Development of the ACcurate COnsensus Reporting Document (ACCORD) Reporting Guideline

Consensus in health: a systematic review to identify evidence gaps in consensus methodology. Towards a reporting guideline for consensus approaches in healthcare

Patricia Logullo,[1] Esther J van Zuuren,[2] A Pali S Hungin,[3] Christopher C Winchester,[4] David Tovey,[5] Ellen L Hughes,[6] Keith H Goldman,[7] Niall Harrison[8] and William Gattrell[9]

[1]Centre for Statistics in Medicine (CSM), University of Oxford, and UK EQUATOR Centre, Oxford, UK; [2]Leiden University Medical Center, Leiden, Netherlands; [3]University of Newcastle, Newcastle upon Tyne, UK; [4]Oxford PharmaGenesis, Oxford, UK; [5]*Journal of Clinical Epidemiology*, London, UK; [6]Sciwright Limited, Somerset, UK; [7]AbbVie, North Chicago, IL, USA; [8]Ogilvy Health, London, UK; [9]Ipsen, Milton Park, Oxfordshire, UK

WHY AND HOW WE ARE DOING IT

Detailed methodology can be accessed via the QR code

- In healthcare settings, clinical decisions often need to be made in the absence of robust supporting evidence.
- In such cases, healthcare providers need to rely on approaches based on expert consensus (Table 1).[1–3]

Table 1. Examples of consensus methodology.

Generation of ideas	Consensus exploration	Final consensus
• Interviews • Focus groups • Surveys	• Nominal group technique • Refinement, ranking and prioritization • Expert group discussions • Delphi	• Consensus conference • Consensus meetings or sessions

- We searched the literature and did not find a general reporting guideline for consensus studies in health, except for specialized studies.
- We performed a systematic literature review[4] to identify:
  - evidence on the reporting quality of consensus methodologies
  - potential checklist items for the reporting guideline.

WHAT WE HAVE FOUND

- Studies, reviews and published guidance addressing the quality of reporting of consensus methods in biomedicine or clinical practice were eligible for inclusion.
- We developed a data extraction form of 30 reporting topics.

Table 2. Number of studies addressing reporting topics.

Reporting items	Studies, N = 18
Background	**n (%)**
1.1 Rationale for choosing a consensus method over other methods	4 (22.2)
1.2 Clearly defined objective	6 (33.3)
Methods	**n (%)**
2.1 Review of existing evidence informing consensus study	5 (27.8)
2.2 Inclusion and exclusion criteria of the literature search	3 (16.7)
2.3 Composition of the panel	16 (88.9)
2.4 Public patient involvement	0 (0)
2.5 Panel recruitment	4 (22.2)
2.6 Defining consensus and the threshold for achieving consensus	13 (72.2)
2.7 Decision of item approval	3 (16.7)
2.8 Number of voting rounds	10 (55.6)
2.9 Rationale for number of voting rounds	8 (44.4)
2.10 Time between voting rounds	1 (5.6)
2.11 Additional methods used alongside consensus	2 (11.1)
2.12 Software or tools used for voting	1 (5.6)
2.13 Anonymity of panelists and how this was maintained	7 (38.9)
2.14 Feedback to panelists at the end of each round	11 (6.1)
2.15 Synthesis/analysis of responses after voting rounds	5 (27.8)
2.16 Pilot testing of study material/instruments	3 (16.7)
2.17 Role of the steering committee/chair/co-chair/facilitator	0 (0)
2.18 Conflict of interest or funding received	4 (22.2)
2.19 Measures to avoid influence by conflict of interest	1 (5.6)
Results	**n (%)**
3.1 Results of the literature search	1 (5.6)
3.2 Number of studies found as supporting evidence	0 (0)
3.3 Response rates per voting round	5 (27.8)
3.4 Results shared with respondents	9 (50.0)
3.5 Dropped items	5 (27.8)
3.6 Collection, synthesis and comments from panelists	5 (27.8)
3.7 Final list of items (e.g. for guideline or reporting guideline)	4 (22.2)
Discussion	**n (%)**
4.1 Limitations and strengths of the study	5 (27.8)
4.2 Applicability, generalizability, reproducibility	3 (16.7)

