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EARLY CHILDHOOD DEVELOPMENT WORKFORCE STUDY  
PRODUCTIVITY COMMISSION

2018/11

My Name is Joanne Dockere and I began my nursing training in June 1974. I have practised nursing since 1974 in many capacities and thorough out this period have also raised four children.

I have predominantly worked in metro Melbourne, and in the past 15 years have practised as a maternal and child health nurse in Victoria. I registered as a qualified nurse in 1977, following training at the the Alfred Hospital. I am registered as a midwife and nurse with the Australian Health Practitioner Regulation Authority. I completed my Graduate Diploma of Child, Family + Community in 1995 at LA Trobe University.

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 + 12.2 of the Draft Report regarding removal of midwifery as a qualification prerequisite for MCH nurses, and questioning the value scholarships for MCH programs of study. I believe that these recommendations would reduce the quality of the Victorian MCH nursing service, which in no small part, is depend upon the robust educational preparation of Victorian MCH nurses.

I am ~~strongly~~ opposed to removal of midwifery as a qualification pre-requisite for MCH nurses and believe my qualification in midwifery has given me a critical body of knowledge + invaluable professional skills to practise as a MCH nurse. In my practice as a MCH nurse I can offer many examples involving direct patient care - i.e. discussion of care of the perineum, haemorrhoids and wound infection which ~~was~~ due to midwifery qualifications have enabled me to refer clients to appropriate help.

The midwifery qualification is essential to inform my everyday practice as a MCH nurse.

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.

I also believe it is critically important that MCH nurses be registered nurses. The knowledge gained through my undergraduate nursing degree has provided me a strong foundation to use in my everyday MCH practice. This can be demonstrated in the consultations involving discussions around medications, Vitamin deficiencies and metabolic disorders and so on.

Finally it is vitally important that MCH nurses complete a post graduate MCH program of study. This additional study has provided me the necessary knowledge and understanding to provide holistic + family centred MCH nursing care in the community (Australia).

The post graduate study has enabled to discuss issues and provide guidance around domestic violence and work with many diverse cultures. Families using the Victorian MCH nursing service report very high levels of satisfaction with the service.

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

The comprehensive educational requirements provide comprehensive care to mothers, families + children as clients of the service.

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

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 the recommendations are not imposed that reduce and diminish the quality of the Victorian Nursing service.

Yours sincerely,

Channe E. DOCKER