

The ACCORD checklist for reporting consensus: a practical writing exercise

Patricia Logullo,¹ Niall Harrison²

¹Centre for Statistics in Medicine, University of Oxford, and EQUATOR Network UK Centre, Oxford, UK; ²OPEN Health Communications, Marlow, UK

Wednesday 20 September 2023

15:15 – 16:00

Conference Room 7

Abstract 110



THE UNIVERSITY OF BRITISH COLUMBIA



Today's objectives

1. Discuss the importance of good reporting of consensus studies
2. Introduce ACCORD
3. Practice using ACCORD
4. Obtain feedback on ACCORD

Introduction

Patricia Logullo and Niall Harrison

15 minutes

How many of you have experience with ...



Consensus methods?



Reporting guidelines?

Consensus: why?

When evidence is limited, you need consensus to decide what to do:



How to treat
(interventions)
- CPGs



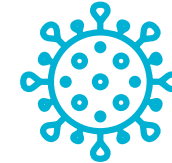
What to treat/
study (outcomes)
- COS



Priorities
(service, health
economy)



Patients'
perspectives



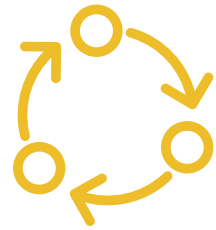
Disease
classification



Formulating
policy

Consensus methods

- There is no gold standard – impossible to do it wrong – but there are many methods



Delphi



RAND/UCLA



Nominal group
technique



Meetings and
conferences

Choosing a consensus method

Anonymity?

Time for expression?

Forcing agreement?

Preparation?

Mediation?

Iteration?

Different methods
balance different
advantages and
disadvantages

Report how you did it!

Who participated?

How many people participated?

How did they vote / express their views?

How did you summarise their views?

... and more!

Developing a reporting guideline



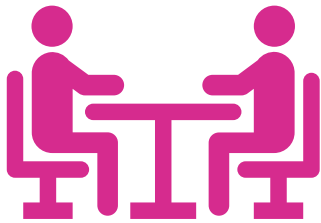
STROBE



Statement + Checklist
Explanation & elaboration document (E&E)

ACCORD: objective

- A reporting guideline relevant for ...



All types of
consensus methods



All areas of health
research



Researchers anywhere
in the world

ACCORD: steering committee



Will Gattrell
Bristol Myers Squibb



Niall Harrison
OPEN Health



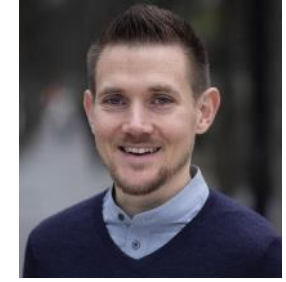
Patricia Logullo
*University of Oxford and
EQUATOR*



Esther J. van Zuuren
*Leiden University
Medical Centre*



Amy Price
*Stanford School of
Medicine
Patient Editor, BMJ*



Paul Blazey
*University of British
Columbia, Vancouver,
Canada*



Christopher C.
Winchester
Oxford PharmaGenesis



David Tovey
*Journal of Clinical
Epidemiology*



Keith Goldman
AbbVie



Amrit Pali Hungin
University of Newcastle



Ellen L. Hughes
OPEN Health

Project management support was provided by Mark Rolfe, Helen Bremner, Amie Hedges and Mehraj Ahmed from Oxford PharmaGenesis. ISMPP provided organisational support. Jan Schoones (Leiden University Medical Centre) assisted in development of the systematic review search strategy. Laura Harrington, PhD, an employee of Ogilvy Health, provided medical writing support.

ACCORD: initial publications

Protocol guiding process¹

Systematic review informing preliminary checklist²

Gattrell et al. *Research Integrity and Peer Review* (2022) 7:3
<https://doi.org/10.1186/s41073-022-00122-0>

Research Integrity and Peer Review

STUDY PROTOCOL **Open Access**

ACCORD guideline for reporting consensus-based methods in biomedical research and clinical practice: a study protocol

William T. Gattrell¹, Anneli Falli Langseth, Amy Price², Christopher C. Winchester³, David Towse⁴, Ellen L. Hughes⁵, Esther J van Zuuren⁶, Keith Goldmann⁷, Patricia Legullo⁸, Robert Matthews⁹ and Niall Lanyon^{1†}