- We identified 18 publications that provided information on the quality of reporting of consensus methods used in healthcare (Table 2).
- The quality of reporting of consensus methods was generally poor.
- The topics that were inadequately reported most often were the definition of consensus and the agreement threshold, the criteria for panel composition, response rates and panel anonymity.
- None of the included publications made reference to public and patient involvement, nor the roles of the steering committee members (Table 2).
- The data extraction free-text field enabled the identification of additional items recommended for reporting that were not captured in the original data extraction form.
  - These included justification of deviation from the protocol and details of any incentives to encourage participants to respond.

WHAT WE ARE DOING

- The ongoing ACcurate COnsensus Reporting Document (ACCORD) project is developing a reporting guideline for methods used to reach consensus.[5]
- We are following the methodology recommended by the EQUATOR Network to develop this guideline in a transparent manner.[6]
- The next step of the ACCORD project is to build a preliminary list of items to report, based on the results of this literature review.
- We will run at least two Delphi rounds, including experts, clinicians and patient representatives, to refine and to improve the checklist.
- We will then develop and publish the ACCORD Statement and the ACCORD Explanation & Elaboration Document, and we will disseminate the materials.
- The resulting ACCORD Reporting Guideline will help researchers to report any kind of consensus exercise to reach decisions on health.

REFERENCES

1. Djulbegovic B, Guyatt G. *JAMA* 2019;322:725–6. **2.** Moher D *et al. PLoS Med* 2010;7:e1000217. **3.** Raine R *et al. BMJ* 2005;331:631–3. **4.** van Zuuren EJ *et al. BMJ Open* Submitted. **5.** Gattrell WT *et al. Res Integr Peer Rev* 2022;7:3. **6.** Schlussel M *et al.* EQUATOR Library Audit. Available from: https://osf.io/fuv3c (Accessed July 13, 2022).

ACKNOWLEDGMENTS

Medical writing support was provided by Mark Rolfe PhD of Oxford PharmaGenesis, Oxford, UK. We are grateful to Zbys Fedorowicz (Veritas Health Sciences Consultancy, Huntingdon, UK), who provided support for screening of results from the systematic searches. We would also like to thank Jan W Schoones (Leiden University Medical Center, Leiden, Netherlands), for his assistance in the development of the search strategy. Ipsen provided access to full-text articles that were not otherwise freely available. PL is funded by Cancer Research UK.

ETHICS APPROVAL

The ACCORD initiative has been granted ethical approval for research involving human participants (reference, R81767/RE001) by the Medical Sciences Interdivisional Research Ethics Committee, University of Oxford, Oxford, UK.

Poster presented at the 9th International Congress on Peer Review and Scientific Publication, September 8–10, 2022, Chicago, IL, USA

DISCLOSURES

PL is a member of the UK EQUATOR Centre, Oxford, UK, an organization that 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. **EJVZ** has nothing to disclose. **APSH** worked with Reckitt Benckiser in the past 5 years for the development of the definitions and management of gastro-esophageal reflux disease. **CCW** is an employee, Director and shareholder of Oxford PharmaGenesis, Oxford, UK, 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, Oxford, UK. **DT** has nothing to disclose. **ELH** has worked with Ogilvy Health UK on consensus projects. **KHG** is an employee of AbbVie, North Chicago, IL, USA. **NH** is an employee of Ogilvy Health, London, UK. **WG** was an employee of Ipsen, Oxford, UK at the time of the analysis. He is now an employee of Bristol Myers Squibb. No authors were reimbursed for participating in the initiative.

Scan QR code to access additional content and to download a copy of this poster

ACCORD
Accurate Consensus Reporting Document

CANCER RESEARCH UK · equator network · NDORMS NUFFIELD DEPARTMENT OF ORTHOPAEDICS, RHEUMATOLOGY AND MUSCULOSKELETAL SCIENCES · UNIVERSITY OF OXFORD · LUMC Leiden University Medical Center