T R A N S C R I P T

FAMILY AND COMMUNITY DEVELOPMENT COMMITTEE

Inquiry into perinatal services

Melbourne — 27 November 2017

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Witnesses

Associate Professor Phil Maude, discipline leader, nursing, RMIT University.

The CHAIR — I welcome to these public hearings Associate Professor Phil Maude, who is the discipline leader of nursing at RMIT University and a member of the Council of Deans of Nursing and Midwifery. Thank you for attending here today. All evidence at this hearing taken by the committee is protected by parliamentary privilege as provided by the Constitution Act 1975 and subject to the provisions of the Parliamentary Committees Act 2003 and other relevant legislation. Any comments you make outside the hearing will not be afforded such privilege. It is a contempt of Parliament to provide false evidence. These proceedings will be recorded and you will be sent a proof copy of the transcript. Thank you for coming here today, Associate Professor. Just to clarify, are you here representing RMIT or the Council of Deans of Nursing and Midwifery?

Assoc. Prof. MAUDE — The Council of Deans of Nursing and Midwifery. I am on the executive of the council of deans. I have to apologise — my tooth broke off on Saturday. I am getting it fixed this afternoon, but I am a bit lispy and I am not very smiley — or if I am smiley, I will be frightening. I have been head of nursing at RMIT since last year. We used to have a midwifery program. My personal background is I am a registered nurse; I am not a midwife. I am a man as well, but I am also a mental health nurse and an addiction specialist. So the deans thought that that might be beneficial for you.

The CHAIR — I now invite you to make a 10 to 15-minute submission, and then we might ask you some questions and try to get the most out of that lisp if we can.

Assoc. Prof. MAUDE — Sure. We circulated this amongst the deans of nursing for Australia and New Zealand. We meet three times a year, and we are the peak body organisation. We look at the quality standards of university education for nurses and midwives across the country. It is a very collaborative and supportive group. We are also trying to be the voice for tertiary education for nurses and midwives around changes to practice, and we promote the public image of nursing and midwifery. So in our submission we talked a little bit about pathways to higher education and did a little bit of a review of that as well, so we had the old diplomas of nursing many, many moons ago, and nursing went to a bachelor of nursing degree probably in the mid-1990s. Midwifery is split off as a separate degree in Australia. It is not the same in other countries in the world, but in Australia we did this and it can be a separate direct-entry degree.

Victoria has very different requirements for neonatal, intensive care nurses, and child and family health nurses, as do other states. So in Victoria you must be a registered nurse to go on to do that postgraduate training and have midwifery as well. In Queensland, for example, you could be a single-trained midwife or a single-trained registered nurse and go into that profession. In Victoria we are concerned about the amounts of people who have those dual qualifications that will then come on, and also there is a concern that there is an enormous commitment from what is largely a group of women that also have interference with their study through birthing themselves. So it is a commitment of a three-year degree in midwifery or nursing and subsequent postgraduate qualification, and if they go to child and family health it is a subsequent year again to go on.

In many of the hospitals across the country midwives can work in the neonatal intensive care unit but it is at the discretion of the manager of that particular unit to determine what their skills are. There are also a range of short courses and packages that are available to people. There are scholarships also available for registered nurses and midwives to move onto those professions. In Victoria I do not know about the neonatal intensive care take-up, but for child and family health nursing there are around 120 students every year that go into the program at La Trobe and at my university, RMIT.

In clinical practice for the undergraduate midwives and the nurses there is very little opportunity to expose themselves to child and family nursing. There can be a rotation of three to four weeks where they will have an experience in supernumerary and those positions. There are also double degrees, where nurses can do a four-year degree which gives them a midwifery qualification as well. RMIT actually had a midwifery program until about four years ago. It was extremely expensive to run and to fund, so the midwifery programs have higher staff-to-student rates than does nursing, and a lot of direct supervision and the ability to actually witness births. It is very difficult to provide that, so we bought out of the market. My understanding is a number of the universities are also considering that as well, so we will have a small group providing midwifery education.

