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Intellectual Output-1

Work Package-1 Deliverable-1

Educational Objectives of the Joint Master's Program
for the Project

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Participants: All Consortium Partners and Contributors

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i. Project Outline

Funded by the European Commission under the ERASMUS+, Erasmus+ KA2 Strategic Partnership Project on Joint Curriculum Development in Health Technology Assessment (HTA) is a multinational project that aims to develop a master's program in HTA that reflects the requirements of both academics and industry. It is developed by the consortium of JoC HTA project, which-consists of five European universities: Hacettepe University, Ankara, Turkey, University of Liverpool, Liverpool, United Kingdom, Eötvös Loránd University, Budapest, Hungary, Medical University of Sofia, Sofia, Bulgaria, and Medical University of Warsaw, Warsaw, Poland. The project activities are being carried out in the consortium countries with the participation of The University of Athens, Athens, Greece, The University of Washington, Washington, USA as contributing countries. A two-year master's program delivered in English with thesis on HTA will offer scholarships to students of exceptional merit and potential to follow courses, attend internships and undertake a thesis with the general aim of meeting the demand for human resource needs of public institutions and businesses dealing with HTA especially in Central and Eastern European and Southern European countries, with optional courses for learning the culture and language of the country they are studying in and job opportunities both in academia and industry in Europe, Middle East, Asia and Africa.¹

¹ For a list of EU and non-EU programme countries and partner countries, please go to:

https://ec.europa.eu/programmes/erasmus-plus/about_en#tab-1-1

Acting in accordance with the provisions of Annex VII to Grant Agreement for a project with multiple beneficiaries under the ERASMUS+ programme², laying down Beneficiary's responsibility in the project activities, the Medical University of Warsaw, hereinafter WUM, acting as the Work Package Leader, has determined joint program **teaching objectives** for the joint curriculum in Health Technology Assessment under the Erasmus+ Programme.

1.Method

The final teaching objectives have been compiled through a **two-round Delphi consensus study**, based on the convergence of opinions concerning the topic area. This research method was chosen in order to solicit real-world knowledge, expertise and experience from experts in the field of HTA concerning educational objectives for the prospective joint HTA curriculum.

The Delphi method has been comprehensively discussed and reviewed in the literature and here we present a very brief outline of this technique. Linstone and Turoff (1975) define the Delphi technique as a method for structuring a group communication process so that the process is effective in allowing a group of individuals, as a whole, to deal with a complex problem systematically.³ This technique is named after the Oracle of Delphi in ancient Greece known for prophecies. It was developed and first used in technology forecasting studies initiated by the RAND (Research and Development) Corporation of the United States in 1950s. It is now well-established as a means and method for collecting informed judgment from a panel of experts by using a series of questionnaires, with the primary aim to build a consensus⁴. The Delphi Technique offers specific merits in eliciting and processing judgmental information. More specifically, it focuses attention directly on the issue investigated, allowing individuals with diverse backgrounds or in remote locations to work together, minimizing the tendency to follow the leader and other barriers to communication and deliberation. All experts are given equal opportunity to become involved in the information collection process⁵.

2.Study Design

The first round of Delphi evaluations under the JoCHTA project was completed at the end of 2015/ beginning of 2016. Opinions of the partners via a Delphi were sought at the Transnational Kick-Off Meeting held on 11-12 January 2016 in Ankara, Hacettepe University, Turkey, with the participation of all consortium

² To learn more of the ERASMUS+ EU programme for education, training, youth and sport, please go to https://ec.europa.eu/programmes/erasmus-plus/about_en

³ Linstone, H.A. and Turoff, M. (eds.) (1975) *The Delphi Method Techniques and Applications*. Massachusetts, p. 3

⁴ Dalkey, N. C. (1969). An experimental study of group opinion: the Delphi method. *Futures*, 1 (5), 408-426

⁵ Ibidem

members. In this meeting, Hacettepe University also introduced all project activities and presented the detailed plan of the first work package (WP-1). A "draft objective pool" was prepared based on a random sample (30 programs) of the existing master programs in the ISPOR website and project proposals. The overall educational objectives were broken down **into the main and sub-objectives under** three headings: cognitive, affective and psychomotor objectives.

The second Delphi was applied to partners via e-mail between May and June 2016. Experts were asked to assess the appropriateness of each objective via a 5-point scale (absolutely appropriate - 5 pts, appropriate - 3 pts, neutral - 2 pts, inappropriate - 1 pt, absolutely inappropriate - 0 pts). Participants were also invited to add comments and propose changes to the content of the existing objectives, if applicable. They were also welcome to add, reorder, and delete objectives, giving the reasons for doing so. After collecting the feedback, the teaching objectives were revised to reflect reviewers' consensus. Objectives considered to be overlapping were excluded from the final list.

