



# Vacancies for clinician members: Newborn Bloodspot Screening Program Management Committee

**Role length:** Two years

**Meetings:** Monthly (where required)

**Location:** Australia wide (position and meetings conducted online)

**Remuneration:** In line with the conditions and rates in the Department of Health, Disability and Ageing Remuneration Framework and the [Australian Government Remuneration Tribunal \(Remuneration and Allowances for Holders of Part-time Public Office\) Determination 2025](#) for specified health professional committees.

## Background

Newborn bloodspot screening (NBS) programs are delivered independently by states and territories. Following the Australian Government's commitment in 2022 to expand and achieve consistency in NBS programs, all governments have been working in partnership to consider which conditions are screened.

A NBS [decision-making pathway \(DMP\)](#) has been endorsed by the Australian, state and territory governments. The DMP outlines a transparent, evidence-based and collaborative process for considering which conditions should be added to Australia's NBS programs. Several advisory and decision-making bodies have key roles in the DMP including the:

- NBS Program Management Committee (PMC)
- Cancer and Population Screening (CAPS) Committee
- Health Chief Executives Forum
- Health Ministers' Meeting
- Medical Services Advisory Committee.

# The Program Management Committee

The PMC comprises technical experts including senior clinical and laboratory scientists, clinicians, NBS program managers and policy makers and may include additional experts as required.

The PMC is an advisory body that works to support:

- national coordination and the consistency, safety and quality of Australia's NBS programs
- the consideration of conditions for screening in NBS programs by providing advice to the CAPS Committee in line with the NBS DMP.

The PMC meets monthly, where required, with the duration of each meeting ranging from 1 to 3 hours.

The work of the PMC is informed by the [Newborn Bloodspot Screening National Policy Framework \(NPF\)](#). In addition to the information provided in this document, further information about the role of the PMC can be found in the [Newborn bloodspot screening – Our national decision-making pathway](#).

Following a review of the PMC, the membership is being refreshed.

## About the role

In addition to Commonwealth and jurisdictional representatives, 2 to 4 permanent clinical representatives are being appointed to PMC. These clinicians will provide critical expertise to support PMC's deliberations in relation to consideration of conditions and as well as broader NBS issues.

The PMC clinical experts will be appointed for an initial term of 2 years and will act independently, that is, they will not represent any jurisdiction or organisation. Clinical experts will provide condition-specific, treatment, and research advice to support PMC's deliberations. The clinician members will not have a voting role on PMC but will provide real-world evidence and experience and research to facilitate PMC reaching a consensus position.

The role of PMC clinician members will involve:

- providing high quality clinical advice at PMC meetings (held monthly where required)
- preparing for meetings by reading the required meeting papers, which aim to be provided 2 weeks in advance
- reviewing meeting minutes to ensure the accuracy and correct reflection of advice provided
- providing additional advice to the PMC and department as required, including for out-of-session items.

Clinicians will present advice on conditions, treatment, outcomes and health system considerations, based on their individual expertise and experience. They will be required to consider both the individual experience and also the population level clinical considerations.

Clinician members are not expected to represent the views of their broader profession or an organisation. Unless specifically requested by the Chair, clinicians will not be required to consult with other clinical colleagues or stakeholders to develop their advice. Clinicians may identify where additional clinical expertise is required to present further clinical advice.

The time required to prepare and participate in PMC meetings will depend on the nature of items being considered at each meeting. However, an estimated time commitment of 5 hours per meeting is likely to be required.

## Who we are looking for

Suitable candidates must be available to fulfil the requirements of the role outlined above.

Candidates from a range of specialties with relevant experience are encouraged to apply. These *may* include but are not limited to:

- general paediatricians
- endocrinologists
- geneticists
- neurologists
- metabolic clinicians
- other clinicians with relevant experience/interest in newborn screening.

Experience in the following areas is desirable but not essential:

- treating/managing paediatric populations
- participating in committees and/or providing independent clinical advice to inform health policy.

## What you need to know to apply

Australian Healthcare Associates (AHA) is facilitating the recruitment process for PMC clinician members. It is anticipated the successful candidates will be appointed to the PMC by the end of 2025.

Note: In addition to seeking ongoing members, clinicians identified through this recruitment process may be considered for future opportunities, including ad hoc support to the PMC upon invitation by the PMC Chair.

Please complete the expression of interest in Appendix B to apply for this position.

## Eligibility

To be eligible for this position, candidates must be an Australian citizen and reside in Australia.

A candidate's suitability for this position will also be assessed through:

- evidence of qualifications and/or current registration with the Australian Health Practitioner Regulation Agency (where relevant)
- 2 professional referee contact details
- a declaration of any real or perceived conflicts of interest.

Please see the full section criteria in Part 3 of Appendix B Expression of interest for clinician members.

We encourage applicants from all backgrounds. This includes people with disability, Aboriginal and Torres Strait Islander people, people from diverse cultural, religious, and linguistic backgrounds, people of all ages, and gay, lesbian, bisexual, transgender, intersex or queer people.

## Confidentiality and conflict of interest declaration

All PMC information as well as all matters considered and discussed by PMC are committee-in-confidence and to be treated in strict confidence unless otherwise specified.

All members, participants and observers of the PMC are required to declare any real or apparent conflicts of interests. Conflicts of interest are any circumstances or affiliations in which the signing participant has a direct or indirect interest (whether financial or non-financial) that affects, will affect, or could be perceived to affect their ability to participate in the PMC in a diligent, fair, and independent manner.

The successful candidates will be required to complete a *Deed of Confidentiality and Conflict of Interest form* at the time of appointment and commit to declaring any new conflicts of interests should they arise.

The Australian Public Service Commission publishes advice regarding [conflicts of interest in the APS Values and Code of Conduct in practice](#).

## Remuneration

The PMC clinician members will be remunerated in line with the rates in the department's Remuneration Framework and the Australian Government [Remuneration Tribunal \(Remuneration and Allowances for Holders of Part-time Public Office\) Determination 2025](#) for specified professional committees. Fees for sitting time are outlined in Table 1.

Table 1: Sitting fees – official meeting days

<b>Total meeting time</b>	<b>Daily fee payable</b>
3 or more hours	One daily fee (\$995)
2 hours to less than 3 hours	60% of the daily fee
Less than 2 hours	40% of the daily fee

**Total sitting time includes:**

- time spent attending formal meeting
- time spent on committee business in preparation for formal meeting
- official travel time (not anticipated to be required as PMC meetings are conducted virtually).

Fees for preparation time are outlined in Table 2.

Table 2: Preparation fees – committee business on non-meeting days

<b>Total meeting time</b>	<b>Daily fee payable</b>
For each period of at least one hour	20% for each hour up to a maximum of 5 hours a day

**Total preparation time includes:**

- time spent on committee business
- official travel time (not anticipated to be required as PMC meetings/business are conducted virtually).

## Further information

If you have any questions regarding the advertised position or if you require assistance or adjustments to fully participate in the application process for this role, please email the PMC secretariat ([nbs.secretariat@ahaconsulting.com.au](mailto:nbs.secretariat@ahaconsulting.com.au)).