



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

Victorian Association of Maternal & Child Health Nurses (VAMCHN) response to the 'National Registration and Accreditation Scheme for the Health Professions Consultation Paper'.

Victorian Maternal & Child Health Nurse (M&CHN) context of practice:

At present to study MCH a requirement is to have general nursing and midwifery qualifications. It is a stance of the Victorian Association of Maternal and Child Health Nurses (VAMCHN) that these 2 qualifications are necessary and vital to provide the expertise in skills and knowledge required to practice successfully in the MCH role.

The M&CHN role is to provide the components of the Victorian Maternal & Child Health Service (M&CHS) from birth to school entry as directed by the Department of Education & Early Childhood Development (DEECH) in co-operation with the Municipal Association of Victoria (MAV). This is practically achieved by:

- Assessments of the mother, infant and family through monitoring of the physical and emotional health of the child and carers,
- Post natal care of mother and infant and breastfeeding assistance (all M&CHN's in Victoria are also midwives)
- Anticipatory guidance and professional support of the parenting role including antenatal care and advice,
- Provision of primary prevention strategies (SIDS education etc)
- The facilitation of parent education groups/ sessions
- Collection of data re outcome measures: breastfeeding rates, immunisation rates, etc
- Early identification of issues and referral to appropriate agencies
- Meeting the standards of professional practice (see Standards of Professional Practice for Maternal & Child Health Nurses in Victoria by M&CHN Special Interest Group 1999)
- Role commences once the birth notice has been sent by the maternity provider and usually finishes by school entry

Two other M&CHN roles included in the Victorian framework are the

- Enhanced M&CH multidisciplinary team which includes MCHN: this nurse role targets vulnerable families that have needs beyond that of the universal components of the M&CHS. Such as substance abuse issues, post-natal depression, teenage parenting, families with child protection involvement, & immigrant, refugee families newly arrived to Australia and in social isolation.
- M&CH Nurse Practitioner role: this role is for rural and remote communities that have limited health service access where the M&CHNP can prescribe medication and order minor investigations for mothers and infants.

The Victorian M&CHS is of a high standard due to the

- partnership based management of a community based primary health service by local and state governments

- 2 post-graduate educational requirements of the nurses that include Midwifery and M&CH nursing (hence the position title that encompasses both maternal and child health).

This context is of importance to the discussion of national nurse registration as, in Victoria, M&CH nursing is regarded as a specialty field of nursing practice providing nurse autonomy and increased levels of client responsibility. The other states and territories of Australia require less educational prerequisites to practice and have less structured service delivery components. It is the opinion of VAMCHN that the Victorian M&CHS should be seen as the best practice model for a national framework and that the registration of M&CHN's be acknowledged as a specialist area of practice.

This would complement **Proposal 2.1:**

It is proposed that the registration provisions be framed in a way that:

b. builds on the best aspects of State and Territory schemes, rather than the lowest common denominator or replicating one existing registration scheme, and facilitates a smooth transition to the national arrangements

c. enables a robust system that is designed to protect the public

General Discussion of Consultation Paper

Overall VAMCHN has no major concerns with the **Proposal 4.1.1 or Proposal 4.2.1.**

There is a preference for **Proposal 4.3.1 Options 2 or 3** as this is fair and equitable without being too punitive.

Qualifications for Registration as a general nurse dealt with in **Proposal 5.1, 5.2 & 5.3** are adequate but still an approved standard for the responsible boards need to be met when assessing international courses, qualifications and periods of practice in all professional areas.

No comments re **Proposals 6.2.1., 6.2.2., 6.3.1., 6.3.2., 6.4.2., 6.4.2., 6.5.2., 6.5.2., 6.6.1**

PROPOSED TYPES AND SUB-TYPES OF REGISTRATION and proposal 7.1 affect the Victorian M&CHN in 2 significant areas. We want to be able to be endorsed as general nurses, midwives and M&CH nurses with the last 2 qualifications being under "specific type of registration".

f. Recognised specialist qualifications and experience – to allow an applicant with approved specialist qualifications to practise in the specialty.

Under f, this paper emphasises the importance of the skills acquired in general nursing as well as midwifery for entry into MCHN and for practicing in the MCH service. VAMCHN believe that there needs to be careful clarification and distinction of the direct entry midwives scope of practice and that this qualification is not accepted as an entry requirement for MCH education.

Direct Entry are enlisted as Div 3. Should they be under Div 1 (as registered as midwives) with a condition (eg Div 1a) pertaining to other scope of practice?

Proposal 7.3.2. Non practicing registration would have its advantages but would it cover "duty of care" arrangements if eg. a nurse or doctor stops to assist in an accident? This proposal needs further examination in this respect.

Proposal 7.4.1 VAMCHN would endorse **Option 2** as it is most fitting that students have some clinical regulation requirements in all fields of practice with regard to the public.

Agree with **Proposal 7.5**.

Re Proposal 8.1.1, this again is where there may be confusion re midwives, nurses and direct entry midwives and their titles. A direct entry midwife will be a midwife but **NOT** a nurse and yet some midwives will be nurses. This new category will need to be addressed and titles protected for the public good.

In the “Nursing and Midwifery Profession” with titles to be protected, there needs to be some recognition for the specialty of M&CH nursing and the exemplary educational requirements for Victorian M&CHN’s (2 postgraduate qualifications at least). As M&CHN’s often work in isolation and outside a health environment within the community, they have a role and qualifications akin to ‘nurse practitioner’. Victorian M&CHN need to be given nurse practitioner status to acknowledge their scope of practice and education. This would permit a Victorian M&CHN being able to work in all states and territories as a community child & family health nurse but with nurse practitioner registration and remuneration. The child and family health nurses from other states who have not completed 2 postgraduate qualifications in this area can practice in Victoria under the M&CHN title but not as a M&CH nurse practitioner.

OR alternatively there should be a specialty title for M&CHN’s in Victoria that acknowledge their educational and skill base.

There is no discussion in **Proposal 10.1.3**: in the consultation paper of any recognition of nursing specialties (other than midwifery and nurse practitioner) and this is confusing to both professionals and will be even more so to the public.

Proposal 12.1: d. where there are disparities between the types of registration or endorsements available under the national scheme and those conferred by existing State and Territory legislation, wherever possible registrants be migrated across to the national scheme with the widest possible scope of practice that is consistent with public safety. They would then be expected to practice within their competence, with conditions imposed only if it is considered necessary to limit their practice in order to protect the public “