Abstract
Background: Structured, systematic methods to formulate consensus recommendations, such as the Delphi process or nominal group technique, among others, provide the opportunity to harness the knowledge of experts to support clinical decision making in areas of uncertainty. They are widely used in biomedical research, in particular where disease characteristics or resource limitations mean that high-quality evidence generation is difficult. However, poor reporting of methods used to reach consensus – for example, not clearly explaining the definition of consensus, or not stating how consensus group participants were selected – can potentially undermine confidence in this type of research and hinder reproducibility. Our objective is therefore to systematically develop a reporting guideline to help the biomedical research and clinical practice community describe the methods or techniques used to reach consensus in a consistent, transparent, and consistent manner.
Methods: The ACCORD (Accurate Consensus Reporting Document) project will take place in five stages and follow the EQUATOR Network guidance for the development of reporting guidelines. In Stage 1, a multidisciplinary Steering Committee has been established to lead and coordinate the guideline development process. In Stage 2, a systematic literature review will identify evidence on the quality of the reporting of consensus methodology, to inform potential areas for reporting checklist. In Stage 3, Delphi methodology will be used to reach consensus regarding the checklist items, first among the Steering Committee, and then among a broader Delphi panel comprising participants with a range of expertise, including patient representatives. In Stage 4, the reporting guideline will be finalized in a consensus meeting, along with the production of an Explanation and Elaboration (E&E) document. In Stage 5, we plan to publish the reporting guideline and E&E document in open access journals, supported by presentations at appropriate events. Dissemination of the reporting guideline, including a website linked to social media channels, is crucial for the document to be implemented in practice.
Discussion: The ACCORD reporting guideline will provide a set of minimum items that should be reported about methods used to achieve consensus, including approaches ranging from simple unstructured opinion gathering to highly structured processes.

*Correspondence: wjg@rtriv.com

[†]Equal contributors

Full list of author information is available at the end of the article

BMC

© The Author(s) 2022. **Open Access** This article is licensed under a Creative Commons Attribution 4.0 International License, which permits use, sharing, adaptation, distribution and reproduction in any medium or format, as long as you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons Attribution 4.0 International License, and indicate if you have modified the article. The images or other third party material in this article are included in the article's Creative Commons Attribution 4.0 International License, unless indicated otherwise in a credit line to the material. If material is not included in the article's Creative Commons Attribution 4.0 International License and your intended use is not permitted by statutory regulation or exceeds the permitted use, you will need to obtain permission directly from the copyright holder. To view a copy of this license, visit <http://creativecommons.org/licenses/by/4.0/>. The Creative Commons Public Domain Dedication waiver (<http://creativecommons.org/publicdomain/zero/1.0/>) applies to the data made available in this article, unless otherwise stated in a credit line to the data.

Open access **Original research**

BMJ Open Existing guidance on reporting of consensus methodology: a systematic review to inform ACCORD guideline development

Esther J van Zuuren¹, Patricia Legullo², Amy Price^{3,4}, Zoya Fedorowicz⁵, Ellen L. Hughes⁶, William T Gattrell⁷

Abstract
Objective: To identify evidence on the reporting quality of consensus methodology and to select potential checklist items for the Accurate Consensus Reporting Document (ACCORD) project to develop a consensus reporting guideline.
Design: Systematic review.
Data sources: Cochrane MEDLINE, Med of Science, PubMed, Cochrane Library, Embase, Academic Search Premier and PsycINFO from inception until 7 January 2022.
Eligibility criteria: Studies, reviews and published guidelines addressing the reporting quality of consensus methodology for improvement of health outcomes in healthcare or clinical practice. Abstracts of studies using or describing consensus methods but not commenting on their reporting quality were excluded. No language restrictions were applied.
Data extraction and synthesis: Screening and data extraction of eligible studies were carried out independently by two authors. Reporting quality items addressed by the studies were synthesised narratively.
Results: Eighty studies were included: five systematic reviews, four narrative reviews, three research papers, three conference abstracts, two research guidance papers and one protocol. The majority of studies indicated that the quality of reporting of consensus methodology could be improved. Commonly addressed items were: consensus panel composition, definition of consensus and the methods for achieving consensus. Items least addressed were: public patient involvement (PPI), the role of the steering committee, chair/co-lead, contact or interest of panelists and funding. Data extracted from included studies revealed additional items that were not captured in the data extraction form such as justification of deviation from the protocol or incentives to encourage panelist response.
Conclusion: The results of this systematic review confirmed the need for a reporting checklist for consensus methodology and provided a range of potential checklist items to report. The next step in the ACCORD project builds on this systematic review and focuses on reaching consensus on these items to develop the reporting guideline.
Protocol registration: <https://doi.org/10.1136/bmjopen-2021-029154>

