A methodology for consensus conferences

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Abstract

Consensus conference is one of the methods proposed to develop clinical practice guidelines. This method is used when the topic is limited to a small numbers of questions (4 to 6) and when there is a controversy.

This process is based on the meeting of a jury which reviews the scientific information provided by the literature and presented by experts.

The consensus conference consists of three phases :

— A preliminary phase during which questions are well defined, experts and jury are choosen by a panel of organizers usually designed by scientific societies. In the jury there are multidisciplinary specialists, generalists practioners and other people such as nurses, economists, ... Experts conduct the review and analysis of the literature. The jury is informed by organizers about the methodology of a consensus conference and about the quality of scientific information available.

— The second phase is the plenary session of the consensus conference. It lasts one or two days during which the expert's texts and presentation are discussed by the jury and a public.

— The third phase is the actual meeting of the jury, behind closed doors, during which conclusions and clinical practice guidelines are formulated.

Dissemination of these guidelines is one of the major factors determining the impact of the consensus conference. These guidelines are usually mailed directly to the professionals concerned and published in scientific journals and dissminated via professional associations, universities, post graduate training bodies, ...

The impact of the conference is assessed one or two years after and compared by the same method with the results of a preliminary survey before the conference.

This process is long and expensive but is increasingly used because of the necessity for physicians to assimilate and to integrate into their daily clinical practice an increasing mass of scientific information. (Acta gastroenterol. belg., 1998, 61, 416-421).

Key words : consensus conference, clinical practice guidelines.

Introduction

Professional and medical guidelines can be developed :

— to inform health professionals about the state of knowledge and/or practices concerning a medical procedure with a preventive, diagnostic and/or therapeutic objective ;
— to make it easier to integrate new knowledge into current practice ;
— to reduce the gap between the state of scientific knowledge and medical practice in a particular area, or between medical practices themselves.

A consensus conference is a method for developing medical and professional guidelines that set out to define a consensual position in a controversy concerning a medical procedure, the ultimate aim being to improve the quality of health care.

As early as 1990, ANDEM described the Consensus Conference. In the consensus conference method, a jury draws up its guidelines following a public presentation of expert reports that summarise the available knowledge (see Fig. 1). The public session is both a scientific conference (a degree of scientific proof is established for each of the responses) and a democratic debate in which each participant (the experts and the audience) has the opportunity to express his/her point of view. Finally, the intervention of a jury gives the session a partly judicial character. The jury, which is multidisciplinary and multi-professional, draws up the guidelines behind closed doors, in the most independent and objective manner possible, by making a distinction between what constitutes scientific proof, what is assumed and what is usual practice (1).

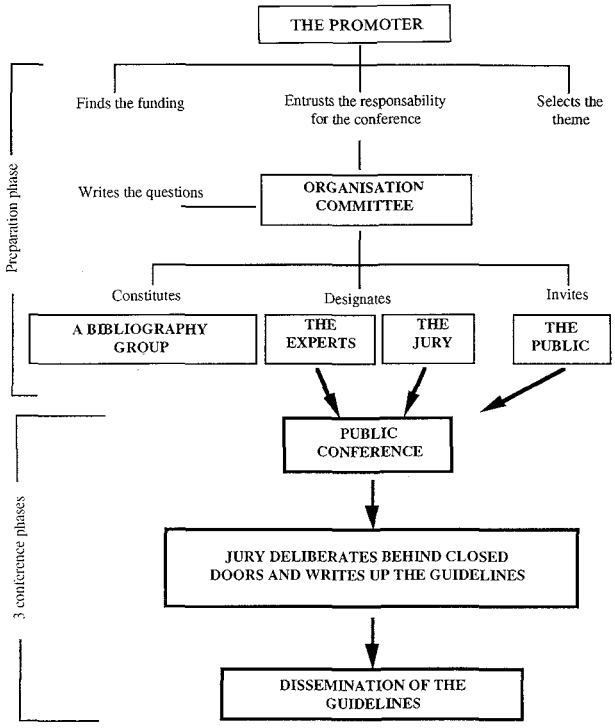

Fig. 1. — Organisation of a consensus conference.

The "consensus conference" method is particularly appropriate when :

— the theme to be treated is a limited one, which can be split up into four to six precise questions. In such a case, the guidelines can be drawn up in the limited

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time period (24-48 hours) available to the jury at the end of the public debate ;
— the theme to be dealt with is a controversial one, which requires public debate concerning the differences of opinion among professionals and the definition of a clear position by the professional community ;
— the controversy stems from available data that is either contradictory or else partial and insufficient, and when there is no possibility of carrying out complementary studies (for technical, ethical or time reasons).

