



Australian Government

Office of the National Rural Health Commissioner

## **National Rural and Remote Nursing Generalist Framework**

**Consultation Feb-Mar 2022**

### **Overview**

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. The Framework is designed as tool and guide and will benefit Registered Nurses in rural and remote practice settings, their employers, education providers, health administrators and nursing and midwifery colleagues working in health care in general.

### **Survey Information**

**Survey opens: Thursday, 17 February 2022**

**Survey closes: 23:59 (AEDT) on Thursday, 10 March 2022**

**Completed surveys and queries are to be submitted by email to:**

[NRRNGSteeringCommi@health.gov.au](mailto:NRRNGSteeringCommi@health.gov.au)

**Alternatively, responses can be submitted online via the following link:**

<https://consultations.health.gov.au/health-workforce/nrrngframework>

The Office of the National Rural Health Commissioner and the Framework's Steering Committee will manage queries relating to the Framework. Please allow two business days to respond to your queries.



## National Rural and Remote Nursing Generalist Framework

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### Background to the Framework

#### Introduction

The Framework capabilities are underpinned by the Nursing and Midwifery Board of Australia's seven Registered Nurse Standards for Practice. It identifies the unique role of remote area nurses and rural nurses who, in many circumstances, provide primary health care in distinctive environments in very small teams.

In accordance with the Stronger Rural Health Strategy this document aims to acknowledge, support, and strengthen the contribution and influence of nursing practice to improve rural and remote health outcomes.

#### How this Framework can be applied:

- Registered Nurses can map their role to the capabilities and plan a career pathway and professional development activities to develop the foundation knowledge and skills required;
- Education providers can focus curriculum content and development; and
- Employers can use the Framework as a guide to grow, develop and support their workforce, particularly those transitioning to these areas of practice.

#### Context of Practice

People who live in rural and or remote Australia have reduced life expectancy and higher levels of disease and injury than those in metropolitan and regional areas. There is poorer access to and use of some aspects of primary health services when compared to urban Australians. Increasing with remoteness, people experience more disadvantage on the socio- economic scale evidenced by the Australian Bureau of Statistics' Socio-Economic Indexes for Areas.

There are health inequalities in comparison to metropolitan areas, for example, higher incidences of chronic disease, smoking rates and mental health issues. The problem is compounded by limited access to resources and the social determinants of health. There is also greater exposure and vulnerability to natural disasters, while rates of overcrowding, housing stress and homelessness are higher as well.

The health of Aboriginal and/or Torres Strait Islander people living in rural and or remote areas is significantly worse than that of their non-Indigenous counterparts. Additionally, they may be more mistrustful of information and interventions by external authorities or health professionals based on history and their experiences of discriminatory policies and practices.



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### Background to the Framework continued

#### Context of Practice continued

Strengths-based approaches enable leadership by the community. They also enable the design of responses that are holistic, culturally acceptable, and people-centred and that utilise community assets to identify and address varying geographical, cultural, linguistic, health and infrastructure needs. It is essential that the remote area nurse or rural nurse has an understanding of the historical context and can practice in a culturally safe manner and be a strong advocate for high quality timely health care.

The nature of rural and or remote practice means that the Registered Nurse works to their full scope of practice, across what would normally be a range of contexts of practice such as acute care, chronic disease, child health, public health, health promotion and preventative and emergency management across the lifespan. These nurses work primarily with individuals, but also with groups and families within the local community and in very small teams, supported by remote technologies.

In addition to direct care activities, remote area nurses and rural nurses will participate or lead in the development and evaluation of individual, family or whole of community public health initiatives to meet emerging or ongoing health needs. Often their practice involves working in environments with reduced access to immediate clinical supports as compared to their metropolitan colleagues. Hence it is vitally important that remote area nurses and rural nurses provide the very best care possible. This requires a detailed understanding of the common and clinically significant conditions they will encounter and the skills to manage them.

While supply of Registered Nurses varies across remoteness areas, the nursing profession stands out as the best distributed health workforce in comparison to other professions. Often, the Registered Nurse may be the main health care provider or form part of a very small multi-disciplinary team.

#### Remote nursing context

A remote area nurse's scope of practice encompasses broad aspects of primary health care and requires a generalist approach, delivering care across the lifespan. This practice most often occurs in an isolated or geographically remote location. The remote area nurse is responsible, in collaboration with others, for the continuous, coordinated, and comprehensive health care for individuals and their community including after-hours emergency care. Nurses who work in remote and isolated practice use a broad scope of practice to deliver health care and to address the diverse needs of their entire community.



