CONSENSUS DEVELOPMENT CONFERENCES

Aim

. To review and assess the scientific basis of a medical technology

. To provide information concerning the appropriate use of the technology

. To contribute to the dissemination of knowledge concerning the technology

. To promote public debate

. To enhance the quality of health care by promoting change

Topic

A technology may be considered at any stage in its life history.

1. The subject under consideration should have public health importance.

2. The topic should affect or have broad application to a significant number of people.

3. There should be controversy surrounding biomedical/scientific aspects of the topic that would be clarified by the consensus approach or a gap between current knowledge and practice that a consensus development conference (CDC) might help to narrow.

4. The topic must have an adequately defined and available base of scientific information to answer the previously posed questions and to resolve the controversies in so far as possible.

5. The topic should be amenable to clarification on technical grounds and the outcome should not depend mainly on the impressions or value of panelists.

The Questions

1. The agenda of a CDC is structured around key questions posed to the panel that serve to determine the scope and substance of the conference.

2. Questions should be structured so that answers can be derived from scientific information and data presented by the speakers. The questions should not be phrased in a manner that requires responses dependent solely upon the subjective judgements or opinions of the panelists.

3. Questions should be straightforward, concise, and constructed so that it will be evident whether consensus has been achieved.

4. a) Ordinarily, four to six questions are posed, including questions on efficacy, risks, clinical applications, and a final one on directions for future research (OMAR, 1988).

   b) The questions address the range of relevant issues including: economic, social, political, ethical, legal issues (European style).

The Chairperson

The chairperson should combine skills in chairing a public meeting and enabling a small group of people to work together to produce a consensus view in a short period of time.

The Panel

1. Panel members must be thoughtful, able to weigh evidence, and capable of collaborative work.

2. a) Panelists should have no vested interest in the technology being reviewed (OMAR, 1988).

   b) Panel members should be experts in their field but not in the conference topic.

3. Panel members should represent a broad range of expertise including lay representation. Consumer views may be represented.

4. Panel members should include members of minority groups and come from different parts of the country.

The Speakers

1. Speakers should be selected for their scientific expertise.

2. a) They may include both clinical investigators and basic scientists (USA).

   b) Speakers should include experts on all the aspects covered by the questions e.g. consumer view. legal, social, ethical etc. (Europe).

3. Where differences of scientific opinion exist, care should be exercised to include the presentation of opposing data and interpretations.

4. Speakers should be asked to confine their presentations to the scientific topic that they have agreed to address and to be certain to present all relevant data and information.

The Audience

The audience should represent as wide a range of views as possible.

The audience should be encouraged to participate as much as possible.

The Statement

The statement should aim to address the preposed questions. It should be in language accessible to non-experts. It should aim to provide useful guidelines/recommendations.

It should be concise (3000 words UK).

It does not include references.

Dissemination

US dissemination programme:

CDCs usually receive considerable attention from the medical media and general media at the time of their occurrence. This serves to focus attention on the topic and the statement of the panel.

The OMAR Director of Communications and the BID Information Officer develop an information dissemination plan covering publicity for the conference and the strategy for distributing the Consensus Statement.

The Consensus Statement is printed by OMAR and distributed routinely to a variety of Federal health agencies, health care organisations, and the Directors of Continuing Education of American Hospital Association membership hospitals. Additionally, the Consensus Statement is sent to targetted individuals and organisations specified in the information dissemination plan.

The Journal of American Medical Association routinely publishes most of the Consensus Statements. Consensus Statements are also published by specialty journals in the area of the topic.

OMAR places notices in numerous professional journals announcing the availability of the Consensus Statement and inviting inquiry.

