



Australian Government

Office of the National Rural Health Commissioner

National Rural and Remote Nursing Generalist Framework 2023-2027: Stakeholder Survey 2024

Overview

Welcome to the National Rural and Remote Nursing Generalist Framework 2023-2027: Stakeholder Survey 2024.

The [National Rural and Remote Nursing Generalist Framework 2023-2027](#) (the Framework) was launched by the Assistant Minister for Rural and Regional Health, the Hon. Emma McBride, in March 2023. The Framework describes the unique context of practice and core capabilities for rural and remote area nursing practice and was created to support Registered Nurses (RN) reach their optimal scope of practice in rural and remote Australia. The Framework is intended to be a tool and guide to benefit RNs in rural and remote practice settings, their employers, mentors, education providers, and nursing and midwifery colleagues working in health care in general. Since its publication, it has been independently implemented by the nursing workforce and education sector, unaccompanied by funding.

If you are a nurse, administrator, educator, researcher, health professional, employer or a representative of an organisation in the nursing, tertiary education and health sector we are seeking your feedback about your awareness and use of the Framework.

Consultation is open from Thursday 2 May 2024 and closes at 23:59 (AEST) on Friday 31 May 2024. The survey is for both individuals and those completing on behalf of an organisation and will take approximately five minutes to complete. We appreciate your time sharing your views.

Privacy Notice

The survey can be completed anonymously, and individual identifiable responses will not be made publicly available. As part of making your submission, you consent to having your de-identified response included in any Department information relating to the review of the Framework. This may include any reports, publications or presentations relating to this consultation.

Why your views matter

We are undertaking a review of the Framework to understand how it has been implemented and used since its publication. Feedback received from individuals and organisations will be valuable in this review. Information provided in this survey will inform the Office of the National Rural Health Commissioner and the Steering Committee to guide planning and the next phase of promotion and implementation. Thank you.

Survey Information

Survey opens: 2 May 2024

Survey closes: 31 May 2024, 23:59 (AEST)

Responses can be submitted online via the following link:

<https://consultations.health.gov.au/health-workforce/nrrngf-2023-2027-survey-2024>

Contact

Office of the National Rural Health Commissioner

nrhc@health.gov.au

Related Links



National Rural and Remote Nursing Generalist Framework 2023-2027

Stakeholder Survey 2024

[The National Rural and Remote Nursing Generalist Framework 2023–2027](#)

Questions for Organisations

Demographics

| | | |
|-----|---|---|
| Q1. | What is your full name? (Optional) | Name |
| Q2. | What is your email address? (Optional) | Email |
| Q3. | What is the name of your organisation? (Optional) | Organisation |
| Q4. | Do you identify as: (Optional) | <input type="checkbox"/> Aboriginal and/or Torres Strait Islander |
| | | <input type="checkbox"/> Culturally and Linguistically Diverse |
| | | <input type="checkbox"/> A member of LGBTQIA+ community |
| | | <input type="checkbox"/> Prefer not to say |

Occupation and employment

| | | |
|--|---|---|
| Q5. | What qualification/s do you hold? <i>(Select all that apply)</i> | <input type="checkbox"/> Nurse Practitioner |
| | | <input type="checkbox"/> Registered Nurse |
| | | <input type="checkbox"/> Registered Nurse / Midwife |
| | | <input type="checkbox"/> Midwife |
| | | <input type="checkbox"/> Enrolled Nurse |
| | | <input type="checkbox"/> Assistant in Nursing |
| | | <input type="checkbox"/> Medical |
| | | <input type="checkbox"/> Aboriginal and/or Torres Strait Islander Health Practitioner |
| | | <input type="checkbox"/> Aboriginal and/or Torres Strait Islander Health Worker |
| Q6. | What is your primary role in your main job? | <input type="checkbox"/> Other, please specify |
| | | <input type="checkbox"/> Clinician |
| | | <input type="checkbox"/> Clinical Educator |
| | | <input type="checkbox"/> Manager / Supervisor |
| | | <input type="checkbox"/> Administrator |
| | | <input type="checkbox"/> CEO / Leadership team |
| <input type="checkbox"/> Teacher or Educator | | |

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| | | |
|--|--------------------------|-------------------------------|
| | <input type="checkbox"/> | Academic |
| | <input type="checkbox"/> | Researcher |
| | <input type="checkbox"/> | Professional / Policy Officer |
| | <input type="checkbox"/> | Other, please specify |

Respondent type

| | | |
|--|--------------------------|-----|
| Q7. Are you completing this survey on behalf of your organisation? | <input type="checkbox"/> | Yes |
| | <input type="checkbox"/> | No |

