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# **2006 Heart Failure Consensus Conference Recommendations Program**

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CCS Consensus Conference Process



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# CCS Consensus Conference Process

## **Overview**

Consensus conferences deal with topics of clinical relevance where there is sufficient literature but where clinical practice patterns are contentious or where literature is conflicting in terms of management. The purpose is to synthesize and analyze the literature available to provide evidence-based guidelines for practitioners. Well-developed guidelines have the ability to improve the quality of cardiovascular care, lead to better patient outcomes, improve cost effectiveness and highlight areas of further research needs.

The creation of consensus conferences has been a key activity of the Canadian Cardiovascular Society (CCS) for over ten years and the presentation of consensus conferences has become an anticipated portion of each year's annual meeting.

## **Purpose of the Working Group on the consensus conference process**

Consensus conferences serve an important role in supporting the mission of the CCS "to advance the cardiovascular health and care of Canadians through advocacy, continuing professional education and the promotion and dissemination of research." However, the production of CCS consensus conferences each year requires a considerable amount of member expertise, time and financial resources of the CCS. As a result, the Working Group was charged with developing recommendations to Council on a wide range of issues relating to the development and implementation of both new and updated consensus conferences.

Council agreed that the following areas would be addressed regarding the consensus conference process:

- Topic selection process
- Chair/co-chair selection and responsibilities/accountability
- Primary and Secondary Panel selection process
- Standards for Grading of evidence



- Procedure manual for consensus conference committees (writing groups)
- Publication policy
- **Implementation of consensus conference recommendations**

#### **Other issues**

- Sponsorship guidelines
- Intellectual property
- International collaboration and collaboration with other organizations (i.e. co-production, translation, endorsement of other organizations' guidelines)

#### **Issues relating specifically to consensus conference updates**

- Timing of updates
- Topic selection process
- Chair selection and accountability
- Primary Panel composition guidelines
- Grading of evidence standards
- Procedure manual for updates
- Publication Policy

#### **Consensus conference process**

##### **Standing Committee on consensus conferences**

As consensus conference development is an important activity of the CCS and addresses a key aspect of its mission, there is a need to have a small standing committee that defines the process for developing consensus conferences, recommends topics to undertake in a thoughtful manner, develops an impact assessment mechanism and addresses issues affecting consensus conferences in general. This committee does not write consensus conferences. The Standing Committee should be composed of four to six members selected by Council, with the Chair as a member of Council and a staff member assigned to the committee. Other members should have experience with undertaking consensus conferences and represent a broad



range of interests in the cardiovascular field. The term of participation would be two years with a one-term renewal option.

### **Topic selection process**

Consensus conference topic selection is an important consideration that currently is undertaken at the June council meeting with input from Council members. Currently there are no guidelines with respect to considerations for topic selection or the topic selection process. Given the financial and human resource commitment required to develop consensus conferences, it is proposed that the mandate of the Standing Committee on Consensus Conferences should include the recommendation of topics for consensus conference and consensus conference updates each year.

It is proposed that topics be selected using the following process and guidelines:

- A call for topics will be issued in December for topics to be undertaken the following year. The call will be made via CCS Online and the CCS website.
- Concurrently, a review of guidelines being produced by other established cardiovascular medical professional organizations will be undertaken to determine if there is potential overlap or if they can be co-authored or endorsed.
- Past chairs of consensus conferences will be contacted every year to determine if an update is required in the upcoming year.
- The Standing Committee will present a recommendation to Council for the June council meeting of each year as to whether or not a topic should be undertaken and if so, what topic should be addressed.

Topics chosen for CCS consensus conferences should address the following considerations:

- They fulfill the mission of the CCS to “advance the cardiovascular health and care of Canadians”
- They use the expertise within the CCS membership
- They address issues of clinical importance facing cardiovascular specialists and others treating cardiovascular disease. This would include ethical and economical aspects and issues.



- Development of a consensus conference on the topics has the potential to have a significant contribution to the management/treatment of cardiovascular disease
- They are of manageable scope to be completed within an 18-month time line (i.e. from first meeting to publication).

