



australian nursing federation

30 August 2011

Ms Angela MacRae
Presiding Commissioner
Early Childhood Development Workforce
Productivity Commission
LB2 Collins St East
Melbourne Vic 8003

Dear Ms MacRae

Early Childhood Development Workforce

The Australian Nursing Federation (ANF) has reviewed the Productivity Commission (the Commission) Draft Research Report: *Early Childhood Development Workforce*. While overall the document provides an informative resource on the early education and care workforce we wish to raise concerns in relation to Chapter 12 of the Draft Report: Child health workforce. Our particular concerns relate to Draft Recommendations 12.2 and 12.3.

Firstly, Draft Recommendation 12.2:

Scholarships for postgraduate study in child health nursing may encourage a small number of additional nurses to obtain qualifications in child health or to practice in areas of high demand. The cost-effectiveness of scholarships as a method of achieving this goal should be assessed by governments before any expansion of scholarship programs.

The ANF reiterates the point made in our original submission to the Commission that the provision of scholarships in Victoria is successful in attracting staff to the maternal and child health sector and in ensuring an adequate supply of suitably qualified Maternal & Child Health (M&CH) nurses. The financial assistance provided by Local Council employers has proven invaluable to nurses and midwives for post graduate studies and/or continuing professional development which enables them to meet the needs of their client base.

We refute the Commission's conclusion that such incentives should only be for "nurses who would otherwise be unwilling to practice in demonstrated areas of workforce shortage". This is a negative approach to workforce capacity building. The ANF contends that it is in the interests of the community to support nurses and midwives who **want** to work in the child health field to be able to do so.

The ANF therefore urges the Commission to amend the draft recommendation on scholarships to a positive slant on incentives for nurses and midwives who have an interest in practicing in maternal and child health.

Secondly, Draft Recommendation 12.3:

In order to reduce unnecessary obstacles to attracting new child health nurses, state and territory governments should not require child health nurses to have qualifications in midwifery in addition to their qualifications in nursing and in child health.

As was pointed out in our submission to the Commission in February of this year the issue of nationally consistent qualifications for child health nurses is complex due to the variation in models of care across jurisdictions. The differences in title, as outlined in the Report (p.216), indicate the variance in role expectation and models of care across jurisdictions and therefore the differing qualifications required to fulfil the role.

In Victoria maternal and child health (M&CH) nurses are employed by Local Councils to whom all births must be notified within 48 hours. M&CH nurses are subsequently notified of all these births, with an initial home visit occurring within days of the birth, followed by regular scheduled consultations. The initial home visit offers an important opportunity for the M&CH nurse to assess the mother and family environment, especially in terms of risk for the newborn. A thorough knowledge of midwifery issues and practices is required to be able to safely and competently deliver care services to the mother/baby unit in this immediate post natal phase. It is for this reason that midwifery is an essential qualification for these M&CH nurses. In fact nursing, midwifery and maternal and child health postgraduate qualifications are mandatory requirements in Victoria under the Maternal and Child Health Service Program Standards.

In other jurisdictions, child and family health nurses (however titled) are employed in the public sector by respective State/Territory health or human service departments. In these jurisdictions there is a voluntary process on the part of the mother to make contact with the child and family health nurse, and this may not occur until the baby is six or more weeks old. Midwifery qualifications, while advantageous, may not be as critical in this model of care.

While the Productivity Commission has noted Victoria's rationale for midwifery qualifications, the report outlines what it considers to be the disadvantages of requiring child health nurses to undertake a midwifery program (p. 230). On advice from our members who are M&CH nurses the ANF argues against the applicability of these objections to Victoria. The ANF contends that the model of care and requirement for midwifery qualification works well for the Victorian community and argues that the Commission should uphold the right of Victoria to retain this standard of care. The recruitment and retention patterns in that State attest to the satisfaction of potential and current M&CH nurses with these arrangements.

The ANF therefore strongly urges the Commission to include in the final report an acknowledgment of the right of Victoria to maintain its current model of care and qualification standards, as well as the incentive arrangement regarding scholarship provision, and amend recommendations 12.2 and 12.3 to reflect this recognition.

Yours sincerely,

Lee Thomas

Federal Secretary

The industrial and professional organisation for nurses and midwives in Australia

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