**Roles and responsibilities of a Health Economist at NICE**

My role is split across 3 main areas: Servicing NICE Appraisal Committees in Public Health, Research, and Learning/Teaching. My main responsibilities are as follows:

**Servicing NICE Appraisal Committees in Public Health**

* I act as a liaison between groups contracted by NICE to provide economic evaluations and economic modelling on one hand and NICE committees that make recommendations on the topics concerned.
* In that role, I write tenders for the work to be done, interview tenderers and act as a member of a selection panel for choosing a contractor, helping to scope the appraisal, liaising with contractors on technical and other matters and critically reviewing their work.
* I explain health economics as applied to the appraisal topic to the committee, peer review the presentations of the evidence and of the modelling carried out by contractors, advise the committees where necessary on health economics and occasionally prepare economic evidence *de novo* for them.
* I help draft recommendations and other guidance documentation.
* I take part in the NICE Technical Forum.
* I give occasional presentations at conferences, and talks on health economics as requested.
* I have run the NICE Public Health Journal Club.

**Research**

* I contribute to the development of methodologies within health economics, particularly within Public Health.
* I referee and peer review articles for peer reviewed academic journals and grant applications by research councils and major funding bodies.
* I provide expert advice both internally and externally.
* I publish research papers occasionally.
* I supervise MSc students on placement at NICE.

**Learning and Teaching**

* I have taught in several MSc and other courses in London, including St George’s, Birkbeck, Imperial College, UCL, LSHTM, Royal Holloway/Kingston, Queen Mary, University of Westminster and City University
* I use novel approaches to learning and teaching. As far as possible, my classes are problem-solving classes. I am one of the few teachers in health economics to use Experimental Economics methods as a teaching tool.
* I examine courses at a range of levels.
* Most of my teaching is done in my own time.

**Other useful information:**

Has my MSc and/or PhD proved useful? I do not have an MSc. I went straight to a

PhD, which was in voting theory. I am an expert in voting systems used extensively in

Australia: the Alternative Vote and the Single Transferable Vote. I have published

about six papers in Statistics, Politics and Economics journals on the topic, and am

responsible for two amendments to the Commonwealth Electoral Act in Australia. It is

of no use to me in health economics!

I also read the health economic journals sporadically, and go to as many seminars at

NICE or around London as I can. Many are in cognate areas such as Behavioural

Economics, which I have had an interest in for a long time, and which comes in handy

for discussion of topics like Nudge as applied to health. I try to go to HESG, but have

been only once in the last 4 or 5 years. I ought to go to more training courses for the

latest techniques, though with my background I know the general ideas in most cases.

But I do need to bone up on the details of instrumental variables, which are at last

beginning to be more widely used, and some other statistical techniques. And I really

should pay more attention to the journals...... I play catch-up all the time. I’m currently

reading a paper by Jack Dowie, published in 1996, on the application of Decision

Theory to health economic appraisal.