

## ACCP Consensus Statement Development Guide

### Overview

The ACCP generates two major types of practice guidelines—evidence-based guidelines (EBGs) and consensus statements (CS). The quality and availability of evidence separates these two types of practice guidelines. ACCP’s **Evidence-Based Guidelines (EBG)** are defined as the synthesis of overwhelming evidence that is derived from a formal and systematic review of the literature with a focus upon randomized control trials, that enables a compilation of a set of specific recommendations directly supported by that data. In contrast, a **Consensus Statement (CS)** is defined as a written document that represents the collective opinions of a convened expert panel. The opinions expressed in the CS are derived by a systematic approach and a traditional literature review where randomized control trials do not commonly exist. “Suggestions made” in CS are derived by this standardized process. (Baumann M, Gutterman D, American College of Chest Physicians evidence-based guidelines- the next generation: considering resource use and evolution to a single grading system. *CHEST* 2006; 129:10-12)

When there is a question as to whether a specific practice guideline is developed as an EBG or CS, there is an approved ACCP procedure whereby the available evidence is reviewed by the HSP Committee staff, and discussed with the HSP Committee and other appropriate ACCP leadership. The decision as to whether an EBG (through HSP) or a CS (through a Network or Institute) will be generated is based upon the quality and quantity of evidence.

The ACCP’s Health and Science Policy (HSP) Committee oversees the development of EBGs. They do not generate or oversee the development of CSs, which uses a traditional literature review (Straus SE, Richardson WS, Glasziou P, et al. Evidence-based medicine: how to practice and teach EBM. 3<sup>rd</sup> Ed. London, Elsevier: 2005). Likewise, ACCP NetWorks or Institutes may prepare CSs, but they do not generate EBGs.

The following principles apply when developing consensus statements:

1. Given the fact that there is confusion among clinicians on terminology, the ACCP desires to delineate key terms based upon the “quality” of evidence and type of document. The phrase “we suggest” may be used in CSs only if there are data from the literature to support a suggestion. The phrases “evidence-based,” “guideline,” and “we recommend” are reserved for EBGs and should not be used in the context of CS. (Guyatt G., Gutterman D, Baumann M, et al. Grading strength of recommendations and quality of evidence in clinical guidelines: report from an American College of Chest Physicians Task Force, *CHEST*, 2006; 129:174-181).

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2. A methods section must be included in the CS to provide details on how consensus was achieved (either by a formal or informal method) and a description of how the literature was collected and reviewed.
3. Included in the introduction or methods section should be explicit statements indicating that the opinions are based on expert consensus. All consensus statements should include a disclaimer to the effect that “these suggestions should not be used for performance measurement or for competency purposes, because they are not evidence-based as outlined by the ACCP Health and Science Policy Committee.” Evidence-based guidelines are derived from a thorough and systematic review of the scientific literature.
4. If questionnaires are used to derive consensus, questions are to be validated using appropriate and accepted standard statistical methods.
5. Consensus statements can be developed by NetWorks or ACCP Institutes as a specific project and should undergo ACCP Board of Regents review and approval prior to submission to *CHEST* for publication consideration.

### **Development Process**

#### *Core Elements:*

1. Before initiating the development of a consensus statement that will be submitted to *CHEST*, the Editor in Chief of *CHEST* should be notified of the topic and anticipated submission date. This should be done prior to beginning any work on the CS.
2. Periodic updates should be provided to the Editor in Chief of *CHEST* on the progress of development of the CS and anticipated completion dates of important tasks such as completion of draft, peer review, and submission to *CHEST*.
3. Consensus statement developers should follow the established conflict of interest policy of the ACCP. This includes written declaration of conflict of interest as well as periodic disclosure.
4. No honorarium is provided to consensus group members.
5. Prior to publication, the draft statement should be reviewed by members of the applicable NetWork who did not participate in the writing process (review for content, style, consistency, accuracy, and format). The number of reviewers will depend on the length of the document, but at least one reviewer should review the

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entire document. These reviewers should be recommended by the NetWork steering committee and approved by the Editor in Chief of *CHEST*. Upon completion of review by the NetWork, the draft statement should be submitted for approval by the ACCP Board of Regents. Once the statement is submitted to *CHEST*, the Editor in Chief may opt to select additional reviewers.

### *Consensus Panel:*

1. Choosing a chair. The consensus panel chair should be chosen by the NetWork or Institute, based upon his/her reputation as an expert in the topic to be addressed. The Chair must be an FCCP. The Chair shall have no conflicts of interest. In addition, the chair should have the ability to organize and work well with a group. The panel chair, with or without the assistance of another person with expertise in consensus methods, should be responsible for determining how the opinions will be finalized. The chair will be responsible for coordination of writing the statement and overseeing/reviewing drafts. The panel chair can be nominated from the appropriate NetWorks or other members of the ACCP with expertise on the statement topic. The ACCP Council of Committees should approve of appointments of the chair (FCCP) and panel (this would occur at the time the NetWork submits its project proposal to the Council of Committees).
2. Choosing other panel members. Consensus statement panel members should be chosen by the appropriate NetWork or Institute or other members of ACCP with expertise on the statement topic. They should be chosen with regard to diversity in geographic location, clinical/scientific expertise, gender. Appropriate writing skills are a must, as well as ability to work with a group and timeliness of completing writing tasks. Panel members shall have no conflicts of interest. The final document should describe the process that was undertaken to select the panel. The ACCP Council of Committees should approve of appointments of the panel (this would occur at the time the NetWork submits its project proposal to the Council of Committees).
3. Panel members can be terminated for the following reasons: (1) failure to disclose conflict of interest; (2) nonparticipation; (3) failure to complete assignments on time; and (4) inability to work as a team member.

