**Table 2: Selected papers**

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| --- | --- | --- | --- | --- | --- |
| Author | Sample size | Study Design | Groups studied | PPI methods | PPI impact |
| Original research using the recruited research participants to influence the research process | | | | | |
| Cooper et al (1997) | 135 | RCT | Medical management Vs transcervical resection of endometrium | Patient questionnaire and total number recruited | Recruitment: Acceptability and compliance to medical management greater in those who chose it (rather than randomly allocated): Value of patient preference |
| Donovan et al (2002) | 30 | RCT | Radiotherapy Vs Prostate resection Vs Active monitoring | Patient Interviews (face to face) and audio recordings of recruitment | Recruitment: training recruiters increased randomisation rate from 40 to 70%, making a three arm design possible. |
| Thorstensson et al (2009 | 34 | RCT | Orthopaedic: Surgery ACL reconstruction Vs conservative management | Patient Interviews – (telephone and face to face) | Recruitment: Motivation to by-pass waiting list. Patients described training as boring and un able to provide sufficient results. |
| Mills et al (2011) | 93 | RCT | urology | Audio recorded appointments | Recruitment: recruiters were trained to acknowledge patients initial preference and then explore underlying reasons-perusing consent when they were ambivalent. |
| Hamilton et al (2013) | ? | Feasibility study for RCT | Endoscopic excision Vs Radiotherapy | audio recordings of recruitment appointments | Recruitment: presentation of verbal trial information, agreement between clinicians upon the study protocol, understanding logistical issues hindering recruitment, patients views not always addressed |
| Original surgical research using non-participant patients and carers to influence the research process | | | | | |
| Welfare et al (2006) | 40 | Qualitative | Ulcerative colitis | Focus groups and patient interviews (face to face) | Patients identified research topics which created a framework for research priorities with high acceptability. |
| Bartlett et al (2012) | 153 | Randomised cross-over | gynaecological, prostate, breast | Patient focus groups, Patient interviews (face to face and telephone), Research user partnership group, Patient steering group members, Patient survey | Usability: Web site changes were made i.e. personal log in/chat room. Patients reported this model of care was feasible and acceptable |
| PPI within surgical systematic review and meta-analysis | | | | | |
| Whistance et al (2013) | 4 | Systematic Review | Outcome reporting in colorectal cancer surgery | Patient representative co-author | Impact of PPI not reported |

PPI Patient and Public Involvement; RCT Randomised Controlled Trial