

How a One-Day Consensus Conference Works

A One-Day Consensus Conference takes a diverse group of stakeholders with varying amounts of knowledge about and interest in a topic and puts them on a level playing field so they can reach consensus on some decision that needs to be made. The process allows each participant a full and fair opportunity to influence the outcome, even when a large number of people need to be consulted. Consensus conferences are designed to minimize or eliminate some negative things that can happen when diverse groups interact, such as domination of the discussion by one or two influential or high-ranking people. They can also be more efficient, stimulating and rewarding for participants than alternative processes such as brainstorming sessions and formal committee meetings.

The Process

To understand a One-Day Consensus Conference, it helps to examine the thinking behind each of its parts:

Briefing Materials: Participants are sent briefing materials well in advance of the consensus conference. The materials are carefully prepared to present an objective summary of the matter to be discussed, including such things as the history of the problem, current statistics, and pro-and-con accounts of solutions tried in other times and places. Lack of knowledge is a key obstacle to people's full and fair participation in a discussion; the briefing materials help eliminate that obstacle.

Small-Group Discussion to Draft Questions: Participants are randomly assigned to small groups of 6-12 people, with whom they will meet twice during the conference. At the first meeting, small-group members have a broad discussion of the issue at hand, drawing heavily on the briefing materials. They ask each other questions about the briefing materials. Drawing on their own experiences and expertise, they offer additional information to the group that was not covered in the briefing materials. They determine what they still need to know in order to make a good decision, and work together to draft questions to ask a panel of experts. They submit their questions to a moderator, who combines duplicates in preparation for the upcoming Q&A with Experts segment.

Q&A with Experts: Each small group sits together in a large room with the other small groups. The moderator calls on groups in turn to ask their questions. (Each group selects a spokesperson or two.) An invited panel of subject experts chosen for their knowledge and their commitment to speak objectively answers the questions. The moderator works to ensure questions are answered to everyone's satisfaction, prompting the experts for more details as necessary.

Small-Group Discussion to Draft Priorities: Small-group members return to their meeting rooms for an in-depth discussion of the consensus conference objective. Each small group works together to draft several priorities for achieving the objective (e.g. this action should be taken; money should be spent this way; etc.). They submit their priorities to a moderator, who

compiles every group's submissions and uses them to create a ballot in preparation for the upcoming Large Group Discussion segment.

Large-Group Discussion: Participants again return to the large room for the final segment of the conference. Small groups sit together again at the same tables. Each participant rank-orders the priorities on the ballot, which includes his or her own group's ideas and those of other groups. The moderator tabulates the ballots quickly and displays a bar graph of the results. The assumption is that this first ballot will show high levels of agreement between participants. If it does not, the moderator leads a discussion aimed at reaching consensus, or a high level of agreement if consensus can't be reached in the time allowed. Additional ballots are taken if necessary.

History of Consensus Conferences:

The One-Day Consensus Conference is a shortened version of a process begun about 30 years ago to make important medical decisions. The National Institutes of Health developed a "consensus development conference" in 1977 to "produce evidence-based consensus statements addressing controversial issues in medicine important to health care providers, patients, and the general public."¹ To avoid possible conflicts of interest in making recommendations, organizers select unbiased panelists who are highly regarded in their own fields of expertise but not closely tied to the subject. Recent NIH conferences have dealt with producing "state of the science" reports on Cesarean delivery, chronic insomnia, menopause, and improving end-of-life care.

While the NIH is still using the process several times a year, consensus conferences have seen the greatest development in Europe. In the late 1980s the Danish Board of Technology adapted the process to involve lay citizens, aiming to help lawmakers understand the social context of emerging technologies and create an informed public debate about technology.² The Danes have applied the model recently to teleworking, electronic surveillance, and road pricing. Elsewhere, the most popular consensus conference topic has been genetic modification of food.³

In 2006 the Nebraska Health and Human Services System Injury Prevention Program, the Injury Community Planning Group (ICPG), and the Nebraska State Suicide Prevention Committee used the One-Day Consensus Conference process at their Nebraska Suicide Prevention Symposium. According to the symposium report,

The Prevention Committee had in 1999 developed a broad-based Suicide Prevention Plan (revised in 2004) it viewed as a vision for suicide prevention, but no action was taken on the plan because of a lack of funding. ... Knowing that granting agencies look for stakeholder buy in when making funding decisions, the committee decided that building widespread stakeholder consensus at the Symposium would position Nebraska well to obtain the funds necessary to reduce injuries and death from suicide in our state.⁴

¹ <http://consensus.nih.gov/FAQs.htm>

² Hendriks, Carolyn M. 2005. "Consensus Conferences and Planning Cells." In Gastil, John, and Peter Levine, eds., *The Deliberative Democracy Handbook: Strategies for Effective Civic Engagement in the 21st Century*. San Francisco: Jossey-Bass.

³ Hendriks, "Consensus Conferences and Planning Cells."

⁴ Fulwider, John M. 2006. "Recommendations for Suicide Prevention in Nebraska: A Report on the Nebraska Suicide Prevention Symposium," p. 4. Available online: <http://www.hhs.state.ne.us/hew/hpe/Suicide-Prevention-NE-Report.pdf>

How the One-Day Consensus Conference Differs from Other Consensus Conferences:

The Danish consensus conference procedure employs eight days of discussion over a period of three months. The NIH's conferences typically take 2½ days. In compressing the consensus conference into one day, we have had to eliminate one key aspect: the writing of a report during the conference by the participants themselves. Instead, the moderator of the large-group discussion writes a report based on the priorities selected in the large-group discussion, information gleaned from a debriefing session with the small-group facilitators, and a review of notes taken by the small-group assistants. The moderator e-mails the draft report to every participant and accept comments by e-mail for a two-week period before preparing a final report and submitting it to the One-Day Consensus Conference's sponsor.