located across three Shires and 3,958 square kilometres. The hospital is staffed by one Director of Rural Health Services, 2.6 clinical nurses, 3.5 registered nurses, 4.6 enrolled nurses, one Medical Superintendent with right of private practice, one administrative officer, and eight operational services staff. The Medical Superintendent has alternate weekends off, during which time the hospital is supported by the Principal House Officer located at the level three hospital in Kingaroy, 25 kilometres away. On these weekends the nursing staff at Nanango manage all presentations to the hospital, in consultation with Kingaroy, to where patients requiring medical intervention are transferred. Nurses make the decision to admit and observe without medical officer intervention after hours.

Remote areas

The 'Quality Care in the Bush' project, auspiced by Monash University School of Rural Health, aims to identify the advanced practice of Bush Nurses and promote formal recognition of advanced nursing practice in health service provision to rural and remote communities in East Gippsland, Victoria. The communities of Swifts Creek and Cann River are the focus of this project^{xxxix} (Box 2).

Box 2

Swifts Creek is in the northeast sub-alpine region at the foothills of the Great Dividing Range, an area devoted to farming and forestry with a history of gold mining. The first nurse came to the area in 1914, and a single nurse practitioner continues to provide primary health care to a community of 450 and an increasing number of tourists.

Cann River, in the far eastern part of Victoria, provides services to small settlements in South Eastern NSW and Victoria. The main industries in the region are farming and forestry and a rapidly expanding tourist industry. A sole nurse was appointed at Cann River in 1920 and until 1960 was also responsible for the nearby district of Mallacoota.

Like many small rural communities in East Gippsland, Cann River and Swifts Creek have no local medical officer, hospital or pharmacist. Rather, general practitioners play an important role in providing the two nurses with professional co-operation, referral, collaborative consultation and medical advice. Further knowledge and support for the project is provided by pharmacists, clinical nurse associates, local Committees of Management and communities.

The role and function of these two nurses represent a model of advanced nursing practice, demonstrated by them working autonomously, in collaboration, and with referral to, local medical and allied health professionals. Formal recognition of advanced nursing practice in rural and remote areas contributes to securing access to safe, appropriate and effective health care for isolated communities, as well as supporting those nurses who are often required to provide services beyond the traditional scope of practice^{x1}.

Other remote case studies are Laura (Box 3) and Morven (Box 4).

Box 3

The isolated town of Laura is located 310 km north-west of Cairns, on the path to the tip of Cape York. The nearest town, Lakeland Downs, is 60 km away, and accessible only by dirt road. Laura has 70 permanent residents, of whom 58% are Indigenous, with around 40,000 tourists passing through the town each year.

The health services in Laura are delivered via the Primary Health Care Centre, which sees approximately 1,680 clients per year. Of these, 140 are tourists or visitors from other communities, who present for the first time. Staffing for the Health Service in Laura is one Rural and Isolated Practice Endorsed Registered Nurse (RIPERN), one

health worker, a casual cleaner and a gardener/security/driver/wardsman. The Royal Flying Doctor Service (RFDS) provides medical and specialist staff for scheduled clinics and emergency calls. The Primary Health Care centre provides emergency response, outpatient services, women's and child health, home visits to surrounding properties and to Lakeland Downs. Visiting services provided include the RFDS, psychologist, counsellor, physician, paediatrician, and psychiatrist. Laura experiences an average of two urgent evacuations per month - while the service does have one bed for emergencies, it is not equipped for overnight stays. In addition, it has an average of five motor vehicle accidents and four injuries involving fish hooks per month during the tourist season. Minor trauma or emergency conditions are treated on site by the RIPERN in consultation with the RFDS via phone as needed, whereas more serious cases are stabilised as far as possible prior to transfer by the RFDS.

Box 4

The town of Morven is located in western Queensland on the main highway 90km east of Charleville, and 90km south of Augathella. It consists of 300 people and an unknown number of residents on surrounding properties. Employment in Morven is predominantly centred on beef, sheep, goat, kangaroo and pig meat production.

The Primary Health Care Centre has a RIPERN nurse available Monday to Friday from 9:00 am until 12:00 noon. A general practitioner visits from Augathella one day a week and sees thirty people. On weekends the town is supported by three honorary ambulance officers. Minor cases requiring hospitalisation are transferred to Augathella, while complicated cases or those likely to need evacuation to a tertiary centre by the RFDS are transported to Charleville. In addition to Augathella's provision of a general practitioner one day per week, Charleville supplies Morven with a dental van, a physiotherapist, women's health, child health, podiatrist and mental health service as needed. The RIPERN nurse in Morven attends call-outs with honorary ambulance officers, refers complicated cases to Charleville, prepares appointments and files, and follow-up for patients in accordance with visiting GP and specialist schedules. The nurse is also the Meals-on-Wheels overseer, Home and Community Care and Home Help contact and co-ordinator, and conducts a number of health promotion activities for the community.

