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| Maternal and Child Health Victorian Maternal and Child Health Nurse Student (VMCHNS) employment model |
| Guidance (July 2022)  |
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Table of contents

[Purpose 3](#_Toc108518803)

[Background 3](#_Toc108518804)

[Victorian Maternal and Child Health Nurse Student (VMCHNS) employment model 3](#_Toc108518805)

[Request for implementation and approval of VMCHNS employment model 3](#_Toc108518806)

[Principles 4](#_Toc108518807)

[Employment 5](#_Toc108518808)

[Governance, engagement and reporting 6](#_Toc108518809)

[Overarching Agreements 6](#_Toc108518810)

[Council Action Plans and local level engagement 6](#_Toc108518811)

[VMCHNS employment model 7](#_Toc108518812)

[Continuous learning and improvement 7](#_Toc108518813)

[Attachments 7](#_Toc108518814)

# Purpose

This document is a guide for Maternal and Child Health (MCH) services with extreme workforce shortages[[1]](#footnote-2) to implement a time limited workforce initiative of employing MCH nursing students within a limited scope of practice to undertake MCH program activities from birth to six weeks.

This guidance applies to MCH services with extreme workforce shortages[[2]](#footnote-3) that are working with the Department of Health (Department), the Municipal Association of Victoria (MAV), and Safer Care Victoria (SCV) under an agreed Council Action Plan.

# Background

Due to the impact of the COVID-19 pandemic and other pressures, some MCH services in Victoria are experiencing significant workforce challenges and shortages that is impacting service delivery.

The Victorian Maternal and Child Health Nurse Student (VMCHNS) Employment Model is one of several time limited alternate workforce models that can be implemented to increase workforce capacity and MCH service delivery for those with extreme workforce shortages[[3]](#footnote-4).

This joint model has been developed by the following parties: the Department, MAV, SCV, Executive of the MCH Coordinators Group (Inc), Australian Nursing and Midwifery Federation (Victorian Branch) [ANMF], Victorian Association of Maternal and Child Health Nurses (VAMCHN), Latrobe, RMIT and Federation universities.

# Victorian Maternal and Child Health Nurse Student (VMCHNS) employment model

## Request for implementation and approval of VMCHNS employment model

Local Government (Council) MCH services proposing to implement the VMCHNS model under their Action Plan with the Department will formally request agreement in writing from the Director, Maternal and Child Health and Early Parenting.

Councils will identify suitable MCH students undertaking their studies at Victorian Universities, based on the principles outlined in this document, from:

* Their current pool of students who are undertaking clinical placement and have expressed interest in obtaining ongoing employment with the local council on completion of their course. Councils may offer eligible students the opportunity to participate in the VMCHNS employment model.
* Advertising to eligible MCH students undertaking clinical placement in other councils.

## Principles

The following principles underpin the student model:

1. To be eligible for employment, the VMCHNS will have satisfactorily completed: 150 hours of clinical experience in the MCH program AND the theoretical content to support Universal MCH nursing practice.
2. The VMCHNS Employment Model does not form part of the accredited post graduate diploma (or equivalent) of child and family health. Hours worked in the VMCHNS Employment Model do not count towards clinical placement hours. Employment in this model should not compromise the student’s completion of their MCH tertiary studies.
3. The Council will employ the VMCHNS, to undertake MCH service provision within a limited scope of practice to 6 weeks of age of the infant, in line with the scope of practice of a Registered Nurse and Registered Midwife.
4. The Council shall maintain for the period of the agreement, the employment of the VMCHNS, undertaking the role with a restricted position description, found at **Attachment 1.** Their scope of practice is limited to providing the first three Key Ages and Stages (KAS) consultations, and any supporting additional or telephone consultations 0-6 weeks within the MCH service. The KAS visits include the initial home visit, the 2-week visit and the 4-week visit.
5. The VMCHNS will be employed at one MCH service for a minimum of one day (7.6 hours/8 hours) per week up to a maximum of three days per week to ensure tertiary studies are not compromised and work life balance is in place. Flexibility above three days can be built in on a case-by-case basis.
6. The VMCHNS will be paid 95 percent of the MCH nurse Year 1 rate of pay.
7. To maximise access to clinical support, it is preferrable that the VMCHNS is rostered to work in a dual nurse MCH centre where possible.
8. To promote continuity of care it is preferable that the VMCHNS is rostered to work where a vacancy exists so potentially, based on employment suitability and completion of their postgraduate studies, the employer may make a permanent offer of employment to a MCH nurse position at the Council in this location.
9. On any given day, there must not be more than one VMCHNS rostered per centre.
10. The VMCHNS will receive mentorship and clinical support from a suitably experienced MCH nurse, as well as separate support provided by line management. At all times the VMCHNS must have timely access to an experienced MCH nurse for support.
11. The VMCHNS will participate in clinical supervision provided by the MCH service.
12. At the commencement of employment, the VMCHNS will be orientated to the Council and the MCH Service. As part of this orientation, before practicing independently, the VMCHNS will be buddied with a MCH nurse in the clinical setting for a minimum of 3 days.
13. Throughout their employment as a VMCHNS, the VMCHNS will receive 30 minutes additional administration time to the administration time per day that applies in the employing MCH service.
14. For the initial 2 months of employment as a VMCHNS, the VMCHNS will receive:
	1. An additional 15 minutes of time per KAS consultation that applies in the employing MCH service
	2. 30 minutes of clinical mentorship per day.
15. After 2 months, the VMCHNS, the MCH nurse providing clinical mentorship and MCH coordinator will review the additional time allocated in No.14., and tailor the time based on the progress of the VMCHNS.
16. The additional 15 minutes per KAS consultation can be reduced to the KAS time allocated in the employing MCH service.
17. The 30 minutes of clinical mentorship per day can be reduced to a minimum of 30 minutes per week.
18. The VMCHNS will **not** be allocated to work within the Enhanced MCH Program.
19. The VMCHNS will **not** be allocated to lead or coordinate parent groups, or to provide group work or outreach visits as part of the sleep and settling model of care.
20. As a recruitment incentive, continuity of service as a MCH nurse will include any period of service in the VMCHNS Employment Model, provided any gap between employment as a VMCHNS and an offer of employment and commencement as a MCH Nurse is less than 12 months.

## Employment

1. The VMCHNS employed under this model is required to hold current registration with Aphra as:
	1. Registered Nurse (Division 1)
	2. Registered Midwife, and
	3. in addition to the above registrations, is a student of an accredited postgraduate diploma/degree (or equivalent) in maternal and child health nursing and meet the requirements of Principle 1. outlined in this document.
2. The VMCHNS will be employed by Council and will be paid 95 percent of the MCH nurse Year 1 rate of pay.
	1. Hours of employment per week will be a minimum of one day per week (7.6hours/8 hours) to a maximum of three days per week. Flexibility above three days can be built in on a case-by-case basis.
	2. Any additional hours above one day that may be offered, will be on the mutual agreement between the parties: Council and the VMCHNS.
	3. Spread of hours will be from 0830hrs – 1730hrs.
	4. Penalty rates for Saturday and Sunday will be commensurate with the Councils’ Enterprise Bargaining Agreement.
3. Throughout their employment as a VMCHNS, the VMCHNS will receive 30 minutes additional administration time to the administration time per day that applies in the employing MCH service.
4. For the initial 2 months of employment, the VMCHNS will receive:
	1. An additional 15 minutes of time per KAS consultation that applies in the employing MCH service
	2. 30 minutes of clinical mentorship per day.
5. After 2 months, the VMCHNS, the MCH nurse providing clinical mentorship and MCH coordinator will review the additional time allocated in 4. and tailor the time, based on the progress of the VMCHNS.
	1. The additional 15 minutes per KAS consultation can be reduced to the KAS time allocated in the employing MCH service.
	2. The 30 minutes of clinical mentorship per day can be reduced to a minimum of 30 minutes per week.
6. Clinical supervision will be provided to the VMCHNS in accordance with the principles and purposes described in the [Clinical Supervision Guidelines - Enhanced Maternal and Child Health Program](https://www.health.vic.gov.au/publications/clinical-supervision-guidelines-enhanced-maternal-and-child-health-program) [[4]](#footnote-5)
7. A Memorandum of Understanding (MoU) between the ANMF, DH and MAV (**Attachment 2**) has been agreed as the overarching industrial instrument to approve the VMCHNS Employment Model.
8. A subsequent template MoU between the ANMF and LGA permits an LGA to implement the VMCHNS Employment Model and is found at **Attachment 3**.
9. The VMCHNS will be provided with a letter of employment from Council providing details of their employment as a VMCHNS and restriction of practice. Template at **Attachment 4**.
10. The employment period as a VMCHNS will continue until the student is qualified as a MCH nurse. Once the VMCHNS has successfully completed their post graduate program of study in child and family health, the employer may choose to make an offer of employment as a permanent MCH nurse.

