

FAQ: Would my primary research idea be of interest to the EME programme or the HTA programme?

EME Research

The EME programme commissions research that is designed to advance scientific knowledge. EME research is undertaken earlier in the development pathway than HTA research and is undertaken when there is some initial evidence that the technology is efficacious in patients (where proof of concept in humans has already been achieved) but a study is needed to determine definitive proof of clinical efficacy, size of effect, safety and possibly effectiveness.

HTA Research

The HTA programme commissions research that is immediately useful to clinical practice and policy/decision makers. HTA research is undertaken when there is reason to think the technology is efficacious but there is uncertainty around its clinical and cost effectiveness in a real life NHS setting in comparison to the current best alternative(s). There may also be uncertainty around its place in the existing care pathway.

Table comparing typical characteristics of HTA and EME research:

Characteristic	EME	HTA
Evaluates	Efficacy, safety and possibly effectiveness of a health technology under ideal conditions	Effectiveness of a health technology in a real life NHS setting
Participant eligibility criteria	More stringent and not necessarily representative of the UK population	Wide and representative of the UK population and reflects the mix of patients likely to be seen in normal clinical practice
No. of participants & centres	Small to Large - may be single or multi-centre	Generally large – adequate to assess minimally important differences from a patient perspective - usually multi-centre – generalisable to the wider NHS
Technology*	Mostly developed and defined but some refinement / fine tuning may still be needed	Fully defined and developed technology
Comparator	Likely to be placebo but could be usual care or the best active alternative	The best active alternative or usual care. Placebos may be used in conjunction with best treatment to blind trial participants
Outcomes	Validated surrogate markers as indicators of health outcome are acceptable	Clinically important outcomes that matter to patients and that measure health gain
Follow up	Sufficient for the outcome to be manifest. When surrogate outcomes are used, for example, this may be shorter than in typical HTA research.	Sufficient to ensure that a wider range of effects are identified other than those which are evident immediately after treatment.
Design	A clinical trial or evaluative study (not necessarily an RCT). May also include laboratory based, or similar studies that are embedded within the main study	Often a pragmatic randomised controlled trial although other study designs may be used for instance in the evaluation of diagnostic tests

Characteristic	EME	HTA
Health economic component included?	Not usually	Usually cost-utility or cost effectiveness
Can an evaluation study to help understand how the treatment works (mechanistic study) be included?	Yes an evaluation study of this type can be included	Not usually, it would only be a secondary consideration to assessing cost-effectiveness

*By “technology” we mean any method used to promote health, prevent and treat disease and improve rehabilitation or long-term care. “Technologies” in this context are not confined to new drugs but include procedures, devices, tests, settings of care, screening programmes and any intervention used in the treatment, prevention or diagnosis of disease.

For further information please see:
The EME remit www.eme.ac.uk
and the HTA remit www.hta.ac.uk