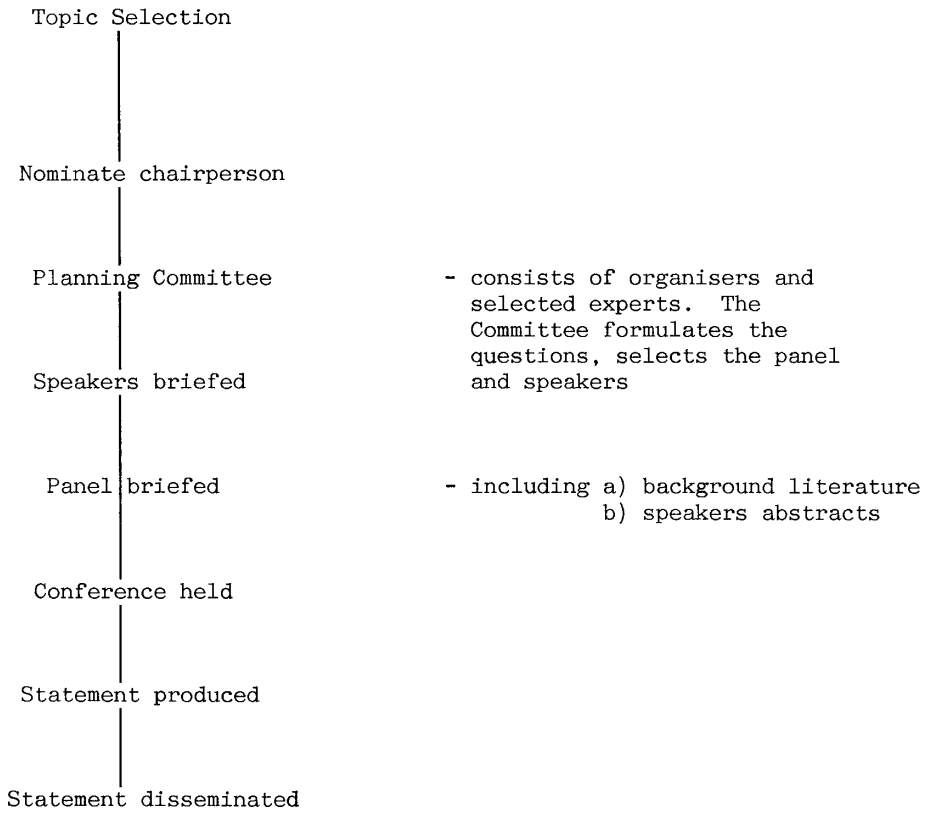
The publication of the Consensus Statement along with selected papers from a CDC as a symposium is also a possibility. Proceedings of several conferences have been published in this manner either as supplements to specialty journals or as a monograph.

Summary videotapes and audio tapes of the conference may also be prepared and distributed.

A summary of the statement is also prepared and sent to appropriate specialty journals (OMAR, 1988).

FLOW DIAGRAM

OF CONSENSUS DEVELOPMENT PROGRAMME (6 Months to 2 Years)



CONSENSUS DEVELOPMENT CONFERENCE

Evening before	Panel and Speakers briefed
DAY ONE	
	Public conference
9 a.m. - 6 p.m.	Experts present evidence
	Panel question
	Audience question and comment
Evening	Draft statement started
DAY TWO	
	Public conference
9 a.m. - 2 p.m.	(as above)
2 p.m. onwards	Statement finalised
DAY THREE (USA)	
	Statement presented to public
9 a.m. - 12 p.m.	Statement finalised
P.M.	Press conference
Following weeks	Statement disseminated

INTERNATIONAL VARIATIONS

USA

Sponsoring organisation - NIH. Office Medical Applications of Research (OMAR) with specific NIH Institute

Started in 1976, over 70 conferences held.

Panel - Experts not very multidisciplinary

Canada

1. Canadian Task Force on the Periodic Health Examination created in 1976 by the Conference of Deputy Ministers of Health. These are expert panels who review the scientific evidence for the appropriateness of applying clinical procedures for the prevention of adverse health outcomes.

2. McMaster programme consists of a group of researchers who engage in opportunistic consensus development exercise in order to undertake research into the consensus process. Their aim is to translate existing research evidence into clinical practice

Denmark

Sponsoring agent - MRC and Danish Hospitals Institute

Started in 1983, six conferences held so far

Aims - to inform the public

- to provide a basis for health planning and future research

Multidisciplinary expert groups provide the evidence

Non-expert multidisciplinary questioning group

Takes place over two and a half days

Finland

Sponsoring agent - MRC and appropriate support

3 conferences held so far

Aims - to raise interest in and develop technology assessment

The panel are not advocates of a particular position

Netherlands

Sponsoring agent - CBO as part of a quality assurance programme

Started in 1982

26 conferences held so far

Aims - to produce guidelines for medical practice

- to assure quality of care by promoting behavioural change

Intended users - health clinicians

Each topic takes two years. A working group is set up with experts and official representatives. A draft syllabus and statement is produced over 6 to 8 meetings. At a two day public conference the statement is defended and the audience comment. Following this the statement is finalised and produce