In summary, given the wide diversity in rural and remote Australia in terms of the distribution of the population, the morbidity and mortality profiles of the different population groups and the availability of health services, it is unlikely that there will be a uniform definition of the role or work of nurses undertaking advanced rural and remote nursing practice.^{xli} Rather, the role of the advanced clinical nurse and the job content reflect the context in which the demand for care takes place.

APPENDIX 2 CHECKLISTS FOR NURSES AND THEIR EMPLOYERS

A checklist for nurses entering practice in rural and remote health settings

This information sheet is designed to help nurses adapt to the professional and social context of work in rural and remote settings in Australia. It has some reminders about the support that may be available from your rural or remote employer, and suggestions about the questions you might ask.

Wherever you work in rural and remote areas you will need expertise and confidence about the cross-cultural issues you will experience. Ask your potential employer and seek special advice. Remote areas can be quite distinct and you will have less peer-group support but there may be some special terms and conditions to help support your work in such areas. Find out as much as you can about the health setting and the community before you set out. Make sure you get information about the history, geography, demography, climate, services, languages and culture – and that your orientation deals with them too if possible.

The nature of rural & remote area nursing

Nursing in rural and remote areas is diverse, challenging and rewarding. However you can be almost certain that wherever you go you will gain skills not available in other contexts – skills that will be useful and relevant for later in your professional life. Experienced rural and remote area nurses find theirs the most rewarding of all nursing work. We hope you will come to love it too.

Orientation Programs

Ensure that your employer will provide an orientation program. This should include a cultural awareness program if Indigenous people form a percentage of the population. Ensure that the employer is keen to support an adequate skill level for you to practise in this new setting and is able to refer you to training programs that may be helpful. Ensure that ongoing training will be encouraged, and that relief staff can be obtained for when you're away on courses.

Take advantage of what is offered, but know that you cannot learn it all at once – and are not expected to. Find out where you can get information when you need it. Learn the priorities, preferences, differences and challenges of your work context.

Managing isolation

- Rural and remote area practice can be lonely personally and professionally. Relevant professional networks are an integral aspect of your work - not an indulgence. Join a professional association relevant to your needs (see the list at the foot of this document). The benefits include networking, professional development, mentoring, context-specific advice and information about relevant opportunities and issues.
- Informal mutual support networks are important too, so make contact with other health professionals in the area. Accept their offers to help you settle in. Accept invitations to visit other health care settings beyond your own.
- Sharing experiences, frustrations, doubts and fears among professional colleagues is important. If you have e-access in your location, set up an email network of friends and colleagues. If you don't, stay in touch by phone and become a letter writer.

Fitting into the new work context

No-one is expected to know the nuances and complexities of the rural & remote context from day one. It is likely to be quite different from anywhere you have worked before. See if the employer is able to offer a mentor program. This could be an external professional or peer or, if you are going to be working in an Indigenous community, someone in the community to act as a cultural broker.

There is much to learn, but also much for you to contribute in your new work context. Be prepared to say what you do not know or understand, or have not previously experienced. Be prepared to share your knowledge and experience from elsewhere with nurses and others in your new work setting.

Get involved in the health service - don't be a passenger. There is so much you will be able to contribute, even if you feel a little nervous at first. People will help, if they know you will let them, and that you are ready to go the extra mile. It will be well worth the effort in terms of job satisfaction.

Questions you might ask – especially if you're going remote

How many staff are there and of what kind? What is the structure of the health service? What visiting health specialists are there? What is the on-call system and how is it paid? How often do you get a weekend off? What are the safety rules? eg safe place in clinic, attending call-outs alone after dark?

Is there accommodation in town for staff? Where is it and how do you arrange it? How is it equipped (linen, TV, fencing, phone, secure area for your vehicle or dog?) Do you pay for power, gas?

What's the story with professional registration? Car rego? Is there mandatory reporting? Where's the nearest source of fresh foods? How do bush orders from town work? Library? How often does the mail come? Stamps? Child care? School? How often is the mail plane?

What's the road to town like - bitumen? 4wd, boggy? Do I need a diesel vehicle? Fuel supplies?

What's suitable clothing? Is there a book about the region - a community profile? Suggested reading on local culture and language? What new skills will I need (suturing? 4WD?)

Do I need to bring tax file no, bank BSB and account number, super fund number, laptop, incense sticks, promite, favourite books? Will I keep a journal?

Earning your way into the community

- Keep your practice skills and cultural awareness up-to-date.
- Show yourself as keen and willing to get involved, even though you may have an anxious knot in your stomach at first.
- Accept invitations from people wanting to show hospitality and welcome you to their community. Take a friend.
- Rural and remote area communities are **renowned** for their friendly, welcoming attitudes toward new health professionals.

