



Australian Government

Office of the National Rural  
Health Commissioner

# The National **Rural and Remote Nursing Generalist Framework** 2023–2027

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Further information about the National Rural Health Commissioner can be found on the Commissioner's website at [health.gov.au/nrhc](http://health.gov.au/nrhc).

## Acknowledgement of Country

The National Rural Health Commissioner (the Commissioner) and her Office acknowledge the Traditional Owners and Custodians of Country throughout Australia. The Commissioner recognises and deeply respects the strength and resilience of First Nations Australians and their continuing connection and relationship to rivers, lands and seas.

The Commissioner and her Office pay respect to Elders past, present, and emerging, and extend that respect to all First Nations Australians reading this Framework.

The Commissioner is committed to assisting in the advancement of better health outcomes for First Nations Australians. The Commissioner is committed to doing this by promoting First Nations Australians' expertise, opinions and perspectives through their voices, shared stories, effective feedback mechanisms, and collaborative design processes. The Commissioner is confident her Office can make an important contribution to reconciliation and looks forward to continuing this journey.

# The Office of the National Rural Health Commissioner

The National Rural Health Commissioner is appointed under, and her Office functions as legislated by, the *Health Insurance Act 1973*. According to this Act, the Commissioner is to provide independent and objective advice to the Minister responsible for rural health to improve the health of rural communities.



# A message from the Assistant Minister for Rural and Regional Health



This National Rural and Remote Nursing Generalist Framework 2023–2027 (the Framework) is a world first. It describes the unique context of practice and core capabilities for rural and remote Registered Nurses in Australia.

It was developed and led by an expert steering committee of nursing peak body representatives. The domains and capabilities identified within the Framework received strong sector endorsement.

Health inequalities prevail in Australia; rural and remote people carry a heavier burden of disease than urban Australians. Nurses are often the only primary healthcare provider in rural and remote communities, and the care they provide is by fewer resources. There are repeated calls from rural and remote communities to improve their local health services.

The Australian Government and the Office of the National Rural Health Commissioner, recognise the importance of rural and remote nurses and their role in these communities. The COVID-19 pandemic has highlighted the need for rural and remote nursing generalists.

This Framework contextualises the comprehensive skill set necessary for nurses to work to their full scope of practice as rural and remote nursing generalists. Culturally Safe care in partnership with families, communities and multidisciplinary colleagues is intrinsic to the Framework.

Future focused primary health care: Australia's Primary Health Care 10 Year Plan 2022–2032 supports and strengthens the contribution and influence of nursing practice to improve rural and remote health outcomes. The Framework is an additional and important contribution to this.

Further, it complements the National Rural Generalist Pathway for medicine, and the National Allied Health Rural Generalist Pathway, as vital health workforce reforms underway to improve rural and remote health outcomes. I extend my deep gratitude to all rural and remote nurses, those out bush, and on Country, for their ongoing dedication and resilience in meeting the health care needs of these communities. I invite nurses, jurisdictions, employers, unions and educators to use this Framework to create, support, and sustain our rural and remote nursing workforce of the future.

A handwritten signature in blue ink that reads "Emma McBride". The signature is fluid and cursive, with the first letters of the first and last names being capitalized.

**The Hon Emma McBride MP**

Assistant Minister for Rural and Regional Health

Assistant Minister for Mental Health and Suicide Prevention

# Acknowledgements

Important contributions and expertise of the members of the National Rural and Remote Nursing Generalist Framework Steering Committee (Steering Committee) led the Framework through its development and consultation. Steering Committee members represented the following organisations:

Organisation	Delegate	Position
<b>Office of the National Rural Health Commissioner</b>	Adj. Prof. Shelley Nowlan	Deputy National Rural Health Commissioner – Nursing and Midwifery Steering Committee Chair
<b>Australian Government Department of Health and Aged Care</b>	Adj. Prof. Alison McMillan PSM	Chief Nursing and Midwifery Officer
<b>Australian and New Zealand Council of Chief Nursing and Midwifery Officers</b>	Adj. Prof. Jennifer Hurley	Chair
<b>Australian College of Nurse Practitioners (ACNP)</b>	Leanne Boase	President
<b>Australian College of Nursing (ACN)</b>	Heather Keighley	Chair of Faculty of Rural and Remote Nursing Steering Committee Co-Chair
<b>Australian Nursing and Midwifery Accreditation Council (ANMAC)</b>	Prof. Wendy Cross	Chair
<b>Australian Nursing and Midwifery Federation (ANMF)</b>	Julianne Bryce	Senior Federal Professional Officer
<b>Australian Primary Health Care Nurses Association (APNA)</b>	Karen Booth	President
<b>Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM)</b>	Prof. Roianne West, Kalkadoon Djuaku-nde	Chief Executive Officer
<b>Council of Deans of Nursing and Midwifery (CDNM)</b>	Prof. Tracey Moroney OAM	Executive Member
<b>Council of Remote Area Nurses of Australia (CRANaplus)</b>	Katherine Isbister	Chief Executive Officer
<b>James Cook University</b>	Prof. Sabina Knight	Director, Central Queensland Centre for Rural and Remote Health
<b>Nursing and Midwifery Board of Australia (NMBA)</b>	David Carpenter	Board Member

This acknowledgement extends to all nurses, organisations and others who contributed their expertise during consultation to develop the Framework.

The National Rural Health Commissioner (the Commissioner) acknowledges the National Nursing and Midwifery Digital Health Capability Framework (2020) as a key resource towards the development of this Framework. The National Nursing and Midwifery Digital Health Capability Framework was led by the Australian Digital Health Agency and supported by the Australasian Institute of Digital Health, Digital Health CRC, Queensland Government, ANMF, ACN, Australian College of Midwives, APNA and CATSINaM.

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# Glossary

Term	Definition
<b>Clinical courage</b>	Describes when rural and remote clinicians practice beyond their usual scope in isolated and resource poor contexts, to meet patient and community healthcare needs (Dunlop & MacLellan, 2011; Konkin, et al., 2020; Wootton, 2011).
<b>Co-design</b>	The practice of designing solutions collaboratively with people or communities impacted by a problem. It can bring consumers, carers, families and health workers together to improve services. It seeks to create an equal and reciprocal relationship between stakeholders, allowing them to design and deliver services in partnership with each other (NSW Government. Agency for Clinical Innovation, 2019).
<b>Collegial generosity</b>	Mutual trust and respect in professional relationships, as recognised in the Registered Nurse Standards for Practice (NMBA, 2016).
<b>Comprehensive primary health care</b>	Healthcare that provides medical, nursing and allied health services from prevention to treatment, that factors equity of access, community empowerment and participation in services (Hurley, et al., 2010). It can also incorporate services beyond individual treatment to a population health focus.
<b>Cultural humility</b>	Cultural humility involves a lifelong process of critical self-reflection, redressing power imbalances, mutually beneficial partnerships and advocating on institutional accountability (Tervalon & Murray-Garcia, 1998).
<b>Cultural Safety</b>	<p>Cultural Safety centres on the attitudes and behaviour of the nurse while, for the patient, Cultural Safety is a mechanism that allows the recipient of care to say whether or not the service is safe for them to approach and use (Ramsden, 2002).</p> <p>The NMBA and CATSINaM joint statement on Culturally Safe care (2018) recognises racial discrimination is well documented as a contributing factor to poor health outcomes for Aboriginal and Torres Strait Islander Australians. The NMBA Code of Conduct for Nurses (2022) and Registered Nurse Standards for Practice (NMBA, 2016) advocate for Culturally Safe and respectful practice, and require nurses to have knowledge of how their own culture, values, attitudes, assumptions and beliefs influence their interactions with people and families, the community and colleagues.</p> <p>The CATSINaM supported NMBA Code of Conduct for Nurses (2022) defines nurses' Cultural Safety requirements:</p> <ul style="list-style-type: none"> <li>• that nurses need to acknowledge Australia has always been a culturally and linguistically diverse nation. Aboriginal and Torres Strait Islander people have inhabited and cared for the land as the First Peoples of Australia for millennia, and their histories and cultures have uniquely shaped our nation</li> <li>• they must understand and acknowledge the historic factors, such as colonisation and its impact on Aboriginal and Torres Strait Islander peoples' health, which help to inform care. In particular, Aboriginal and Torres Strait Islander people bear the burden of gross social, cultural and health inequality, and</li> <li>• provide clear guidance and set expectations for nurses and midwives in supporting the health of Aboriginal and/or Torres Strait Islander peoples.</li> </ul>



Term	Definition
<b>Data sovereignty</b>	Data sovereignty refers to a jurisdiction's control or legal authority asserted over data because its physical location is in jurisdictional boundaries. Data sovereignty is essential for data security (Macquarie Government, 2022).
<b>First Nations Australians, Aboriginal and Torres Strait Islander peoples, Indigenous</b>	Used interchangeably to refer to a collective of individual people from different Aboriginal and Torres Strait Islander Nations across Australia.
<b>Full scope of practice</b>	Refers to Registered Nurses regularly practicing to the full extent of their knowledge and skill, that factors an individual's context in which they practice, level of competence and health needs of the community (CRANApplus, 2018; Halcomb & Ashley, 2019).
<b>Holistic care</b>	A system of comprehensive or total patient care that considers the physical, emotional, social, economic, and spiritual needs of the person; their response to illness; and the effect of the illness on the ability to meet self-care needs. Holistic nursing is the modern nursing practice that expresses this philosophy of care (O'Toole, 2022, p. 2582).
<b>Health literacy</b>	An individual's ability to read, understand and use healthcare information (Department of Health, 2022b, p. 56).
<b>Modified Monash Model</b>	<p>The <i>Modified Monash Model</i> (MM) defines whether a location is a city, rural, remote or very remote. The model measures remoteness and population size on a scale of MM category MM 1 to MM 7 as per below:</p> <ul style="list-style-type: none"> <li>• MM 1 – Metropolitan areas – Major cities accounting for 70% of Australia's population. All areas categorised <i>Australian Statistical Geography Standard – Remoteness Area</i> (ASGS-RA) 1.</li> <li>• MM 2 – Regional centres – Inner (ASGS-RA 2) and Outer Regional (ASGS-RA 3) areas that are in, or within a 20km drive of a town with over 50,000 residents.</li> <li>• MM 3 – Large rural towns – Inner (ASGS-RA 2) and Outer Regional (ASGS-RA 3) areas that are not MM 2 and are in, or within a 15km drive of a town between 15,000 to 50,000 residents.</li> <li>• MM 4 – Medium rural towns – Inner (ASGS-RA 2) and Outer Regional (ASGS-RA 3) areas that are not MM 2 or MM 3, and are in, or within a 10km drive of a town with between 5,000 to 15,000 residents.</li> <li>• MM 5 – Small rural towns – All remaining Inner (ASGS-RA 2) and Outer Regional (ASGS-RA 3) areas.</li> <li>• MM 6 – Remote communities – Remote mainland areas (ASGS-RA 4) AND remote islands less than 5kms offshore.</li> <li>• MM 7 – Very remote communities – Very remote areas (ASGS-RA 5).</li> </ul>

