

**PROFESSIONAL INNOVATION PROJECT**

**INFORMATION REGARDING**

APPLICATION FORM FOR YOUNG PHARMACISTS AND PHARMACEUTICAL SCIENTISTS

**FOR THE YEAR**

2024

**ON BEHALF OF THE**

PHARMACEUTICAL SOCIETY OF SOUTH AFRICA (PSSA) YOUNG PHARMACISTS’ GROUP (YPG)



GENERAL REGULATIONS

**Please note that this application form will be the applicant’s project entry in the 2024 database of the**

Pharmaceutical Society of South Africa (PSSA) Young Pharmacists' Group (YPG). By signing this form, the applicant grants PSSA the right to publicise the project's outcomes.

To expedite the processing of this form, please fill it in completely and correctly. Should the applicant have any questions, please do not hesitate to contact the YPG at ypg@pssa.org.za.

**GRANT DESCRIPTION**

The goal of the Professional Innovation Project is to promote innovation in the profession of pharmacy and pharmaceutical sciences through supporting creative projects by young pharmacists (pharmacy practitioners and pharmaceutical scientists), which directly or indirectly benefit or improve health and demonstrate the value added by pharmacy to health.

**APPLICATION AND PROCEDURES**

Young pharmacists can submit a project proposal that addresses a specific issue that may be improved through an innovative pharmacist-led intervention. The issue may be related to any field of professional practice, and its outcome should have a direct or indirect positive impact on the community.

**AWARD**

The winner will receive a grant of R15 000 to assist in implementing the winning project. The winner will be announced during the PSSA YPG Business Meeting in 2024.

The grant recipient is expected to submit progress reports to YPG from time to time and to present the winning project in 2025/2026 at a PSSA/Sector Conference. In addition, the recipient will be obliged to submit interim reports and updates as required by YPG or the PSSA.

**ELIGIBILITY**

Only paid-up individual members of PSSA YPG are eligible to apply. All previous grant winners are not eligible to apply again. Each applicant can submit only one project. Group work must be submitted under one applicant’s name only.

**APPLICATION DEADLINE**

Applications must be submitted or postmarked by 30 April 2024. The application should include:

1. The **application form**, completed and signed by the applicant. Applicant's curriculum vitae (CV), maximum of two pages.
2. **Project budget**. The project budget must be in a table format and should include the item(s) budgeted for, the budgeted amount and the justification for including the item(s). In cases where equipment will be bought with the grant, the ‘owner’ and the ‘location’ of the equipment after the project is completed must be specified (e.g. where will it go after completion of the project).

Submissions should be sent via e-mail to Ms Zandile Ndebele (Professional Innovation Project Coordinator): ypg@pssa.org.za.

**Applications that do not strictly comply with the application instructions will not be considered.**

JUDGING PROCESS

All entries received will be assigned a number and screened for adherence to the application rules. A review panel nominated by the YPG and approved by the PSSA will consider all valid applications. The winning project will be selected by the review panel and subjected to approval by the PSSA.

**Each entry will be evaluated anonymously upon five criteria and will be assigned a numerical score (each out of 20 points). The following scoring system will be used:**

**The Professional Innovation Project grant is only awarded to ONE** **winning project each year.**

**The winner will be announced during the PSSA YPG Business Meeting in 2024.**

REPORT SUBMISSION TIMELINE

The Grant winner for 2024 is required to adhere to the following timeline:

\*The final report should include:

* Description of activities carried out
* Evaluation of objectives achieved
* Declaration of how the grant has been spent

**Reminders with submission instructions and approaching deadlines will be communicated to the winner periodically.**

THE APPLICATION FORM

*The information on this page aims to explain the various parts of this application form and to aid in its completion.*

**PART I. PROJECT IDENTIFICATION**

# Project title

Applicant must give the project a name. It should be short and descriptive. I.e. It should be brief and informative.

There are no boundaries as to what the project can be about. The Professional Innovation Project is based only on the principle that pharmacists can and should respond positively when faced with situations where they can add real value. Therefore, this project is looking at innovation primarily. The applicant may choose any topic or intervention in pharmacy/pharmaceutical sciences. However, we suggest that you address a widespread problem, which could affect a large part of the wider community.