Check with your employer about the following possibilities – some of which may be available for remote areas only:

- reimbursement of relocation costs and an accommodation allowance;
- financial recognition of qualifications, of years of nursing experience, years in rural or remote settings, and of the degree of remoteness or isolation of the setting;
- annual airfares to nearest capital city for you and your family;
- study allowances, including leave to access courses and financial support to attend;
- the relief systems in place and arrangements for professional development;
- mechanisms to support cultural awareness training and support;
- occupational health and safety arrangements;
- access to IT (computer, internet); and
- assistance with professional memberships.

Supporting nurses in rural and remote areas: a checklist for employers

Your new staff will want to fit into their new community and maintain the professional ability for effective practice in a rural or remote setting. Those not familiar with rural and remote lifestyles can find this a big challenge. Many employers assist by compiling a set of information for new employees and providing orientation. Make sure you have good OHS policies and procedures in place and that they are adhered to. Try to have an overlap between new and departing nurses. Check the references of new staff. Help them identify the roles they will play.

Feeling welcome in a community, especially in the early stages before professional and personal friendships form, can be critical to a nurse's perception of being worthwhile and professionally fulfilled in new work and social environments. These perceptions begin to form early, and their impact can endure. Employers will benefit from taking the trouble to welcome and involve new employees. Time spent recruiting good staff and paying them well will save money in the long term through improved retention, safety and effectiveness.

Orientation programs

Remember that experienced rural and remote area nurses once had to learn what they now take for granted! Putting out the 'welcome mat' for a new staff member is the first step toward ensuring their retention. The second is providing them with information, support and encouragement to help them succeed and not to feel inadequate or stupid.

If the workplace is in an Indigenous community, some cultural orientation needs to be arranged as well as organising a mentor or guide who may help broker any cultural difficulties that may arise.

An ideal orientation will take at least a week and will introduce staff to key people in the community and region, provide some geographic orientation, and enable them to begin familiarisation with the facilities of the organisation and the workplace itself.

Stories abound of nurses who have been distressed by the time taken to track down things that experienced people take for granted. Being able to access information efficiently contributes much to a new employee's competence.

Week 1. Hold a welcome morning tea for those likely to work with the new person in the professional context. The sooner it happens, the better. If that first professional contact arises as a matter of necessity or as part of problem resolution, it may have untoward impact on the way those people work together on other clinical challenges in future.

Provide new staff with a hospital or health service information package including the organisational structure, policies and protocols, the clinical policy manual, HR and OH & S information, Annual Report and a checklist of contact details for key people: name, job title/role, phone, e-mail, mailing and physical address. Many wheels have been reinvented by new staff because there is no record of 'how we do things here.'

Week 2. Hold a 'Welcome to the community' function arranged by a community organisation not tied to the work context. Many communities have derived the benefits of profiling the 'new nurse in the community' through the local press and other public means. Nurses who feel they have to earn the right to be in a particular community, rather than feeling overtly welcome and needed, are likely to take longer to reach their full productivity than those whose entry to the community is mediated by the locals.

Week 3. Find your new staff an invitation to speak at a community function on something about which they feel passionate and comfortable. Rural and remote communities welcome such opportunity to learn of the way other communities and organisations do their work. The 'talk' may be

about non-work interests, which helps the person establish an identity as someone with a broader skill, interest and personality base than that restricted to the work context.

Introducing the ‘new nurse’ to the community

Rural and remote areas are renowned for their friendly, welcoming attitude toward new health professionals. Some communities will be slower to welcome newcomers than others but, whatever the local circumstances, putting out the ‘welcome mat’ is the first step toward ensuring retention of a new employee.

Improving recruitment and early commitment to the role

Recruitment and retention remain the most vexing problems for rural and remote area health services. Get the neighbouring services involved in jointly trialing some options that may suit your circumstances.

Consider offering selected additional incentives such as:

- reimbursement of relocation costs and (for remote settings) annual airfares to the nearest capital city for the nurse and their family;
- salary sacrifice arrangements;
- an accommodation allowance;
- financial recognition of the nurse’s qualifications, years of nursing experience, years of experience in rural or remote settings;
- study allowances, including leave to access courses and financial support to attend; and
- salary loading to reflect the degree of remoteness or isolation of the setting.

Your new nurses will want to be assured about:

- the levels of human, financial and material resources in the workplace;
- flexible employment models and reliable relief systems;
- mechanisms to support cultural awareness in an environment that encourages learning and acceptance of difference;
- childcare;
- risk management strategies, including support for relevant clinical skills, occupational health and safety, issues related to violence, cultural safety and personal coping skills.

Encourage your new nurses to join a relevant professional association. These are a source of specific professional development, context-relevant expertise and peer support.

Assist them financially to attend a meeting or conference of their professional association, usually AARN or CRANA. They will usually return from such events with renewed enthusiasm, confidence and a raft of new ideas, some of which will suit your organisational needs and priorities. Your organisation will benefit from improved rates of retention.

Encourage peer networking as a source of advice, confidence, professional esteem, sharing of ideas and experiences. This will be particularly effective in reducing the sense of professional isolation they may feel over time.

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