Term	Definition
<b>Multidisciplinary</b>	When professionals from a range of disciplines work together to meet as many of the patient's needs as possible. Multidisciplinary care can be delivered by a range of healthcare professionals functioning as a team under one organisation umbrella, or by professionals from a range of organisations, brought together as a unique team. As a patient's condition changes over time, the composition of the team may change to reflect the changing clinical and psycho-social needs of the patient (Mitchell, et al., 2008). In the context of rural and remote nursing practice, a multidisciplinary team can include healthcare professionals and workers such as nurses, medical practitioners, midwives, allied health professionals, Aboriginal and Torres Strait Islander health workers and practitioners, working collaboratively to address patient needs. This may also include non-clinical staff within the multidisciplinary team.
<b>Person-centred care or interventions</b>	Practice that follows the principle of incorporating the person's (patient's) perspective that can mean care is patient-directed because they are sufficiently and appropriately informed to self-determine their care and level of engagement (Santana, et al., 2017).
<b>Place-based approach</b>	In a place-based approach, the characteristics of the community and location are brought together in an integrated 'person and place' approach that focuses on outcomes for people. In this context, the community and its needs are at the centre of any development. Involving community in planning, selecting, designing and governing their physical and social infrastructure can be just as important as the facilities and services themselves (Department of Health, 2022a, p. 106).
<b>Reflection</b>	The NMBA Registered Nurse Standards for Practice (2016) state Registered Nurses develop practice through reflection on experiences, knowledge, actions, feelings and beliefs to identify how these shape practice. Reflection in nursing is a learning strategy and formal process to help nurses and nursing students develop crucial skills and competencies in clinical practice settings (Scheel, et al., 2021).
<b>Reflexivity</b>	Is an action and skill of being attentive to the self in relation to others; that is, how our ways of knowing, being, and doing shape our interpretation of and behaviour towards people (Pillow, 2003; Wilson, 2014). Reflexivity is also defined, conceptualised, and operationalised in a varied way across and in fields and disciplines (Dawson, et al., 2022, p. 2). Critical reflexivity is also recognised as a skill to engage in Culturally Safe practice to improve healthcare delivery for First Nations Australians (Dawson, et al., 2022, p. 2).
<b>Social determinants of health</b>	The conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels (Department of Health, 2022a, p. 107).
<b>Strengths-based approach or intervention</b>	A strengths-based approach views situations realistically and looks for opportunities to complement and support existing strengths and capacities as opposed to a deficit-based approach which focuses on the problem or concern (Department of Health, 2022a, p.107).
<b>Trauma-informed care or interventions</b>	Actions by health and social service providers based on psychosocial empowerment principles that recognise the impact of trauma to facilitate both physical and psychosocial healing in a safe, collaborative fashion (O'Toole, 2022, p. 5439).

# Introduction

Rural and remote communities' health and wellbeing needs are often more complex than those of urban communities (AIHW, 2022). Inadequate healthcare resources and infrastructure compounds poorer health outcomes and poorer access to, and use of, healthcare services (AIHW, 2022; Edelman, et al., 2020). As a result, rural and remote Registered Nurses (RNs) practice with greater autonomy. This autonomy still requires RNs to closely engage with their colleagues and communities, to deliver effective healthcare in diverse cultural and geographical contexts. This unique context of practice offers highly rewarding professional and leadership opportunities for RNs' career development.

The intent of the National Rural and Remote Nursing Generalist Framework 2023–2027 (the Framework) is to describe this unique context of practice and core capabilities for rural and remote RN practice. It is underpinned by the Nursing and Midwifery Board of Australia's (NMBA) Registered Nurse Standards for Practice (2016).

The development of the Framework was led by the Deputy National Rural Health Commissioner – Nursing and Midwifery, Adj. Prof. Shelley Nowlan. It was guided by an expert Steering Committee comprised of peak nursing body representatives and rural and remote nursing leaders.

The Framework recognises rural and remote RNs often provide primary health, acute and aged care in very small teams, or in isolation. It acknowledges the legacies of prior rural and remote health service delivery with limited resources, and the effect of this on current rural and remote health outcomes.

The Framework is a tool and guide for:

- RNs who wish to transition to rural and remote nursing generalist practice
- states and territories, employers, educators, mentors, and health administrators employing and/or working with RNs in rural and remote healthcare settings
- nursing, midwifery and other professional colleagues to support the capabilities of the RN workforce.

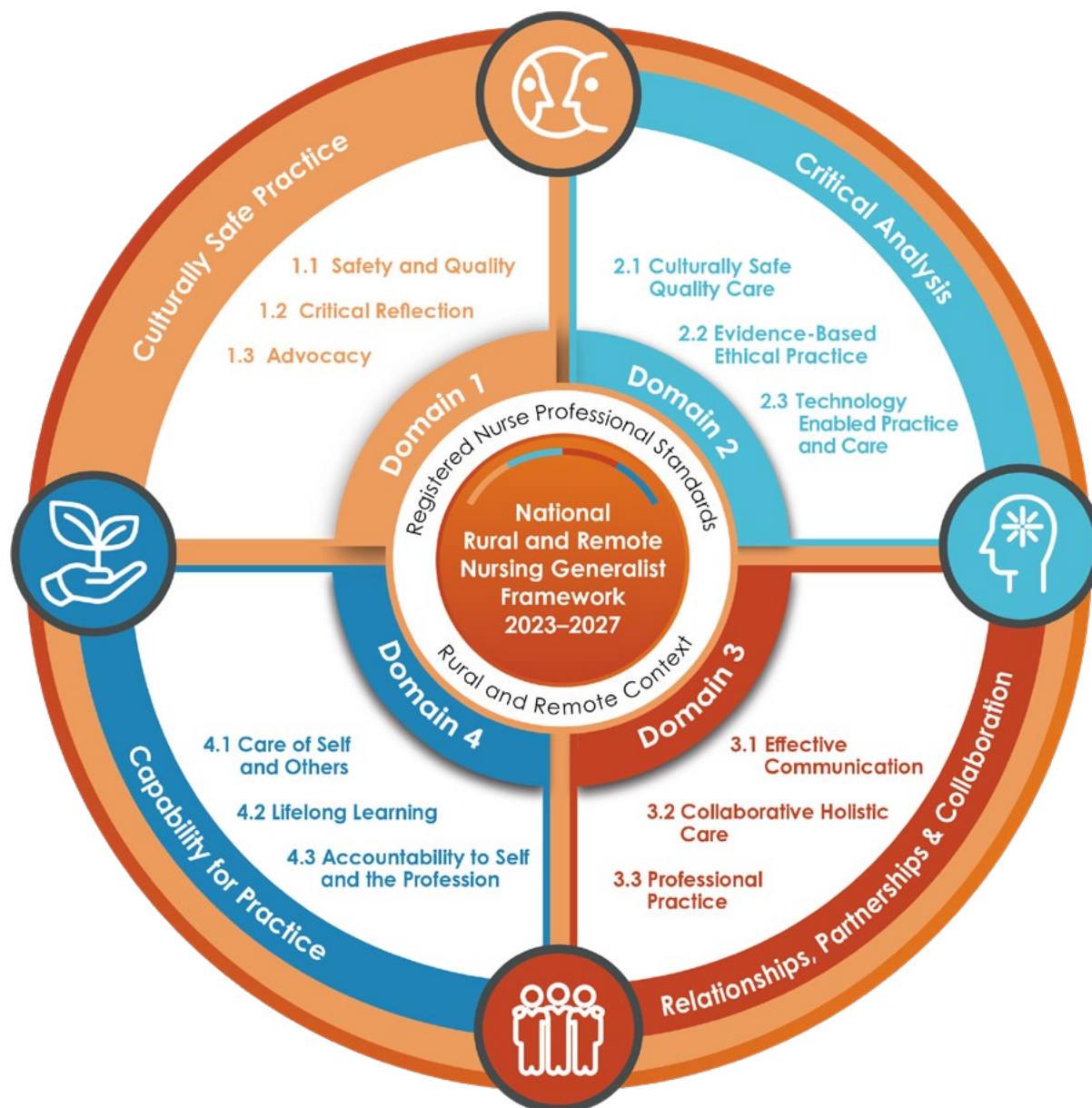
Rural and remote nurse generalists are in a unique position to lead actions for social justice, health equity, and access to Culturally Safe and sustainable healthcare in rural and remote communities. The Framework recognises this and is committed to the United Nations Declaration on the Rights of Indigenous Peoples (United Nations, 2007), through its Culturally Safe capabilities.

The NMBA Code of Conduct for Nurses (Code of Conduct) (2022) and the Framework recognise Cultural Safety is defined by First Nations Australians. The Code of Conduct acknowledges Australia's historical and ongoing cultural and linguistic diversity (NMBA, 2022). The Framework extends this premise in defining one's own Cultural Safety to all culturally and linguistically diverse (CALD) people. It reflects the NMBA's RN Standards for Practice (2016): "1.3: respects all cultures and experiences, which includes responding to the role of family and community that underpin the health of Aboriginal and Torres Strait Islander peoples and people of other cultures." Connections between Cultural Safety, workforce, and improving health equity as recognised in the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-2031 (Department of Health, 2022a), are also upheld in the Framework.

The Framework consists of 4 domains, supported by capabilities and capability statements that reflect the unique context and requirements for RN practice in rural and remote healthcare settings:

1. Culturally Safe Practice
2. Critical Analysis
3. Relationships, Partnerships and Collaboration
4. Capability for Practice.

**Figure 1: The Framework domains and capabilities.**



The **Figure 1** graphic reflects the Culturally Safe Practice domain wrapping around the domains of Critical Analysis, Relationships, Partnerships and Collaboration, and Capability for Practice. Culturally Safe Practice is also interwoven throughout the capabilities because it is essential that every rural and remote RN provides Culturally Safe care.

Multidisciplinary health workforce teams are critical to meet the needs of rural and remote communities (KBC Australia, 2020; Tait, 2020; Vines & Wilson, 2021). There is a strong emphasis on the value of multidisciplinary practice in the Framework.

It is relevant to partnerships with community, planning and provision for holistic health care. This allows for co-design of appropriate healthcare with and for these communities. It includes nurses working with midwives in multidisciplinary teams to support maternity care and antenatal continuity of care (Homer, 2022). This is a vital component of care across the lifespan.

Nurturing the growth of a rural and remote nursing generalist workforce, alongside the national Rural Generalist pathways for medicine and allied health, will grow a local, sustainable workforce for rural and remote Australia.