## Governance, engagement and reporting

### Overarching Agreements

The governance of the VMCHNS employment model is guided by an overarching MoU between the Department, MAV and the ANMF (**Attachment 2**). Employment conditions are operationalised through a secondary MoU between the employing Council and the ANMF (**Attachment 3**).

### Council Action Plans and local level engagement

The governance structure for monitoring the agreed Council Action Plan, including utilisation of the VMCHNS model, is the Manager of MCH services of Council and the Manager, Maternal and Child Health Programs (Department).

Regular meetings will occur between participating Councils with the Department, MAV and SCV to monitor progress of the Action Plan to address extreme workforce shortages.

Councils who are participating in an Action Plan and utilising the VMCHNS model will report their activity during regular scheduled meetings held with the Department.

Reporting activities of the VMCHNS model include:

1. number and FTE of VMCHNS employed
2. what is working well, what is not working well and what areas require adjustment (continuous improvement cycle)
3. progress to permanent employment on completion of postgraduate course.

Reporting will continue until the temporary arrangement ceases or the student/s successfully complete the requirements of the post graduate course in child and family health nursing. Reporting of the outcomes of the VHMCNS model will be tabled by the Department and discussed at the Maternal and Child Health Nursing Post Graduate and Workforce Planning Collaboration Group meetings.

#### Local level engagement

Implementation and progress of the Council Action Plan including the VMCHNS employment model will be discussed through established meeting/consultation processes already in place with MCH staff at an LGA. This could include regular staff meetings and/or a local consultative forum. This will ensure all MCH nurses and other staff, including ANMF delegates, are consulted and can feedback on the implementation and operations of the VMCHNS employment model. Knowledge gained from local services will feed information into the VMCHNS consultative forum held during the Maternal and Child Health Nursing Post Graduate and Workforce Planning Collaboration Group meetings.

### VMCHNS employment model

#### VMCHNS consultative forum

Progress of the VMCHNS employment model will be tabled as a regular agenda item at the Maternal and Child Health Nursing Post Graduate and Workforce Planning Collaboration Group meeting. Membership of this group includes the Victorian Universities providing postgraduate courses in child and family health, the Department, MAV and SCV.

The monitoring and implementation will be supported by an ongoing consultative forum (*VMCHNS consultative forum*) comprising representative/s from the Department, MAV and SCV in consultation with the Australian Nursing and Midwifery Federation (Victorian Branch) [ANMF], the Victorian Association of Maternal and Child Health Nurses (VAMCHN), Executive of the MCH Coordinators Group (Inc), MCH nurses and students from participating LGAs, Latrobe, RMIT and Federation universities.

The *VMCHNS consultative forum* will join in the Maternal and Child Health Nursing Post Graduate and Workforce Planning Collaboration Group meeting via a VMCHNS agenda item.

The *VMCHNS consultative forum* will operate in accordance with the Terms of Reference of the Maternal and Child Health Nursing Post Graduate and Workforce Planning Collaboration Group (**Attachment 5**).

## Continuous learning and improvement

A continuous learning and improvement cycle of the VMCHNS employment model will be undertaken. This will be led by the *VMCHNS consultative forum* within the Maternal and Child Health Nursing Post Graduate and Workforce Planning Collaboration Group meetings.

Monitoring of the implementation will include learnings of what is working well, what is not working well and what areas require adjustment for improvement.

The learnings and adjustments will inform if the VMCHNS model has been successful as a workforce strategy and has acceptability of MCH students and the workforce.

## Attachments

1. Victorian Maternal and Child Health Nurse Student Position Description Template
2. Memorandum of Understanding between the ANMF (Victorian Branch) and DH and MAV
3. Memorandum of Understanding between the ANMF (Victorian Branch) and LGA - Template
4. Letter of Offer of Employment - Template
5. MCHN Postgraduate Nursing and Workforce Planning Collaboration Group – ToR

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| To receive this document in another format phone 1300 651 160 using the National Relay Service 13 36 77 if required, or email Maternal and Child Health and Parenting <mch@health.vic.gov.au>.Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.© State of Victoria, Australia, Department of Health, July 2022. In this document, ‘Aboriginal’ refers to both Aboriginal and Torres Strait Islander people. ‘Indigenous’ or ‘Koori/Koorie’ is retained when part of the title of a report, program or quotation. |

1. ,2, 3 MCH COVID-19 Response Recovery April 2022 [↑](#footnote-ref-2)
2. [↑](#footnote-ref-3)
3. [↑](#footnote-ref-4)
4. Clinical Supervision Guidelines - Enhanced Maternal and Child Health Program (State of Victoria 2018, reissued 2019) [↑](#footnote-ref-5)