

NURSING SANS FRONTIERES: A THREE YEAR CASE STUDY OF MULTI-STATE REGISTRATION TO SUPPORT NURSING PRACTICE USING INFORMATION TECHNOLOGY

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ABSTRACT

Objective:

To highlight the registration issues for nurses who wish to practice nationally, particularly those practicing within the telehealth sector.

Design:

As part of a national clinical research study, applications were made to every state and territory for mutual recognition of nursing registration and fee waiver for telenursing cross boarder practice for a period of three years. These processes are described using a case study approach.

Outcome:

The aim of this case study was to achieve registration in every state and territory of Australia without paying multiple fees by using mutual recognition provisions and the cross-border fee waiver policy of the nurse regulatory authorities in order to practice telenursing.

Results:

Mutual recognition and fee waiver for cross-border practice was granted unconditionally in two states: Victoria (Vic) and Tasmania (Tas), and one territory: the Northern Territory (NT). The remainder of the Australian states and territories would only grant temporary registration for the period of the project or not at all, due to policy restrictions or nurse regulatory authority (NRA) Board decisions.

As a consequence of gaining fee waiver the annual cost of registration was a maximum of \$145 per annum as opposed to the potential \$959 for initial registration and \$625 for annual renewal.

Conclusions:

Having eight individual nurses Acts and NRAs for a population of 265,000 nurses would clearly indicate a case for over regulation in this country. The structure of regulation of nursing in Australia is a barrier to the changing and evolving role of nurses in the 21st century and a significant factor when considering workforce planning.

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INTRODUCTION

The regulatory structure of nursing in Australia is a barrier to the changing and evolving role of nurses in this new millennium (Bryant 2001; Kjervik 1997; Simpson 1997). In an age where travel and technology have been normalised into practice, we are rapidly moving to a time when not only national but global nursing registration will be required. Nurse regulatory authorities (NRAs) throughout the world need to be able to respond to the 'virtual' location of nurses as the environment and the way in which nurses practice changes (Styles and Arrara 1997).

21st Century nursing

Emerging 21st century nursing roles which require national or multi-state registration include defence nurses, nurses of the Royal Flying Doctor Service, retrieval nurses, transplant coordinators, nurse lecturers with on-line courses, nurses who teleconference, tele-nurses or call centre nurses, nurses who work for an agency which is nationally based and overseas nurses who wish to work and holiday around Australia (Bryant 2001).

The incidence and use of e-health is increasing, however, barriers such as 'turf issues', fee for 'virtual' consultations, and a degree of technophobia amongst regulators, have prevented wide spread adaptation (Mitchell 1998).

As an example, telenursing was defined by the Australian Nursing and Midwifery Council in 2003 as nursing using information technology. Telenursing is an evolving specialty and has the potential to recruit and retain specialist nurses who may not wish to work within the structure of mainstream healthcare (Queensland Health 1999). Due to its nature, telenursing can seamlessly transcend state borders and has the ability to reduce the duplicity that plagues our state based healthcare systems (Preston et al 1992; Whitten 2000; Whitten et al 2000).

Federal and state governments have indicated interest in the implementation of a National Health Service Direct, (NHS Direct) style telephone support service into the Australian health care system (Sheffield Medical Care Research Unit 2000). NHS Direct operates a 24-hour nurse advice and health information service, providing confidential information on: what to do if you or your family are feeling ill; particular health conditions; local health care services, such as doctors, dentists or late night opening pharmacies, and self help and support organisations. The telephone service is available in England and Wales and a similar service called NHS24 was introduced in Scotland in 2002.

Many Australian states already have versions of NHS Direct, out-of-hours telephone triage systems or telemonitoring services which are supported by nurses (Fatovich et al 1998; Celler et al 1999; Lattimer et al 1998; Turner et al 2002).

Telenursing systems have been easily adapted into the United Kingdom's (UK) health care system as nurses in the UK are registered under one comprehensive national process for England, Scotland and Wales and therefore cross-border or multi-state practice regulations are irrelevant.

