

*Editorial***REPORT FROM AUSTRALIA**

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Editorial Board Member

We have just held the Association for Australian Rural Nurses Inc conference. The conference was attended by about 90 rural nurses from around Australia. A major highlight of the conference is that we are now known as the Australian Rural Nurses and Midwives (ARNM). The governor of Queensland – Ms Quentin Bryce opened the conference. Speakers included Dr. Kim Walker who provided some suggestions on how we might address the nursing workforce shortages (other than recruiting from developing countries or taking advantage of the retrenchments in the UK). On the last day of the conference we had a great debate around current issues facing rural nurses and midwives. We noted that our nurse practitioners were still limited by their lack of ability to provide prescriptions that are subsidized by the Australian government. All nurses have been working to try to have this addressed without much success (mainly due to the medical lobby). They can write a private prescription (once they have a relationship with a pharmacy), but this costs the client much more than they would get it if the prescription was written by a doctor.

We also looked at the move in Australia for a national registration. At present, we are registered in individual States/Territories, and each time we move we have to re-register. Of course, we do have mutual recognition for most things – though there are differences between the States/Territories. In 2008 we will go to a national registration system – so there is a lot to be worked out before this happens.

We also discussed the need for mandatory continuing professional education. At present, none of our nursing registering bodies require this. Victoria has been undertaking some research into whether this would be worthwhile, but their consensus seems to be that a mandatory system is not the way to go.

In Queensland our rural nurses are experiencing a lot of change. For example, our State government is transferring mental health and community health to the Department of Communities from the Department of Health. This means the Department of Health will focus on acute care only. At the same time, there has been a reduction in the number of districts, and we have several senior nurses who have gone to being the director of nursing of a district, to being something (not sure yet) else within a larger district. So, an enormous amount of change is happening in our State.