# Background

The Framework is underpinned by the following premises:

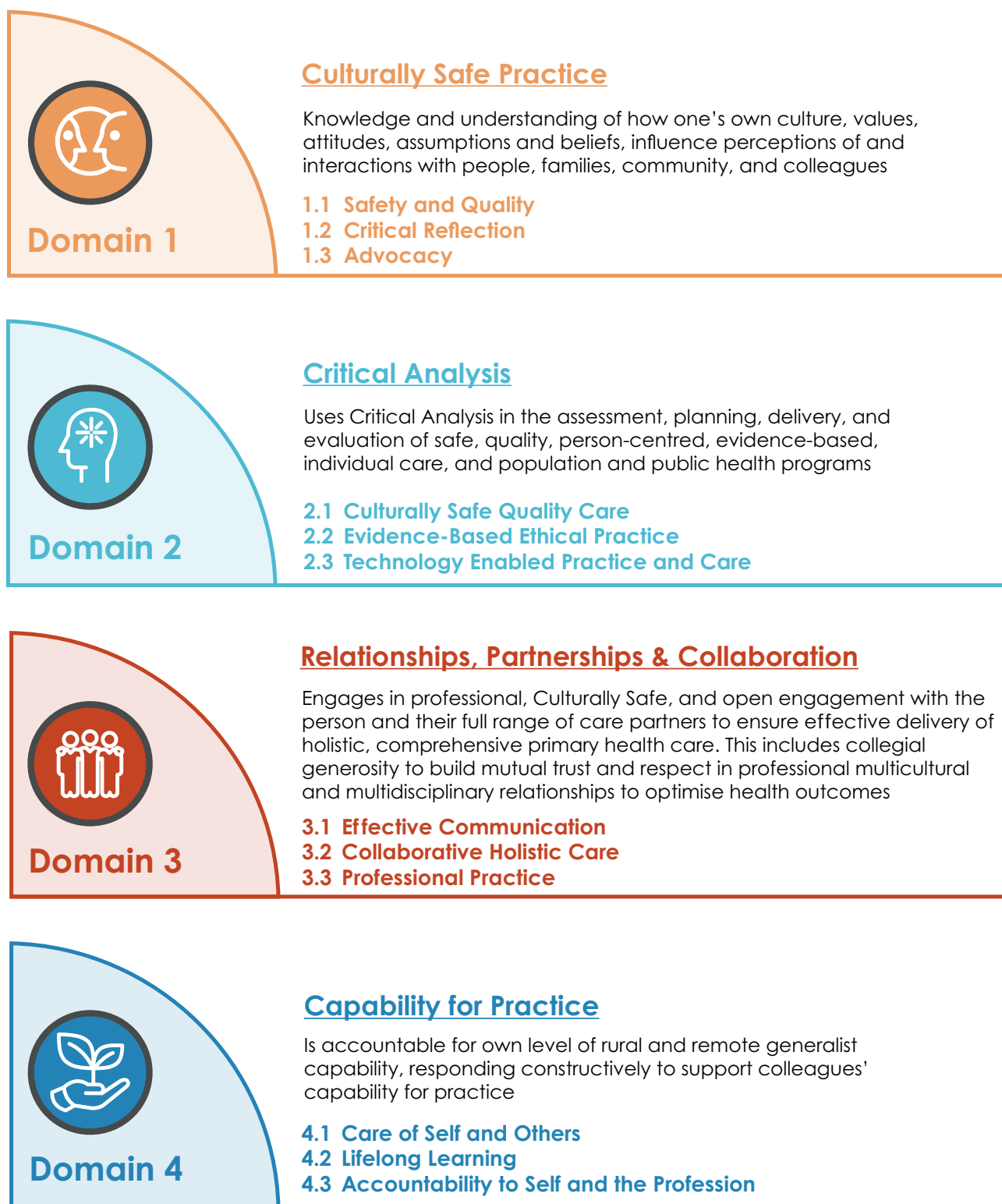
- it is for RNs working in Modified Monash Model (MM) 3–7 rural and remote locations
- the domains and capabilities align with the NMBA's Registered Nurse Standards for Practice (2016) and the NMBA's Code of Conduct for Nurses (2022)
- the domains and capabilities align with the joint statement by the NMBA and CATSINaM on Culturally Safe Care (NMBA, 2018)
- it is essential that every rural and remote RN provides Culturally Safe care across all the domains and capabilities
- RNs have a critical role in the planning and delivery of high-quality health care to rural and remote communities
- legacy issues such as poor health literacy in rural and remote communities are affected by geographic isolation, colonisation and historically urban-centric health service designs
- rural and remote RNs partner with multidisciplinary teams to support their full scope of practice
- rural and remote RNs lead actions towards social justice, health equity, human rights, and access to Culturally Safe healthcare.

**Figure 2: The NMBA Registered Nurse Standards for Practice (2016) that underpin this Framework.**

	Standard 4	Standard 5	Standard 6	Standard 7
<b>Standard 1</b>				
Thinks critically and analyses nursing practice	Comprehensively conducts assessments	Develops a plan for nursing practice	Provides safe, appropriate and responsive quality nursing practice	Evaluates outcomes to inform nursing practice
<b>Standard 2</b>				
Engages in therapeutic and professional relationships				
<b>Standard 3</b>				
Maintains the capability for practice				

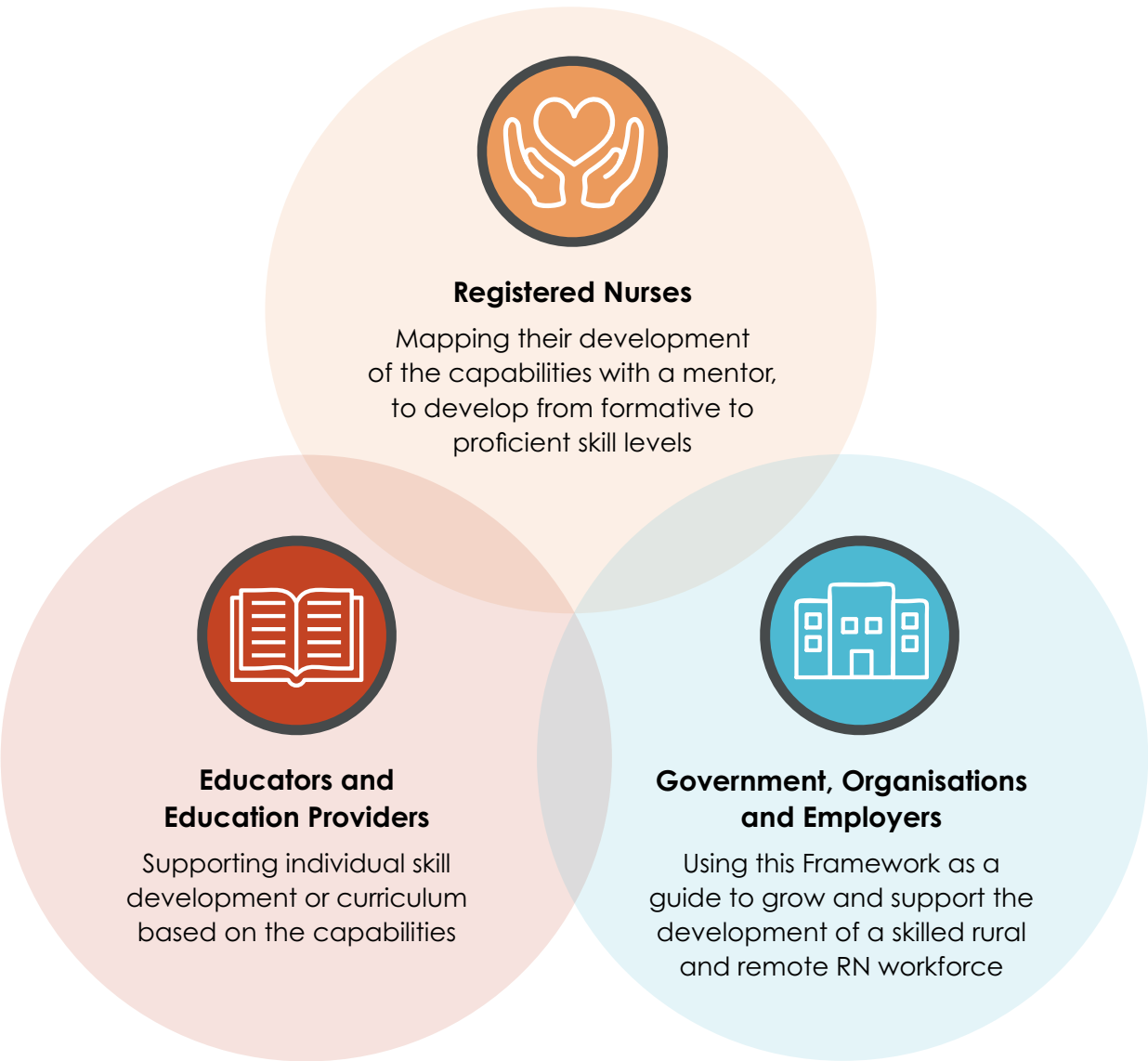


Figure 3: The Framework domain and capability statement banners.



# Examples of How the Framework Can Be Applied

Figure 4: Examples of how the Framework can be applied.



## Links to National Strategies and Reports

The Framework is aligned to national health and equity focused initiatives. These initiatives recognise the unique context of rural and remote health services and seek to improve health outcomes for rural and remote communities. The Framework builds on the Stronger Rural Health Strategy, by acknowledging, supporting and strengthening the contribution and influence of RN practice to improve rural and remote health outcomes through their unique relationships and partnerships in communities.

*Advice to the National Rural Health Commissioner on the development of the National Rural Generalist Pathway | Australian Government Department of Health and Aged Care*  
(Office of the National Rural Health Commissioner – National Rural Generalist Taskforce, 2018)

*Final report – Improvement of access, quality and distribution of allied health services in regional, rural and remote Australia | Australian Government Department of Health and Aged Care*  
(Worley, 2020)

*Future Focused Primary Health Care: Australia's Primary Health Care 10 Year Plan 2022–2032*  
(Department of Health, 2022b)

*Independent Evaluation of the Rural Health Multidisciplinary Training Program*  
(KBC Australia, 2020)

*National Aboriginal and Torres Strait Islander Health Plan 2021–2031*  
(Department of Health, 2021a)

*National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031*  
(Department of Health, 2022a)

*National Agreement on Closing the Gap*  
(Coalition of Aboriginal and Torres Strait Islander Peak Organisations and Australian Governments, 2020)

*National Medical Workforce Strategy 2021–2031*  
(Department of Health, 2022c)

*Stronger Rural Health Strategy*  
(Department of Health, 2021b)

In alignment with the National Aboriginal and Torres Strait Islander Health Plan 2021–2031, the Framework recognises the strength of culture as a protective influence on physical, social and emotional wellbeing. At a systemic level, the Framework seeks to meet the National Agreement on Closing the Gap by supporting its 4 priority areas for reform:

- formal partnerships and shared decision making
- building the Community Controlled sector
- transforming government organisations
- shared access to data and information at a regional level.



# Context of Practice

There are 7 million Australians, or 28% of the population, who live in regional, rural and remote areas (ABS, 2022). Rural and remote Australians have lower life expectancies than Australians in metropolitan areas (AIHW, 2022). They also have higher rates of hospitalisations, deaths, injury, and inequitable access to, and lower use of primary health care services (AIHW, 2022). These statistics highlight the need for rural and remote area RNs to have generalist skills to manage the varied and unique context of practice.

Australia's remote communities have a higher proportion of the population who are Indigenous. Indigenous populations increase from 1.8% in major cities to 32% in remote and very remote areas in Australia (AIHW, 2022). First Nations Australians have higher burden of disease, lower life expectancies and a higher likelihood of being hospitalised than non-First Nations Australians (AIHW, 2022). In line with the NMBA and CATSINaM joint statement on Culturally Safe care (2018), rural and remote area RNs must understand the historical context of colonisation in their practice. This will improve Culturally Safe service provision for First Nations Australians.

Socio-economic disadvantage also increases with remoteness (ABS, 2018). The Framework emphasises critical analysis skills for RNs to understand how social determinants influence health outcomes. This includes understanding that diminished access to education, housing, and employment exacerbates socio-economic disadvantage. In this context of practice, the Framework promotes place-based and strength-based approaches for healthcare in multidisciplinary teams.