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### Background to the Framework continued

#### Rural nursing context

Rural nurses, like their remote area nurse colleagues, are generalists delivering care across the lifespan and health continuum, often with reduced access to clinical supports and assistance compared to their urban colleagues. Rural nurses are high profile members of their community, who are expected to respond to health needs and emergencies as they occur. They may work in small rural hospitals, multipurpose health services or primary care services and community health in a border team.

***It is noted that there can be significant or minor differences in remote and rural nursing practice, however the framework is applicable to each distinct context of practice and the continuum.***

#### In Summary

The Framework:

- Provides a high-level outline of the role, responsibility and personal commitment required of remote area nurses and rural nurses in applying the principles for culturally safe nursing practice built on standards and guidelines from NMBA and other key guidance documents.
- Acknowledges the impact of geographic isolation and colonisation in rural and remote settings and the history of service delivery and design, which has contributed to legacy issues such as poorer health education and the exacerbation of health inequities.
- Acknowledges the importance of system improvements such as well developed standard treatment guidelines and strength based approaches to health care including the expansion of Community Controlled Health Services and the key roles nurses play in the delivery of high quality health care.
- Identifies the integral role that the remote area or rural nurse also plays in advocating for, and supporting actions, toward social justice, health equity, human rights and access to safe, culturally secure health care.



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



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<b>Q6.</b>	<b>Which state or territory do you primarily work in?</b>	<input type="checkbox"/>	Australian Capital Territory
		<input type="checkbox"/>	Indian Ocean Territories
		<input type="checkbox"/>	New South Wales
		<input type="checkbox"/>	Northern Territory
		<input type="checkbox"/>	Queensland
		<input type="checkbox"/>	South Australia
		<input type="checkbox"/>	Tasmania
		<input type="checkbox"/>	Victoria
		<input type="checkbox"/>	Western Australia
		<input type="checkbox"/>	Nationally / Australia-Wide
<b>Q7.</b>	<b>What location is your primary work in?</b>	<input type="checkbox"/>	Remote / Very Remote (MMM6-7)
		<input type="checkbox"/>	Rural (MMM3-5)
		<input type="checkbox"/>	Regional (MMM2)
		<input type="checkbox"/>	Urban (MMM1)
<b>Q8.</b>	<b>If you primarily work in urban settings, have you worked in regional, rural, remote or very remote settings in the last five years?</b>	<input type="checkbox"/>	Yes
		<input type="checkbox"/>	No
<b>Q9.</b>	<b>What is your primary work setting?</b>	<input type="checkbox"/>	Primary Health Care Centre / Service
		<input type="checkbox"/>	Aboriginal Community Controlled Service / Aboriginal Medical Service
		<input type="checkbox"/>	Hospital / Health Service
		<input type="checkbox"/>	University / Other Tertiary Institution
		<input type="checkbox"/>	Non-government Organisation
		<input type="checkbox"/>	Professional / Policy Organisation
		<input type="checkbox"/>	Other



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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

<p><b>1.1. Safety and Quality</b></p> <p>Applies evidence-based, high-quality, clinically and culturally safe nursing care to deliver optimal individual and population health outcomes.</p> <p>Actively supports and respects the person's right to determine their own cultural safety.</p> <p>Acts and leads inclusively to provide a culturally safe work environment by supporting the rights, dignity and safety of all.</p>	<p><b>1.1.1</b> 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</p> <p><b>1.1.2</b> 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</p> <p><b>1.1.3</b> 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</p> <p><b>1.1.4</b> 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</p> <p><b>1.1.5</b> 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</p> <p><b>1.1.6</b> 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</p>
<p><b>1.2. Critical Reflection</b></p> <p>Undertakes ongoing personal reflection on how cultures and dominant paradigms influence perceptions and interactions with all people and communities.</p>	<p><b>1.2.1.</b> Recognises the impact of history and colonisation on contemporary Aboriginal and/or Torres Strait Islander health outcomes</p> <p><b>1.2.2.</b> Acts to eliminate all forms of racism in practice and in the workplace</p> <p><b>1.2.3.</b> Continuously reflects how one's own culture, values, attitudes, assumptions, and beliefs influence interactions with people, families, community and colleagues</p> <p><b>1.2.4.</b> Understands power relations and how this contributes to inequities, and the privileges and advantages afforded to white Australian society</p>



