Medical Partnership at Work (PAW) Bulletin – Nurses forum
June 2026

Official notes of topics discussed on 16 June 2026

Welcome and meeting opened
Attendees were welcomed at the first Nurses PAW forum. A warm welcome was extended to all of the new Medical Nurses PAW representatives.

Introduction to the action log
A record of actions agreed during the Nurses PAW forums will be maintained and reviewed at the beginning of future Nurses PAW forums.

Business update
A business update for Q1 2026 was provided.

Life Onboard update
The Life Onboard survey recently closed, and the initial headline Fleet Medical results were shared. SMT will have access to the ship's plan. In addition to the responses to questions, we also analyse the free form comments. Similarities between the themes identified in the Life Onboard survey to the agenda items raised for this PAW forum was noted, which is good news as it means we can focus on the themes.

Thanks were given to all onboard for completing the survey. The response rate for Fleet Medical ranks, officers and ratings, was 62%, which is good although lower than the fleet overall (84% response rate). For future Life Onboard surveys, we would be grateful for support from the Medical PAW representatives in encouraging participation.

Items Raised by Nautilus/PAW

Cabin Availability & Friends/Family Benefit
Feedback was given by the PAW representatives that there is a view that cabin allocation is dependent on what department you work in and who you know, which lacks transparency and fairness. There is also a feeling that when late deal concession cruises become available, they are often filled by shoreside. Feedback was provided that the process doesn't always work, with an example where the nurse had to contact the team onboard to resolve. The result is a view that family travel being more difficult to access as cabins are oversold.

In respect of cabin allocations, it was noted that a similar point had been raised in another PAW forum, however their feedback was that the impact was felt on the XL class ships. The nurse PAW representatives clarified that the impact was being felt on all ships, although worse on XL class ships.

The business confirmed that there is a drive by the commercial teams to maximise guest cabin occupancy to optimise revenue.

In respect of concession cruise prioritisation, the business confirmed that access to concession cruises applied equally to ship and shore. Cabins* available for commercial sale are available for ship and shore colleagues to book by phoning the Contact Centre; this applies to both the annual concession cruise and late availability cabins. An action was agreed to clarify the options available for seafarers.

** subject to the provisions as set out in the Employee Discounted Travel Policy.*

Rotations
Feedback was given by the PAW representatives that there are frequent changes to planned rotations; historically rotations were published on a 12-month rolling basis, however now plans are confirmed in August for the following year. There is limited visibility until the end of the year. PAW representatives expressed the view that the policy isn't followed, which says rotations will be planned 12 months in advance; many nurses are having problems with their rotations.

The business confirmed that a rotations meeting with Senior Doctors and Senior Nursing Officers and the Crew Planning team, had already been booked in for Monday 22 June 2026, which will seek to discuss many of the concerns raised. It was explained that the business tries to balance to desire to be able to plan as far ahead as possible with requests from the medical team for flexibility, e.g. attendance at important life events at home. A fixed rotation approach would limit this flexibility; the medical teams are asked to confirm any preferred unavailable periods in advance (March 2026) to help the Crew Planners in planning rotations for the following year, which are confirmed in August. It was acknowledged that there had also been some compassionate leave periods this year which does require some changes in planned rotations.

PAW representatives highlighted that there appears to be a change in the system for linking partners; it was clarified that there are two aspects to this. Firstly, there is the Business Ethics Disclosure form, which medics are now asked to complete annually. The purpose of this form is to declare and therefore mitigate any potential conflicts of interest that may be present. The second aspect is the Crew Planning rotation query form for any requests to link rotations with a partner. There is a new process being launched in relation to this and details will be provided.

It was agreed to share a summary of the discussions following the Crew Planning meeting on 22 June with Medical PAW representatives.

Training

Feedback was given by the PAW representatives on the following areas:

Online courses: there is a feeling that courses are being pushed online to save costs, however an in-person approach for certain courses would be more beneficial. PAW representatives reported that the business is open to consider courses which are not on the training list.

The business explained that where there is a value in providing training in person, this is provided; however, where there is limited or no value, an online course will be offered instead. More in-person training is offered than on our sister brands, and we're not aware of competitors who have the same offer available. The Life Onboard survey indicated that access to training opportunities was seen as a positive for the medical teams.

It was acknowledged that more work may be needed to ensure all medical officers were aware of the training available. The business also encouraged feedback on any courses which are felt to be better delivered through an in-person event.