### **Logistics**

Consensus panels should plan on meeting in person at least once during the development of the project. Conference calls should be held, as needed, to discuss significant issues as they arise and to ensure that the project is on schedule. If a formal method of deriving

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consensus is being used, the panel should plan on meeting in person or by phone after each round of results of the questionnaire are distributed.

### Achieving Consensus

Consensus can be achieved by either formal process, such as the Delphi method, or informal process, whereby all panel members reach agreement. As stated above, the process should be outlined in a methods section in the statement. A formal method is preferred. The Delphi method was developed by RAND Corp (Santa Monica, CA) (Dalkey NC, Helmer O. Pub RM-727-PR. Santa Monica, CA: Rand Corp, 1962). This method consists of:

- a. Appointment of expert panel
- b. Development of questionnaire to be used for achieving consensus
- c. Two to three rounds of questionnaires to panel members. Opinions are scored on Likert-type scales.
- d. Results analyzed after final round of questions to determine the degree of consensus.
- e. Panel members meet, by phone or in person, to agree on level of consensus.

### Outline

1. Titles of consensus statements should include “ACCP Consensus Statement” before the topic name. An example of this is: “American College of Chest Physicians and American Association for Bronchology Consensus Statement: Prevention of Flexible Bronchoscopy-Associated Infection.”
2. The statement should contain the following:
  - a. An executive summary, which summarizes the data and suggestions in the statement. This should be concise and no more than two to three pages.
  - b. An abstract, conforming to *CHEST* instructions to authors.
  - c. An introduction, which should be one to two pages.
  - d. A methods section that explicitly provides information on how any review of the literature was performed and what method was used for achieving consensus. Formal methods, such as the Delphi technique, are better than informal techniques (*eg*, consensus vote).

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- e. The text will be organized by suggestions, including background, a brief overview of the relevant data, the panel's suggestions, and any caveats or critical minority opinions.
  - f. Future therapies/research, based on the lack of data in a specific area.
  - g. A full set of references must be included.
3. The length of a consensus statement should be approximately 3,000 to 3,500 words. This constitutes a single chapter article in *CHEST*.
  4. If a consensus panel chooses to use data based on surveys they have developed, the survey questions must be validated. The validation process should be included in the methods section of the document. Some references that may be useful include:
    1. de Vet HC, Ader JH, Terwee CB, et al. Are factor analytical techniques used appropriately in the validation of health status questionnaires? A systematic review on the quality of factor analysis of the SF-36. *Qual Life Res* 2004; #14:1203-1218
    2. Alberg AJ, Park JW, Hager BW, et al. The use of "overall accuracy" to evaluate the validity of screening or diagnostic tests. *J Gen Intern Med* 2004; #19:460-465
    3. Johnston JM, Leung GM, Fielding R, et al. The development and validation of a knowledge, attitude, and behavior questionnaire to assess undergraduate evidence-based practice teaching and learning. *Med Educ* 2003; #37:992-1000
    4. Guyatt GH, Osoba D, Wu AW, et al. Methods to explain the clinical significance of health status measures. *Mayo Clin Proc* 2002; #77:371-383
    5. McColl E, Newton J, Hutchinson A. An agenda for change in referral-consensus from general practice. *Brit J Gen Practice*. 1994;44:157-162
    6. Ashton CM, Kuykendall DH, Johnson ML, et al. A method of developing and weighting explicit process of care criteria for quality assessment. *Medical Care*. 1994;32:755-770
    7. Everett A. Piercing the veil of the future: A review of the Delphi method of research. *Prof Nurse*. 1993;9:181-185
    8. McMurray AR. Three decision-making aids: brainstorming, nominal group, and Delphi technique. *J Nurs Staff Develop*. 1994;10:62-65
    9. Kitson A, Harvey G, Hyndman S, Yerrell P. Criteria formulation and application: an evaluative framework. *Int J Nurs Stud*. 1994;31:155-167

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Although these articles do not directly look at cardiopulmonary disease, they will be helpful when developing a survey.

5. Generic names are used, not brand names, for pharmaceutical products.
6. All products that are not approved in the United States for the specified use suggested should be noted as such. They may still be discussed based on data from other countries, but this should be clearly noted.
7. Final submissions to *CHEST* must conform to the specifications of the journal. Refer to [www.chestjournal.org](http://www.chestjournal.org).

### **Maintenance**

The NetWork or Institute should be responsible for yearly review of the content of the consensus statement. The Chair or other appointee should be requested to provide the NetWork or Institute with his/her opinion as to whether the content is current, in need of update, or should be withdrawn. A checklist should be used to determine if (1) the statement is current and not in need of updating; (2) there are new data available but not sufficient to require an update; (3) the statement is in need of update; or (4) the statement is outdated and should be retired.

### **Further Information**

Further information regarding literature reviews and developing recommendations can be found at [www.chestnet.org](http://www.chestnet.org) under the Education page.