

**Enhancing rural and remote health care  
by making better use of the skills and  
capacity of nurses:**

**Recommendations from a Workshop  
on remote and rural nursing practice**

**A DISCUSSION PAPER**

**National Association of Rural Health Education and Research Organisations**

Lesley Fitzpatrick, Convenor  
June 2001

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## ACRONYMS

AARN	Association for Australian Rural Nurses
AHMAC	Australian Health Ministers Advisory Council
ANF	Australian Nursing Federation
ANP	advanced nursing practice
CRANA	Council of Remote Area Nurses of Australia
DHAC	Commonwealth Department of Health and Aged Care
HECS	Higher Education Contribution Scheme
NARHERO	National Association of Rural Health Education and Research Organisations
NRHA	National Rural Health Alliance
QNC	Queensland Nursing Council
RCNA	Royal College of Nursing Australia
RFDS	Royal Flying Doctor Service

## **EXECUTIVE SUMMARY**

In October 2000, the National Association of Rural Health Education and Research Organisations (NARHERO) convened a multi-disciplinary National Workshop (see Appendix B) on advanced nursing practice in relation to rural and remote health service provision.

The Workshop considered progress towards, and issues and options related to, advanced nursing practice in rural and remote areas in order to advance the issue through the development of this Discussion Paper. The Discussion Paper draws together the contributions of participants at the Workshop, provides an overview of the discussions held, and contains a list of recommendations.

Workshop participants concurred that it was crucial to more fully utilise the skills of nurses to overcome inequalities in access to health care in rural and remote areas. It called on the Federal Government to assume a leadership role in coordinating a nation wide approach to redressing structural issues that mediate against the extension of nursing practice in rural and remote areas.

The Workshop Recommendations (pages 11-12) were developed following the Workshop and reflect ideas and concerns raised by Workshop participants. They suggest a range of strategies to progress the role and support of advanced nursing practice and nurse practitioners in health service provision in rural and remote areas of Australia.

## OVERVIEW

### National Association of Rural Health Education and Research Organisations

The National Association of Rural Health Education and Research Organisations (NARHERO) is the peak body representing organisations involved in the education of rural and remote health professionals. It is a collaborative group working for the integrated support and development of the Australian rural and remote area health workforce through research and education.

NARHERO does not represent particular professional groups, but is interested in addressing workforce concerns that straddle a number of professions and which relate to education, training and research. (The objects of NARHERO are listed in Appendix A).

#### *NARHERO's National Advanced Nursing Practice Workshop*

In October 2000, NARHERO convened a National Workshop (see Appendix B) on advanced nursing practice. As rural and remote health providers work in teams that include nurses, Indigenous health workers, medical practitioners, allied health professionals and health service managers, the sector needs to work together to discuss workforce needs and development issues in order to move forward. Thus, NARHERO brought together interested parties to discuss advanced nursing practice and its role in rural and remote health care provision. The Workshop was a timely and potentially valuable initiative, given the current fragmented activity in the States and Territories, and the need to harness its potential for the benefit of improved health in rural and remote areas of Australia.

Workshop participants (see Appendix B) included representatives from:

- national nursing organisations (AARN-- Association for Australian Rural Nurses, CRANA-- Council of Remote Area Nurses of Australia, ANF--Australian Nursing Federation, Royal College of Nursing Australia)
- state based nursing organisations and regulatory authorities (eg. NSW College of Nursing)
- other professional bodies (eg. general practice, allied health, pharmacy etc.)
- State and Federal Health Departments
- Indigenous groups
- member bodies of the National Rural Health Alliance
- University Departments of Rural Health and Rural Health Training Units
- representatives of the rural sub-committee of the Australian Health Ministers Advisory Council
- Chief Nursing Officers
- nursing academics and researchers and
- consumers

The Workshop considered progress towards, and issues and options related to advanced nursing practice in rural and remote areas, and canvassed common ground in order to advance the issue through the development of this Discussion Paper.