Current medical, nursing and legal literature abounds with discussion about the square peg of practice using information technology fitting the round hole of health care regulation (Joel 1999). This is particularly evident in the telehealth, telemedicine and e-health literature. In the USA and Canada health care workers share similar dilemmas with regard to cross-border or multi-state practice because like Australia these countries also have state based or province based health professional regulation (Creal 1996; Gassert 2000). Problems associated with multi-state practice ie. multiple registration fees and variances in licensure to practice are complex. However, these issues need to be addressed if nursing is to take advantage of current and future technologies, as these modes of health care promise to increase accessibility and equitable delivery of quality care, to vulnerable and underserved populations.

The Chronic Heart Failure Assistance by Telephone (CHAT) study

The Chronic Heart Failure Assistance by Telephone (CHAT) study is a National Health and Medical Research Council (NHMRC) funded project, which involves nurse-led telephone support for patients with heart failure living in metropolitan and in particular rural and remote areas. Although this telenursing system is being tested with heart failure patients it has the potential to be adapted for all chronic diseases. This type of telephone support brings specialist nursing care to the frail and elderly in their homes normally outside of the radar of recommended heart failure care, such as home visiting services.

For the past three years the CHAT study has been used as a vehicle to test whether the nurse regulatory authorities (NRAs) regulation of nursing in Australia supports a model of nursing care which requires using mutual recognition provisions and cross-border fee waiver to enable cost effective national telenursing practice.

DEFINITIONS

For the purposes of this study the following definitions have been used.

Mutual Recognition

Nurses and midwives who have current authority to practise as a registered nurse, registered midwife or enrolled nurse in one state or territory of Australia may apply for recognition in another state or territory under the *Mutual Recognition Act 1992*.

Nurses and midwives who have current authority to practise as a registered nurse, registered midwife or enrolled nurse in New Zealand may also apply for recognition in an Australian state or territory under the *Trans Tasman Mutual Recognition Act, 1997*. Under the provisions of the *Mutual Recognition Act 1992*, a person who has a current authority to practise in one state or territory is eligible to be registered and to carry on that equivalent occupation in a second state or territory. This right may be exercised provided that certain conditions, including lodgement of a Statutory Declaration (written notice), are met. Mutual recognition provides an additional and alternative avenue for obtaining registration or enrolment for nurses in Australia. Applicants have the choice of applying for registration or enrolment under the *Mutual Recognition Act 1992* or the individual nurses and midwives Act in the jurisdiction in which they wish to practice.

Cross-border Fee Waiver

In a country as large as Australia, nurses may at times be required to travel across state and territory borders to provide a nursing service. In the interests of reducing the financial burden on those nurses who are required to register in more than one state or territory, all nurse regulatory authorities in Australia now have the ability in certain circumstances, to consider waiving the fees, or exempt an individual, from the requirement to pay a fee. The criteria for waiver of fees for registration or enrolment are:

- holding current registration or enrolment as a nurse/midwife/mental health nurse/nurse practitioner in another Australian state or territory; and
- employment as a nurse/midwife/mental health nurse/nurse practitioner in another Australian state or territory; and
- required as a condition of your employment to cross a state or territory border to practise nursing in this state for short periods at irregular intervals during a period of time which extends over one month.

This principle exempts a nurse from the obligation to pay the registration or enrolment and practice fees (Nurses Board of South Australia 2005).

Telenursing policy

Telenursing occurs when nurses meet the health needs of clients through assessment, triage and provision of information, using information and communication technology and web based systems. Nurses practising telenursing are generally required to be registered nurses. Enrolled nurses involved in telenursing are supervised by a registered nurse. In Victoria a registered nurse is known as registered nurse (Division 1) and an enrolled nurse as registered nurse (Division 2). Nurses practising telenursing are responsible for ensuring that their nursing skills and expertise remain current for their practise.

Nurses who are practising telenursing in Australia are expected to practise within the framework of the Australian Nursing and Midwifery Council (ANMC) National Competency Standards for Registered Nurses, the ANMC Code of Professional Conduct for Nurses in Australia, Code of Ethics for Nurses in Australia and other relevant professional standards (ANMC 2003).

METHOD

Over the three years in which this case study took place, the nurses in the CHAT study, documented, recorded and filed all correspondence phone calls and emails related to the aim of achieving national registration. The application process also involved frequent consultation with experts in the field of nursing regulation. The outcomes of those phone calls and meetings were also recorded. The following is a report of these accounts.