On the availability, quality and safety of health services, we talked about the problems with some of the emergency services that existed across the state and access. When I was reading this over the weekend I was thinking there is always a disparity between rural and metropolitan, but metropolitan is not just one piece of cake. I would say the services that are available for women in the inner city would be very, very different to the

services at regional locations like Geelong, which is almost a suburb, or out to Frankston, and in those outer areas where accommodation is cheaper there are lots of young people having births.

Also services seem to start once a woman has had the baby or is pregnant. There does not seem to be very much information around giving women and families choices around the impact of having this child. A lot could happen in the future with them. There is certainly not a lot of education, I find, in child and family health or neonatal intensive care nursing around identifying problems with the potential for postpartum depression or postpartum psychosis, which is quite severe, and very little focus on the man and the impact of this on the man or the extended family if a woman should have these particular problems.

Many of the screening tools that exist too do not look at the most severe case, which is homicide of the child — and this can occur. We have just seen something in the news of a person who drowned their child. Is a very sad incident that occurs but it does happen. So screening is really essential, and the ability to actually screen and then access services early and intervene is very important. A woman can deteriorate into depression and then into postnatal psychosis within eight to 12 days of the birth, and the services do not always necessarily have the appropriate follow-up for that woman.

On the adequacy of the number, location and distribution of things, we think that education and professional development pathways need to maintain skills for practitioners, but we thought that it should not just be nurses. It should be community nurses, midwives, GPs and particularly nurses working in GP practices — anyone who can screen for problems needs to be made aware of this as a potential problem during the pregnancy rather than after the birth.

We of course call for increased government support for services and also increasing services in education and professional development pathways. We believe that the skilled midwifery and sustainable education models need to exist to support ongoing workforce needs.

The CHAIR — Fantastic.

Assoc. Prof. MAUDE — Thank you, I hope I can answer some of your questions as a toothless male.

The CHAIR — I am sure will be able to. I am sure you are not toothless.

Ms McLEISH — Still with a bite.

The CHAIR — I might start. We have heard a lot and we have read a lot about workforce issues with resourcing and an ageing workforce and not being able to replace that ageing workforce. Cindy hit the nail on the head with a previous witness, who said it has been happening for 20 years. I would like to extend that line of questioning and just ask you, in your opinion, what are we doing wrong? Is it that we are not planning for this? Is it not a job that people are attracted to? How do we make it attractive in that case and what can the state government do?

Assoc. Prof. MAUDE — Yes. It is an issue that has been around for some time — the ageing workforce. The workforce always seems to be a couple of years older than me each year I look, which kind of makes me feel a bit happier, but we are looking at a workforce that is in its 50s now. We are also looking at that workforce being an experienced workforce, so it is engaging young people into nursing. The deans of nursing are about to spend about $400 000 on a campaign targeted specifically at secondary students to try to lift the image of nursing and options for nursing. I have also looked at some programs that have existed across the United States, where they have actually been targeting males to come into nursing as well.

The CHAIR — So that is the deans of nursing at RMIT?

Assoc. Prof. MAUDE — No, the college of the deans of nursing. We are trying to fund that at the moment, and we will do that once the campaign is appropriate. So it is trying to engage secondary students with the idea of coming into nursing. Then when you go into nursing I think the idea of nursing is, 'What is a nurse?'. So a nurse could be a patient care assistant, a nurse could be an enrolled nurse, a nurse could be a registered nurse. Then we have got a whole range of specialists in nursing as well, and none of that seems to be differentiated by the general public. They do not seem to understand the extent of work that you need to do to become a registered nurse and then to become a specialist, and then also the commitment that nurses have to make in education to continue on. It is usually service driven as well, so you go into a position to be promoted, and in

that particular position you have to go on to do postgraduate education. It is quite a commitment. Again, we are talking about a largely female workforce here. Only about 16 per cent of the workforce are males. I heard that there was one male child and family health nurse in the whole of Australia.

The CHAIR — Seriously?