The goals of the National Advanced Nursing Practice Workshop were:

- to contextualise the collective problems of recruitment and retention of nurses and to consider the better use of nursing skills in rural and remote areas in order to help overcome inequalities in access to health care experienced by Australians living in rural and remote areas;

- to encourage support for, and an understanding of, collaborative health care practice in rural and remote areas, and to expand understanding of this concept among health professionals, policy makers, and consumers;
- to clarify what is happening with regard to advanced nursing practice in organisations, in the States, the Northern Territory and nationally, and to identify strategies to progress the issue;
- to identify and discuss the barriers and concerns of parties interested in the future development and composition of the rural and remote health workforce; and
- to advance the view that there is a legitimate leadership role for the Federal Government on this issue as the structure and preparedness of the nursing workforce is a national concern.

### **The parameters of the Discussion Paper**

This Discussion Paper reflects the views and concerns of participants at the Workshop. It does not seek to provide a situational overview of the status or the role of advanced nursing practice and nurse practitioners in Australia as a whole. It does not canvass definitions of nursing practice per se, or the varying progress in the employment of nurse practitioners in Australian States and Territories. In keeping with NARHERO's role and the focus of the Workshop, it deals only with issues that are relevant to rural and remote health care.

The Discussion Paper draws together the contributions of participants at the Workshop and provides an overview of the discussions held, with the purpose of eliciting a group of recommendations. These recommendations suggest a range of solutions that could be adopted in order to progress the role and support of advanced nursing practice and nurse practitioners in health service provision in rural and remote areas of Australia.

### **General points**

A number of general points became clear throughout the workshop. They were:

- There are gains to be made regarding the delivery of health care in rural and remote areas by making better use of the skills and capacity of nurses.
- Effective rural and remote health care practice is characterised by a team approach that is endorsed by all the professions involved in the team and any models developed in relation to the role of the nurse need to reflect this context (Queensland Nursing Council, 1998).
- Definitions such as 'advanced nursing practice' and 'nurse practitioner', and their respective roles, require clarification. These roles are often referred to collectively but are considered distinct, and at times overlapping. The definitions of these roles need to be explored and clarified in order to advance workforce development and support for nurses in rural and remote areas. Nursing organisations are the most appropriate bodies to address this issue.

Examination of the literature shows that definitions of advanced practice and nurse practitioner roles and practices differ internationally (Offredy, 2000). This may indicate that agreement on advanced roles and practices are still developing, or that advanced nursing practice and nurse practitioner roles are part of a continuum based on the scope of practice that will have different definitions and functions in different countries and jurisdictions.

The definition of nurse practitioner used in New South Wales describes a nurse practitioner as one who is a:

*"... registered nurse working at an advanced practice level leading into practice as an expert nurse, the characteristics of which would be determined by the context in which they have been accredited to practice." (NSW Health Department 1998).*

Irrespective of the issue of nurse practitioners, many rural and remote nurses are currently working as advanced practice nurses within their everyday practice. This role needs to be more clearly defined, recognised and supported. All organisations represented at the Workshop supported the concept of advanced nursing practice, but the medical representative present expressed major reservations about the roles of, and need for, nurse practitioners.

- Given the issues surrounding nursing recruitment and retention and the right of rural and remote residents to have access to adequate and safe health care provided by skilled and competent staff, the Commonwealth needs to take a leadership role in the development of the nursing workforce. The Commonwealth is also responsible for the tertiary education sector in which nurses are prepared and for the aged care sector in which nurses play a large role.
- The development and implementation of advanced nursing practice and nurse practitioner models in rural and remote communities must be sensitive to the cultural needs of the communities they serve and the professional concerns and roles of other members of the health care team. The development of teams should be driven by the following purpose which was expressed by a Workshop participant:

*"...good quality health care in the interest of the community, delivered by well prepared professionals."*

