
AMA submission to the Office of the National Rural Health Commissioner – the National Rural and Remote Nurse Generalist Framework Consultation

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General Comments

The AMA welcomes the opportunity to provide feedback on the National Rural and Remote Nurse Generalist Framework consultation. The AMA supports the Framework as a guide for nurses who plan to work in rural and remote settings, education providers in developing their curriculum content, and employers in supporting their workforce to transition to these settings.

The AMA acknowledges the expertise and contribution of nurses providing healthcare services and caring for patients in rural settings, especially those with a shortage of medical practitioners, where continuity of care or outreach is often vested in the nurse.¹

The AMA recognises that the medical profession has an important role in supporting rural and remote generalist nurses. We support ongoing collaboration in this relationship between the medical and nursing rural generalist pathways, and advocate for models of care which fully utilise nurses' training and expertise within their scopes of practice.

The AMA supports a team-based approach to medical practitioner led care which utilise nurses' training and expertise within their scopes of practice. Under this model, highly skilled nurses work as part of a collaborative team led by one or more doctors to provide support in the delivery of services to remote areas. This Framework is one way tool to support a rural generalist nurse workforce that:

- has appropriate clinical experience and training
- is supported through the provision of appropriate communication technologies to ensure that treatment can be properly co-ordinated with the supervising medical practitioners
- has in place meaningful collaborative care arrangements with medical practitioners that include appropriate clinical decision making protocols. The AMA has developed a guide

¹ Phillips, Christine B., et al. "Enhancing care, improving quality: the six roles of the general practice nurse." *Medical Journal of Australia* 191.2 (2009): 92-97.

designed to support collaborative arrangements that identifies key issues to take into account when developing and implementing collaborative arrangement.²

Responses to Survey Questions

Domain 1: Culturally Safe Practice

Q10. For Domain 1, Culturally Safe Practice, please indicate how you agree with the overall domain.

Agree.

Q11. Comment field for further, optional feedback on Domain 1.

The AMA supports the cultural safe practice described in Domain 1 as it is essential for nurses working in rural and remote settings to understand the cultural context of the community. Health practitioners, healthcare organisations and health systems in rural and remote settings need to be engaged in working towards cultural safety and critical consciousness.

The AMA is of the view that the objective of cultural safety activities needs to be clearly linked to achieving health equity. Healthcare organisations and authorities need to be held accountable for providing culturally safe care, as defined by patients and their communities, and as measured through progress towards achieving health equity.³

The AMA suggests the removal of the word 'white' in point 1.2.4 of the Framework, "*Understands power relations and how this contributes to inequities, and the privileges and advantages afforded to white Australian society*". Skin colour should not determine any health services/ policy. The AMA recommends replacing the word 'white' with 'non-Indigenous' and omit the word 'society'. The AMA suggests point 1.2.4 be amended to read as follows "... *and the privileges and advantages afforded to non-Indigenous Australians.*"

Domain 2: Critical Analysis

Q12. For Domain 2, Critical Analysis, please indicate how you agree with the overall domain.
Strongly agree.

Q13. Comment field for further, optional feedback on Domain 2.

The AMA has no further comment on Domain 2.

Domain 3: Relationships, Partnerships and Collaboration

Q14. For Domain 3, Relationships, Partnerships and Collaboration, please indicate how you agree with the overall domain.

² Australian Medical Association (AMA). [Collaborative arrangements – What you need to know](#). 2010.

³ Curtis, E., Jones, R., Tipene-Leach, D. *et al.* Why cultural safety rather than cultural competency is required to achieve health equity: a literature review and recommended definition. *Int J Equity Health*. Vol 18, 174. 2019. <https://doi.org/10.1186/s12939-019-1082-3>

Agree.

Q15. Comment field for further, optional feedback on Domain 3.

In rural areas, the team-based approach is critical, and the AMA supports nurses working to their scope of practice with medical practitioners as part of a legitimately collaborative approach. Effective collaboration is in the best interests of patient safety, quality of care, and minimises the potential for fragmentation of patient care.

The AMA believes collaborative care arrangement should be well documented and clarified to ensure:

- diagnosis, ongoing monitoring, and evaluation of adverse events by a medical practitioner
- clear lines of accountability and responsibility
- separation of prescribing and dispensing (with limited exceptions as appropriate in rural or remote circumstances).⁴

The AMA acknowledges the valuable contribution nurses make as part of the multidisciplinary health care team and maintains its strong stance on collaborative arrangements between nurses and doctors.⁵

As recruitment and retention of health workforce are persistent challenges in rural and remote settings, the AMA recommends the Framework incorporate a realistic and sustainable working environment with flexibility arrangement, such as providing locum relief.

The AMA suggests the following to the Framework:

- Point 3.2.3: insert “patient” before “independence” in order to make it clear that it is about patient independence, autonomy, and self-management. The AMA suggests point 3.2.3 be amended to read as follows *“Collaborates with the multidisciplinary team, to develop, implement and evaluate programs and care that promote and support patient independence, autonomy, and self-management”*.
- Point 3.3.5: replace “autonomous” with “collaborative” or just remove the “autonomous” altogether. The AMA suggests point 3.3.5 be amended to read as follows *“Delivers high level clinically focused 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.”*

Domain 4: Capability for Practice

Q16. For Domain 4, Capability for Practice, please indicate how you agree with the overall domain.

⁴ Australian Medical Association (AMA). *AMA submission to the Nurse and Midwifery Board proposed prescribing models*. 2018.

⁵ Australian Medical Association (AMA). [AMA Submission to Nurse Practitioner 10 Year Plan Consultation Paper](#). 2021.

Strongly agree.

Q17. Comment field for further, optional feedback on Domain 4.

The AMA appreciates the Framework's recognition of the complexity and challenges nurses face when working in the rural and remote areas. Nurses constitute the largest group of health providers in the rural and remote workforce, and many communities are dependent on nurse-led services.^{6,7} We agree with the Framework that nurses practicing in these areas require an advanced generalist skills-set in order to function effectively in their role.

The AMA suggests the Framework underline the need for rural training pathway programs to be flexible, accessible and affordable. The Framework should recognise nurses' existing experience and expertise; and consider educational pathways that enable them to expand their practice according to the needs of the community.

Noting the closure of maternity units in some rural areas due to the lack of a midwifery skill set, the AMA recommends the Framework support rural generalist nurses to obtain midwifery skills, either as an "advanced skill" for rural nurses or as a separate standalone qualification.^{8,9}

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⁶ National Rural Health Alliance. [Fact sheet - Nurses in Rural, Regional and Remote Australia](#). 2019.

⁷ Phillips, Christine B., et al. "Enhancing care, improving quality: the six roles of the general practice nurse." *Medical Journal of Australia* 191.2 (2009): 92-97.

⁸ Kruske S, Kildea S, Jenkinson B, et al. Primary Maternity Units in rural and remote Australia: results of a national survey. *Midwifery* 2016; 40: 1-9.

⁹ Kildea S, McGhie A, Gao Y, et al. Babies born before arrival to hospital and maternity unit closures in Queensland and Australia. *Women Birth* 2015; 28: 236-245.