Self-rostering guidelines

Preamble
Self-rostering is a system whereby nurses, midwives and personal care workers\(^1\) employed in a particular ward, unit or department undertake responsibility for the designation of their own shift arrangements and days off, while ensuring that the roster provides an adequate skill mix and numbers of appropriately qualified nursing/midwifery and/or other direct care staff in order to ensure nursing/midwifery resources are rostered as available to provide quality nursing/midwifery care at all times, whilst providing for equity of distribution of shifts for all nurses/midwives and other direct care staff.

To ensure equity between participating nurses/midwives/direct care staff, self-rostering requires agreement regarding the number of weekends, night and evening shifts that each staff member needs to work over a set period of time. Those Australian Nursing and Midwifery Federation (Victorian Branch) [ANMF (Vic Branch)] members who wish to work more or less weekends, evenings or night shifts than other staff may achieve this through agreement with their colleagues. Individual preferences should be taken into consideration where it is appropriate and achievable.

Policy
It is the policy of the ANMF (Vic Branch) that self-rostering guidelines must ensure:

1. There is an appropriate skill mix and number of nurses/midwives or direct care staff in order to provide quality and safe nursing/midwifery care at all times and in accordance with the provisions of workplace industrial instruments and agreements.

2. The contracted hours of all nursing/midwifery staff are met.

3. The contractual obligations for those with set rosters are met.

4. There is periodic review of rosters in order to avoid conflicts or identify deficiencies in the roster.

5. There is an even distribution of shifts amongst participating staff.

6. The need to change rosters is reduced to a minimum.

7. Where an employee requests a change to the final roster, the obligation to find replacement staff rests with the employee requesting the change. To ensure maintenance of skill mix, a replacement staff member should be of equivalent qualification, grade and experience and the swap is approved by the Nurse Unit Manager or their delegate.

8. Rosters maximise continuity of staff where possible.

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\(^1\) Personal Care Worker (however titled) includes Direct Care Staff.
9. All Award and EBA provisions and requirements for shift breaks, meals, overtime, shift lengths and associated matters must be met.

10. Staff are aware of the affect (if any) of self-rostering on their “change of shift” allowance before self-rostering is agreed.

11. An assessment of hazards causing fatigue associated with work scheduling and planning is undertaken, and appropriate risk control measures are incorporated.

To fulfil the above, the co-operation and participation of all affected staff is needed, therefore:

1. Self-rostering should occur by agreement and following consultation with affected staff and the ANMF (Vic Branch).

2. Self-rostering should be trialled in the first instance with all participating staff co-operating in the evaluation of the trial. The trial should measure the effects on patient care, staff satisfaction, sick leave and occupational health and safety.

3. Affected staff must negotiate and agree prior to the commencement of self-rostering on how the equitable distribution of different shifts will occur.

4. Prior to the posting of the roster, the Nurse/Midwife Unit Manager must ascertain that all of the above guidelines have been met. If changes to the roster are required, the affected nurses must be consulted.

5. Where a dispute arises regarding the self-rostering system, the dispute resolution process as set out in the relevant Industrial Instrument/Enterprise Bargaining Agreement (EBA) shall apply.