

COHESIVE interim results of Round 1 Delphi survey



-HEALTHCARE PROFESSIONALS-

Summary

The aim of COHESIVE (Core Outcomes for early pHasE Surgical Innovation and deVicEs”) is to develop reporting guidelines and a core outcome set (COS) for new surgical procedures and devices. A COS is an agreed minimum set of outcomes that are measured and reported in all new surgeries. Before new medicines can be introduced into clinical practice, they undergo rigorous testing and this process is highly regulated. New medical devices are also regulated before they can be widely used, though ways of assessing their safety and performance vary, and standardisation of what is reported is also lacking. New surgical procedures are, however, even less regulated. There is uncertainty and inconsistency around what outcomes should be monitored and reported to evaluate them, which can compromise patient safety and lead to inefficiencies.

A vital part of this project is a multi-stakeholder Delphi survey, consisting of two rounds of online questionnaires. Healthcare professionals and patients internationally were invited to take part in Round 1 of the survey. This brief report summarises the response profile of participants self-identified as healthcare professionals (henceforth referred to as ‘professionals’).

The COHESIVE study is being conducted by the NIHR Bristol Biomedical Research Centre and is part of a research agenda which aims to develop better methods for selecting, measuring and reporting outcomes of surgical innovation. The NIHR Bristol Biomedical Research Centre is a partnership between University Hospitals Bristol NHS Foundation Trust and the University of Bristol.



Recruitment and response rate

The COHESIVE Delphi survey Round 1 was conducted between 11th July and 15th September 2019. Professionals (surgeons, industry and regulatory body representatives, journal editors, methodologists, academics) were asked to respond to an online survey about reporting guidelines and outcomes across four different stages of surgical innovation (as proposed by IDEAL). Respondents were asked to rate the importance of 52 reporting items and 32 outcomes.

Recruitment relied on word-of-mouth and snowballing. Members of the COHESIVE Study Steering Group and the research team had identified contacts in their network to distribute the link to. Partner organisations and 121 associations, societies and trial centres were contacted to help disseminate recruitment materials. A breakdown of first contacts by type of organisation can be found in Table 1. Targeted posts on social media which were aimed at relevant stakeholders were used to promote the study to an international audience. During the study period of 71 days, the COHESIVE study Twitter account totalled 50.8K impressions, achieving 268 clicks to the weblink where the survey was hosted. In total, 197 likes and 162 retweets were made by professionals and patients, totalling an average engagement rate of 1.8% per post.

Associations and societies of surgical specialties	115
Surgical trial centres and trial networks, related surgical studies	7
NIHR Biomedical Research Centres in surgery and oncology	>2
Internationally highest-ranking surgical journals	31
Study steering group members	26

Table 1 Number of unique contacts approached by type of organisation/partner

In total, 384 professionals have attempted the COHESIVE Round 1 Delphi survey, representing the majority of responses (54.6%) when taking into account responses received by patients. Of those, 202 responses were fully and 95 were partially completed which resulted in 297 responses to be eligible to be invited to complete Round 2 of the Delphi. A summary of response rate for professionals can be found in Table 2.

	N	Total Round 1 (%)	Total professionals (%)	Round 2 eligible (%)
Total attempts	384	54.6	100	-
not completed	87	40.5	22.7	-
Completed & partially completed (R2 eligible)	297	60.9	77.3	100
partially completed	95	61.3	24.7	32.0
completed responses	202	60.7	52.6	68.0

Table 2 Summary of responses and drop-outs



Demographic details

The study aimed to recruit a diverse sample of international professionals. Distribution of age, gender and living area can be seen in Figures 1-3. The majority of participants were aged between 30 and 50 (60%). There was a higher representation of male participants (72%).

