

Expression of Interest 01/2018

5th April 2018

EXPRESSION OF INTEREST

Advisors, Experts, External Inspectors and Evaluators

The Malta Medicines Authority (MMA) was established in 2003 as an autonomous body to protect and enhance public health through the regulation of medicinal products and pharmaceutical activities.

The MMA is looking in particular for:

- 1) Established medicines inspectors in national competent authorities in the EU/EEA and members of the pharmaceutical inspectors cooperation scheme (PIC/S) to support it in its technical requirements. Selected medicines inspectors may be required, amongst others, to carry out third country inspections;
- 2) Established assessors with experience in Centralised or Decentralised (inc. MRP) pre- and post-authorisation procedures; and
- 3) Other experts/ advisors in areas related to the work of the MMA.

Evaluators, medicines inspectors, experts and advisors will carry out duties on a contract for service basis, as required based on the exigencies of the MMA.

Interested applicants are to submit the following documentation by e-mail to hr.medicinesauthority@gov.mt

- 1) Updated CV
- 2) Experts Form (Appendix 1)
- 3) Declaration of Interest (Appendix 2)

Gavril Flores

Director, Strategy, Operations and Regulatory Affairs

Appendix 1

EXPERTS FORM

Please note that ♦ indicates a mandatory field

Title

1. ♦ Family Name
2. ♦ First Name
3. ♦ Nationality
4. ♦ Organisation/ Company Name and Professional Address
5. ♦ Business Phone No (incl Int Code)
6. ♦ Business email address
7. ♦ Passport number
8. ♦ Qualifications - Degrees, Diplomas and Professional Affiliationsⁱ
9. ♦ Present position and time spent in current assignmentⁱⁱ

10. ♦ General Category of Activities

	H ⁱⁱⁱ	V ^{iv}
MEDICINES EVALUATION		
Biologicals/Biotechnology products	<input type="checkbox"/>	<input type="checkbox"/>
Chemicals	<input type="checkbox"/>	<input type="checkbox"/>
Herbal/Traditional Products	<input type="checkbox"/>	<input type="checkbox"/>
Inspections	<input type="checkbox"/>	<input type="checkbox"/>
Pharmacovigilance	<input type="checkbox"/>	<input type="checkbox"/>
Regulatory Affairs	<input type="checkbox"/>	<input type="checkbox"/>

YES NO

♦ Are you a member of staff of a competent authority? ☐ YES ☐ NO

♦ Are you an external expert ☐ YES ☐ NO

(e.g. University, hospital, member of staff of another Organisation, or a pharmaceutical company, etc)?

11. Specific Functional Expertise

	H ⁱⁱⁱ	V ^{iv}
QUALITY		
Immunologicals/Biotechnology products	<input type="checkbox"/>	<input type="checkbox"/>
Vaccines	<input type="checkbox"/>	<input type="checkbox"/>
Blood products	<input type="checkbox"/>	<input type="checkbox"/>
Chemicals	<input type="checkbox"/>	<input type="checkbox"/>
SAFETY		
Immunologicals/Biologicals	<input type="checkbox"/>	<input type="checkbox"/>
Chemicals	<input type="checkbox"/>	<input type="checkbox"/>
ENVIRONMENTAL RISK ASSESSMENT		
Genetically Modified Organisms	<input type="checkbox"/>	<input type="checkbox"/>
CLINICAL		
Immunologicals/Biologicals	<input type="checkbox"/>	<input type="checkbox"/>
Chemicals	<input type="checkbox"/>	<input type="checkbox"/>
Pharmacovigilance and Risk Management	<input type="checkbox"/>	<input type="checkbox"/>
INSPECTIONS		
Laboratory Procedures	<input type="checkbox"/>	<input type="checkbox"/>
GMP	<input type="checkbox"/>	<input type="checkbox"/>
GCP	<input type="checkbox"/>	<input type="checkbox"/>
GLP	<input type="checkbox"/>	<input type="checkbox"/>

12. Availability

- ☐ Dossier Evaluation
☐ Scientific Advice
☐ Guidelines
☐ Other

13. Languages known:

please specify level, including your mother tongue	R	W	S
R: Read, W: Written, S: Spoken, P: Poor, A: Average, G: Good, E: Excellent			

