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| Private Bag X828, PRETORIA, 0001 Dr AB Xuma Building1112 Voortrekker Road, Pretoria Townlands 351-JR, PRETORIA, 0187 | | | | | | Tel (012) 395 8000 Fax (012) 395 8918 |
| **PRICING COMMITTEE MEMBERSHIP APPLICATION FORM** | | | | | | |
| ***Note:*** *Pricing Committee (PC) members are appointed by the Minister of Health in terms of Section 22G (1) of the Medicines and Related Substances Control Act 101 of 1965 (the Act) as amended. The constitution of PC members is required to comply with Regulation 38 of the general regulations of the Act, as stipulated therein. To apply for an appointment, applicants must respond to all the questions and tick their portfolio of interest from the list that appears in Section E. More than one portfolio may be ticked under Section E. A summarized CV must accompany this fully completed form. Where more space is required, attach additional information separately and submit it as an Annexure.* | | | | | | |
| **SECTION A: DEMOGRAPHICS** | | | | | | |
| **Title:** | |  | | **Initials:** | |  |
| **Surname:** | |  | | **First name(s):** | |  |
| **Date of Birth:** | |  | | **South African Identity No.(If applicable):** | |  |
| **Citizenship:** | |  | | **Status in SA if not South African:** | |  |
| **Race:** | |  | | **Gender:** | |  |
| **SECTION B: CONTACT DETAILS** | | | | | | |
| **Residential address** | |  | | | | |
| **Province of residence in South Africa (e.g. Gauteng etc.)** | |  | | | | |
| **Work address** | |  | | | | |
| **Telephone number (home)** | |  | | | | |
| **Telephone number (work)** | |  | | | | |
| **Mobile number** | |  | | | | |
| **Email address (work)** | |  | | | | |
| **Email address (private)** | |  | | | | |
| **SECTION C: EMPLOYMENT DETAILS AND AFFILIATION** | | | | | | |
| ***If necessary, additional information may be provided as an attachment*** | | | | | | |
| **Sector of employment (If applicable)** | | **Name of Organization (s)/ Employer (s)** | | **Employment duration** | | **Employment status per employer (Full time/ Part-time)** |
| **No Governmental Organization (NGO)** | |  | |  | |  |
| **Private** | |  | |  | |  |
| **State (government institution)** | |  | |  | |  |
| **Other** | |  | |  | |  |
| **Organizational Affiliation (e.g. SAPC, Section 27, etc.** | |  | | | | |
| **SECTION D: QUALIFICATIONS & PROFESSIONAL CAREER DETAILS (If applicable). Evidence must be provided for statements made and it must corroborate with the contents of a comprehensive Curriculum Vitae(CV) to be submitted as part of the application.** | | | | | | |
| **Qualification** | | **Institution obtained (Name)** | | **Year obtained** | | **Comments** |
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| **SECTION E: PRICING COMMITTEE RELEVANT EXPERTISE** | | | | | | |
| ***The applicant must have background information and or practical experience in the chosen area(s). Responses are only necessary for the selected areas within the PC portfolio. More than one portfolio may be selected.*** | | | | | | |
| **PC PORTFOLIO** | | **PREFERRED PORTFOLIO TO BE TICKED (More than 1 box may be ticked)** | | **Skills brought into the portfolio as expertise (To be attached as additional information if more space is required)** | | **Number of years of experience in the chosen portfolio (evidence to be provided\_ To be attached as additional information if necessary)** |
| **Department of Health** | |  | |  | |  |
| **Pharmacology** | |  | |  | |  |
| **Legal** | |  | |  | |  |
| **Academic Medical Research** | |  | |  | |  |
| **Financial Accounting** | |  | |  | |  |
| **Economist** | |  | |  | |  |
| **Pharmaceutical Supply chain** | |  | |  | |  |
| **Health Economist** | |  | |  | |  |
| **Independent Consumer** | |  | |  | |  |
| **SECTION F: REQUIRED PRACTICAL SKILLS PER PRICING COMMITTEE FOCUS AREA** | | | | | | |
| **PC Focus Area** | | **Practical Experience** | | **Tick if acquired** | | **A brief statement on previous/ current experience: To be answered for ticked focus area (s)** |