## **WHY ADVANCED NURSING PRACTICE IS IMPORTANT FOR RURAL AND REMOTE HEALTH CARE<sup>S</sup>**

In addressing the significance of advanced nursing practice (ANP) to rural and remote health care, it is important to identify what ANP is *not*, in order to understand advanced nursing practice, both in a generic sense, and when applied to a specific area or context of practice. Nurses who practice at an advanced level are *not* Nurse Practitioners, and may never apply for a position as a Nurse Practitioner or seek Nurse Practitioner status. The Nurse Practitioner role is currently being debated and defined within this country and while advanced level practice is inherent within this role, the two terms are not interchangeable. The Position Statement on Advanced Practice Nursing developed by the Royal College of Nursing (2000) clearly delineates the two roles, stating that "Advanced practice nurses form the basis for the role of nurse practitioner. The nurse practitioner role is an expanded form of advanced practice nursing which is specifically regulated by legislation and by professional regulation." New South Wales has enacted legislation to support the Nurse Practitioner role in that State (Nurse's Amendment [Nurse Practitioner] Act 1998 No.102).

It can be argued also that the "*Competency Standards for the Advanced Nurse*" (1997) developed by the Australian Nursing Federation (ANF), provide broad statements by which advanced nursing practice can be identified. While it is outside the scope of this paper to debate the validity of using

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\* This segment of the Discussion Paper has been prepared by the Executive of the Australian Association for Rural Nurses, Inc.

competencies to describe and benchmark nursing practice, they have been developed as a framework for advanced level practice in this country.

Specialties within nursing have further developed their own set of competencies, for example Perioperative and Critical Care Nurses. These competencies do not seek to define advanced practice *per se*, but aim to describe in a more focussed way the knowledge, skills and attitudes associated with their respective specialty area.

The distinction needs to be made, therefore, between specialisation and advanced practice. A nurse may choose to specialise in any of the above areas, but that of itself does not constitute advanced practice. Advanced practice nurses may work in a specialist or generalist capacity, in a variety of different contexts, in either urban, rural or remote areas.

High levels of technical proficiency also do not constitute advanced practice. While technical areas of nursing such as acute care and theatre require specific knowledge and skill, advanced nursing practice is much more than this. ANP is also more than having years of nursing experience in a variety of settings, however one would expect that this should be a characteristic of the advanced level practitioner. The QNC document cited earlier indicates that a combination of education, experience and competence development mark advanced practice (1998, p6).

Given the debate concerning difficulties in conceptualising and defining advanced nursing practice, what is unequivocal is that nursing is embedded in clinical practice, and that advanced practice as it is described in much of the literature is advanced *clinical* practice. That is to say, it is applied to the nurse-patient/client relationship. As stated in the Scope of Nursing Practice Decision Making Framework (QNC 1998 p6), "As practice becomes more advanced nurses demonstrate more effective integration of theory, practice and experiences along with increasing degrees of autonomy in judgements and interventions."

While it may be argued that nurses within roles outside clinical practice such as education and training, research, policy development and management can attain advanced levels of promotion, responsibility and influence, these are different constructs to the advanced nursing practice debate as it currently stands, and must be addressed separately.

Nurses in rural and remote areas are not advanced practitioners simply because of their context of practice, the broad nature of their role, or the level of autonomy they possess. Like any other area of practice, there are associated characteristics that identify ANP, and rural or remote nursing practice is no different. Some nurses practicing in rural or remote contexts areas are no doubt practicing at an advanced level, but this may no more be the case than in any other area of practice, such as aged or palliative care, midwifery, acute care or community health. The additive or overlaying effect of the rural/remote context, whilst strongly influencing how care is provided, does not automatically promote the nurse to advanced practitioner status. Advanced level nurses are desirable in all contexts, because they bring an immensely important dimension to the nurse-client relationship.

It is essential to recognise that nurses are currently practicing at advanced levels within diverse clinical roles across rural and remote Australia. Rural and remote communities, like all practice settings, urgently need more advanced practice nurses to provide excellence in clinical practice, in a way that is culturally and contextually relevant. Nurses of this calibre advocate strongly for their community, mentor less experienced health professionals, and actively participate in interdisciplinary collaboration to achieve positive health outcomes for their clients.