***Example:***

*Perhaps you have set up a new service for your blind patients, so they may be better able to understand their medicines. You may want to develop a way of educating others involved in pharmacy through the use of the internet, or you may be involved in developing a new drug delivery system.*

# Summary

The summary is a lay, simple and non-technical language descriptionof the candidate's project. This summary should explain the project's purpose and describe what the project will do, its impact on the community and any potential consequences of not solving or improving the situation.

**PART II. APPLICANT IDENTIFICATION**

# Applicant

Any young pharmacist or pharmaceutical scientist who is a paid-up individual member of the PSSA YPG can nominate him/herself. In addition, group work may be submitted, but one member of the group would have to be designated to receive the grant on behalf of the group. Applicants are limited to submitting one project per year.

**Signature**

For the application form to be reviewed, please ensure the application is read, understood and signed correctly. By signing the application form, the applicant agrees to adhere to the general regulations described here.

**PART III. PROJECT DESCRIPTION**

# Themes

Please select one to three themes which best describe the project.You are free to define new fields that apply to your project. The number of themes you select or the subjects you select will not have any effect on the evaluation process. They are collected for statistical purposes only.

# Project Significance

This is the part where you describe the issue or problem, its impact on the community and any potential consequences of not solving or improving the situation.

1. *What is the subject?*
2. *How did you identify the subject?*
3. *Why is it important?*
4. *How does it affect the community?*
5. *What will happen if the problem is not solved?*

Please indicate clearly the primary goals, aims and objectives of the project and possible additional measurable outcome(s).

# Project duration

Please indicate the time period for the implementation of the project. Short-term can be between 3 weeks and six months and long-term projects are longer than six months. Remember that there should be **measurable** results within the first year of implementation of the project.

# Scientific background/ Development of the problem

Please provide a rationale for the project and what is known about the topic. Indicate the appropriate resources and/or references used in developing your proposal. In case no scientific information is available or accessible – please describe in detail the development of the problem you would like to address with this project.

# Project impact

Describe the outcomes you expect to achieve at the end of the project. The application form should clearly indicate the potential outcomes from the implementation of your project. They should have clear measurable aspects. Your project should address one or more fields where we can see the outcomes. These can be divided into: the society, the profession and/or the science/research/evidence.

# Methods

Please remember that this is the most critical part of the form. The tasks should be clearly explained, with examples of what an applicant will do and a timeline. Next, describe your idea and proposed intervention: How do you think the pharmacist could intervene?

# How will your solution work in practice

Please include data demonstrating the project's feasibility, and detailing the resources required.

1. *How is it a feasible solution/intervention?*
2. *What evidence did you gather that supports your expected results?*
3. *If granted, what could you achieve in one year?*
4. *What significant challenges must you overcome?*

# Pharmacists’ role in the project

Describe how pharmacists' unique qualifications/role in society enables the applicant to act on/implement the project.

# Project budget

Please include a comprehensive proposed project budget for the grant amount and justify the inclusion of all items/activities/resources.

SUBMITTING THE APPLICATION

You can send your application via e-mail to **ypg@pssa.org.za**

Any other communication regarding the project should be addressed towards the Executive Director of PSSA:

**PSSA YPG Professional Innovation Project**

**P.O. Box 75769**

**Lynnwood Ridge, 0400**

**South Africa**

Applications must be received by **30 April 2024.**

They must be completed in full, signed and accompanied by the applicant’s CV.

APPLICATION FORM

Young Pharmacists/Pharmaceutical Scientists: Professional Innovation Project 2024

|  |  |
| --- | --- |
|  | ***To be filled in by the YPG*** |
| **Reference number:** | Click or tap here to enter text. |

***This form must be completed in English!***

## **PART I. PROJECT IDENTIFICATION**

**Title of your proposed project**

*Please note that you must give the project a name. Please provide a title that is clear, precise and informative.*

|  |
| --- |
| Click or tap here to enter text. |

**A summary of the project in a non-technical language for publicity:**

*Please describe the issue or problem, its impact on the community and any potential consequences of not solving or improving the situation in simple, non-technical terms. (max. 50 words)*

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| --- |
| Click or tap here to enter text. |

