



Rostering

It is the policy of the Australian Nursing and Midwifery Federation that:

1. Nurses, midwives and assistants in nursing* need suitable periods of rest, relaxation and recreation as shift work impacts significantly on physical, psychological, family and social well being;
2. Rostering systems must be developed to: optimise the work health and safety requirements of nurses, midwives and assistants in nursing; conform to the provisions in the relevant industrial agreement; adhere to education priorities; and accommodate each employee's leave entitlements;
3. Rosters should be prepared to achieve an appropriate balance between the needs of the persons for whom care is provided, and the rights and needs of the employee;
4. Rosters should be prepared to provide appropriate staffing numbers and skills mix to ensure that:
 - 4.1 quality nursing and midwifery care, including continuity of care, is available to each person receiving care for all shifts 24 hours each day, 7 days each week, or during the hours of operation of the service; and
 - 4.2 there is sufficient nursing and midwifery staff with appropriate skills mix available for known fluctuations in demand, for example, admission periods, surgical lists, or procedures and acuity levels;
5. Rosters should facilitate effective communication between nursing/midwifery and other personnel such as medical practitioners and allied health professionals so that nurses and midwives are available for multidisciplinary discussions with, and about, the persons for whom they provide care;
6. Rostering practices should include adequate time for supervision, both direct and indirect, of new nursing/midwifery staff, early career nurses and midwives, students and/or other health personnel;
7. Rosters should include adequate overlap of each shift to allow for safe clinical handover procedures, including identifying work health and safety risks such as workplace violence and aggression;
8. Rosters must allow as a minimum, the break between all rostered shifts as specified in the relevant industrial agreement;
9. Rostering practices should consider evidence-based research which recommends minimum break hours between rostered shifts, shift rotations, the number of consecutive shifts of any type, and other specific recommendations as they become available.
10. Use of oncall rostering should be fair and equitable and work within the limitations of rostered shifts abiding by the oncall provisions in the relevant industrial agreement;
11. Rosters should be posted well in advance of their implementation and in accordance with the relevant industrial instrument in order to facilitate work-life balance for nurses, midwives, students of nursing and midwifery and assistants in nursing;
12. Roster patterns should be distributed equitably between individual employees considering their individual preferences. All nurses, midwives and assistants in nursing should be actively involved in the assessment of roster patterns including reviews of equity;
13. Rostering policies must serve to protect individual employees against discriminatory practices;

*The term assistant in nursing also refers to care workers (however titled)



14. Preparation of rosters should be at the local level to allow for participation by nurses, midwives and assistants in nursing including self-rostering. Centralised preparation of rosters should be negotiated with the relevant state or territory Branch of the Australian Nursing and Midwifery Federation (ANMF);
15. Supplementary back up rosters should be implemented and maintained to ensure an efficient and reliable process for backfilling unexpected vacancies or shortfalls of nurses, midwives and assistants in nursing including where there are unexpected fluctuations in workloads directly related to patient acuity.
16. Planning for, implementation and monitoring of roster patterns that include 12 hour shifts must include representation from the relevant state or territory Branch of the ANMF and be in line with relevant industrial awards and agreements, legislation (specifically work health and safety) and evidence;
17. Rostering practices should allow staff to access professional development or in-service programs without increasing workloads and with consideration of shift type worked;
18. An employer must consult with employees and the relevant state or territory Branch of the ANMF where any significant change is proposed to the established rostering arrangements or policies of the specific health or aged care services, and in accordance with the relevant industrial award and agreement;
19. Any additional matters relating to rosters should be negotiated, including in this process, employees, the relevant state or territory Branch of the ANMF and the employer, to prevent ad hoc or inconsistent patterns of rostering;
20. Any new strategies to minimise potential effects of shift work on nurses, midwives and assistants in nursing should be disseminated, agreed upon and implemented into rostering systems as soon as practicable.

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