Australian Nursing and Midwifery Federation submission

NATIONAL RURAL AND REMOTE NURSING GENERALIST FRAMEWORK CONSULTATION

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Australian Nursing & Midwifery Federation

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INTRODUCTION

The Australian Nursing and Midwifery Federation (ANMF) is Australia's largest national union and professional nursing and midwifery organisation. In collaboration with the ANMF's eight state and territory branches, we represent the professional, industrial and political interests of more than 300,000 nurses, midwives and carers across the country.

Our members work in the public and private health, aged care and disability sectors across a wide variety of urban, rural and remote locations. We work with them to improve their ability to deliver safe and best practice care in each and every one of these settings, fulfil their professional goals and achieve a healthy work/life balance.

Our strong and growing membership and integrated role as both a professional and industrial organisation provide us with a complete understanding of all aspects of the nursing and midwifery professions and see us uniquely placed to defend and advance our professions.

Through our work with members, we aim to strengthen the contribution of nursing and midwifery to improving Australia's health and aged care systems and the health of our national and global communities.

The ANMF welcomes the opportunity to contribute to the Australian Government consultation on the draft National Rural and Remote Nursing Generalist Framework.

BACKGROUND

The health of rural and remote populations in Australia is poorer than those residing in metropolitan areas. People in these areas experience higher rates of chronic disease, injury and early mortality. The more isolated a community, the less access to health care and specialist services but the greater the disease risk.[1] This highlights the need to ensure nurses and midwives are well prepared and supported to work in these areas.

Muirhead and Birks point to a paucity of research examining and defining the roles of nurses working in remote and rural settings. However, they do identify the work's generalist nature, which requires an extended scope of practice that might be different in each community.[2] Approximately one-quarter of all employed nurses (24.4%) work outside metropolitan areas. Of these, 10% work in regional centres, 15.5% are employed in large, medium and small rural towns and 1.9% work in remote or very remote settings.[3] A nurse is often the primary or only contact with the health service for rural and remote communities. Nurses working in these contexts, often with limited access to medical support, find they need to be multi-skilled and work to an advanced level of practice caring for people across the lifespan. Nurses in rural and remote areas tend to work more hours and are on call more often than their colleagues in metropolitan health services. Research suggests that nurses in these areas often feel unprepared, unsupported and burnt out, resulting in recruitment and retention challenges.[4] Over several years numerous strategies addressing the safety, quality of care, retention and wellbeing of nurses working in rural and remote environments have been implemented, but the issues persist.[5]

The Office of the National Rural Health Commissioner suggests that National Rural and Remote Generalist Framework aims to address some of these issues by defining the unique context of practice and core capabilities for remote area and rural nursing practice. Further, the Framework strives to provide a tool and guidance for registered nurses who work in rural and remote settings. The Commissioners Office claims the Framework will assist,

- Registered nurses working or planning to work in rural and remote contexts to develop their career pathways, identify professional development needs, and enable the achievement of foundational skills and knowledge;
- Education providers to offer focused educational programs; and
- Employers to develop and support their workers, especially those transitioning into rural and remote areas of practice.

ANMF RESPONSE

The ANMF acknowledges the essential and advanced scope of practice required by nurses working in rural and remote communities and the essential services they provide. The ANMF supports the development of the National Rural and Remote Nursing Generalist Framework to identify the uniqueness of the role to help inform strategies for support, education, and practice. However, the ANMF believes this is not articulated in the current version of the Framework identifying the following issues:

- The uniqueness of the nurse's role working in remote and rural settings is not evident;
- It is unclear how nurses or education providers would use the Framework to build on foundational nursing education, skills and knowledge appropriate for a rural or remote setting;
- The lack of specificity about the role results in a lack of clarity regarding how nurses would use the Framework in their practice;
- There appears to be a replication of the NMBA standards for practice rather than clarity as to how these standards may be demonstrated in a rural or remote context;
- Evidence to support claims made in the preamble of the Framework are not included.

