

annual report 2014–2015



the peak professional body for the remote and isolated health workforce



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CRANaplus acknowledges the Aboriginal and Torres Strait Islander Peoples as the traditional custodians of Australia, many of whom live in remote areas, and pays its respect to their Elders both past and present.

Photo: Steve Batten.

Cover: Simpson Desert, South Australia.

from our patron



Photo: Marcus Mok.

I am proud to be Patron of CRANAPlus.

In the words of the CEO, Christopher Cliffe:

"CRANAPlus exists to drive the delivery of safe, high quality, primary healthcare to remote and isolated areas of Australia. We are an affordable, grassroots, not-for-profit organisation that has provided over 30 years of education, support and professional services to the multi-disciplinary remote health workforce of Australia. Our services are tailored specifically for this unique section of the Australian health workforce which is difficult to physically access – but so essential."

At the beginning of most conferences and events in Australia today, it is usual for the speaker to begin with an expression of respect for the indigenous people of our country – the Aboriginal and Torres Strait Islander peoples. But for CRANAPlus, this is not a courtesy or a polite routine. It is part of the daily reality. Although CRANAPlus members in the health care services work with and for people of all races, backgrounds and communities, a significant part of the work of CRANAPlus concerns the indigenous people who live in the remote and rural areas of our huge intercontinental country.

Australia still presents many paradoxes in its treatment of the indigenous peoples. Poor educational opportunities; housing; and healthcare facilities are all too frequently a cause of injustice and deprivation. This is where the work of CRANAPlus members turns words of acknowledgement into positive action. They are agents for good outcomes in the provision of universal human rights for vulnerable Australians.

I also applaud the commitment to members of CRANAPlus to high ethical standards. At a conference in Cairns which I attended, in my capacity as Patron of CRANAPlus, I shared with the participants a quandary that had been presented in debates at UNAIDS in Geneva. The advent of antiretroviral therapy (ART) to reduce the deadly toll of HIV, would it be justified to conduct HIV tests randomly, and without specific counselling and consent on the part of patients. Could such a course be justified by the outcomes?

It was no surprise to me to hear the answers given by the CRANAPlus members. 'We could never do that. It is contrary to our ethics as Australian healthcare professionals. It would also be counter-productive. Our patients, when they heard that this had been done, would never trust us again. It would take decades, if not generations, to win back the trust and confidence of our patients'.

When I recounted this response in the hallowed halls of the United Nations in Geneva, there was great admiration for CRANAPlus and its members. And for the integrity of the provision of healthcare in Australia.

I therefore honour and acknowledge the work of CRANAPlus and its members, who work to a high standard of professionalism and integrity. It is sometimes arduous and difficult, beyond the demands of the provision of healthcare services in metropolitan areas of cities. But the CRANAPlus members are accomplished and determined. Their work is described in the Annual Report, in the CRANAPlus Magazine and in other media. I am glad that I am associated with them.

The images of Australia that appear in the wonderful photographs in the CRANAPlus Magazine need to be specifically mentioned. Most Australians live in cities that hug the huge coastline of our continental country. For them, the sights, sounds and smells and feelings of remote townships and country areas are an unknown mystery. The photographs in the CRANAPlus Magazine reveal the great beauty and diversity of Australia. The amazing flora and fauna. The images of small townships and the faces of a hardy people who truly make Australia home.

To the Executive and members of CRANAPlus, and all those who support them in their work, I express a citizen's grateful thanks.

The Hon. Michael Kirby AC CMG
Patron of CRANAPlus

ceo's report



The 2014–2015 year has been an exiting year of change and growth that saw a targeted focus on being efficient, professional and of the highest possible quality. As we grew our strategic partnerships we also surveyed and engaged our members to better refine and focus the services and products that we supply.

CRANApplus exists to ensure the delivery of safe, high quality primary healthcare to remote and isolated areas of Australia. We remain a grassroots, not-for profit organisation that has provided over 30 years of education, support and professional services for the multi-disciplinary remote health workforce of Australia. As an organisation that has remote health as its sole focus, the services we provide are tailored specifically for this unique and difficult to access, yet essential, part of the Australian Healthcare System.

Australia is a nation that has a huge landmass with dispersed populations and industries, necessitating the delivery of healthcare in some challenging areas and conditions. As a nation, our collective identity relates to our respect for the bush and the many iconic stories from our outback and as such we have specific challenges to ensure efficient, affordable, sustainable, innovative, high quality healthcare. CRANApplus does its part by furnishing a workforce that is skilled, educated, prepared and supported for the unique challenges that remote Australia imposes on its people.

The powerhouse behind the success of CRANApplus is the amazing staff that works above and beyond each and every day. Their commitment to quality and passion for ensuring they do their part to improve the remote health services to Australia is an inspiration and a pleasure to lead. Our executive managers all run complex parts of the business and have embraced change and driven reform to ensure that we find efficiencies so we can re-invest into the services that we provide.

Our Board of Directors, led so ably by Professor Janie Smith, has provided sound governance and leadership for CRANApplus through a challenging landscape for the not-for-profit sector. I'd like to thank each of them for the support and encouragement they have shown to me and to our senior staff. The time, energy and experience that they so freely donate to CRANApplus is inspiring and greatly appreciated.

Please spend a moment to consider the hundreds of volunteers who contribute so significantly and make many of our education, support and professional services possible. In an industry where people are time poor and have significant demands from their employers (let alone families), the fact that highly skilled individuals continue to donate their weekends, their evenings and their experience is truly humbling. On behalf of not only CRANApplus, but of the thousands of remote health professionals that benefit from your commitment, Thank you.

This year culminated in the end of a triennial funding agreement with the Commonwealth Government and a re-commitment for three more years of ongoing financial support. This is a sound springboard for the next year as we continue to provide the essential services of education, support and professional services for the remote and isolated health workforce of Australia.

Christopher Cliffe
CEO, CRANApplus

president's report



I thank our staff and collaborators for their maturity and cooperation as we shifted 20 years of desert history back to the tropical rainforest of the north. This is proving to be an extremely good move under the strong leadership of CEO Christopher Cliffe.

In this past year, CRANApplus has continued to provide excellent education programs, support services and representation of the remote and isolated workforce at national level. As you will see in this annual report, we exceeded all previous attendance numbers at our exceptional education workshops all across remote Australia; we continue to provide outstanding support, resources and education through our Bush Support Services; and our professional service continues to represent our loud voices and produce great education products and resources for you. We have also seen our Customer Relationship Management (CRM) computerised system take off, making all our communication and auditing processes of much greater quality and accessibility. I particularly thank the CFO Steven Dangaard for his excellent work in this regard.

I want to acknowledge that our greatest resources at CRANApplus are our wonderful staff and volunteers, who continue to work with us year after year, and I take this opportunity to thank them for their excellent work and guidance.

One of our great challenges every three years is always to secure funding for our activities and I was delighted and grateful that we successfully received our full allocation of funds from the Australian Government in May 2015.

This speaks volumes, in these fiscally difficult times, about the quality and appropriateness of our activities in meeting the needs of the remote workforce, especially when many other organisations missed out. I want to acknowledge the hard work of the CEO Christopher Cliffe and his leadership of this huge process, much of which he undertook during the Christmas period, amply supported by our wonderful management team. We have also been exploring other avenues of funding arrangements and activities this year so that we might become more self-sustaining in the future.

Our Board of Directors has also taken some time to reflect upon our governance role and undertook an external review of our processes in February 2015. This found that we were doing pretty well as a Board and placed us in a good position to take this dynamic organisation into the future. I feel we have matured over the past few years and certainly our decision-making processes are well developed and strategically focussed. This year we farewelled two of our Board members, Breanna Walters and Keith Hunter, and I thank them for their hard work and wish them both the very best in their future endeavours. I also thank my fellow hardworking Board members who volunteer their time and expertise and continually keep me in line.

CRANApplus is the only multidisciplinary organisation in Australia representing remote health. I am very proud to continue to work with my fellow Board members and our strong management team to achieve a level playing field for the remote health workforce and improve health access and equity for remote Australians. We are in a strong position to do so.

Prof. Janie Dade Smith
President, CRANApplus

ceo



christopher cliffe

CEO

Christopher Cliffe is an experienced leader in the field of remote health care, having worked as a remote

area nurse in a variety of remote and rural communities in South Australia and the Northern Territory. Although Christopher was born and raised in rural South Australia, his work has taken him far afield, including working for the Red Cross in war and disaster zones in Sudan, Abkhazia, Afghanistan, Papua New Guinea and Sri Lanka. He has also worked in the wake of large scale tragedies including the 2002 Bali bombings, the 2004 Boxing Day tsunami, and the 2010 earthquake in Haiti. Christopher Cliffe has led a variety of health care organisations, including as Nursing Director for Remote Health in the Northern Territory, Director of Nursing at the Leigh Creek, Lorne & Colac hospitals, Manager of Primary Health Care for the Royal Flying Doctors Service in Queensland and most recently as the Executive Director of Nursing & Midwifery for Cape York Hospital & Health Service. He also served as the inaugural Executive Officer of the National Centre for Quality Improvement in Indigenous Primary Health Care, and as a long serving President of the CRANaplus Board of Directors.

In addition to his undergraduate nursing qualification obtained at the University of South Australia, Christopher holds a Masters degree in Public Health & Grad Cert in Rural Leadership. Christopher is an appointee to the National Lead Clinicians Group and Chair of CoNNO (Coalition of National Nursing Organisations).

cfo



steven dangaard

CFO

Steven was appointed Chief Finance Officer (CFO) of CRANaplus in September 2011. As an accountant

Steven boasts impressive practical and academic achievements and comes highly regarded within his profession and local community.

Before joining CRANaplus Steven previously worked in the forensic and insolvency industry for seven years. During this time Steven attained his professional membership with the Institute of Public Accountants, became a Justice of the Peace and completed both his Postgraduate Degree in Professional Accounting and Masters Degree in Commerce.

Steven has also been enthusiastically involved in the not-for-profit industry by currently acting as treasurer for Youth Empowerment Towards Independence (YETI) which engages in local youth health projects. Having grown up, studied and worked in Far North Queensland, Steven is based in the Cairns office.

With Steven's youthful enthusiasm, strong leadership attributes and demonstrated experience we are confident he will continue to play an integral role in helping the organisation achieve its aims and objectives.

board of directors



janie dade smith

President Chair, Governance Subcommittee

Janie Smith is a rural woman who has lived and worked in

rural or remote areas of Australia for most of her life. Her first remote experience was in Bathurst Island (Nguuiu) in 1985, which gave her a passion for remote work in the Indigenous context, and in many ways directed her future career path.

For the past 20 years Janie has worked extensively as a health educationalist in national curriculum development, program accreditation, educational resource development, policy development, organisational review, Indigenous health and research across all health disciplines. For seven years she ran her own national company – *RhED Consulting Pty Ltd* – undertaking consultancies for health departments, universities, professional colleges, government and not for profit organisations.

Janie works at Bond University as the Professor of Innovations in Medical Education where she coordinates the Master of Clinical Education Program, leads the development of Doctor of Medicine program, and teaches into the Indigenous and rural and remote curriculum. She is well published with Elsevier Australia publishing the 3rd edition of her book – *Australia's Rural, Remote and Indigenous Health* – in 2016.

Janie has been on the CRANaplus Board of Directors since 2010 and took over as President and chair in 2013. She previously sat on the Council of the National Rural Health Alliance for two years and numerous other national committees.



paul stephenson

Vice President Chair Audit & Risk Subcommittee

Paul's background and qualifications are in nursing, isolated

practice nursing, and health care management.

He began his career in health as a registered nurse in the heart of Sydney, trained and worked across numerous speciality areas including burns, sexual health and community health, and moved to Cairns in 1990 to begin what was two decades of experience with state health department in FNQ. This included community-based specialised health services, public health nursing on Palm Island, Nursing Director Cooktown and Mossman, then in 2002 he went on to Health District Manager and Chief Executive Officer roles for state health districts of Cape York, Torres Strait and Mt Isa and Gulf communities.

His transition to a management career provided him with the satisfaction of making a difference at strategic levels, with emphasise on practical improvements in health care access and outcomes in rural and remote communities in Far North Queensland.

Paul has served on the Board of Directors for Family Planning QLD along with multiple rural and remote health advisory and development committees over the last 25 years.

He has been involved with the development and delivery of Aboriginal and Torres Strait Islander Community Controlled Health Services in FNQ for the last 15 years and now has the great opportunity of working for Apunipima in the further development and management of primary health care services delivered in Cape York.



nicholas williams

Secretary

Nick Williams was born in the mid-north of South Australia and trained at Adelaide University, graduating

in 1980. He has considerable public health experience and has worked in Indigenous health for over 24 years in Africa, northern Canada and Central Australia and rural/remote South Australia. He was the Senior District Medical Officer in Alice Springs for seven years in the nineties, providing RFDS evacuations and community medical services to remote Aboriginal communities.

He was extensively involved in the initial development of the CARPA Standard Treatment Manual and remains on the Editorial committee for the Remote Primary Health Care manuals.

