



**Victorian Association of
Maternal & Child Health Nurses**
ANF (Vic Branch)

Senate Finance and Public Administration Committees

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Canberra ACT 2600

Australia

**Submission by the Victorian Association of Maternal and Child Health Nurses
to the Inquiry into the administration of health practitioner registration by the
Australian Health Practitioner Regulation Agency (AHPRA)**

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On behalf of the Victorian Association of Maternal & Child Health Nurses, thank you for the opportunity to comment on matters related to the administration of health practitioner registration by the Australian Health Practitioner Regulation Agency (AHPRA).

The most disappointing matter in relation to registration is the loss of recognition of our Maternal and Child Health qualification and registration of that qualification. Previously Maternal and Child Health Nurses were registered with the Nurses Board of Victoria and the former Victorian Nursing Council. More recently, our Maternal and Child Health qualification was noted as an additional qualification with our registration. This has not been transferred to the new register and has a number of implications for employment and practice as a Maternal and Child Health Nurse in Victoria. Nurses without the required qualifications to be a Maternal and Child Health Nurse in Victoria cannot be employed in the Victorian Maternal and Child Health Service. We are requesting that AHPRA notes our qualification on the register with Victoria in brackets, i.e. Maternal and Child Health Nurse (Victoria) - in the qualifications section of our registration details.

There are currently more than 800 Nurses in Victoria with Maternal and Child Health qualifications. The difficulty for employers has been the inconsistency of notations in the qualifications section of the registration details. Some of the examples of inconsistencies are as follows:

Nurse A has listed – GENERAL, MIDWIFERY, MOTHERCRAFT

Nurse B has – TBA –IT Administrator

Nurse C has – Nurse Immuniser, Maternal and Child Health

Nurse D has – Master of Nursing Science(Child Family & Comm)

Nurse E has – GENERAL

These are just a few examples and these nurses are all Maternal and Child Health Nurses with registration as a Registered Nurse (Division 1) and Midwifery Registration as well as having the required Maternal and Child Health qualifications.

I ask, what are employers meant to make of these inconsistencies?

As previously noted by the Royal Society for the Welfare of Mothers and Babies (commonly known as Tresillian Family Care Centres) “Child and Family Health Nursing is arguably one of the most important nursing specialties due to the very nature of its work with families during the crucial early years of a child’s life. Child and family health nurses work predominately in illness prevention, health promotion and community based nursing. Until recently governments have often overlooked this nursing speciality. However, the Commonwealth, NSW and other state governments have now started to identify the importance of the early years and the crucial impact of appropriate and sensitive parenting on the child. Child and family health nursing truly contributes to the wealth and future health of the nation.”

Maternal and Child Health Nurses in Victoria have this important role in the early years and this should be recognised on the register as a nursing specialty.

The Royal Society has identified in NSW that “The shortage in Child and Family Health Nursing workforce is also a result of a flow on effect i.e. reduced numbers of registered nurses results in reduced numbers of midwives and child and family health nurses. Once, a Child and Family Health Nursing qualification was seen as a valuable extension to midwifery and the minimum qualification to work within the early childhood health centres. Due to a

seeming devaluing of this qualification by removing it from the register in 1988, the replacement of child and family health nurses with generalist nurses in some areas and a lack of support and funding by government for post graduate education, the speciality has become less attractive to nurses. The constraints on health budgets have resulted in a flatter structure and reduction in career opportunities for nurses. Many child and family health nurse have at least three nursing qualifications and many years of clinical experience but are frequently limited to achieving clinical nurse specialist status. To have access to a career path many of these nurses remain in or return to midwifery after gaining their Child and Family Health Nursing qualification. There is also a lack of financial incentive for completing additional qualification.”

(Dr Cathrine Fowler, Manager Education & Research and Ms Anne Partidge, Director of Nursing & Service Development)

By retaining our Maternal and Child Health qualification on the register, Victoria seeks to avoid the mistakes of NSW by maintaining a career path and retaining Maternal and Child Health Nurses in clinical practice with their wealth of experience and knowledge.

There is a high job satisfaction for Maternal and Child Health Nurses as well as a high retention rate in many of the municipalities in Victoria - salaries, working conditions, status and professional development opportunities contribute to this outcome. Enterprise Bargain Agreements in Local Government contain various positive conditions of employment for Maternal and Child Health Nurses – these have been fought for long and hard over a number of years with the support of the ANF (Vic Branch). Some of the conditions include mentoring programs for new graduates, allocated professional development days, regular clinical supervision, salary structures for career development and qualification allowances for further studies. These conditions and salaries are the envy of other States.

