BJSM Author Guidelines for Consensus Statements

Structure and Core Requirements

The following sections outline core requirements for consensus statements, position statements, and clinical guidelines submitted to BJSM. We recognize each statement will have unique features and the final format for optimal presentation may vary. However, the absence of any of the following required sections should be explained within the manuscript and noted in the cover letter to the Editor.

- Abstract
- Key Points (Box)
- Introduction
- Methods
    - Panel Selection
    - Evidence Review
    - Consensus Process
- Results or Recommendations
    - Dissenting Viewpoints or Areas of Disagreement
- Discussion
    - Clinical, Research, or Policy Implications
    - Limitations
- Conclusion

Details and Considerations

ABSTRACT

- Abstracts can be unstructured (max 250 words) but should provide the rationale and objective of the statement, a short summary of the methods, and key findings or recommendations.

KEY POINTS (Box)

- Please provide a key points section or executive summary with up to 10 bullets.
- Key points should include at least one key takeaway clinical or research message.

INTRODUCTION

- In ≤3 paragraphs, please provide the relevant background, rationale, and objective/scope of the consensus statement.
- Clearly state the target patient population (e.g., sex, age, clinical condition, stage of disease) and excluded population(s), the target end user, and the purpose of the statement (e.g., to inform clinical decision-making, diagnosis, management, research or policy).

METHODS

Panel Selection

- This is a critical area left out of many consensus papers. The composition and selection of the panel for consensus or guideline development is vital to ensure balanced perspectives and account for

potential bias. Are there panelists who bring distinct perspectives through their expertise, academic backgrounds, and/or lived experiences? Please describe how the panelists were selected.

- Does the consensus panel involve members from equity-deserving groups including but not limited to women, Black, Indigenous, people of colour, people with disabilities, and LGBTQIA+? If there is not adequate diversity, please explain why not.
- Are there representatives from different medical specialties and/or organizations? Do the panelists have different levels of practice/research experience and viewpoints? (Imagine, for instance, the potential bias of a consensus statement evaluating the role of a screening tool where all members of the panel support use of that tool and none oppose it. Or consider a consensus panel evaluating best management for a sports injury, but the entire panel is made up of only one SEM discipline, e.g., surgeons, physiotherapists, or physicians).
- Are athletes, patients or other stakeholders included in the consensus process? How are patients and the public engaged, and did they have equal voting rights?
- If a steering committee was involved in the recruitment and selection of the panel, please note if the steering committee acted as experts on the panel or were impartial to the process.

Evidence Review

- What were the methods for the evidence review and synthesis? Report the search strategy and search terms as well as the criteria used to select evidence. If an evidence review was not performed, please justify why.
- Was the evidence review used to formulate recommendations or provide context to panel members when developing the consensus? How was the panel provided the evidence synthesis and was there time and a process to comment?
- Was the quality, risk of bias, or level of evidence of the studies evaluated? How were the risk of bias tools selected?
- Was a specific reporting guideline followed? Please consider:
    - CREDES (for Delphi methods)
    - AGREE II (for clinical guidelines)

Consensus Process

- Please describe the process to reach consensus. Was a specific consensus process selected (such as the Delphi method or RAND-UCLA approach) and did you deviate from the expected methodology? If deviations from the agreed methods were made, please describe and justify why.
- Were the criteria for achieving consensus set *a priori*? What percentage agreement was used to define consensus and why?
- Was the voting anonymous? If not, how were power imbalances within the panel accounted for to ensure all voices had an equal and uninhibited vote?
- Did the panel meet (in-person and/or virtually) and is a summary of the discussion or key controversies presented?
- Was consensus unanimous? If not, how are the dissenting opinion or areas of disagreement recognized in the statement? Where evidence is inconclusive and consensus not unanimous, are divergent opinions presented so readers can make up their own mind? Please consider a short section in the Results to present the “Dissenting Viewpoint” or “Areas of Disagreement” if appropriate.

RESULTS or RECOMMENDATIONS

- This is the main substance of the paper.
- Please report the number of participants, and the stakeholder groups involved at each stage of the consensus process.
- Please report the level of agreement amongst the panel for each of the recommendations.
- Please report the strengths and limitations of the evidence, including the level of evidence, quality, and risk of bias if assessed.
- As appropriate, please provide a short section summarizing the "Dissenting Viewpoint" or "Areas of Disagreement", including the proportion of panelists with dissenting viewpoints where relevant.
- Please provide a plain language summary (can be included as a supplement).

DISCUSSION

<u>Clinical, Research or Policy Implications</u>

- Within the discussion, please include a section on "Clinical Implications" (or "Research Implications" or "Policy Implications" if appropriate) of the findings if not adequately represented within the Results/Recommendations section.
- Consider discussing the potential benefits and harms of the recommendations, as well as the facilitators and barriers to application.

<u>Limitations</u>

- Is there a potential bias based on the panel selection?
- What are the limitations of the evidence review?
- Was the patient's voice included in the consensus process? Please consider all stakeholders interested or impacted by the statement.
- Describe the indications and/or suggested timepoints for updating the statement.

CONCLUSION

- Provide a succinct summary of key messages. This should include the key clinical (or research) takeaway message.