A consensus conference enables a public debate to be held in which the full range of opinions "for and against" can be expressed and discussed followed by a statement of position by an independent jury, whose guidelines will not be further contested.

Who is involved ?

The promoter

Who is the promoter ?

The promoter can be a scientific society or any other organisation of health professionals, a Public Health body, a Social Security organisation, a patients' association, etc. In every case, it is essential to identify the professional organisations, scientific societies and associations concerned by the theme. Ideally, these bodies should be co-promoters of the event, assuming that they agree to take part in the drafting of the guidelines.

What is the promoter's role ?

— The promoter takes the initiative for drawing up the medical and professional guidelines. The promoter selects the theme and defines the targets.
— The promoter provides or hunts for the funds needed to draw up the guidelines, disseminate them and measure their impact. The promoter works out the timetable and in particular the lead-time before publication of the guidelines. The Promoter then leaves the Organisation Committee complete freedom so that it can operate in total independence.

The Organisation Committee

What is the Organisation Committee ?

The Organisation Committee includes people designated by the promoter because of their interest and involvement in the theme or in the methodology. Independent personalities or representatives of scientific societies who are not members of the co-promoter organisations can take part in the Organisation Committee.

The Organisation Committee generally consists of 5-10 members, including at least one methodologist. One member (the President of the Organisation Committee) is usually designated to organise and coordinate the meetings.

Although it initally comes together at the initiative of the Promoter's request, the Organisation Committee is totally independent of the Promoter. Representatives of groups that have provided the funding for the consensus conference cannot be members of the Organisation Committee. Apart from the president of the jury, the members of the Organisation Committee do not take part in the jury's work. By virtue of his appointment, the president of the jury becomes a member of the Organisation Committee.

What is the Organisation Committee's role ?

The Organisation Committee carefully defines the theme to be discussed and also the questions and subsidiary questions to which the jury has to respond (a maximum of six questions). It identifies all the possible targets of the guidelines. It selects the experts, the members of the jury and the members of the bibliography group and informs them of their respective roles. It contributes to the definition of a literature search strategy. The Organisation Committee can propose or impose an interpretation tool for the articles and the level of proof to be used in classifying the articles and guidelines (2-3). It decides what complementary analyses need to be carried out (meta-analysis, analysis of the economic literature, analysis of judicial or ethical data). It defines the modalities for disseminating the guidelines (what targets ? what types of document ? what training approaches ? etc). It helps define what type of impact measurements should be carried out for the guidelines. It organises the required human and material resources (secretarial service, documentation service, communication service, working rooms, computer equipment etc) and organises the public debate.

The Jury

What is it ?

The Jury consists of 8-16 members. The Organisation Committee chooses these members from amongst the following :

— doctors with different types of professional practice (private or public, hospital or non-hospital, university or non-university) and who belong to different disciplines concerned by the theme ;
— researchers, in particular clinical researchers ;
— non-doctor health professionals with different types of professional practice ;
— methodologists ;
— representatives of the ethical, economic or legislative areas ;
— representatives of the general public (patient associations or consumer groups) or media representatives ;

The Organisation Committee must ensure that the members of the jury :

— have experience of working in a group ;

— cannot draw any personal advantage whatsoever from their participation in the conference and have no financial interests that could influence the process (conflict of interest) ;
— do not appear on the list of experts designated for the conference ;
— are not members of the Organisation Committee (except for the president of the jury).

The President of the jury

The jury is co-ordinated by a president. The president of the jury is appointed by the conference Organisation Committee. The President must be recognised for his/her human and scientific qualities and be a well-known personality from the medical world or a professional directly concerned by the theme. He/she must have experience of presiding public scientific meetings and the qualities required to lead a group. Fully involved, he/she must be interested both in evaluation and in the theme of the conference. He may have some knowledge of the area covered by the theme of the conference but must not be directly involved in an area of research that could be favoured by the conference. Like the other members of the jury, the president must not have taken a well-known public stand or made a Similarly, he must have no financial or professional interest in the theme of the conference or in the participation in the conference (conflict of interest).

What is the role of the jury ?

The jury's principal function is to provide a consensus text at the end of the conference — the conference conclusions and guidelines. This text must contain a precise response to each of the questions. The jury has direct and entire responsibility for the content and quality of the texts produced.