Members of the ANMF who work in remote and rural areas do not believe the Framework reflects the uniqueness of their scope of practice and offer the following perspectives based on lived experience:

- Professional isolation is a significant concern. Sometimes nurses live and work alone in a community for 5 - 7 weeks and are the only health practitioner. This isolation is compounded by technological connectivity issues and a lack of educational offerings and issues regarding personal safety.
- The ethical and psychological strain of living and working in the same community results in limited access to 'on the ground' support. Ongoing personal and professional support is needed, including clinical (reflective) supervision, which should be seen as an essential part of the role but is not addressed in the Framework. Support to attend educational offerings in person which provide an opportunity for learning, networking and respite needs consideration.
- There is a need for a broad and extended scope of nursing practice which must be addressed before a nurse commences work. There should also be extended periods of 'in place' orientation with other experienced nurses physically present. Immersion and experience working in the community allow significant learning experiences regarding culture, networks, and ways of working. The importance of experiential learning should be incorporated into the Framework.

- Every community is different and nurses new to the context of practice require an intense period of orientation, networking, skill development and knowledge (as described earlier).
- ANMF members suggest that rural and remote nursing are very different contexts of practice and should be addressed as such.

The following is the ANMFs response to the Tier 3 survey. In consultation with our state and territory Branches, it represents the views of our members working in rural and remote areas of Australia.

Q1.	**What is your full name?** *Responding is optional because anonymous submissions are accepted.*	Annie Butler, ANMF Federal Secretary	
Q2.	**What organisation do you represent?** *Only respond if you are submitting on behalf of an organisation, branch or similar.* *Leave blank if not applicable.*	Australian Nursing and Midwifery Federation	
Q3.	**Do you identify as:** *Please tick/mark any of the following as appropriate.*	☐	Aboriginal and/or Torres Strait Islander
		☐	Culturally and Linguistically Diverse
		☐	LGBTQI+
Q4.	**What qualification/s do you hold?** *Please tick/mark any of the following as appropriate.* *Leave blank if responding for an organisation.*	☐	Nurse Practitioner
		☒	Registered Nurse
		☐	Registered Nurse / Midwife
		☐	Midwife
		☐	Enrolled Nurse
		☐	Assistant in Nursing
		☐	Medical
		☐	Allied Health
		☒	Aboriginal and/or Torres Strait Islander Health Practitioner
		☐	Aboriginal and/or Torres Strait Islander Health Worker
		☐	Other
Q5.	**What is your primary role/work?** *Please tick/mark any of the following as appropriate.* *Leave blank if responding for an organisation.*	☐	Clinician
		☐	Clinical Educator
		☐	Manager / Supervisor
		☐	Academic
		☐	Lecturer / Tutor
		☐	Researcher
		☐	Professional / Policy Officer
		☐	Medical Related
		☐	Allied Health Related
		☒	Other ANMF Federal Secretary

Q6.	**Which state or territory do you primarily work in?** *Please tick/mark any of the following as appropriate.* *If responding on behalf of an organisation, you may mark the most relevant occupation/s your organisation represents.*	☐	Australian Capital Territory
		☐	Indian Ocean Territories
		☐	New South Wales
		☐	Northern Territory
		☐	Queensland
		☐	South Australia
		☐	Tasmania
		☐	Victoria
		☐	Western Australia
		☒	Nationally / Australia-Wide
Q7.	**What location is your primary work in?** *Please tick/mark any of the following as appropriate.* *If responding on behalf of an organisation, you may mark the most relevant occupation/s your organisation represents.*	☒	Remote / Very Remote (MMM6-7)
		☒	Rural (MMM3-5)
		☒	Regional (MMM2)
		☒	Urban (MMM1)
Q8.	**If you primarily work in urban settings, have you worked in regional, rural, remote or very remote settings in the last five years?** *If not applicable, proceed to Question 9.*	☐	Yes
		☐	No
Q9.	**What is your primary work setting?**	☐	Primary Health Care Centre / Service
		☐	Aboriginal Community Controlled Service / Aboriginal Medical Service
		☐	Hospital / Health Service
		☐	University / Other Tertiary Institution
		☐	Non-government Organisation
		☒	Professional / Policy Organisation
		☒	Other Union

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The following question lists Domain 1, *Culturally Safe Practice*, with its capability statements and capabilities. You have the opportunity to choose whether you agree on the overall Domain, and you may write further thoughts in the comment field below.