| **DISPENSING FEE POLICY DEVELOPMENT AND IMPLEMENTATION** | | ***Research*** | |  | |  |
| ***Data Analysis*** | |  | |  |
| ***Data Management*** | |  | |  |
| ***Policy Impact Analysis*** | |  | |  |
| ***Monitoring and Evaluation*** | |  | |  |
| **POLICY DEVELOPMENT AND IMPLEMENTATION** | | ***Root cause Analysis Methodologies*** | |  | |  |
| ***Stakeholder Analysis*** | |  | |  |
| ***Policy development*** | |  | |  |
| ***Policy Impact Analysis*** | |  | |  |
| ***Health Systems Analysis*** | |  | |  |
| ***Legal Implications Assessment*** | |  | |  |
| ***Implementation Guideline Development*** | |  | |  |
| ***Process Management*** | |  | |  |
| ***Monitoring and Evaluation*** | |  | |  |
| **MEDICINE PRICE RELATED POLICY DEVELOPMENT AND IMPLEMENTATION** | | ***Reference Price Methodologies*** | |  | |  |
| ***Pharmaceuticals Price Review Methodologies*** | |  | |  |
| ***Policy Impact Analysis*** | |  | |  |
| ***Product cost Analysis and Pricing*** | |  | |  |
| ***Background in Data Analysis (Price related)*** | |  | |  |
| ***Background in Manufacturing Practice*** | |  | |  |
| ***Practical knowledge and understanding of the Pharmaceutical Industry*** | |  | |  |
| ***Monitoring and Evaluation Methodologies*** | |  | |  |
| **ECONOMICS EVALUATIONS AND ASSESSMENTS WITHIN HEALTH** | | ***Public Health*** | |  | |  |
| ***Background in Health Economics*** | |  | |  |
| ***Knowledge about Pharmacoeconomic Evaluations and Assessments*** | |  | |  |
| ***Evidence Based Medicines*** | |  | |  |
| ***Background in Manufacturing practice*** | |  | |  |
| ***Biostatistics*** | |  | |  |
| ***Budget Impact Analysis*** | |  | |  |
| ***Epidemiology*** | |  | |  |
| **COMMUNICATION** | | ***Stakeholder relationship management*** | |  | |  |
| ***Communication Strategy Development*** | |  | |  |
| ***Stakeholder Analysis*** | |  | |  |
| ***Research*** | |  | |  |
| ***Information Distribution*** | |  | |  |
| **DISTRIBUTION OF PHARMACEUTICALS** | | ***Background in Logistical Services*** | |  | |  |
| ***Impact Analysis*** | |  | |  |
| ***Supply chain Monitoring and Evaluation Methodologies*** | |  | |  |
| ***Process Management*** | |  | |  |
| ***Policy Development(Non-legal Aspects)*** | |  | |  |
| ***Implementation Guideline Development*** | |  | |  |
| ***Monitoring and Evaluation*** | |  | |  |
| **LEGISLATIVE** | | ***Policy development (Legal Aspects)*** | |  | |  |
| ***Legal Implications Assessment*** | |  | |  |
| ***Practical Experience or understanding of the Pharmaceutical Industry*** | |  | |  |
| ***Health-related Legal opinion development.*** | |  | |  |
| **SECTION G: PRICING COMMITTEE MEMBER OBLIGATIONS AND AVAILABILITY** | | | | | | |
| ***Note:*** *Pricing Committee (PC) members will be required to attend one full-day meeting each month, throughout the duration of the appointment period to be set by the Minister of Health. This period shall not exceed five years. Appointed members shall be nominated into two or three Task Teams of the Pricing Committee. Over and above the one monthly PC meeting, members shall be expected to avail themselves for additional meeting days to be decided by the members of the Task Team. Details of the different Task Teams will be shared with the appointed members of the PC.* | | | | | | |
| ***Availability*** | | | | | | |
| Are you able to attend full-day meetings? (Yes/No) | | | |  | | |
| Are you prepared to do preparatory work outside of meeting times? (Yes/No) | | | |  | | |
| **SECTION H: REFERENCES (2 references required)** | | | | | | |
| **Reference 1** | | | | **Reference 2** | | |
| **Title** | |  | | **Title** | |  |
| **Name** | |  | | **Name** | |  |
| **Organization / Institution** | |  | | **Organization / Institution** | |  |
| **Position** | |  | | **Position** | |  |
| **Telephone number** | |  | | **Telephone number** | |  |
| **Cellphone number** | |  | | **Cellphone number** | |  |
| **Email Address** | |  | | **Email Address** | |  |