

CRANApplus Position Statement

Single Clinician Posts

CRANApplus is the peak professional body for the remote and isolated health workforce with the purpose of improving health care. We are a member based, not-for profit organisation that has provided nearly 40 years of education, support and professional services for the multi-disciplinary remote health workforce of Australia. The services that CRANApplus provide are tailored specifically for this unique and difficult to access, yet essential, part of the Australian health workforce.

Traditionally, single clinician posts were solo positions where no other health professionals or support staff were available. This situation predominantly occurred in very remote areas servicing Aboriginal and Torres Strait Island communities, outstations, small outback towns, mine sites and tourist areas. Much has been achieved over the past 10 years with many jurisdictions having reduced or removed single nurse posts from their health services areas.

Whilst this traditionally applied to Nurses, Aboriginal and Torres Strait Island Health Practitioners and Workers, other health disciplines may now face similar challenges and, as such, we now refer to these types of services as 'Single Clinician Posts'.

Work practices of the solo clinician are diverse, through necessity. In addition to the provision of clinical care, other roles such as ambulance response, social services, airstrip manager and emergency animal care may be required.

Health services have frequently appointed solo clinicians into locations where the day-to-day workload is low and the population of the community small, however a 24/7 on call service is required. This results in challenges for the clinician to have relief from being on call, and to leave the community for rest and recreation, or to attend continuing professional development activities. As clinicians, by nature, are part of the community and highly visible, the demands on their time can be constant.

CRANApplus believes

- Single clinician posts potentially impact on the safety and quality of the care being provided to remote communities and has an unacceptably high level of risk for the clinician involved.

- Single clinician posts potentially can impact on the individual by becoming professionally blinded to the risks, leading to exploitation and personal and professional isolation, as well as high turnover of staff.
- Managing fatigue which contributes to clinical, physical and organisational risks, is an important challenge for reducing the incidence of errors.
- Robust systems around fatigue management, vehicle safety, evacuation protocols, and workforce, orientation, education, support and clinical decision-making can mitigate many of the risk associated with single clinician posts. This approach has proven successful in other high-risk industries such as aviation.

CRANAplus recommends

- Small communities, regardless of their population and level of isolation, have access to primary healthcare services, inclusive of after-hours emergency services.
- Healthcare settings that have single clinician posts are *not best practice* and to be avoided.
- Innovative and sustainable models are required to ensure the health workforce in single clinician posts is adequately supported, and that fatigue is rigorously monitored and managed.
- In the provision of 24/7 healthcare to the community, no clinician should respond alone, the clinician needs to be accompanied by an appropriate and culturally prepared individual.

CRANAplus resolves to

- Advocate for the discontinuance of single clinician posts.
- Work with the health service providers and workforce to mitigate the risks associated with small isolated workplaces, in the interest, of promoting safe, high quality healthcare to remote and isolated communities.

References

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