■ EDITORIAL

Is this the era of consensus?

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The Bone & Joint Journal seeks to provide the highest possible level of evidence. However, there are several complex issues, such as, for instance, the management of deep periprosthetic infections, where so many disparate views exist that consensus is a necessary starting point.[1,2] The consensus principle is underused in the orthopaedic community, but has great potential in an era where many informed international voices should be heard. Such a tool may protect surgeons and patients from guidelines that are narrow in scope and potentially based on limited, flawed or biased data and opinions.

The principles of decision making by consensus are well known. There are four broad requirements.[3-5] First, the consensus must be inclusive. As many members of the community must be involved as possible, and no expert in the field should be intentionally excluded. All parties are expected to participate fully and to contribute in a variety of roles to the final decision. Secondly, cooperation is essential. The participants need to build on each other's suggestions and concerns to formulate recommendations that adhere to the published evidence and expertise of the parties involved. It is important not to ignore the minority. Thirdly, egalitarianism is important. The input of the loud expert should not be greater than that of their quieter colleague. Everyone should have an equal opportunity to amend or veto ideas. Fourthly and potentially most importantly, the goal of a consensus must remain orientated towards a solution. An effective decision making body works towards a common solution despite differences, collaboratively shaping proposals until they meet as many of the participants' views and concerns as possible. That may, of course, mean that there is no clear consensus other than that there are residual unanswered questions.

The consensus process involves a collaborative inclusive discussion, rather than an adversarial debate. As such, it is more likely to reach common ground, but the answers may have a number of perspectives to them rather than having the clarity that some desire. Even if a consensus meeting does not generate the final answer, it will usually lead to the formation of interested groups to work together collaboratively to study unanswered questions. Of prime importance when designing a consensus meeting is determining who the target audience is. It is important to identify all relevant interested parties, inform them, drill down to the key topic in focus, decide how narrow or how wide that should be, gather the literature and start to formulate the right questions. The process must be inclusive and achievable within a given time frame and must have clear rules at the outset. Some groups require everyone to consent if a proposal is to be passed. Others will rely on a majority or a vote. Sometimes statements have to remain open ended.

In addition, it is essential to understand that a member of a working group may consent to a consensus proposal in order to allow an international perspective, while accepting that it is not their first choice of methodological approach.

Parvizi, Gehrke and Chen[2] are to be congratulated on the concept of the International Consensus on Periprosthetic Joint Infections. Their Specialty Update is a reminder of the increasing importance of this problem. The document that was produced illustrates the great strengths of a worldwide approach, but at the same time shows the limitations of a project based on interpretation of the literature where many questions remain unanswered.

The meeting was a fascinating learning experience involving representatives of the orthopaedic community from many diverse parts of the world. We should reflect on some of the highlights of the meeting. Only one statement reached 100% agreement: the number of people in the operating theatre during an

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