

# Outback survival: What's really needed to sustain new registered nurses to thrive beyond the bitumen

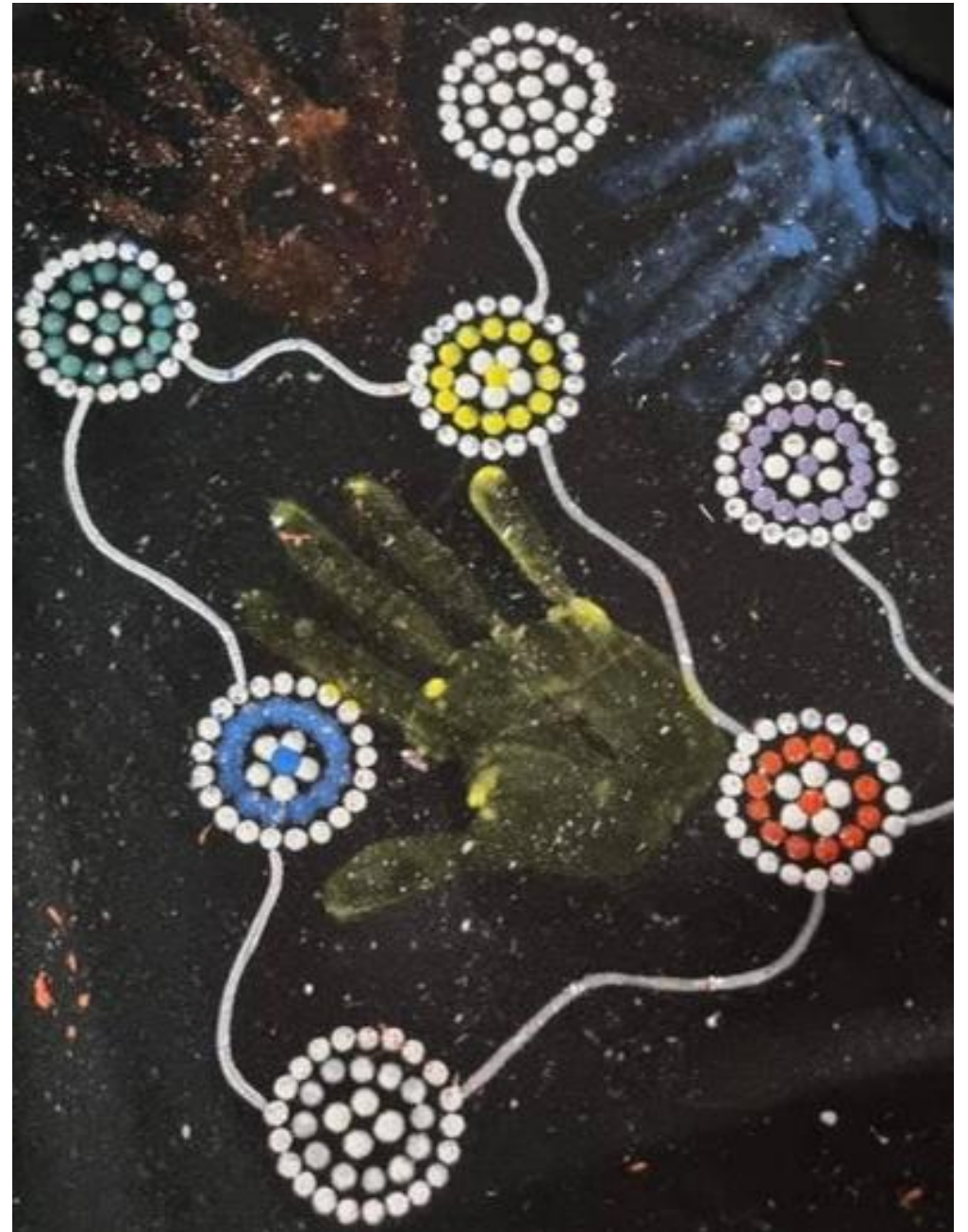
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**I acknowledge the Traditional Custodians of the land on which we meet today and pay my respects to their Elders past, present and emerging. I extend that respect to all Aboriginal and Torres Strait Islander peoples here today.**

