Early Childhood Development Workforce Study

Productivity Commission

LB2 Collins Street East

MELBOURNE VIC 8003

To Whom It May Concern

My name is Elinor Nan Wilson and I have practised as a Maternal and Child Health Nurse since August 1985 after completing the Karitane Hospital Certificate in Sydney and achieving a first in the State examinations. I was trained in General and Midwifery in Adelaide in the seventies and worked in Midwifery until I was able to get into this course. In those days it was a lot harder to access the course, but we were paid (at a lower rate)while doing it, lack of which remuneration is one of the reasons I believe, why not many are embarking on it these days. I am registered as a midwife and nurse with the Australian Health Practitioner Regulation Authority.

I relieved at the clinics and Day stay unit in Sydney and then the residential unit until November 1988, when I moved to Broken Hill to get married. I worked fulltime at the 4 clinics there, plus those at Wilcannia and Ivanhoe, until we moved to Parkes in 1991. Here I was a Community Nurse/relief M&CHN based in Forbes, but worked in Parkes, Forbes and West Wyalong, until mid.1997, when again we moved to Victoria for my husband's work. I have worked at Ballarat Council, Horsham Rural City, Hindmarsh Shire Council and West Wimmera Shire Council, in a relief capacity, but mostly full time until the present day. I plan to continue this until I retire, even though we now live in Adelaide, because the Relief staff for this area are scarce and I appreciate the ladies here need time off, while their work is done by someone with the necessary qualifications.

Overview

My submission is limited to Chapter 12 of the Early Childhood development Draft Report, and the "Child Health Workforce". I am particularly concerned with recommendations 12.3 and 12.2 of the Draft Report regarding removal of midwifery as a pre-requisite 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, which is unique compared to what I have seen in the other states, and I believe, is built on the educational requirements and preparation of the Victorian MCH Nurses.

Draft Recommendation 12.3

I am strongly opposed to the removal of both general nursing and midwifery as qualification pre-requisites for MCH Nurses because I believe that my qualifications in general nursing and midwifery are the building blocks which underpin my effective practise as an MCHN. I have worked with nurses who were only at the equivalent of an enrolled nurse in midwifery, and mothercraft nurses in the Karitane Residential setting, and while they were good at what they were trained for on the whole, they had to be supervised. In Adelaide the enrolled nurse was phased out in the midwifery area over a few years because of the fact that they could not check drugs, perform deliveries, or work in the post natal wards without supervision, which necessitated more staff. The mothercraft nurses were really glorified nannies and mostly graduated into childcare employment when they left the unit. In the country areas where I have been mostly employed, an enrolled nurse or one who hasn't done midwifery, would not be able to perform Domicillary visits, give immunisations, conduct effective screening/surveillance for health problems and provide counselling for the many and varied problems which face parents today. In the country hospitals the deficiencies of the enrolled training have been recognised for some years, with the result that these people either move to the Aged Care sector, where they still need a Div.1 nurse for dispensing of medications, or do the upgrade necessary to get Division One registration. While in some cases a Direct Entry midwife could then go on to do the MCH course, I believe that they would need extra base training in Paediatrics and basic general nursing to bring them up to the standard which is currently enjoyed.

The current Victorian system is founded upon the evidence based Key Ages and Stages framework which all MCHN's have done Professional Development in order to embrace. While it was rolled out with remarkable efficiency by the organising team, it was underpinned by the already comprehensive education that we had undertaken previously. I believe that we have a duty to our

clients to provide the very best of care, because this will affect the quality of parenting and therefore our populace in generations to come. I believe that the currently high participation rates of families in Victoria prove that the service is well regarded. I know as "the Reliever" that many families have such a good relationship with their MCHN that they are very disappointed when they see a strange person sitting in her/his chair.

Draft Recommendation 12.2

I strongly support the ongoing provision of scholarships for MCH postgraduate programs of study, because I have worked with some of the people who have completed the course with their assistance and know that they could not have undertaken it without this help. If we are going to continue to provide this quality service in future years we need to help younger people who are raising their own families with the costs that this entails, to receive the education at a more accessible cost.

Consultation

I am very concerned at the limited consultation undertaken by the Productivity Commission with Victorian Nurses. As our service is so widely regarded around Australia as the best, I find it surprising that the Commission has not held public sittings with Victorian MCH Nurses. I would be grateful if the Commission would meet with us as a body to help it understand the many strengths of the Victorian MCH Framework.

I thank the Commission for considering my comments above and hope that the strengths of the Victorian MCH Nursing service could be adopted by the other states rather than any recommendations be imposed which would reduce or diminish its current effectiveness.

Yours Sincerely

Elinor Nan Wilson