He worked in general practice/public health at the Parks Community Health Service for 12 years until 2011. He maintained his emergency medicine skills with weekly sessions at Queen Elizabeth Hospital Emergency Department throughout this time.

In 2009 he undertook a three month ICRC humanitarian mission to the North West Frontier Province of Pakistan, and worked in an Emergency Response Unit in the Philippines in response to Typhoon Yolanda in 2013. He continues to be available for ICRC Emergency relief duties.

He has been a facilitator for the CRANaplus Remote Emergency Care program for over 15 years.

He lectures in Aboriginal Health/Public Health at Adelaide University.

Nick is currently working with the Aboriginal Health Council of South Australia as a GP Supervisor, Aboriginal Health. This involves supporting the GP workforce in rural and remote Community Controlled Aboriginal Health Services in SA and supervising GP Registrars. He spends more than sixty per cent of his time working in rural general practice, and loves it.



breanna walters

Treasurer Board Appointed

Breanna joined the Board of Directors of CRANApplus in December 2011. Breanna was elected by her fellow directors to bring accounting expertise to the Board of CRANApplus. She grew up in Far North Queensland and graduated from James Cook University with a Bachelor of Business and Information Technology. Breanna is a member of the Institute of Chartered Accountants.

Breanna spent four years in the Audit Division of KPMG Chartered Accountants, providing audit and other professional services to clients in Cairns and remote areas of Far North Queensland.

Breanna is currently employed as an Accounting Controller for InterOil Corporation. InterOil Corporation is an oil and gas company listed on the New York Stock Exchange with operations based in Papua New Guinea. Breanna works in the Port Moresby office on a fly-in, fly-out roster.



john wright

Board Member

John is a Remote Area Nurse living and working in the Northern Territory. He began his working life as a farmer, shearer, fencing contractor and grain handler before attending the University of South Australia and commencing a career in nursing.

After two years as a ward nurse and seven years as an emergency nurse in a major trauma centre, John moved to the bush in 2003.

Since graduation he has attained a Graduate Certificate in Emergency Nursing, a Masters Degree in Remote Health Practice (Nurse Practitioner), and a Masters Degree in Remote Health Management, while working in a variety of remote and very remote settings.

His current workplace is Tennant Creek Hospital where he is Clinical Nurse Consultant for the Emergency Department but seconded to the role of Clinical Nurse Educator for the Hospital.

He enjoys being involved in clinical education including simulation, having gained endorsement as a BLS and ALS instructor and completed simulation training and a Certificate IV in Training and Education.

John is a Fellow of CRANApplus, a Fellow of the College of Emergency Nursing Australasia, a graduate of the Australian Rural Leadership Program (Course 16), Treasurer of the Central Australian Rural Practitioners Association and a member of the Australian College of Nursing since 1991. He was instrumental in creating the South Australian Emergency Nurses Association in 1997 and the College of Emergency Nursing Australasia in 2000, then joined the CRANA Board in 2005. In 2008, John took on and successfully completed drafting the new constitution that changed CRANA into CRANApplus.

In his 'spare time', John is the main carer for his disabled wife Anita and his father-in-law, he volunteers as a facilitator for the CRANApplus REC program and ALS program, and he is a mentor in CRANApplus' mentoring program. He is also a registered volunteer with the Northern Territory Emergency Service, having completed qualifications in search and rescue, and field trauma care. He is currently the Unit Officer for the Tennant Creek Volunteer Unit.



lynnette byers

Board Member

Lyn Byers is a Nurse Practitioner in the specialty of Remote Area Nursing, a Midwife and a Mental Health Nurse. She has worked in remote communities in Central Australia since 2001 as a Remote Area Nurse and Midwife. She has also worked in small country hospitals and bush clinics in Victoria. Lyn currently works as the Primary Health Centre Manager at Aputula.

In 2010 she worked with Aboriginal families at Kaltukatjara on a qualitative research project looking at aspects of child rearing in the remote Aboriginal community context.

She is actively engaged in the editorial process of the Remote Primary Health Care suite of manuals, used across remote Australia and contributes teaching sessions to post graduate courses offered by the Centre for Remote Health in Alice Springs.

Lyn is passionate about delivering high quality health care to remote areas and promoting the work remote area clinicians do in difficult circumstances.



kathryn zeitz

Board Member Chair Research Subcommittee

(This subcommittee became an operational committee under the CEO in February 2015)

Dr Kathryn Zeitz became associated with the Council of Remote Area Nurses in 1998 when she developed the Remote Emergency Care Program and piloted the first four programs and in 2002 reviewed the Remote Emergency Care program.

Her early career was at Flinders Medical Centre, specialising in the emergency department. Since that time she has worked in range of settings from rural primary care and the Royal Adelaide Hospital.

Her most recent role with the Central Adelaide Local Health Network was in change management and in August 2014 was appointed as the Executive Director of the Mental Health Directorate. She has a strong background in research, completing a PhD at the University of Adelaide Clinical Nursing School.

Her Board experience has included being a member of the Board for Variety, the Children's Charity in SA, where she is the Deputy Chair and three years with CRANApplus, where she is the Chair of the research subcommittee and the Conference subcommittee.



keith (bunda) hunter

Board Member

Bunda is an Aboriginal, born Eora and a ceremonial man of Djuin. He has worked as a

health professional for over 25 years, and has experience in a variety of health roles including; paramedical, general nursing, rural and remote nursing, mental health, social work, primary health care, Aboriginal health and addiction. His specific field of interest is in Aboriginal health and he has conducted several research projects which have led to writing journal articles on the topics of Aboriginal and Torres Strait Island, Mental Health and the Swine Flu Outbreak in the Hunter New England region of NSW.



john ryan

Board Appointed

John is a lawyer living in Newcastle, focusing in recent years on medical negligence. As luck would have it, he says, his wife is a nurse.

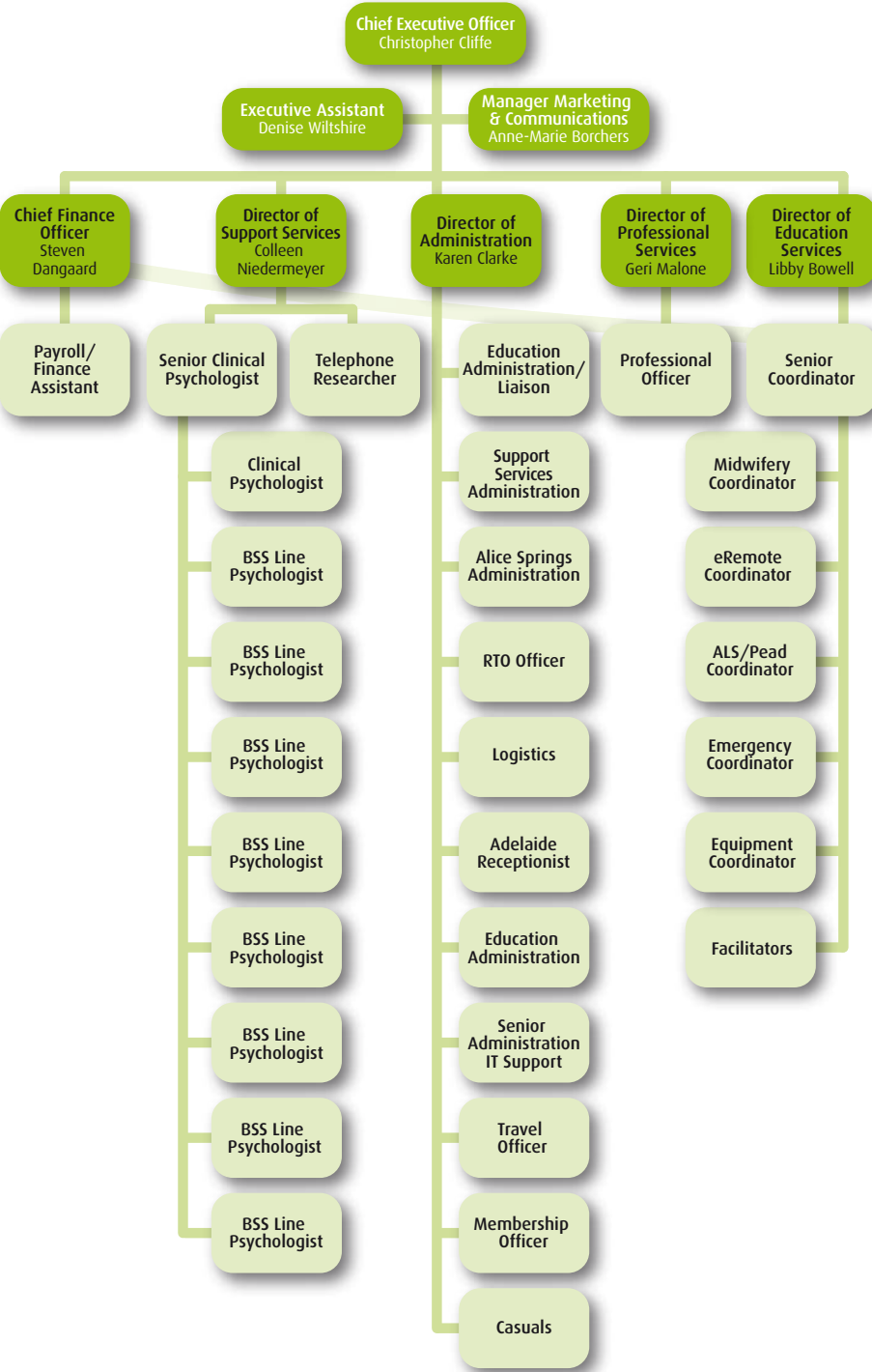
As well as owning and operating successful practices, John has experience in a wide range of legal areas. He was the first president of the professional standards panel of the Newcastle Anglican Diocese; and is a past member of the Community Aid Program through Belmont Local Court.

He has been a tutor at Newcastle university; a supervisor at the Newcastle Legal Centre; and a lawyer representing patients at Mental Health tribunals.

John has worked with rural, remote and Indigenous clients and was drawn to CRANApplus, with its vision and energy, as a way to contribute to improved outcomes.

Above: Board of Directors:
Back Row (L-R): Kathryn Zeitz, John Wright,
CFO Steven Dangaard, John Ryan,
Keith (Bunda) Hunter, Lynnette Byers;
Front Row (L-R): Nick Williams, Janie Smith,
Christopher Cliffe, Breanna Walters.

our organisation at a glance



our values, vision, aspirations and philosophy

our purpose

to promote the development and delivery of safe, high-quality healthcare to remote areas of Australia and her external territories

our values

- integrity
- social justice
- respect
- inclusiveness
- excellence in all we do

our vision

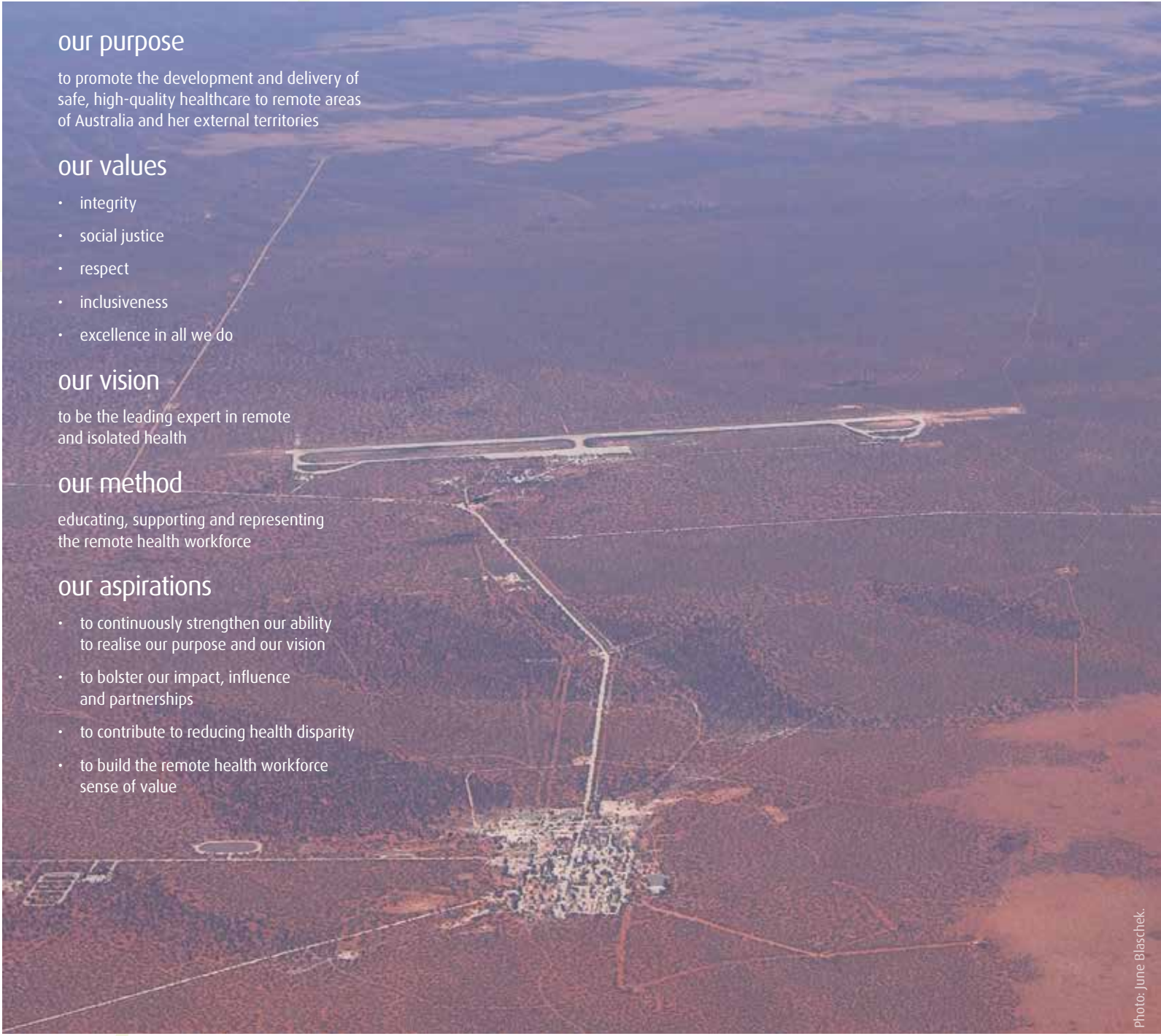
to be the leading expert in remote and isolated health

our method

educating, supporting and representing the remote health workforce

our aspirations

- to continuously strengthen our ability to realise our purpose and our vision
- to bolster our impact, influence and partnerships
- to contribute to reducing health disparity
- to build the remote health workforce sense of value



Above: Maralinga, South Australia.

who we are

CRANApplus is the peak professional body for the remote health workforce of Australia. We exist to ensure the delivery of safe, high quality primary healthcare to rural, remote and isolated areas of Australia.