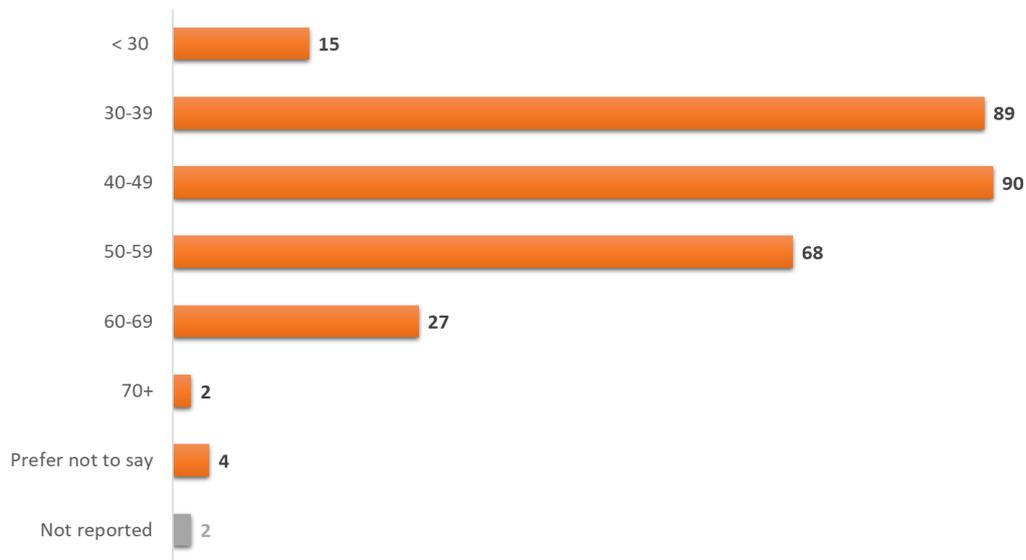


Figure 1 Age range distribution, n=297 (Question: How old are you?)

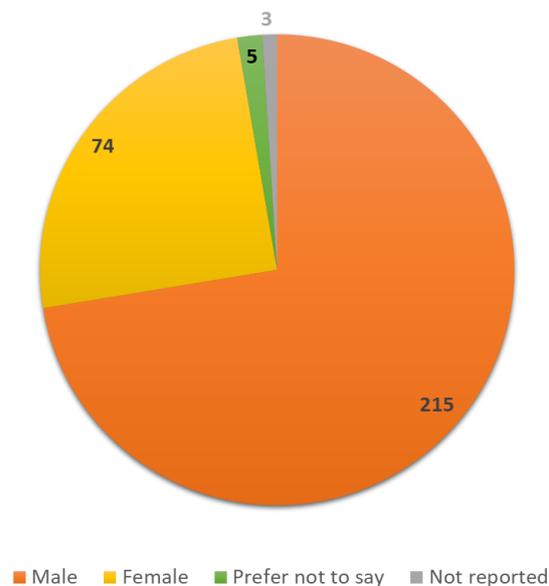


Figure 2 Gender split, n=279 (Question: Are you?)



Participants represented all continents and almost all geographical regions targeted in the recruitment strategy. Approximately half of the respondents were residents of the United Kingdom (48%), followed by the United States of America (10%). This is likely to be due to the recruitment strategy but also a likely consequence of language restrictions which require a good command of English to complete the survey.