Assoc. Prof. MAUDE — Seriously, yes. Of course females do not go into midwifery either. Some do, but few do. Also I notice there has been quite a drop-out in our first year at RMIT of males. They are just dropping out of nursing. I am not sure why that is. It is one of the things that I want to look at. Anyway, the nurse will come in. They will progress, but they also have a break in their career; and with that break in their career, if it is quite a long time, they have to retrain to come back into their career.

Ms McLEISH — It is really good to actually have somebody like you come in and talk to us about this area. We hear little bits here and there. You mentioned before about the universities intending to get out of midwifery, saying it is very expensive and very intensive. So do you see that then being the general nurse again and people specialising in midwifery through that?

Assoc. Prof. MAUDE — There is a pathway; you can do postgraduate midwifery. My personal recommendation to somebody would be to become a nurse and then do midwifery, but there is a whole group of people, particularly midwives, who would completely disagree with me. My concern has been — and some of the things I have heard from the hospitals have been — that the midwife who graduates will work in the birth suite and work in the midwifery area, but then it is very difficult to use them in other areas of the hospital, which you would traditionally do with the nurse.

The CHAIR — We have heard that.

Assoc. Prof. MAUDE — Yes. However, the nurse does not have that expertise also to work in the birth suite, so there needs to be kind of a marriage of the two. I guess the double degree is one of the best. The deans of nursing actually have a position at the moment that we are working up, which is to move nursing from a three-year degree to a four-year degree, which would incorporate some of the specialisations that we need for a person to work in a contemporary workforce.

Ms McLEISH — Have there been more people doing the postgraduate?

Assoc. Prof. MAUDE — Have there been more?

Ms McLEISH — Has it been an increase or is it a steady number?

Assoc. Prof. MAUDE — It is fairly much a steady number, and it is governed very much by what industry requires. It tends to be that industry will tap you on the shoulder and say, 'Do you want to work in this area? If you want to work in this area, we'll bring you into this area, but you must do postgraduate qualifications'. For child and family health nursing, for example, they do most of their training through councils, so the nurse that goes off to do that has completed midwifery and general and has then gone to the council in unpaid clinical work time, and that is again a very big commitment.

Ms McLEISH — There is just one other question I have. We had representations from Sands Australia, and one of the issues that they raised with us was people within the medical profession dealing with people who have suffered a stillbirth or a live birth that has died in hospital — even a sonographer, for example — and the language that they used. Do you know of any training within any of the nursing degrees that touches on this?

Assoc. Prof. MAUDE — I had training in my own degree, but I have not seen it in the contemporary current degrees. So we were exposed to it for about a 2-hour time frame.

The CHAIR — Is there any training at all about bedside manner?

Assoc. Prof. MAUDE — Well, there is a constant problem in nursing, which is communication being the key to the degree. It really is the key to the degree, and it sort of leaks out of the curriculum as other things come in. My own curriculum has got a lot of communication in it, and counselling. There is a bit of a problem that we have been discussing, which is that the way we would normally communicate is not the same way that young people do. An example of that is when I used to go to the university I would be hanging out with people talking

about the assignments, complaining about the staff, blah blah blah blah blah. The students of today do not do that. The students do not attend class, so we would be lucky to have 20 or 30 per cent actually attend class on campus. They are picking up everything by digital means, and I notice when I come to the lectures there will be a wall as long as that and all the students are in a line looking at mobile devices, discussing things with mobile devices and not talking. So then trying to translate that to coming into a room and speaking to people about everyday things, let alone sensitive things, is quite difficult. So it is a big jump that they have. I would say the university prepares them, but the hospital is really making that transition in the graduate years for them with the sort of supervision they are being given in the graduate years.

The CHAIR — Have you got a cheer squad down there?

Assoc. Prof. MAUDE — No, I think it might be you.

The CHAIR — I only ask that — and in the context I know it seems silly — because we actually did hear something that was just unbelievable before about the bedside manner of a practitioner with someone who had lost a baby. It is beyond belief that people actually do not go through some sort of training, probably more, too, around bereavement and dealing with people who have experienced loss.