**I also acknowledge my home country, the Butchulla region.**

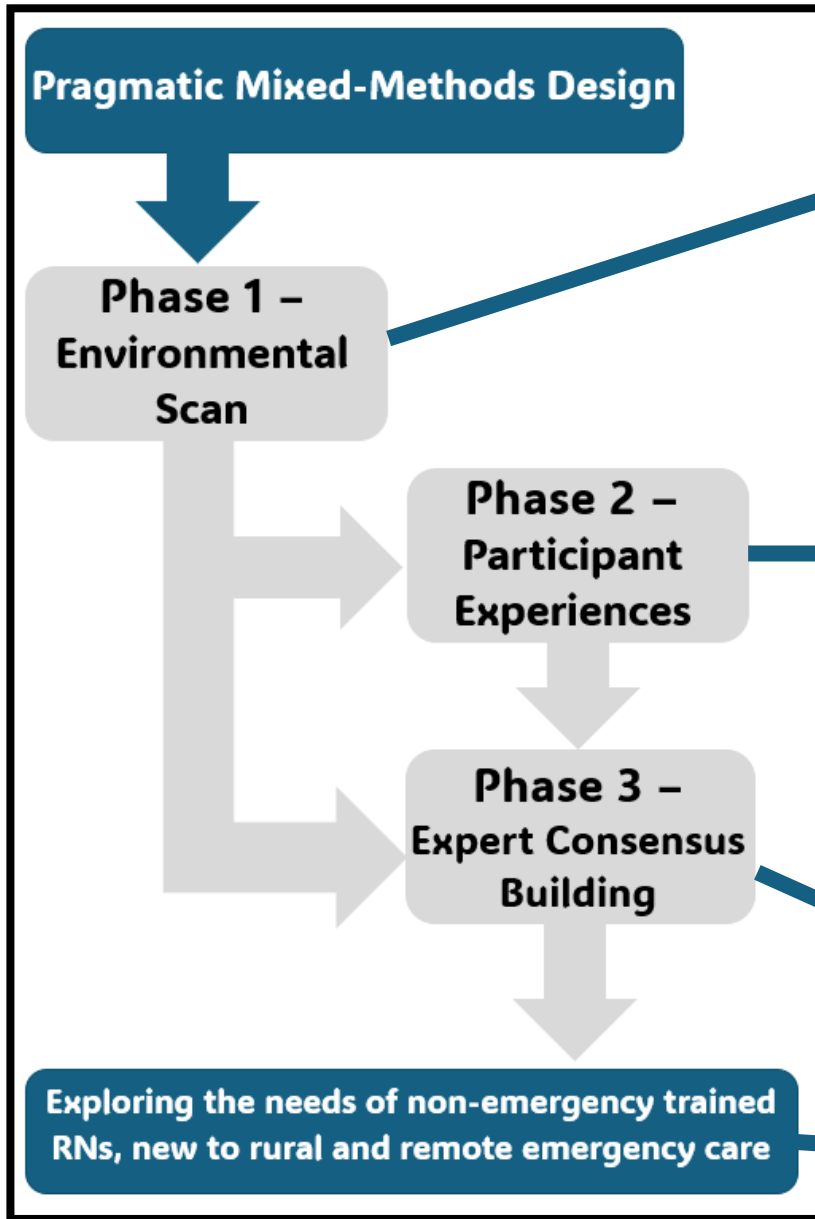


Painting by Naomi Smith – Maryborough Hockey Association

# Why rural & remote RN transition matters

- RNs new to rural and remote are often placed in high-risk, high-acuity roles early
- When preparation and support are inconsistent, risk is experienced by both the RN and the communities they serve





SCOPING REVIEW | [Open Access](#) |

## Exploring the Role and Skill Requirements of Registered Nurses Working in Rural and Remote Areas. A Scoping Review

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### Unprepared and under pressure: Transitioning experiences to emergency nursing in rural and remote areas

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*Manuscript submitted to journal; under review*

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# Why integration matters

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- What the evidence showed (Phase 1)
- What does happen – Experiences (Phase 2)
- What must happen – Expert consensus (Phase 3)