During the consensus conference preparatory meeting, the president establishes — with the other members of the jury — the working procedures the group will use before, during and after the public meeting :

— *Before the public meeting*, each member of the jury works individually on the texts drafted by the bibliography group and the experts. The Organisation Committee provides jury members with the texts.
— The president of the jury chairs all the sessions *during the public meeting*. He/she co-ordinates the experts' presentations and chairs the discussion with the jury and the public present, leaving plenty to time for discussion of the most controversial issues. Discussion time is usually at least equal to the time allocated for the presentations.

The experts and the members of the jury are present throughout the presentations and take part in the discussion during the debate with the public. The jury collects all items of information provided by the experts and the public. During the debate, the jury notes the different points of agreement and disagreement as well as other issues such as the principal gaps in current knowledge — since this could provide topics for research.

In the "behind closed doors" session, the jury is required to produce a text which deals with the questions formulated. This text constitutes the conclusions and recommendations of the conference. It is sometimes called the "short text". The jury also writes another text, generally referred to as the "long text", which summarises the information on which the jury based its responses. The "short text" and the "long text" are sometimes combined in a single text. The time allocated to the jury to write these texts is limited (two days at the end of the public meeting) ; the work is intensive.

At the end of the conference, the text of the guidelines is made public. Discretion is required of jury members throughout their participation in the consensus conference process. They must undertake to divulge neither the preparatory texts they receive before the public meeting nor the text of the guidelines before they are made public (confidentiality cause).

Before the conference, no member of the jury may take a public stand or make a public commitment on the issue dealt with by the conference.

The bibliography group

The task of the bibliography group is to provide an objective analysis of the literature, without interpreting the results. The bibliography group comprises 4-6 members. They have to be skilled writers who are trained in the analysis of medical literature and evidence based medicine. Generally speaking, each member of the bibliography group is required to make as exhaustive an analysis as possible of the literature on one of the conference questions. The summary documents are then handed to the Organisation Committee for rereading and made available to the jury at least two months before the public meeting. They are also sent to the experts for information. The analytical work, which is based on the principles of literature analysis (4-16), makes it possible to identify the level of scientific proof provided by the literature.

The experts

Who are the experts ?

The Organisation Committee selects the experts. They must have particular competence in the area of the theme of the conference, backed up by work and recent publications. The Organisation Committee can call on experts from outside the scientific and medical world. The panel of experts selected to debate the conference topic must mirror the range and diversity of known opinions on the subject.

What role do the experts play ?

The role of each expert is to provide a text that brings together the information (drawn from their own

experience and from the literature) needed to respond to a precise question formulated by the Organisation Committee. The texts must be returned to the Organisation Committee at least one month before the public debate. The Organisation Committee then distributes them to the members of the jury. The experts present their work during the public meeting and explain their interpretation in terms of their contentions and beliefs.

The texts produced by the bibliography group provide an initial analysis of the data in the literature. The experts' texts complement them by providing an interpretation of the data informed by practice and experience.

Writing, distributing and measuring the impact of the guidelines

Writing the guidelines

Content of the guidelines

At the end of the consensus conference, the jury writes the guidelines in response to the questions posited. The consensus reflects the agreement achieved by the jury gets when it produces its conclusions and guidelines. The agreement is not ipso facto the point of view of the majority of those taking part in the public session (17-19).

Quality criteria for the guidelines

The conclusions and guidelines must avoid generalities and be written in short, simple sentences. They must be clear, concise, precise, specific and well-summarised. They must also be practical, directed towards clinical implications.

Level of proof for the guidelines

The jury is required to summarise and, to a certain extent, evaluate a considerable amount of scientific knowledge. Not all the work underlying this knowledge is of the same quality. Each available piece of scientific information can be associated with a particular level of proof (4-16).

Dissemination of the guidelines

The dissemination of the guidelines forms part of the specifications of any consensus conference.

The communication plan is a major component of the specifications of a consensus conference. Accurate identification of the targets and their expectations is important. It is also important to multiply the communication initiatives and to develop messages suited to the different target groups.

The guidelines, which become publicly available documents, are circulated immediately and as widely as possible. The recipients are health professionals concerned by the theme, "relay-targets" (institutions, learned societies, professional organisations, initial or continuing medical training organisations, patient associations etc) and also to media interested in reporting the conference and in communicating the guidelines both to the medical profession and to the general public. The scientific impact of the conference texts is increased when they are published in extenso in a number of specialised journals.

