

Submission to the Productivity Commission, Early Childhood Development Workforce Draft Report (June 2011)

My name is Heather Rogers and I am a registered Nurse, Midwife and Maternal and Child Health Nurse who works on the metropolitan fringe of Melbourne in a high growth municipality. I currently work part time as a midwife (16 hours week) and a Maternal and Child Health Nurse (21.6 hours/week).

I completed my Graduate Diploma in Child Family and Community at Latrobe University in 2002 and a Bachelor of Health Service Management in 1996 at Charles Sturt University. I am a Lactation Consultant (IBCLC) and Nurse Immuniser.

I am registered as a midwife and nurse with the Australian Health Practitioner Regulation Agency. At the current time the Board does not provide the ability for Maternal and Child Health Nurses to register with the Australian Health Practitioner Regulation Agency.

In order to undertake my post graduate studies I resigned from a full-time position as Nurse Unit Manager and worked casually as a midwife until completion. This allowed me to work around the practical requirements and placements of the course. This was possible only because I had no loan or debt at the time.

This submission relates to Chapter 12 of the Early Development Draft report-Child Health Workforce (2011).

- I am concerned that draft Recommendation 12.3 is to remove the Midwifery qualification as a prerequisite for Maternal and Child Health nurses as I believe it would restrict the comprehensiveness of the service and affect client satisfaction.
- In relation to Draft Recommendation 12.2, my experience would support scholarships to assist with recruitment and meeting staffing requirements.
- I would support the Draft Recommendation 12.1 for future research to determine the optimal number and timing of child health checks although I am concerned with the accuracy and completeness of the information contained in the report when no there is recognition of phone consultations and additional need consultations which support clients with particular needs in a timely manner

Draft Recommendation 12.3

I believe that removal of Midwifery qualifications as a prerequisite for Maternal and Child Health would compromise the current services provided, reducing the quality, value, comprehensively and versatility of the current service. I use these qualifications, knowledge and skills daily in my work with clients in the Maternal Child Health Service.

Although I practice part time as a Maternal and Child Health Nurse in Victoria. I also work part time as a midwife in the hospital sector (In total full-time) In both positions I am used as a resource for clients and staff for the other. This assists links and adds value for both workplaces and customers.

In Victoria the Home visit, 2 week and 4 week visits all occur in the postnatal period and clients often have midwifery related concerns and complications. This is not recognized in this section of the report and there is no recognition of the importance and relation of maternal health to child health and wellbeing. Maternal and Child Health is a voluntary service so it could be argued that client utilization rates which are high are linked to client satisfaction and having their needs met.

While the report recognizes the role of other health professionals such as General Practitioners and practice nurses it does not recognize some of the current difficulty in these services such as the shortage of GPs and lack of standardisation of qualifications for practice nurses. Practice nurses do not have generic qualifications and so it is difficult to generalize. Of those I know employed in this role most do not have Maternal and Child Health or paediatric qualifications which would affect their ability to provide child health and developmental assessments and services.

Draft Recommendation 12.2

I would support scholarships to address staff shortages. In the municipality I work on the rapidly developing and growing fringe of Melbourne we experienced difficulty in recruitment over a number of years prior to their introduction despite extensive strategies and advertising. We have filled 4 positions with their introduction and have fulfilled our current staffing requirements. As a mentor and preceptor to these students and new graduates it has resulted in the development of programs to support these new staff to the service and assisted further skill development for people who largely work alone. These staff have recognized the importance of scholarships in assisting them to undertake these qualifications and have expressed the value and importance of their scholarships in allowing them to commence and complete their studies.

Draft Recommendation 12.1

While I agree that the role of Maternal and Child Health has changed. I disagree with the report that it has less emphasis in health outcomes. As an example the recent whooping cough outbreak has reinforced our role in areas such as infectious diseases. The importance of my health qualifications in informing and promoting immunization to parents and providing reliable information to allow decision making is crucial

During my 9 years in practice as a Maternal and Child Health Nurse I have used my health skills, knowledge and expertise to identify and refer previously undiagnosed health concerns including major cardiac abnormalities, Developmental Dysplasia of the hip and other abnormalities.

Currently Maternal and Child Health nurses provide comprehensive physical and developmental assessments based on evidence based PEDS and Brigance assessments. As we already provide an assessment at approximately 3 ½ years it is possible to avoid duplication of these services by not having alternative services undertaking them as well.

The report does not recognize the scope and importance of phone and additional need consultations in the Victorian service. These are a valuable resource for clients to act on their concerns when they occur and are important in client satisfaction, service responsiveness and participation rates. These are additional to the MCH phone line service.

I thank you for the opportunity to comment on the report and hope you will give consideration to my submission.

H. Rogers