In summary, advanced nursing practice is the experience of many currently working within the profession. They are not Nurse Practitioners, but nurses who think critically, analyse, reflect, problem solve, and apply high level knowledge that is evidence and research based to clinical interactions with people who need their care. There is a need within the profession for further debate and research surrounding the recognition and support of advanced nursing practice roles, particularly in terms of how these roles contribute to improved patient outcomes in rural areas.

## **SUMMARY OF WORKSHOP OUTCOMES**

### **Access to health services for rural and remote Australians**

It became clear during the Workshop that a planned and strategic approach to the development of advanced nursing practice and nurse practitioners is critical in order to ensure that the potential of this workforce development for rural and remote communities is realised. It was apparent that agendas and industrial issues driven by metropolitan interests and circumstances are clouding the goals, needs and service provision issues related to the development of nurse practitioners for rural and remote Australia. While metropolitan concerns cluster around service delivery issues and the development of the nursing profession, the primary driver for advanced nursing practice models in rural and remote areas, is improved access to safe and appropriate health care and the provision of legal, educational and professional support for nurses who are required to provide services outside their scope of practice without adequate training and legal coverage.

The sentiments and outcomes of the Workshop strongly support the recommendations of the *Rural Health Stocktake*:

*... of particular relevance to the Commonwealth must be the delivery of health services in the small communities, and the recognition and development of suitable models of nursing practice.*  
(Best, 2000; 95)

Best argues that Commonwealth policy impinges directly on the nursing workforce, particularly in relation to the clinical nurse practitioner, and he notes the different emphasis placed by each State on the role and implementation of advanced nursing practice and nurse practitioners. Workshop participants concurred that this compounds the development and implementation of these roles in the bush, and they called on the Commonwealth to assume a coordinating role.

### **Models of nursing practice in rural and remote areas**

There are a number of successful models in rural and remote Australia where there are clinical nurse practitioners working alone or in partnership, and these exemplars should be used to inform the development and progression of education and models of practice for the profession. In remote areas of Australia the articulation between the role of nurse practitioners and Aboriginal Health Workers needs to be more closely examined and further developed. These issues were reinforced during the Workshop with presentations and discussion on models that are working and the call for the role of Aboriginal Health Workers to be considered as one of the critical components in the development of successful and culturally sensitive models of nursing practice.

The Workshop participants concurred that effective rural and remote practice models have some important characteristics. The effective models:

- Are appropriate for the context in which they occur
- Are congruent with community needs/aspirations
- Are based on small teams with broad complementary roles

- Are models in which educational preparation, experience and skill mix matches practice
- Have a multi-disciplinary, knowledge-sharing approach to teamwork
- Allow for overlap of practice roles
- Take a primary health care approach
- Recognise and observe cultural sensitivities
- Encourage professional respect and autonomy within discipline areas

Participants stressed that these models will only work when structural and organisational issues are dealt with. Some of these are listed below:

- Roles need to be recognised through appropriate pay and conditions.
- State jurisdictional issues need to be resolved.
- Appropriate funding models including provision for educational preparation and orientation, continuing education and up-skilling, and leave provision/relief for personnel, need to be developed.
- Funding responsibility needs to be resolved including considering the development of more flexible, shared funding models eg. cashing out, Medicare rebates, State funding supplemented by Federal monies for specific categories of rural and remote advanced practice nurses/nurse practitioners.
- Partnership programs need to be explored in relation to sustainable staffing structures eg. two practitioner policy, clustering of services etc.
- Safety concerns and support services (housing, relief etc) for practitioners and their families require urgent consideration.
- Beginning rural and remote practitioners need to have an understanding of cultural issues in relation to rurality, isolation and Indigenous culture.
- Practitioners require ongoing support from experienced groups eg. AARN, CRANA, ANF, RFDS.

