research into the views of patient organizations and individual patient experts on their involvement. We additionally sought to explore barriers to involvement.

METHODS:

The research was a collaboration between staff from three teams at NICE: public involvement, market research, and HTA committee support. A mix of interviews, focus groups and surveys was used to gather feedback – from patients and organizations who have engaged with NICE, but also those who had not, plus NICE committee chairs and staff. Facilitators and barriers to involvement were investigated, along with attitudes towards process and support. We used qualitative thematic analysis alongside quantitative methods.

RESULTS:

Key findings were that patients and patient organizations mostly:

- hold favourable opinions of NICE
- have a good understanding of process and expectations
- remain unsure of the impact of their inputs.

Improvements identified include clarifying communications, language and roles. Plus increasing transparency of decision making and patient impact.

CONCLUSIONS:

The research findings and action plan, although specific to NICE, hopefully can inform others in the wider HTA ecosystem. Resources developed will be shared with Health Technology Assessment International (HTAi) networks, including updated correspondence templates and new videos explaining decision making in lay language. The research further adds to discussions around appropriate use of patient organizations scarce resources, and how best to feedback to participants and demonstrate impact of patient involvement.

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1. Amis L. Patient involvement in NICE technology appraisals. In: Littlejohns P, Rawlins M,eds. *Patients, the public and priorities in healthcare*. Oxford: Radcliffe, 2009.

2. Parliamentary Health Select Committee UK (2013) National Institute for Health and Clinical Excellence: Eighth Report of Session 2012–13, Vol. 1: Report, Together with Formal Minutes, Oral and Written Evidence. London: The Stationery Office.making in lay language. This research hopefully can inform the wider HTA ecosystem.

VP63 National Institute For Health And Care Excellence (NICE) Technology Appraisal Patient Expert Feedback: 15 month analysis

AUTHORS:

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INTRODUCTION:

The National Institute for Health and Care Excellence (NICE) has a formal policy stating patients, carers and citizens are involved throughout each Health Technology Assessment (HTA). One key way patient/carer organizations are involved is by nominating patient experts to participate in appraisal committee meetings.

A NICE 2014 report (1) on Patient Experts experiences identified a need to routinely survey Patient Experts. This has been ongoing since October 2015. This study highlights key findings, including new recommendations and whether previous concerns have been addressed.

METHODS:

We refined the 2012 survey to be routinely sent to all patient experts that attended a NICE technology appraisal committee meeting. Between October 2015 and December 2016 this online survey was sent to eighty-eight patient experts. After analysis the findings were compared to the previous report to identify

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whether concerns have been addressed and whether new recommendations should be considered.

RESULTS:

There was a response rate of 47 percent (n = 41). Quantitative results and qualitative quotes demonstrate that patient experience varies widely. Key findings from the new data revealed that patient experts feel supported by the Public Involvement Programme, however would welcome more opportunities to speak. Notable improvements since 2012 include favourable opinions of support documents and the Chair more regularly introducing themselves to the patient expert before the meeting. Some experts still find the paperwork cumbersome and find the meetings very technical.

CONCLUSIONS:

Progress has been made since 2012, but further improvements could facilitate even more effective patient involvement. We continue to routinely measure experiences to identify and address evolving issues. Some tensions remain between NICE's remit and processes, and patients expectations of these. The findings, although specific to NICE, hopefully can feed into other patient involvement developments in the wider HTA ecosystem.

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1.Amis L, Livingstone H. (2014). Technology Appraisal Patient Expert Survey 2012 Report. National Institute of Health and Care Excellence. https://www.nice.org.uk/media/default/About/NICE-Communities/Public-involvement/Public-involvement-programme/Patient-expert-TA-report-final-1.pdf

VP64 Post-Graduation Selection Using Multi-Criteria Decision Analysis

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INTRODUCTION:

Selecting candidates for graduate programs is considered to be a complex task, often subject to failures, especially regarding to the appraisal of non-cognitive (1,2) skills (for example, Motivation). Identifying suitable candidates is important for the overall success of the graduate programs, since dropouts and low productivity negatively affect the program classification by the Brazilian Governmental Agency.

This study aims to describe the use of Multicriteria Decision Analysis (3) in the selection of candidates for a master degree program in Health Technology Assessment (HTA).

METHODS:

The Multicriteria Decision Analysis (MCDA) technique was used to measure value in the selection of students applying for a masters degree program, in 2017, using Multi-Attribute Value Theory methods (MAVT) method. The examiners group consisting of full-time professors who selected the criteria, blinded ranked and assigned weight relative to each criterion, using swing weights technique, normalized to 100 percent. During the face to face interview with the students, each evaluator professor filled an individual spreadsheet based on pre-defined questions and curriculum analysis. The results were summarized with a mean. For criterion performance, a value from 0 until 3 was assigned if the candidate didn't meet the criterion, partially meet and fully meet. The performance scores were multiplied by the weight of each criterion, the results were summarized by simple additive model, and the candidates were ranked.

RESULTS:

An interview was conducted with the examining group evaluating MCDA asking for difficulties, time consumed and if the result was considered fair. Seven criteria were listed: "Comprehension of HTA", "Motivation", "Ability to disseminate information", "Availability to attend the course", "Scientific production", "Potential to work in HTA area" and "Scientific writing skills".

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