Measuring the impact of the guidelines

A key concern of the different actors involved in the consensus conference (Promoter, Organisation Committee) is to measure the impact of the guidelines produced.

It is too late to begin initiating impact measurements at the time the guidelines are disseminated since it is essential to have a reference measurement before the dissemination process starts. In other words, The Organisation Committee has to define an impact measurement strategy right at the beginning of the process.

It is often necessary to call on specialists to carry out professional surveys.

Several different dimensions need to be analysed — in particular, modifications to professional practice.

The role of the National Agency for Accreditation and Evaluation in Health Care (ANAES)

The National Agency for Accreditation and Evaluation in Health Care can assist in running a consensus conference in two different ways.

ANAES can help organise a consensus conference

ANAES can take part in the organisation and staging of a consensus conference, providing assistance in organisation and implementation (in particular with regard to the documentary research and training in medical literature analysis techniques) and in the dissemination of the guidelines. ANAES ensures that specific quality criteria are respected at each stage of the implementation of the consensus conference.

ANAES can grant a consensus conference its quality assurance label

The organisers of a consensus conference can ask ANAES to grant the conference its methodological label. In this case, the Organisation Committee asks ANAES for a file at the beginning of the process. Via this document, the Organisation Committee is able to provide ANAES with information concerning the preparation of the conference. An ANAES representative is appointed to attend the pubic meeting. After studying both the procedures used and the conference results, and after consulting with its Scientific Council, ANAES may grant its label.

The experience acquired by ANDEM and ANAES with a number of different promoters (see list enclosed) has pointed up the fact that, while a rigorous, explicit method and the availability of scientific and professional data are at the basis of the production of high-quality guidelines, other elements must be taken into account to ensure the success of a consensus conference. One significant factor is the experience and motivation of the professional societies involved, and their ability to carry out a critical appraisal of the available literature, identify the critical issues and to perceive and analyse the differences between fact and opinion. Another important factor and perceive and analyse the differences between fact and opinion. Another important factor is the personality of the members of the jury and the presence of someone capable taking on the role of president. Finally, the president's skill in identifying and mastering the diverse interests related to the theme is another factor that significantly influences the quality of the results.

ANDEM/ANAES' experience in the field of Consensus Conferences

1. *Consensus conferences for which either ANDEM or ANAES provided methodological and/or financial assistance*

Sevrage of drug addicts from opiates
Management of VZV infections
Cancer of the colon : prevention, screening and management
Hepatitis C : screening and management
Human albumin transfusion in intensive care and anaesthesia for adults
Depression during childhood : diagnosis, treatment, prevention and evolution
Peptic ulcer disease and gastritis in Helicobacter pylori
Follow-up of patients operated for stage 1 melanoma
Therapeutic choices in rectal cancer
Peri-surgical nutritional support (TPN or EN) in adults
Arthroscopy of the knee
Management of schizophrenic patients
Red blood cell transfusion
Liver transplantation indications
Diagnosis and treatment of polycythemia (polyglobulies)
Prophylaxis of infectious endocarditis
Staging evaluation of non small cell lung cancer
Vesicular lithiasis : a therapeutic strategy for gallbladder
Medical treatment of menopause

2. *Consensus conferences that received the ANDEM/ANAES quality assurance label*

Cerebro-vascular accidents in emergency units
Feeding assault victims
Continuous extrarenal epuration in intensive care (except for peritoneal dialysis)
Management of post-surgical pain in children and adults
Prevention of multiresistant bacteria infections in the ICU
Use of catecholamins during septic shock in children and adults
Management of loss of consciousness in emergency units
Purulent meningitis
Induction of delivery
Management of severe epileptic crisis in children and adults
Management of ankle sprain in emergency units
Non-instrumental techniques for bronchial desobstruction
Artificial respiratory assistance during acute or chronic respiratory failures in adults
Infections related to central venous catheters in the ICU
Predicting outcomes in ICU patients
Sexually transmitted disease in women, minors, adults and during pregnancy
The use of sedative hypnotic drugs in the ICU
Digestive epuration during acute intoxications
Evaluation of non-invasive techniques of the ventricular function in adults
Selective digestive decontamination in the ICU
Treatment and management of sterility : who ? how ? what results ?
Sevrage of mechanical respirators in adults with the exclusion of major neuromuscular diseases

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