



Rural Nurse Practitioners in Australia

By Professor Sabina Knight

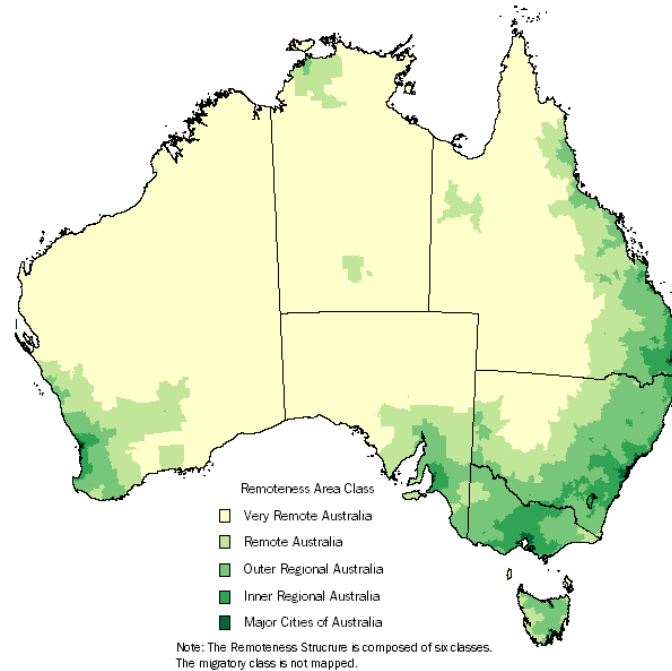


Thank you for your
very kind invitation
to speak at your
conference and the
opportunity to hear
again of the work of
Rural Nurse
Practitioners in
Okinawa and Japan.



Australia – Big Country, Small Population

25 million people

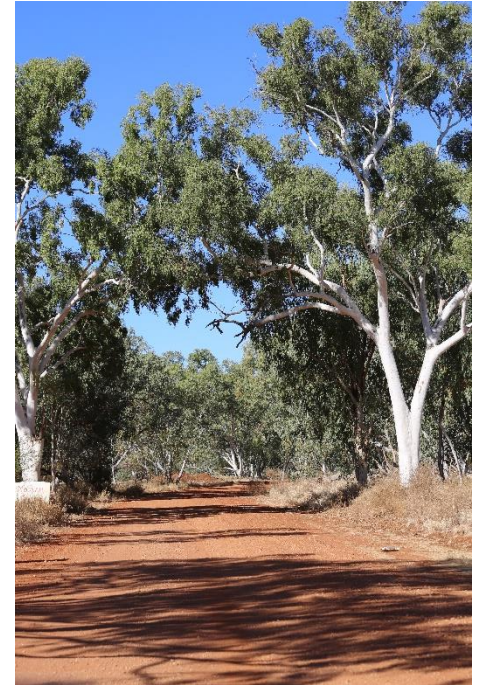


My place

- I live and work in Mount Isa in Outback Queensland
- Mining town
- Surrounded by very large cattle stations (ranches)
- 900 kilometers from Townsville
- 1200 kilometers from Alice Springs
- 1500 Kilometers from Darwin



Vast distances – sealed and unsealed roads



Wide open spaces – Arid lands to tropics



Famous for Mount Isa Rodeo



JCU - Regional University Established for the Tropics Based in Townsville

Queensland has a:

- Highly dispersed diverse population
- Most regionalised State
- Strong educational, health and industry connections north (PNG) East (Pacific) and North West (Asia)
- Varied infrastructure
- Rural State



*Photography By
Jess Edwards*

Australian Nurse Practitioners: The Beginning

The Nurse Practitioner role in Australia is relatively recent in our proud tradition of nursing. The first pilot projects were conducted in 1994 evaluating models in rural and remote areas of nurse practitioner work; women's health, midwifery, emergency care of vulnerable populations such as homeless men and primary care.



The rationale for the introduction of Nurse Practitioners was to improve rural and remote health and the health of vulnerable populations. This led to the first trials in 1999 in the Australian Capital Territory – our smallest state where our capital city Canberra is located.



Trailblazers

In the year 2000 the first two nurse practitioners were authorized by the Nursing Board to practice as NPs – these trail blazers were a previous remote area nurse Sue Denison and Jane O'Connell an emergency nurse.

Another remote area nurse Ollie Johnston was then authorized as a remote NP to work in western NSW. Ollie paved the way for future NPs nationally.



All of these NPs were employed in Jurisdictional health services. They did not bill for their services. It took another nine years for all the States and Territories to have the legal framework for NPs to work in all areas of Australia. One important part of this work was the work of the Australian Nursing Council commissioning the development of NP standards which informed national accreditation of education and authorization.