DOMAIN 1

Culturally Safe Practice

Knowledge and understanding of how one's own culture, values, attitudes, assumptions and beliefs, influence interactions with people, families, community, and colleagues.

DOMAIN 1 – CAPABILITIES

1.1. Safety and Quality Applies evidence-based, high-quality, clinically and culturally safe nursing care to deliver optimal individual and population health outcomes. Actively supports and respects the person's right to determine their own cultural safety. Acts and leads inclusively to provide a culturally safe work environment by supporting the rights, dignity and safety of all.	**1.1.1** Recognises Aboriginal and/or Torres Strait Islander peoples' ways of knowing, being and doing, in the context of history, culture and diversity, and affirms and protects these factors through ongoing learning in health care practice **1.1.2** Adopts safety measures in health care that include the inextricably linked elements of clinical and cultural safety, and this link is defined by Aboriginal and/or Torres Strait Islander Peoples **1.1.3** Utilises lifelong learning skills to develop cultural capabilities and develop an understanding of Aboriginal and/or Torres Strait Islander determinants of health policies and strategies, including the philosophy of Community Control **1.1.4** Incorporates the important role of relationships with Aboriginal and/or Torres Strait Islander health professionals, organisations and communities, building effective partnerships inclusive of cultural 'brokers' in decision making for people of various ethnic communities **1.1.5** Applies principles of acculturation and trauma informed care when working with people from culturally and linguistically diverse backgrounds negotiating migration and healthcare systems. This includes using appropriate human and other resources and demonstrating personal humility about cross-cultural understanding and knowledge **1.1.6** Actively promotes inclusivity in healthcare, including clinical practice, data collection, offering gender options additional to male or female, and gender-neutral honorifics such as Mx

1.2. Critical Reflection Undertakes ongoing personal reflection on how cultures and dominant paradigms influence perceptions and interactions with all people and communities.	**1.2.1.** Recognises the impact of history and colonisation on contemporary Aboriginal and/or Torres Strait Islander health outcomes **1.2.2.** Acts to eliminate all forms of racism in practice and in the workplace **1.2.3.** Continuously reflects how one's own culture, values, attitudes, assumptions, and beliefs influence interactions with people, families, community and colleagues **1.2.4.** Understands power relations and how this contributes to inequities, and the privileges and advantages afforded to white Australian society
1.3. Advocacy Regardless of sexuality, sex, gender, disability, ethnicity, race, religion, political beliefs, or other personal characteristics: • Actively contributes to social change, challenging beliefs based upon assumption; • Advocates for fairness and equity for all people.	**1.3.1.** Promotes and supports equitable health services and affirms the principles of the United Nations Declaration on the Rights of Indigenous Peoples, and other human rights instruments, to support Aboriginal and/or Torres Strait Islander peoples to attain equitable health outcomes **1.3.2.** Demonstrates leadership and resilience in advocating for equitable health outcomes and culturally safe services for Aboriginal and/or Torres Strait Islander people and manages resistance to change from others **1.3.3.** Advocates for, and acts to facilitate, access to quality and culturally safe health services for Aboriginal and/or Torres Strait Islander peoples **1.3.4.** Acts as an agent of connectivity to navigate the whole health system as responsible for improving health outcomes **1.3.5.** Advocates for the right of all people to have equitable access to healthcare and positive health outcomes, and to be treated with dignity and respect in all healthcare settings, including disability, aged care, youth residential and prisons. This includes using their nominated names and pronouns