PAW representatives provided examples where a particular course (Intensive Care) was only run 2-3 times per year, which has now been made mandatory. Reassurances were given that advancement would not be impacted if there were delays in attending a mandatory face to face course which were outside of an officers control.

Mandatory training must be completed before any other courses: Medical officers are provided with a training matrix of courses they can book onto however they are told that mandatory training must be completed before other courses can be booked, which can result in lengthy waits for non-mandatory training.

The business confirmed that that mandatory courses must be booked prior to booking a CPD course rather than the course having to have been completed; medics can book CPD courses before the completion of the mandatory course, so long as the mandatory course is booked.

Expenses for training costs: courses are expensive and having to wait until after course certificates are received is causing financial burden.

PAW representatives explained that due to the cost of course, some of which are mandatory courses, there can be a financial burden with having to wait a long time. The Yellow Fever course was highlighted as a course causing a concern.

The business explained that if paying for a course would cause someone a financial burden, they can raise this with the business and the potential of paying for the course via an alternative method can be explored.

PAW representatives expressed that they didn't know this was an option, and one reported not being offered this option recently. It was agreed to review and clarify the expenses process.

Uniforms

Feedback was given that the blue uniform is not practical; officers are having to change 7 x per day; use their own scrubs as company issues scrubs are ill fitting and poor quality. Uniforms are also difficult to obtain, and the amount of uniform medical officers are required to carry results in additional significant weight to luggage.

The business advised that a working group has been looking into uniforms for 8 months which has been looking at availability and quality of uniforms. We have been working with the supplier to resolve the availability issues, which has improved as a result. New scrubs have also been agreed; these are better quality and have more pockets. The old supply does need to be utilised before the new supply will be available, so the teams are encouraged not to bring their own scrubs and instead utilise the stocks onboard.

PAW representatives raised additional issues relating to: quality issues with the material of some uniform items (tunics) requiring repairs mid tour and only being available for female nurses; there isn't an equivalent for male nurses; the wearing of scrubs in the mess; and the practically and hygiene issues of wearing full rig coming out of an AGE outbreak.

All medical officers are reminded that any uniform item that is dirty, should not be worn in the mess and the officer would be required to change. Having spoken to the uniform teams, they have advised they have not received any feedback on these issues; there are feedback routes and PAW representatives were asked to encourage nurses to use these routes to provide appropriate feedback.

P&O Cruises Uniform Triage form

Cunard – please provide feedback through the Housekeeping Manager onboard.

It was agreed to provide clarification on when clean scrubs can be worn in the mess.

On-Call policy/ TAA

Nautilus International stated that being on-call is not considered as work, nor is it resting. PAW representatives added that prior to a night shift, nurses do the morning shift. To be rested ahead of a night shift, a nurse will try to sleep in the afternoon meaning that even if no calls are received, the nurse is likely not going to sleep until the early hours of the morning. Further very short calls received are not always recorded; the advice is to record short calls as 15 minutes on TAA.

The business confirmed that as per MLC regulations, on-call is considered as rest. Any work performed when on-call, whether that is in or outside the medical centre, and regardless of the work performed, e.g. treating a patient or administration, should always be logged on TAA as working hours. Logging hours on TAA give us visibility on what is happening. This matter is being looked into; PAW representatives volunteers to support with this will be requested.

Medical staffing levels

Nautilus International requested confirmation of the how nurse to ship ratios are decided.

The business confirmed that each ship is categorised by size based on crew and guest numbers, rather than physical size of the ship. There is a standard set across the corporation for medical staffing. Our ships have more clinical staff onboard than other ships across the brands; we also understand from other brands that our ships are less busy with patients than others are. Where necessary, for example during AGE, there is also the ability to increase the number of medics, if clinical need requires it.

No comments or questions were raised.

Meal provision for nightshift workers

Feedback received raised that medical officers who have completed or are starting a night shift, can have limited options for obtaining a meal.

The business confirmed that the officers mess is open before the night shift starts; and by agreement the medical teams are able to order room service to the medical centre. Nautilus International raised that this was when the medic was working.

PAW representatives provided an example of completing a night shift at 8am then showering and changing before going to sleep at 9am. They have to decide whether to force themselves out of sleep or miss lunch; if they miss lunch, they may not be able to eat anything before afternoon clinic starts at 4pm as the mess doesn't open until 6pm. Discussion identified that the ability to utilise guest areas varies depending on brand of ship, and whether there is an AGE in place; it was also raised that nurses have had push back from F&B when trying to order room service to the medical centre which has required intervention from the Senior Doctor.