## Rural Nursing Context

Rural RNs practice as generalists delivering care across the lifespan and health continuum. They are valuable members of their community (National Rural Health Alliance, 2019). Compared to their urban peers rural RNs often provide care with reduced clinical supports, and are frequently called to respond to a broader range of emergency and health needs (National Rural Health Alliance, 2019). Rural RNs work in varied settings such as small hospitals, Aboriginal Community Controlled Health Organisations, primary health care services, outreach and community health in multidisciplinary teams, including aged care and mental health.

## Remote Nursing Context

Remote RNs' scope of practice encompasses broad aspects of primary health care and requires a generalist approach to deliver care across the lifespan (CRANAplus, 2018). This practice most often occurs in an isolated or geographically remote location, where the generalist role increases as the population density declines (MacKay, et al., 2021). Remote area RNs are responsible for continuous, coordinated, and comprehensive health care for community members, including after-hours emergency care. RNs working in remote locations offer a full scope of practice to meet the diverse needs of their entire community. They work in settings that often lack physical resources, specialists, general pharmacy, allied health and retrieval services (McCullough, et al., 2021).

There can be major or minor differences in remote and rural nursing practice, however the Framework applies to both contexts.

## Full Scope of Practice Across the Continuum of Care and Lifespan

The NMBA RN Standards for Practice (2016) define scope of practice as educated nurses who are competent to perform and are permitted to do so by law. Scope of practice is influenced by:

- the context in which the nurse practices
- the health needs of people
- the level of competence and confidence of the nurse and the policy requirements of the service provider (NMBA, 2016, p. 6).

Rural and remote RNs work at an advanced generalist full scope of practice across the lifespan to provide the needed healthcare for their community. The planning and care they provide occurs across settings in preventative and emergency management, acute care, aged care, chronic disease, child health, maternity and antenatal, mental health, palliative, and health promotion.

Rural and remote RNs participate in or lead the clinical assessments of individuals. They also develop public health initiatives to meet emerging social and health needs. This requires a thorough understanding of common and significant conditions across the lifespan and the skills to manage them (Muirhead & Birks, 2019); they are truly practicing to full scope.

Rural and remote RNs apply clinical courage to push their capabilities beyond their comfort zone, in their full scope of practice, to manage presentations (Konkin, et al., 2020). This is often done autonomously and without collegial support nearby (Konkin, et al., 2020). Wootton (2011) and Dunlop and MacLellan (2011) describe clinical courage as when rural and remote health practitioners apply their capabilities beyond their usual scope of practice, in geographically isolated and resource poor communities, to meet patient healthcare needs.

## What is a Rural/Remote Nurse Generalist?

In working to full scope of practice, rural and remote RNs may also have specialised skills. The Chief Nursing and Midwifery Officers of Australia Advanced Nursing Practice Guidelines for the Australian context describe Generalist practice and Specialist practice as a developmental continuum between novice and expert where:

***Generalist practice encompasses a comprehensive spectrum of activities. It is directed towards a diversity of people with different health needs, takes place in a wide range of health care settings, and it is reflective of a broad range of knowledge and skills. Generalist practice may occur at any point on a continuum from novice to advanced*** (Chief Nursing and Midwifery Officers Australia, 2021, p. 6).

Specialist practice is defined as:

***The term ‘specialist’ defines roles focused within a specific context, for example, a particular population or skill set. Specialist practice follows and builds on a base of generalist preparation. Nurse specialists demonstrate in-depth knowledge, skills and expertise in their area of specialised nursing practice. Expertise in a particular specialty may be developed by undertaking formal education, exposure to relevant clinical experience in the practice area and continuing professional development*** (ibid).

While all nurses are trained as generalists, rural and remote RN practice requires care to be delivered to populations that have significantly higher burden of disease, lower life expectancies, and barriers to health service access not experienced in urban areas (AIHW, 2022). It is critical that rural and remote RNs are supported to deliver comprehensive rural and remote healthcare to meet the diverse needs of these communities.

## Recruitment and Retention

Leaders who understand the diversity and roles of the workforce in rural and remote areas are more likely to attract and retain nurses in their communities (Nowlan, et al., 2020). In considering recruitment and retention of nurses in remote Australia, factors that help to attract and retain are:

- diversity of clinical care and professional collaboration
- high accountability in the scope of practice and engagement, with trust from colleagues and local community
- respect for individual contribution and capability to healthcare teams (ibid).

Support from peer networks, mentorship, educational opportunities to maintain clinical knowledge and progress careers are crucial for autonomous professional practice (Nowlan, et al., 2020, p. 620). In addition, Culturally Safe work, practice and learning environments are important for equitable recruitment and retention. Multidisciplinary team practice is important for rural and remote RNs as it enables diverse clinical care and builds collegial respect in rural and remote settings.

## A Rural and Remote Nursing Capability Focus

Distinct from assessment of competency, capability is a holistic concept that reflects how a person applies their ability confidently to problems in new, familiar or unfamiliar situations (Townsend & Cairns, 2003). Capability is inclusive of competence and extends beyond the technical skills implied by competence, to emphasise a clinician's adaptability to change, lifelong learning, and self-efficacy (Brunner, et al., 2018). Capability is not an assessment of an RNs' skills at a point in time (Brunner, et al., 2018). The Framework's domains and capabilities illustrate this.

# Domains and Capabilities



## Domain 1. Culturally Safe Practice

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

Capabilities	Description
<b>1.1. Safety and Quality</b>  <b>Applies evidence and strength-based, holistic, clinically, and Culturally Safe nursing care within the rural or remote context to deliver optimal and equitable 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 and healthcare environment by supporting the rights, dignity, and safety of all.</b>	<b>1.1.1.</b> Supports Aboriginal and Torres Strait Islander self-determination and ways of knowing, being and doing, in the context of history, culture and diversity, and affirms and protects these factors in nursing practice through continuing professional development. <b>1.1.2.</b> Ensures that all healthcare measures protect Cultural Safety and understands the inextricable link between Cultural Safety, workforce and health outcomes, recognising that this can only be defined by Aboriginal and Torres Strait Islander or Culturally and Linguistically Diverse (CALD) peoples for themselves. <b>1.1.3.</b> Utilises lifelong learning skills to develop Culturally Safe nursing practice including an understanding of Aboriginal and Torres Strait Islander health and Aboriginal Community Controlled Health Organisations (ACCHO's). <b>1.1.4.</b> Integrates the important role of Aboriginal and Torres Strait Islander health professionals, CALD advisors and knowledge from relevant organisations and communities into care, building effective partnerships. <b>1.1.5.</b> Applies principles of trauma-informed care when working with Aboriginal and Torres Strait Islander people, and people from CALD and marginalised backgrounds. This includes using appropriate human and other resources and demonstrating personal humility about cross-cultural understanding and knowledge. <b>1.1.6.</b> Actively promotes inclusivity in healthcare.

Capabilities	Description
<p><b>1.2.</b> <b>Critical Reflection</b></p> <p><b>Undertakes ongoing learning and personal reflection, seeking cultural mentorship and guidance on how dominant cultural paradigms influence perceptions and interactions with all people and communities, applying learnings to the provision of rural or remote healthcare.</b></p>	<p><b>1.2.1.</b> Recognises the impact of history and colonisation on contemporary Aboriginal and 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 that safe, accessible healthcare requires recognition of power differentials in behaviour, knowledge and skill that do not privilege any group above another and actively works to counter racism to prevent and address health inequities.</p>
<p><b>1.3.</b> <b>Advocacy</b></p> <p><b>Regardless of sexuality, sex, gender, disability, ethnicity, race, religion, culture, political beliefs, or other personal characteristics:</b></p> <ul style="list-style-type: none"> <li><b>advocates for fairness and equity for all people in rural and remote communities</b></li> <li><b>actively contributes to social change, challenging beliefs based on assumption.</b></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 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 for Culturally Safe services whilst managing change resistance in all health care settings, including disability, aged care, youth residential care and correctional facilities. This includes using people's nominated names and pronouns.</p> <p><b>1.3.3.</b> Advocates for, and acts to facilitate access to quality and Culturally Safe health services for Aboriginal and Torres Strait Islander peoples and all minority and marginalised groups.</p>





## 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.

Capabilities	Description
<b>2.1.</b> <b>Culturally Safe Quality Care</b> <b>Recognises the impact of colonisation on the social determinants of health and within past and current healthcare service models for rural and remote residents. Adopts reflexive, evidence-based practices to address context-specific inequities and deliver optimal health outcomes.</b>	<b>2.1.1.</b> Actively and openly incorporates professional and cultural knowledge in the assessment, planning, delivery, and evaluation of safe, quality, person and family-centred care. <b>2.1.2.</b> Operates with cultural humility and respect, undertaking clinical assessments and plans that consider population and public health actions developed in collaboration with individuals, families, relevant care partners, and the multidisciplinary health care team. <b>2.1.3.</b> Undertakes critical reflexivity that leads to improved holistic, Culturally Safe care whilst undertaking quality improvement activities to monitor and evaluate outcomes of care.
<b>2.2.</b> <b>Evidence-Based Ethical Practice</b> <b>Utilises relevant data to identify best practice, place- and strengths-based person-centred interventions, co-designed with people, families, communities and the multidisciplinary team in the rural and remote context, recognising legacy challenges, and existing inequities.</b>	<b>2.2.1.</b> Critically evaluates and implements practice standards, policy, guidelines and legislation into practice. <b>2.2.2.</b> Uses data monitoring and analysis to inform 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. <b>2.2.3.</b> Provides place-based multidisciplinary population health activities across the lifespan in partnership with the local community, identifying and overcoming risks through evidence- and strength-based co-design. <b>2.2.4.</b> Implements and coordinates evidence-based and co-designed health interventions and programs to meet community priorities and needs, by embedding health promoting aims and values into practice.

Capabilities	Description
<b>2.3.</b> <b>Technology Enabled Practice and Care</b> <b>Utilises and connects available technology in the rural and remote context to enhance assessment and planning for holistic care and collaboration, to provide comprehensive primary health care.</b>	<p><b>2.3.1.</b> Maintains currency with digital health platforms and technologies to assist access to health care, inform care planning, delivery and evaluation of health outcomes, connecting care across the continuum.</p> <p><b>2.3.2.</b> Demonstrates recognised professional standards in utilising digital tools for professional development.</p> <p><b>2.3.3.</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>2.3.4.</b> Uses digital tools to build and maintain a professional online identity and reputation, in compliance with Australian Health Practitioner Regulation Agency's (AHPRA) social media policy.</p>







## 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 to build mutual trust and respect in professional multicultural and multidisciplinary relationships to optimise health outcomes.