Assoc. Prof. MAUDE — Yes, and not just children. I heard a story from one of the hospitals about a month ago about someone who had died. The family came in and they basically said, 'Oh, he's in that room', and forgot to tell the family that their father had died. I mean, it is extraordinary, really. Thinking about compassion and thinking about other people — I do not know where that is.

The CHAIR — Can you follow that up, Maree?

Ms EDWARDS — I can. Training midwives using mobile phones, training nurses using mobile phones, child birth via the app — I think that is the way we are heading, isn't it? You just take your app into the birthing suite and follow the instructions.

Assoc. Prof. MAUDE — And complete the multi-choice question.

Ms EDWARDS — That is right.

Assoc. Prof. MAUDE — Or multi-guess questions, as the students say.

Ms EDWARDS — And the survey.

Assoc. Prof. MAUDE — Yes.

Ms EDWARDS — You talked about moving the three-year degree to a four-year degree for nursing graduates with some specialisation around midwifery included in that, which I think is a great idea. Would you then determine whether those trained nurses would qualify to work in the higher level of maternity suites or just the lower level, like the level ones and twos and maybe threes?

Assoc. Prof. MAUDE — That is our aim. We are at the beginning of some discussion about this, but we seem to be looking at a model where there will be more clinical practice in the final year and maybe even partnerships with health services so that in the final fourth year they could be semi-employed and still completing some theory programs.

Ms EDWARDS — So in a maternity unit that is qualified to do a higher level of maternity care.

Assoc. Prof. MAUDE — And of course we have got an enrolled nursing course. Now the diploma has gone to a two-year diploma with an increase in literacy. We have a really good national diploma, I think, but that is a workforce that is largely untapped.

Ms EDWARDS — So in terms of where the state government sits in its role in supporting the expansion of places for, in particular, midwives, which we know we have a big shortage of in Victoria — and maternal and child health nurses for that matter — how would you see the state fitting into that and what role would that be? Is it about additional scholarships, different training methods, different training ideas?

Assoc. Prof. MAUDE — I think it is bringing people together to think about how they could increase clinical placements, what those placements would be and how they could maximise those, and making people more aware of the funding and how that goes to health services. For the registered nurse, for example, funding goes for every postgraduate student and every undergraduate student. I am not sure about the amount for an undergraduate student, but it is about $16 500 to the hospital for a postgraduate student or postgraduate midwife to support and provide that training. That is pretty good money and a good incentive, but in child and family health nursing, because it is the councils, this funding does not go to them.

Ms EDWARDS — Yes, of course. You mentioned in your submission the interdisciplinary community-based programs that you thought were a really good idea, which would incorporate the midwives, the health workers, the general practitioners and others. Could you explain that model of care and how you see that?

Assoc. Prof. MAUDE — It fits kind of more with the idea of the primary model of care, and there is a very important thing to think about, which is the destigmatisation of mental illness and mental health problems. What I have heard quite a bit from community services and councils is they are fearful of engaging mental health services because they think that once you are engaged in the mental health services they will come in and incarcerate them. 'What will happen to these people?'. But most of the public do not seem to be aware that they can access services through the GP that can be triaged to other services. So I think there needs to be a stronger working together in the regions of these services in capturing what people do, even if there were interprofessional study days. From a GP perspective they would want nurses who can actually do more screening and support and know where they could provide those services and make those recommendations to.

Ms EDWARDS — I am just a little curious about the Council of Deans of Nursing and Midwifery. That is Australia and New Zealand?

Assoc. Prof. MAUDE — And New Zealand, yes.

Ms EDWARDS — How many members?

Assoc. Prof. MAUDE — It is a representation from each of the universities across the country and New Zealand, so it is about 38 or 40.

Ms EDWARDS — And the majority would be women?

Assoc. Prof. MAUDE — Yes. They look after me very well.

Ms EDWARDS — I was going to say you are probably outnumbered, actually.