Results

Year One:

In the first year of the project, representatives of the CHAT study's nursing team met with the Nurses Board of South Australia (NBSA) to introduce the project and inform the Board of the intention to practice nationally from a call centre located in the South Australian Branch of the National Heart Foundation of Australia. The team also sort advice on how to apply for national registration. the case for national registration as a requirement of the CHAT study was sent to all state and territory boards and the ANMC.

After five months replies were received from all recipients. The NRAs stated unanimously that they supported the newly signed ANMC National Telenursing Policy. Consequently, seven sets of application forms for mutual recognition and cross-border fee waiver were forwarded to each of the NRA's of each of Australia's five state and two territories (excluding South Australia). Without fee waiver the annual cost for national registration for each CHAT registered nurse (RN), would have been *\$959 initially (*home state annual practising fee plus registration by mutual recognition in every other state and territory), then \$625 for re-registration annually (see table 1).

The initial applications for mutual recognition required verification of identity, current registration and a statutory declaration witnessed by a Justice of the Peace (JP). This verification process took one to two hours and involved 21 separate co-signings with the JP. The application forms were then posted to the states and territories for processing. Table 2 is a summary of the response from each NRA for Year 1, 2003.

Following the initial application, and due to the differences in policies between jurisdictions, additional information was requested from several states.

Table 1: CHAT Study Telenursing National Registration Costs

	State Territory	Mutual Recognition initial application for RN (Div.1) (based upon 2006 fee structure)	Annual renewal RN (Div.1) (based upon 2005 fee structure)
States		Once only*	Annual
1.	NBSA	\$175	\$105
2.	QNC	\$129	\$85
3.	VIC	\$120	\$80 \$120 after March 31
4.	NSW	\$60	\$50
5.	TAS	\$200	\$120
6.	WA	\$120	\$90 \$245 for 3 years
Territories			
7.	NT	\$75	\$50
8.	ACT	\$80	\$45
TOTAL		\$959*	\$625*

*Source: Australian nursing and midwifery regulatory authorities (accessed March 2006).
 Nursing Board of Tasmania: www.nursingboardtas.org.au
 Nurses Board of the ACT: www.nursesboard.act.gov.au
 Nurses and Midwives Board of NSW: www.nmb.nsw.gov.au
 Nursing and Midwifery Board of the Northern Territory: www.nt.gov.au
 Nurses Board of South Australia: www.nursesboard.sa.gov.au
 Nursing Board of Victoria: www.nbv.org.au
 Nurses Board of Western Australia: www.nbwa.org.au
 Queensland Nursing Council: www.qnc.qld.gov.au

For example in Queensland, in accordance with the provisions of the amendments to the *Nurses Act 1992* (QLD), it was determined that where nurses are employed and registered in another jurisdiction and, as part of their employment position and role, are required to cross the border into Queensland to provide nursing care, the Board would consider applications on an individual basis subject to the following requirements being met.

1. A nurse must be currently registered with the nurse regulatory authority in the jurisdiction in which the nurse is employed by a health facility.
2. The terms of employment require the nurse to cross into Queensland to provide nursing care for a period of time, but the majority of time is undertaken in the jurisdiction in which the employer is located.
3. The nurse must apply to the Queensland Nursing Council for fees to be waived for initial registration, and for annual renewal as appropriate.

As a result of the Queensland *Nursing Act 1992* amendments the following additional documentary evidence was required:

1. Current registration in the jurisdiction in which the nurse is employed.
2. A formal letter from the employer which identifies: the nurse; advises the role of the nurse; the requirements of the position and confirms that as part of the nurse's employment the nurse must provide nursing care in Queensland. This letter needed to include the number of hours each week the nurse was required to cross into Queensland to provide care, and the days of employment spent in the jurisdiction where the employer is located.

For the waiving of fees to be considered, this information was required at the time of initial application and annually thereafter. The CHAT study chief investigator verified in writing that the study required cross-border practice to care for Queensland participants in the CHAT program and that the time to be spent with Queensland heart failure patients, was not longer than that spent practicing in any other state.

By the time the processes and correspondence for national registration were completed for the initial year (2003) it was time to begin renewing each state registration for the second year of the study 2004 (see table 3).

Year Two:

In year two the CHAT nursing team had to address the issues which arose as a consequence of each state having a different date for renewal. Table 3 demonstrates how three of the states and territories required renewal before the annual renewal was due in the home state. Without guidelines, a decision was made to proceed in the second year by simply repeating the process for the first year.