Capabilities	Description
<b>3.1. Effective Communication</b>  <b>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.</b>	<p><b>3.1.1.</b> Actively and respectfully engages the person, their family, care partners, and community support networks including Aboriginal and Torres Strait Islander Health Professionals and other CALD advice as appropriate, in the therapeutic relationship to plan, deliver and evaluate evidence-based care.</p> <p><b>3.1.2.</b> Communicates effectively with the multidisciplinary team to provide wrap around care that is person focused, co-designed and place-based.</p> <p><b>3.1.3.</b> Always promotes and enables health literacy to address identified need, in partnership with the person, care partners, local community, and the multidisciplinary team.</p> <p><b>3.1.4.</b> Builds sustainable relationships with people from diverse groups including Aboriginal and Torres Strait Islander, CALD, and marginalised groups, to support collaborative decision making for optimal healthcare.</p> <p><b>3.1.5.</b> Facilitates Culturally Safe, evidence-based health education that strengthens confidence and supports self-care.</p> <p><b>3.1.6.</b> Develops Culturally Safe partnerships that recognise the importance to many rural and remote families and communities of defining health care needs as collective, rather than as individual.</p>



Capabilities	Description
<p><b>3.2. Collaborative Holistic Care</b></p> <p><b>Initiates and demonstrates Culturally Safe collegial relationships that promote inclusive workplaces, supports community control, and uses appropriate digital and other technologies to overcome rural and remote barriers to healthcare.</b></p>	<p><b>3.2.1.</b> Utilises collaborative partnerships to deliver evidence-based comprehensive and holistic care, drawing on the collective experience, knowledge, and expertise of others.</p> <p><b>3.2.2.</b> 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.</p> <p><b>3.2.3.</b> Collaborates to strengthen the multidisciplinary team, to develop, implement and evaluate care that supports the person's independence and self-management.</p> <p><b>3.2.4.</b> Applies trauma-informed care using all available resources, demonstrating humility and cross-cultural understanding within the relationship, as required.</p> <p><b>3.2.5.</b> Embeds patient monitoring systems, data collection, relevant documentation, and communication tools, linking population health activities to holistic care and connectivity across the care continuum.</p>
<p><b>3.3. Professional Practice</b></p> <p><b>Creates a supportive learning environment by generously sharing knowledge and skills and demonstrates humility in learning from others.</b></p> <p><b>Understands the critical importance of relationships and partnerships within small communities and teams and establishes appropriate personal and professional boundaries.</b></p> <p><b>Advocates for recognition and advancement of the role of nursing in promoting health and wellbeing of individuals and communities.</b></p>	<p><b>3.3.1.</b> Builds resilient relationships by providing and receiving professional mentorship, including across disciplines within the rural and remote multidisciplinary practice setting.</p> <p><b>3.3.2.</b> Develops professional and community partnerships in low resource isolated settings as appropriate to assist with innovation and to support staff safety.</p> <p><b>3.3.3.</b> Advocates for recognition and advancement of the role of the rural and remote nurse generalist in improving health outcomes, and to highlight health inequities and social injustice.</p> <p><b>3.3.4.</b> Delivers comprehensive clinical care in a variety of contexts, including complete episodes of care, prevention, and health promotion appropriate for age and demographic.</p> <p><b>3.3.5.</b> Embraces multidisciplinary collaborative team care, inclusive of all rural and remote generalists and care partners, to provide wrap around care and support.</p> <p><b>3.3.6.</b> Utilises clinical leadership and professional judgement to guide delegation, supervision, coordination, consultation, and referral, within Culturally Safe and respectful professional relationships, to optimise health outcomes.</p>





## Domain 4. Capability for Practice

**Is accountable for own level of rural and remote generalist capability, responding constructively to support colleagues' capability for practice.**

Capabilities	Description
<b>4.1.</b> <b>Care of Self and Others</b> <b>Develops and maintains the capability to deliver evidence-based care that enables people to make informed decisions for their health in the rural or remote setting, strengthening own and other's wellbeing, and supporting colleagues to deliver Culturally Safe quality healthcare.</b>	<p><b>4.1.1.</b> Maintains own health, wellbeing and resilience through self-care strategies such as peer support and mentorship, clinical reflective supervision and employee assistance.</p> <p><b>4.1.2.</b> Recognising the demands of rural and isolated remote practice on self and others, demonstrates proficiency in comprehensive assessments in a range of settings, often in isolation with reduced access to immediate clinical supports, using resources innovatively to plan, treat and evaluate care, to full scope of practice.</p> <p><b>4.1.3.</b> Promotes a safe work environment through adherence to relevant legislation, standards of practice and safety protocols that reflect cultural and local requirements in isolated settings.</p> <p><b>4.1.4.</b> Engages in inter-professional collegial support and learning aligned to the rural or remote context.</p>
<b>4.2.</b> <b>Lifelong Learning</b> <b>Demonstrates commitment to ongoing personal and professional learning and development.</b>	<p><b>4.2.1.</b> Maintains currency and capability in professional standards of practice, to influence and strengthen rural and remote peoples' autonomy for their health across the lifespan.</p> <p><b>4.2.2.</b> Engages in personal reflection and continuing professional development with nursing, remote and rural health professional organisations to enhance quality and Culturally Safe care for individuals, community and population groups.</p> <p><b>4.2.3.</b> Utilises a skills-based approach to educational pathways and standards that enable practice to accommodate the needs of the community.</p> <p><b>4.2.4.</b> Ability to critically think, analyse data and demonstrate clinical reasoning in challenging environments with limited resources and caring for known individuals within a small community.</p>

Capabilities	Description
<b>4.3.</b> <b>Accountability to Self and the Profession</b> <b>Reflects on the process and quality outcomes of own practice and always acts to promote and improve the status of rural and remote nursing.</b>	<p><b>4.3.1.</b> Prepares for context of practice by identifying and acquiring extended knowledge and skills, undertaking professional development and education to safely deliver multidisciplinary team-based care.</p> <p><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.</p> <p><b>4.3.3.</b> Seeks and responds to feedback to improve and develop professional capability for both self and colleagues.</p> <p><b>4.3.4.</b> Understands and responds constructively to concerns around other health professionals' practice by providing support to enhance their capability to improve rural and remote health across the care continuum.</p> <p><b>4.3.5.</b> Actively works to enhance and promote multidisciplinary, rural generalist teams to support better rural and remote health outcomes for current and future generations.</p> <p><b>4.3.6.</b> Maintains currency and capability to embed patient monitoring systems, data collection, relevant documentation and communication tools, that link population health activities to holistic care and connectivity across the care continuum.</p>



# Capability Levels



## Domain 1. Culturally Safe Practice

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

Capabilities	Formative	Intermediate	Proficient
<b>1.1. Safety and Quality</b> Applies evidence and strength-based, holistic, clinically, and Culturally Safe nursing care within the rural or remote context to deliver optimal and equitable 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 and healthcare environment by supporting the rights, dignity, and safety of all.			
<b>1.1.1. Supports Aboriginal and Torres Strait Islander self-determination and ways of knowing, being and doing, in the context of history, culture and diversity, and affirms and protects these factors in nursing practice through continuing professional development.</b>	I am <b>learning</b> to recognise Aboriginal and Torres Strait Islander peoples' ways of knowing, being and doing, in the context of history, culture and diversity. I affirm and protect these factors through ongoing learning in health care practice.	I <b>confidently</b> recognise Aboriginal and Torres Strait Islander peoples' ways of knowing, being and doing, in the context of history, culture and diversity. I affirm and protect these factors through ongoing learning in health care practice.	I <b>proactively</b> recognise Aboriginal and Torres Strait Islander peoples' ways of knowing, being and doing, in the context of history, culture and diversity. I affirm and protect these factors through ongoing learning in health care practice

Capabilities	Formative	Intermediate	Proficient
1.1.2. Ensures that all healthcare measures protect Cultural Safety and understands the inextricable link between Cultural Safety, workforce and health outcomes, recognising that this can only be defined by Aboriginal and Torres Strait Islander or Culturally and Linguistically Diverse (CALD) peoples for themselves.	I am <b>learning</b> that all healthcare measures must protect Cultural Safety. I understand the inextricable link between Cultural Safety, workforce and health outcomes, recognising that this can only be defined by Aboriginal and Torres Strait Islander or CALD peoples for themselves.	I <b>understand</b> how healthcare measures protect Cultural Safety. I understand the inextricable link between Cultural Safety, workforce and health outcomes, recognising that this can only be defined by Aboriginal and Torres Strait Islander or CALD peoples for themselves.	I <b>embed</b> healthcare measures that protect Cultural Safety. I understand the inextricable link between Cultural Safety, workforce and health outcomes, recognising that this can only be defined by Aboriginal and Torres Strait Islander or CALD peoples for themselves.
1.1.3. Utilises lifelong learning skills to develop Culturally Safe nursing practice including an understanding of Aboriginal and Torres Strait Islander health and Aboriginal Community Controlled Health Organisations (ACCHO's).	I am <b>learning</b> how to utilise lifelong learning skills to develop Culturally Safe nursing practice including an understanding of Aboriginal and Torres Strait Islander health and ACCHO's.	I <b>actively</b> utilise lifelong learning skills to develop Culturally Safe nursing practice including an understanding of Aboriginal and Torres Strait Islander health and ACCHO's.	I <b>confidently</b> embed lifelong learning skills into Culturally Safe nursing practice including an understanding of Aboriginal and Torres Strait Islander health and ACCHO's.
1.1.4. Integrates the important role of Aboriginal and Torres Strait Islander health professionals, CALD advisors and knowledge from relevant organisations and communities into care, building effective partnerships.	I am <b>aware of and starting</b> to integrate the important role of Aboriginal and Torres Strait Islander health professionals, CALD advisors and knowledge from relevant organisations and communities into care, building effective partnerships.	I <b>actively</b> integrate the important role of Aboriginal and Torres Strait Islander health professionals, CALD advisors and knowledge from relevant organisations and communities into care, building effective partnerships.	I <b>lead</b> the integration of the important role of Aboriginal and Torres Strait Islander health professionals, CALD advisors and knowledge from relevant organisations and communities into care, building effective partnerships.

Capabilities	Formative	Intermediate	Proficient
1.1.5. Applies principles of trauma-informed care when working with Aboriginal and Torres Strait Islander people, and people from CALD and marginalised backgrounds. This includes using appropriate human and other resources and demonstrating personal humility about cross-cultural understanding and knowledge	I am <b>learning</b> how to apply principles of trauma-informed care when working with Aboriginal and Torres Strait Islander people, and people from CALD and marginalised backgrounds. This includes using appropriate human and other resources and demonstrating personal humility about cross-cultural understanding and knowledge.	I <b>actively apply</b> principles of trauma-informed care when working with Aboriginal and Torres Strait Islander people, and people from CALD and marginalised backgrounds. This includes using appropriate human and other resources and demonstrating personal humility about cross-cultural understanding and knowledge.	I <b>embed</b> the principles of trauma-informed care when working with Aboriginal and Torres Strait Islander people, and people from CALD and marginalised backgrounds. 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.	I am <b>learning</b> how to actively promote inclusivity in healthcare.	I <b>confidently</b> promote inclusivity in healthcare.	I <b>champion</b> inclusivity in healthcare.
<b>1.2. Critical Reflection</b>  Undertakes ongoing learning and personal reflection, seeking cultural mentorship and guidance on how dominant cultural paradigms influence perceptions and interactions with all people and communities, applying learnings to the provision of rural or remote healthcare.			
1.2.1. Recognises the impact of history and colonisation on contemporary Aboriginal and Torres Strait Islander health outcomes.	I recognise and am <b>learning</b> about the impact of history and colonisation on contemporary Aboriginal and Torres Strait Islander health outcomes.	I recognise and <b>understand</b> the impact of history and colonisation on contemporary Aboriginal and Torres Strait Islander health outcomes.	I <b>provide leadership and advice</b> for others to recognise the impact of history and colonisation on contemporary Aboriginal and Torres Strait Islander health outcomes.
1.2.2. Acts to eliminate all forms of racism in practice and in the workplace.	I am <b>learning</b> how to act to eliminate all forms of racism in practice and in the workplace.	I <b>understand</b> how to act to eliminate all forms of racism in practice and in the workplace.	I <b>encourage and support</b> individuals and teams to act to eliminate all forms of racism in practice and in the workplace.



