



**Australian Government**

**Department of Health**

# **Expression of Interest – Membership on the Electrocardiogram (ECG) Review Committee**

The Medicare Benefit Schedule (MBS) Review Taskforce (the Taskforce) was established in 2015 to examine the more than 5,700 items listed on the MBS. The Review was independent and clinician-led, and considered how best to align MBS services with contemporary, evidence-based medical practice in order to improve access to high quality health services for all Australians.

As a result of this review, the Taskforce recommended a significant restructure of the cardiac services section of the MBS, with changes to cardiac imaging services to support high value care and ensure patients have access to the most appropriate tests for their individual symptoms and conditions.

The first stage of cardiac changes were implemented on 1 August 2020, which included changes to items for electrocardiograms (ECGs). Due to potential issues raised about these changes by peak bodies, on 29 July 2020, the Minister announced the Department would undertake a six month review of the changes, commencing in February 2021.

The ECG Review Committee will give consideration to the impact of the ECG changes on patient access to ECG services and cover the cost of service provision. The Committee will be limited to 12 members independent from the Taskforce and the Cardiac Services Clinical Committee.

Please indicate your expression of interest to participate on the ECG Review Committee by completing this form and returning to the Cardiac Services MBS Reviews Team by COB Monday 1 March 2021 at:

**Email:** [cardiacservices@health.gov.au](mailto:cardiacservices@health.gov.au)

**Postal:** Mail Drop Point 861, Sirius Building, 23 Furzer Street, Woden ACT 2606

PART 1 – PERSONAL AND ORGANISATIONAL INFORMATION

1. Nominee details

Name:

Email:

Phone No:

2. (a) Will participation on the ECG Review Committee be on an individual basis or as a representative of a collective group or organisation? (please select)

Individual

Collective Group/Organisation

(b) If individual, specify the name of the organisation you work for:

(c) If representative of a collective group or organisation, specify the name of the group (e.g. medical college) and provide the name and contact details of the group who have authorised you to represent their organisation:

Name :

Contact Details :

3. How would you best identify yourself?

General Practitioner

Specialist

Researcher

Consumer

Care giver

Academic

Other

(a) If other, please specify

## PART 2 – CONFIRMATION OF AVAILABILITY

1. Please confirm availability for the following proposed meeting dates:

1. Week of 15<sup>th</sup> March – teleconference
2. Week of 19<sup>th</sup> April – - teleconference
3. Week of 17<sup>th</sup> May - teleconference
4. Week of 14<sup>th</sup> June - teleconference
5. July (if needed) – TBC – Online meeting

Yes, I am available for all the proposed meeting dates

Unsure of my availability for some of the dates as listed below:

Availability unsure for these meeting dates:

Thank you for taking the time to provide your expression of interest. Nominees who are not appointed to the Committee will have opportunity to provide feedback which will be considered in the review process via email at [cardiacservices@health.gov.au](mailto:cardiacservices@health.gov.au).

The Cardiac Services MBS Reviews Team will confirm membership via email as soon as practicable.