Table 2: CHAT Study Telenursing National Registration Status

	State Territory	Registration status	Recognition of telenursing policy	Cross-border fee waiver granted
States				
1.	NBSA	Full	Yes	N/A
2.	QNC	Full	Yes	QNC Conditions
3.	VIC	Full	Yes	Yes
4.	NSW	Temp	Yes	NSW Conditions
5.	TAS	Full	Yes	Yes
6.	WA	Temporary	Yes	Temporary
Territories				
7.	NT	Full	Yes	Yes
8.	ACT	Full	Yes	No

Nursing Board of Tasmania: www.nursingboardtas.org.au
 Nurses Board of the ACT: www.nursesboard.act.gov.au
 Nurses and Midwives Board of NSW: www.nmb.nsw.gov.au
 Nursing and Midwifery Board of the Northern Territory: www.nt.gov.au
 Nurses Board of South Australia: www.nursesboard.sa.gov.au
 Nursing Board of Victoria: www.nbv.org.au
 Nurses Board of Western Australia: www.nbwa.org.au
 Queensland Nursing Council: www.qnc.qld.gov.au

Table 3: Australian State and Territory Annual Nursing Registration renewal due dates (2005)

State	Due date
ACT	March 31st
QLD	June 30th
TAS	August 31st
SA	August 31st
NT	September 30th
NSW	November 30th
VIC	December 31st
WA	Last day of month of birth

3 states due before home state renewal

Registrations which needed to be renewed before our home-state renewal date were paid, and a refund for fee waiver sort once our annual practicing certificates were renewed. Additional information was provided to the QNC as before.

Also in the second year, a meeting took place with key members of the Nurses Board of South Australia to report on progress. A significant break through at this meeting was that the CHAT nursing team were advised that there was flexibility within the re-registration process to allow the team to register early each year (in June rather than August 31st). This concession enabled the nurses to be re-registered each year before renewals in the majority of other states became due (see table 3).

Of interest at this point was a request to forward a discussion paper to the ANMC on the experiences of the CHAT team in accessing mutual recognition provisions for registration and re-registration and in seeking cross-border fee waiver. The discussion paper was requested to inform an agenda item for a national meeting of NRAs. The discussion paper addressed the registration issues the team had encountered and made recommendations based on the experiences in the first two years of the study.

The ANMC is the national coordinating body for the NRAs. Its Board is made up of one representative from each state and territory NRA and two public members (an accountant and a lawyer). The ANMC is the forum where regulatory issues are discussed, and policy and position statements developed. One of the purposes of the ANMC is to assist national consistency in nurse regulation. To date, how successful the ANMC has been in achieving these aims is arguable.

Year Three:

By year three (2005-2006) mutual recognition renewal and cross-border fee waiver had evolved to a smoother and slightly less time consuming process. The method of application had been refined to: completion of the standard renewal forms and competency statements for each state and territory, with 'Fee Waiver' written as a reminder over the section where payment details were indicated.

The applications were forwarded collectively, along with a covering letter reminding the NRA administrative processors about the CHAT study and giving notification that the conclusion date for the project had been set for September 2006.

Annually as a baseline, the study nurses renewed, paid full registration fees and completed competency statements in their home state (SA).

As a result of the national applications, mutual recognition and fee waiver for cross-border practice was granted unconditionally in two states Victoria (Vic) and Tasmania (Tas) and the Northern Territory (NT) (see table 2). The remainder of Australian states and territories would only grant mutual recognition or temporary registration for the period of the project due to policy restrictions or NRA Board decisions. The Australian Capital Territory (ACT) reported that it did not have legislation permitting fee waiver (Nurses Board of Australian Capital Territory *Nurses Act 1988*). Although we were given mutual recognition in ACT, we were required to pay full registration each year. ACT was the only state where any concession for fee payment did not occur. Queensland granted mutual recognition and conditional fee waiver for cross border practice (Queensland Nursing Council 2003). NSW and WA granted temporary registration and fee waiver for the purpose and duration of the project only. NSW has since implemented policy requirements similar to those in Queensland to allow fee waiver with similar administrative requirements (Nurses and Midwives Board of New South Wales 2005).