14. Areas of Expertise
(Please select main areas of expertise)

14.a Quality				14.b Pre-Clinical
Chemistry: <input type="checkbox"/> Analytical chemistry <input type="checkbox"/> Synthetic chemistry <input type="checkbox"/> Development pharmaceuticals <input type="checkbox"/> Stability <input type="checkbox"/> Phytochemistry <input type="checkbox"/> Radiopharmaceuticals <input type="checkbox"/> Premixes for medicated feed production <input type="checkbox"/> Drug/Device combinations <input type="checkbox"/> Packaging <input type="checkbox"/> Manufacture of medicines <input type="checkbox"/> Peptide chemistry <input type="checkbox"/> Medicinal gasses <input type="checkbox"/> Structural similarity	Biology: <input type="checkbox"/> Development genetics <input type="checkbox"/> Genetic engineering: expression factor <input type="checkbox"/> Cell culture - Fermentation <input type="checkbox"/> Protein purification <input type="checkbox"/> Protein analysis - characterisation; purity testing; biological assay <input type="checkbox"/> Virology: validation of inactivation/removal steps; cell bank qualification; choice of viruses <input type="checkbox"/> Microbiological testing <input type="checkbox"/> Monoclonal antibodies <input type="checkbox"/> Blood products <input type="checkbox"/> Allergens <input type="checkbox"/> Vaccines <input type="checkbox"/> Gene therapy <input type="checkbox"/> Cell therapy <input type="checkbox"/> Tissue engineering <input type="checkbox"/> Plant biotechnology <input type="checkbox"/> Nanobiotechnology	Risk Assessment of GMOs: <input type="checkbox"/> Vaccines <input type="checkbox"/> Gene therapy/ biotechnology <input type="checkbox"/> Transgenic plant	Manufacturing Process, Development and Validations: <input type="checkbox"/> Blood products <input type="checkbox"/> Biological products <input type="checkbox"/> Biotechnology products <input type="checkbox"/> Vaccines <input type="checkbox"/> Cell therapy	<input type="checkbox"/> Toxicology <input type="checkbox"/> General toxicology: Acute/chronic toxicity, etc. <input type="checkbox"/> <input type="checkbox"/> Special toxicology: In vitro toxicology <input type="checkbox"/> Immunotoxicity <input type="checkbox"/> Reproduction toxicity <input type="checkbox"/> Genetic toxicity <input type="checkbox"/> Carcinogenicity <input type="checkbox"/> Toxicokinetics <input type="checkbox"/> <input type="checkbox"/> Pharmacology in laboratory and target animals <input type="checkbox"/> Pharmacodynamics <input type="checkbox"/> Pharmacokinetics <input type="checkbox"/> Pathology <input type="checkbox"/> Environmental Risk Assessment <input type="checkbox"/> Residue safety assessment <input type="checkbox"/> Behavioural toxicology <input type="checkbox"/> Occupational toxicology <input type="checkbox"/> Microbiology Bacteriology <input type="checkbox"/> Parasitology <input type="checkbox"/> Mycology <input type="checkbox"/> Virology <input type="checkbox"/> <input type="checkbox"/> Safety Pharmacology

14.c Clinical (Please select 2 or 3 main areas only)			
<input type="checkbox"/> AIDS <input type="checkbox"/> Anaesthesiology <input type="checkbox"/> Biostatistics <input type="checkbox"/> Cardiology <input type="checkbox"/> Dermatology <input type="checkbox"/> Endocrinology <input type="checkbox"/> Gastroenterology <input type="checkbox"/> Genetics: <div style="margin-left: 20px;"> <input type="checkbox"/> Pharmacogenetics <input type="checkbox"/> <input type="checkbox"/> Clinical Genetics <input type="checkbox"/> </div> <input type="checkbox"/> Geriatrics <input type="checkbox"/> Gynaecology/obstetrics <input type="checkbox"/> Haematology <input type="checkbox"/> Hepatology <input type="checkbox"/> Immunology: <div style="margin-left: 20px;"> <input type="checkbox"/> Biological <input type="checkbox"/> <input type="checkbox"/> Clinical <input type="checkbox"/> </div> <input type="checkbox"/> Infectious diseases: <div style="margin-left: 20px;"> <input type="checkbox"/> Microbiology <input type="checkbox"/> <input type="checkbox"/> Bacteriology <input type="checkbox"/> <input type="checkbox"/> Parasitology <input type="checkbox"/> <input type="checkbox"/> Mycology <input type="checkbox"/> <input type="checkbox"/> Virology <input type="checkbox"/> </div>	<input type="checkbox"/> Intensive care <input type="checkbox"/> Internal medicine <input type="checkbox"/> Metabolic medicine <input type="checkbox"/> Nephrology <input type="checkbox"/> Neurology <input type="checkbox"/> Nuclear medicine <input type="checkbox"/> Oncology: <div style="margin-left: 20px;"> <input type="checkbox"/> Blood <input type="checkbox"/> <input type="checkbox"/> Breast <input type="checkbox"/> <input type="checkbox"/> CNS <input type="checkbox"/> <input type="checkbox"/> Gastro-intestinal <input type="checkbox"/> <input type="checkbox"/> Gynaecological <input type="checkbox"/> <input type="checkbox"/> Head & Neck <input type="checkbox"/> <input type="checkbox"/> Lung <input type="checkbox"/> <input type="checkbox"/> Renal <input type="checkbox"/> <input type="checkbox"/> Other (please specify) </div>	<input type="checkbox"/> Ophthalmology <input type="checkbox"/> Organ transplantation <input type="checkbox"/> Orthopaedic Surgery <input type="checkbox"/> Otorhinolaryngology <input type="checkbox"/> Other (e.g. rare disease), <div style="margin-left: 20px;">please specify:</div> <input type="checkbox"/> Pain Paediatrics <input type="checkbox"/> Pharmaceutical Medicine <input type="checkbox"/> Pharmacology <input type="checkbox"/> Pharmacokinetics <input type="checkbox"/> Pathology <input type="checkbox"/> <div style="margin-left: 20px;"> <input type="checkbox"/> General pathology <input type="checkbox"/> <input type="checkbox"/> Chemical pathology <input type="checkbox"/> <input type="checkbox"/> Haematology <input type="checkbox"/> <input type="checkbox"/> Histopathology <input type="checkbox"/> </div>	<input type="checkbox"/> Plastic Surgery <input type="checkbox"/> Pneumology / Respiratory <input type="checkbox"/> Proctology <input type="checkbox"/> Psychiatry <input type="checkbox"/> Public Health <input type="checkbox"/> Radiology <input type="checkbox"/> Rheumatology <input type="checkbox"/> Stomatology <input type="checkbox"/> Urology <input type="checkbox"/> Vaccines: <div style="margin-left: 20px;"> <input type="checkbox"/> Microbiology <input type="checkbox"/> <input type="checkbox"/> Mycology <input type="checkbox"/> <input type="checkbox"/> Parasitology <input type="checkbox"/> <input type="checkbox"/> Virology <input type="checkbox"/> </div>