CRANApplus is a member based not-for profit organisation that has provided over 30 years of education, support and professional services to the multi-disciplinary remote health workforce of Australia. The services that we provide are tailored specifically to this unique and difficult to access, yet essential, part of the Australian Health Care system.

The services that CRANApplus provides include:

- Practical evidenced based short courses designed to meet the specific skill set requirements of the remote multi-disciplinary health workforce which are delivered in remote, isolated and rural locations
- A free 24/7 confidential telephone bush support service, staffed by clinical psychologists to address crisis, prevent burnout and improve retention of the workforce
- Workshops and development of self-care resources to build the resilience of the new and current remote health workforce to overcome the burdens associated with rural and remote practice
- Online access to numerous remote specific education and in-service learning to reduce the costs and improve the access of education that most urban health providers take for granted
- Affordable targeted advertisements to attract the right health workforce to fill vacancies
- The development of clinical standards and guidelines along with the provision of advice and dissemination of resources about this unique area of the healthcare industry; and
- Services to improve the support to and number of Aboriginal and Torres Strait Islander people in the remote health workforce.

Australia is a nation that has a huge landmass with dispersed populations and industries, necessitating the delivery of healthcare in some challenging areas and conditions. As a nation, our collective identity relates to our respect for the bush and the many iconic stories from our outback.

People in remote Australia, who are much more likely to be of Aboriginal or Torres Strait Islander descent, have higher morbidities and associated mortality, yet have limited access to services that most Australians would take for granted. Remote communities in Australia most commonly do not have a local hospital or a private general practitioner. Care is made available through access to Remote Area Nurses and Aboriginal Health Practitioners, supported by visiting Medical and Allied Health professionals, all of whom require advanced skills and knowledge.

CRANApplus exists to ensure that efficient, affordable, sustainable, innovative, high quality healthcare is available to some of the most disadvantaged and hard to access members of the Australian community. It is achieving this by providing a workforce that is skilled, educated, prepared and supported for the unique challenges that remote Australia imposes on its people.



Above: Noonkanbah, Western Australia.

education services report

CRANaplus Education Services is committed to the development and delivery of high-quality education that supports and develops remote and isolated health practitioners. We deliver emergency care courses, which are clinically relevant across the lifespan and grounded in contemporary, evidence-based practice. Our courses are developed and delivered by a team of health professionals with unique skills in remote health, emergency, critical care and/or midwifery education expertise.

The education services at CRANaplus recognise that excellence in learning and development is key to the delivery of best-practice care, and the retention of a skilled workforce within remote and isolated health practice. As the peak professional body for the remote and isolated health workforce, our commitment to providing the highest quality education is evidenced in the consistent, positive testimonials we receive from each course:

"As usual, an excellent CRANaplus course, run by practitioners with an obvious passion for high standards of rural and remote health care. Once again, I've learnt a lot and increased my confidence to deal with resus (sic) emergencies. Thank you."

(ALS, Broome, WA. 2014)

"I am going to laminate and frame one of the first remarks of the course 'The golden hour of trauma: When simple interventions have the best effect'. How encouraging! Thank you for the course. It was great!!"

(REC, Lorne, VIC. 2014-2015)

"I found this, as with previous CRANaplus courses, challenging, which in turn is what I'm after to push and test our skills, also refreshing and updating knowledge base."

(AREC. 2014-2015)



At the core of our business is maintaining the quality of our education products and services. This means the past year has been dedicated to delivering courses, updating non-Registered Training Organisation (RTO) course content and reviewing RTO course content, as well as systems and structures to ensure continuing Australian Skills Quality Authority (ASQA) compliance. Additionally, a marketing strategy was implemented to identify and target workforce areas of need. Targeted course planning for the rural sector is currently in progress.

In the past year a team of seven highly-skilled course coordinators and over a hundred volunteer facilitators have delivered 79 courses in total. Additionally, the number of non-funded courses delivered in the same period increased from 24 to 46, representing a 52% increase. Courses delivered between June 2014 and June 2015 met with Commonwealth Department of Health funding and outcome requirements.

Course delivery: funded/private

| | |
|------------------------------|----|
| June 2012 | |
| Funded courses | 33 |
| Private courses | 23 |
| June 2013 | |
| Funded courses | 38 |
| Private courses | 24 |
| June 2014 | |
| Funded courses | 38 |
| Private/DoH/unfunded courses | 24 |
| June 2015 | |
| Funded courses | 33 |
| Private/DoH/unfunded courses | 46 |

Participant numbers in most courses have steadily risen in the past five years, with an average 25% increase in overall participant numbers across all courses. Most dramatically, the Aboriginal and Torres Strait Islander Health Worker course participant enrolments have increased by 83% from 2013-2014 to 2014-2015. The Remote Emergency Care course has also increased participant numbers by 38% and the MIDUS course by 50%.

Course enrolment and payment

| Course | 2009 | 2010-11 | 2011-12 | 2012-13 | 2013-14 | 2014-15 |
|---|------|---------|---------|---------|---------|---------|
| Remote Emergency Care course | 341 | 476 | 495 | 532 | 424 | 586 |
| Maternity Emergency Care course | 243 | 167 | 361 | 323 | 282 | 374 |
| Advanced Remote Emergency Care course | | 43 | 62 | 132 | 73 | 59 |
| Midwifery Up Skilling course | | 93 | 98 | 137 | 109 | 163 |
| Aboriginal and Torres Strait Islander courses | | 83 | 83 | 74 | 60 | 110 |
| Advanced Life Support course | | 0 | 31 | 101 | 176 | 150 |
| Trauma Preparedness course | | 0 | 30 | 43 | 26 | 28 |
| Undergraduate Student courses | | 0 | 21 | 44 | 24 | 0 |
| Mental Health Workshop | | 0 | 27 | 0 | 0 | 0 |
| Basic Life Support course | | 0 | 0 | 0 | 98 | 0 |
| Triage Emergency Care course | | 0 | 0 | 0 | 154 | 0 |
| Life Support - Paediatrics course | | 0 | 0 | 0 | 105 | n/a |
| Advanced Life Support - Paediatrics course | | 0 | 0 | 0 | 48 | n/a |
| Paediatric Emergency Care course | | | | | | 15 |
| Practical Skills course | | | | | | 38 |
| | 584 | 862 | 1208 | 1386 | 1579 | 1523 |

Workplace location

| Location | 2010-11 | 2011-12 | 2012-13 | 2013-14 | 2014-15 |
|---------------|---------|---------|---------|---------|---------|
| NT | 257 | 291 | 441 | 451 | 421 |
| WA | 140 | 291 | 289 | 321 | 175 |
| QLD | 151 | 226 | 357 | 441 | 394 |
| NSW | 59 | 136 | 68 | 126 | 187 |
| VIC | 91 | 68 | 78 | 106 | 143 |
| TAS | 42 | 75 | 32 | 55 | 73 |
| SA | 94 | 83 | 38 | 49 | 101 |
| ACT | 20 | 36 | 70 | 14 | 11 |
| International | 8 | 2 | 13 | 16 | 18 |
| | 862 | 1208 | 1386 | 1579 | 1523 |

There are many factors that contribute to the success of the CRANaplus courses, from the course coordinators’ and facilitators’ skills to the logistical management of eight tonnes of freight and complex equipment all around Australia. This past year has seen the education services work closely with all services within CRANaplus and it is these complex factors that make our courses of consistently high quality.

July through to October is a busy time for planning and scheduling of the upcoming year’s courses. All of the following courses were included in the 2015 program schedule:

- Remote Emergency Care (REC)
- Maternity Emergency Care (MEC)
- Advanced Remote Emergency Care (AREC)
- Midwifery Up Skilling (MIDUS)
- Aboriginal and Torres Strait Islander (CARPA)
- Aboriginal and Torres Strait Islander Trauma Skills
- Aboriginal and Torres Strait Islander Maternity Emergency Care
- Triage Emergency Care (TEC)
- Paediatric Emergency Care (PEC)
- Practical Skills Triage Emergency Care (PSTEC)
- Advanced Life Support (ALS)
- Basic Life Support (BLS) *(Embedded in REC but also available as stand alone)*

The quality and recognition of the CRANaplus courses is validated by the level of industry and professional accreditation.



Course endorsements are listed below:

| CRANaplus course | Endorsed or accredited by |
|--|--|
| REC (Remote Emergency Care) | Endorsed by ACN, accredited by ACRRM and RACGP |
| MEC (Maternity Emergency Care) | Endorsed by ACN, accredited by ACRRM |
| AREC (Advanced Remote Emergency Care) | Endorsed by ACN, accredited by ACRRM |
| MIDUS (Midwifery Up Skilling) | Endorsed by ACN and Midplus, accredited by ACRRM |
| ALS (Advanced Life Support) | Endorsed by ACN, accredited by ACRRM and RACGP |
| ALSP (Advanced Life Support – Paediatrics) | Endorsed by ACN, accredited by ACRRM and RACGP |
| PEC (Paediatric Emergency Care) | Endorsed by ACN, accredited by ACRRM and RACGP |

The following courses all have nationally-accredited units of competency embedded within their content. All participants receive a nationally-recognised statement of attainment:

- MEC
- REC
- AREC
- ALS
- PEC

CRANaplus Education Services continues to provide courses for all levels of practitioners working in the remote setting, including:

- Remote Area Nurses (RAN)
- Remote Area Midwives (RAM)
- Flight Nurses
- Registered Nurses working in the rural setting (RN)
- Enrolled Nurses working in the rural setting (EN)
- Third year nursing participants (preparation for practice in remote)
- Aboriginal and Torres Strait Islander Health Practitioners
- Aboriginal and Torres Strait Islander Health Workers
- Volunteer ambulance officers
- Paramedics – including industrial medics and those who work in the mining environment
- ‘Offshore’ medical/nursing/paramedical staff
- Isolated practice Medical Officers (GP)
- Allied health and oral health professionals
- Remote hospital orderlies and clinic drivers

Qualifications

| | 2011–12 | 2012–13 | 2013–14 | 2014–15 |
|--|---------|---------|---------|---------|
| RN | 878 | 895 | 991 | 1053 |
| RN/RM | 156 | 219 | 254 | 280 |
| RM | 8 | 25 | 20 | 47 |
| Nurse Practitioner | 7 | 8 | 21 | 12 |
| Clinical Nurse | 0 | 1 | 0 | 0 |
| Medical Officer | 26 | 27 | 131 | 52 |
| Paramedic | 11 | 20 | | |
| Amb Aux | 34 | 27 | | |
| Aboriginal and Torres Strait Islander HP | 19 | 95 | 73 | 63 |
| Aboriginal and Torres Strait Islander HW | 20 | 0 | | 24 |
| EN | 19 | 31 | 42 | 21 |
| Student | 20 | 38 | 24 | 18 |
| | 1198 | 1386 | 1579 | 1523 |



Above, top: (L-R) Claire Perrin, Sue Orsmond, Annie Kerr and Sharon Marchant at the Spark of Life Conference
Above, bottom: REC Coordinator Sonia Girdle with course facilitators in Hughenden, Queensland.



Photo: Stephanie Jeremy.