**The Standing Committee on consensus conferences also reserves the right to recommend not undertaking a new consensus conference topic for any given year for the following reasons:**

- No topic has been recommended
- The topic is being done by another reputable organization and is applicable to the Canadian system
- The topic scope is too large/small
- The topic does not fit the mission of the CCS

#### **Chair selection and responsibilities**

- Given the increasing complexity of consensus conferences and the increasing demands being placed on cardiovascular specialists, it is proposed that all new consensus conferences be developed by two co-chairs.
- The Standing Committee recommends chairs that are selected based on their expertise in the chosen topic area.
- Chairs are responsible for developing the consensus conference to completion, managing the budget and co-coordinating administrative work with CCS staff.
- Chairs will provide a written status report to Council for each council meeting
- Chairs will be considered as chair of a particular consensus conference until an update is written (within 2-5 years). The existing Chairs will be given right of first refusal to conduct the update or help in the selection of the new Update Chair(s).



## **Primary and Secondary Panels**

The Primary Panel is the main writing committee for the consensus conference and is comprised of CCS members with expertise in the topic area. They decide the substantive content of the document.

Secondary panel members provide feedback and guidance on drafts and provide a wider perspective on the topic. Secondary panel members may not be CCS members but have internationally recognized topic expertise or are key members of the targeted audience group.

- It is recommended that the Co-chairs of the consensus conference identify and contact the Primary and Secondary panel members.
- The Co-chairs of the consensus conference Committee should choose Secondary Panel members with input from other Primary Panel members.

Primary Panels should reflect the following:

- Content expertise for the topic addressed
- The diversity of the CCS membership with respect to geography and type of practice as they apply to the topic area
- The audience of health professionals that will use the material including family practitioners, IM specialists and others as applicable.

**Secondary Panels should reflect the following:**

- Secondary panel members may be topic experts but not necessarily CCS members.
- Secondary panel members have the capacity to consult on consensus conference drafts in terms of content, presentation and relevance to the audience addressed.



### **Standards for grading of evidence**

Grading of the evidence for guideline development allows conclusions to be developed in a manner that is supportable by the data. In the past, the CCS has adopted Sackett's rules of evidence for the grading of evidence for consensus conferences, although the ACC guidelines have also been used. For the sake of uniformity and possible future collaborations with other organizations, it is proposed that the ACC rules for the grading of evidence be used for future CCS consensus conferences.

### **Procedure manual for consensus conference committees**

As consensus conferences are substantial undertakings, a manual outlining administrative procedures, and process guidelines would be beneficial for each new committee. This is a task to be undertaken by the Standing Committee on consensus conferences and staff. The manual should include the following information:

### **Methods for creating consensus conferences**

- Scope guidelines
- Timelines
- Outline of steps from beginning to publication
- Other

### **Administrative process**

- Budget parameters
- Communication process guidelines (i.e. number of meetings, emails, etc)
- Secretarial support guidelines
- Reporting guidelines (i.e. each Council meeting)
- Role and responsibilities of CCS staff
- Other (e.g. copyright transfer agreement)



## **Publication policy**

### **Draft consensus conferences**

Until 2001, draft consensus conference documents have been translated, printed and mailed to all members of the CCS so that members could provide input into each document prior to final publication. Frequently, drafts were made available to delegates at the CCS Annual Meeting prior to the consensus conference presentation at the meeting. This process was very expensive and of limited value in terms of feedback to the Primary Panel. The update of the Congestive Heart Failure consensus conference was circulated via email and feedback to the Committee was immediate and helpful.

The following process is recommended for all future new and updated consensus conferences:

- Given the availability of the CCS website and email access by most members, it is proposed that draft documents be circulated one month prior to the CCS Annual Meeting via the CCS website and email notification.
- Printed copies will be made available on an individual request basis only.
- Copies of the executive summary of the consensus conference will be available at the time of presentation at the CCS annual meeting.
- As the CCS is a national society, draft versions of the consensus documents will be available in English and French.

### **Final version of consensus conferences**

- The executive summary of the final version of the consensus conference will be published in the *Canadian Journal of Cardiology*, listing all participating authors.
- Full text of the final version of the consensus conference will be published on the CCS website. It is recommended that the consensus conference be published (either on the website or in hardcopy format) within 18 months of the first meeting of the Primary Panel.



- As the CCS is a national society, final versions of the consensus documents should be available in English and French.

### **Implementation of consensus conference recommendations**

The increasing complexity of consensus conferences has resulted in information-loaded documents that need to be formatted to address the needs of busy clinicians in their daily practice. Implementation tools and CPD initiatives can address this area in ways that a larger document cannot. Therefore, the following recommendations are made regarding implementation of consensus conference findings:

- Consensus documents will be created with the explicit understanding that the information in the document will be disseminated using practical “implementation tools” such as pocket guides, Palm-based guides CPD learning modules, etc. that encourage adaptation of the recommendations by clinicians in their practice.
- The development of implementation tools will be a role of the CPD function of the Society in consultation with the consensus conference Writing Committee.