3.Conclusions

The educational objectives listed below (**Tables 1-4**) are in a summarized form of responses from the two rounds of the Delphi consensus study.

Table 1. The Main Objectives of the Joint Curriculum

| | Main Objectives |
|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Objective-1: | The joint program will train students in the field of HTA to meet local competency and capability requirements in particular in the target region ⁶ . |
| Objective-2: | The program will enhance higher education quality through student and academician mobility, which enables knowledge exchange between health systems and practices of different countries. Meanwhile the program provides opportunities for students to interact with academicians with alternative perspectives and research interests. |
| Objective-3: | Students will gain information about different perspectives in health politics and HTA, and will be educated to meet sectoral needs of different economies in the Eastern Europe and neighbouring regions. |
| Objective-4: | Students will be offered state-of-the-art, experience-based information on HTA and its real-life implementation. |
| Objective-5: | Students will gain scholarly and practical skills through collaboration between academic institutions and public sector. |
| Objective-6: | The joint program will bring together health economics, financing and health policy issues in order to facilitate HTA processes in the partner countries. |
| Objective-7: | Students will gain mutual understanding, broad insight and a global vision of between countries health care systems diversity. |
| Objective-8: | Students will gain a basic foundation of knowledge in EBM (evidence based medicine), biostatistics, mathematic modeling, health economics, economic evaluation, public health policy management and health policy decision-making analysis. |

⁶ in particular in EU New Member Countries and EU Close Neighbourhood States

Table-2. The Cognitive Objectives of the Joint Curriculum

| | Objectives (Cognitive) |
|----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Objective-1: | Students will identify the main components and issues of the organization, financing and delivery of health services and public health systems in the communities. |
| Objective-2: | Students will analyze effects of political, social and economic policies on public health and health care systems. |
| Objective-3: | Students will be equipped with professional level analytical skills, required to evaluate and improve the efficiency and effectiveness of healthcare systems. |
| Objective-4: | Students will demonstrate knowledge and understanding of a diverse range of global and national health policies, including current and emerging trends relevant to health policy. |
| Objective-5: | Students will critically analyze the impact and outcomes of pharmaceutical products and other health technologies within healthcare systems. |
| Objective-6: | Students will receive a solid foundation in health outcomes research providing them with the language and concepts of both public health research and statistical methods. |
| Objective-7: | Students will demonstrate competence in key research and presentation skills, such as undertaking a literature search, a critical review of published literature and the evaluation of research findings. |
| Objective-8: | Students will learn to critically review applied health studies and use results and data from them. |
| Objective-9: | Students will extend their knowledge and further understanding of basic and advanced issues in the economic evaluation through high quality training in relevant theoretical and practical issues. |
| Objective-10: | Students will be equipped with competency in the design, commissioning, and review of HTA in multiple jurisdictions (globally), perspective in multi-disciplinary contexts such as product development planning, prioritization of research and government or international health policy planning. |
| Objective-11: | Students will learn to measure phenomena such as resource utilization, healthcare costs and quality of life. |

Table 3. The Affective Objectives of the Joint Curriculum

| | Objectives (Affective) |
|---------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Objective-1: | The program motivates students for lifelong learning and continuing self-improvement in fulfilling personal and professional opportunities. |
| Objective-2: | The program develops a sense of inquisitiveness and of importance of the role of public health professionals in shaping future health systems and contributing to population health in the future. |
| Objective-3: | The program motivates students to actively participate in professional, scientific, and academic societies. |

Table 4. The Psychomotor Objectives of the Joint Curriculum

| | Objectives (Psychomotor) |
|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Objective-1: | Students will demonstrate leadership, team building, negotiation, and conflict resolution skills to build consensus, partnerships and to encourage collaboration. |
| Objective-2: | Students will demonstrate written and verbal competence in communicating empirical evidence. |
| Objective-3: | Students will demonstrate skills in critically appraising debates relevant to issues of health policy and health financing. |



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Intellectual Output-1

Work Package-1 Deliverable-2

Student Profile Analysis / Sectoral Need Analysis

2015-1-TR01-KA203-022402

Work-Package Leader: Medical University of Warsaw, POLAND

Participants: All Consortium Partners and Contributors

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The Medical University of Warsaw, hereinafter WUM, acting as the Work Package Leader, in accordance with the provisions of Annex VII to Grant Agreement for a project with multiple beneficiaries under the ERASMUS+ programme⁷ laying down Beneficiary's responsibility in the project activities, is due to deliver a **Student Profile Analysis / Sectoral Need Analysis** in Health Technology Assessment under the Erasmus+ Programme.