Further tertiary education equips the Maternal and Child Health Nurse to work in the community offering a universal non-judgmental public health service. Maternal and Child Health Nurses monitor the health, growth and development of children from birth to school age. The focus of this primary health service is health promotion and prevention and early detection of diseases and/or disorders. Through family centered practice which engages families in a partnership, the nurses work to support parenting skills and improve developmental outcomes.

This specialised education ensures competence, and informs our practice in a wide range of areas, including:

- a thorough understanding of the social determinants of health
- a thorough understanding of the impact of health promotion on child and family outcomes
- physical and emotional assessment of infants, children, mothers and families.
- developmental assessment of infants and children
- recognition of illness
- a thorough understanding of the impact of illness and disability
- understanding of pregnancy and birth
- transition to parenting
- the ability to offer guidance of parenting
- community strengthening strategies
- a thorough understanding of building social capital

It is the complexity and variety of challenges along with the various activities that encompass the role of the maternal and child health nurse that provide high job satisfaction and retention in the workforce. For Maternal and Child Health Nurses to competently provide the care required for families and children today, they require the current level of education,

experience and expertise in this specialised field. This pathway to maternal and child health nursing provides career progression opportunities as well as the skills and ability to work with families in a changing environment of complex issues. Maternal and Child Health Nurses influence the health outcomes of 98% of the births in Victoria and are still involved with 90% of those families at 12 months.

Standard four of the Department of Education and Early Childhood Development Maternal and Child Health Service program standards states that 'The Maternal and Child Health service is delivered by a competent and professional workforce'. The qualifications required to practice competently in this specialised field of nursing in Victoria are current registration with the Nursing and Midwifery Board of Australia (NMBA) as both a registered nurse (Division 1) and a registered midwife and to also hold an accredited post-graduate qualification in maternal and child health nursing. (*Noting that university based post graduate MCH education replaced the former Infant Welfare certificate. All nurses holding either a certificate or graduate diploma from an accredited course were eligible for registration with the former Nurses Board of Victoria*). The Maternal and Child Health Service only employs nurses that have qualifications that meet these requirements. The Maternal and Child Health Service is underpinned by a clinical governance framework and any employer that employed nurses with less than the required qualifications to deliver the service would be concerned about public risk and their responsibility to protect the public by having an appropriately qualified workforce. This is why it is so important to have the Maternal and Child Health qualification recognised on the register.

A number of research studies reviewed by Kearney, York and Deatrick (2000) identified positive outcomes for families particularly when the nurse was well educated and programs were focussed on building a trusting relationship like the Victorian Maternal and Child Health Service model. The researchers found that the most effective home visiting programs, like the Enhanced Maternal and Child Health Service in Victoria, included nurses with advanced education. The longstanding and rigorous twenty year longitudinal research by Olds, Robinson *et al.* (2004) found the benefits for mothers and children were significantly greater in the families visited by nurses with a degree in nursing and experience in community or maternal and child health nursing compared to home visitors without formal qualifications. These studies support the need for the current qualifications required to be a maternal and child health nurse.

To have lesser qualifications would undermine the nurse's ability to competently deliver a Maternal and Child Health program that is currently held in high regard for the outcomes that are achieved for children as well as the high standard of care in dealing with the complexities of parenting today. This is supported by the evaluation of programs delivered by lay home visitors that found issues relating to the lack of qualifications and experience to effectively deliver the program (Woodgate, Heaman, Chalmers and Brown, 2007).

Kearney, M., York, R., & Deatrick, J. (2000). Effects of home visits to vulnerable young families. *Journal of Nursing Scholarship*, 32(4), 369-376.

Olds, D., Kitzman, H., Cole, R., Robinson, J., Sidora, K., Luckey, D., et al. (2004). Effects of nurse home-visiting on maternal life course and child development: Age 6 follow-up results of a randomized trial. *Pediatrics*, 114, 1550-1559.

Olds, D., Robinson, J., Pettitt, L., Luckey, D., Holmberg, J., Ng, R., et al. (2004). Effects of home visits by paraprofessionals and by nurses: Age 4 follow-up results of a randomized trial. *Pediatrics*, 114, 1560-1568.

Woodgate, R., Heaman, M., Chalmers, K., & Brown, J. (2007). Issues related to delivering an early childhood home-visiting program. *The American Journal of Maternal/Child Nursing*, 32(2), 95-101.

In conclusion

Maternal and Child Health Nurses work as autonomous specialist nurses in the community. They have the competence to provide safe and competent nursing care, based on sound decision making. Such competence is underpinned by extensive comprehensive and specialist nursing and midwifery knowledge. By supporting mothers and their partners in the transition to parenthood, healthy communities are created for children.

The qualifications for Maternal and Child Health Nurses in Victoria are appropriate for the expectations of the role in working with children and families to achieve optimal health outcomes and need to be recognised. Therefore we propose that this recognition should be reinstated on the register.

Yours sincerely

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