

QUICK METHODOLOGY GUIDE

Practice guidelines "Formal consensus" method

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This document summarises the method for developing practice guidelines according to the "Formal consensus" method.

GENERAL DESCRIPTION OF THE METHOD

- The method for developing practice guidelines by formal consensus is both a guideline method and a consensus method.
- As a consensus method, its purpose is to formalise the degree of agreement among experts by identifying and selecting, through iterative ratings with feedback, the points on which experts agree and the points on which they disagree or are undecided. The guidelines are subsequently based on agreement points.
- As a practice guideline method, its purpose is the drafting of a small number of concise unambiguous recommendations, which address the questions asked.
- It is a rigorous and explicit method based on the involvement of professionals in the field to which the guideline relates and of patient or user representatives, on the use of an external peer review phase, and on transparency, independence of development, and prevention and management of conflicts of interest.
- Since the aim is to develop a practice guideline, there is a preliminary project scoping phase (see scoping-memorandum guide).

PARTICIPANTS

STEERING GROUP

Ideally 6 to 8 professionals and representatives of users of the healthcare system, including a chairperson of the steering group, a project manager, and, if necessary, a project officer.

Its members must have a good knowledge of professional practice in the field relevant to the topic to be investigated and must be capable of assessing the relevance of the published studies and the various clinical situations evaluated.

- It drafts the review of the scientific evidence after critical analysis and synthesis of the available literature data and discussion of existing practice.
- It drafts the proposals for submission to the rating group.
- Using the results of the assessment, it drafts the initial version of the guideline.
- After the peer review phase, the steering group finalises the recommendations during the plenary meeting with the rating group.

RATING GROUP

Ideally 9 to 15 professionals who, in their daily practice, are directly involved with the people concerned by the guideline topic.

- In a vote conducted in two rounds, it selects the proposals to be used for drafting the initial version of the recommendations, taking into account the level of evidence available and the practical experience of its members.
- After the peer review phase, it finalises the recommendations during the plenary meeting with the steering group.

PEER REVIEW GROUP

30 to 50 people concerned by the topic, who may or not be experts in it. It allows the range of participants in the work to be widened, by bringing in representatives of medical specialities, non-medical professions, or civil society not present in the steering and rating groups.

- It gives a formal opinion on the content and form of the initial version of the guideline, in particular its applicability, acceptability, and readability.
- The members offer an advisory opinion on an individual basis and do not meet together as a group.
- When societal issues play a part in differences in practice or in differences of opinion regarding practice, HAS can hold a public consultation to obtain the views of involved parties who it has not appointed or even identified before.

The project manager ensures that:

- the composition of the groups conforms to that specified in the scoping memorandum;
- there is a balanced representation within the groups in terms of the type of practice, the various currents of opinion, and geographical diversity.

PROCEDURE FOLLOWED IN THE METHOD

SYSTEMATIC REVIEW AND SYNTHESIS OF THE LITERATURE PHASE

An evidence report and a list of proposals to be submitted to the rating group in the form of a questionnaire are drawn up.

- It is carried out by the steering group.
- It is preceded by a phase of literature searching, which calls for the services of a documentation officer.
- The steering group can seek external opinions to back up the relevance of the proposals.
- At this stage the proposals may complement or contradict each other in so far as they take into account all the opinions of the group members which have been expressed during the work meetings. There is no search for consensus during the steering group's meetings.

RATING PHASE

In this phase, which takes place in three steps, the proposals on which members of the rating group agree and those on which they differ or are undecided are identified by means of vote conducted in two rounds and an interim feedback meeting. This phase culminates in the selection of the proposals on which there is a consensus within the rating group.

- It is carried out by the rating group.
- The rules for the rating and the analysis of the scores are defined *a priori* and communicated to the rating group, prior to the first round.

DRAFTING OF THE INITIAL VERSION OF THE GUIDELINE PHASE

The chair person of the steering group and the project manager draft the first version of the guideline to be submitted to the peer review group, based on consensus proposals.

PEER REVIEW PHASE

An analytical report is written drawing together all the scores and comments of the members of the peer review group and, where applicable, of the participants in the public consultation.

- The project manager emails to the members of the peer review group the evidence report, the initial version of the guideline and the questionnaire that each member uses to give an individual opinion.
- For each suggested recommendation, the questionnaire shows a discrete numerical scale running from 1 to 9 together with a box for comments.

FINALISATION PHASE

The final version of the evidence report, the guideline and a summary of the guideline are drawn up and the validated versions of these 3 documents are disseminated.

It involves the steering group, the rating group, and the HAS bodies responsible for validation.

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