1. Study Design

One of the initial phases of the project is to run a sectoral need and student profile analysis based on three questionnaires for stakeholders and students in the partner countries, and for unique contacts in the non-partner countries. Questionnaires and survey scenario proposals developed by the Hacettepe University (HU) were sent to partners for review. The questionnaires were edited by MUW. After feedback, the final questionnaires were prepared and posted online at <http://www.jochta.net/> by HU, using the Google Forms functionality. The surveys were delivered and the data collected in English. All partner universities invited local academics, public and private sector representatives, as well as students of various faculties (with a focus on medicine and pharmacy students), in partner and non-partner countries, to respond. In addition, surveys were also distributed to universities and unique HTA contacts in the non-partner countries via e-mail invitations. This was seen as important with the programme particularly aimed at CEE countries with their additional challenges of scarce resources versus Western European countries, limited capability and capacity to undertake HTA in practice, and typically a lower proportion of GDP spent on health. In addition, many CEE countries are 'top heavy' in terms of hospital infrastructure with more limited ambulatory care infrastructure currently targeting for instance the prevention and management of diseases including non-communicable diseases, with rising prevalence rates across CEE countries. The survey was posted on the <http://www.jochta.net/> website at beginning of June; the data cut-off date was 18 August 2016.

a) Student Survey

The Student Survey was designed for analysing the demand for an International Joint Master's Program in Health Technology Assessment among students. It aimed to explore whether students might be interested in enrolling in an international master's program in the field of health technology assessment (HTA) and what their expectations are. This survey took approximately ten minutes to complete.

b) Stakeholder Survey for Consortium/Non-Consortium Member Countries

This survey aimed to analyse the human resource needs in the field of health technology assessment, and was designed to learn opinions, expectations and the capacity needs of institutions delivering HTA.

⁷ To learn more of the ERASMUS+ EU programme for education, training, youth and sport, please go to https://ec.europa.eu/programmes/erasmus-plus/about_en

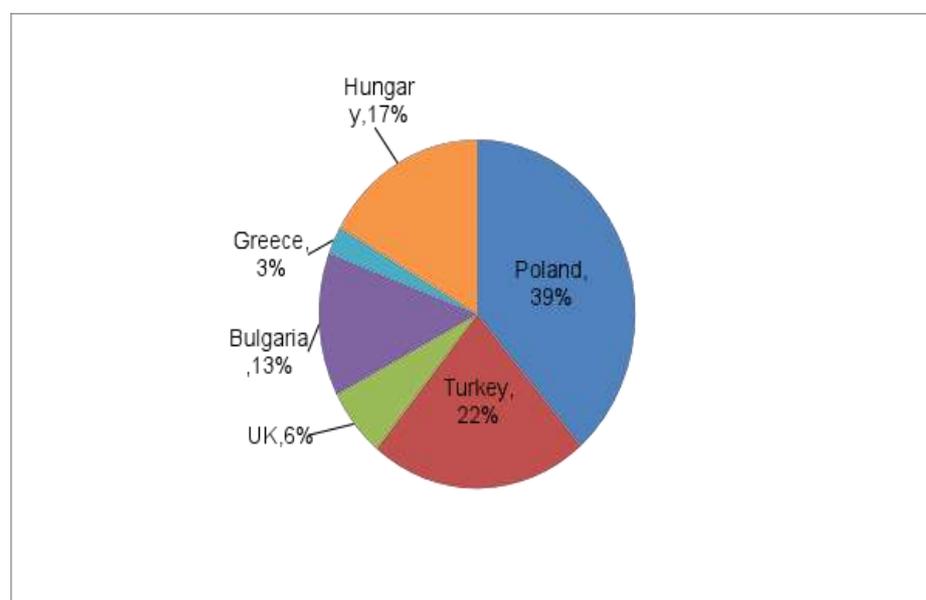
The answers to the surveys were used to determine the learning objectives and the curriculum of the new master's program.

Students

Surveyed population

The survey delivered in the form of a self-administered online questionnaire published in English covered 233 students from 6 countries. Since the survey did not impose any quotas on national participation, the distribution of students surveyed in the project by country (Figure 1) should be interpreted as a corollary of the share of students aware of the survey in each country.

Figure 1 – Distribution of the students by country



The average age of interviewed students was 23.5. 36% of the respondents were 22 and younger, another 24% were aged 23 and the remaining 40% were 24 and older.

Women represented a far larger group among the respondents (68%) with 32% of surveyed students being men.

The analysis of the language indications shows primarily that the distribution of native languages and students by country largely overlapped. Only in 3% of the cases the respondent's native language was different from the language of the country in which they study.

