

**Royal Hospital for Women (RHW)**  
**BUSINESS RULE**  
**COVER SHEET**



**Health**  
South Eastern Sydney  
Local Health District

**Ref: T25/66272**

<b>NAME OF DOCUMENT</b>	Rotation of Midwives
<b>TYPE OF DOCUMENT</b>	Corporate Business Rule
<b>DOCUMENT NUMBER</b>	RHW CLIN180
<b>DATE OF PUBLICATION</b>	November 2025
<b>RISK RATING</b>	Low
<b>REVIEW DATE</b>	November 2030
<b>FORMER REFERENCE(S)</b>	New
<b>EXECUTIVE SPONSOR</b>	Maria Fenn, Acting Director Nursing & Midwifery
<b>AUTHOR</b>	Helen Konowec, Midwifery Clinical Co-Director
<b>SUMMARY</b>	This outlines the processes and strategic planning undertaken to ensure the midwifery workforce is meeting the full scope of practice and the interdepartmental relationships are collaborative for delivery of excellence of midwifery care.
<b>Key Words</b>	Midwifery, Workforce, Rotation

**BUSINESS RULE**

---

**Rotation of Midwives**

**RHW CLIN180**

---

**Contents**

1	BACKGROUND .....	3
2	RESPONSIBILITIES .....	3
3	PROCEDURE .....	4
3.1	Objectives .....	4
3.2	Principles .....	4
4	DOCUMENTATION .....	6
5	EDUCATION NOTES.....	6
6	RELATED POLICIES/PROCEDURES .....	6
7	REFERENCES .....	6
8	NATIONAL STANDARDS .....	6
9	ABORIGINAL HEALTH IMPACT STATEMENT DOCUMENTATION .....	6
10	CULTURAL SUPPORT .....	7
11	REVISION AND APPROVAL HISTORY .....	7

## BUSINESS RULE

---

### Rotation of Midwives

RHW CLIN180

---

*This Clinical Business Rule (CBR) is developed to guide safe clinical practice at the Royal Hospital for Women (RHW). Individual patient circumstances may mean that practice diverges from this Clinical Business Rule. Using this document outside RHW or its reproduction in whole or part, is subject to acknowledgement that it is the property of RHW and is valid and applicable for use at the time of publication. RHW is not responsible for consequences that may develop from the use of this document outside RHW.*

*Within this document we will use the term woman, this is not to exclude those who give birth and do not identify as female. It is crucial to use the preferred language and terminology as described and guided by each individual person when providing care.*

## 1 BACKGROUND

This CBR supports the ongoing planning, operational management, and midwifery workforce development, ensuring the workforce meets the full scope of practice whilst fostering collaborative relationships across clinical areas to deliver high-quality, safe midwifery care, with clarity on the processes and strategic planning routinely carried out by midwifery management when planning the rotation of midwives.

Qualifications, including nursing, midwifery or both will influence the maintenance of necessary competencies and the appropriate scope of practice.

## 2 RESPONSIBILITIES

Midwifery management will hold regular rotation planning meetings of at least bimonthly to plan rotations for the upcoming roster cycles, ensuring the rotation process remains continuous. Midwifery management is accountable for implementing rotations in accordance with the CBR, ensuring fairness, consistency, and alignment with midwifery workforce requirements.

With the exception of higher-grade positions, all midwives appointed to permanent roles will be made aware of the expectation to demonstrate competency in the midwifery scope of practice through participation in rotation. Considerations will be made for midwives with specific skill sets and individual working arrangements (e.g. Flexible Work Practice or Temporary Individual Roster Arrangements).

Midwives should be proactive in submitting rotation preferences, concerns, or special requests in advance.

The successful implementation of the rotation system relies on clear communication, effective planning, and continuous staff development. By adhering to this plan, we aim to cultivate a versatile and collaborative midwifery workforce that delivers high-quality maternity care, while also supporting the professional growth and job satisfaction of all midwifery staff.

## BUSINESS RULE

### Rotation of Midwives

RHW CLIN180

## 3 PROCEDURE

### 3.1 Objectives

**Maintaining Full Scope of Midwifery Practice:** The primary objective of rotation is staff development and maintaining the full scope of midwifery practice, with staff expected to demonstrate competency in the midwifery scope of practice through participation in rotation.