Above: Palumpa, Northern Territory.

continuous improvement

All CRANaplus courses and services are continuously improved and updated according to the latest evidence; changes are implemented and monitored through an annual schedule and the Education Services Quality Improvement Strategy.

eRemote online education

Online learning is becoming increasingly accessible to the remote and isolated sector and is consequently increasing in demand as an education delivery modality. CRANaplus conducted an online survey in 2014–2015 to gauge the remote health workforce attitudes and skills related to online learning. This has contributed to informing the direction and acceptability of the online learning modality to our clients. Respondents supported an increase in the development of new courses as well as the transition of current manuals and particular course materials to the online environment. In particular, respondents supported:

- The movement of pre-course materials and on course assessment onto online (71.43%)
- The move to have a downloadable softcopy manual for courses (71.43%)
- The development of further online modules including:
 - primary health care (71.43%)
 - emergency dental problems (51.43%)
 - triage (60%)
 - poisonings and toxicology (51.43%)

Advanced Life Support Skills (ALS), Paediatric Emergency Care (PEC) and Practical Skills (PS) course materials were all transitioned to the online environment and evaluation to date has been positive, with no requests for additional hardcopy materials. Similarly online module and course evaluations indicate a high level of satisfaction with the learning materials, experience and skill development. The challenge ahead for the next year will be to increase functionality of the learning management system (eRemote) and transition manuals and update RTO units using a range of online functions.

Our online learning currently includes:

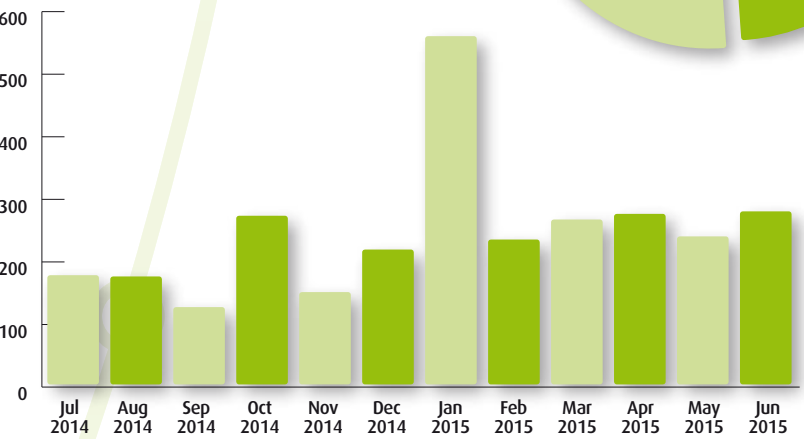
- Core mandatory competencies
- Clinical up skilling
- Physical assessment
- Life support programs
- First aid

Changes and advances in clinical practice can be poorly disseminated amongst remote professionals due to their isolation. Our suite of online programs aims to address these challenges; in addition we provide unique online clinician support from Monday to Friday, and an immediate online response within 24 hours.

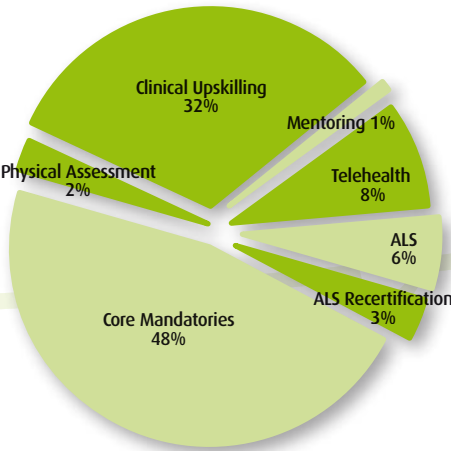
Although there are 1150 end users of the eRemote learning platform, there have been 2839 enrolments. This would indicate that a number of our participants access multiple courses as well as some courses having multiple modules in which to enrol. An eRemote (online learning) project has been implemented that will allow CRANaplus to more accurately assess and plan its online user access and capability into the future.

| | |
|-------------------------|------|
| Total end users | 1150 |
| Total course enrolments | 2839 |

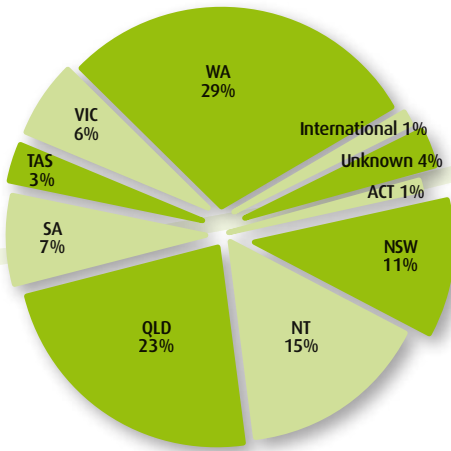
Course enrolments by month



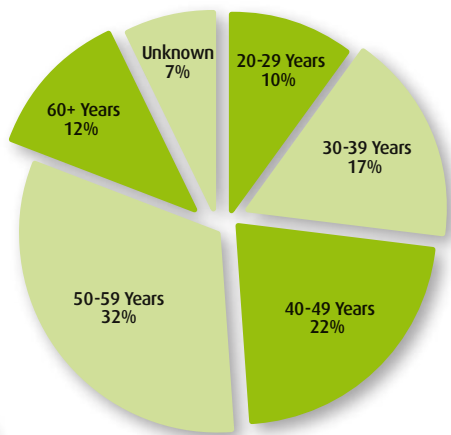
Online only enrolments



Course enrolments by state



Course enrolments by age



Course support enrolments

| Course Support Enrolment | Enrolments |
|--------------------------|------------|
| F2F Course Support ALS | 165 |
| F2F Course Support AREC | 65 |
| F2F Course Support MEC | 251 |
| F2F Course Support PEC | 60 |
| F2F Course Support PS | 55 |

Online testimonials

"These courses are invaluable as not only do we develop new skills and abilities to take back to the communities we live and work in, but we also learn about new methods/research and become refreshed."

"I am attending the course to regain knowledge and up skill, however, it is not in my every day skill mix. The course is great, scary, but great! I would like to redirect this learning to another field of employment, but its not possible in my current line of work as a Midwife."

"One of the best ALS courses I have done... great PDF information, easy to follow, clear and concise... great links for further learning and clarification, great quizzes and certificates, to evaluate and reward my learning... thank you so much!"

"I have done an ALS course every year for years. This online course has been brilliant for keeping my knowledge up to date."

"This course (PEC) is enhancing my knowledge and skill set. Working in a rural or remote environment takes a special skill to be able to handle the broad base of skill and knowledge required."

"A great course with so much information. I will keep looking over this as it is a great way to gain knowledge and confidence in ALS skills."

"I just love being able to do this self-directed learning at my own pace in my own time... I felt I was able to absorb and retain the information I have been reading... ☺ I liked the mini exams after each module, they really make you think... Just awesome! ☺"

"I enjoy the fact that I can sit in my own environment and learn at my pace... I actually really enjoyed doing this online module learning... ☺"

eRemote project

It has been more than five years since the inception of the eRemote learning platform and 2014–2015 has seen the implementation of a project to improve the online learning experience from both a technical and education perspective.

Accordingly, the eRemote project has the end goal to improve the user experience for online learning and enable continuity and improvement in delivering accessible evidence based, contemporary education programs to the remote health workforce.

For the organisation: in alignment with the CRANApplus Business plan 2012–2017.

A contemporary easy to navigate technically contemporary online program that continues to grow, provides increased reporting capabilities and becomes a 'one stop shop' for the remote health workforce.

For the participants: All online content will be reviewed and updated with new and innovative activation of Moodle functionalities. The end-user experience will enable access to the latest evidence and a high-quality, enjoyable online learning experience. The remote health workforce will continue to be supported by a clinical educator and technical support officer.

CRANApplus' education services are growing, and we increasingly provide a range of online fully accredited acute and mandatory education courses. Along with online courses we are diversifying in meeting the needs of remote practice through plans to conduct a remote and isolated health workforce training needs analysis that will inform the demand for future courses including: leadership, management, primary health care and chronic disease. Education services will be a growth area, and one to watch in the coming year.

remote emergency care (REC) course

Purpose/aim

The Remote Emergency Care course is designed to enable the remote health workforce to develop the knowledge and skills necessary to respond with confidence to emergency situations and to deliver safe and quality care in the remote setting.

CRANApplus encourages candidates to apply the Remote Emergency Care knowledge and skills learnt within the context of the policies of the employing health service.

The course is designed to meet the learning needs of the remote, isolated and rural health workforce (Nurses, Midwives, Aboriginal and Torres Strait Islander Health Practitioners, Paramedics, and Medical Officers) who may be required to provide emergency care to the critically ill or injured patient.

Teaching/methodologies

The CRANApplus Remote Emergency Care course consists of four parts:

- Attendance at a two-and-a-half-day workshop consisting of lectures, skill stations and practical-based scenarios which incorporate National Safety and Quality Health Service Standards.
- Completion of a pre-course and on course multi-choice quiz.
- Completion of a practical Basic Life Support assessment.
- Completion of a final one-to-one assessment.

Changes/improvements

The course content and delivery has been reviewed with increased use of videos and you tube clips embedded in presentations make them more visually appealing and engaging.

Updated evidence based guidelines, research and emerging research has also been incorporated in to presentations., and the basic life support assessments is now incorporated as a skill station.

Highlights and participant testimonials

The REC course continues to be a highly sought-after, quality foundation course provided to up skill and update remote practitioners. It is a course considered a mandatory prerequisite for many government and non-government staff to complete prior to working in a remote or isolated location.

The two-and-a-half-day format continues to be popular as well as including BLS assessments in the program, and participant feedback includes the following:

"I recommend REC for every nurse in Oz."
(Alice Springs, NT)

"Thanks for such an interesting course. It was also great to learn from other participants/hear their experiences in their work practices – such a far cry from the urban situation and made me realise the hardships they work under."
(Barcaldine, QLD)

"REC is the only course I have found that appreciates the remote/isolated practice and (lack of) equipment and resources/conditions of my job."
(Esperance, WA)

"I was stressed at work before I came here to the course. When I got here it's been lots of fun, and I haven't laughed as much as I did. Wendy and Annie made the whole course fun and interactive. Also was a good learning environment. Thank you Wendy and Annie."
(Alice Springs, NT)

"Couldn't have faulted the course. Every second of info just made the 'scariness' or fears of hopefully going remote in the near future disappear."
(Daly River, NT)



Above: Birdsville, Queensland.



Photo: Julie Fletcher.

advanced remote emergency care (AREC) course

Purpose/aim

The Advanced Remote Emergency Care (AREC) course aims to extend the competencies of the experienced Remote Health Practitioner to an expert level beyond that of the Remote Emergency Care course. It has a focus on team leadership, critical thinking and communication in emergency situations.

The course is designed to meet the learning needs of the remote health workforce (particularly nurses and remote medical officers) who may be required to provide leadership, critical thinking and communication during an emergency situation in the remote and isolated setting. This course is at an advanced level.

Teaching/methodologies

The AREC course includes Advanced Life Support Training, which requires the completion of the nine on line modules one week prior to the commencement of the course. The AREC course provides blended learning and assessment including pre-course online modules, face-to-face learning and teaching, low-fidelity simulated scenarios, group case-study work, advanced clinical documentation and handover and individual assessments

Changes and improvements in the past 12 months

AREC has continued to evolve to meet the demands of the course participants. Paediatric and adult scenarios have become more sophisticated with the use of more complex scenarios involving critical injuries, increased casualties, and more advanced mock-ups of mannequins.

Group scenario work included the development of primary secondary case studies and shock case studies to allow networking and teamwork. A King Vision video laryngoscope was purchased to enhance the intubation skill station and allow participants to use emerging intubation devices.

Highlights and participant testimonials

Clinical scenarios – role plays, group work and case studies seems to be the most popular and engaging teaching method for advanced clinicians. The one-day ALS course is also well received as remote practitioners have limited opportunities to practise teamwork in a critical cardiac event. Feedback from participants includes the following:

“AREC and ALS continue to support my remote practice. Both provide valuable up skilling, which is relevant, and up to date with the remote context. I also walk away with information about new resources.”

“Scenarios were good – had complications, which were relevant to remote practice. This has been an issue in previous training I have done.”

“Guys, this course is invaluable for advanced practice in remote areas. If you do have midwives in the group throw in more obstetric trauma cases. Well done guys. See ya next time.”

“I found this, as with previous CRANaplus courses, challenging which in turn is what I’m after to push and test our skills, also refreshing and updating knowledge base.”

advanced life support (ALS) course

Purpose/aim

The CRANaplus Advanced Life Support course is based on the Australian Resuscitation Council Guidelines and best practice principles. It provides the remote and isolated health workforce (Nurses, Midwives, Paramedics, and Medical Officers) with advanced life support skills within the context of limited resources and infrequent opportunities to practise much needed emergency skills.

Teaching/methodologies

The Advanced Life Support course provides the health professional with a comprehensive, flexible and self-paced online learning program. The ALS program is a blended learning opportunity, backed by an online component.

This course has been specifically designed to incorporate all modalities of learning with a number of options available for participants to complete the program. Face-to-face (F2F) programs immerse participants in simulation based emergency scenarios; practical sessions and skills work-shops support lectures in small

group sessions. The ALS program is offered in the following modalities: ALS online, face to face (F2F) and ALS recertification.

Changes and improvements in the past 12 months

An ALS recertification course has been commenced this year, with the same options available for final assessment.