Q10.	**For Domain 1, *Culturally Safe Practice*, please indicate how you agree with the overall Domain.**	☐	Strongly Agree
		☐	Agree
		☒	Neutral
		☐	Disagree
		☐	Strongly Disagree
Q11.	**Comment field for further, optional feedback on Domain 1.**	The ANMF acknowledges that Domain 1 is essential to nursing practice as expressed in the NMBA *Registered Nurse Standards for practice*. The PowerPoint explaining the Framework suggests 'The intent of the National Rural and Remote Nursing Generalist Framework (the Framework) is to *describe the unique context of practice and core capabilities for remote area nursing practice, and rural nursing practice* (Notes Slide 3). It is, however, unclear how the Domains or capabilities are unique to the rural and remote context. ANMF members working in rural and remote areas have indicated that they are unable to *see* their unique role in rural and remote settings reflected in the Framework. As they are the end users, this is problematic. It would be helpful to incorporate a rationale (or similar) as to what nurses in rural and remote areas do that is unique to their practice. This may help the users to understand the intent of the Domain. The preamble suggests rural and remote communities have specific factors that affect care needs, including but not limited to rates of chronic disease, isolation, reduced access to health care services and practitioners (although the claims made are not supported by evidence): These are not addressed directly in the Framework. Whilst there is an understanding that a Framework is high level and generalised, it should be able to stand alone. To this end, the rural and remote context, as expressed in the preamble, should be made overt and explicit through the Domains and capability statements and the incorporation of research/evidence drawn from practice and the lived experience. Has there been a literature review, focus groups with rural and remote nurses or research commissioned/undertaken to help identify what is unique about generalist rural and remote nursing? Such work could help to inform the Framework. A rationale for each Domain could help to demonstrate relevance and tie it to the rural and remote context. Given that one of the aims of the Framework is to help guide education providers in the planning and delivery of programs for nurses working in rural and remote communities, identifying the uniqueness of the practice and the challenges would seem key in building offerings that are relevant, applicable and transferrable to practice.	

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The following question lists Domain 2, *Critical Analysis*, with its capability statements and capabilities. You have the opportunity to choose whether you agree on the overall Domain, and you may write further thoughts in the comment field below.

DOMAIN 2

Critical Analysis

Uses Critical Analysis in the assessment, planning, delivery, and evaluation of safe, quality, person-centred, evidence based, individual care, and population and public health programs

DOMAIN 2 CAPABILITIES

2.1. Safety and Quality Incorporates and acknowledges the impact of colonisation and our political history on the social determinants of health and health outcomes for rural and remote Australia, and utilises evidence based initiatives and programs to promote and support optimal health outcomes.	**2.1.1.** Actively and openly participates in personal and professional cultural education and development in partnership with Aboriginal and/or Torres Strait Islander or other cultural partners, health staff and community members **2.1.2.** Operates with cultural humility and respect. Undertakes clinical assessments, plans, implements and evaluates clinical, population and public health actions in respectful collaboration and partnerships with individuals, families, and communities, and the comprehensive multidisciplinary primary health care team, including all relevant care partners **2.1.3.** Undertakes critically reflective practice, developing and delivering care holistically, critically analysing actions and interactions to mitigate cultural risk, improve quality care and optimise equitable healthcare outcomes. Shares learnings to improve care through a supportive approach that is conducive to professional growth, that is inclusive and strengthens team based and partnership approaches to care
2.2. Evidence Based Ethical Practice Utilises relevant data to identify best practice, place based, and person-centred interventions, co-designed with people, communities and the comprehensive primary health care team, recognising context, legacy challenges, and existing inequities.	**2.2.1.** Undertakes advanced, comprehensive clinical assessments, develops, plans, implements, and evaluates clinical, population and public health actions in respectful collaboration and partnerships with individuals, families, communities, and the comprehensive multidisciplinary primary health care team, including all relevant care partners **2.2.2.** Uses data monitoring and analysis to correctly interpret and apply person and population data to inform, monitor and prioritise inclusive action, optimise health outcomes, minimise risk, and maintain personal and cultural safety.