“A midwife is a person who has successfully completed a midwifery education programme based on the ICM Essential Competencies for Midwifery Practice and the framework of the ICM Global Standards for Midwifery Education, recognised in the country where it is located; who has acquired the requisite qualifications to be registered and/or legally licensed to practice midwifery and use the title ‘midwife,’ and who demonstrates competency in the scope of practice of the midwife.

The midwife is recognised as a responsible and accountable professional, who works in partnership with women to give the necessary support, care and advice during pregnancy, labour and the postpartum period, to conduct births on the midwife’s own responsibility and to provide care for the newborn and the infant. This care includes preventative measures, the promotion of normal birth, the detection of complications in mother and child, the accessing of medical care or other appropriate assistance and the carrying out of emergency measures.

The midwife has an important task in health counselling and education, not only for the women and gender diverse people they serve, but also within families and communities. This work should involve antenatal education and preparation for parenthood and may extend to sexual and reproductive health care, and care for infants and young children.” (ICM 2024)

- **Ensure Patient Safety:** To maintain appropriate skills across clinical areas, safeguarding patient care.
- **Provide Clinical and Theoretical Updates:** To offer regular updates in clinical skills and theoretical knowledge within each area of midwifery practice.
- **Encourage Networking and Collaboration:** To create opportunities for midwives to network and liaise with colleagues across different clinical areas.
- **Enhance Awareness of Service Impact:** To inform midwives about the impact of services on patients at every point of care entry.
- **Foster Understanding of Care Philosophy:** To help midwives gain a comprehensive understanding of the culture and philosophy of care across clinical areas.
- **Support Critical Evaluation of Practice:** To provide midwives with the opportunity to critically assess midwifery practices and patient services across the clinical areas.

### 3.2 Principles

**Rotation for New Graduate Midwives:** New graduate midwives will rotate every 6 months for a period of 2 years. This applies to all new graduate midwives recruited from education programs, both within and outside of RHW, with rotations determined based on individual needs.

**Rotation for Midwives:** All midwifery staff (other than new graduates) will have the opportunity to rotate across different clinical areas based on both individual development goals and service needs. Typically, a rotation will involve three or more roster cycles, with the length flexible and open to negotiation with midwifery management to suit individual circumstances.

## BUSINESS RULE

### Rotation of Midwives

RHW CLIN180

These rotations are designed to support skill development, broaden clinical experience, and promote a dynamic and adaptable workforce. Midwives are encouraged to engage in at least one rotation every 2-3 years, ideally involving clinical areas that expand or diversify their clinical skills.

**Core Staff:** To maintain a safe and effective service, a core number of midwifery staff will be retained in each clinical area based on service need and acuity. While all permanent staff are encouraged to participate in rotations to support professional development and workforce flexibility, core staffing requirements will be prioritised to ensure clinical safety. Rotation opportunities for core staff will be planned in collaboration with midwifery management, taking into account both individual goals and the need to maintain stability in clinical areas.

**Annual Rotation Preferecing Process:** Midwifery management will regularly engage with midwifery staff to discuss preferences for rotation, individual needs, clinical areas, timing and roster cycles. These discussions will occur during the annual performance development cycle [SESLH DPR/415 - Performance and Talent](#) or whenever staff request a conversation on the topic.