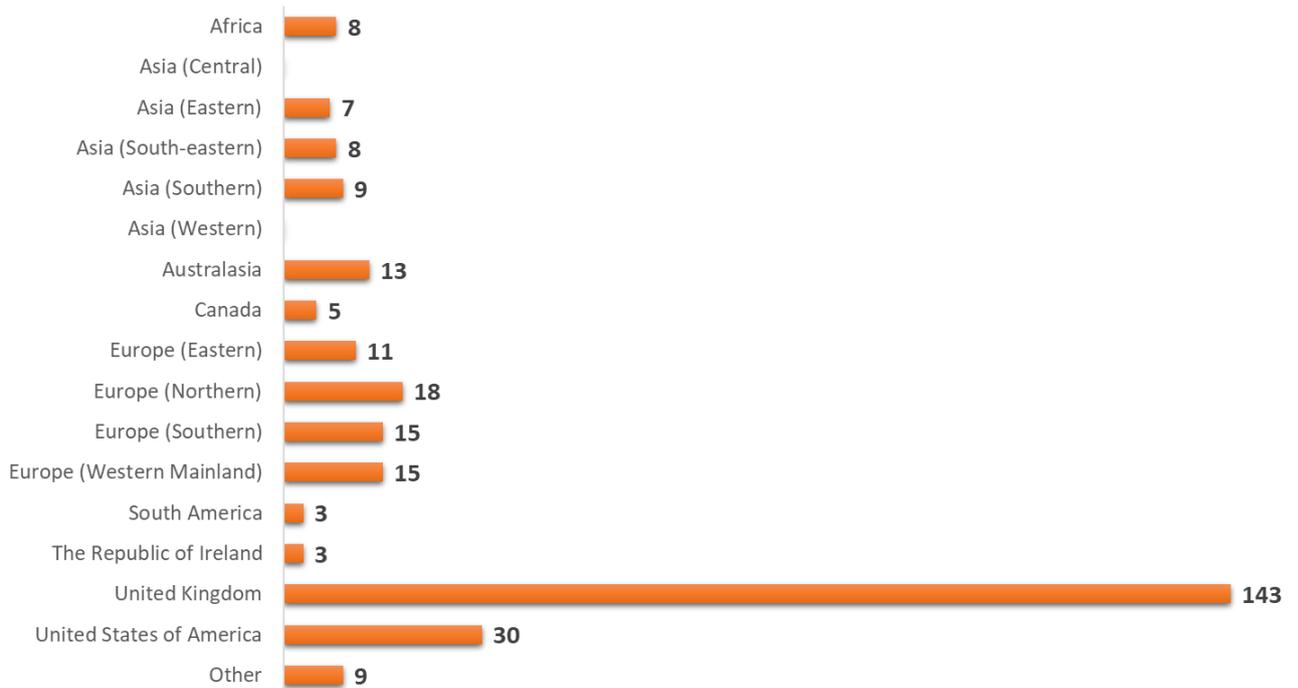


Figure 3 Country of residence, n=297 (Question: In what country/region do you live?)



Profession-specific details

Participants represented all categories of professional specialties¹ (see Figure 4). Most responses were received from surgeons (60%) of which over half had more than 10 years of experience (Figure 5). Researcher, academic, trialist, methodologist was the second largest category amongst survey respondents (26%). Fewer responses were received from anaesthetists (0.3%) and allied healthcare professionals (2%).

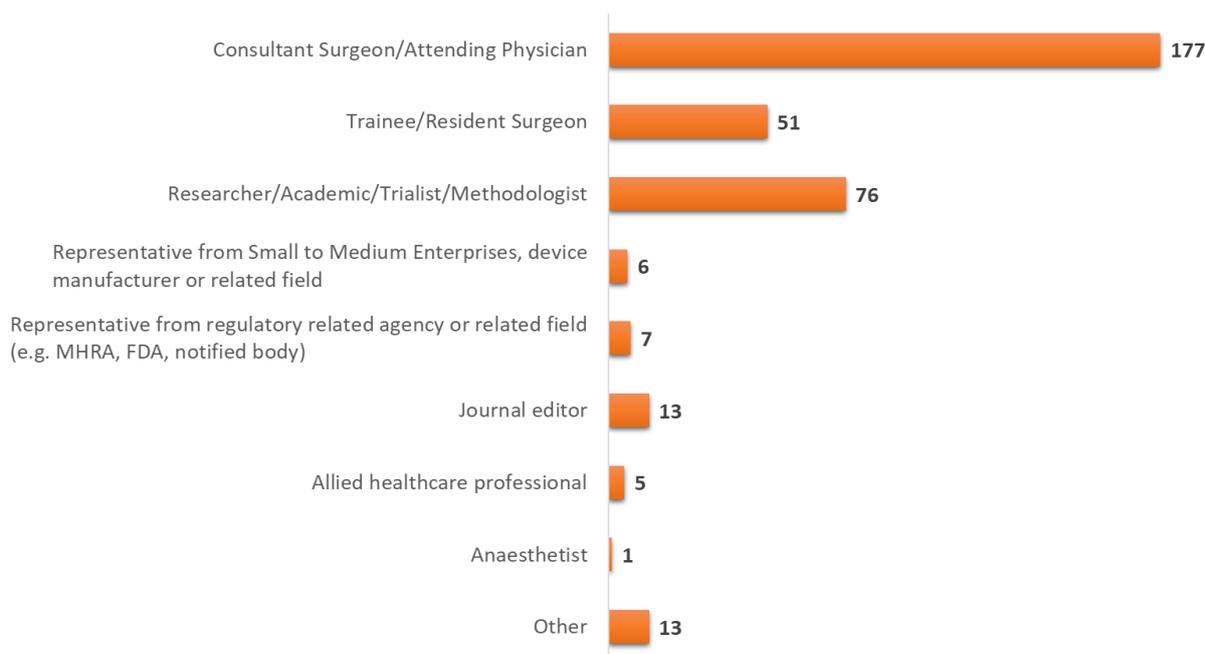


Figure 4 Professional specialty, n=349 (Question: Professional specialty [please tick all that applies])

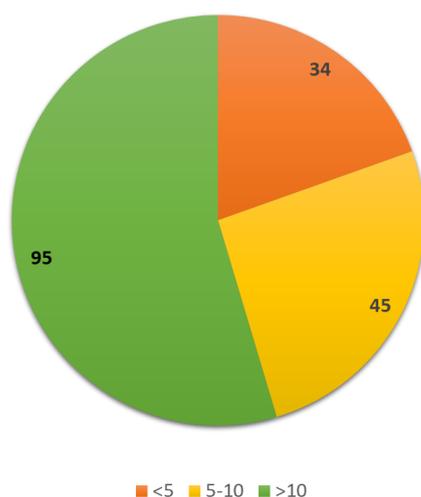


Figure 5 Years of surgical experience, n=174 (Question: How many years have you been a consultant surgeon/attending physician?)