Capabilities	Formative	Intermediate	Proficient
1.2.3. Continuously reflects how one's own culture, values, attitudes, assumptions, and beliefs influence interactions with people, families, community and colleagues.	I am <b>learning</b> to continuously reflect how one's own culture, values, attitudes, assumptions, and beliefs influence interactions with people, families, community and colleagues.	I <b>actively</b> and continuously reflect how one's own culture, values, attitudes, assumptions, and beliefs influence interactions with people, families, community and colleagues.	I <b>champion</b> continuous reflection of how one's own culture, values, attitudes, assumptions, and beliefs influence interactions with people, families, community and colleagues.
1.2.4. Understands that safe, accessible healthcare requires recognition of power differentials in behaviour, knowledge and skill that do not privilege any group above another and actively works to counter racism to prevent and address health inequities.	I am <b>learning</b> that safe, accessible healthcare requires recognition of power differentials in behaviour, knowledge and skill that do not privilege any group above another and actively works to counter racism to prevent and address health inequities.	I <b>advocate</b> that safe, accessible healthcare requires recognition of power differentials in behaviour, knowledge and skill that do not privilege any group above another and actively works to counter racism to prevent and address health inequities.	I <b>champion</b> safe, accessible healthcare recognising power differentials in behaviour, knowledge and skill that do not privilege any group above another and actively works to counter racism to prevent and address health inequities.
<b>1.3. Advocacy</b> Regardless of sexuality, sex, gender, disability, ethnicity, race, religion, culture, political beliefs, or other personal characteristics: <ul style="list-style-type: none"> <li>• advocates for fairness and equity for all people in rural and remote communities</li> <li>• actively contributes to social change, challenging beliefs based on assumption.</li> </ul>			
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 Torres Strait Islander peoples to attain equitable health outcomes.	I am <b>learning</b> to promote and support equitable health services. I affirm the principles of the United Nations Declaration on the Rights of Indigenous Peoples, and other human rights instruments, to support Aboriginal and Torres Strait Islander peoples to attain equitable health outcomes.	I <b>confidently</b> promote and support equitable health services. I affirm the principles of the United Nations Declaration on the Rights of Indigenous Peoples, and other human rights instruments, to support Aboriginal and Torres Strait Islander peoples to attain equitable health outcomes.	I <b>champion</b> the development and provision of equitable health services. I affirm the principles of the United Nations Declaration on the Rights of Indigenous Peoples, and other human rights instruments, to support Aboriginal and Torres Strait Islander peoples to attain equitable health outcomes.

Capabilities	Formative	Intermediate	Proficient
<b>1.3.2. Demonstrates leadership and resilience in advocating for equitable health outcomes for Culturally Safe services whilst managing change resistance in all health care settings, including disability, aged care, youth residential care and correctional facilities. This includes using people's nominated names and pronouns.</b>	I am <b>learning</b> the importance of demonstrating leadership and resilience in advocating for equitable health outcomes for Culturally Safe services whilst managing change resistance in all health care settings, including disability, aged care, youth residential care and correctional facilities. This includes using people's nominated names and pronouns.	I <b>confidently</b> demonstrate leadership and resilience in advocating for equitable health outcomes for Culturally Safe services whilst managing change resistance in all health care settings, including disability, aged care, youth residential care and correctional facilities. This includes using people's nominated names and pronouns.	I <b>champion</b> leadership and resilience in advocating for equitable health outcomes for Culturally Safe services whilst managing change resistance in all health care settings, including disability, aged care, youth residential care and correctional facilities. This includes using people's nominated names and pronouns.
<b>1.3.3. Advocates for, and acts to facilitate access to quality and Culturally Safe health services for Aboriginal and Torres Strait Islander peoples and all minority and marginalised groups.</b>	I am <b>learning</b> to advocate and act to facilitate access to quality and Culturally Safe health services for Aboriginal and Torres Strait Islander peoples and all minority and marginalised groups.	I <b>confidently</b> advocate and act to facilitate access to quality and Culturally Safe health services for Aboriginal and Torres Strait Islander peoples and all minority and marginalised groups.	I <b>lead</b> , advocate and act to facilitate access to quality and Culturally Safe health services for Aboriginal and Torres Strait Islander peoples and all minority and marginalised groups.





## 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.

Capabilities	Formative	Intermediate	Proficient
<b>2.1. Culturally Safe Quality Care</b> Recognises the impact of colonisation on the social determinants of health and within past and current healthcare service models for rural and remote residents. Adopts reflexive, evidence-based practices to address context-specific inequities and deliver optimal health outcomes.			
<b>2.1.1. Actively and openly incorporates professional and cultural knowledge in the assessment, planning, delivery, and evaluation of safe, quality, person and family-centred care.</b>	I am <b>learning</b> how to incorporate professional and cultural knowledge actively and openly in the assessment, planning, delivery, and evaluation of safe, quality, person and family-centred care.	I <b>confidently</b> incorporate professional and cultural knowledge in the assessment, planning, delivery, and evaluation of safe, quality, person and family-centred care.	I <b>champion</b> professional and cultural knowledge in the assessment, planning, delivery, and evaluation of safe, quality, person and family-centred care.
<b>2.1.2. Operates with cultural humility and respect, undertaking clinical assessments and plans that consider population and public health actions developed in collaboration with individuals, families, relevant care partners, and the multidisciplinary health care team.</b>	I am <b>discovering how</b> to operate with cultural humility and respect, undertaking clinical assessments and plans that consider population and public health actions developed in collaboration with individuals, families, relevant care partners, and the multidisciplinary health care team.	I <b>confidently</b> operate with cultural humility and respect, undertaking clinical assessments and plans that consider population and public health actions developed in collaboration with individuals, families, relevant care partners, and the multidisciplinary health care team.	I <b>lead</b> with cultural humility and respect, undertaking clinical assessments and plans that consider population and public health actions developed in collaboration with individuals, families, relevant care partners, and the multidisciplinary health care team.
<b>2.1.3. Undertakes critical reflexivity that leads to improved holistic, Culturally Safe care whilst undertaking quality improvement activities to monitor and evaluate outcomes of care.</b>	I am <b>discovering how</b> critical reflexivity leads to improved holistic, Culturally Safe care whilst undertaking quality improvement activities to monitor and evaluate outcomes of care.	I <b>actively</b> undertake critical reflexivity that leads to improved holistic, Culturally Safe care whilst undertaking quality improvement activities to monitor and evaluate outcomes of care.	I <b>champion</b> critical reflexivity that leads to improved holistic, Culturally Safe care whilst undertaking quality improvement activities to monitor and evaluate outcomes of care.

Capabilities	Formative	Intermediate	Proficient
<b>2.2. Evidence-Based Ethical Practice</b> Utilises relevant data to identify best practice, place- and strengths-based person-centred interventions, co-designed with people, families, communities and the multidisciplinary team in the rural and remote context, recognising legacy challenges, and existing inequities.			
<b>2.2.1. Critically evaluates and implements practice standards, policy, guidelines and legislation into practice.</b>	I <b>understand</b> how to critically evaluate and implement practice standards, policy, guidelines and legislation into practice.	I <b>confidently</b> critically evaluate and implement practice standards, policy, guidelines and legislation into practice.	I <b>embed</b> critical evaluation and implement practice standards, policy, guidelines and legislation into practice.
<b>2.2.2. Uses data monitoring and analysis to inform 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.</b>	I <b>understand</b> and use data monitoring and analysis to inform and prioritise inclusive action, optimise health outcomes, minimise risk, and maintain personal and Cultural Safety. I ensure appropriate and ethical use of health data, respecting confidentiality and data sovereignty.	I <b>confidently</b> use data monitoring and analysis to inform and prioritise inclusive action, optimise health outcomes, minimise risk, and maintain personal and Cultural Safety. I ensure appropriate and ethical use of health data, respecting confidentiality and data sovereignty.	I <b>champion</b> the use of data monitoring and analysis to inform and prioritise inclusive action, optimise health outcomes, minimise risk, and maintain personal and Cultural Safety. I ensure appropriate and ethical use of health data, respecting confidentiality and data sovereignty.
<b>2.2.3. Provides place-based multidisciplinary population health activities across the lifespan in partnership with the local community, identifying and overcoming risks through evidence- and strength-based co-design.</b>	I <b>understand</b> and provide place-based multidisciplinary population health activities across the lifespan in partnership with the local community, identifying and overcoming risks through evidence- and strength-based co-design.	I <b>confidently</b> provide place-based multidisciplinary population health activities across the lifespan in partnership with the local community, identifying and overcoming risks through evidence- and strength-based co-design.	I <b>embed</b> place-based multidisciplinary population health activities across the lifespan in partnership with the local community, identifying and overcoming risks through evidence- and strength-based co-design.
<b>2.2.4. Implements and coordinates evidence-based and co-designed health interventions and programs to meet community priorities and needs, by embedding health promoting aims and values into practice.</b>	I am <b>learning</b> to implement and coordinate evidence-based and co-designed health interventions and programs to meet community priorities and needs, by embedding health promoting aims and values into practice.	I <b>confidently</b> implement and coordinate evidence-based and co-designed health interventions and programs to meet community priorities and needs, by embedding health promoting aims and values into practice.	I <b>lead</b> the implementation and coordination of evidence-based and co-designed health interventions and programs to meet community priorities and needs, by embedding health promoting aims and values into practice.

Capabilities	Formative	Intermediate	Proficient
<b>2.3. Technology Enabled Practice and Care</b> Utilises and connects available technology in the rural and remote context to enhance assessment and planning for holistic care and collaboration, to provide comprehensive primary health care.			
<b>2.3.1. Maintains currency with digital health platforms and technologies to assist access to health care, inform care planning, delivery and evaluation of health outcomes, connecting care across the continuum.</b>	I am <b>realising</b> the need to maintain currency with digital health platforms and technologies to assist access to health care, inform care planning, delivery and evaluation of health outcomes, connecting care across the continuum.	I <b>actively</b> maintain currency with digital health platforms and technologies to assist access to health care, inform care planning, delivery and evaluation of health outcomes, connecting care across the continuum.	I <b>proactively</b> maintain currency with digital health platforms and technologies to assist access to health care, inform care planning, delivery and evaluation of health outcomes, connecting care across the continuum.
<b>2.3.2. Demonstrates recognised professional standards in utilising digital tools for professional development.</b>	I am <b>realising</b> the need to demonstrate recognised professional standards in utilising digital tools for professional development.	I <b>actively</b> demonstrate recognised professional standards in utilising digital tools for professional development.	I <b>proactively</b> demonstrate recognised professional standards in utilising digital tools for professional development.
<b>2.3.3. Ensures procedural knowledge in the use of digital tools in healthcare to align with policy, legal, ethical, security and privacy requirements.</b>	I am <b>gathering</b> procedural knowledge in the use of digital tools in healthcare to align with policy, legal, ethical, security and privacy requirements.	I <b>actively</b> ensure procedural knowledge in the use of digital tools in healthcare to align with policy, legal, ethical, security and privacy requirements.	I <b>proactively</b> ensure procedural knowledge in the use of digital tools in healthcare to align with policy, legal, ethical, security and privacy requirements.
<b>2.3.4. Uses digital tools to build and maintain a professional online identity and reputation, in compliance with Australian Health Practitioner Regulation Agency's (AHPRA's) social media policy.</b>	I am <b>learning</b> how to use digital tools to build and maintain a professional online identity and reputation, in compliance with AHPRA's social media policy.	I <b>actively</b> use digital tools to build and maintain a professional online identity and reputation, in compliance with AHPRA's social media policy.	I <b>proactively</b> use digital tools to build and maintain a professional online identity and reputation, in compliance with AHPRA's social media policy.



