ACcurate COnsensus Reporting Document (ACCORD) checklist: a reporting guideline for consensus methods

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BACKGROUND

- Formal consensus methods are invaluable when there is a need for guidance in areas of healthcare where evidence is absent, emerging, limited or inconsistent[1–3]
- Consensus methods are widely used in the development of clinical guidelines, disease classification, and establishment of core outcome sets
- Methods such as Delphi,[4,5] Nominal Group Technique,[6] the RAND/UCLA appropriateness method,[7] and unstructured meetings[8] are recognised as being more reliable than individual opinions and expertise[9–11]
- Despite their importance, consensus methods are often poorly reported[12]
- We developed the first comprehensive reporting guideline applicable to all consensus methods

WHAT WE DID

- The ACCORD Steering Committee (SC; the authors of this poster) included members working in Canada, UK, USA and the Netherlands, and with expertise in the following areas: clinician practitioners (medical doctor, physical therapist), methodologists (consensus methodologist, research methodologist, expert in evidence synthesis), medical publication professionals (including those working in the pharmaceutical industry), journal editors, a representative of the EQUATOR Network and a representative of the public

Figure 1. Stages in the development of ACCORD

1. Define methodology (2021–2022)

EQUATOR registration[13] | OSF registration[14] | Ethics approval (Oxford R81767/RE001) | Publish protocol[15]

2. Systematic literature review (2021–2022)

Design and conduct systematic literature review | Publish systematic literature review[12]

3. Develop and validate checklist items (2022–2023)

SC surveys | Recruit panel | Draft checklist | Consensus process | Final checklist

4. Develop guidance and supporting materials (2023 onwards)

Submit guideline | Preprint guideline[16] | Pilot checklist[19] | Submit E&E

- Protocol[13] considered **EQUATOR Network recommendations**[17,18]
- SLR[12] identified **existing evidence** on the quality of reporting
- The **consensus threshold** was ≥80% of a minimum of 20 respondents voting 'agree' or 'strongly agree'
- 56 preliminary items were refined to 41 by the SC, to 36 by the **Delphi panel** (Table 1), and to 35 after **finalization** by the SC (Figure 2)

THE ACCORD PANEL

Table 1. Self-identified demographics of Delphi panellists

Characteristic	Round 1 (N=58) 21 Oct to 4 Nov 2022	Round 2 (N=54) 21 Dec 2022 to 16 Jan 2023	Round 3 (N=51) 10 to 27 Feb 2023
Gender, n (%)			
Female	31 (53.4)	28 (51.9)	28 (54.9)
Male	27 (46.6)	25 (46.3)	22 (43.1)
Non-binary	0	1 (1.9)	0
Prefer not to say	0	0	1 (2.0)
Geographic location of current primary residence and work, n (%)			
Africa	3 (5.2)	3 (5.6)	2 (3.9)
Asia	4 (6.9)	4 (7.4)	4 (7.8)
Europe	31 (53.4)	28 (51.9)	26 (51.0)
North America	16 (27.6)	15 (27.8)	15 (29.4)
Oceania	1 (1.7)	1 (1.9)	1 (2.0)
South America	3 (5.2)	3 (5.6)	3 (5.9)
Background*, n (%)			
Clinician	16 (27.6)	14 (25.9)	13 (25.5)
Journal editor	8 (13.8)	6 (11.1)	8 (15.7)
Patient partner†	6 (10.3)	6 (11.1)	5 (9.8)
Policymaker	3 (5.2)	3 (5.6)	4 (7.8)
Publications professional	17 (29.3)	17 (31.5)	15 (29.4)
Researcher	29 (50.0)	29 (53.7)	24 (47.1)
Other	11 (19.0)	6 (11.1)	8 (15.7)

High retention: 88% of participants in Round 1 completed Round 3

Panellists were from **all continents**, with **diverse backgrounds**

*Panellists could select more than one option. †In Rounds 2 and 3, this category was changed to: Patient, Patient Partner, Family Member or Carer.

THE ACCORD CHECKLIST

Figure 2. Structure of the ACCORD checklist

Title: 1 item

Introduction: 3 items

Methods: 21 items

Results: 5 items

Discussion: 2 items

Other information: 3 items

STRENGTHS AND LIMITATIONS

- Strengths of ACCORD include that it was developed through a predefined, robust process; that it includes input from participants with a wide range of expertise; and the clear and distinct roles assigned to the Steering Committee and Consensus Panel
- In addition, ACCORD is the first reporting guideline initiated and led by publications professionals
- The understandability of the checklist has been assessed[19] and other work is ongoing to facilitate the uptake and use of ACCORD
- The primary limitation of ACCORD is that the panel was not as demographically diverse as originally hoped, with few participants from South America, Asia, Africa and Oceania; it would also have been desirable to include additional patient partners and policymakers

THE FUTURE

- We anticipate that updates of the ACCORD checklist will be necessary as technology and consensus methods continue to evolve
- The Steering Committee welcomes feedback and interest from researchers using ACCORD, including those who may be able to support translation of the checklist, or who have an interest in developing extensions for specialist topics

GET THE GUIDELINE

- ACCORD provides authors with a tool to improve the completeness and transparency of reporting consensus exercises
- Reporting consensus studies with greater clarity and transparency may enhance trust in the recommendations made by consensus panels

www.ismpp.org/accord

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DISCLOSURES

PL is a member of the UK EQUATOR Centre, based in the University of Oxford; **EQUATOR** promotes the use of reporting guidelines, many of which are developed using consensus methods, and she is personally involved in the development of other reporting guidelines. **WG** is an employee of Bristol Myers Squibb. **KG** is an employee of AbbVie. **APH**, in the last five years, worked with Reckitt Benckiser for the development of the definitions and management of gastro-oesophageal reflux disease. **CCW** is an employee, Director, and shareholder of Oxford PharmaGenesis Ltd., a Director of Oxford Health Policy Forum **CIC**, a Trustee of the Friends of the National Library of Medicine, and an Associate Fellow of Green Templeton College, University of Oxford. **NH** is an employee of OPEN Health Communications. **EH** is an employee of Camino Communications. **DT** is co-editor-in-chief of the *Journal of Clinical Epidemiology* and chairs the Scientific Advisory Committee for the Centre for Biomedical Transparency. **AP**, **PB** and **EJvZ** report no conflicts of interest. At the outset of the work, **NH** was an employee of Ogilvy Health UK, **WG** was an employee of Ipsen and **EH** was an employee of OPEN Health Communications at the time of manuscript development.

ACCORD Accurate Consensus Reporting Document

CANCER RESEARCH UK

equator network

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LUMC Leiden University Medical Center

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