Assoc. Prof. MAUDE — There are probably three males, and I am the only mental health nurse as well that is in that position.

Ms McLEISH — Can I just ask you: is that 38 to 40 different bodies?

Assoc. Prof. MAUDE — Thirty-eight to 40 representations from universities across New Zealand and Australia.

Ms McLEISH — So each one has got one representative?

Assoc. Prof. MAUDE — Yes, and we pay and contribute to the workings — so each university pays and contributes to the workings of the council.

Ms EDWARDS — The reason I went down the path was I was interested in the collaboration between the universities around the future of the training of nurses and midwives — particularly midwives — and maternal and child health nurses. Is there any collaboration currently underway to identify how it can be done faster and better?

Assoc. Prof. MAUDE — Well, we have usually a two-to-three-day meeting three times a year. It is an extraordinarily collaborative organisation, and in my role I have just found them so helpful. I have people that I can pick up the phone and help and I also receive support and assistance as well. We have discussed the issue of

midwifery education at the last three events that I have gone to. We do not always come up with solutions. There is also a mechanism for people to come and make submissions to us or to ask us to solve problems or resolve issues. But recruitment is very much on our agenda, and the issue of whether midwifery should be a separate degree or should be a postgraduate qualification comes up practically every meeting.

Ms COUZENS — Thanks for coming in today.

Assoc. Prof. MAUDE — That is all right.

Ms COUZENS — Just following on with the training discussion, what do you think needs to change to put that human factor back in there? If students are sitting there on apps, do you think they need to go back to that hands-on training?

Assoc. Prof. MAUDE — That is a constant question that we have, I think. I also want to acknowledge that many of these people coming into degrees are very young and quite naive. For example, sometimes a girl will receive a poor mark and it is the first time, if she is lucky, that she has had bad news in her life, so we will get a lot of tears. They are not often very resilient and robust, and that is something we have got to really, really instil in them. So sometimes when they make comments, like what you have said before, it could be a nervousness or a comment or they just do not know whether they have come across these situations before.

Ms COUZENS — So do you think that needs to be a part of their actual training?

Assoc. Prof. MAUDE — Yes. Communication, and we need to use more simulation and actor-led discussion. So in nursing education and midwifery it is very much about simulation around adverse events — code blues, cardiac arrest — but it is not about things like the deteriorating patient who is wanting to leave, the woman who is refusing services or going into domestic violence situations. I try and expose our students to various cultures and approaches, and they are often naive to that —

Ms COUZENS — So Aboriginal culture as well?

Assoc. Prof. MAUDE — Yes, so that is actually a standard right across Australia now that every bachelor of nursing program — I am not sure about midwifery — has an Indigenous health course, and the new diploma of nursing has quite a lot of that there that exposes them to that. New Zealand has a different model.

Ms COUZENS — Okay.

Ms McLEISH — It is still within their Indigenous culture?

Assoc. Prof. MAUDE — But it is still within their Indigenous culture, yes.

Ms COUZENS — So what needs to happen to get that human factor back into nursing, do you think?

Ms EDWARDS — Take their phones.

The CHAIR — Disconnect the wi-fi.

Ms McLEISH — Lock them in a room.

Ms EDWARDS — And take away their phones.

Assoc. Prof. MAUDE — Actually we have just done a reaccreditation of our degree, and one of the things I have been focusing on in that degree is looking at the assessment across the three years. It is cheap and easy to provide exams, but that is not the best way to teach people human behaviours. You referred to the old schools of nursing earlier. One of the old nursing theorists, Hildegard Peplau, said nurses use tasks to go to see the patient. I think you have to understand that if I said to you, 'Let's go to the pub and I want you to go and speak to every single person in that pub and introduce yourself', it is a bit weird, but it is just as weird for student nurse who has to go into the hospital and have to go and speak to people, particularly about sensitive things and sensitive issues. So we give them vehicles. We have these things like assessment checklists, where they have to go and actually talk using a guided tool, and then hopefully that will progress to more creative discussions. But in the postgraduate level we are hoping that they can throw those to the side and actually just have a 'So, what's going on in your life at the moment? What's bringing you to me today?' type of discussion. That is something that I

guess some people will never get, but some people will learn over time, and reflexivity is so important. Being able to go away at the end of the day and think, 'How could I have done that better?' is so important to embed in the programs.