The students were asked to assess their English proficiency (Basic, Intermediate, Advanced_ in four dimensions: listening, reading, speaking and writing. The students evaluated their language skills on a three-point interval scale with the following values: (1) basic, (2) intermediate and (3) advanced. The students rated their passive knowledge of English very high: with 46% indicating advanced for listening and 55% for reading. Their self-assessed active knowledge of English is at the intermediate

level: 44% of the respondents rated their speaking proficiency at this level and 50% did so for writing. The table below presents detailed distribution of English proficiency ratings.

Table 5 – Level of English proficiency among students

| | Listening | Reading | Speaking | Writing |
|---------------------|------------------|----------------|-----------------|----------------|
| Basic | 13% | 8% | 18% | 12% |
| Intermediate | 40% | 38% | 44% | 50% |
| Advanced | 46% | 55% | 38% | 37% |

At 31%, students of pharmacy represent the largest group of respondents. Students of medicine, 16% of the total, represented a relatively small group. The remaining respondents study for a degree in other fields to healthcare services (27%). Students of social sciences and economics formed the remaining 26% of the sample. A large majority of the respondents (70%) are currently in the master's program.

Interest in an international master's program

The vast majority of interviewed students (85%) declared interest in attending an international master's program in a foreign country.

Motivations behind the interest in enrolling in an international master's program primarily typically sprang from a desire to continue learning. 86% of the respondents declared that they want to gain an academic degree from an overseas institution, 58% want to be exposed to a new study environment and learning and the exact same percentage indicated wanting to improve their language skills. Purely practical reasons for taking interest an international master's program were seen as less important; with increasing career opportunities indicated by 51%, 'internationalise my CV by showing that I have been mobile during my studies' by 42%, and 'receive an academic degree from a foreign University' by 35%.

In the surveyed group of students, only 15% were not interested in entering an international master's program in a foreign country. For most, the decision was motivated by their unwillingness to be far from their friends and family (56%) or by their insufficient language skills (29%).

Interest in a master's program in HTA

With as much as 72% of the surveyed students responding affirmatively to the question whether they would be interested in attending a master's program in HTA, interest in our proposed HTA programme seemed fairly high.

It appears that lack of interest in an HTA master's program is largely due to respondents' individual career preferences. In total, as much as 74% of the surveyed students who are not interested in an HTA master's program indicated lack of interest in HTA as a field for their future career.

Students interested in attending a master’s program in HTA were asked to indicate reasons for their interest. Multiple answers were allowed. Over half of the sample (55%) indicated ‘HTA will be an important topic in the future, I would like to explore it in my studies’ and 46% believe HTA is an interesting field of study. Other popular reasons were associated with the potential for professional development in the area. For 36% of the respondents, an HTA master's degree provides high employment prospects and another 36% believed that HTA offers broad research opportunities.

Students interested in entering a master’s program in HTA were asked to indicate areas in which they would like to continue their professional career after graduating. The highest share, 35% of the respondents see themselves in the pharmaceutical industry, while 24% are interested in an academic career and the same share in working in a hospital. Only 18% imagine their professional future in government agencies associated with HTA.

Rating of the criteria affecting the choice of a master’s program

Surveyed students were asked to rate the importance of selected criteria for deciding about a prospective master’s program on a 1-3 scale, where 1 stands for ‘not important’ and 3 for ‘very important’. The table below (Table 6) presents the distribution of importance rating by criterion and the mean value for each criterion.

Table 6 – Criteria for the choice of program

| Criteria | Mean | Not important [1] | Somewhat important [2] | Very important [3] |
|--------------------------------------------------------------------------------------------------------------------------|------|-------------------|------------------------|--------------------|
| Program quality | 2.79 | 4% | 14% | 83% |
| Internationally acknowledged professors/ tutors in the program | 2.59 | 7% | 28% | 65% |
| Internships as part of the curriculum | 2.57 | 3% | 37% | 60% |
| Building relationships with other students/future colleagues | 2.49 | 6% | 39% | 55% |
| Relevant areas covered by the program concerning the situation or background of the country where I live or plan to work | 2.46 | 8% | 37% | 55% |
| The curriculum and the thesis | 2.39 | 7% | 48% | 46% |
| Availability to proceed into a PhD or higher | 2.28 | 17% | 39% | 45% |

The most popular criterion driving the potential decision whether to join a master’s program is the program’s quality. 83% of the respondents found this criterion very important. Internationally acknowledged professors/ tutors in the program emerged as the second in the ranking, with 65% of the respondents rating it very important. Other criteria that received the top rating from most of the respondents were:

'internships as part of the curriculum', 'building relationships with other students / future colleagues' and 'relevant areas covered by the program concerning the situation or background of the country where I live or plan to work'.