	2.2.3. Ensures appropriate and ethical use of health data, respecting confidentiality and data sovereignty **2.2.4.** Appropriately takes place-based approaches to population health programs and activities across the lifespan, identifying risks and issues to achieve locally based, co-designed solutions and outcomes in partnership with consumers, community and the multidisciplinary team **2.2.5.** Implements and coordinates evidence-based health interventions, activities, and programs to meet community priorities and needs, by embedding health promoting aims and values into practice
2.3. Technology Enabled Practice and Care Utilises technology to enhance assessment and planning for holistic care and collaboration in a comprehensive primary health care context.	**2.3.1.** Maintains competency and efficiency in utilising existing and emerging technology to support care. Embraces new and existing technology to support and inform care planning, service delivery, evaluation of care and optimal health outcomes **2.3.2.** Maintains currency with digital health tools and innovations to inform and support decision making, care planning, coordination and practice, connecting care across the continuum **2.3.3.** Demonstrates digital professionalism, being the attitudes and behaviours reflecting recognised professional standards when utilising digital tools **2.3.4.** Uses digital tools to achieve and maintain professional development requirements **2.3.5.** Ensures procedural knowledge in the use of digital tools in healthcare to align with policy, legal, ethical, security and privacy requirements **2.3.6.** Appropriately builds digital identity using digital tools to develop and maintain a professional online identity and reputation **2.3.7.** Maintains competency and efficiency in utilising existing, and embracing new technology, to support and inform care planning, delivery and outcomes

Q12.	**For Domain 2, *Critical Analysis*, please indicate how you agree with the overall Domain.**	☐	Strongly Agree
		☐	Agree
		☒	Neutral
		☐	Disagree
		☐	Strongly Disagree
Q13.	**Comment field for further, optional feedback on Domain 2.**	The ANMF agrees with the inclusion of Domain 2 and capability statements, however, these are essential to the work of nurses in any context, not only those working in rural and remote areas. Closer links between the capability statements and how and why the generalist nursing role is unique in rural and remote contexts may help to explain. This might be enhanced by providing a rationale within the Domain or capability statement to explain the uniqueness of the rural and remote generalist nursing role (drawing on evidence to do this). Developing a combined Framework for rural *and* remote nursing is too broad: The two should be separate. Similarly, at 2.2, it would be helpful to provide examples of the ethical challenges faced by nurses in the rural and remote settings? For example: • Working with members of the community in which you live and remaining impartial; • Advocating for access to health care that is close to the person's home or the ability to birth on country weighed up with safety; and • Issues of privacy and safety related to the use of digital health. Digital health is being used across the country – in remote, rural, regional and metro settings, accelerated as a result of COVID. For rural and remote communities, technology offers solutions for improving access to health care for those living and working in isolated places; however, this is not made explicit in the capabilities. Perhaps examples explaining the unique ways in which technology is being used in these settings could help to articulate this. We must also be aware that technology may not work through no fault of the nurse, leading to increased isolation. Inclusion of these issues faced by nurses in rural and remote areas would help to guide and focus educational offerings.	

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The following question lists Domain 3, *Relationships, Partnerships and Collaboration*, with its capability statements and capabilities. You have the opportunity to choose whether you agree on the overall Domain, and you may write further thoughts in the comment field below.

DOMAIN 3

Relationships, Partnerships and Collaboration

Engages in professional, culturally safe, and open engagement with the person and their full range of care partners to ensure effective delivery of holistic, comprehensive primary health care. This includes collegial generosity in building mutual trust and respect in professional relationships to optimise health outcomes.

DOMAIN 3 CAPABILITIES

3.1. Effective Communication Communicates effectively with individuals, their care partners, and the comprehensive primary health care team, cognisant of their dignity, culture, values, beliefs, and rights, and how one's own culture, values, attitudes, assumptions, and beliefs influence interactions.	**3.1.1.** Actively and respectfully engages the person, their family, and community support networks in the therapeutic relationship to plan, deliver and evaluate evidence-based care **3.1.2.** Communicates effectively to ensure that care is culturally safe, place based, co-designed, and encompasses the multidisciplinary team **3.1.3.** Promotes and enables health literacy to address identified need, in partnership with individuals, cultural brokers, community partners, and the multidisciplinary team **3.1.4.** Implements culturally appropriate, evidence-based health education, health promotion, and population health strategies, to optimise self-management, and community health and wellbeing **3.1.5.** Builds strong and sustainable relationships and partnerships with Aboriginal and/or Torres Strait Islander professionals and organisations, inclusive of cultural brokers to support decision making and self-efficacy for people from all diverse communities, minority and/or marginalised groups **3.1.6.** Supports and facilitates person- centred, culturally safe, evidence-based health education, that creates self-confidence and knowledge to gain understanding and achieve self-care
3.2. Collaborative Holistic Care Initiates and maintains respectful and culturally safe collegial relationships and partnerships, recognising the value of inclusive work environments that support the rights, dignity, and safety of others.	**3.2.1** Delivers comprehensive and holistic care, consistent with preparation, education and experience, critically analysing healthcare plans, progress, and outcomes, adhering to best practice and evidence-based approaches **3.2.2** Delivers culturally safe care in collaboration with the person, family, care partners, and community support systems, recognising historical and contemporary impacts on professional approaches, perspectives, and practice

