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need for political unity, substantial financial investments, and adaptability when faced with obstacles and suboptimal results.

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THE FUTURE OF EDUCATION IN HTA AND HEALTH ECONOMICS

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OBJECTIVES: An increasing range of online education is available to those working in the field of pharmaco-economics and Health Technology Assessment (HTA). The aim of this study was to explore the market for free online education in HTA and to assess the practicalities of delivering a free, interactive short-course. **METHODS:** We delivered a 5-week online course at the end of 2013 following the principles of the Massive Open Online Course (MOOC) approach: the HTA MOOC. The programme covered the basics of HTA: What it is; how new technologies are identified; how they are evaluated; the principal means of assessing clinical and cost-effectiveness; and how HTA is used within different health systems to inform reimbursement decisions. The course was provided through the Coursesites, a free, open-access, education platform. Materials were adapted from an existing online MSc programme. Descriptive statistics of participants were recorded and a survey conducted of participants' experiences. **RESULTS:** 2039 individuals registered for the HTA MOOC, of which 1508 completed a voluntary survey giving basic socio-demographic data about themselves. Participants were from Europe (55%), Asia (16%) and North America (13%) and accessed the MOOC to gain knowledge about the subject (78%), and specifically for career development (56%). 531/2039 (26%) of those registered in Week 1 completed the MOOC (i.e. submitted all required weekly assessments by the end of Week 5), compared to an average of 5-6% for MOOCs generally [THES 2013]. Students reported the principal strength of the programme to be the quality and usefulness of the learning materials, and the principal issue to be time required (workload was considered by some to exceed the 4-5 hours/week intended). **CONCLUSIONS:** The MOOC approach offers scope for delivering flexible, effective and accessible education to small or large international cohorts of professionals, patients and providers working within HTA and pharmaco-economics.

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PHARMACOECONOMIC EDUCATION IN BRAZILIAN SCHOOLS OF PHARMACY

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OBJECTIVES: The objective of this study was to survey the pharmacy schools in Brazil to determine the extent of education in pharmacoeconomics offered during the school year 2012-2013. **METHODS:** A questionnaire based on previous studies was developed. This was emailed to 55 pharmacy schools in Brazil during October and December 2013. The schools were selected from the Ministry of Education website. Public and private University schools (only those that have high concepts in the National Examination Performance of Students) were included. In addition, a search was made in the database directories of research groups from National Council for Scientific and Technological Development (CNPq). **RESULTS:** Of the 55 questionnaires sent, 16 were returned (29%). Only two schools do not address the education of pharmacoeconomics in any moment. Most of schools address some concepts in different subjects (8 hours). Five schools have formal courses that teach only pharmacoeconomics and health technology assessment (over 30 hours). All agree that the education of pharmacoeconomics is important and ten schools believe that very few hours are devoted to the teaching pharmacoeconomics at his university. In search of directories of research groups 23 groups that develop research in the area of pharmacoeconomics in Brazil were found. **CONCLUSIONS:** There is a large deficit in the availability of courses pharmacoeconomics in Brazil at both the undergraduate and graduate. There is a great opportunity for experienced individuals to fill this gap. Provide an education in pharmacoeconomics for pharmacy students is especially important in the context of evidence-based decisions and when health issues and allocation of scarce resources is a priority for Brazil.

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APPLICATION OF A 'NICE POST-HOC B/S ANALYSIS' TO THE NICE APPRAISAL PROCESS

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OBJECTIVES: Post-hoc subgroup analyses are still used in clinical trials of medical technologies to identify patient populations in whom greatest benefits can be achieved, despite this being derided as an analytical approach. Indeed, using such an approach, aspirin has been shown to be ineffective versus placebo in acute myocardial infarction patients born under the star signs of Libra and Gemini (ISIS-2, 1988, Lancet) and endarterectomy is only efficacious in treating symptomatic stenosis patients born on a Monday, Wednesday, or Friday (ECST group, 1998, Lancet). This research aimed to determine what effect the name of a drug has on the National Institute of Health and Care Excellence (NICE) appraisal process by applying a post-hoc analysis that compares the rates of acceptance by the first letter of the drug or technology name using a Chi-squared test. **METHODS:** All final appraisal determinations resulting from Single Technology Appraisal (STA) or Multiple Technology Appraisal (MTA) processes were identified up to April 2014 from which the first letter of the generic name and the decision were extracted. **RESULTS:** 481 appraisals were identified, 371 (77%) of which were approved (defined as 'recommended' or 'optimised'), spanning all letters of the alphabet except J, K, W, X, and Y. The lowest approval rates by letter were for B (64%, 14/22) and S (69%, 18/26). Drugs beginning with a B or S were significantly less likely to be approved than drugs beginning with any other letter (p=0.0072). **CONCLUSIONS:** Based on this 'NICE post-hoc B/S analysis,' manufacturers should consider lobbying the World Health Organization to give their new pharmaceuticals International Nonproprietary Names beginning with 'B' or 'S' to optimise success rates in the NICE appraisal process. Alternatively, regulators and HTA bodies should continue to view efficacy claims on the basis of post-hoc sub-group analyses with great scepticism.