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### DOMAIN 1 – CULTURALLY SAFE PRACTICE – CAPABILITIES continued

<p><b>1.3. Advocacy</b> Regardless of sexuality, sex, gender, disability, ethnicity, race, religion, political beliefs, or other personal characteristics:</p> <ul style="list-style-type: none"> <li>actively contributes to social change, challenging beliefs based upon assumption;</li> <li>advocates for fairness and equity for all people.</li> </ul>	<p><b>1.3.1.</b> 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</p> <p><b>1.3.2.</b> 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</p> <p><b>1.3.3.</b> Advocates for, and acts to facilitate, access to quality and culturally safe health services for Aboriginal and/or Torres Strait Islander peoples</p> <p><b>1.3.4.</b> Acts as an agent of connectivity to navigate the whole health system as responsible for improving health outcomes</p> <p><b>1.3.5.</b> 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</p>
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Q10.	For Domain 1, <i>Culturally Safe Practice</i> , please indicate how you agree with the overall domain.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
Q11.	Comment field for further, optional feedback on Domain 1.	



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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

<p><b>2.1. Safety and Quality</b> 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.</p>	<p><b>2.1.1.</b> 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</p> <p><b>2.1.2.</b> 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</p> <p><b>2.1.3.</b> 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</p>
<p><b>2.2. Evidence Based Ethical Practice</b> 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.</p>	<p><b>2.2.1.</b> 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</p> <p><b>2.2.2.</b> 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. Ensures appropriate and ethical use of health data, respecting confidentiality and data sovereignty</p> <p><b>2.2.3.</b> 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</p> <p><b>2.2.4.</b> 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</p>



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### DOMAIN 2 – CRITICAL ANALYSIS – CAPABILITIES continued

<p><b>2.3. Technology Enabled Practice and Care</b> Utilises technology to enhance assessment and planning for holistic care and collaboration in a comprehensive primary health care context.</p>	<p><b>2.3.1.</b> 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</p> <p><b>2.3.2.</b> Maintains currency with digital health tools and innovations to inform and support decision making, care planning, coordination and practice, connecting care across the continuum</p> <p><b>2.3.3.</b> Demonstrates digital professionalism, being the attitudes and behaviours reflecting recognised professional standards when utilising digital tools</p> <p><b>2.3.4.</b> Uses digital tools to achieve and maintain professional development requirements</p> <p><b>2.3.5.</b> Ensures procedural knowledge in the use of digital tools in healthcare to align with policy, legal, ethical, security and privacy requirements</p> <p><b>2.3.6.</b> Appropriately builds digital identity using digital tools to develop and maintain a professional online identity and reputation</p> <p><b>2.3.7.</b> Maintains competency and efficiency in utilising existing, and embracing new technology, to support and inform care planning, delivery and outcomes</p>
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Q12.	For Domain 2, <i>Critical Analysis</i> , please indicate how you agree with the overall domain.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
Q13.	Comment field for further, optional feedback on Domain 2.	



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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

<p><b>3.1. Effective Communication</b></p> <p>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.</p>	<p><b>3.1.1.</b> Actively and respectfully engages the person, their family, and community support networks in the therapeutic relationship to plan, deliver and evaluate evidence-based care</p> <p><b>3.1.2.</b> Communicates effectively to ensure that care is culturally safe, place based, co-designed, and encompasses the multidisciplinary team</p> <p><b>3.1.3.</b> Promotes and enables health literacy to address identified need, in partnership with individuals, cultural brokers, community partners, and the multidisciplinary team</p> <p><b>3.1.4.</b> Implements culturally appropriate, evidence-based health education, health promotion, and population health strategies, to optimize self-management, and community health and wellbeing</p> <p><b>3.1.5.</b> 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</p> <p><b>3.1.6.</b> Supports and facilitates person- centred, culturally safe, evidence-based health education, that creates self-confidence and knowledge to gain understanding and achieve self-care</p>
<p><b>3.2. Collaborative Holistic Care</b></p> <p>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.</p> <p>Uses digital and other technologies appropriately to promote and enhance communication, multidisciplinary partnerships, and innovation.</p>	<p><b>3.2.1</b> 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</p> <p><b>3.2.2</b> Delivers culturally safe care in collaboration with the person, family, care partners, and community support systems, recognizing historical and contemporary impacts on professional approaches, perspectives, and practice</p> <p><b>3.2.3</b> Collaborates with the multidisciplinary team, to develop, implement and evaluate programs and care that promote and support independence, autonomy, and self-management</p>