Uses digital and other technologies appropriately to promote and enhance communication, multidisciplinary partnerships, and innovation.	**3.2.3** Collaborates with the multidisciplinary team, to develop, implement and evaluate programs and care that promote and support independence, autonomy, and self-management
	3.2.4 Applies principles of trauma informed care when working with people from diverse backgrounds using appropriate human and other resources, and demonstrating personal humility about cross-cultural understanding and knowledge **3.2.5** Initiates and maintains professional partnerships within and across disciplines and cultures, sharing knowledge and expertise to support health literacy, professional development, team-based care, and best-practice **3.2.6** Embeds patient monitoring systems, data collection, documentation, and communication tools, and links population health activities to holistic care and connectivity across the continuum of care
3.3. Professional Practice Creates a supportive learning environment by generously sharing knowledge and skills and demonstrates humility in learning from others. Understands the critical importance of relationships and partnerships within small communities and teams and establishes appropriate personal and professional boundaries. Advocates for recognition and advancement of the role of nursing in promoting health and wellbeing of individuals and communities.	**3.3.1** Provides leadership and mentoring across disciplines to support professional development of the team, and to enhance collegial relationships that contribute to a professionally supportive and culturally inclusive environment **3.3.2** Demonstrates leadership within the community through professional and culturally appropriate partnerships with community leaders and families in supporting agreed priorities and goals **3.3.3** Seeks opportunities to promote the profession and its role in improving health outcomes, and to highlight health inequities and social injustice **3.3.4** Critically evaluates and implements standards, policy, guidelines, and legislation into practice **3.3.5** Delivers high level clinically focused autonomous care in a variety of contexts, including complete episodes of care, and preventative care that is age appropriate and appropriate for the context and demographic **3.3.6** Develops and maintains partnerships and relationships across the spectrum of health professionals within the multidisciplinary team, and develops collegial partnerships and approaches to care inclusive of all care partners **3.3.7** Appropriately uses delegation, supervision, coordination, consultation, and referral, within culturally safe and respectful professional relationships, to optimise health outcomes

Q14.	**For Domain 3, *Relationships, Partnerships and Collaboration*, please indicate how you agree with the overall Domain.**	☐	Strongly Agree
		☒	Agree
		☐	Neutral
		☐	Disagree
		☐	Strongly Disagree
Q15.	**Comment field for further, optional feedback on Domain 3.**	The ANMF supports Domain 3, but it is unclear how the Domain and capabilities are unique to the rural and remote context. As with other Domains, an evidence-based rationale and perhaps a brief overview of the challenges of working in rural and remote settings would provide context and clarity. For example, nurses working in rural and remote contexts may be in isolated settings with limited access to other health care professionals. This presents challenges to work health, safety and continuity of care and requires advanced problem-solving skills and strong supportive networks across regions. There is also evidence to show recruitment and retention of nurses in rural and remote areas can be challenging due to a lack of support and the resulting burnout.[6] Making this Domain very important, especially for early career nurses or those new to this area of nursing.	

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The following question lists Domain 4, *Capability for Practice*, with its capability statements and capabilities. You have the opportunity to choose whether you agree on the overall Domain, and you may write further thoughts in the comment field below.

DOMAIN 4

Capability for Practice
Demonstrates accountability for ensuring capability for practice, responding constructively when there is concern about other health professionals' capability for practice.