### **Educational preparation for advanced practice nurses**

The Workshop participants saw education as a crucial factor in the provision of safe and appropriate health services particularly for nurses working in an advanced practice role. Best's (2000) *Stocktake* also notes that appropriate recognition for nurse practitioners, through relevant education and support in their advanced practice role, may have a beneficial impact on retention of full time medical practitioners and on the extension of their capacity to provide services to their communities. This would in turn impact favourably on the Commonwealth Health budget. For these reasons Best calls for Commonwealth financial support for the training of:

*Clinical nurse consultants for rural and remote Australia to work cooperatively with medical practitioners and who have the appropriate clinical skills to practice in settlements where there are no medical practitioners . . . (Best, 2000; 96)*

Workshop participants extended Best's view by emphasising a team approach which will only be achieved when there is a shift from 'cooperation' (meeting the goals of one group) to 'collaboration' (shared goals) within the health care team.

The following educational factors were identified by Workshop participants as being important.

- Preparation and continuing education
  - full and adequate orientation
  - definition of skills required for specific positions

- recognition of prior learning
  - development and provision of individualised preparatory training program which includes cultural awareness and primary health care principles
  - regular assessment for competency and knowledge gaps
  - continuing education through in-service training opportunities and higher education courses
- Content and delivery of education and support
    - should have a theoretical and research base which is applied practically (and realistically) for use in clinical settings
    - flexible delivery modes eg videoconferencing, print based etc.
    - modular programs with multiple entry and exit points
    - modules leading to accredited and recognised qualification
    - mentoring program and sole practitioner support
    - links with support bodies such as ANF, CRANA, AARN, RFDS, UDRHs, RHTUs
    - some educational preparation be undertaken in rural and remote areas

## **BARRIERS**

Participants at the Workshop identified the following barriers in relation to the recognition and utilisation of the skills and potential of nurses working in rural and remote areas.

### **Advanced practice role**

- Lack of recognition of rural and remote area nursing as a speciality in its own right
- Nomenclature--'Nurse Practitioner' title is a political issue
- Lack of definition of scope of practice and range of skills required
- Legal issues related to scope of practice and indemnity
- Limited career structure
- Appropriate remuneration

### **Recruitment**

- Inadequate strategies to recruit to rural careers through exposure to rural subjects, mentoring, or scholarship programs
- Failure to match skills and knowledge with specific roles
- Competition with other careers
- Lack of support networks for new appointees

### **Retention**

- Inadequate preparation and orientation
- Inadequate funding and support for ongoing education
- Inadequate funding for relief while attending in-services and on leave
- Problems with recognition of prior learning/flexible approach to education
- Appropriate remuneration related to scope of practice and isolation

## Structural

- Fragmentation of professional, registration and accrediting bodies
- Vested interests and professional territorialism
- Restrictive practices
- Jurisdictional issues/political power sits in each state
- Lack of generic standards --national criteria for roles, definitions, legislation etc.
- Inappropriate and inadequate funding mechanisms
- Remuneration and classification of positions not based on context of practice
- Inadequate workforce planning at national and state levels

## RECOMMENDATIONS

Based on the presentation and the discussions at the Workshop, the following recommendations have been developed for consideration by the State and Commonwealth Governments and by national and state based nursing bodies.

