

Expression of Interest: Consumer Member of the Enhanced Consumer Engagement Process Co-design Group

Overview

The [2022-2027 Strategic Agreement](https://www.pbs.gov.au/info/general/medicines-industry-strategic-agreement) between the Commonwealth and Medicines Australia includes a commitment to the co-design of an Enhanced Consumer Engagement Process (clause 6.3.2).

The co-design aims to facilitate the capture of consumer and patient perspectives earlier in the health technology assessment (HTA) process to assist the Pharmaceutical Benefits Advisory Committee and other HTA advisory bodies to obtain an understanding of issues arising from new technologies, innovations and the associated implications for consumers.

More information on the co-design of an Enhanced Consumer Engagement Process can be found on the [Pharmaceutical Benefits Scheme website](https://www.pbs.gov.au/general/medicines-industry-strategic-agreement-files/Fact-sheet-4-Enhanced-Consumer-Engagement-for-HTA.pdf) <<https://www.pbs.gov.au/general/medicines-industry-strategic-agreement-files/Fact-sheet-4-Enhanced-Consumer-Engagement-for-HTA.pdf>> .

What is the Co-design Group?

A Co-design Group (Group) is being established to develop the Enhanced Consumer Engagement Process. The Group will consist of:

- five consumer members
- two industry members
- two Department of Health and Aged Care (Department) members

There may also be other occasional members as needed.

The Group will work with an independent facilitator to co-design and agree upon an Enhanced Consumer Engagement Process to capture consumer voices in respect of applications to list new medicines on the Pharmaceutical Benefits Scheme (PBS).

What is involved?

It is anticipated that the Co-design Group will **meet up to five times between August and October 2023**. These meetings may be face-to-face workshops or short online meetings. The Group will be required to pre-read meeting documents and if necessary be consulted on an ad-hoc basis between meetings. The total time commitment **is expected to be approximately six days over the three-month period**. Consumer members will be remunerated for their time.

Applying to be a consumer member

Applications for consumer member roles are open to all health consumers and representatives of health consumer organisations.

A selection panel of consumer peers will be established to assess applications and confirm the five consumer members in the Group.

What to consider before applying

- Please read the **selection criteria and role description** at the end of this webpage. This **provides guidance on the expectations for consumer members**.
- The application form requires applicants to respond to each criterion specified for the role.
- You can answer the questions via the online form or upload a file.

The **Expression of Interest Application Form** is provided at the end of webpage for your information.

Privacy and Consent

Privacy Information

Your personal information is protected by law, including the *Privacy Act 1988* and the Australian Privacy Principles (APPs), and is being collected by the Department, via the Citizen Space platform, for the purposes of conducting this application process. The Department will collect your personal information at the time that you submit your application.

To protect privacy, do not include identifying personal or sensitive information about another individual (third party) except where permission has been granted by that individual, such as in the case of providing identifying information on referees required to support your application.

Further information about privacy

You can access more information about the way in which the Department will manage your personal information, including our privacy policy, at www.health.gov.au/resources/publications/privacy-policy <<http://www.health.gov.au/resources/publications/privacy-policy>> . You can obtain a copy of the Department's privacy policy by contacting the Department using the contact details set out below. The Department's privacy policy contains information about:

How you may access the personal information the Department holds about you and how you can seek correction of it; and

How you may complain about a breach of

the APPs; or

a registered APP code that binds the Department; and

how the Department will deal with such a complaint.

You can contact the Department by telephone on (02) 6289 1555 or freecall 1800 020 103 or by using the online enquiries form at www.health.gov.au

<<http://www.health.gov.au>> .

How will this information be used?

Submitted applications will be provided to the Selection Panel for consideration.

Information pertaining to the consumer member role, as provided by applicants, will remain confidential to the Selection Panel and the Office of Health Technology Assessment's Consumer Evidence and Engagement Unit (CEEU). The CEEU is providing administrative support for this process.