¹ Categories are broadly representative of audiences targeted in the recruitment strategy but may not correspond to the variety of existing professional specialties in the academic and clinical domain.



Targeted recruitment was able to achieve representation of all clinical specialties (see Figure 6)². Responses saw a high number of professionals practicing general surgery (19%) and colorectal surgery (18%). Cardiac, ophthalmic and oral and maxillofacial were among the specialties with the fewest responses with only two participants per category.

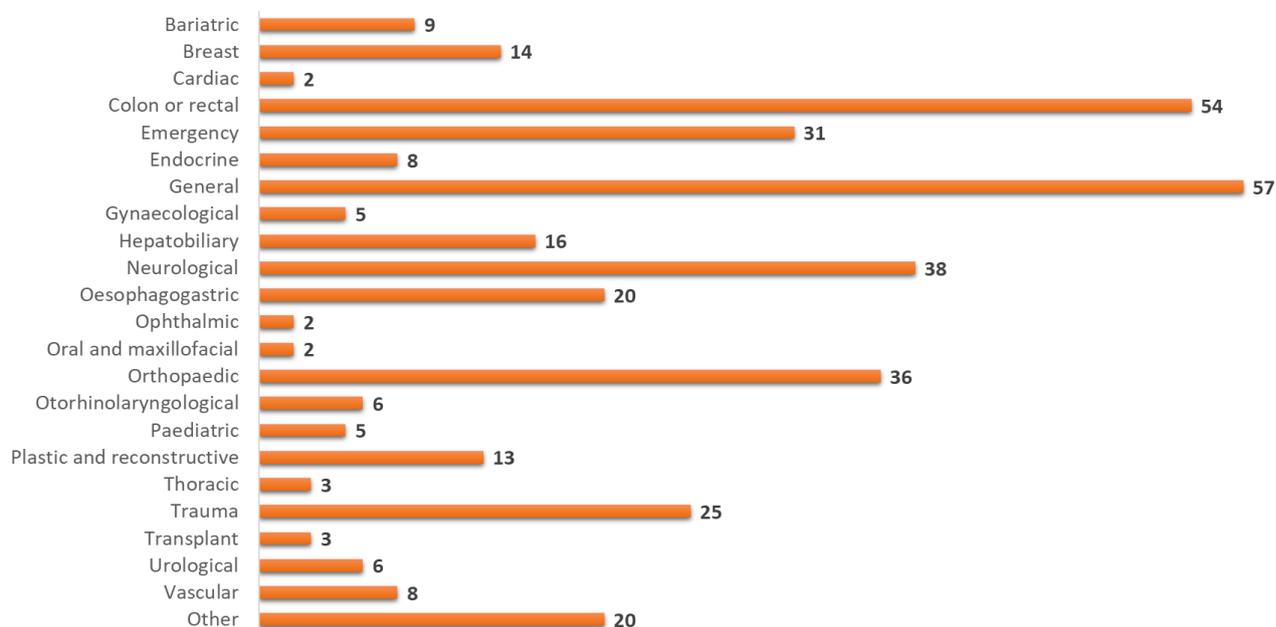


Figure 6 Clinical specialty, n=383 (Question: *What type of surgery best describes your practice?*)

² Question answer options for clinical specialty were selected to represent the most commonly used categories of surgical specialty and are in accordance with divisions suggested by the American College of Surgeons (USA) and Royal College of Surgeons (UK).



Acknowledgements

The COHESIVE study research team would like to acknowledge the important role of partner organisations, Study Steering Group members and individuals affiliated with the research centre in the recruitment process. Their digital and non-digital endorsement is greatly appreciated. A number of individuals have dedicated generous time and effort to disseminating the survey link to patients and professionals and deserve a special mention: Sarah Squire and Pete Woodhouse (patient representatives), Mimoza Hoti (NIHR), Zorana Maravic (Digestive Cancers Europe), Julia Ambler (Bowel Cancer UK), Benjamin Davies and Oliver Mowforth (Recode). Organisations will be mentioned in the acknowledgement section of all future publications.



If you have any queries, please get in touch with us using the contact information below.

Dr. Kerry Avery, Ms. Shelley Potter & Prof. Jane Blazeby

NIHR Bristol Biomedical Research Centre
Bristol Medical School, University of Bristol
39 Whatley Road, Bristol, BS8 2PS

Kerry.Avery@bristol.ac.uk and Shelley.Potter@bristol.ac.uk