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### DOMAIN 3 – RELATIONSHIPS, PARTNERSHIPS AND COLLABORATIONS – CAPABILITIES continued

<p><b>3.2. Collaborative Holistic Care</b> <i>continued</i></p>	<p><b>3.2.4</b> 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</p> <p><b>3.2.5</b> 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</p> <p><b>3.2.6</b> 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</p>
<p><b>3.3. Professional Practice</b></p> <p>Creates a supportive learning environment by generously sharing knowledge and skills and demonstrates humility in learning from others.</p> <p>Understands the critical importance of relationships and partnerships within small communities and teams and establishes appropriate personal and professional boundaries.</p> <p>Advocates for recognition and advancement of the role of nursing in promoting health and wellbeing of individuals and communities.</p>	<p><b>3.3.1</b> 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</p> <p><b>3.3.2</b> Demonstrates leadership within the community through professional and culturally appropriate partnerships with community leaders and families in supporting agreed priorities and goals</p> <p><b>3.3.3</b> Seeks opportunities to promote the profession and its role in improving health outcomes, and to highlight health inequities and social injustice</p> <p><b>3.3.4</b> Critically evaluates and implements standards, policy, guidelines, and legislation into practice</p> <p><b>3.3.5</b> 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</p> <p><b>3.3.6</b> 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</p> <p><b>3.3.7</b> Appropriately uses delegation, supervision, coordination, consultation, and referral, within culturally safe and respectful professional relationships, to optimise health outcomes</p>



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Q14.	For Domain 3, <i>Relationships, Partnerships and Collaboration</i> , please indicate how you agree with the overall domain.	<input type="checkbox"/>	Strongly Agree
		<input type="checkbox"/>	Agree
		<input type="checkbox"/>	Neutral
		<input type="checkbox"/>	Disagree
		<input type="checkbox"/>	Strongly Disagree
Q15.	Comment field for further, optional feedback on Domain 3.		



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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

<b>4.1. Care of Self and Others</b> 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.	<b>4.1.1</b> Maintains own health, wellbeing and resilience by incorporating a range of self-care interventions into professional practice <b>4.1.2</b> Through autonomous practice demonstrates proficiency of clinical assessment, development of contemporary treatment care plans, and evaluates care incorporating the biopsychosocial needs of the person. <b>4.1.3</b> Acknowledges and promotes the importance of a safe work environment that enhances cultural safety, personal health, wellbeing, and resilience <b>4.1.4</b> Engages in across profession mentoring to cultivate a culture of learning and support <b>4.1.5</b> Utilises peer mechanisms such as peer support, mentorship, clinical reflective supervision and employee assistance to maintain personal resilience
<b>4.2. Lifelong Learning</b> Demonstrates commitment to ongoing personal and professional development, and contributes to the development of others.	<b>4.2.1</b> 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 <b>4.2.2</b> 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 <b>4.2.3</b> 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 <b>4.2.4</b> 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



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### DOMAIN 4 – CAPABILITY FOR PRACTICE continued

<b>4.3. Accountability to Self and the Profession</b> 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.	<b>4.3.1</b> Ensures preparation for context of practice, undertaking professional development and education to safely deliver care with the required levels of safety and autonomy <b>4.3.2</b> Understands and takes accountability for personal and professional actions and decisions, and for the actions of others to whom they have delegated responsibilities <b>4.3.3</b> Seeks and responds to feedback that improves and develops capability and professionalism <b>4.3.4</b> Understands and responds to concerns around other health professionals' capacity for practice <b>4.3.5</b> Actively contributes to professional activities that enhance and promote the profession and its role in influencing better health outcomes for people, communities and populations
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<b>Q16.</b>	<b>For Domain 4, <i>Capability for Practice</i>, please indicate how you agree with the overall domain.</b>	<input type="checkbox"/> Strongly Agree
		<input type="checkbox"/> Agree
		<input type="checkbox"/> Neutral
		<input type="checkbox"/> Disagree
		<input type="checkbox"/> Strongly Disagree
<b>Q17.</b>	<b>Comment field for further, optional feedback on Domain 4.</b>	



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### COMPLETION

Please submit your completed copy of this survey, in Word format, to:

[NRRNGSteeringCommi@health.gov.au](mailto:NRRNGSteeringCommi@health.gov.au)

Submissions must be received by **23:59 (AEDT) on Thursday, 10 March 2022.**

Thank you for taking the time to complete this survey.