Ms COUZENS — And in terms of mental illness, earlier we touched on mums that kill their babies, which, as you say, we have heard recently in the news — and some fathers do as well of course —

Assoc. Prof. MAUDE — Yes, that is true.

Ms COUZENS — So what needs to happen in the system to be able to at least deal with some of those issues, like picking them up before it actually happens?

Assoc. Prof. MAUDE — I think within families too they do not want to see someone who is mentally ill. Honestly they would rather you had cancer than get mental illness in some families because the stigma is so great. Certainly in some cultures as well it is incredibly grey. I think also in some relationships where they are really quite violent one of the parties is hoping that things will always get better. So it is difficult to intervene unless we can pick up the signs early and look for those signs.

Ms COUZENS — So how do we do that?

Assoc. Prof. MAUDE — I think we need to actually almost have it on the agenda. So if somebody was talking to me about feeling a bit sad lately, in the back of my mind is always to ask the question, which is, 'Have you thought about harming yourself or hurting yourself in any way? Have you got supports in place?'. We probably need to be a little bit more proactive about, 'What is going on at home?' and, 'Are you are getting adequate support?' and, 'Are you asserting yourself in the relationship?'.

Ms COUZENS — Should that be happening during the pregnancy, though, rather than after birth?

Assoc. Prof. MAUDE — Yes. I think it should be happening during the pregnancy. After birth seems to trigger everything, but it is too late. Then of course what do we do with people who have a history of mental illness who are also choosing to have babies? Where are the services for them, and would they fit in with mainstream services? So if you have got bipolar disorder and you are manic and a little bit out there, you may be a fit for some services but other services would find you very challenging.

Ms COUZENS — Do you think that should be part of the nursing training?

Assoc. Prof. MAUDE — Yes, definitely. It is one of our stances, actually, that mental health is embedded right through our curriculums. It does not always work, though. At RMIT we have got two core courses and an elective, and we also have guaranteed hours in mental health — they must have 200 hours of mental health. At other universities, no, they do not have that. Our stance is that you will use these skills wherever you go, be it as a midwife or be it as an intensivist working in emergency. I think we have a higher uptake for mental health because of that, too. Also in the literature it is very clear that if that student nurse is not exposed to the area, they are very unlikely to go forward into that area.

Ms COUZENS — Okay. So would you agree that the cost involved in that is prohibitive for a lot of the universities? In providing the training in those areas in terms of mental health, family violence and —

Assoc. Prof. MAUDE — I think it has just never been really the big focus. Universities respond very well to being tasked to do things — so if it is brought up as an issue and they are tasked to do things — but they also have to be monitored, because they will drop off very quickly. What I have found as head of department is that people have interests and specialties and the course very quickly drifts to that.

The CHAIR — Just one last question, Professor. Is there a noticeable disparity between the amount of effort required to do a three or four-year degree in nursing and whatever the postgrad is and the pay level, compared to other schools at RMIT? Could people be thinking, 'I'd like to be a nurse', but then they look at some of the facts and figures and hear from some of the nurses and think, 'Well, for the amount of effort, could I be going to another school or another faculty and doing another degree and having a lot more options in the future as well at a different pay grade?'.

Assoc. Prof. MAUDE — Yes. I think nursing is a bit of a vocation as well. We have about a 20 per cent dropout — do not quote me, but it is about that — from the grad-year programs. I suspect that is many people who have gone in to do a nursing degree but it is not really for them. But that is the same with business; that is the same with all sorts of areas. The amounts of money that the nurse can make when they finish with the shiftwork is quite good. It is about $56 000 in Victoria for a graduate nurse, no matter which bachelors program they have finished, and then with penalties they can get up to $65 000 or $70 000 in their first year, so I actually think that is quite good. I think most of the general public seem to think that nurses are paid very poorly, but we are not really. There is a career structure for them to move up five levels. Postgraduate qualifications often give you an allowance as well. So for mental health it is about an extra $3800 a year in your salary. So they are all really good incentives, I think, for people to continue. I do not know how well they are articulated. This is the perfect opportunity for the government to say, 'Look how we're supporting our workforce. Look how the workforce contributes'.