STRENGTHS AND LIMITATIONS OF THIS STUDY
→ This systematic review used a comprehensive search of multiple databases without language restriction.
→ The included studies ranged from conference abstracts and protocols to guidelines and systematic reviews.
→ For full transparency and to promote disclosure, all data extracted are reported.
→ The data extraction form used may have missed a few potential reporting topics, but these will be covered in the following stages of the Accurate Consensus Reporting Document project, by additional reviews and the Delphi panel experience.
→ Conclusions are limited by the paucity of studies that provided substantial useful guidance.

INTRODUCTION
Healthcare providers face continuing challenges in making treatment decisions, particularly where available information on a clinical topic is limited, contradictory or non-existent. In such situations, alternative and complementary approaches – underpinned by collective judgement and based on expert consensus – may be used.^{1,2}
A variety of approaches with differing methodological rigour can be used to achieve consensus-based decisions. These range from informal expert consensus meetings to structured or systematic approaches such as the Delphi method and the Nominal Group Technique (NGT). These methods can be used for generating ideas or determining priorities and aim to achieve consensus through voting on a series of multiple choice questions. The voting process varies according to the method and may take place anonymously (as in Delphi) and/or face-to-face (in NGT and consensus conferences).^{3,4} Key elements in the process include the use of valid and reliable methods to reach consensus and

1. Gattrell WT, et al. *Res Integri Peer Rev*. 2022;7(1):3. Epub 20220607
2. van Zuuren EJ, et al. *BMJ Open*. 2022;12(9):e065154. Epub 20220908.

ACCORD: checklist submitted for peer review



Today's exercise



Read the study
scenario provided
(handout)



In pairs, using
ACCORD items M3
and M4, write
sentences reporting
panelist identification
and recruitment



Email your reporting to
niallharrison@
openhealthgroup.com
for review and
discussion

Important note!

The scenario might not contain all of the information you need to fully report the item.

If you think additional information is needed, invent the detail and include it in your reporting.

Writing time

15 minutes

Evaluation and discussion

15 minutes

Your proposals!

- [To be added during the workshop]

Our proposal – M3

- **M3. Explain the criteria for panellist inclusion and the rationale for panellist numbers. State who was responsible for panellist selection.**

The Steering Committee appointed by the National Society of Xology was responsible for identifying panellists. Individuals were invited from five groups identified by the Society as key stakeholders in the management of disease X: clinicians, researchers, patients, carers, and policymakers. **The aim was to include at least 5 representatives from each group**

- ✓ Criteria – stakeholders in disease management
- ✓ Rationale for numbers – five groups, aimed for 5 representatives from each
- ✓ Who was responsible – the Steering Committee

Our proposal – M4

- **M4. Describe the recruitment process (how panellists were invited to participate).**
 - Include communication/advertisement method(s) and locations, numbers of invitations sent, and whether there was centralised oversight of invitations or if panellists were asked/allowed to suggest other members of the panel.

Prospective panellists were **identified from the Society membership list** and invited **directly by email** by the Society. **There was no general advertisement. In total 50 invitations were sent. If a prospective panellist declined, they were asked if they could recommend a potential replacement; the qualifications of potential replacements were reviewed by the Society before they were invited.**

- ✓ How panellists were identified – Society membership list
- ✓ How panellists were invited – by email
- ✓ Who invited them – the Society
- ✓ How many invitations were sent – 50
- ✓ Was there wider advertisement – no
- ✓ Were panellists allowed to suggest replacements – yes

Discussion questions

- Why it is important to describe the criteria for panelist selection?
- Did the reporting guidance help you?
- Was this asking for more information than you would have provided in the past?
- Were any aspects of reporting this information challenging?
- Are you currently involved in a consensus study and able to help pilot the full checklist?