## 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 to build mutual trust and respect in professional multicultural and multidisciplinary relationships to optimise health outcomes.

Capabilities	Formative	Intermediate	Proficient
<b>3.1. Effective Communication</b> 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.			
<b>3.1.1. Actively and respectfully engages the person, their family, care partners, and community support networks including Aboriginal and Torres Strait Islander Health Professionals and other CALD advice as appropriate, in the therapeutic relationship to plan, deliver and evaluate evidence-based care.</b>	I am <b>learning</b> to respectfully engage the person, their family, care partners, and community support networks including Aboriginal and Torres Strait Islander Health Professionals and other CALD advice as appropriate, in the therapeutic relationship to plan, deliver and evaluate evidence-based care.	I am <b>confidently</b> and respectfully engaging the person, their family, care partners, and community support networks including Aboriginal and Torres Strait Islander Health Professionals and other CALD advice as appropriate, in the therapeutic relationship to plan, deliver and evaluate evidence-based care.	I <b>champion active</b> and respectful engagement of the person, their family, care partners, and community support networks including Aboriginal and Torres Strait Islander Health Professionals and other CALD advice as appropriate, in the therapeutic relationship to plan, deliver and evaluate evidence-based care.
<b>3.1.2. Communicates effectively with the multidisciplinary team to provide wrap around care that is person focused, co-designed and place based.</b>	I am <b>learning</b> to communicate effectively with the multidisciplinary team to provide wrap around care that is person focused, co-designed and place based.	I am <b>confident</b> to communicate effectively with the multidisciplinary team to provide wrap around care that is person focused, co-designed and place based.	I have <b>expertise</b> to communicate effectively with the multidisciplinary team to provide wrap around care that is person focused, co-designed and place based.

Capabilities	Formative	Intermediate	Proficient
3.1.3. Always promotes and enables health literacy to address identified need, in partnership with the person, care partners, local community, and the multidisciplinary team.	I <b>can</b> promote and enable health literacy to address identified need, in partnership with the person, care partners, local community, and the multidisciplinary team.	I <b>confidently</b> promote and enable health literacy to address identified need, in partnership with the person, care partners, local community, and the multidisciplinary team.	I <b>systematically</b> promote and enable health literacy to address identified need, in partnership with the person, care partners, local community, and the multidisciplinary team.
3.1.4. Builds sustainable relationships with people from diverse groups including Aboriginal and Torres Strait Islander, CALD, and marginalised groups, to support collaborative decision making for optimal healthcare.	I am <b>aware</b> of how to build sustainable relationships with people from diverse groups including Aboriginal and Torres Strait Islander, CALD, and marginalised groups, to support collaborative decision making for optimal healthcare.	I <b>confidently</b> build sustainable relationships with people from diverse groups including Aboriginal and Torres Strait Islander, CALD, and marginalised groups, to support collaborative decision making for optimal healthcare.	I provide <b>leadership</b> to build sustainable relationships with people from diverse groups including Aboriginal and Torres Strait Islander, CALD, and marginalised groups, to support collaborative decision making for optimal healthcare.
3.1.5. Facilitates Culturally Safe, evidence-based health education that strengthens confidence and supports self-care.	I am <b>learning</b> how to facilitate Culturally Safe, evidence-based health education that strengthens confidence and supports self-care.	I <b>actively</b> facilitate Culturally Safe, evidence-based health education that strengthens confidence and supports self-care.	I <b>champion</b> the facilitation of Culturally Safe, evidence-based health education that strengthens confidence and supports self-care.
3.1.6. Develops Culturally Safe partnerships that recognise the importance to many rural and remote families and communities of defining health care needs as collective, rather than as individual.	I am <b>observing</b> how to develop Culturally Safe partnerships that recognise the importance to many rural and remote families and communities of defining health care needs as collective, rather than as individual.	I <b>assist</b> the development of Culturally Safe partnerships that recognise the importance to many rural and remote families and communities of defining health care needs as collective, rather than as individual.	I <b>lead</b> the development of Culturally Safe partnerships that recognise the importance to many rural and remote families and communities of defining health care needs as collective, rather than as individual.



Capabilities	Formative	Intermediate	Proficient
<b>3.2. Collaborative Holistic Care</b> Initiates and demonstrates Culturally Safe collegial relationships that promote inclusive workplaces, supports community control, and uses appropriate digital and other technologies to overcome rural and remote barriers to healthcare.			
<b>3.2.1. Utilises collaborative partnerships to deliver evidence-based comprehensive and holistic care, drawing on the collective experience, knowledge, and expertise of others.</b>	I am <b>learning</b> to utilise collaborative partnerships to deliver evidence-based comprehensive and holistic care, drawing on the collective experience, knowledge, and expertise of others.	I am <b>actively</b> utilising collaborative partnerships to deliver evidence-based comprehensive and holistic care, drawing on the collective experience, knowledge, and expertise of others.	I <b>champion</b> the utilisation of collaborative partnerships to deliver evidence-based comprehensive and holistic care, drawing on the collective experience, knowledge, and expertise of others.
<b>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.</b>	I am <b>observing</b> how to deliver 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.	I am <b>confidently</b> delivering 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.	I <b>proactively</b> deliver 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.
<b>3.2.3. Collaborates to strengthen the multidisciplinary team, to develop, implement and evaluate care that supports the person's independence and self-management.</b>	I am <b>learning</b> to collaborate to strengthen the multidisciplinary team, to develop, implement and evaluate care that supports the person's independence and self-management.	I <b>actively</b> collaborate to strengthen the multidisciplinary team, to develop, implement and evaluate care that supports the person's independence and self-management.	I <b>proactively</b> collaborate to strengthen the multidisciplinary team, to develop, implement and evaluate care that supports the person's independence and self-management.
<b>3.2.4. Applies trauma-informed care using all available resources, demonstrating humility and cross-cultural understanding within the relationship, as required.</b>	I am <b>learning</b> to apply trauma-informed care using all available resources, demonstrating humility and cross-cultural understanding within the relationship, as required.	I am <b>confident</b> in applying trauma-informed care using all available resources, demonstrating humility and cross-cultural understanding within the relationship, as required.	I <b>proactively</b> apply trauma-informed care using all available resources, demonstrating humility and cross-cultural understanding within the relationship, as required.

Capabilities	Formative	Intermediate	Proficient
<b>3.2.5. Embeds patient monitoring systems, data collection, relevant documentation, and communication tools, linking population health activities to holistic care and connectivity across the care continuum.</b>	I am <b>learning</b> to embed patient monitoring systems, data collection, relevant documentation, and communication tools, linking population health activities to holistic care and connectivity across the care continuum.	I am <b>confident</b> to embed patient monitoring systems, data collection, relevant documentation, and communication tools, linking population health activities to holistic care and connectivity across the care continuum.	I am <b>expert</b> in embedding patient monitoring systems, data collection, relevant documentation, and communication tools, linking population health activities to holistic care and connectivity across the care continuum.
<b>3.3. Professional Practice</b> 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.			
<b>3.3.1. Builds resilient relationships by providing and receiving professional mentorship, including across disciplines within the rural and remote multidisciplinary practice setting.</b>	I am <b>observing</b> how to build resilient relationships by providing and receiving professional mentorship, including across disciplines within the rural and remote multidisciplinary practice setting.	I am <b>actively</b> building resilient relationships by providing and receiving professional mentorship, including across disciplines within the rural and remote multidisciplinary practice setting.	I provide <b>leadership</b> to individuals and teams to build resilient relationships by providing and receiving professional mentorship, including across disciplines within the rural and remote multidisciplinary practice setting.
<b>3.3.2. Develops professional and community partnerships in low resource isolated settings as appropriate to assist with innovation and to support staff safety.</b>	I am <b>observing</b> how to develop professional and community partnerships in low resource isolated settings as appropriate to assist with innovation and to support staff safety.	I am <b>confident</b> in developing professional and community partnerships in low resource isolated settings as appropriate to assist with innovation and to support staff safety.	I <b>lead and support</b> the development of professional and community partnerships in low resource isolated settings as appropriate to assist with innovation and to support staff safety.

Capabilities	Formative	Intermediate	Proficient
<b>3.3.3. Advocates for recognition and advancement of the role of the rural and remote nurse generalist in improving health outcomes, and to highlight health inequities and social injustice.</b>	I am <b>learning</b> how to advocate for recognition and advancement of the role of the rural and remote nurse generalist in improving health outcomes, and to highlight health inequities and social injustice.	I am <b>actively</b> advocating for recognition and advancement of the role of the rural and remote nurse generalist in improving health outcomes, and to highlight health inequities and social injustice.	I <b>lead and support</b> advocacy for recognition and advancement of the role of the rural and remote nurse generalist in improving health outcomes, and to highlight health inequities and social injustice.
<b>3.3.4. Delivers comprehensive clinical care in a variety of contexts, including complete episodes of care, prevention, and health promotion appropriate for age and demographic.</b>	I am <b>learning</b> to deliver comprehensive clinical care in a variety of contexts, including complete episodes of care, prevention, and health promotion appropriate for age and demographic.	I am <b>confident</b> in delivering comprehensive clinical care in a variety of contexts, including complete episodes of care, prevention, and health promotion appropriate for age and demographic.	I <b>lead and support</b> the delivery of comprehensive clinical care in a variety of contexts, including complete episodes of care, prevention, and health promotion appropriate for age and demographic.
<b>3.3.5. Embraces multidisciplinary collaborative team care, inclusive of all rural and remote generalists and care partners, to provide wrap around care and support.</b>	I am <b>learning</b> to embrace multidisciplinary collaborative team care, inclusive of all rural and remote generalists and care partners, to provide wrap around care and support.	I <b>proactively</b> embrace multidisciplinary collaborative team care, inclusive of all rural and remote generalists and care partners, to provide wrap around care and support.	I <b>lead and support</b> multidisciplinary collaborative team care, inclusive of all rural and remote generalists and care partners, to provide wrap around care and support.
<b>3.3.6. Utilises clinical leadership and professional judgement to guide delegation, supervision, coordination, consultation, and referral, within Culturally Safe and respectful professional relationships, to optimise health outcomes.</b>	I am <b>learning and valuing</b> the utilisation of clinical leadership and professional judgement to guide delegation, supervision, coordination, consultation, and referral, within Culturally Safe and respectful professional relationships, to optimise health outcomes.	I am <b>confident and proactive</b> in utilising clinical leadership and professional judgement to guide delegation, supervision, coordination, consultation, and referral, within Culturally Safe and respectful professional relationships, to optimise health outcomes.	I <b>advocate and champion</b> the utilisation of clinical leadership and professional judgement to guide delegation, supervision, coordination, consultation, and referral, within Culturally Safe and respectful professional relationships, to optimise health outcomes.





