

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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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".

The highest weight (24 percent) was attributed to the "Potential to work in HTA area" and "Scientific writing skills" (20 percent). The evaluating group was unanimous in considering the process easy, fast and fair.

CONCLUSIONS:

The MCDA technique was applied successfully in student selection. Further prospective studies are needed.

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VP66 Perception Of Decision Makers And Researchers Towards Health Technology Assessment In Ghana

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INTRODUCTION:

In recent years, the Ghana health system has been faced with the challenge of financial sustainability. New ways of making decisions in a cost-effective manner that ensure efficient use of available resources is being explored. Consequently, Ghana has been pursuing the formal introduction of Health Technology Assessment (HTA) for decision making in the health system.

However, the limited use and impact of HTA on health systems has been associated with reasons including, and not restricted to, the knowledge and perception of decision makers towards it (1-3). Therefore as Ghana gears towards using HTA formally, it is important to assess the knowledge and attitude of potential users and producers of HTA. This will provide useful information for the setting up of an HTA agency.

METHODS:

A qualitative research approach using in-depth interviews was utilized. Twenty-three decision makers both at the national and district levels, and four researchers were interviewed. Thematic analysis was conducted using NVivo software.

RESULTS:

Only seven respondents had knowledge about HTA. Respondents perceived HTA differently, and the word 'technology', was often misconstrued as a device for communication such as mobile phone. Two main barriers to the use of HTA emerged; lack of resources (human, data, and finance) and politico-cultural issues. To address these barriers respondents recommended that stakeholders be involved in decisions concerning the guidelines for its conduct, composition of the appraisal team, and the focus of HTA. Generating of human, data and financial resources were also indicated.

CONCLUSIONS:

There is paucity of knowledge about HTA in Ghana. For Ghana to successfully introduce HTA for health decision making and realize its expected benefits, there will be a need to address the perceived barriers in a comprehensive manner. Also, to mitigate data and