



MERAS Roster Principles

Principles

The parties agree that to the extent they are capable they will ensure Midwifery workforce planning and rostering meets patient and maternity care service requirements, whilst providing sufficient education opportunities and a reasonable work/life balance for employed midwives.

The appropriate budget is provided so that the agreed staffing numbers can be provided each shift.

Definitions:

Roster request: this is generally an indication by the midwife as to particular days that she would like off duty, or where she would like to work a particular shift on a day. Roster requests are not the way to indicate a preferred shift pattern (see semi-self rostering)

Semi-self rostering: this is where midwives might indicate their preferred roster pattern on the draft roster. In these situations midwives should still indicate roster requests as the roster coordinator may need to make adjustments to the indicated roster pattern.

Shift preference: this is where midwives have a preference to work particular shifts or particular days of the week. Shift preferences can often be supported where these are unpopular shifts (eg nights).

Set roster pattern: this is where there is an agreement for a midwife to work set days of the week each roster. This is generally done as a roster preference rather than being employed to just do those days.

Development of the Roster

- Rosters will be published not less than 28 days prior to when they apply and then can be changed only by mutual agreement. Less notice may be given in exceptional circumstances.

- An agreed system (such as draft roster) is in place for midwives to record roster requests, shift preferences and preferred shift patterns before the roster is developed.
- Every effort should be made to accommodate roster requests.
- Any approved education days or annual leave will be noted on the draft roster.
- Midwives who do not have shift preferences should expect a balanced allocation of shifts in any roster based on hours worked. For those doing 8 hour shifts a third of shifts will be AM, PM or night shift. For those working 12 hour shifts 50% will be days or nights.
- The number of shift changes between any period of work should be minimised unless more are requested to a maximum of 2 shift changes in any period of work.
- Rosters may be for a 4 or 6 week period with hours rostered within every two week period to reflect the pay periods unless there is a locally agreed variation to this.
- The development of the roster may be delegated to a midwife to complete but the Charge Midwife has final sign off.
- The roster will be developed in the week prior to publication date.
- The roster should be completed for those midwives who work most hours first, ensuring they have a fair and evenly distributed roster pattern with a variety of days off.
- Midwives should anticipate at least one weekend off duty each 4 week period unless their preference is to work these.
- Once the roster is complete midwives may swap shifts with colleagues but this needs to be approved by the Charge Midwife and 48 hours notice given.
- Where there are gaps in the roster these shifts should be offered to permanent part-time midwives in the first two weeks after the roster is published and then those remaining shifts should be offered to casual midwives.
- Rosters should ensure skill mix is balanced across shifts and there is an experienced midwife familiar with the ward area rostered each shift who is able to provide clinical leadership.
- Rostering should ensure that new graduate midwives, those on orientation or midwives who do not meet the criteria for QLP confident domain are not the

senior midwife on the shift. Where this cannot be achieved redeploying midwives from another ward area should be considered, otherwise the Duty Manager should be notified and an incident report completed.

Rostering Flexibility

- Due to the nature of the midwifery role, flexible hours of work arrangements may enhance the continuity of services provided to women, as well as lead to a greater sense of job satisfaction for midwives. Accordingly, the parties agree that the employer and midwives will be open to exploring alternative rostering arrangements, where these alternative rostering arrangements may enhance service provision and job satisfaction for midwives.
- Where midwives are limited in the days/ nights they can work consideration should be given to set roster patterns where these do not adversely impact on the roster of others (such as the same days/ nights of the week)
- Where midwives have shift preferences, these should be supported where they are beneficial to the service (eg night shifts).

Hours of work and rest periods

- Midwives will normally work 8 or 12 hours shifts except that by mutual agreement between the employer and the midwife they may work shifts of no less than 4 hours and up to 12 hours. Duty hours must be consecutive except for unpaid meal breaks. Refer to Clause 8.2 (b) of the MERAS MECA.
- Except in an emergency no midwife shall work more than seven shifts equal to or less than 8 hours, five 10 hour shifts or three 12 hour shifts. Refer to Clause 8.3 and 8.8 of the MERAS MECA.
- Every midwife shall have at least two consecutive 24 hour periods off duty each week. Wherever three consecutive 12 hour shifts are worked, a minimum of 3 consecutive 24 hour periods off duty will be provided if possible. If four consecutive 12 hour shifts or five 10 shifts are worked a minimum of 3 consecutive 24 hour periods shall be granted. Refer to Clause 8.2 and 8.8 of the MERAS MECA.
- No 12 hour roster shall contain breaks between shifts of less than eleven consecutive hours. No 8 hour or 10 hour roster shift shall contain breaks between shifts of less than nine hours.
- The start/ finish times of shifts may be adjusted in discussion with MERAS to create alignment where possible between 8 and 12 hour shifts.

Annual Leave and Education Leave

- All midwives should be given a fair opportunity to attend educational opportunities. Prior approval needs to be sought where these will occur in working hours.
- An annual leave planner should be available to assist midwives in leave planning.
- Access to leave during school holidays and other peak times should be planned early and allocated in a fair way.
- All midwives should have the opportunity to have at least one period of 2 weeks annual leave every year.

On-call provisions

- In units where on-call is required it should be rostered prior to a rostered shift rather than after.
- A midwife needs to consider 'fitness to continue working' after she has worked for a 12 hour period which may have started during her period of on-call.
- Midwives who work 1.0fte or 0.9fte should be exempt from compulsory on-call requirements
- Part-time and casual midwives should be encouraged to provide any 'on call' required rather than full-time midwives.