1. It is recommended that governments through the Australian Health Ministers Advisory Council (AHMAC), differentiate between the issues related to the general development of the nursing profession, and nursing aspects of the need to provide access to adequate and safe health services in rural and remote areas of Australia with the current limited (and increasingly limited) health workforce.
2. It is recommended in the interests of universal access to adequate and safe health care for all Australians, that the Commonwealth Government assume a leadership role in enabling the full use of nursing skills in rural and remote areas.
3. It is recommended that the Commonwealth, in consultation with national and state level nursing bodies, fund the development of a staged strategic plan related to nurses practising in rural and remote areas that covers recruitment and retention, current practices, appropriate education, adequate remuneration, and the development of systems to classify and assess the roles and skills required in each location.
4. It is recommended that a National Framework be developed to describe and benchmark nursing practice which encompasses the skills and competencies required of Registered Nurses involved in advanced nursing practice and/or nurse practitioner roles in rural and remote areas. This Framework should include cultural awareness and cultural competency and safety components. The Framework could draw on existing standards such as the "*Competency Standards for the Advanced Nurse*" (1997) developed by the ANF, CRANA's *Competencies for Remote Area Nurses* (1998), etc. and competencies which have developed by specialty groups, eg. Perioperative Nurses, Critical Care Nurses and Remote Area Nurses. The Commonwealth Government should fund nursing bodies to develop this National Framework which should be based on agreed principles and approaches to the definition of knowledge, skills and benchmarking practices.
5. Upon the completion of the National Framework of Nursing Practice for Rural and Remote Nurses, it is recommended that universities and other education institutions map current nursing education programs and revise their suite of programs to cover all components of the Framework. It is further recommended that education providers develop rural and remote interest streams in their undergraduate and postgraduate programs and that they are available in flexible delivery formats which include multiple entry and exit points.

6. To overcome issues related to borders, it is recommended that a nurse holding a qualification that has been successfully mapped against the National Framework of Nursing Practice for Rural and Remote Nurses, be deemed to be registered to practise in all States and Territories, using the Standing Orders and practice protocols applicable to the particular jurisdiction in which the service is delivered.
7. It is recommended that a classification system based on the National Framework of Nursing Practice for Rural and Remote Nurses be developed to classify nursing positions in rural and remote areas. The classification system should take into account issues such as isolation and the availability of other services and community needs, in order to ascertain the skill level and nature of the position in relation to the advanced practice--nurse practitioner continuum. The classification system should identify the skills, educational preparation and scope of practice required of the nurse to guide appropriate recruitment and educational preparation for the role. Remuneration for the position should be based on a scale related to this classification and adequate education and up-skilling be provided for the appointee or incumbent.
8. It is recommended, as a matter of urgency, that the Commonwealth and States through the Australian Health Ministers Advisory Council (AHMAC) agree to develop and institute a consistent legislative framework for the protection of nurses working in an advanced practice role in rural and remote areas.
9. It is recommended that a National Assessment and Education Project be funded and undertaken to assess nurses against the National Framework of Nursing Practice for all Rural and Remote Nurses. This Assessment and Education Project should recognise prior learning and experience and identify skill and knowledge gaps. Appropriate educational opportunities addressing gaps in knowledge and skills should be identified and provided for nurses where necessary. The educational and skills development opportunities should be adequately funded and provided in flexible format within a program that ensures appropriate preceptorship, supervision and assessment.
10. In recognition of the growing crisis in the recruitment of nurses, it is recommended that Higher Education Contribution Scheme (HECS) exemptions be considered for all undergraduate nurse programs. Consideration should also be given to HECS reimbursements for undergraduate nurses who are willing to trade them against service in specified areas of need in rural and remote areas.
11. It is recommended that a range of scholarships be provided for undergraduate and postgraduate nurses interested in rural and remote practice covering internships, specialty programs and regular refresher courses.

## References

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- Royal College of Nursing Australia, 2000. *Position Statement: Advanced Practice Nursing*.

## Appendix A

### OBJECTS OF ASSOCIATION

#### National Association of Rural Health Education and Research Organisations

The objects of the association are:

- (a) to promote research, and to provide support to, and stimulate interest in, the education of rural health care providers;
- (b) to promote rural health education and research organisations as centres of excellence
- (c) to generate and disseminate information about rural health education and research;
- (d) to provide a forum on aspects of rural health education and research;
- (e) to facilitate collaboration and communication among other persons and organisations that have an interest in rural health education and research;
- (f) to affiliate or cooperate with other organisations that have an interest in rural health education and research; and
- (g) to communicate advice, proposals and submissions to organisations and Commonwealth State and Territory governments concerning rural health education and research.