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IMPACT OF STORY BOOKS ON PROMOTING KNOWLEDGE AND BEHAVIOR OF 4TH STAGE ELEMENTARY STUDENTS ABOUT RATIONAL USE OF MEDICINES IN KERMANSHAH PROVINE OF IRAN 2008

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OBJECTIVES: Evaluation of the impact of children stories on promotion of the knowledge and behavior of 4th stage elementary students about rational use of medicines in the Kermanshah elementary schools. **METHODS:** 64 elementary schools were selected in Kermanshah province of Iran. The schools were categorized into 3 groups (rich, medium and poor level) based on their students' economic level. Both boys and girls were involved. Two checklists were designed in order to evaluate students' knowledge and behavior before and after the intervention. A story book which was published by National Committee of Rational Drug Use (RUD) conveyed to the students as the intervention. **RESULTS:** The correlation between pre and post intervention and the schools economic levels and the gender of students were obtained. The knowledge change rates were 21.83%, 22.28% and 17.40% for rich, medium and poor schools respectively. The change rate for girls was greater in comparison to that of boys. **CONCLUSIONS:** It is concluded that children stories as an educational intervention causes valuable positive changes on students' knowledge and behavior regarding hygiene and medicine. Implementing such interventions among children, result in promoting rational use of medicines in future of the society.

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CLINICAL TRIALS IN FRANCE: AN UNDEREXPLOITED OPPORTUNITY

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OBJECTIVES: Despite high-performance infrastructures and recognized expertise, Clinical trials (CT) are declining in France. Health Professionals deplore the burdens of the French administration that leads to a real concern regarding the international scientific competition. In addition patients are reluctant to participate in CT especially after the *benfluorex* scandale. **METHODS:** One of the witnesses of the competitiveness of France in CT is the activities among Clinical Investigation Centers (CIC). These are plateforms fully dedicated to clinical and scientific research acting as an interface between INSERM units (Public National Institut of Scientific Research) and CHU (University Hospital). **RESULTS:** There are 54 CIC in France. They have been created between 1992 and 2009. CICs are located in university hospitals (CHU) dessiminated in the most important regions of the country. The specific needs of CHU and researchers have led to implement several types of CICs: multi-topics (24 CIC-P), Clinical Epidemiology (9 CIC-EC), integrated in biotherapy (11 CIC-BT) and technological innovations (8 CIC-IT). During the last quadrennium, CIC-P supervised about 1000 protocols, of which 2/3 were therapeutic and 1/3 on physiopathology. 25% of protocols conducted in CIC-P were translational in collaboration with INSERM units, 20% were for rare diseases, 35% were funded by industry and 36% by the PHRC (Academic funding). The AP-HP (Academic Hospitals of Paris Area) is the major sponsor in France and one of the first in Europe, with 500 clinical trials enrolling more than 17,000 patients in 2010. Despite this development, the number of CT submissions to ANSM (French Regulatory Agency) decreased from 1,000 in 2008 to 895 in 2012. ANSM approuved 705 protocols in 2012 versus 790 in 2008. **CONCLUSIONS:** Despite appropriate structures and willingness to encourage scientific production, clinical trails remain underexploited due to different causes which need to be deeply evaluated.

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WILL VALUE BASED ASSESSMENT (VBA) REVOLUTIONISE THE NICE ASSESSMENT?

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OBJECTIVES: In March, the National Institute for Health and Care Excellence (NICE) revealed their plans to implement Value Based Assessment (VBA) in their Technology Appraisal process: VBA will replace NICE's end-of-life criteria. Instead wider societal impact (WSI) and burden of illness (BOI) will be systematically included in the assessment through absolute and proportional Quality Adjusted Life Year (QALY) shortfall. However, it is unclear whether these elements will impact NICE's recommendations. **METHODS:** The BOI and WSI for the 26 examples provided by NICE was compared with an average displaced treatment in the NHS. Assuming that both elements were weighted equally, an average QALY shortfall rating was calculated. This was then transformed into a hypothetical willingness to pay (WTP) threshold ranging from £20,000 for the drug with the lowest rating to £50,000 per QALY for the drug with the highest rating. The hypothetical WTP was compared with the most plausible ICER and recommendation from NICE. **RESULTS:** Multiple Sclerosis, rheumatoid and psoriatic arthritis, as well as oncology indications were associated with a high BOI/WSI. Six of the 26 examples had higher most plausible ICERs than the estimated threshold. Two of these six were still recommended using end-of-life criteria (metastatic melanoma and mCRPC), whereas the remainder were not recommended by NICE. Three of the 26 examples had ICERs below the estimated WTP threshold but higher than £30,000, and were still recommended. All of these recommendations mentioned additional value elements such as innovation, end-of-