Law and Education

The Council of Remote Area Nurses of Australia – CRANA was actively involved in this process and a driver for national law for the registration of nurses, authorization of specialties such as NPs and accreditation of education programs. CRANA had been calling for this since it first began as a nursing association in 1983. The vision for CRANA was to educate remote area nurses to the highest level to provide the best care.



CRANA was successful in securing funding to develop an education program in 1999. National consultation, collaboration with professions, institutions and services over the next two years produced a framework and then the business of curriculum development took another two years. The Masters education program was then accredited in 2004 to educate NPs for remote and rural primary care practice.



The Move to the Cities

Now in 2020 we see a contraction of programs in Australia to the metropolitan areas and none in remote and rural areas of Northern Australia.

I hypothesize the constrained funding environment Australian universities have been experiencing over the past five years have made them risk adverse to retaining programs for small markets.



The introduction that each NP candidate must undertake 300 hours of supervised practice in a supernumerary environment is a new requirement. Now a candidate (NP trainee) is not on salary. For remote and rural NPs that equates to approximately 8 weeks away from home without a salary, in an accredited remote clinic. There not many accredited remote clinics to train candidates (NP trainee) so places are limited.



The Remote Context

Remote and rural nurses working in primary health care environments provide care either alone, or in small teams for the population of the town and communities in which they work. The care is in the context of the family, culture and geographic location of that town or community. The care is across the lifespan from birth to end of life, acute and emergency care, chronic disease and public health within a comprehensive primary health care framework. This means our remote and rural nurses provide after-hours care – are “on call” and often experience staff shortages in their teams.



Studying externally adds to the stress of their working life. Many nurses study as they are motivated to provide the best care they can. They are often confronted to make pragmatic choices as to which course, for how long, at what cost can they afford both financially and physically. These have combined with the financial burden of course fees and travel to education centres. This impacts on the numbers of nurses able to undertake this rigorous postgraduate training.

What we now see is some generalist rural and remote primary care NPs and real growth in subspecialist NPs such as renal, cardiac emergency etc.



The Australian Nurse Practitioner Project

A land mark study of NPs the “Australian Nurse Practitioner Project – AUSPRAC” was conducted in 2007. It was designed to inform Government, health service managers and clinicians on the status of nurse practitioner services in Australia (Middleton et al).

It was conducted in 3 phases –

Phase 1 comprised two national surveys; a national census exploring demography, scope and barriers to NP service

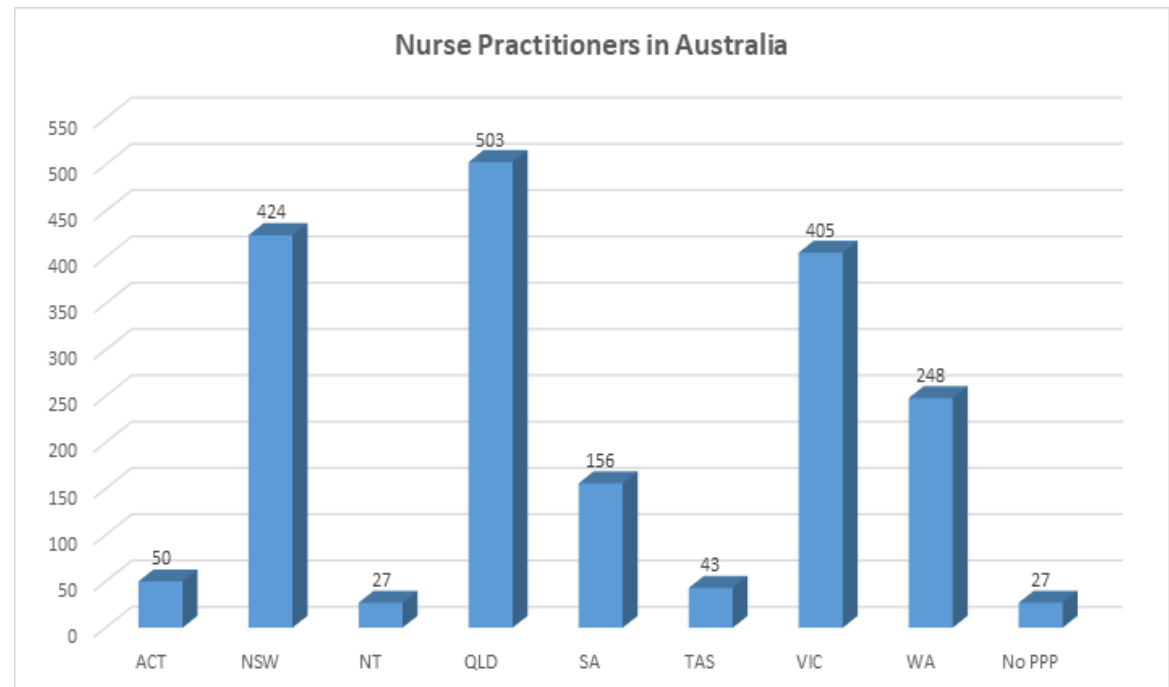
Phase 2 work sampling and case studies to better understand the intersection of the NP role in the team and work patterns; and the