Ms McLEISH — I do not know how well you know the other institutions, but with RMIT, for example, do you get many country students coming down?

Assoc. Prof. MAUDE — Yes, we do. I have got one girl from Warrnambool, for example — as far away as that — and one from Mildura.

Ms McLEISH — What would you have — 30 per cent, 20 per cent?

Assoc. Prof. MAUDE — About 30 per cent, I would say.

Ms McLEISH — Do you think that would be typical across the —

Assoc. Prof. MAUDE — I would say so, but many of the institutions have quite high numbers of international students coming into Australia and leaving. With our institution we have a small cohort coming in. We capture people from all the way up to Shepparton — quite a large cohort up to Shepparton.

Ms McLEISH — During our inquiry we have heard a lot about a shortage of midwives in rural areas in particular. What do you think is needed to entice people to the country or what works to get them there?

Assoc. Prof. MAUDE — A fast train — that would be helpful.

Ms COUZENS — We have announced that.

Ms McLEISH — Seventeen minutes?

Assoc. Prof. MAUDE — I think there are incentives. I used to work at the Alfred hospital. That is an inner-city, busy, busy hospital. I noticed young people would come, they would work there, they would be very happy in the organisation and then they would move because of accommodation. They could not afford to continue living the St Kilda lifestyle. They would move to the outer suburbs and they would move to Eastern Health or Werribee Mercy or somewhere like that.

Ms McLEISH — Would the country people go back to the country?

Assoc. Prof. MAUDE — Many of them want to go back to the country, and many of the country people actually want clinical placement in the country. I must put this forward: I have noticed New South Wales actually has incentives for students to do placements in the country. They provide them with some funding. Our students will go to the country and it can be anything from $20 a day to much, much more for the accommodation for them to go there.

Ms McLEISH — Is that nursing or midwifery, or both?

Assoc. Prof. MAUDE — Nursing and midwifery, yes, both. Many of the hospitals have accommodation but charge an amount for it. It is a fantastic opportunity for them.

Ms McLEISH — They have got the old nurses homes, haven't they?

Assoc. Prof. MAUDE — Yes, some of them have the old nursing homes. Some of them are houses that they have purchased.

Ms EDWARDS — I just wanted to ask about the nurse-patient, midwife-patient ratios, and if you think that introducing that has had an impact for both babies and mothers in terms of better outcomes?

Assoc. Prof. MAUDE — Yes. Before we had these nurse-patient ratios, midwife-patient ratios, you could just have an extraordinary amount of patients that you had to care for, so that meant you were limited in conversations with people. My observation is the patient who is happy and chatty is the one the nurse will speak with, and probably the midwife as well. It is the depressed woman down in the corner that does not get the attention or the support because they are just too hard to engage with. We have brought in something in the hospitals that sounds simple but it is very effective — rounding, which means the nurse must actually go around and speak to each patient across the course of a shift. You would not think you would have to remind them to do that, but you do.

Ms EDWARDS — You would not have any data on, say, since that was introduced and pre that being introduced around say, infant mortality or perinatal on mothers?

Assoc. Prof. MAUDE — I know there is data on the amount of adverse events that have been reported and not missed.

Ms EDWARDS — Do you have that data?

Assoc. Prof. MAUDE — I could provide it if you need it.

Ms EDWARDS — Yes, that would be really helpful.

The CHAIR — Much appreciated. If you could pass that on to Greg, that would be fantastic.

Assoc. Prof. MAUDE — Thank you.

The CHAIR — Thanks so much for answering all our questions and whatnot, and thank you for your time today.

Witness withdrew.