25 August 2011.

Early Childhood Development Workforce Study

Productivity Commission,

Locked Bag 2,

Collins St East,

Melbourne,

VIC, 8003.

Dear Sir/Madam,

I am writing to express my grave concerns with some of the recommendations of the Child Health Workforce Draft Report (June 2011). While national registration of health professionals is a great step forward, I am astonished and saddened that, in order to achieve this for Maternal and Child Health (MCH) Nurses, the proposal is to bring down standard to the lowest common denominator. I appreciate that discrepancies in the role and education of MCH Nurses exist as there was no uniformity of standards under the old State Nursing Boards. If upgrading is too difficult, could there not be different classes or names to indicate level of education and expertise? I fear that any devaluing of our excellent Victorian model would be ill-advised.

I have been a nurse for 26 years and have worked as a MCH Nurse for 6 of those. I am a Registered Nurse (BSc in Nursing studies and Social Science, Edinburgh University, Scotland 1984), Registered Midwife (Cambridge, England 1987) and Maternal and Child Health Nurse (Post Graduate Diploma in Child and Family Health, Royal Melbourne Institute of Technology, Melbourne 2006). I am also an Accredited Nurse Immuniser (La Trobe University, Melbourne 2007) and Lactation Consultant (International Board of Lactation Consultant Examiners, 2006). I received a scholarship from the Department of Human Services in 2003 to undertake post graduate studies in Family and Child Health. This was an invaluable help and greatly influenced my decision to become a Maternal and Child Health Nurse.

My submission concerns Chapter 12 of the Early Childhood Development Draft Report and the Child Health Workforce. I am strongly opposed to the recommendations in 12.4 proposing the removal of midwifery as a qualification prerequisite for MCH work and reducing scholarships for MCH courses. I worked as a midwife for many years and feel this knowledge, experience and understanding of pregnancy, birth, the neonatal period and parenting have been crucial to my practice in MCH Nursing. This experience has allowed me to identify jaundiced babies requiring hospitalization and to provide timely assistance with breastfeeding ensuring that many mothers have felt able to overcome breastfeeding difficulties. Parents who have experienced a traumatic birth often need explanation and debriefing in the following weeks which I am able to offer. With early discharge from hospital following

birth there is an obvious need for appropriate community health care. Without my background in midwifery I would not feel competent in many areas of MCH work.

It is also essential, in my opinion, to complete a post graduate MCH programme. This additional study provided me with knowledge to provide holistic, community based care. MCH Nursing in Victoria is much more than just weighing babies and has close links with QUIT, SIDS, Family Violence Prevention, Child Protection and literacy promotion agencies. The work is multi-faceted and relies on a broad education. However, the value of health promotion, prevention and early identification of illness and disability is often undervalued.

The Victorian MCH Service is widely considered the best in Australia and yet there was limited consultation by the Productivity Commission with Victorian MCH Nurses. The report suggests that Practice Nurses may work somehow in the MCH Service. Practice Nurses have no specialist qualifications and are employed by GP Practices to help with dressings, immunizations etc. Some practices employ Enrolled Nurses! I fail to see how a Practice Nurse could undertake MCH work with any authority. At the National MCH Conference in May of this year I discussed qualification requirements with some MCH Nurses from Perth who lamented that “in Western Australia they take anyone”. These nurses were in favour of requiring similar educational requirements as in Victoria and felt that their MCH Service had been undermined.

Many rural MCH Nurses work alone in their centre with no colleague to consult and need to feel confident in their ability to provide excellent care. Parents may have to travel long distances in order to attend their clinic appointments and unless they develop a sense of trust in and respect for their MCH Nurse, attendance levels are bound to fall. The 10 Key Ages and Stages visits in Victoria are well attended and the statistics – especially in rural areas uphold this! We are proud of our MCH Service but now fear losing the reputation we have worked hard to establish and maintain.

A progressive country like Australia which prides itself on providing excellence in health care and protecting the rights of vulnerable members of the community should surely be aiming to improve nationwide child and family health. Leveling down the standards of our health practitioners is the antithesis of “best practice” and should not be an option.

Thank you,

Yours Faithfully,

Josephine Calvert