The revised ALS F2F course offers participants an opportunity to develop sound defibrillation safety through the implementation of the C.O.A.C.H.E.D acronym.

Key outcomes

The ALS program has proven to be an extremely popular course. The course has the flexibility to meet the demands of our consumers through the capacity to complete the course online, or with a combination of online theory and a one-day F2F workshop.

Attendance at a one-day F2F workshop consolidates the online learning, putting the theory into practice in a number of skill stations, which is popular for those practitioners who are new to ALS or would like a more in depth refresher with the skill stations.

Highlights and participant testimonials

Participants complete the course with a great sense of satisfaction at the increased levels of confidence and capacity to manage stressful and life threatening situations. This is reflected in the testimonials below:

“Just wanted to pass on my thanks for yesterday. It was a good challenging day. Always impresses me how dam knowledgeable you guys are and it is inspiring. It always also surprises me in the presence of this ‘knowledge’ how all of us attendees seem to suddenly forget everything we know! (must be both frustrating and amusing for you guys!)”

“However one thing I noticed that helped overcome this comfort zone dependence, was the handover, when we did the initial one we did it like we were addressing the group, however as soon as a bit of role playing was introduced e.g. ‘an assessor assumed the role of the doctor’, it worked much better, as that is what we are all used too. I know as soon as you just said to me, ‘Amelia why are you ringing’, I snapped out of it! (thank god). The same with the assessment, most of us are used to being on our own or with just one other, I know as soon as I saw just Rosemary I felt at home! But we all need to be familiar with all types of situations, so the more practice the better.”

Above: Fitzroy River Valley, Western Australia.

aboriginal and torres strait islander courses

The Aboriginal and Torres Strait Islander REC and MEC courses are essentially the same as a REC or MEC course but have an additional half-day to maximise the learning environment. Where possible further skill stations and case scenarios have been included to make it as beneficial as possible to participants. The programs aim to provide an appropriate learning environment by moving frequently between lectures and skill stations.

There is a strong commitment from the education team to provide facilitators who have extensive remote experience. Inclusion of Aboriginal and Torres Strait Islander facilitators has remained a priority, however, it is difficult to achieve due to the travel away from home requirements.

There has been demand for new Aboriginal and Torres Strait Islander courses with a CARPA course (manual and physical assessment) planned for later this year, an Aboriginal and Torres Strait Islander Trauma Skills course for next year and plans to develop a medication module for Aboriginal and Torres Strait Islander health practitioners.

aboriginal and torres strait islander REC course

The Aboriginal and Torres Strait Islander Remote Emergency Care course is designed to up skill health workers/practitioners to manage trauma and medical emergencies in the remote setting, using the DRABCD primary and secondary survey approach.

The Aboriginal and Torres Strait Islander Remote Emergency Care course content can be modified according to needs of the health service, with a first aid component or focus as required.

There have been six Aboriginal and Torres Strait Islander Remote Emergency Care courses including one BLS course with 83 participants completing the programs in the past financial year.

Location plays a significant part in participant attendance and these have included: Laynhapuy, NT; Katherine, NT; Alice Springs, NT; Derby, WA.

Highlights and participant testimonials

"I found the lecturers spoke clearly and demonstrated well during the training."
(Alice Springs, NT)

"This is the second course that I have been involved in. Certainly gets the thought processes thinking. Really appreciated trainers efforts and participation. Really good to keep up our skill levels (clinical). Thank you."
(Katherine, NT)

"I enjoy working especially doing the CPR unconscious and putting all the equipment and up skilling to become a good (AHP) working for the community."
(Galawin'ku – Elcho Island)

aboriginal and torres strait islander MEC course

The Aboriginal and Torres Strait Islander Maternity Emergency Care course is designed to up skill health workers/practitioners to provide emergency care for pregnant women and their babies in the remote setting.

The Aboriginal and Torres Strait Islander Maternity Emergency Care course content can be modified according to needs of the health service, with male and female specific courses available as well as courses including Nationally Accredited units of Competency if required. Two successful Aboriginal and Torres Strait Islander Maternity Emergency Care courses have been delivered in the past financial year – one in Elcho Island, NT and one in Katherine, NT.



Two RTO units of competency have been integrated into the Aboriginal and Torres Strait Islander Maternity Emergency Care course over the 2014–2015 timeframe, with positive participants feedback.

On successful completion of the course, each participant receives (according to the course content):

- An Aboriginal and Torres Strait Islander Maternity Emergency Care Certificate
- A statement of Attainment for:
 - HLTHIR403C Work effectively with culturally diverse clients and co-workers.
 - HLTHIR404D Work effectively with Aboriginal and Torres Strait Islander people

As the Health Workers attain their qualifications via the TAFE system, they see it as an added bonus to attain these units of competency.

Highlights and participant testimonials

"Red flags was good, babies/skill stations good. Birth rites video interesting."

"Would be very happy to do another course next year."

"Entertaining and informative. Well delivered – thanks guys."

"I will be doing this course again in a couple of years' time. It was good."

"I liked the course 'solely' for Aboriginal and Torres Strait Islander Health Workers because we could go at a slower pace and stop for questions when needed where as in a big group of RANs as well it would be harder."

"I really enjoyed the three days. Both facilitators were very informative and knowledgeable."

"Comfortable and relaxed type of learning."

"Like to hear/use the big words with simple explanations so that we know what they are."

"Manual looks good – like the colour pictures."

"Will use the manual and have it at work."

maternity emergency care (MEC) course

Purpose/aim

The Maternity Emergency Care (MEC) course was developed in consultation with the Australian College of Midwives with input from several specialist Midwives and rural and Remote Nurses (RANs). The course was designed to enable non-midwives to deliver the basic maternity emergency care in a remote or rural setting when required.

Similarly, antenatal women take part and participants have 'hands-on' experience in assessing and managing these women. Along with the use of assessment and examination of real placentas, all these learning approaches contribute to a high fidelity learning experience for the participant midwives that can be applied to remote area practice.

Teaching/methodologies

The CRANaplus Maternity Emergency Care course consists of five parts:

- One module of pre-course online learning 'Cultural Considerations in Maternity Care', that must be completed prior to attendance at the workshop.
- Attendance at a two-and-a-half-day workshop consisting of lectures, skill stations and practical-based scenarios which incorporate National Safety and Quality Health Service Standards.
- Completion of a pre-course and on-course multi-choice quiz.
- Completion of on course Cultural Consideration activities.
- Completion of a final one-to-one-assessment.

From left to right: Travelling through the Kimberley to deliver the Pre-hospital Ambulance course in Derby, (from left) CRANaplus Coordinator Annie MacNamara, and facilitators Ken Iles and Kathy Arthurs were first to arrive at a multiple casualty, high-speed vehicle rollover north of Broome and render assistance at the scene; Glenda Gleeson facilitates a MEC course skill station.

the midwifery up skilling (MIDUS) course

Purpose/aim

The Midwifery Up Skilling (MIDUS) course aims to provide an overview of current midwifery practice in antenatal, intrapartum and postnatal care. The course is designed to meet the learning needs of the remote, isolated and rural health Midwifery and Medical workforce, who are required to provide maternity care in remote and/or isolated areas.

This includes latest evidence relating to complications in pregnancy and birth, and the emergency management of a pregnant woman and her baby, with an emphasis on care in the remote and isolated setting.

Teaching/methodologies and highlights

The MIDUS course provides blended learning and assessment including pre-course online modules, face-to-face learning and teaching, low-fidelity simulated scenarios, problem-based group scenarios and advanced clinical reasoning.

A key highlight of the MIDUS course is the quality and realism of the birthing mannequins

and babies. Use of these are contextualised within emergency remote birthing situations and participants are equipped to manage challenging and emergency circumstances.

The highly-skilled midwifery facilitators bring all the reality of birthing into their clinically simulated scenarios, and participants' learning experiences are invaluable, preparing them for remote and isolated practice.

Comments and testimonials from participants

"Fantastic course, everyone so friendly, non-judgemental, willing to listen to everyone's ideas. Great job. One of the main reasons I came to do this course again. Thank you."

"Presenting facilitator skills fabulous. Enjoyed it immensely and have learnt so much – refreshing is fabulous."

"It has been so worthwhile doing this up skilling. Great to do pre-course questions to ensure thorough reading of manual. Not too much pressure with 'too many skills stations and assessments'. Great educators. Thank you so much for your dedication."

"New passport skills book is a great idea."

paediatric emergency care (PEC) course

Purpose/aim

The CRANaplus Paediatric Emergency Care course is based on the Australian Resuscitation Council Guidelines and best-practice principles and provides the remote and isolated health workforce with the knowledge and skills required to effectively identify and provide appropriate interventions for the critically sick and/or injured infant/child.

The Paediatric Emergency Care course aims to increase confidence with paediatric presentations, especially for those working in, or considering working in rural, remote and isolated settings and focuses on team leadership, communication and critical thinking in paediatric emergency situations.

The program also provides participants with the knowledge and skills in basic and advanced life support for effective management of the patient prior, during and after a cardio respiratory arrest in the rural, remote and isolated setting.

Teaching/methodologies

The Paediatric Emergency Care course provides the health professional with a blended learning opportunity and consists of a comprehensive, flexible and self-paced online learning program and a two-day face-to-face (F2F) program.

This course has been specifically designed to incorporate all modalities of learning and the two-day F2F program provides ample opportunity for participants to immerse themselves in simulation-based emergency scenarios; practical sessions and skills workshops support lectures in small group sessions.

Changes and improvements in the past 12 months

The course has been redesigned to meet the specific learning needs of those practising in remote and isolated settings where the first responder must correctly recognise and intervene to prevent deterioration of the critically sick

and/or injured infant/child. This is achieved through the addition of the Paediatric Assessment Triangle module and the incorporation of National Safety and Quality Health Service Standards (NSQHSS 6 – Recognition of the deteriorating patient skill station).

The introduction of the two Preventable Childhood Diseases Curriculum has been developed to raise awareness and educate participants on the long-term detrimental effects of Acute Rheumatic Fever/Rheumatic Heart Disease. Vaccine Preventable Childhood diseases

is an addition to the program to raise awareness of the importance of all registered health practitioners working in rural, remote and isolated settings to actively participate and encourage opportunistic childhood immunisations.

The Basic and Advanced Paediatric Life Support program has been enhanced with the introduction of a paediatric specific assessment tool. Sound defibrillation safety practice is supported through the implementation of the C.O.A.C.H.E.D acronym and aims to minimise interruptions to CPR.

Key outcomes

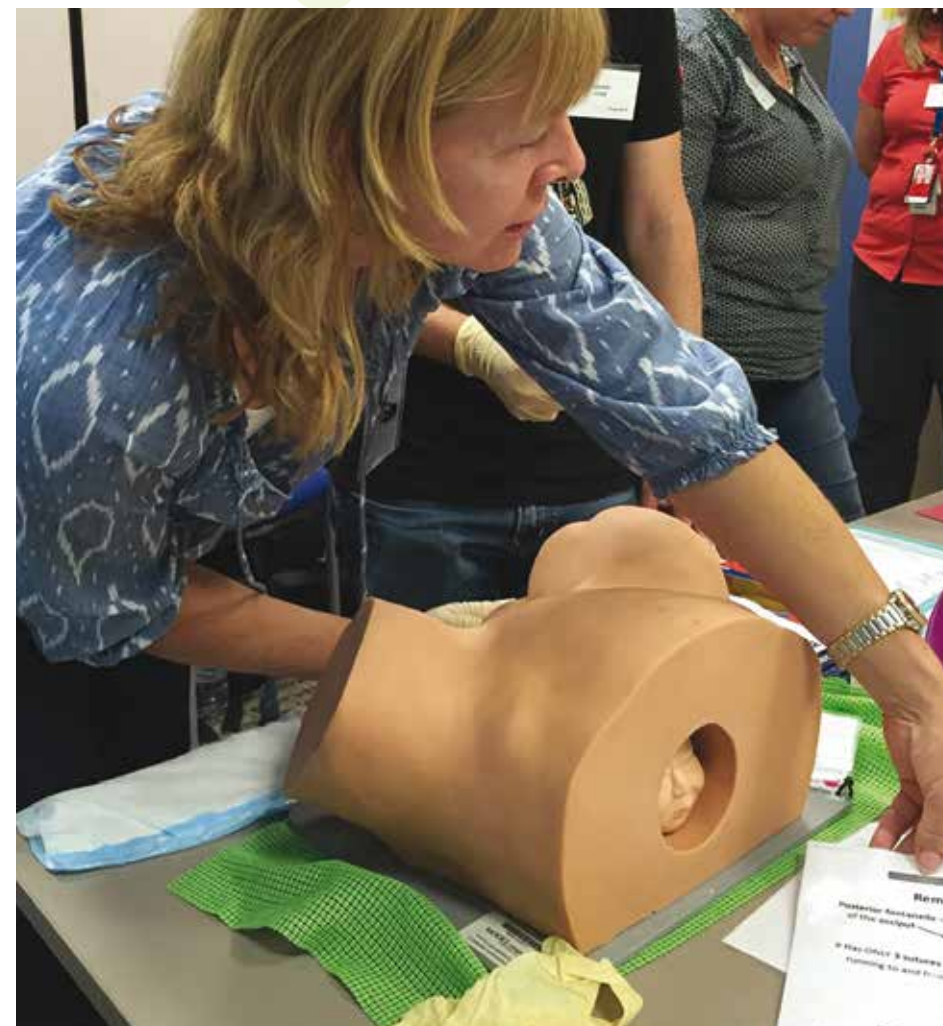
The CRANaplus Paediatric Emergency Care course is based on best-practice principles and Australian Resuscitation Guidelines and will provide the rural, remote and isolated health workforce with:

- Core paediatric assessment and emergency skills required in the management of the critically sick and/or injured infant/child in the remote and isolated setting.
- Core Basic Life Support and Advanced Life Support skills required in the management of paediatric cardio-respiratory arrest.