Although the ranking of reasons for choosing a master's program is quite straightforward, a large majority of the respondents did not know whether there was an HTA master's program available in their country that would meet these requirements. However, 70% of the respondents have not checked whether such an option is available. Only 10% of the respondents claimed that the current educational offer in their country failed to meet their expectations in this respect. The remaining 20% claimed that, in spite of attempts made in the past, they failed to find a relevant master's program in HTA.

In the closing section of the interview, all surveyed students interested in attending a Master's program in HTA were presented a developed international HTA program described as follows:

"JoC HTA is a project for a joint master's program in HTA. Here are the major points of this program that is currently in development:

- *Two year master's program with thesis*
- *Scholarships for the best students*
- *Education in English*
- *Academic opportunities and resources of six prestigious European universities:*
 - *University of Liverpool (Liverpool, UK)*
 - *Eötvös Loránd University (Budapest, Hungary)*
 - *Medical University of Warsaw (Warsaw, Poland)*
 - *Medical University of Sofia (Sofia, Bulgaria)*
 - *University of Athens (Athens, Greece)*
 - *Hacettepe University (Ankara, Turkey)*
- *Student mobility with at least two universities offering joint/multiple degree options*
- *Specific learning objectives:*
 - *Economic modelling*
 - *Legal framework for HTA*
 - *Market access*
 - *Health policy and governance*
 - *Health informatics*
 - *Health diplomacy*

- *Optional language and cultural courses*
- *Internships in / connections with public and private bodies and universities*
- *Job opportunities in Europe, Middle East, Asia and Africa.”*

Nearly all of the surveyed students (92%) who were presented with the above description were interested in participating in the HTA master’s program.

The respondents were then shown a list of statements and asked to indicate those that would influence positively their interest in the program. The most popular factor, indicated by 57% of the students interested in this programme, was ‘It will enhance my personal development’. Other frequently chosen factors are largely associated with the international aspect of the program: 51% of the respondents chose ‘I would like to internationalize my CV’, 47% – ‘I want to establish international professional relationships in the field of HTA’, 46% – ‘I want to learn about HTA systems used across Europe’ and 46% – ‘I would like to work with international colleagues, stakeholders and customers after receiving my master's degree’.

The next step was to choose the most interesting learning objectives of the planned program. With 58% of indications, health policy and governance emerged as the front-runner, followed by health diplomacy, indicated by 50% of the respondents, and market access – chosen by 41%. The least interesting, indicated by only 12% of the respondents, was regulation in the field of health technologies.

Stakeholders from Non-Consortium Members Countries

The analysis of human resources in HTA was conducted in two countries (Hungary and Poland) among 23 medical professionals. The average age of the respondents was 42, with 30% aged below 40, 52% in the 40–50 age brackets and the oldest group (50+) representing the lowest share – 17%.

Most of the respondents were recruited by Hungary, with one in four recruited from Poland (26%).

13 of the respondents were based in Romania, 2 in Poland. In addition, the following countries were also represented in the sample by one person: Bosnia & Herzegovina, Bulgaria, Croatia, Czech Rep., Latvia, Slovakia, Slovenia, and Ukraine.

Doctors were the largest group (43%), followed by respondents holding a master’s degree (26%). The respondent group included 13% professors and, an equal share of bachelors, assistant professors, epidemiologists, masters or doctors in the assistant professor position (4% each).

University employees formed the highest share of the sample (39%) One in four respondents worked for a public institution (26%), 13% in health industry and 22% worked in other professions.

In terms of employment length, respondents who worked for their organization for 5–9 years formed the largest group (48%). 22% worked for their employers for 3–4

years. 13% had spent 1–2 or more than 10 years working for their respective institutions, and 4% had been with their organization for less than 1 year.

Half of the respondents claimed that their institutions conducted HTA studies and 39% said their employer did not deliver such studies.

Among the respondents employed in the institutions conducting HTA studies (14), over a half (64%) claimed that their institutions performed health technology assessment using their own human resources, 24% claimed the opposite, and 7% of the respondents did not know whether their institution uses their own human resources for HTA.

Those respondents who declared that their institution uses their own human resources for performing health technology assessment (9 individuals) claimed that the average number of people employed as HTA experts by their institution was a little under five. 44% claimed their institution had 2 HTA experts, 22% of respondents – 5 HTA experts, 11% – 1, 3 or 20 HTA experts.

Among the respondents employed by institutions that conduct HTA studies (14 individuals), over a half (71%) declared that their institutions had unmet needs for HTA experts. 29% of respondents held a different opinion.