It was agreed to review access to guest areas for medics working a night shift, including during periods of AGE.

Annual Travel Allowance

Feedback from PAW representatives was that there had been no increase in the yearly allowance, despite an increase in travel costs and that it was impractical to retain receipts throughout the year to prove the allowance had been exceeded. It was also noted that travel when joining in Southampton often involves travel the day before embarkation due to handover requirements.

Adam Shelmerdine attended the forum to discuss the points raised.

Whilst the allowance has not been increased in recent years, expense claim costs above the allowance are tracked each year to monitor whether the level of the allowance is appropriate; the data shows that less than 10% of officers claim over and above the allowance which doesn't indicate a need to increase the amount. It was acknowledged that some people may be choosing not to claim, however it would be difficult to support an increase where the data doesn't support one. PAW representatives are asked to encourage people to submit claims where they exceed the annual allowance.

The purpose of allowance is for normal travel, e.g. travel for embarkation/disembarkation in your home country or travel to/from your gateway airport. Travel outside of this scope, e.g. travel to the office, would be paid separately outside of the allowance.

It was acknowledged that there is some administration required to retain receipts, however it is a business control which we would not be looking to change. There is new technology coming in the future which should help with this.

Travel days were also discussed. The business confirmed that if you live more than two hours travel from Southampton, or public transport is not available, you can book a hotel for the night before; the day before is a travel day as per FPO 002 – Medical Officer Working Days Policy was reviewed after the PAW meeting; this defines that days spent travelling to and from a ship is considered a Travel Day. Mistral is unable to automatically recognise an additional travel day so officers are advised to raise this with your Crew Planner who can arrange for an additional travel day to be added.

Discussion took place regarding the provision of an extra travel day which it was noted applied to Deck & Tech, 3rd Officer and above and Doctors to ensure they are fully rested before joining the ship. PAW representatives feel that nurses are being neglected, given the safety critical nature of the role.

It was explained that the provision is in place for Watchkeepers and is a contractual benefit for SMT and Exec Officers. The policy has been recently reviewed with Senior Nursing Officers now included. Nurses joining after a night flight was considered within the review, and it was agreed that local planning onboard of shifts should take this into account.

A further query was raised regarding colleagues from South Africa having journey's home which can take over 24 hours. PAW representatives were advised that FLEET 2 - Seafarers Travel Policy, Appendix 9 is the Repatriation Days Matrix, which takes into account travel times. Whilst unusual, if due to long layovers for example, a nurse's repatriation takes longer, they can submit a request for an additional travel day.

Meeting closed

Thanks were given for an engaging and constructive discussion; the next meeting will be held on 13 November 2026, via Teams, 13:00–15:00.

Please continue to make every effort to attend as many as possible.

Key contact email addresses:

Partnershipatwork@carnivalukgroup.com - PAW inbox
maritimecrewplanning@carnivalukgroup.com – Maritime Rotations
vivekquadros@carnivalukgroup.com – VP, Maritime Governance
kathrynramsdale@carnivalukgroup.com – Director, Health Services
ryanvietri@carnivalukgroup.com – Senior Manager, Medical Staffing

In attendance:

Carnival UK
Vivek Quadros (VP, Maritime Governance)
Kathryn Ramsdale (Director, Health Services)
Ryan Vietri (Senior Manager, Medical Staffing)
Liz Hardy (Senior Director, People (Maritime))
Nicola Worth (Senior Manager, Industrial Relations & Employee Relations Policy
Jo Sterry (Consultant, Industrial Relations & Employee Relations Policy)

In Part
Adam Shelmerdine (Senior Manager, Crew Compliance and Travel, Fleet People Operations)

Nautilus International
Rachel Lynch (Strategic Organiser) – Rlynch@nautilusint.org

PAW Delegates
Charlotte Froggatt (Nursing Officer)
Anneka Appleton (Nursing Officer)
Raechel Bentley (Senior Nursing Officer)
Radoslaw Pieniazek (Senior Nursing Officer)
Kallum Galvin (Senior Nursing Officer)
Kirsty Shilliday (Nursing Officer)

Apologies
Rhianne Buckland (Senior Nursing Officer)
Kate Harty (Nursing Officer)