Highlights and participant testimonials

"Very challenging for me as a newly graduated nurse but the staff were fantastic, so supportive I felt I was in a safe environment. My confidence has improved. Really made me think and not rely so much on the doctor. Thank you, Thank you, Thank you!"
(PEC, Newman, WA. 2015)

"Excellent course and all the educators are to be highly commended on all their help and skills and professionalism. I will endeavour to hopefully keep these skills/knowledge within my work place and will tell others about the course and CRANaplus."
(PEC, Darwin, NT. 2015)



Above and right: Maternity Emergency Care course skill stations.
Far right: C.O.A.C.H.E.D acronym in practice.

RTO units

Nationally accredited units of competency

CRANaplus is a Registered Training Organisation (RTO No.40719) and is recognised as a provider of quality-assured and nationally recognised training and assessment to remote based health practitioners in Australia. RTO status has provided consideration of new education delivery and partnership models with external stakeholders and there are new opportunities for education services partnerships on the horizon.

RTO units of competency have been skillfully integrated into the training and assessment of a number of courses including the following:

| Course | Unit of competency |
|---|---|
| PEC | <p>HLTDEF410B Record Clinical Information During Casualty Resuscitation Techniques</p> <p>An ISOBAR hand-held card has been developed to assist participants to successfully meet the assessment requirements associated with this unit of competency. Participants are encouraged to demonstrate complex clinical decision making, effective team leadership and advanced communication skills in the management of cardio-respiratory arrest.</p> |
| Aboriginal and Torres Strait Islander MEC | <p>HLTHIR403C Work effectively with culturally diverse clients and co-workers</p> <p>HLTHIR404D Work effectively with Aboriginal and/or Torres Strait Islander people</p> |
| MEC | <p>HLTHIR403C Work effectively with culturally diverse clients and co-workers</p> <p>HLTHIR404D Work effectively with Aboriginal and/or Torres Strait Islander people</p> |
| AREC | <p>HLTDEFHC410B Record Clinical Information during Casualty Resuscitation</p> |



Photo: Steve Batten.

Above: South of Alice Springs, Northern Territory.

CRH short courses

remote health practice

CRANaplus is a major stakeholder in the Remote Health Practice Program run by the Centre for Remote Health, a joint centre of Flinders University and Charles Darwin University.

Through this program, we support the continuing education of remote health practitioners in an effort to build a highly sustainable workforce in remote and isolated Australia.

The Graduate Certificate and Graduate Diploma in Remote Health Practice have three major areas of study – the remote context, primary health care and advanced practice.

The Graduate Certificate and Graduate Diploma of Remote Health Practice articulate with the Master of Remote and Indigenous Health.

The Master of Remote and Indigenous Health is designed for experienced health professionals working within the remote and Indigenous context.

Core topics provide theoretical knowledge for understanding social determinants of health and illness, implementing Primary Health Care and practising at an advanced clinical level.

It includes public health topics and the Masters is equivalent to a Public Health Masters.

The Master of Nursing (Nurse Practitioner) Award course, a two-year part-time external course offered by Charles Darwin University and delivered through CRH, has been approved as leading to authorisation as a Nurse Practitioner by the Nursing and Midwifery Board Australia. The MNNP has a Graduate Diploma entrance requirement.

short courses 2014–2015 financial year

Framing Indigenous health

| | |
|---------------|---------------|
| Alice Springs | July 2014 |
| Alice Springs | August 2014 |
| Alice Springs | February 2015 |
| Alice Springs | March 2015 |
| Darwin | April 2015 |
| Alice Springs | May 2015 |

Pharmacotherapeutics for RANS

| | |
|---------------|---------------|
| Alice Springs | July 2014 |
| Alice Springs | July 2014 |
| Darwin | July 2014 |
| Alice Springs | August 2014 |
| Darwin | October 2014 |
| Darwin | October 2014 |
| Broome | November 2014 |
| Mount Isa | November 2014 |
| Alice Springs | March 2015 |
| Alice Springs | May 2015 |
| Mount Isa | June 2015 |
| Darwin | June 2015 |

Primary health care: making a difference

| | |
|--------|---------------|
| Broome | November 2014 |
|--------|---------------|

Fracture Assessment/Practical Skills

| | |
|----------------------|-------------|
| Alice Springs | July 2014 |
| Alice Springs | August 2014 |
| Alice Springs | August 2014 |
| Alice Springs | March 2015 |
| Alice Springs | May 2015 |
| Practical Skills Day | |
| Darwin | June 2015 |
| Remote Skills Day | |

Remote advanced nursing practice

| | |
|---------------|-------------|
| Alice Springs | July 2014 |
| Alice Springs | August 2014 |
| Alice Springs | March 2015 |
| Alice Springs | May 2015 |
| Darwin | June 2015 |

Recognising and responding to dementia in remote and Indigenous communities

| | |
|---------------|---------------|
| Broome | November 2014 |
| Cairns | December 2014 |
| Alice Springs | March 2015 |
| Melbourne | April 2015 |
| Adelaide | May 2015 |

Working with people with disabilities in remote and Indigenous communities

| | |
|---------------|-------------|
| Tennant Creek | August 2014 |
|---------------|-------------|

Assessment, care planning and case management

| | |
|-----------|-----------|
| Katherine | July 2014 |
|-----------|-----------|

our national conference

CRANaplus held its first national Conference in Alice Springs in 1983. Our 32nd Annual National Conference was held in Melbourne with the theme *'creating and sustaining diversity within communities'*.

Remote health providers from all around Australia took advantage of the opportunity to catch up with old friends and discover new ones.

Kicking off with the official opening ceremony, delegates witnessed an interesting explanation of the whole concept of the Indigenous welcome ceremonies that feature in so many events around the country.

Jemima Gardiner from the Wurundjeri Tribe Land Council gave us a brief glimpse behind the scenes of the meaning attached to traditional ceremonies, the smoking (cleansing) ceremony among others, and pointed out that, while we may get four seasons in one day in Melbourne, her people recognise 12 seasons in this part of the country!

Her younger brother Jesse opened the evening by playing the Yidaki (didgeridoo), an instrument originating from the north of Australia.

The evening was sponsored by HESTA for the 4th year in succession. HESTA also sponsors three Undergraduate remote placement scholarships annually.



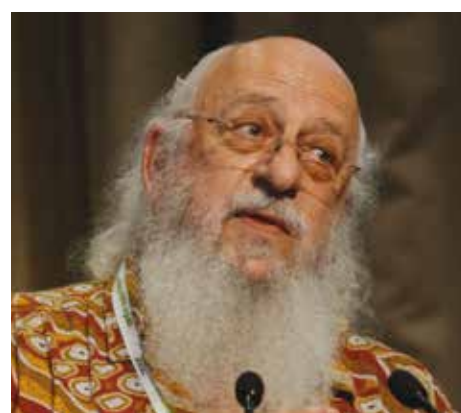
Following tradition, we then recognised the academic achievements of our colleagues: Margaret Stewart RN, RAN, RM and Masters of Nursing Education, Masters of Public Health and Masters of Remote Health Practice (Nurse Practitioner); Sally Foxley, Masters of Remote Health Practice and Masters of Remote Health Management; and Judith Taylor, Masters of Pubic Health.

With a longstanding reputation as being a valuable and credible forum for people who work in remote and isolated health throughout Australia, the conference serves as both a professional and social opportunity for practitioners from a range of settings and impacts at a grass roots level. Attendees return to their roles and communities with renewed energy, contemporary skills and knowledge.



Above, clockwise from top: (L-R) Annette Olsen, Sue Orsmond, Annie McNamara and CRANaplus CEO Chris Cliffe; Jemima Gardiner; Gladys Harley (left), modelling the raffle prize of a string of baroque pearls and Panda Pearls Australia director Amanda Stein; Jesse Gardiner; Kylie Whicher HESTA General Manager Client Services.

Above, clockwise from top left: CRANaplus President Janie Smith with Donna Hindmarsh, newly awarded Fellowship of CRANaplus; Judith Taylor with CRANaplus CEO Chris Cliffe; (L-R) CRANaplus President Janie Smith, Sally Foxley, Margaret Stewart and Sue Lenthall, Centre for Remote Health.



Above, clockwise from top left: Senator Fiona Nash; Tim Wilson; Christine Nixon; Dr Rosemary Bryant; Geoff Crack; Pans on Fire steelband; Cath Nolan and Mel Dunstan; Margaret Dawson, winner of the 'First Time Presenter Prize' sponsored by Therapeutic Guidelines.

Above, clockwise from top left: Conference delegates; Associate Professor Paul Bennett; Live cross with to RNs Libby Howell and Sue Ellen Kovack from Ebola hotspots in West Africa; Stephen Jones MP Shadow Assistant Minister for Health; CRANaplus CEO Chris Cliffe and Lee Thomas ANMF.

Photos: Rosey Boehm.

our awards

the aurora award

The prestigious Aurora Award was initiated by CRANaplus to recognise individuals who have made an outstanding contribution to remote health.

These individuals stand out, not because they are an extrovert or seek recognition, but often the opposite, in that they may be the silent achiever who provides inspiration, leadership and energy to make things happen.

Nominated by a mentor, colleague or co-worker as a 'A Shining Light' in the delivery of remote health care and for their contributions to remote health.

the CRANaplus awards

The CRANaplus Awards recognise remote health professionals who have made a significant contribution improving health outcomes or have made a special contribution to their profession in general. There are five categories for these awards. Any individual, group or community may nominate a person for an award.



Above, clockwise from top left: Aurora Award Recipient 2014 Judy Whitehead; Annette Olsen winner of the Education Research Award, with Sue Lenthall, Centre for Remote Health; Sally Foxley and Excellence in Remote Health Practice Award winner Dinah Northcott; Excellence in Mentoring Award winner Jonathon Wright with Fiona Wake of RAHC.

Above, clockwise from top left: Deb Jia and Johanna Neville of Apunipima Cape York Health Council (Collaborative Team Award winners) with CRANaplus President Dr Janie Smith; Sponsor Karen Schnitzerling with Novice/Encouragement Award winner Catherine Jurd; Raelene Carroll of Midwifery Group Practice (Collaborative Team Award winners) with CRANaplus President Dr Janie Smith; HCA Prize winner Julie Todd (centre) with Danni Hawks and Natalie Sommer.

Photos: Rosey Boehm.

our voice



CRANApplus is recognised as the voice of remote health. There is now a clear recognition, both within Government and in the wider sector, that the people who make up our organisation have an unparalleled level of knowledge and expertise in this area.

Our representation is highly sought after for national and more local jurisdictional issues pertaining to remote health, from health reform to the broader health agenda. This includes representation on Expert Advisory groups, working parties and invitation to comment on policy and discussion papers.

We are well acknowledged as the preferred provider of professional development courses in management of emergencies in the remote context and the key providers of psychological and professional advice to the remote workforce.

We continue to work towards an understanding of 'remote' and to consistently highlight the differences between rural and remote. There are certainly overlaps between the two areas of work, but the challenges facing those living and working in the remote sector are unique; and so too must be the solutions.

our representation on committees

CRANApplus staff and members are actively involved in a wide range of professional bodies and our work in this area is crucial to developing and maintaining good networks and working relationships with a wide range of partners.

Christopher Cliffe
(Chief Executive Officer)

- Climate and Health Alliance Coalition
- Coalition of National Nursing Organisations
- Nursing And Midwifery Office QLD (NMOQ)
- Nursing & Midwifery Stakeholder Reference Group (DoH)

Geri Malone
(Director of Professional Services)

- Australian College of Midwives – Rural and Remote Advisory Committee
- Australian College of Rural and Remote Medicine – Telehealth Advisory Group (ATHAC)
- Close The Gap Campaign Steering Committee
- National Rural Health Alliance (NRHA)
- Nursing and Allied Health Scholarship and Support Selection and Advisory Committee
- Remote Primary Health Care Manuals Governance Committee
- Rural Health Continuing Education (RHCE) Assessment Panel

Libby Bowell
(Director of Education Services)

- Centre For Remote Health Manuals – Remote Context Sub-group

Colleen Niedermeyer
(Bush Support Services Manager)

- Mental Health Central Australia – Life Promotion Committee
- Helpline Australia

Dr Annmaree Wilson
(Senior Clinical Psychologist)

- Australian Psychological Society Rural and Remote Interest Group
- Beyond Blue New Access Program
- Helpline Australia

Marcia Hakendorf
(Professional Officer)

- Australian College of Nursing – General Practice Advisory Group
- Nurse Practitioners Remote Interest Group
- Australian College of Nursing Scholarships – NAHSS Scheme – Assessor
- Australian Commission Safety & Quality in Healthcare – National Safety Quality Health Service Standards

Glenda Gleeson
(Maternity Emergency Care Coordinator)

- Australian College of Midwives NT Executive
- Remote Primary Health Care Manual review – Women's Business Manual – Chair Postnatal Group

professional services report

The principle objective of the Professional Services at CRANaplus is to provide contemporary, practical and contextual information and advice for individuals and employers, practising and providing services in the remote and isolated context of healthcare.

