

Digital Health Record Recruitment – FAQ's for nurses and midwives

Should I apply for the Digital Health Record if I'm a nurse or midwife?

Yes, you should apply. Nurses and midwives will be highly valuable members of the team due to their knowledge of clinical workflows. It is hoped that the team working on the DHR implementation project will include around 50% of people with a clinical background.

What roles could a nurse or midwife apply for in the DHR?

There are two roles where experienced nurses and/or midwives (or other clinicians) would be highly valuable – Principal Trainers and Digital Health Record Analysts:

- Principal Trainers will develop and maintain the training content and policy and procedure documentation for a designated clinical area.
- Digital Health Record Analysts will work with subject matter experts from within the health services to identify the workflows to be implemented and configure the system to meet these needs.

While you need to have demonstrated aptitude for working on system configuration, no prior knowledge or experience is required. You will be supported to develop these skills by attending training courses, which will commence in early February 2021.

How will I maintain my registration as a nurse or midwife while on the DHR team?

The Nursing and Midwifery Board Australia (NMBA) states that to keep their registration a nurse/midwife must keep up their Recency of Practice.



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| What is recency of practice? | Recency of practice means that a nurse or midwife has maintained an adequate connection with, and recent practice in the profession/s since qualifying for or obtaining registration. |
| What do you mean by practice? | Practice means any role, whether remunerated or not, in which the individual uses their skills and knowledge as a health practitioner in their profession. Practice in this context is not restricted to the provision of direct clinical care. It also includes using professional knowledge (working) in a direct non-clinical relationship with clients, working in management, administration, education, research, advisory, regulatory or policy development roles, and any other roles that impact on the safe, effective delivery of services in the profession. |
| What evidence will I need to demonstrate my recency of practice? | <p>You need to provide evidence that you have practised for a period equivalent to a minimum of 450 hours, within the past five years. This applies for both clinical and non-clinical practice roles for nurses and midwives.</p> <p>The types of evidence you can provide include:</p> <ul style="list-style-type: none">• a service statement from your employer• pay slips• income statement for the year, and• other documents showing the hours and dates that you worked.• The types of evidence that are accepted are at the discretion of the NMBA. |
| Do the hours I have worked need to be continuous? | No. The hours do not need to be continuous and can be accumulated over the past five years. As long as they are equivalent to a <i>minimum</i> of 450 hours, and the type of evidence you provide is accepted by the NMBA, it is sufficient evidence |



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Nurse and midwives' clinical knowledge is highly valued in the DHR team and, while the roles do not involve direct interaction with patients, they play an important role in the safe, effective delivery of services for all nurses and midwives across the Territory.

For more information on maintaining your registration please refer to <https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards.aspx> and select the relevant Fact Sheet.

I used to be a Registered Nurse or Registered Midwife, but I am no longer registered. Can I apply to be in the DHR team?

Yes, you can. Registration is not a requirement to be a part of the DHR team, but your clinical knowledge and experience will be valued.