PPI&E Critical Appraisal Checklist

Adapted from Wright et al (2010) and Buck et al (2014) with input from the CAPC PPI&E steering group.

Critical appraisal criteria for assessing the quality and impact of PPI&E member involvement on health research

NB – The term PPI&E member encompasses: Patient, carer, service user, concerned member of public.

Health professionals are not considered appropriate for PPI&E.

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| Criteria | **(Y/N)** |
| **Planning and project design** |  |
| 1. Is the level of PPI&E involvement appropriate for the research?  Consider the following:   1. Were PPI&E members involved in setting the research priorities? 2. Have the researchers discussed, explained and justified the level of PPI&E member involvement? (e.g. have they discussed whether the study involves PPI&E member consultation, PPI&E member collaboration or PPI&E member control?) 3. Have the researchers discussed the nature of tasks PPI&E members were asked to perform (e.g. identifying the research question, selecting the research method, commenting on information sheets, data collection, data analysis, dissemination?) 4. Have the researchers sufficiently budgeted for PPI&E in their grant application (CAPC [People in Health West of England PHWE] rates for steering group attendance, travel, preparing for meetings, training costs) 5. Have the researchers consulted with the CAPC PPI&E coordinator, costed in PPI&E where appropriate within their grant application including funding for the CAPC PPI&E coordinator or researcher to carry out PPI&E? These staff costs cover the following activities: consultative work, training, resource development, networking and PPI&E group recruitment and maintenance. |  |
| **Recruitment and training** |  |
| 2. Is the PPI&E recruitment strategy appropriate?  Consider the following:   1. Have the researchers explained how PPI&E members have been identified (where have they advertised, have they used a role description)? 2. Have attempts been made to involve a wide cross-section of the community where appropriate (e.g. ethnic minorities, age, gender)? 3. Have the researchers discussed the credentials of the PPI&E members involved? (E.g. Do the researchers discuss why the PPI&E members involved are appropriate to meeting the aims of the involvement activity? i.e. lived experience with a condition, experience) |  |
| 3. Have researchers discussed the potential role of training for PPI&E members?  Consider the following:  (a) Have the researchers discussed if training is required?  (b) Is the nature and extent of the training justified by the researchers? (e.g. Do the researchers discuss how the training meets the needs of the PPI&E members during the course of the study?) |  |
| **Data collection and analysis** |  |
| 4. Has sufficient attention been given to the ethical considerations of PPI&E member involvement and how these were managed?  Consider the following:  (a) Do the researchers discuss ethical issues relating to the involvement of PPI&E members in research (e.g. the physical, mental and emotional demands)?  (b) Are there any discussions about the management of ethical issues (e.g. provision of adequate information about research tasks, peer supervision)? |  |
| 5. Has sufficient attention been given to the methodological considerations of PPI&E member involvement and how these were managed?  Consider the following:   1. Have the researchers shown that they have considered and discussed study specific methodological issues relating to involving PPI&E members in research design and data interpretation?   Eg, will PPI&E member involvement impact upon the quality of the data (eg differences in interpretation of qualitative data, for example) |  |
| Dissemination |  |
| 6. Have the researchers considered how they will involve the PPI&E group in planning dissemination of findings?  Consider the following:  (a) Have PPI&E members been involved in the writing of the publication⁄future funding application?  (b) Have the researchers described how the findings will be disseminated to participants, patients and members of the public? Consider alternative and novel ways to disseminate outputs: blogs, social media, resources such as animations, videos, other items with cross-audience appeal,  (c) Will findings be disseminated appropriately where necessary (e.g. translation of findings into different languages, provision of interim findings to participants in receipt of palliative care)? |  |
| **Evaluation and impact assessment** |  |
| 7. Has the ‘added-value’ of PPI&E member involvement been clearly demonstrated?  Consider the following:  (a) Avoiding tokenism: Do the researchers discuss what difference involving PPI&E members in the design and conduct of the research has made to the research process? (i.e. Have the researchers considered whether the study and findings would look any different if PPI&E members were not involved?)  (b) Do the researchers support the claims for the benefits of PPI&E member involvement with examples from the research project? |  |
| 8. Have there been any attempts to evaluate the PPI&E member involvement component of the research?  Consider the following:   1. Have the researchers discussed the evaluation of the impact of PPI&E member involvement on the research project (e.g. impact on the length of the study, recruitment successes, attrition rates, the financial cost of involvement activities, cost-benefit analyses)?   (b) Do the researchers support claims about the impact of PPI&E member involvement with examples from the evaluation? |  |
| **Processes for Involvement** |  |
| 9. Communication between researchers and PPI&E contributors is crucial at the outset to clarify roles and expectations. Have the researchers explained the processes of meaningful involvement?  Consider the following:   1. Who/how will PPI&E members be supported? (will PPI&E members need mentoring, coaching or supervision) 2. Is there a named PPI&E lead who will have regular contact with their PPI&E members? 3. Is there more than one PPI&E member on the study/trial steering committee? 4. Have ground rules been established? 5. Minimise and explain jargon; provide glossaries and ‘translations’ where applicable. 6. Ensure meetings are suitably chaired to ensure people feel included and valued |  |