Work sector and setting

| | | |
|--|--------------------------|--|
| Q8. Which sector(s) best describes your organisation? <i>(Select all that apply)</i> | <input type="checkbox"/> | Primary Health Care |
| | <input type="checkbox"/> | Education and Training |
| | <input type="checkbox"/> | Professional Association |
| | <input type="checkbox"/> | Nursing Employer |
| | <input type="checkbox"/> | Government Agency |
| | <input type="checkbox"/> | Not for profit/ Community |
| | <input type="checkbox"/> | Private Practice |
| | <input type="checkbox"/> | Other, please specify |
| Q9. Which setting(s) best describes your organisation? <i>(Select all that apply)</i> | <input type="checkbox"/> | Primary Health Care Centre / Service |
| | <input type="checkbox"/> | Aboriginal Community Controlled Health Organisation / Aboriginal Medical Service |
| | <input type="checkbox"/> | Hospital / Health Service |
| | <input type="checkbox"/> | Aged / Residential care |
| | <input type="checkbox"/> | University / Other Education Institution |
| | <input type="checkbox"/> | Non-government Organisation |
| | <input type="checkbox"/> | Professional / Policy Organisation |
| | <input type="checkbox"/> | Government department |
| <input type="checkbox"/> | Other, please specify | |

Work location

| | | |
|---|--------------------------|------------------------------|
| Q10. What location(s) does your organisation service? <i>(Select all that apply)</i> | <input type="checkbox"/> | Australian Capital Territory |
| | <input type="checkbox"/> | New South Wales |
| | <input type="checkbox"/> | Northern Territory |
| | <input type="checkbox"/> | Queensland |
| | <input type="checkbox"/> | South Australia |
| | <input type="checkbox"/> | Tasmania |

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| | | | |
|-------------|--|--------------------------|---|
| | | <input type="checkbox"/> | Victoria |
| | | <input type="checkbox"/> | Western Australia |
| | | <input type="checkbox"/> | Nationally / Australia-Wide |
| | | <input type="checkbox"/> | Other, please specify |
| Q11. | What area(s) does your organisation service? <i>(Select all that apply)</i> | <input type="checkbox"/> | Remote / Very Remote (MM6-7) |
| | | <input type="checkbox"/> | Rural (MM3-5) |
| | | <input type="checkbox"/> | Regional (MM2) |
| | | <input type="checkbox"/> | Urban (MM1) |
| | | <input type="checkbox"/> | Not sure |
| | | <input type="checkbox"/> | Other, please specify |
| Q12. | How long has your organisation provided services in this area(s)? | <input type="checkbox"/> | Less than 1 year |
| | | <input type="checkbox"/> | 1 to 2 years |
| | | <input type="checkbox"/> | 2 to 5 years |
| | | <input type="checkbox"/> | More than 5 years |
| | | <input type="checkbox"/> | Not sure |
| Q13. | If your organisation is only providing services in urban areas, have services been provided in regional, rural, remote or very remote areas in the last five years? | <input type="checkbox"/> | Yes, have provided services in regional, rural or remote in last 5 years |
| | | <input type="checkbox"/> | No, have not provided services in regional, rural or remote in last 5 years |
| | | <input type="checkbox"/> | Not applicable |

Awareness of the Framework

| | | | |
|-------------|---|--------------------------|--|
| Q14. | When did your organisation first become aware of the Framework? | <input type="checkbox"/> | Less than 1 month ago |
| | | <input type="checkbox"/> | 1 to 6 months ago |
| | | <input type="checkbox"/> | 6 to 12 months ago |
| | | <input type="checkbox"/> | Not sure |
| Q15. | How did your organisation become aware of the Framework? <i>(Select all that apply)</i> | <input type="checkbox"/> | Presentation at a conference |
| | | <input type="checkbox"/> | Social media (e.g. LinkedIn, X, Facebook) |
| | | <input type="checkbox"/> | Office of the National Rural Health Commissioner website |
| | | <input type="checkbox"/> | Newsletter |
| | | <input type="checkbox"/> | Paper publication |
| | | <input type="checkbox"/> | Employer |
| | | <input type="checkbox"/> | Professional association |
| | | <input type="checkbox"/> | Peer |
| | | <input type="checkbox"/> | Educator or education provider |

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| | | |
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| | <input type="checkbox"/> | Framework Steering Committee |
| | <input type="checkbox"/> | Not sure |
| | <input type="checkbox"/> | Other, please specify |