Phase 3 examined NP service patient outcomes.



At the time of the study – 2007 there were 202 NPs who participated in the census and in the follow up study in 2009, 285 NPs participated. In this census only 4.8% of NPs were in generalist or remote areas despite overwhelming high need. The dominant area was Emergency Department with 26.9% recorded as working in this area and overall 82% were working in major city areas. (Gardner et al).

Today there are 1,883 nurse practitioners registered with the Australian Health Professional Registration Authority (AHPRA).



This study concluded that the role of the NP in Australia was still evolving, that enrolment in specific NP programs was becoming the clear pathway to practice. An employed model was predominant and it is clear that changes to our national payment for service scheme - Medical Benefit Scheme (MBS) and Pharmaceutical Benefit Scheme (PBS) is essential to support NPs being deployed to where they were most needed including remote and rural areas.

In the region I now work in Queensland, there is a growing number of NPs in practice within the North West Hospital and Health Service. There are 13 Nurse practitioners employed in this health service. There are 11 Nurse Practitioners currently practicing within their scope of practice. Two are in management.



In our region

There are five Nurse Practitioners in remote areas as generalist PHC NPs. Three of these 5 NPs in remote area as generalist PHC NPs were required to retrain from their sub-specialty to be generalist PHC NPs in remote areas.

It is timely to repeat the census now it is just over 10 years since the last (2009) and to examine the effectiveness of the NP model in rural and remote areas.



Looking to the Future

Nurse Practitioners remain central to achieving universal health coverage and the sustainable health goals of WHO.

Leadership – professional and clinical, advocacy and innovation remain critical attributes of nurse practitioners. If we are to scale up our efforts to close the gap in health care outcomes then a social justice approach to health workforce planning including nurse practitioners is required.

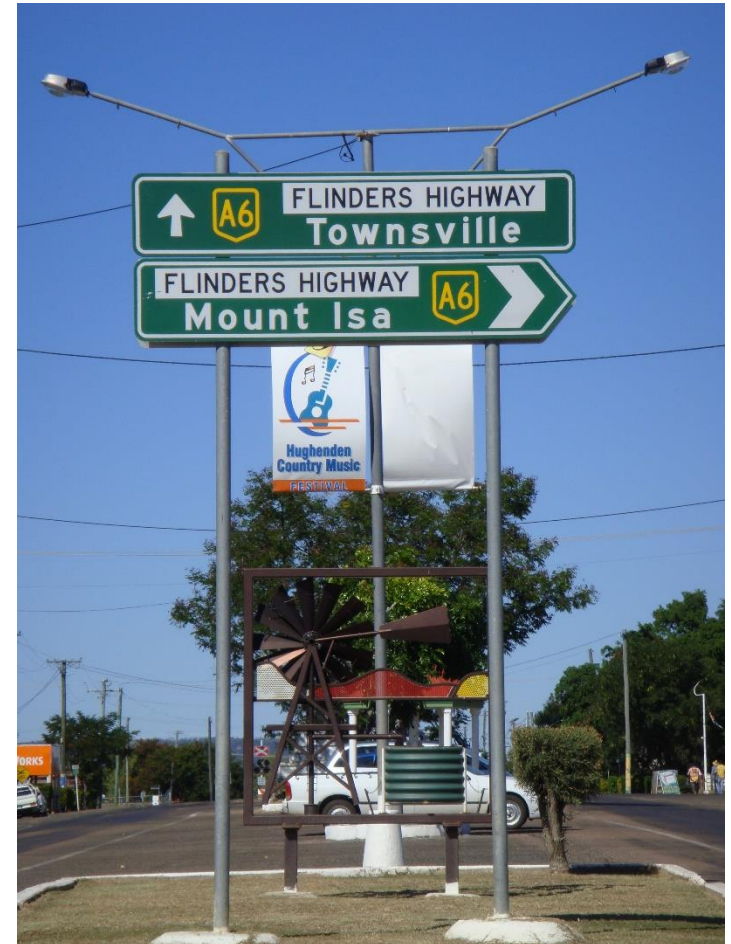
Barriers to supervision must be removed. Education programs that address Primary health Care and the context of working in rural and remote communities are still needed.