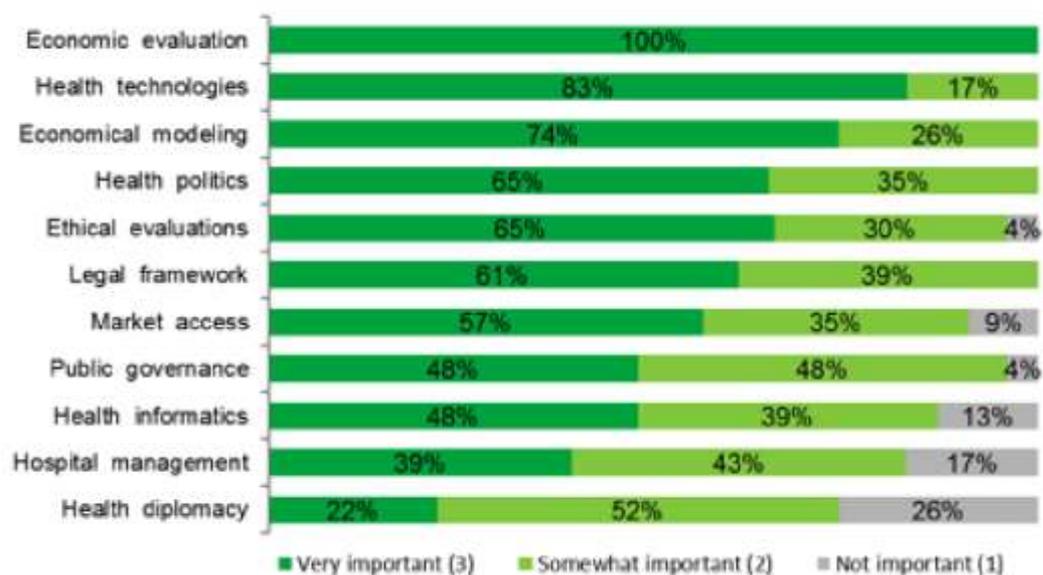
Respondents employed by institutions conducting HTA studies and indicating unmet needs in their institutions (10 individuals) usually said their institution needed to employ 1 HTA expert (30%), less often 2, 10 (20%) or 3, 8, 15 HTA experts (10% of the respondents).

Among the respondents employed by institutions that do not conduct HTA studies (9), the highest share (78%) were of the opinion that their organization has unmet needs in this respect. One in four respondents (22%) claimed that their institution did not need an HTA expert.

Among the respondents working in institutions that do not conduct HTA studies and declaring unmet needs for HTA experts in their institutions (7 individuals), the highest share believed that employing 1 HTA expert would satisfy their institution's needs (43%). 29% said their employer should hire 5 HTA experts, and 14% – 3 or 8 such professionals.

Most of the interviewed health professionals employed by institutions that do not currently conduct HTA studies, who nevertheless perceive a need for employing an HTA expert (7 respondents), claimed that there were HTA studies conducted in their country.

Figure 2 – Perceived importance of disciplines relevant to HTA



All respondents claimed that knowledge of economic evaluation is a very important qualification for an HTA expert.

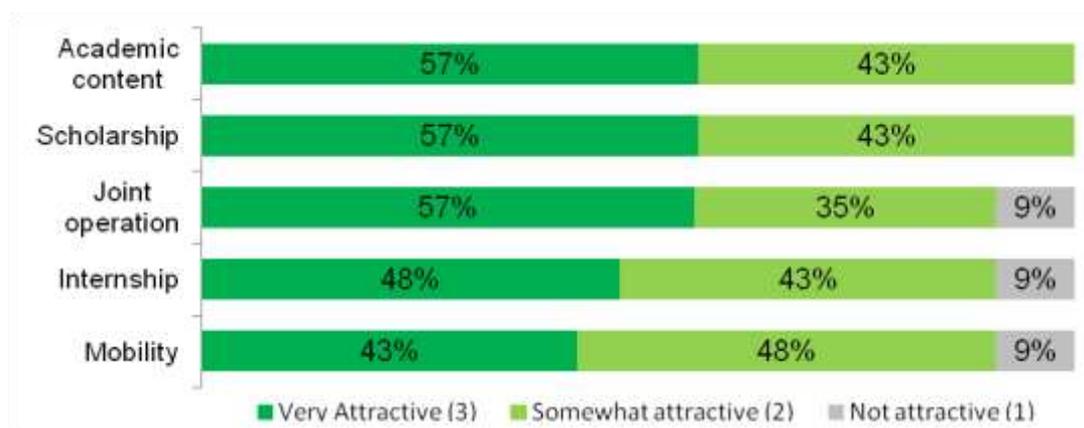
Knowledge of health technologies was rated slightly lower on the importance scale, with 83% of the respondents considering it very important, and 17% – somewhat important.

Economic modelling was also viewed as an important tool in an HTA expert's toolbox (Figure 2). Health politics, ethical evaluations and legal framework reached similar importance scores – rated very important respectively by 65%, 65% and 61% of the respondents.