## Domain 4. Capability for Practice

Is accountable for own level of rural and remote generalist capability, responding constructively to support colleagues' capability for practice.

Capabilities	Formative	Intermediate	Proficient
<b>4.1. Care of Self and Others</b> Develops and maintains the capability to deliver evidence-based care that enables people to make informed decisions for their health in the rural or remote setting, strengthening own and other's wellbeing, and supporting colleagues to deliver Culturally Safe quality healthcare.			
<b>4.1.1. Maintains own health, wellbeing and resilience through self-care strategies such as peer support and mentorship, clinical reflective supervision and employee assistance.</b>	I am <b>understanding</b> how to maintain my own health, wellbeing and resilience through self-care strategies such as peer support and mentorship, clinical reflective supervision and employee assistance.	I <b>actively</b> maintain my own health, wellbeing and resilience through self-care strategies such as peer support and mentorship, clinical reflective supervision and employee assistance.	I <b>proactively and champion</b> how to maintain health, wellbeing and resilience through self-care strategies such as peer support and mentorship, clinical reflective supervision and employee assistance.
<b>4.1.2. Recognising the demands of rural and isolated remote practice on self and others, demonstrates proficiency in comprehensive assessments in a range of settings, often in isolation with reduced access to immediate clinical supports, using resources innovatively to plan, treat and evaluate care, to full scope of practice.</b>	I am <b>observing and experiencing</b> the demands of rural and isolated remote practice on self and others, demonstrating proficiency in comprehensive assessments in a range of settings often in isolation with reduced access to immediate clinical supports, using resources innovatively to plan, treat and evaluate care, to full scope of practice.	I am <b>understanding and actively developing</b> my skills to meet the demands of rural and isolated remote practice on self and others, demonstrating proficiency in comprehensive assessments in a range of settings, often in isolation with reduced access to immediate clinical supports, using resources innovatively to plan, treat and evaluate care, to full scope of practice.	I am <b>expert and proactive in managing</b> the demands of rural and isolated remote practice on self and others, demonstrates proficiency in comprehensive assessments in a range of settings, often in isolation with reduced access to immediate clinical supports, using resources innovatively to plan, treat and evaluate care, to full scope of practice.

Capabilities	Formative	Intermediate	Proficient
<b>4.1.3. Promotes a safe work environment through adherence to relevant legislation, standards of practice and safety protocols that reflect cultural and local requirements in isolated settings.</b>	I am <b>observing how</b> to promote a safe work environment through adherence to relevant legislation, standards of practice and safety protocols that reflect cultural and local requirements in isolated settings.	I am <b>confident</b> in promoting a safe work environment through adherence to relevant legislation, standards of practice and safety protocols that reflect cultural and local requirements in isolated settings.	I am <b>expert</b> in promoting a safe work environment through adherence to relevant legislation, standards of practice and safety protocols that reflect cultural and local requirements in isolated settings.
<b>4.1.4. Engages in inter-professional collegial support and learning aligned to the rural or remote context.</b>	I am <b>learning</b> to engage in inter-professional collegial support and learning aligned to the rural or remote context.	I am <b>actively</b> engaging in inter-professional collegial support and learning aligned to the rural or remote context.	I am <b>proactively</b> engaging in inter-professional collegial support and learning aligned to the rural or remote context.
<b>4.2. Lifelong Learning</b> Demonstrates commitment to ongoing personal and professional learning and development.			
<b>4.2.1. Maintains currency and capability in professional standards of practice, to influence and strengthen rural and remote peoples' autonomy for their health across the lifespan.</b>	I am <b>gathering knowledge</b> to maintain currency and capability in professional standards of practice, to influence and strengthen rural and remote peoples' autonomy for their health across the lifespan.	I am <b>actively</b> maintaining currency and capability in professional standards of practice, to influence and strengthen rural and remote peoples' autonomy for their health across the lifespan.	I <b>proactively</b> maintain currency and capability in professional standards of practice, to influence and strengthen rural and remote peoples' autonomy for their health across the lifespan.
<b>4.2.2. Engages in personal reflection and continuing professional development with nursing, remote and rural health professional organisations to enhance quality and Culturally Safe care for individuals, community and population groups.</b>	I am <b>learning</b> to engage in personal reflection and continuing professional development with nursing, remote and rural health professional organisations to enhance quality and Culturally Safe care for individuals, community and population groups.	I am <b>actively</b> engaging in personal reflection and continuing professional development with nursing, remote and rural health professional organisations to enhance quality and Culturally Safe care for individuals, community and population groups.	I <b>proactively</b> engage in personal reflection and continuing professional development with nursing, remote and rural health professional organisations to enhance quality and Culturally Safe care for individuals, community and population groups.

Capabilities	Formative	Intermediate	Proficient
<b>4.2.3. Utilises a skills-based approach to educational pathways and standards that enable practice to accommodate the needs of the community.</b>	I am <b>aware</b> that utilising a skills-based approach to educational pathways and standards enables practice to accommodate the needs of the community.	I am <b>actively</b> utilising a skills-based approach to educational pathways and standards to enable practice to accommodate the needs of the community.	I <b>proactively</b> utilise a skills-based approach to educational pathways and standards to enable practice to accommodate the needs of the community.
<b>4.2.4. Ability to critically think, analyse data and demonstrate clinical reasoning in challenging environments with limited resources and caring for known individuals within a small community.</b>	I am <b>gathering skills</b> to assist my ability to critically think, analyse data and demonstrate clinical reasoning in challenging environments with limited resources and caring for known individuals within a small community.	I am <b>actively developing</b> my ability to critically think, analyse data and demonstrate clinical reasoning in challenging environments with limited resources and caring for known individuals within a small community.	I am <b>expert</b> in my ability to critically think, analyse data and demonstrate clinical reasoning in challenging environments with limited resources and caring for known individuals within a small community.
<b>4.3. Accountability to Self and the Profession</b> Reflects on the process and quality outcomes of own practice and always acts to promote and improve the status of rural and remote nursing.			
<b>4.3.1. Prepares for context of practice by identifying and acquiring extended knowledge and skills, undertaking professional development and education to safely deliver multidisciplinary team-based care.</b>	I have <b>awareness and understanding</b> to prepare for context of practice by identifying and acquiring extended knowledge and skills, undertaking professional development and education to safely deliver multidisciplinary team-based care.	I am <b>confident and actively prepare</b> for context of practice by identifying and acquiring extended knowledge and skills, undertaking professional development and education to safely deliver multidisciplinary team-based care.	I am <b>expert</b> in preparing for context of practice by identifying and acquiring extended knowledge and skills, undertaking professional development and education to safely deliver multidisciplinary team-based care.
<b>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.</b>	I <b>understand and support</b> taking accountability for personal and professional actions and decisions, and for the actions of others to whom I have delegated responsibilities.	I am <b>proactive and confident</b> in taking accountability for personal and professional actions and decisions, and for the actions of others to whom I delegated responsibilities.	I am <b>confident and proficient</b> in taking accountability for personal and professional actions and decisions, and for the actions of others to whom I have delegated responsibilities.

Capabilities	Formative	Intermediate	Proficient
4.3.3. <b>Seeks and responds to feedback to improve and develop professional capability for both self and colleagues.</b>	I am <b>developing</b> confidence to seek and respond to feedback to improve and develop professional capability for both self and colleagues.	I <b>actively</b> seek and respond to feedback to improve and develop professional capability for both self and colleagues.	I <b>proactively</b> seek and respond to feedback to improve and develop professional capability for both self and colleagues.
4.3.4. <b>Understands and responds constructively to concerns around other health professionals' practice by providing support to enhance their capability to improve rural and remote health across the care continuum.</b>	I am <b>seeking to understand and learning how</b> to respond constructively to concerns around other health professionals' practice by providing support to enhance their capability to improve rural and remote health across the care continuum.	I am <b>proactive in understanding</b> and confident to respond constructively to concerns around other health professionals' practice by providing support to enhance their capability to improve rural and remote health across the care continuum.	I am <b>confident and proficient</b> in understanding and responding constructively to concerns around other health professionals' practice by providing support to enhance their capability to improve rural and remote health across the care continuum.
4.3.5. <b>Actively works to enhance and promote multidisciplinary, rural generalist teams to support better rural and remote health outcomes for current and future generations.</b>	I am <b>learning and observing</b> how to enhance and promote multidisciplinary, rural generalist teams to support better rural and remote health outcomes for current and future generations.	I am <b>confident to engage</b> with colleagues to enhance and promote multidisciplinary, rural generalist teams to support better rural and remote health outcomes for current and future generations.	I <b>lead and advocate</b> with my teams to enhance and promote multidisciplinary, rural generalist teams to support better rural and remote health outcomes for current and future generations.
4.3.6. <b>Maintains currency and capability to embed patient monitoring systems, data collection, relevant documentation and communication tools, that link population health activities to holistic care and connectivity across the care continuum.</b>	I have <b>awareness and understanding</b> of importance to maintain currency and capability to embed patient monitoring systems, data collection, relevant documentation and communication tools, that link population health activities to holistic care and connectivity across the care continuum.	I am <b>confident and proactive</b> in maintaining currency and capability to embed patient monitoring systems, data collection, relevant documentation and communication tools, that link population health activities to holistic care and connectivity across the care continuum.	I <b>lead, advocate and champion</b> currency and capability to embed patient monitoring systems, data collection, relevant documentation and communication tools, that link population health activities to holistic care and connectivity across the care continuum.

# Appendix

NMBA Registered Nurse Standards for Practice (2016).

Standard	Description
<b>Standard 1</b>	<b>Thinks critically and analyses nursing practice</b> RNs use a variety of thinking strategies and the best available evidence in making decisions and providing safe, quality nursing practice within person-centred and evidence-based frameworks.
<b>Standard 2</b>	<b>Engages in therapeutic and professional relationships</b> RN practice is based on purposefully engaging in effective therapeutic and professional relationships. This includes collegial generosity in the context of mutual trust and respect in professional relationships.
<b>Standard 3</b>	<b>Maintains the capability for practice</b> RNs, as regulated health professionals, are responsible and accountable for ensuring they are safe, and have the capability for practice. This includes ongoing self-management and responding when there is concern about other health professionals' capability for practice. RNs are responsible for their professional development and contribute to the development of others. They are also responsible for providing information and education to enable people to make decisions and take action in relation to their health.
<b>Standard 4</b>	<b>Comprehensively conducts assessments</b> RNs accurately conduct comprehensive and systematic assessments. They analyse information and data and communicate outcomes as the basis for practice.
<b>Standard 5</b>	<b>Develops a plan for nursing practice</b> RNs are responsible for the planning and communication of nursing practice. Agreed plans are developed in partnership. They are based on the RNs appraisal of comprehensive, relevant information, and evidence that is documented and communicated.
<b>Standard 6</b>	<b>Provides safe, appropriate and responsive quality nursing practice</b> RNs provide and may delegate, quality and ethical goal directed actions. These are based on comprehensive and systematic assessment, and the best available evidence to achieve planned and agreed outcomes.
<b>Standard 7</b>	<b>Evaluates outcomes to inform nursing practice</b> RNs take responsibility for the evaluation of practice based on agreed priorities, goals, plans and outcomes and revises practice accordingly.



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