14.d Target Species	14.e Pharmacovigilance and Risk Management
<input type="checkbox"/> Food producing animals: <div style="margin-left: 20px;"> <input type="checkbox"/> horses <input type="checkbox"/> <input type="checkbox"/> cattle <input type="checkbox"/> <input type="checkbox"/> goats & sheep <input type="checkbox"/> <input type="checkbox"/> pigs <input type="checkbox"/> <input type="checkbox"/> poultry <input type="checkbox"/> <input type="checkbox"/> fish <input type="checkbox"/> <input type="checkbox"/> bees <input type="checkbox"/> <input type="checkbox"/> rabbits <input type="checkbox"/> </div> <input type="checkbox"/> (Other) minor species <input type="checkbox"/> Pet animals <input type="checkbox"/> Wild (zoo) animals	<input type="checkbox"/> Epidemiology <input type="checkbox"/> Pharmacoepidemiology <input type="checkbox"/> Phase I-III Safety Surveillance <input type="checkbox"/> Phase IV and PMS Surveillance <input type="checkbox"/> Spontaneous reporting systems and databases <input type="checkbox"/> Drug utilisation <input type="checkbox"/> Statistics <input type="checkbox"/> Terminology & coding <input type="checkbox"/> Risk Communication <input type="checkbox"/> Safety of Viral Vectors <input type="checkbox"/> Atypical Infections/Zoonoses <input type="checkbox"/> Vaccine Safety <input type="checkbox"/> Risk Management

14.f Control/Inspections GMP/GLP/GCP

Products: Laboratory/Procedure Activities:	GMP:	GLP:	GCP:
<div> <div>Chemical <input type="checkbox"/></div> <div>Biological <input type="checkbox"/></div> <div>Biotechnology <input type="checkbox"/></div> <div>Immunologicals – Vaccines <input type="checkbox"/></div> <div>Immunologicals – Others <input type="checkbox"/></div> <div>Radiopharmaceuticals <input type="checkbox"/></div> <div>Other (please specify)</div> </div> <div> <input type="checkbox"/> Active Substances <input type="checkbox"/> Other Starting Materials <input type="checkbox"/> Finished Product <input type="checkbox"/> Market Surveillance <input type="checkbox"/> Official Batch </div>	<input type="checkbox"/> Active Substances <input type="checkbox"/> Other Starting Materials <input type="checkbox"/> Finished Product <input type="checkbox"/> Control Laboratories <input type="checkbox"/> Distributors Other (please specify)	<input type="checkbox"/> Quality Systems/Assurance <input type="checkbox"/> Documentation <input type="checkbox"/> Joint Visits/Self Auditing Other (please specify)	<input type="checkbox"/> Quality Systems - <input type="checkbox"/> (sponsor) Trial Site <input type="checkbox"/> Statistics <input type="checkbox"/> Computer Systems <input type="checkbox"/> Documentation Other (please specify)

i Please give a brief description of your qualification (e.g. MD, PhD and your specialisation). A Curriculum Vitae (CV) must be attached.