57% of the respondents also found market access a very important field and 48% of the respondents found public governance a very important field of knowledge (Figure 2).

Asked about the attractiveness of the joint master's program in HTA to the graduates in their country in terms of its academic content, over a half of the respondents (57%) rated it very attractive, and 43% – somewhat attractive (Figure 3). The respondents rated the scholarship offered under the joint master's programme in HTA equally high.

Figure 3 – Attractiveness of the programme



The potential for a joint operation was the aspect rated attractive by most of the respondents, with 57% indicating 'very attractive' and 35% – 'somewhat attractive' on the scale.

Internship offered by the joint master's program in HTA was also perceived as very attractive by 48% of the respondents and somewhat attractive by 43%, with an appreciable number of students viewing mobility under the HTA programme as very attractive (43%). Overall, few students rated the attractiveness statements as unattractive (Figure 3)

Most of the survey participants (91%) believed that their institution is considering employing the graduates of the Erasmus and HTA program in the coming five years. However, 9% held a contrary belief that their institution was not planning to employ graduates of these programs.

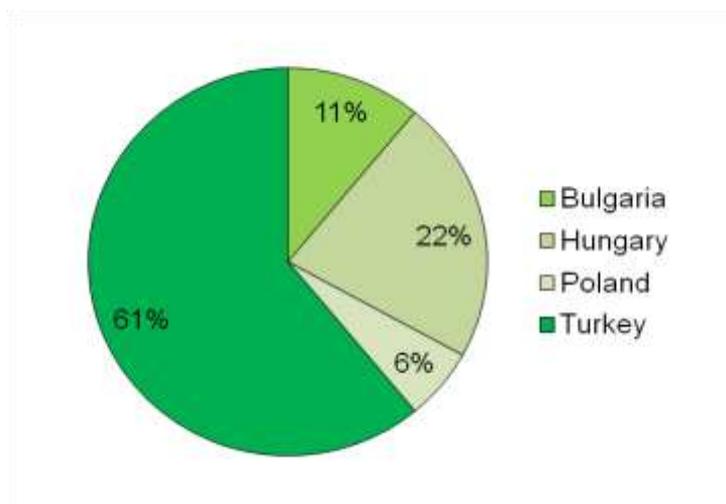
The respondents estimate the number of Erasmus and HTA joint program graduates to be employed in the following five years at 23. The values differed between countries. In Hungary the number is estimated at 19, and in Poland at 36.

Over a half of the respondents (61%) had no access to international master's programs in HTA in their country or region. Such programs are available only to one in ten surveyed participants (2). Respondents with access to HTA programs (2) rated the language, faculty members and fees as good.

Stakeholders from Consortium Members Countries

The analysis of human resources in HTA was conducted in four countries (Bulgaria, Hungary, Poland and Turkey) among 36 medical professionals (Figure 4). The average age of the respondents was 38, with one in five aged below 30, 42% in the 30–40 age brackets, and people aged 40+ forming a similar share (39%).

Figure 4 – Respondents by country



Doctors formed 42% of the respondents. Half of the group held a master's degree, and each of the following: bachelors, graduates and professors; represented 3% of the respondent group. Employees of public institutions were the largest group (36%), with one in four respondents currently working in a university or in health industry. Ministry officers, and people employed in the pharmaceutical industry or working for a pharmaceutical company formed 3% of the sample each.

In terms of length of employment, individuals who had worked for their organization for 3–4 years were the largest group. One in five respondents had been employed in their institution for 5–9 or more than 10 years. Respondents with shorter work experience formed 14% and 17%, below 1 year and 1–2 years respectively.

69% of the respondents claimed that their institution conducted HTA studies, with 22% stating their employer did not conduct such studies. 3% of the respondents were convinced that in their professional capacity they could conduct their own projects. The same share of the respondents indicated support from pharmaceutical economists.

Among the respondents employed by institutions that conduct HTA studies (27), over half (67%) claimed that their institutions perform HTA using their own human resources, one in four (26%) claimed the opposite whereas 7% of the respondents did not know whether their institution uses their own human resources for HTA.