*Geographic isolation  
Lack of support  
Limited resources  
Role uncertainty*

Phase 1	Phase 2	Phase 3
<ul style="list-style-type: none"> <li>What is the role and skill requirements of registered nurses working in rural and remote areas?</li> </ul>	<ul style="list-style-type: none"> <li>What are the experiences of non-emergency trained registered nurses working in rural and remote facilities?</li> <li>What are the preparation needs of non-emergency trained RNs transitioning to rural and remote facilities?</li> </ul>	<ul style="list-style-type: none"> <li>What are the essential and desirable skills for new RNs commencing work in rural and remote areas?</li> <li>What are the minimum support requirements for new RN commencing work in rural and remote areas?</li> </ul>
Broad, dynamic roles requiring generalist and specialist skills.	RNs reported confusion about expectations and scope when transitioning to rural/remote practice.	Clear, structured orientation and onboarding programs.
Lack of clarity in role definitions globally.	Difficulty accessing education and skill maintenance.	Recommended training hubs and staged skill development.
Resource limitations can lead to RNs practicing beyond their usual scope of practice.	Participants described being pushed to the top of their scope without adequate preparation.	Orientation needs to include cultural protocols and local logistics.
Highlighted gap in pre-registration education for rural/remote contexts.	New RNs felt unprepared and lacked confidence in emergencies and autonomous practice.	Prioritise life-saving skills and induction programs before deployment.
Inconsistent mentoring and supervision in rural and remote settings.	Senior staff reported burnout.	Need for clear role delineation
Need for cultural safety and community integration.	Need for context specific orientation and onboarding strategies.	Need for blended learning hubs and prioritisation of emergency and PHC training.
Difficult to fully comprehend what the role involves prior to their initial experience	New RNs struggled with social isolation and lack of community onboarding.	Importance of cultural safety and community orientation to build trust and retention.
Continuous learning critical but hindered by geography and funding.	Need for time to build competence.	Experts agreed RNs needed to work to their full SOP.
Systemic changes to recruitment and training.	Need for realistic recruitment advertising and strategies.	Mandatory training hubs and employer funded support models.
Variation in roles and expectations based on geographic location and resource availability.	Differences in expectations between rural and remote settings, and between facilities.	Skill expectations must be flexible and context specific.
Skills can be developed post-commencement, but foundational skills must be prioritised.	Learning on the job highly valued.	Desirable skills should be acquired within 12 months; essential skills before deployment.

Mapped Domain	Subcomponents
Complexity and ambiguity of rural and remote RN roles	<ul style="list-style-type: none"> <li>• Broad, dynamic roles requiring both generalist and specialist capability</li> <li>• Lack of clarity in role definitions across jurisdictions</li> <li>• Variation in expectations based on local geography, community needs, and resource availability</li> <li>• Difficulty understanding or conceptualising the role prior to entering the setting</li> </ul>
Preparation required for context readiness	<ul style="list-style-type: none"> <li>• Need for clear, structured, and consistent orientation programs</li> <li>• Context-specific onboarding that reflects the realities of the local service</li> <li>• Community integration strategies to minimise social and professional isolation</li> <li>• Mandatory blended-learning training hubs to support baseline competence</li> </ul>
Context specific formalised education approaches	<ul style="list-style-type: none"> <li>• Persistent gap in pre-registration education related to rural and remote practice</li> <li>• Challenges accessing ongoing training and maintaining clinical skills</li> <li>• Learning opportunities limited by geography, workload, and funding</li> <li>• Need for flexible, blended educational models that support continuous upskilling</li> </ul>
Support systems required to sustain competent and confident RNs	<ul style="list-style-type: none"> <li>• Inconsistent access to mentoring, supervision, and structured support</li> <li>• Need for clinical supervision, peer networks, and communities of practice</li> <li>• Importance of mental health and wellbeing supports to promote retention</li> <li>• Recognition of senior staff burnout and emotional fatigue</li> </ul>
Community and cultural integration before and after deployment	<ul style="list-style-type: none"> <li>• Central role of cultural safety and community orientation</li> <li>• Community engagement as a driver of workforce stability and trust</li> <li>• Addressing social isolation, insider/outsider dynamics, and cultural expectations</li> </ul>

*If we want RNs to thrive beyond the bitumen, we must design transitions systems that match the realities of rural and remote practice*



# ROGERS-CCS Framework

## Rural/Remote Onboarding & Guided Evolving Readiness Skills – Context, Capabilities & Supports

### Complexity & Ambiguity of Rural and Remote RN Roles

#### Principles

Broad generalist & specialist load  
Variable role expectations  
Uncertainty requires escalation  
Community context shapes practice

#### Function / Architecture

Sets capability thresholds  
Guides preparation, education & supports

#### Core Components

Context modulated scope  
Service profile & case mix  
Resource limits & retrieval timelines

#### Processes / Methods

Pre-deployment briefing  
Service profile mapping  
Role clarity review  
MM level staging  
Risk/acuity mapping

#### Rules & Constraints

Essential skills competent before independent practice  
Clear escalation pathways

#### Metrics & Tools

Complexity & scope profile based on expert consensus building (practical tool for rural/remote settings)  
Escalation compliance  
Capability self-assessment

### Preparation for Context Readiness

#### Principles

Preparation begins pre-deployment  
Must reflect local realities  
Includes cultural, logistical, and clinical readiness  
Psychological readiness supports safety

#### Function / Architecture

Defines deployment threshold  
Aligns clinical & cultural readiness  
Sets baseline competence expectations

#### Core Components

Orientation program  
Essentials list  
Retrieval/referral pathways  
Cultural protocols

#### Processes / Methods

Pre-deployment information  
Supernumerary/buddy shifts  
Mock escalation  
Cultural onboarding

