

*Expression of Interest 01/2017*  
8<sup>th</sup> May 2017

## **EXPRESSION OF INTEREST**

### **The Malta Medicines Authority International Fellowship Programme**

The key objectives of The Malta Medicines Authority (MMA) International Fellowship Programme are to:

- assist people to pursue further levels of academic research;
- reduce skills mismatches particularly within the pharmaceutical and life sciences sector;
- contribute to the consolidation of expertise on emerging and challenging topics relevant to innovative therapies and technologies;
- increase the capacity and level of research, innovation and development activity in Malta;
- support the implementation of the MMA 2016-2020 Strategy and the Framework for Education Strategy for Malta 2014-2024

In line with the Framework for Education Strategy for Malta 2014-2024, and following the success of the MMA Traineeship, the Authority aims to extend this opportunity started in 2014.

Applications are being considered for the following streams:

- Stream 1: Applicants shall be required to commit to follow a Master of Science in Pharmacy, or a comparable, equivalent and pertinent qualification at MQF Level 7, which course shall start not later than 31st December 2017. A grant of €800 every four weeks [unless otherwise agreed by both parties], or pro rata thereof, will be provided subject to a fellowship at the Malta Medicines Authority or the agreed host institution of an average of eighty hours every four weeks.
- Stream 2: Applicants are required to register in a course leading to the Doctorate of Pharmacy or a comparable, equivalent and pertinent qualification at MQF Level 8 or a Doctorate of Philosophy with a commitment to carry out the research on the objectives of the Medicines Authority, which course/s shall start not later than 31st December 2017. The host institution will either pay the fees associated to the programme up to a maximum of 36,500 for the duration of the course and the selected participants are required to participate in a fellowship at the Malta Medicines Authority or the agreed host institution of an average of eighty hours every four weeks for a period of three years. Alternatively, a grant of €935 every four weeks [unless otherwise agreed by both parties], or pro rata thereof, will be provided subject to a fellowship at the Malta Medicines Authority or the agreed host institution of an average of eighty hours every four weeks.

Selected applicants will be requested to perform duties in entities/ departments as assigned.

The Fellowship Agreement shall be for a period of one year, which may be extended subject to the exigencies of the service and the performance of the individual. The host institution reserves the right to terminate or withdraw the above arrangements without prior notice and the selected applicant shall refund the grant on a pro rata basis.

Applicants interested in undertaking a traineeship are requested to send the following documentation by e-mail to [hr.medicinesauthority@gov.mt](mailto:hr.medicinesauthority@gov.mt).

- 1) Updated CV
- 2) Scanned and signed copy of (Appendix 1)

Further details may be obtained from the Director, Strategy, Operations and Regulatory Affairs, Medicines Authority by sending an e-mail on [gavril.flores@gov.mt](mailto:gavril.flores@gov.mt).

**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 interests<sup>1</sup> in the pharmaceutical sector<sup>2</sup> if any:

1. Employment<sup>3</sup> in the pharmaceutical industry (During the previous three years<sup>4</sup> or current employment):

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2. Financial interests<sup>5</sup> in the pharmaceutical sector:

Name of Company:	Financial Interest:

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

<sup>2</sup> If you have no interests for the relevant section, please indicate “NONE”

<sup>3</sup> 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.

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

<sup>5</sup> 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.

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

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4. Grant/ Funding to organisation/ institution<sup>6</sup>

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5. Personal Interests, other than those in pharmaceutical industry<sup>7</sup>

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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:

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<sup>6</sup> Grant or other funding to an organisation/institution means any CURRENT funding received from a pharmaceutical company by an organisation/institution to which the MB member belongs, or for which he/she performs any kind of activity, and which is used to support any activity of the MB member whether or not it is related to research work.

(CURRENT is interpreted at time of completion of this form)

<sup>7</sup> 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.

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 members<sup>8</sup>:

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<sup>8</sup> 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 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.

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 thus form was completed) (Date of Completion)

**For Official Use.**

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

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\_\_\_\_\_  
Licensing Director  
Director

\_\_\_\_\_  
Strategy, Operations and Regulatory Affairs

\_\_\_\_\_  
Post-Licensing Director

\_\_\_\_\_  
Inspectorate & Enforcement Director