## Appendix B

### Workshop Steering Committee

#### *Chairperson*

Ms Lesley Fitzpatrick

Convenor: National Association of Rural Health Education and Research Organisations

Director, Cunningham Centre

Southern Zone Rural Health Training Unit, Queensland Health, Toowoomba

Mr Gordon Gregory

Executive Director,

National Rural Health Alliance

Canberra

Prof Desley Hegney,

*Association for Australian Rural Nurses (AARN) Representative*

Professor of Rural Nursing,

University of Southern Queensland, Toowoomba

Mr Nigel Jefford,

*Council of Rural Area Nurses of Australia (CRANA) Representative*

Director CRANA

Alice Springs

Prof Dirk Keyzer,

Professor of Nursing, University Department of Rural Health

University of Sydney,

Broken Hill

Prof David Lyle,

Director, University Department of Rural Health,

University of Sydney,

Broken Hill

Prof Christopher Moorhouse,

Professor of Nursing,

University of Tasmania

Hobart

Ms Lesley Siegloff,

*National Rural Health Alliance Representative*

Association for Australian Rural Nurses member

Director of Nursing, Ingelwood Health Services,

Inglewood, Victoria

Dr John Togno,

*National Association of Rural Health Education and Research Organisations Representative*

Senior Lecturer General Practice,

Centre for Rural Health

Monash University Bendigo

Dr Les Woollard,

Medical Practitioner, Queensland

*Rural Doctors Association of Australia Representative*

*Royal Australian College of General Practice Representative*

**Workshop program****NATIONAL ASSOCIATION OF RURAL HEALTH EDUCATION AND RESEARCH ORGANISATIONS****National Workshop on Advanced Nursing Practice:  
Charting a Future for Rural and Remote Area Practice**

Friday, 27 October 2000, CANBERRA

8.00	Registration desk open	
8.45	Welcome: Setting the scene for the day Overview of the Workshop goals/process	Facilitator and Lesley Fitzpatrick (NARHERO)
9.00	The context of rural practice: service delivery and access issues for rural and remote Australians	Dr David Lyle
9.20	National Health Agendas and Advanced Nursing Practice (Healthy Horizons, Best Stocktake, 1999 National Nursing Summit)	Dept of Health & Aged Care Cathy Wall
9.45	Overview of Advanced Nursing Practice: What's happening across the country	Jill Iliffe
10.15	Current Perspectives on Advanced Nursing Practice National Competition Council (Overview from each--10 mins questions from the floor)	Ben Harris
10.45	Morning tea	
11.15	Panel on the pros and cons  (4 minutes each?)	Representative of AMA Dr David Mildenhall RDAA Prof Desley Hegney Ms Sabina Knight CRANA Ms Jill Iliffe ANF Mrs Margaret Smith CWA Dr Alex Hope
11.45	Questions to panel from the floor and general discussion	led by Facilitator
12.30	Lunch	
1.30	Appropriate models and applications of Advanced Nursing Practice: including an international context (20 minutes plus 10 minutes discussion)	Prof Dirk Keyser
2.00	Six working groups on three themes (ie two on each theme) <ul style="list-style-type: none"> <li>▪ Definitions of Advanced Nursing Practice</li> <li>▪ Working models of Advanced Nursing Practice for Australia</li> <li>▪ Issues and barriers: bureaucratic and legal, competency and training, career structure and management</li> </ul>	Small Group work (16 people X 6 groups)
3.20	Afternoon tea	
3.45	Feedback from small groups (5 mins each)	Facilitator
4.15	Summary of key points to date and discussion	led by Facilitator
4.30	Plenary discussion Summary of agreed positions Questions and comments from the floor	Working party members
5.00	Summary statement by Commonwealth: Next steps	Lynelle Briggs, DHAC
5.15	Formal close	Lesley Fitzpatrick Convenor, NARHERO