## **Part II. Applicant Identification**

## **DETAILS OF THE APPLICANT**

*Please attach a short Curriculum Vitae (CV) of the applicant. If this is a group application, please submit a short CV of the person who will represent the applying group*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Full Name & Surname:** | | Click or tap here to enter text. | | | | | |
| **PSSA membership No.:** | | Click or tap here to enter text. | | | **Occupation:** | | Click or tap here to enter text. |
| **Address** | Click or tap here to enter text. | | | | | | |
| **Postcode:** | Click or tap here to enter text. | | **City:** | | | Click or tap here to enter text. | |
| **Province:** | Click or tap here to enter text. | | **South Africa** | | |  | |
| **E-mail:** | Click or tap here to enter text. | | | | | | |
| **Cell phone:** | Click or tap here to enter text. | | | **Work:** | | Click or tap here to enter text. | |

## **SIGNATURE**

By signing this application, the applicant agrees and understands that any monies received or paid as a result of this application are subject to the following terms:

1. All information contained in this application is truthful and accurate to the best of your knowledge, and no relevant information has been withheld.
2. Funds granted as a result of this request are expended for the project described in this application.
3. The Pharmaceutical Society of South Africa (PSSA) has the right to make available and to use all data provided in this form for the purposes of managing the grant and to publicise the outcomes of the project.
4. The applicant must promptly inform the Pharmaceutical Society of South Africa (PSSA) of any proposed project changes.
5. In the event of winning the grant, the applicant is obliged to submit reports and updates as required by the Pharmaceutical Society of South Africa (PSSA).

I affirm that this application for the Young Pharmacists/Pharmaceutical Scientists’ Professional Innovation Project is original and has been independently developed by the author. I further affirm that I have read and understand the rules of the competition.

**Applicant’s name:** Click or tap here to enter text.

**Place:** Click or tap here to enter text. **Date:** Click or tap to enter a date.

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## **Part III. Project Description**

**Main themes for the activities**

*The topics listed below are examples. The applicant is free to define new themes/subjects applicable to the project.*

|  |  |  |
| --- | --- | --- |
| *Please tick* ☒ *a maximum of 3 boxes* | | |
| *International cooperation*  *Emerging trends in practice*  *Rural healthcare development*  *Access to medication*  *Vaccination services*  *Healthcare promotion*  *Managing disease outbreaks*  *Anti-drugs/substance abuse*  *Disadvantaged people* | *Compounding & drug development*  *Research & model designs*  *Diagnostics & clinical practice*  *Pharmaceutical analysis*  *Biotechnology & pharmacogenetics*  *Epidemiology & post market research*  *Drug targeting & drug delivery*  *Herbal & traditional medicines*  *Academia & pharmacy education* | *Continuous professional development*  *E-pharmacy & new technologies*  *Novel community pharmacy services*  *Medication management practices*  *Professional development & promotion*  *“Seven star” pharmacist*  *Other (specify\*)*  *Other (specify\*)*  *Other (specify\*)* |

**Main Theme – Other\***

Click or tap here to enter text.

Click or tap here to enter text.

Click or tap here to enter text.

**Project Significance**

*Describe why the research is significant and whether the research addresses an important problem.* ​*Please indicate clearly the primary goals, aims and objectives of the project* *(Max. 100 words)*

|  |  |  |
| --- | --- | --- |
| Click or tap here to enter text. | | |
| **Proposed duration of the project:**  *Short-term - between 3 weeks and 6 months*  *Long-term - longer than 6 months*  *Remember that there should be* ***measurable*** *results within the first year of implementation of the project.* | Short Term |  |
|  | Long Term |  |

**Scientific Background / Problem Development (with references):**

*Please provide a rationale for the project and what is known about the topic.*

*(Max. 100 words)*

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| --- |
| Click or tap here to enter text. |

**Project Impact:**

*Describe possible outcomes resulting from project implementation. These outcomes should be measurable. Identify one (or more) of the following: (a) potential outcomes relevant to the society; (b) potential outcomes relevant to the research/science; (c) potential outcomes relevant to the profession.*

*(Max. 100 words)*

|  |
| --- |
| Click or tap here to enter text. |

**Methods:**

*Describe the proposed intervention and all steps required to achieve or evaluate the defined outcomes.*

*(Max. 300 words)*

|  |
| --- |
| Click or tap here to enter text. |

**How will your solution work in practice**

*Information and data that demonstrates the project's feasibility, detailing the required resources.*

*(Max. 150 words)*

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| --- |
| Click or tap here to enter text. |

**Pharmacists’ role in the project:**

*What qualifications will be necessary? What is the role of the pharmacist in this project?*

*(Max. 50 words)*

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| --- |
| Click or tap here to enter text. |

***~ End of Application Form (Total of 11 pages) ~***