### **Sponsorship guidelines**

- Consensus conferences are considered a core function of the CCS and therefore, the CCS should have complete ownership of each document.
- As stated in the 2000 recommendations of the CCS Sponsorship Working Group, CCS resources should fund the development of CCS consensus conferences, without support by third parties.
- Once the document has been published in its final form, dissemination and learning tools derived from the original document may be funded through unrestricted grants from third parties, as long as development of the learning tools
- has been conducted by the CCS CPD department in conjunction with the consensus conference Writing Committee.



- Publication of the consensus conferences in the *Canadian Journal of Cardiology* can be supported by advertising revenue generated by Pulsus once the final version of the consensus conference has been completed.
- Web publication is provided by Conceptis Technologies. Conceptis may generate advertising revenue in support of the dissemination of the document.

### **Intellectual property issues**

- All information contained in CCS consensus conferences is the property of the CCS.
- All consensus conference authors should sign a copyright transfer agreement prior to beginning work on the document.
- All requests for reprints or reproduction received by Pulsus, Chairs of individual consensus conferences and others should be referred to the CCS Secretariat for consideration. It is proposed that the CCS develop guidelines regarding requests for reprints and other uses of the CCS.
- The CCS should encourage the dissemination of the guidelines for use in clinical practice for the purpose of advancing the cardiovascular health and care of Canadians.

### **International co-operation**

#### **Translation into languages other than English or French**

Use by other countries of CCS consensus conferences is encouraged. However, translations vary in quality and can often change the sense and meaning of a document. It is proposed that the CCS allow translations of consensus conferences under the following circumstances:

- The translation is performed by a reputable translator.
- The translation can be read by a CCS member, when possible, for accuracy of the translation.
- The cost of the translation is borne by the requesting party.



### **Co-production with other organizations**

Co-production with other organizations includes co-writing consensus conferences with other organizations or endorsing other organization's consensus conferences.

### **Co-writing of consensus conferences**

Co-written consensus conferences may be beneficial to the CCS in many ways by:

- Supporting the development of North American guidelines (if written in conjunction with the ACC/AHA)
- Increasing the profile of the CCS internationally
- Bringing together a larger group of international specialists in a particular area
- Sharing costs on the development of consensus conferences

The CCS should consider co-writing consensus conferences when:

- the co-writing organization(s) are well recognized for quality guidelines;
- there would be a significant overlap of content if two separate documents were undertaken;
- the CCS can "Canadianize" recommendations as needed;
- the costs of the development is proportionally divided between all participating organizations.

### **Endorsing consensus conferences**

From time to time, the CCS is approached to endorse the consensus conferences of other organizations. Endorsement of consensus conferences should be considered on a case by case basis following the CCS policy on guideline endorsement.

### **Issues relating specifically to updates of consensus conferences**

Consensus conference updates are needed to communicate new information that may affect practice.



Many of the recommendations pertaining to new consensus conference topics will apply to updates with the following exceptions that will be addressed in this section:

- Timing of updates
- Chair selection
- Process for updating
- Publication/distribution of updates

### **Timing of updates**

Consensus conference updates should be undertaken upon the recommendation of the most recent Chair(s) of the most recently published consensus conference on the stated topic, or after 5 years has passed since last publication, whichever comes first. Update recommendations should be made to the Standing Committee, who will determine if the update should be undertaken. More than one topic may be updated in any given year, if there are sufficient financial resources available and the cardiovascular community requires the updates.

Most updates should be completed within one year of the confirmation of the Primary Panel.

### **Chair selection for updates**

Chair(s) of the original consensus conference should be asked to Chair the first update or recommend a replacement Chair(s). It is recommended that, for continuity, the replacement chair(s) be a CCS member who was on the Primary Panel of the original consensus conference.

Chairs of updates will choose the Primary Panel, using panel members from the original document or choosing new members as required.



### **Update process**

Generally, an update should focus on the areas of the original consensus conference where significant changes have occurred and when new information needs to be presented. As a result, the document can be significantly shorter than the original publication.

Given the availability of email and the nature of updates, it is recommended that most updates of consensus conferences be conducted by email to minimize expense and travel time.

As with new consensus conference topics, updates will be circulated by email for input prior to final publication.

### **Publication**

Updates will be published on the CCS website and in the *Canadian Journal of Cardiology*.