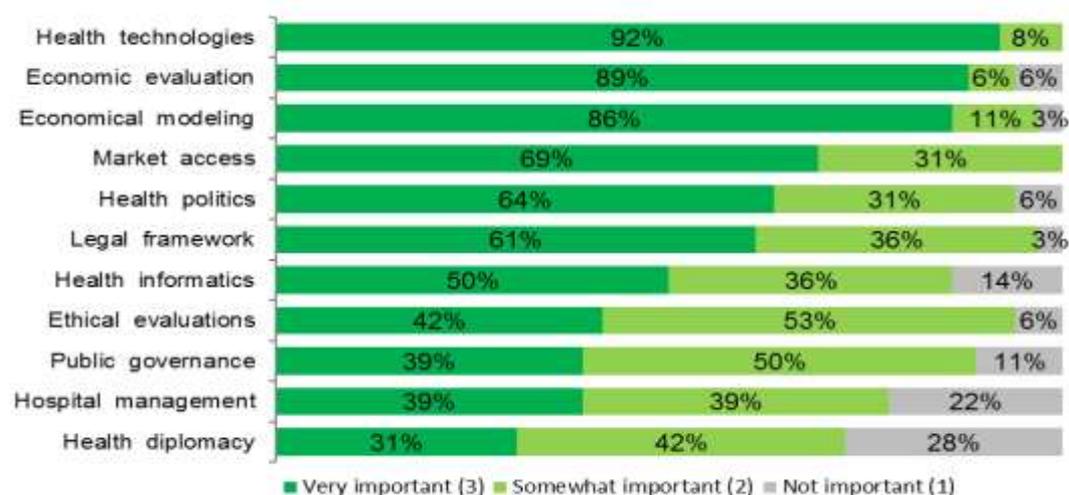
Those respondents who claimed that their institution uses their own human resources for performing health technology assessment (18 respondents), claimed that the average number of people employed as HTA experts by their institution was 4; 17% claimed their institution had one or two HTA experts, 22% of respondents – 3 or 4 HTA experts, and 11% – 5 or 10 HTA experts.

Among the respondents employed by institutions that conduct HTA studies (27), over a half (63%) declared that that their institutions had unmet needs for HTA experts. They estimated their institution's needs in this respect at 4 HTA experts on average. They mostly believed their employer should hire 3 HTA experts (29%), 2 HTA experts (24%), less often 1 or 4 (18% and 12% respectively).

Among the respondents employed by institutions that do not conduct HTA studies (9), the highest share (89%) believed that there were no unmet needs for HTA experts in their organizations. One in ten respondents (11%, one respondent) believed his institution needed an HTA expert.

Nearly all respondents (92%) claimed that knowledge of health technologies is a very important qualification for an HTA expert (Figure 5). A small number (8%) rated this field of knowledge somewhat important.

Figure 5 – Perceived importance of disciplines relevant to HTA

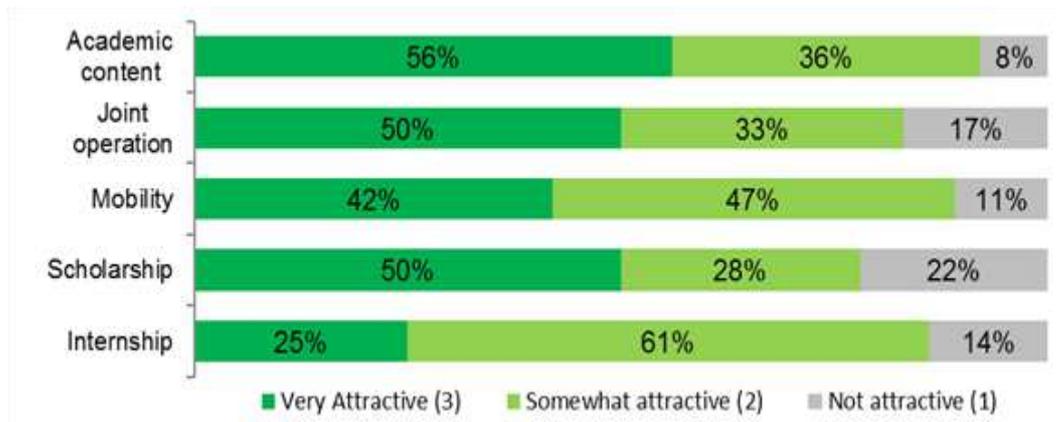


A slightly smaller group (89%) saw economic evaluations as very important to an HTA expert, with only 6% as unimportant, with economic modelling receiving similar scores.

69% of the respondents also thought market access a very important field, with health politics and legal frameworks also very important (Figure 5).

Over a half of the respondents (56%) rated a joint programme as very attractive from an academic content standpoint (Figure 6) with the potential for a joint operation rated as very attractive by half of the respondents. An appreciable number also rated mobility under the HTA program as very attractive. The potential for a scholarship was also very attractive for half of the respondents (Figure 6).

Figure 6 – Attractiveness of a joint HTA program



Most of the respondents (81%) were of the opinion that their institution is considering employing the graduates of the Erasmus and HTA program in the nearest five years, with the respondents estimating the number Erasmus and HTA joint program personnel to be employed in the following five years at 9.