

My name is Jan Anderson and I have practised as a Maternal and Child Health Nurse in Victoria for 16 years. I have predominantly worked in a rural area with scattered small townships and larger townships at each end of shire close to larger cities. Areas of isolation in between where there are limited General Practitioner and other services. I also provide an Enhanced Home Visiting Service.

I am registered as a midwife and nurse with the Australian Health Practitioner Regulation Authority. I completed my nursing training at Geelong Hospital in 1967. I then upgraded this to a Bachelor of Nursing at Deakin University and completed my Midwifery at the Australian Catholic University in 1993. In 1995 I completed my Graduate Diploma in Maternal and Child Health at La Trobe University.

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

I am particularly concerned with recommendations 12.3 of the Draft Report regarding removal of midwifery as a qualification prerequisite for MCH nurses, and questioning the value of scholarships for MCH programs of study. I believe that these recommendations would reduce the quality of the Victorian MCH nursing service.

I am strongly opposed to the removal of midwifery as a qualification prerequisite for MCH nurses and believe my qualification in midwifery has given me a critical body of knowledge and invaluable skills to practice as a MCH nurse.

I can think of many examples where I have drawn upon my midwifery knowledge and experience in providing MCH nursing care where my client's emotional or physical health may have been compromised had I not obtained this qualification, for example:

Early recognition of post partum conditions that have occurred and with intervention has prevented more serious complications.

Understanding the birthing process and having the knowledge to discuss this with women and providing counselling, particularly if this has been traumatic can help prevent conditions such as post natal depression.

The requirement to be a midwife has not been a barrier for me to practice as an MCH nurse but rather has been an essential qualification that informs my everyday practice as an MCH nurse.

I also believe that it is critically important that MCH nurses be registered nurses. The knowledge gained through my undergraduate nursing degree has provided me with a strong foundation to use in my everyday practice.

It is also important that MCH nurses complete a Post Graduate MCH program of study. This additional study has provided me with the necessary knowledge and understanding to provide holistic and family centred MCH practice in the community setting.

I am concerned that the Draft Report has not identified the numerous strengths of the Victorian MCH Framework such as:

The comprehensive educational requirements of Victorian MCH nurses enables the provision of high quality care to mothers, families and their children who are clients of the service.

This contrasts with the fragmented approach to service delivery in other states that rely upon many different health professionals to provide care.

The model is founded upon the evidence based Key Ages and Stages Framework.

Families using the Victorian MCH nursing service report very high levels of satisfaction with the service.

Participation rates for the KAS are high.

The Victorian framework provides continuity of care for families from birth to 4 years. As a result the framework facilitates the development of trusting relationships between mother, families and the MCH nurse from birth onwards.

The Victorian framework is structured and well supported by DEECD.

I strongly believe the requirement to be a midwife, registered nurse and to have undertake MCH post graduate program of study are critical to my ability to provide quality MCH nursing care. Possessing such qualifications should not be seen as a barrier to MCH nursing, but rather the cornerstone of providing quality MCH care.

Whilst I value the role practice nurses play in the general practice setting I am concerned at the suggestion that the substantial number of child health nurses working in general practice could therefore be thought of as a resource pool of child health nurses who may return to child health over time.

There are important differences between the educational preparation and scope of practice between practice nurses and MCHG nurses:

The education of practice nurses is not standardised or accredited.

The practice nurse workforce is comprised of registered and enrolled nurses.

While some practice nurses are involved in immunisations, this does not equip them with the body of knowledge, or the scope of practice required of MCH nurses in providing care to mothers, families and young children.

Because of their limited educational preparation I do not believe practice nurses are a suitable substitute for the MCH workforce and believe the suggestion to the contrary significantly underestimates the complexity and depth and breadth of the MCH nursing role.

I strongly support the ongoing provisions of scholarships for MCH post graduate programs of study. These have been very successful in Victoria in recruiting potential MCH nurses. I have been involved in interviews with nurses applying for scholarships in rural areas and have found this to be a very

positive way of attracting nurses who said that they could not have undertaken MCH post graduate study without the scholarship.

It is also very concerning that there has been limited consultation between the Productivity Commission and Victorian nurses. Our service is widely considered to be the best in Australia and even internationally. It is therefore surprising to me that the Commission has not held Public Sitings with Victorian MCH nurses. To help the Commission understand the many strengths of the Victorian MCH Framework, I would be grateful if the Commission would meet with me and other MCH nursing colleagues.

I thank the Commission for considering my comments above.

I hope that the far reaching strengths of the Victorian MCH nursing service can be adopted by other states and that recommendations are not imposed that reduce and diminish the high standards and quality of the Victorian MCH nursing service.

Jan Anderson