The processing time for the registration applications varied between states and territories. The NT accepted and processed the application within three weeks. Conversely in Western Australia, the final acceptance was completed after nine months from initial application.

Cost

Approval of fee waiver reduced the annual cost of registration from \$625 (initial cost \$959) to a maximum of \$145. The \$145 comprises the South Australian annual renewal fee (\$100) and the annual renewal fee ACT which could not fee waiver (see table 1).

DISCUSSION

All Australian state nursing regulatory authorities have co-signed a telenursing policy agreement through collaboration with the ANMC. The actual implementation of this policy has been inconsistent due to variances in interpretation (Australian Nursing and Midwifery Council 2003). As a consequence, the aim of this case study, which was to achieve national registration with full fee waiver in every state and territory of Australia, was not achieved.

What was achieved was mutual recognition and fee waiver for cross-border practice granted unconditionally in two states and one territory, reflecting only a 37.5% unconditional support rate for the policies which facilitate the practice of national telenursing.

Currently in Australia, there are eight nurses Acts and eight NRAs for a population of 260,075 registered and enrolled nurses (Australian Institute of Health and Welfare 2002). This, according to Bryant (2001) would seem to be a clear case for over-regulation. Furthermore, the differences in NRA policy and legislation implementation in Australia add to this over-regulation resulting in the delays, costs and frustrations experienced by the research team.

The study experience has confirmed firstly, that mutual recognition has addressed national registration issues in part; however there are still significant sections of the various Acts that are inconsistent (Bryant 2001). And secondly, it is no longer logical for nurses, who are a national resource, to be regulated on a state or territory basis subject to the vagaries of state's rights and the individual whims of politicians and nursing leaders at a local level (Bryant 2001).

There is also an unexplained inequity in fee structure within Australia. The cost range of annual initial registration was from \$60 (NSW) to \$200 (TAS) with a median of \$129 (QLD). The highest fee for annual registration renewal was charged in Tasmania and Victoria (\$120) and the lowest level in NSW (\$50), with a median fee of \$90 (WA). The nurses Acts provide the legislative power to charge a fee for registration however the fees and waiving of fees are based on the individual NRA policies.

Although this paper is a report of a national registration experience from the point of view of nursing it must be noted that regulation of medical practitioners and indeed all eligible health professions in this country are state based and it would be reasonable to assume that the experiences found in this case study would be generalisable across all health care professions.

National registration for nurses is the optimal method of achieving national consistency. There are other less radical options which do not involve the conceding of powers by states, territories and the federal government, such as the call for a national template for the regulation of health professionals and the amendment of all relevant legislation and policy within an agreed time frame (Bryant 2001). As a result of this study, the following recommendations are made:

- The process for streamlining and facilitating national registration should become a priority for nursing and midwifery;
- A single date for annual registration should be established nationally with pro-rata costs for registration beyond that date;

- A national on-line registration system and fee structure administered from each state should be established which automatically includes national registration; and
- A single consistent application and annual renewal process should apply with nationally standardised application forms.

Centralised national registration will not only save money for the nurse but valuable government resources. Central national registration or single payment would also support and encourage health services that are nationally based as it would facilitate the increasing movement of nurses across state and territory borders without penalty.

CONCLUSION

The CHAT Study has enrolled over three hundred and fifty chronic heart failure (CHF) patients who are supported by a team of specialist cardiac nurses. The patients are located in metropolitan, rural and remote areas of every state and territory of Australia. This telenursing project represents a potentially cost-effective and accessible model for the Australian health system in caring for CHF patients. Furthermore, a telephone based/telemedicine system enables a limited resource, namely nurses, to monitor and support a larger than usual caseload of patients. The aim of the CHAT intervention was to support general practitioners in their provision of care to CHF patients by providing evidence based telephone support to keep this generally frail and elderly group out of hospital and at home longer.

Without national registration the CHAT national telenursing research study would not have been possible legally and would have been severely limited financially.

The current cost of national registration (without fee waiver), has the potential to limit growth within practice areas that require cross border nursing care and is a significant burden to employees and/or employers.

Telehealth and telenursing practice is developing at a rapid rate. It is time to create an Australian nurse (as opposed to a Victorian or South Australian nurse etc) who practices without borders (sans frontières) regulated by one authority with one single piece of legislation and one fee structure.

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