Use of the Framework

| | | |
|---|--------------------------|---|
| Q16. Has your organisation used the Framework? | <input type="checkbox"/> | Yes |
| | <input type="checkbox"/> | No |
| | <input type="checkbox"/> | Not sure |
| Q17. Has your organisation used the Framework in any of these ways? <i>(Select all that apply)</i> | <input type="checkbox"/> | Self-directed resource for individual rural and remote nurses |
| | <input type="checkbox"/> | Mentoring resource for individual rural and remote nurses |
| | <input type="checkbox"/> | Career planning |
| | <input type="checkbox"/> | Staff mentoring resource |
| | <input type="checkbox"/> | Assist workplace professional development |
| | <input type="checkbox"/> | Support transition to rural and remote practice |
| | <input type="checkbox"/> | Student support resource |
| | <input type="checkbox"/> | Educator resource |
| | <input type="checkbox"/> | Curriculum resource |
| | <input type="checkbox"/> | For research |
| | <input type="checkbox"/> | In a presentation |
| | <input type="checkbox"/> | A reference in a paper publication |
| | <input type="checkbox"/> | Not sure |
| <input type="checkbox"/> | Other, please specify | |
| Q18. Please provide any further details and/or examples to help us understand how the Framework has been used by your organisation? (Optional) | | Details of use |

Promotion of the Framework

| | | |
|--|--------------------------|------------------------|
| Q19. Has your organisation shared or promoted the Framework? | <input type="checkbox"/> | Yes |
| | <input type="checkbox"/> | No |
| | <input type="checkbox"/> | Not sure |
| Q20. Who has your organisation shared or promoted the Framework to? | <input type="checkbox"/> | Employees |
| | <input type="checkbox"/> | Within my organisation |

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| | | | |
|-------------|---|--------------------------|---|
| | <i>(Select all that apply)</i> | <input type="checkbox"/> | To members of organisation |
| | | <input type="checkbox"/> | To stakeholders outside of organisation |
| | | <input type="checkbox"/> | Not sure |
| | | <input type="checkbox"/> | Other, please specify |
| Q21. | If you selected "To stakeholders outside of my organisation", please describe the sector those stakeholders represent? <i>(Select all that apply)</i> | <input type="checkbox"/> | University/education provider |
| | | <input type="checkbox"/> | Professional Association |
| | | <input type="checkbox"/> | Nursing Employer |
| | | <input type="checkbox"/> | Government Agency |
| | | <input type="checkbox"/> | Individual Nurse(s) |
| | | <input type="checkbox"/> | Not sure |
| | | <input type="checkbox"/> | Other, please specify |
| | | <input type="checkbox"/> | Not applicable |
| Q22. | How did your organisation share or promote the Framework? <i>(Select all that apply)</i> | <input type="checkbox"/> | Presentation at a conference |
| | | <input type="checkbox"/> | Social media |
| | | <input type="checkbox"/> | Link on organisation's website |
| | | <input type="checkbox"/> | Paper publication |
| | | <input type="checkbox"/> | Email |
| | | <input type="checkbox"/> | Newsletter |
| | | <input type="checkbox"/> | Distributed hardcopies |
| | | <input type="checkbox"/> | Other, please specify |
| Q23. | Please provide any further details and/or examples to help us understand how the Framework has been promoted by your organisation? (Optional) | | Details of promotion |

Future promotion and use

| | | | |
|-------------|---|--------------------------|-----------------------|
| Q24. | Will your organisation continue to use the Framework? | <input type="checkbox"/> | Yes |
| | | <input type="checkbox"/> | No |
| | | <input type="checkbox"/> | Not sure |
| | | <input type="checkbox"/> | Not applicable |
| Q25. | Please provide any further details and/or examples to help us understand how the Framework will be used by your organisation in the future? (Optional) | | Details of future use |

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| | | |
|--|--------------------------|-----------------------------|
| Q26. Will your organisation continue to promote the Framework? | <input type="checkbox"/> | Yes |
| | <input type="checkbox"/> | No |
| | <input type="checkbox"/> | Not sure |
| | <input type="checkbox"/> | Not applicable |
| Q27. Please provide any further details and examples to help us understand how the Framework will be promoted by your organisation in the future? (Optional) | | Details of future promotion |

Consent

The Office of the National Rural Health Commissioner may like to contact you in the future in relation to this survey and the review of the Framework.

| | | |
|------------------------------------|--------------------------|-----|
| Do you consent to being contacted? | <input type="checkbox"/> | Yes |
| | <input type="checkbox"/> | No |

Enter preferred email address

Almost done

You are about to submit your response. By clicking 'Submit Response' you give us permission to analyse and include your response in our results. After you click Submit, you will no longer be able to go back and change any of your answers.

| | | |
|---|--|---------------|
| If you provide an email address you will be sent a receipt and a link to a PDF copy of your response. | | Email address |
|---|--|---------------|

Completion

Submissions must be received by **23:59 (AEST) on Friday, 31 May 2024.**

Thank you for taking the time to complete this survey.