Do not refer to your CV in this box. Your main areas of expertise are to be addressed in section 14.

ii Please give a brief description of your current job position and indicate the year that you started your current assignment.

iii Human domain.

iv Veterinary domain.

Appendix 2

DECLARATION OF INTERESTS OF EMPLOYEES, MEMBERS OF COMMITTEES, EXPERTS AND MEMBERS INVOLVED IN WORK ACTIVITIES WITH THE MEDICINES AUTHORITY

If the provided space is not sufficient or any additional documents need to be attached please use separate sheets and indicate the number of attached sheets in this box

Name and Surname: _____

Position: _____

E-mail: _____

Please list below all interests¹ in the pharmaceutical sector² if any:

1. Employment³ in the pharmaceutical industry (During the previous three years⁴ or current employment):

¹Refer to P-SS 02 (Handling of Competing Interests and Signature Log Generation and Maintenance) for definitions

² If you have no interests for the relevant section, please indicate "NONE"

³ Employment with a pharmaceutical company means any form of occupation, part-time or full-time, paid or unpaid, in the company. Unpaid placements which are part of a course leading to a degree shall be declared in section 4 but do not constitute employment nor a conflict. Pharmacies are not defined as pharmaceutical industry as long as the pharmacy is not part of a structure which includes other licenses issued by or on recommendation by the Medicines Authority such as Good Manufacturing Practice or Good Distribution Practice.

⁴ Three years is the cooling off period but you may provide information on interests over 3 years.

2. Financial interests⁵ in the pharmaceutical sector:

Name of Company:	Financial Interest:

3. Consultancy, Strategic Advisory Role, Principal Investigator, Investigator involvement:

4. Grant/ Funding to organisation/ institution⁶

5. Personal Interests, other than those in pharmaceutical industry⁷

5 If these financial interests are in the form of funds and they are not diversified (i.e., they are exclusively based on the pharmaceutical sector) and are not independently managed (i.e., the investor has influence on their financial management), then the interest has to be declared and funds must be divested. If the funds are diversified and are independently managed and there is no real or perceived COI, then there is no requirement to divest.

6 Grant or other funding to an organisation/institution means any CURRENT funding received from a pharmaceutical company by an organisation/institution to which the employee belongs, or for which he/she performs any kind of activity, and which is used to support any activity of the employee whether or not it is related to research work. (CURRENT is interpreted at time of completion of this form)

7 Interests in other entities possibly providing services to the Authority (i.e. in the areas of IT, infrastructure, catering, transport). Positions (either a managerial role or other influential roles) in a governing body (irrespective if such position is paid or not) of a professional organisation with an interest in the field of pharmaceuticals other than a pharmaceutical company.

6. Work you previously carried out in return for payment including paid/unpaid traineeships on behalf of the pharmaceutical industry and work related to pharmacies in the three preceding years:

7. Other interests or facts, which you consider should be made known to the Medicines Authority including research and academic activities and matters relating to close family members⁸:

I do hereby declare on my honour that, to the best of my knowledge, the only direct or indirect interests in the pharmaceutical industry I have currently (at the time of completion of the form) or have had (in the last 3 years) are those listed above.

I further declare on my honour that, to the best of my knowledge, personal interests, other than interests in pharmaceutical industry, which I have currently (at the time of completion of the form) those listed above.

I understand that appointment to any employment or activity of the Medicines Authority is conditional upon compliance with the conditions of approval.

⁸ First-line members of the family of the expert (i.e. a spouse or a partner, children and parents). The names of these persons need not be declared. Matters related to close family members which need to be disclosed include any known financial interests, including any funds or other forms of financial instruments, which are or may be perceived to constitute a CoI. If these financial instruments or funds are not diversified and independently managed, then the employee will be restricted from carrying out any work related to that pharmaceutical company/ies associated with the fund/financial instrument. If the funds/financial instruments are diversified and independently managed, no restrictions will apply.

I further declare that should any changes occur and should it appear that I have or acquire additional interests that should be made known to the Medicines Authority, I shall forthwith declare them and complete a new declaration of interests form.

Signature

Completed at _____ on the _____
(Place where this form was completed) (Date of Completion)

For Official Use.

Conditions, Restrictions and Comments of Approval of Appointment/ Selection (if any)

Licensing Director

Post-Licensing Director

Strategy, Operations and Regulatory Affairs Director

Inspectorate & Enforcement Director