

To The Productivity Commission, Early Childhood Development workforce Study, Draft Report (June 2011)

I am Angela Wallis. I have practised as a Maternal and Child Health nurse in rural Victoria (Mitchell Shire) for 28 years.

20 of these years in the clinical setting and the last 8 years in management, whilst still maintaining a small clinical role.

I am a register midwife with the Australian Health Practitioner Regulation Authority.

In Victoria the Maternal and Child Health service is an evidence based, universal primary care health service which has a take up rate of 98% of all babies born in Victoria. Our client survey indicate that families have a high level of satisfaction with the service and are participation rates in the Key Ages and Stages program are generally above state figures .

This program is developed by Department of Early Childhood Development and is supported in a partnership between the DEECD and Local Government. This means that each service is tailored to the local population requirements whilst being based on the evidenced based framework. I believe this to be a very effective model for the delivery of Family services.

My submission is in regard to Chapter 12 of the Early Childhood Development Draft Report, and the "Child Health Workforce.

My concerns are about recommendations 12.2 and 12.3 of the Draft Report, questioning the value of scholarships for MCH studies, and the removal of midwifery as a prerequisite for MCH nurses.

Draft Recommendation 12.2 -It is our experience in Mitchell Shire that a scholarship system for Midwives looking to undertake MCH studies has in fact create a more secure workforce for us. We have had 4 local midwives study MCH and all have taken on positions in the service. This is absolutely essential if staffing is to be maintained in Rural areas.

Draft recommendation 12.3 Having Midwifery qualification as a prerequisite to MCH is essential to ensure a complete knowledge base of health issues for families. I believe my midwifery qualifications and experience has greatly informed and supported my work as a MCH nurse. I know that there have been times when this body of knowledge has actually been directly relevant to caring for the families. I am opposed to the removal of Midwifery as a qualification prerequisite for MCH nurses. It is not sensible to consider the requirement of midwifery for MCH nurses as a barrier to gaining staff. It is of course providing a mores soundly trained, more broadly experienced MCH nurse .

It is my conviction that these recommendations, should they be accepted, will reduce the quality of the Victorian MCH service. This service offers families a comprehensive, appropriate and supportive service because the nurses have such a strong qualifications base to work from and a full understanding of family health.

It is disappointing that there was not more consultation undertaken by the Productivity commission with Victorian nurses. As a service widely respected around Australia, it seems unexplainable as to why The Commission has not held Public Sitings with Victorian MCH nurses.

I thank the Commission for considering my comments and hope that the Victorian MCH service can be used as a model in other states, rather than the draft recommendations be accepted which would undermine and diminish the quality of our current Victorian MCH service

Angela Wallis

MCH Coordinator

Mitchell Shire