Beyond agreement: how is non-consensus handled in Delphi panels?

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The Problem



Delphi panels are increasingly used to synthesize expert insights and published evidence to achieve consensus. However, the pursuit of consensus may **overlook valuable insights** from areas of disagreement.

The **value of insights** derived from non-consensus is **unclear**, with guidance on handling non-consensus in Delphi panels **absent** from the ACcurate COnsensus Reporting Document (ACCORD) guideline.[1]

What Did We Do?

A targeted literature review was conducted using PubMed, to identify a prespecified threshold of **200 search results**, designed to identify recent healthcare-related Delphi studies, sorted by most recent date of publication.

Eligibility Criteria

- ✓ Original research articles, consensus manuscripts, management guidance documents, white papers, policy reports
- ✓ Full-texts reporting original Delphi research
- ✓ Related to healthcare
- ✓ In English

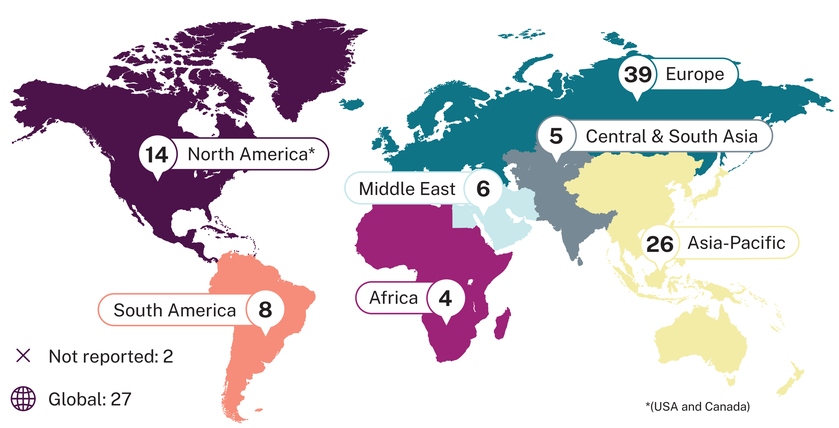
Results were qualitatively analyzed to assess how statements not achieving consensus were reported, and whether insights derived from non-consensus contributed towards the key study outputs or recommendations.

What Did We Find?

- **130 studies** were included in this analysis, covering **multiple geographies** and areas of **healthcare**.
- **70 studies** were **excluded** as they did not meet the **eligibility criteria**.
- The **majority** of included studies were published in 2024, **except one** published in 2023.

Areas of healthcare most frequently covered were:

- **Non-communicable and other chronic diseases** (17 studies)
- **Emergency and critical care** (13 studies)
- **Mental health** (13 studies)



72% 93/130 studies **reported** non-consensus statements

28% 37/130 studies **did not report** non-consensus statements

Of the **93 studies** that reported non-consensus statements:



52 studies reported non-consensus statements in the main text

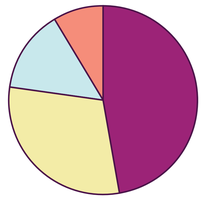


25 studies reported non-consensus statements in the supplementary materials



16 studies reported non-consensus statements in the main text and supplementary materials

- Non-consensus contributed to the discussion in **44** studies
- **13** studies reported dissent as a concluding outcome
- **8** studies further analyzed statements that did not reach consensus
- Non-consensus statements did not contribute towards any further discussion or outcomes in **28** studies



In the 8 studies that reported further discussion of statements that did not reach consensus, additional analyses were undertaken in the form of **consensus meetings**.

Following these meetings:

- One study converted statements that did not reach consensus to qualitative questions in the final Delphi round, to capture the breadth of debate amongst panellists.[2]
- One study conducted a follow-up analysis with a separate group of experts to further understand statements that did not reach consensus.[3]

Conclusions

- Our results highlight **inconsistent reporting** of non-consensus in Delphi studies.
- Although statements that did not reach consensus are typically reported, **dissent rarely contributes to further analysis** or shapes study outcomes.
- Reporting of non-consensus should form part of **best practice reporting standards**; guidance on the exploration of non-consensus in Delphi panels should also be considered.
- More research is needed to understand the **potential value of non-consensus**, such as for highlighting evidence limitations, underlying ethical disagreements or misalignment between existing guidance and real-world experience.
- Further research into how the insights derived from non-consensus findings might be applied to **support more robust healthcare recommendations** would also be valuable.

Abbreviations: ACCORD: ACcurate COnsensus Reporting Document.

Reference: [1]Gattrell WT, Logullo P, van Zuuren EJ, Price A, Hughes EL, Blazey P, Winchester CC, Tovey D, Goldman K, Hungin AP, Harrison N. PLoS Med. 2024;21(1):e1004326; [2]Hrincu V, Roy KT, Robillard JM. Alzheimer's & Dementia: Translational Research & Clinical Interventions (TRCI). 2024;10(3):e12496; [3]Toro L, de Valk H, Zanetti L, Huot C, Tarantola A, Fournet N, Moulin L, Atoui A, Gassilloud B, Mouly D, Jourdain F. EuroSurveillance. 2024;9(28):2400231. **Acknowledgements:** The authors thank Ben James, Costello Medical, for graphic design assistance. The authors thank Orla Woodward, PhD, Costello Medical, for medical writing support.

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