Bringing Education Home

Importantly the implementation of University Departments of Rural Health has had a positive impact of the overall distribution of health workforce in rural and remote areas of Australia.

Graduate nurses are now supported by nurse academics in rural and remote areas of Australia.



Centre for Rural and Remote Health

- I am the Director of one of these University Departments. The geographic region my University Department covers is bigger than Japan. We rely on tele health and tele education to support our students, staff & colleagues and the NP candidates in specialty practice and our generalist PHC NPs.



University Departments of Rural Health

National network

15 UDRHs across Australia.

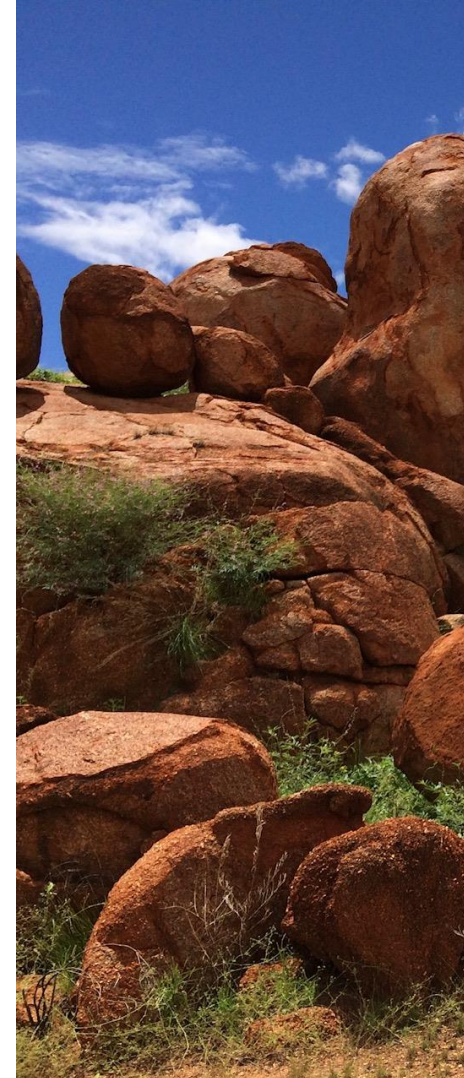
- Started with 6 in 1999
- Grew to 11 by 2003
- Four more in 2017
- Federally funded
- Health workforce strategy



UDRHs are located in remote and rural regions
Build academic presence in rural areas
Employ academics who live in remote and rural regions
Build public health capacity
Make teaching possible
Build research Capacity
Build infrastructure
Support students including NP candidates.

We at the Centre for Rural and Remote Health, James Cook University are planning a research project examining the effectiveness of generalist PHC NPs in remote areas. This is for the "International Year of the Nurse and Midwife" 2020.

I look forward to reporting on our findings at your next meeting if you are so kind to invite me.



Developing a Health Workforce In and For Our Region

For us it is outback Queensland
We use tele-education video conferencing to provide lectures, tutorials, simulate clinical consults and discuss case studies.
Telehealth provides support to the nurses living and working in small rural and remote areas - reduces isolation
Provides personal support - CRANA bush support services through telephone counselling debriefing services.



Telehealth

Clinical consultations

Case review

Case studies

Provides specialist
care close to home
for patients living in
small rural areas



Centre for Rural and Remote Health Nursing Education

- Provide nationally accredited nursing program in Mount Isa in Outback Queensland.
- Small group of students 25 – 30 across the degree program
- Students have lectures on Video conference from Townsville or Cairns
- Students have tutorials in Mount Isa
- Nursing tutors come from the local health services
- Students are taught by nurses at the top of their practice in rural contexts
- Engaged in community events learning rural context

Community engagement – health checks at sports carnivals



NP Rural and Remote Master Classes

- 3 day master class on the specifics of advanced and NP practice in rural and remote contexts.
- RAN model of consultation
- Primary Health Care
- Therapeutics
- Technology in practice
- Use case studies and scaffolded learning starting on where the nurse is. – small groups.

Rural and Remote NP candidates

- Still complete their university course
- Complete their 300 hours supervised practice
- Take up Master classes to enhance their rural and remote generalist practice.

Rural NPs have an important future - we must keep working on it. Thank you