#### Rules & Constraints

No independent practice until essentials validated  
Mandatory orientation sequence  
Cannot shorten orientation

#### Metrics & Tools

New RN Roadmap for rural and remote settings  
Orientation completion  
Expectations survey  
Preceptor feedback

### Context-Specific Formalised Education

#### Principles

Ongoing, MM-adapted education  
Essential skills before deployment  
Desirable skills within 12 months  
Blended/simulation required in isolated settings

#### Function / Architecture

Drives staged capability progression  
Aligns with credentialing pathway  
Interlocks with support systems  
Delivered via Training Hub

#### Core Components

Emergency stabilisation  
Paediatrics/maternity basics  
PHC / chronic disease  
Mental health  
Tele-simulation

#### Processes / Methods

Capability learning plan  
Scenario-based learning  
Simulation structured debriefing  
Staged 12-month curriculum

#### Rules & Constraints

No independent practice until essentials validated  
Mandatory orientation sequence  
Completion of agreed orientation

#### Metrics & Tools

New RN Roadmap for rural and remote settings  
Competency logbook  
Training / education audits

### Support Required to Sustain RNs

#### Principles

Structured / continuous support  
Includes clinical, professional, and wellbeing support  
Essential for confidence, safety, and retention  
Intensity reduces as capability increases

#### Function / Architecture

Runs parallel to education  
Adjusts supervision intensity over first 12 months  
Ensures safe progression toward autonomy

#### Core Components

Preceptors and supervisors  
Telehealth clinical support  
Wellbeing pathways

#### Processes / Methods

Support mapping  
Scheduled supervision cadence (weekly - fortnightly - monthly)  
Debriefs  
Case reviews/ capability checks

#### Rules & Constraints

Minimum supervision period  
Mandatory debriefing  
Protected learning time  
Access to trained supervisors

#### Metrics & Tools

New RN Roadmap for rural and remote settings  
Wellbeing screening  
Retention indicators  
Support documentation

### Community & Cultural Integration (Pre- and Post-Deployment)

#### Principles

Cultural safety is essential  
Community expectations shape practice and progression  
Integration reduces isolation & supports wellbeing

#### Function / Architecture

Shapes pace of capability development  
Embeds local social, cultural, and organisational expectations  
Informs all other domains

#### Core Components

Cultural orientation  
Community introductions  
Local protocols and boundaries  
Cultural liaison / mentor roles

#### Processes / Methods

Pre-deployment cultural training  
On-site immersion  
Community feedback loops  
Expectations meetings

#### Rules & Constraints

Mandatory cultural protocols  
Respect for boundaries  
Autonomy linked to cultural readiness

#### Metrics & Tools

Integration guide based on expert consensus building  
Community feedback  
Cultural audits  
Cultural confidence self-assessment

# New Registered Nurse Road Map for Rural and Remote Settings

## 5 – Ongoing Clinical Development

### Goal: Advance clinical practice and contextual competence

- Deliver ongoing contextual simulations and case-based learning
- Use tele-simulation and visualisation to address low-volume/high-risk events
- Provide protected education and training days each year
- Align development activities with ROGERS-CCS capability domains

## 3 – Orientation and Onboarding

### Goal: Standardise and support initial transition

- Provide an onboarding guide tailored to rural/remote context and scope
- Implement protected supernumerary periods
- Embed structured self-evaluation and reflective practice tools
- Introduce local context orientation (cultural expectations, retrieval profiles, community protocols)

## 1 – Pre-registration Nursing Curriculum

### Goal: Build foundational rural and remote readiness

- Partner with universities to embed rural/remote learning outcomes into curriculum
- Supported rural/remote placements where possible

## 6 – Career Pathways and Incentives

### Goal: Retain and grow the rural and remote workforce

- Provide funded postgraduate study and professional development
- Establish clear capability-based career progression pathways
- Offer scholarships and bursaries
- Offer leadership and development programs
- Foster cross-sector collaboration to support advanced rural generalist practice

## 4 – Structured Supports

### Goal: Sustain confidence and capability in practice

- Deliver tiered supports calibrated to capability stage
- Provide structured mentorship and clinical supervision (including tele-supervision)
- Build peer support networks across MM classifications
- Link professional development to reflective practice and documented learning needs

## 2 – Pre-deployment Training

### Goal: Strengthen clinical preparedness before commencing work

- Establish a rural/remote training hub
- Support development of identified essential skills
- Use blended learning: visualisation, tele-simulation, scenario-based and face to face workshops
- Conduct pre and post training capability assessments
- Provide follow-up by local educator or tele-educator



NOT ALL HEROES  
WEAR CAPES  
SOME WEAR  
scrubs

- HAPPY -  
International  
Nurses Day  
  
May 12



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# Questions?



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