- **Process:** In October each year, midwives will be invited to submit their rotation preferences for the following year's roster planning. Staff will complete a Rotation Preference Form, indicating preferred clinical areas for rotation, areas of interest for skill development and any relevant personal or professional considerations.
- **Review and Allocation:** Preferences will be reviewed by midwifery management in conjunction with service requirements, skill mix and clinical competency needs, core staffing levels required for each area, equity and previous rotation history.
- **Communication:** Rotation outcomes will be communicated with staff in advance of implementation to allow for planning and feedback. Where preferred options cannot be accommodated, alternative development opportunities will be explored.
- **Opportunity for Work Across Clinical Areas:** Midwifery staff who prefer to work across more than one clinical area will be given the opportunity to do so. Midwifery management will collaborate to develop rosters that support this arrangement.
- **Negotiation for Rotations Outside Midwifery Clinical Areas:** Rotation to areas outside the midwifery service, ie to the Neonatal or Women's Health and Gynaecological Services, will be negotiated individually between the midwife, midwifery manager and the relevant Nursing Unit Manager of the preferred clinical area.
- **Equitable Staff Exchanges:** Exchange of staff between clinical areas will be conducted in a fair and balanced manner, considering factors such as contracted hours, flexibility, clinical area skill requirements, and the need to maintain staffing profiles.
- **Rotation List Distribution:** A rotation list will be compiled and shared with all midwifery managers and the workforce manager after the rotation planning meeting. The rotation list will not be made available to midwifery staff until one week after the rotation planning meeting, allowing midwifery managers time to inform staff of their planned rotations and make any necessary adjustments. Once finalised, midwifery managers will inform individual midwives about their rotation, ensuring that any requested changes or adjustments are discussed and implemented.
- **Performance:** Midwifery staff are required to participate in an annual performance development cycle. The management of midwifery staff who have an identified practice issue will also use the [SESLHD Framework for Managing Nursing and Midwifery Staff with Identified Practice Issues](#). This framework utilises the Nursing and Midwifery Board of

## BUSINESS RULE

### Rotation of Midwives

RHW CLIN180

Australia National Competency Standards for the Registered Nurse, Registered Midwife or Enrolled Nurse as the required standard for practice and will be addressed by midwifery management before the rotation is completed or initiated.

- **Coordination of Leave:** Leave will be managed across the clinical areas of the maternity service, rather than within individual clinical areas. Leave requests will be evaluated on a broader scale, with notice required for final approval, in line with policy. Plans will also be made to manage excessive leave balances appropriately. Midwives will not be disadvantaged in relation to their leave requests or perceived needs.
- **Exemption for Continuity of Care:** Midwives working under the Caseload model are exempt from rotation as long as they remain within this continuity of care model and are working to the full scope of midwifery practice.
- **StaffLink Assignment Change:** Any rotation that involves a change from one position number to another on StaffLink requires the completion of an electronic assignment change form and will be processed by the Nurse Manager Workforce. Any individual provisions (Flexible Work Practices, Temporary Individual Roster Arrangements) will be considered when participating in the rotational workforce.
- All rotation schedules and changes will be documented and maintained for future reference to ensure accuracy and consistency.

#### 4 DOCUMENTATION

- Stafflink
- Healthroster portal

#### 5 EDUCATION NOTES

#### 6 RELATED POLICIES/PROCEDURES

- [SESLHD Framework for Managing Nursing and Midwifery Staff with Identified Practice Issues](#)
- [SESLHDPR/415 - Performance and Talent](#)

#### 7 REFERENCES

#### 8 NATIONAL STANDARDS

#### 9 ABORIGINAL HEALTH IMPACT STATEMENT DOCUMENTATION

- Considerations for culturally safe and appropriate care provision have been made in the development of this Business Rule and will be accounted for in its implementation.
- When clinical risks are identified for an Aboriginal and/or Torres Strait Islander woman or family, they may require additional supports. This may include Aboriginal health professionals such as Aboriginal Liaison Officers, health workers or other culturally specific services

**BUSINESS RULE**

**Rotation of Midwives**

**RHW CLIN180**

**10 CULTURAL SUPPORT**

- For a Culturally and Linguistically Diverse CALD woman, notify the nominated cross-cultural health worker during Monday to Friday business hours
- If the woman is from a non-English speaking background, call the interpreter service: [NSW Ministry of Health Policy Directive PD2017 044-Interpreters Standard Procedures for Working with Health Care Interpreters.](#)

**11 REVISION AND APPROVAL HISTORY**

Date	Revision No.	Author and Approval
16/12/2024	1.0	Helen Konowec
10/01/2025	1.1	Comments from Meg O’Neil Acting Nurse Manager Workforce included
14/10/2025	1.2	3.2 Principles revised and include core staffing and preferencing
20/10/2025	1.3	Updated with comments from Lisa Kilby NM Workforce
10/11/2025	1.3	RHW BRGC