Lessons learned during ongoing development of the ACCORD reporting guideline for studies using consensus methodologies

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• Consensus methods provide a structured way to harness the knowledge of experts and other stakeholders, such as patients and non-academic partners, to support clinical decision-making in areas in which evidence is limited, inconsistent or absent^{1,2}

- However, the reporting of consensus studies is often inconsistent and incomplete, which makes it difficult to critically evaluate their methodology and interpret their recommendations^{3,4}

FIGURE: LESSONS LEARNED DURING THE ACCORD PROJECT STAGES



STAGE 1: DEFINE METHODOLOGY

Take time to carefully anticipate all areas of expertise that your project will require

Additional members were invited to the ACCORD Steering Committee after the initial recruitment round as academic, geographic and demographic needs became apparent. Of note, patient advocate representation and a methodologist joined the committee.

ACCORD (ACcurate COnsensus Reporting Document) is a reporting guideline currently in development to help researchers report the results of biomedical consensus studies⁵

WHAT WE ARE DOING

Based on EQUATOR guidance,⁶ the ACCORD process⁵ comprises five stages, of which three have been completed, as described below

- Stage 1 Define methodology (May 2021 to August 2022): establish scope, protocol, and composition of committees and panels⁵

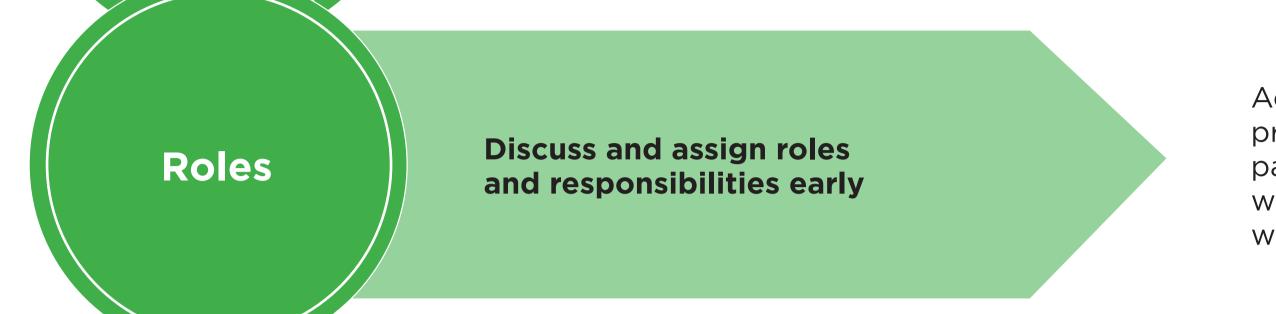
- **Stage 2** Systematic literature review (SLR; November 2021 to September 2022)³

- Stage 3 Agree checklist items (May 2022 to March 2023)

- **Stage 4** Create reporting guideline (March-April 2023)

• The Steering Committee discussed lessons learned from the ACCORD process to date (see Figure) at a face-to-face meeting held in Oxford, UK in September 2022, via email in October and November 2022, and at an online meeting in March 2023

• The full project timeline to date is available as supplementary information (see QR code, bottom right)



Activity during the early stages of the ACCORD process was too centralised, which limited the pace of the project. Later establishment of workstreams that could operate autonomously within an overall structure improved progress.

STAGE 2: SYSTEMATIC LITERATURE REVIEW

Consider whether a scoping Search review may be more appropriate than a systematic review **Be flexible in how the findings** Flexibility of your review are used to shape your reporting guideline

The ACCORD SLR focused on studies assessing the quality of reporting of consensus research. An information specialist provided valuable input into systematic review design and piloting the search helped refine the search strategy. However, overall it was challenging to fully define this question.

The SLR identified numerous potential checklist items, but also contained some gaps. ACCORD protocol amendments were required to develop a suitable draft checklist, including by accommodating information from other sources (additional/grey literature, and expert suggestions).

STAGE 3: AGREE CHECKLIST ITEMS

 The ACCORD reporting guideline is expected to be finalised and submitted for publication in Q2 2023



Set expertise representation Representation targets for the consensus panel and track recruitment **Utilise methodological** Methods expertise in consensus

> **Define full analysis plan** for consensus feedback in protocol

Consensus panel recruitment took place over a prolonged period, and resulted in a larger panel than originally planned to fully reflect the requirements listed in the ACCORD protocol; i.e. final panel size should be guided by the types of people required.

Inclusion of an expert in consensus methodology in the Steering Committee ensured that the conduct of the Delphi process (data gathering, iteration, and feedback) was efficient and robust.

Analysis plan should include: agreement threshold, survey and question structure, how the distribution of responses and qualitative feedback will be analysed, criteria for accepting/rejecting suggested changes, and internal (Steering Committee) structured voting procedure for finalising revisions. Pilot the survey before it is opened to the full consensus panel.

OVERALL PROJECT LESSONS

Analysis

- Early planning and clarity of focus **are vital.** Do not underestimate the time required for the planning process or the overall time that will be required for the project.
- 2. Transparency is critical. Show your thinking/ working by publishing and registering your protocol, ensuring that users of your tool can understand your process, and sharing your findings and experiences widely.
- 3. Regular meetings maintain momentum. Ensure actions receive regular updates and that outputs from different workstreams are shared with the full Steering Committee.
- 4. Be pragmatic. A protocol is a roadmap that captures the best available understanding of the route to obtain study results. However, consensus is an iterative process. Allowing for minor adaptations—and reporting them—can enhance usability and incorporate nuanced information into the final results.

REFERENCES

1. Djulbegovic B, Guyatt G. Evidence vs consensus in clinical practice guidelines. JAMA. 2019;322(8):725-6. https://doi.org/10.1001/jama.2019.9751. 2. McMillan SS, King M, Tully MP. How to use the nominal group and Delphi techniques. Int J Clin Pharm. 2016;38(3):655-62. https://doi.org/10.1007/s11096-016-0257-x. 3. van Zuuren EJ, Logullo P, Price A, et al. 2019;322(8):725-6. Existing guidance on reporting of consensus methodology: a systematic review to inform ACCORD guideline development. BMJ Open 2022;12:e065154. http://dx.doi.org/10.1136/bmjopen-2022-065154. Humphrey-Murto S, Varpio L, Wood TJ, Gonsalves C, Ufholz LA, Mascioli K, et al. The use of the Delphi and other consensus group methods in medical and other consensus and other consensus group methods in medical and other consensus and other consensus group methods in medical and other consensus group methods education research: a review. Acad Med. 2017;92(10):1491-8. https://doi.org/10.1097/ACM.0000000001812. 5. Gattrell WT, Hungin AP, Price A, et al. ACCORD guideline for reporting consensus-based methods in biomedical research and clinical practice: a study protocol. Res Integr Peer Rev 2022;7:3. https://doi.org/10.1186/s41073-022-00122-0. 6. Moher D, Schulz KF, Simera I, Altman DG. Guidance for developers of health research reporting guidelines. PLoS Med. 2010;7(2):e1000217. https://doi.org/10.1371/journal.pmed.1000217.

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