DOMAIN 4 CAPABILITIES

4.1. Care of Self and Others Provides evidence-based care to enable people to make informed decisions in relation to their health and supports colleagues to deliver culturally safe care. Values and strengthens own wellbeing and resilience within all settings, including autonomous and isolated practice.	**4.1.1** Maintains own health, wellbeing and resilience by incorporating a range of self-care interventions into professional practice **4.1.2** Through autonomous practice demonstrates proficiency of clinical assessment, development of contemporary treatment care plans, and evaluates care incorporating the biopsychosocial needs of the person. **4.1.3** Acknowledges and promotes the importance of a safe work environment that enhances cultural safety, personal health, wellbeing, and resilience **4.1.4** Engages in across profession mentoring to cultivate a culture of learning and support **4.1.5** Utilises peer mechanisms such as peer support, mentorship, clinical reflective supervision and employee assistance to maintain personal resilience
4.2. Lifelong Learning Demonstrates commitment to ongoing personal and professional development, and contributes to the development of others.	**4.2.1** Maintains currency and capability in professional standards of practice, conducting evidence-based assessment, planning, implementation and evaluation of care, to influence and strengthen peoples' control over their own health **4.2.2** Engages in continuing professional development that is systematically planned to enhance knowledge, skills and understanding of quality and culturally safe care, to support optimal health outcomes for individuals, communities, and population groups **4.2.3** Generates and nurtures a positive workforce culture that promotes and supports reflection, enquiry, lifelong learning, workforce capacity and capability, professionalism, compliance with relevant standards, and development of the capacity and capability of others

	4.2.4	Engages in cultural safety professional development activities and learnings, as a continuous, reflective and lifelong process, seeking to enhance understanding, and to embed into practice

4.3. Accountability to Self and the Profession Reflects on the process and quality outcomes of one's own practice and acts to continually improve and promote the status of rural and remote nursing.	**4.3.1**	Ensures preparation for context of practice, undertaking professional development and education to safely deliver care with the required levels of safety and autonomy
	4.3.2	Understands and takes accountability for personal and professional actions and decisions, and for the actions of others to whom they have delegated responsibilities
	4.3.3	Seeks and responds to feedback that improves and develops capability and professionalism
	4.3.4	Understands and responds to concerns around other health professionals' capacity for practice
	4.3.5	Actively contributes to professional activities that enhance and promote the profession and its role in influencing better health outcomes for people, communities and populations

Q16.	**For Domain 4, *Capability for Practice*, please indicate how you agree with the overall Domain.**	☐	Strongly Agree
		☒	Agree
		☐	Neutral
		☐	Disagree
		☐	Strongly Disagree
Q17.	**Comment field for further, optional feedback on Domain 4.**	The ANMF supports this Domain and the capabilities but acknowledges that professional isolation is increased by technological barriers and connectivity (beyond the control of the nurse) and this may impede the ability of the nurse to meet the expectations of this Domain. 4.2 including 'in rural and remote settings' (or similar) may make the intent of the capability more clear. Including a rationale for the Domain could help to understand the intent of the capability statement.	

CONCLUSION

The ANMF welcomes the opportunity to contribute to the Australian Government consultation on the National Rural and Remote Nursing Generalist Framework on behalf of members working in rural and remote areas of Australia. We agree that nurses in rural and remote areas often practice at advanced levels and in unique contexts. There are, however, several issues with the current version of the Framework, as mentioned earlier in this response. If the Framework is to fulfill the stated aims, additional information and evidence is required.

The unique role of the generalist nurse working in rural and remote areas needs to be defined and identified throughout the Framework so nurses working in the rural and remote context can identify and value the purpose. This work should link directly to evidence on the topic and be articulated throughout the Domains and capability statements. Ensuring that high-level evidence is available and utilised may require university or other partners to conduct research and investigate the nurses who work in rural and remote locations, what they do, and how it is unique compared to their colleagues employed in metropolitan areas.

Professional isolation, work health and safety, ethical concerns and the use or failure of technology, are some examples of the challenges identified by our members. These have implications for the health and safety of the RN and their families living in remote and isolated locations. The ANMF would recommend that the Framework incorporates these types of unique challenges faced by nurses living and working in remote and rural areas. This inclusion would provide educational institutions and health service organisations with focus areas for learning and resource development and give those considering a nursing career in rural and remote regions some insight.

Finally, it is essential that the Framework is not viewed or used as an additional set of standards against which the nurse’s practice is assessed, particularly in the event of a notification or adverse event.

REFERENCES

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