CRANaplus' strong commitment to improving standards is reflected in the development of the *Professional Standards for Remote and Isolated Practice* and the *Clinical Governance Guide*.

Providing advice for professionals looking to work in remote practice is another key focus. The launch of the *Pathways to remote professional Practice* booklet in January met a recurrent demand from the workforce, about the who, what, when, where and how of becoming a remote health professional.

We support professional connections at the undergraduate health student level, Working with the National Rural Health Student Network (NRHSN), we support their work in a number of ways, including providing information, resources and advice. The CRANaplus Undergraduate Remote Placement Scholarships scheme is an important initiative providing financial support to facilitate students to undertake a clinical placement within a remote healthcare location.

The CRANaplus Mentoring Program is tailored to new Graduates or 'those new' to remote practice, as well as current clinicians. It aims to support clinicians to develop the skills and knowledge relevant to remote practice, while building clinical leadership, decision making, networking, and resilience.

Over the past two years the demand for, and awareness of, the CRANaplus mentoring program has exceeded our expectations. This postcard is distributed through the Bush Support Services as part of the 'survival packs' for new Graduates and those new to the remote and isolated workplace setting.

In 2014 we introduced CRANaplus *Networks of Interest* for our membership,, encouraging individuals to select areas of clinical or professional interest. This allows us to directly communicate with these specific networks, seek their input as well as disseminating relevant, targeted information.

CRANaplus is committed to recognising excellence in members who have contributed greatly to improving remote and isolated health care. The Fellows of CRANaplus are members who have shown exceptional commitment and professionalism within their remote and isolated professional practice. We consult regularly with this group to help inform the development of our Submissions and Position Papers.

The annual CRANaplus Awards offer an opportunity to celebrate remote practice through recognition of health professionals who have made a significant contribution to improving health outcomes for consumers or who have made an outstanding contribution to their profession. These awards, including the Aurora Award (Remote Health Professional of the Year) are bestowed at the CRANaplus annual Conference dinner.

Another achievement this year was the relationship formed with the Nurses Memorial Foundation of South Australia, which brought additional benefits to our members. The Foundation offers \$500 grants for Nurses and Midwives currently working in rural, remote and isolated areas. Nine Grants were awarded assisting individual nurses and midwives to enhance their knowledge, and skills in providing safe, quality healthcare to remote, rural and isolated communities.

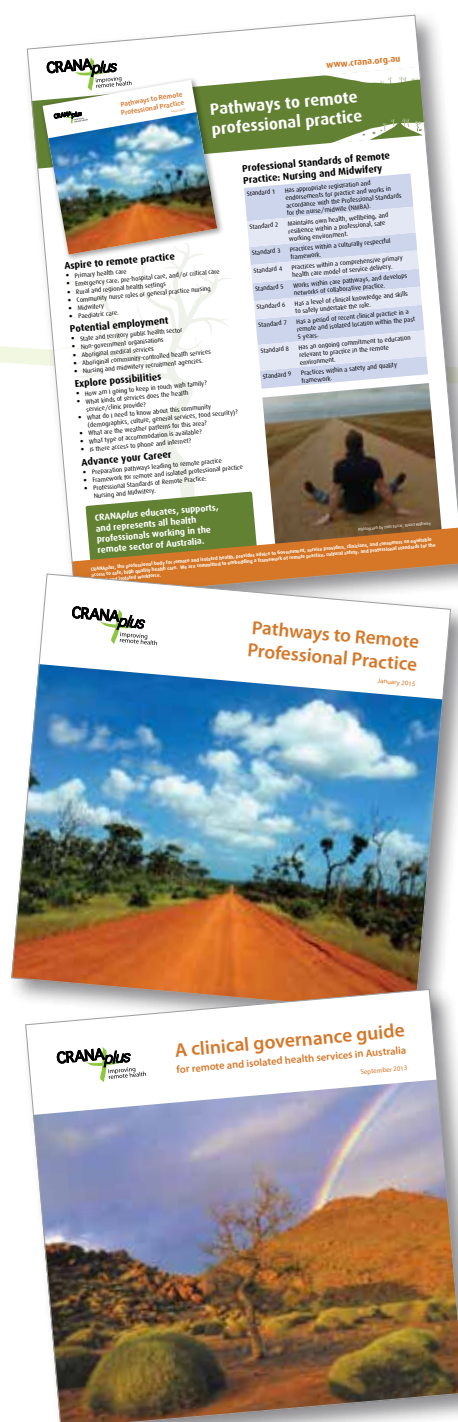


Photo: Jess Zachar.

Above: Central West Region, New South Wales.

student engagement

A key activity of CRANaplus is our ongoing engagement with undergraduate students. As the health workforce of the future, we are keen to support their interests in either accessing a remote clinical placement, or to explore the opportunities for Graduate positions.

CRANaplus works closely with the National Rural Health Student Network (NRHSN) in a variety of ways including:

- CRANaplus representation at NRHSN national events to raise our profile and highlight services to new student members of rural clubs
- Support for Rural Health Club regional activities either through attendance or other means
- The offer to NRHSN of free, designated space for a feature article and photos in each edition of the quarterly CRANaplus Magazine.

In addition:

We administer a number of Clinical Placement Scholarships for undergraduate students, provided by a range of sponsors, to support them while undertaking a clinical placement in a remote setting.

A great resource for students and new graduates is the Pathways to Remote Professional Practice booklet, as it outlines the preparation, practical tips, and framework of remote practice. It provides practical information to consider prior to a clinical placement or exploring possibilities of future career advancement.

The CRANaplus Mentoring Program focuses on students and new graduates, linking them with experienced remote health professionals to enhance their development of skills and knowledge of relevant remote practice, building capabilities in clinical decision making, networking and resilience

Undergraduate remote placement scholarships 2014

| Scholarship sponsor | Recipient | Placement location | Discipline |
|--|-------------------------|--|------------------|
| HESTA Undergraduate Remote Placement Scholarship | Kimberley Vincent | Alice Springs Hospital | Nursing |
| HESTA Undergraduate Remote Placement Scholarship | Heidi Brown | Coonabarabran Hospital/ Multipurpose Centre | Nursing |
| HESTA Undergraduate Remote Placement Scholarship | Hannah Corcoran | AMS Kununurra | Medicine |
| Michael Ilijash Perpetual Undergraduate Remote Placement Scholarship | Deborah Ellis | Stanthorpe Hospital | Nursing |
| Zeitz Enterprises Undergraduate Remote Placement Scholarship | Rachel Dawe | RFDS Acute Care Kalgoorlie | Nursing |
| Anonymous | Raeleen Faye De Russett | Wyndham Hospital | Nursing |
| YNA Undergraduate Remote Placement Scholarship | Helen Foster | Dept Education & Child Development Port Augusta | Speech Pathology |
| Panda Pearls Undergraduate Remote Placement Scholarship | Robyn Mary Tully | Longreach Hospital | Nursing |
| CRANaplus Undergraduate Remote Placement Scholarship | Jessica Zachar | CSU Dental Clinic & RFDS TOOTH Program | Dentistry |
| CRANaplus Undergraduate Remote Placement Scholarship | Damien Farrar | Alice Springs Hospital | Nursing |
| CRANaplus Undergraduate Remote Placement Scholarship | Bridie Stewart | Tennant Creek Hospital and General Practice | Medicine |
| CRANaplus Undergraduate Remote Placement Scholarship | Kristyn Fanning | Acute Care Hospital Weipa or Cooktown or Mossman | Nursing |
| CRANaplus Undergraduate Remote Placement Scholarship | Rohan Williams | Broken Hill Hospital | Nursing |
| CRANaplus Undergraduate Remote Placement Scholarship | Adam Rosza | Alice Springs Hospital Paediatrics | Nursing |

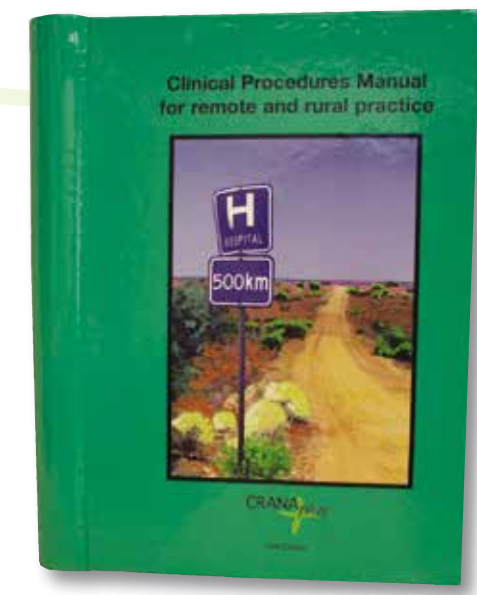


Opposite page, top: Student and new graduate delegates at the 2014 Conference Awards Dinner.
Opposite page, bottom: Students and new graduates with CN&MO Rosemary Bryant.

our publications

the clinical procedures manual

The aim of CRANApplus is to promote the development and delivery of safe, high quality health care to remote areas of Australia. CRANApplus has initiated, and continues to develop practical programs and resources for remote practitioners.



The third edition of the *Clinical Procedures Manual for remote and rural practice* reflects the collaboration between Australian and New Zealand health professionals facilitated by CRANApplus and the New Zealand Institute of Rural Health.

the CRANApplus magazine

The CRANApplus Magazine is a quarterly publication reflecting the broadened scope of the organisation. This compact glossy publication enjoys a circulation of 15,000 copies each edition and reaches those who are passionate about remote health in Australia. It is posted throughout Australia, her Territories and to International subscribers. As *the voice of remote health* this content-rich publication reflects CRANApplus' core business. Members are actively encouraged to submit content and photos for inclusion in the Magazine.

Our print publication is supported by website resources with each issue online in perpetuity.

the weekly update

The *Weekly Update* is our weekly e-newsletter available to current and lapsed members and stakeholders. Designed to keep readers in touch with current events and educational opportunities, it has an informal style and invites readers to contribute information relevant to their colleagues and the remote health sector. Forwarded to over 7,000 recipients 50 weeks of the year it is uniquely placed to reach Australia's remote health professionals. In combination with our website it is an effective method in bringing time sensitive information to the attention of our readership.



From left to right:
The third edition of the Clinical Procedures Manual for remote and rural practice.
CRANApplus Magazine editions for the year.

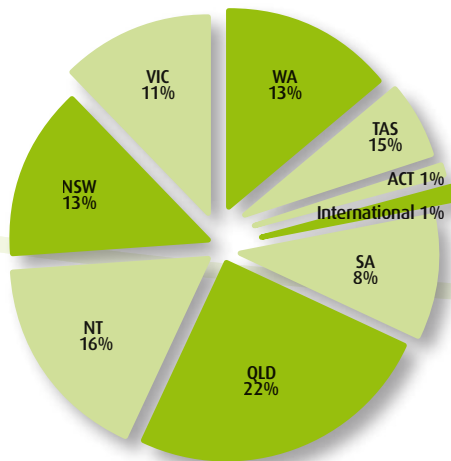
our membership



Photo: Nancy Weatherford

Opposite page, clockwise from top: RAN Rosemary Lynch retires after almost 40 years on Melville Island off the Northern Territory coast; An adult literacy campaign developed in Cuba has been piloted in Aboriginal communities in NSW with excellent success rates. Photo shows a classroom in Bourke; After four weeks in Alice Springs Hospital, 2nd-year Undergraduate Nurse, Adam Rozsa said, "Having my partner and children join me at the conclusion of the placement was great... I missed them!"

membership by state

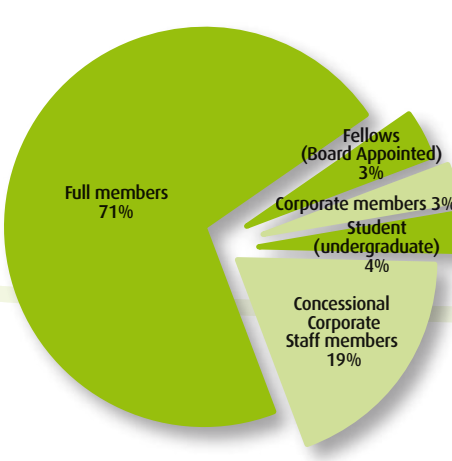


CRANaplus has been offering membership since the organisations inception in 1983. We continue to see strong growth and a diversity of disciplines represented among our membership.