Acknowledgement

By making this application, I acknowledge that:

- I understand that the giving of my consent is entirely voluntary.
- I am over the age of 18 years.
- I consent to the Department collecting information requested in Citizen Space about me, including any sensitive information, for the purposes indicated.
- Where relevant, I have obtained the consent of any individuals whose personal information is included in my application, to the Department collecting this information for the purposes outlined in this notice.

(Required)

Please select only one item

I acknowledge the above.

Application - Your Details

The below details are required to identify you and provide your contact details.

What is your name?

Name *(Required)*

What is your email address?

Email *(Required)*

Please indicate the category that best represents you:

(Required)

Please select only one item

- Individual consumer or carer
- Member of a health consumer/patient organisation
- Representative of a health consumer/patient organisation
- Other

What is the name of your organisation? (if applicable)

Organisation

If you are an employee, representative or have other commitments to an organisation, it is important that your organisation's management and/or Board is aware of and supports your application for this role.

(Required)

Please select only one item

- Yes, my organisation is aware of and is supportive of my application for this role.
- No, my organisation is not aware of and/or has not provided support of my application for this role.
- I do not have such commitments.

To complete this application would you like to

(Required)

Please select only one item

- Upload a file with your responses to the selection criteria
- Complete the application form online

Application - Upload a file for Consumer Member, Co-design Group

Your application should provide a response to each of the statements outlined in the [Criteria Consumer Member Co-design Group](#) document.

Your responses should describe your relevant current and past experience and provide specific examples to demonstrate capability within each criterium.

Responses should be limited to 150 words per statement.

If you would like to upload a file please do so below

Please attach a copy of any documents you wish to include to this printout.

The preferred file types are PDF or Microsoft Word. Should you have any difficulties submitting this form, or you would like to submit a file(s) larger than 25mb, please contact htaconsumerengagement@health.gov.au

The provision of two referees is required to support your application for the role of Consumer Member of the Co-design Group. The Selection Panel may contact referees as part of the selection process.

Does your attached file include details of two referees.

(Required)

Please select only one item

- Yes, my uploaded file includes details of my two referees
- No, I still need to provide referee details

Application - Criteria for Consumer Member, Co-design Group

Please provide responses to each of the statements below, as outlined in the [Criteria Consumer Member Co-design Group](#) document.

Your responses should describe your relevant current and past experience and provide specific examples to demonstrate capability within each criterium.

Responses should be limited to 150 words per statement.

Strong links with patient communities/health consumers, particularly in the context of consumer engagement within Australian HTA processes.

Please provide written response *(Required)*

Ability and willingness to speak confidently to the patient/consumer lived experiences and perspectives, in consensus with patient/consumer peers.

Please provide written response *(Required)*

An understanding of the consumer sector's diverse needs and to apply this to effect change, as relevant to the co-design process.

Please provide written response *(Required)*

Knowledge of the current Australian HTA environment and processes, for suggesting possible improvements for consumer engagement.

Please provide written response *(Required)*

An awareness of the future focus of medicines and the impact of developing technologies on the consumer role.

Please provide written response *(Required)*

An understanding of the principles of access and equity in allocation of health resources within a universal health system.

Please provide written response *(Required)*

Time and commitment to attend meetings (in person and virtually) and prepare for discussions and activities as required. This includes working with other consumer members of the Co-design Group and participating in broader feedback activities to patient/consumer networks.

Please provide written response *(Required)*

Good communication and interpersonal skills, including respect for the views of other people and organisations, and the ability to listen and take part in constructive debate.

Please provide written response *(Required)*

Application - Referees

The provision of two referees is required to support your application for the role of Consumer Member of the Co-design Group. The Selection Panel may contact referees as part of the selection process.

Please provide the details of two referees below. For each, please include the referee's:

Full name

Role title

Organisation

Email

Preferred phone number

Relationship to you and duration of the relationship

Referee 1

Please provide written response *(Required)*

Referee 2

Please provide written response *(Required)*