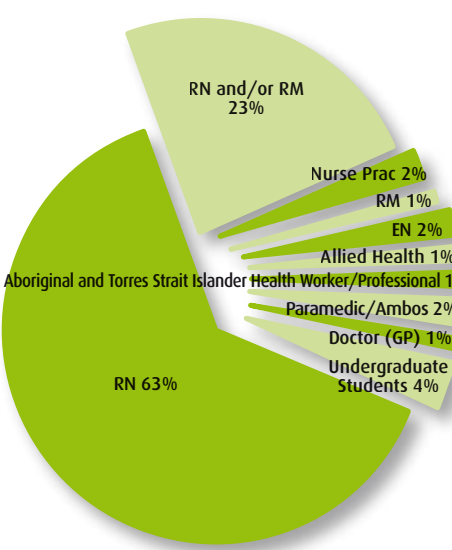
We continue to see consistent growth and retention across all States and Territories. Queensland represents our largest membership base. International member numbers remain steady for the period and in part reflects the unique skills and aptitude of the remote health workforce.

Government, private sector, Aboriginal Medical Services and NGOs are among the organisations choosing to partner with us as Corporate Members. Among the benefits afforded our Corporate Membership is discounted individual CRANaplus membership for their employees (while still offering the benefits of full membership), complimentary advertising on our website, significant discounts on Magazine advertising and conference costs.

type of membership



membership by profession



We believe the steady growth and retention of our membership base and the diversity of health disciplines is an acknowledgement of the value of CRANaplus' expertise in the areas of education, support and professional services for current remote and isolated health professionals and those of the future.



Photo: Edwina Pickles

corporate members



bush support services report

There have been a number of highlights for the CRANApus Bush Support Services over the past 12 months.

Firstly, the engagement of an Aboriginal Psychologist has seen a substantial increase in the number of Aboriginal and Torres Strait Islanders who have chosen to call our 24/7 free telephone support line.

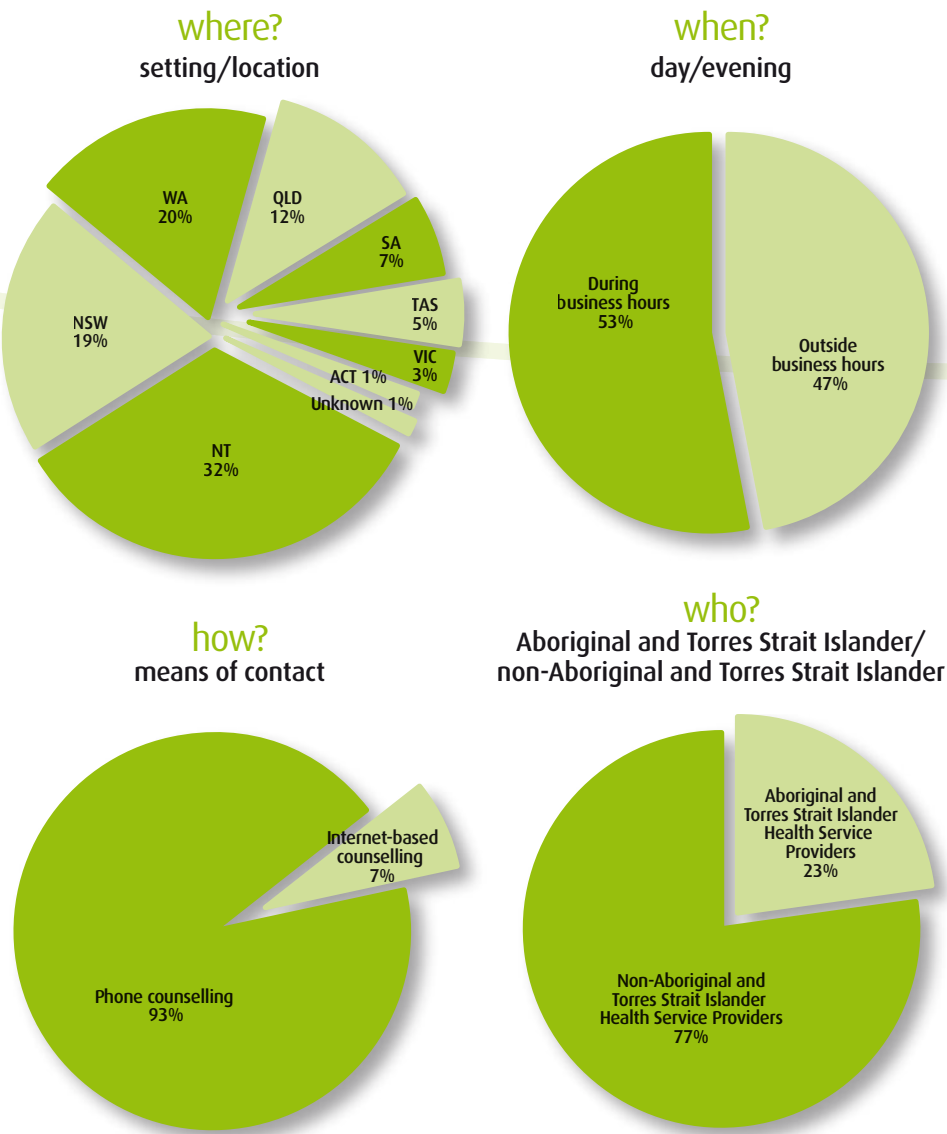


Photo: Therese Forbes

Above: Christmas Island, Indian Ocean.

Secondly, Art Therapy was embedded into our support service workshops held at Exmouth, Kalgoorlie and Carnarvon in Western Australia.

Bush Support Services utilised the skills of a qualified Art Therapist to help develop the curriculum. Art therapy uses the creative process of making art as a safe way to develop resilience, represent inner experiences, enhance awareness and support personal change. Art Therapy offers a safe, supported holding space to allow a person to process difficult emotional issues. All types of visual art forms can be used, such as painting, drawing and clay work.

Art therapy is a creative method of expression used as a therapeutic technique.

Art therapy provides a safe space to explore 'art for arts sake' in your own way. This can happen in an open studio setting with a little guidance or in a supported, structured class where you can learn different art skills. Engaging in creativity in this way can aid recovery as it helps you to focus, relax and express yourself.

Comments BSS Workshops participants include:

"Very enjoyable, made you look at yourself from inside to understand how and why you feel certain ways. Good strategies offered."

"Thank you for offering this in Exmouth and for free. Unheard of and unusual – and bloody fantastic!! Thank you."

"Better educated about CRANaplus and BSS."

"A timely intervention which will prevent further deterioration."

"Interesting and interactive."

"Loved the workshop – 3 nice ladies."



Above: Art Therapy piece.



CRANaplus Bush Support Services DVD wins prestigious international award

The New York Film Festival is one of the world's most prestigious film festivals. Started in 1963, the festival aims to showcase international films of merit produced for a wide range of purposes.

CRANaplus Bush Support Services is delighted to announce that its promotional DVD *CRANaplus Bush Support Services* has been announced as a Finalist Award Winner.

The New York Film Festival selects films for awards that 'enhance awareness, accessibility and understanding of the art among a broad and diverse range of film-going audience'.

The DVD was conceived and written by the CRANaplus Support team to promote and enhance accessibility of the service to rural and remote health workers and clearly that



goal was achieved and has been recognised internationally. The DVD was produced and directed by Perth-based Elephant Productions.

The BSS Informational DVD, which highlights services provided, has proved extremely popular with some 5,000 copies being distributed to date.



CRANaplus Bush Support Services mindfulness photography competition

What is mindfulness about?

Mindfulness is a central self-care skill of Positive Psychology. It is a skill of self-awareness. Being mindful is about a state of being in the present and observing, accepting things for what they are without judgement or criticism. Research has shown that practicing mindfulness has overall health benefits and is especially useful in the treatment of anxiety and depression.

The Mindfulness Photography Competition (brainchild of CRANaplus Psychologist, Therese Forbes) is by far the most successful competition to date with over 150 entries received.

Competition was fierce and our own professional photographer, Rosey Boehm judged the entries.

“CRANaplus did inspire me, with my photography, and my thinking about mindfulness. I am delighted to be the winner and delighted to live in this beautiful part of Australia. The isolation of working great distances from family and friends and under difficult circumstance, can for me, be alleviated by the warmth and beauty of the environment... Thank you so much for allowing me to share some of this joy.”

Gaye Shepherd



internet-based counselling

There has been a small but constant demand for internet counselling (email and skype) in this reporting period. There are a number of benefits to this form of counselling.

Accessibility

Internet counselling is easily accessible. It seems to overcome barriers to face-to-face therapy. For example, it is particularly accessible to rural or remote health workers where there is no counselling services or where health services offered might present a conflict of interest.

Convenience

Online therapy is very convenient. Both the Bush Support Services psychologist and the client have the convenience of corresponding at convenient times. This style of therapy can take away the limitations of scheduling and a remote area nurse, for example, can fit communication in between patients in a busy clinic.

Anonymity

The absence of face to face contact can also prompt callers to Bush Support Services to communicate more openly without concerns for bias of race, gender, age, size, physical appearance or presenting issue. This may lead to an increased level of honesty and self-disclosure. The Internet clearly offers a very high level of anonymity.

Above: Mindfulness Photography Competition winning photo taken by Gaye Shepherd *Lombadina Sunset*.

financial overview



This year the 2015 financial statements were prepared and audited by Deloitte. A full set of the Financial Statements are now available to all members, and can be collected at the Annual General Meeting or alternatively a copy can be requested by emailing cfo@crana.org.au

It is with great pleasure that I announce that this year's audit report was again completed with no qualifications. This is the third year in a row the organisation has achieved this milestone, and is directly related to the ongoing commitment the organisation has to invest in strategies that strengthen our financial reporting systems.

The financial position of the organisation still remains healthy, with the net assets sitting at just over \$2.97 million. The net profit for the 2015 financial year was \$185,395

Moving into the next financial year CRANApplus now has the important challenge to continue to work with our main partner the Department of Health in delivering all the outcomes established under the new funding agreements. These funding agreements are critical to the organisation and will enable us to continue to deliver on all of our initiatives over the next three years.

Steven Dangaard
Chief Finance Officer

CRANApplus incorporated detailed income statement for the year ended 30 June 2015

| Sales | \$ | Expenditure | \$ |
|---|------------------|---|------------------|
| Sales | 67,832 | Advertising and promotion | 3,267 |
| | 67,832 | Audit fees | 14,600 |
| | | Awards | 4,385 |
| Less: cost of goods sold | | Bank charges | 18,433 |
| Opening stock | 46,390 | Cleaning | 16,431 |
| Purchases | 590 | Conference costs | 176,880 |
| | 46,980 | Consultants' fees | 146,420 |
| Closing stock | (235,330) | Consumables | 9,026 |
| | (188,350) | Course costs, catering and facilitators | 169,197 |
| | | Depreciation | 122,854 |
| Gross profit (loss) from trading | 256,182 | Donations | 69,125 |
| | | Doubtful debts | 909 |
| Revenue | \$ | Employee entitlement provision | 78,541 |
| Grant revenue | 4,044,794 | Equipment hire | 509 |
| Interest received | 77,091 | Impairment | 43,874 |
| Gross profit from trading | 256,182 | Insurance | 65,997 |
| Course fees | 1,006,731 | Interest expense | 15,315 |
| Other income | | IT Costs | 213,935 |
| Advertising | 49,212 | Legal fees | 16 |
| Conference fees | 167,932 | Loss on disposal of assets | 31,176 |
| Consultancy | 15,941 | Magazine and newsletter | 1,800 |
| Donations | 5,927 | Marketing products | 28,922 |
| Insurance claim | 82,484 | Membership packs | 2,428 |
| Membership fees | 194,229 | Motor vehicle | 8,812 |
| Profit on disposal of assets | 1,109 | Postage and freight | 250,534 |
| Rental income | 34,200 | Reference materials | 48,156 |
| Scholarships | 8,000 | Rent and utilities | 173,633 |
| Sponsorships | 5,150 | Repairs and maintenance | 8,231 |
| Sundry income | 7,085 | Salaries, wages and allowances | 2,524,804 |
| | 571,269 | Security | 2,107 |
| | | Scholarship awards | 14,655 |
| Total revenue | 5,956,067 | Staff amenities | 4,685 |
| | | Staff clothing | 1,814 |
| | | Stationery and printing | 150,098 |
| | | Sub contractors | 216,301 |
| | | Sundry expenses | 4,027 |
| | | Superannuation | 223,187 |
| | | Telephone, fax and e-mail | 95,442 |
| | | Tools & minor equipment | 49,082 |
| | | Staff Training & Development | 19,492 |
| | | Travel & accommodation | 663,806 |
| | | Venue charges | 47,508 |
| | | Workers compensation | 30,258 |
| | | Total expenses | 5,770,672 |
| | | Net (deficit) surplus | 185,395 |

contacts

cairns office

Street address:
Lot 2, Wallamurra Towers,
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alice springs office

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Alice Springs, NT 0870

Mailing address:
PO Box 4066, Alice Springs, NT 0871

Phone: (08) 8955 5675

adelaide office

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PO Box 127, Prospect, SA 5082

Phone: (08) 8408 8200

Fax: (08) 8408 8222



Photo: Joyce van Dijk