



Methodology for Development of 'Top 5' Lists

The Delphi method of systematic and interactive surveying of expert opinion underpins the EVOLVE initiative. Key components of this method are:

- i) **A well designed and structured consultative process**
 - Each Specialty Society, Division, Faculty or Chapter should convene a Working Party of experts, or where this is not possible, one or two Lead Fellows able to work with the College on reviewing successive iterations of each specialty's list.
 - At least one of the consultations should be with the broader membership base of the Specialty Society, Division, Faculty or Chapter and not just the Working Party or Lead Fellows.

- ii) **A transparent and robust methodology of evidence/literature review combined with data analysis for formulating and refining lists based on physician input**
 - Start with a longer list of items compiled from combining previous findings on 'low value' care with suggestions from Lead Fellows and/or broader membership.
 - Perform transparent and auditable literature review of each item on initial list.
 - Shortlist the items on initial list based on relevant criteria agreed to in advance. Some suggested criteria for shortlisting is provided below:
 - Materiality - How widespread is utilisation of the specific item in the healthcare system? How much difference will it make to healthcare costs if the item is used more appropriately?
 - Growth in usage over time and other usage patterns.
 - Strength of evidence for retention in the list. This will be determined by the proportion of studies found about the item confirming its 'low value' and the quality of each study.
 - The 'gold standard' in terms of quality should be systematic reviews and meta-analyses, particularly of randomised controlled trials (RCTs), consistent with the well accepted 'hierarchy of evidence' in biomedical science. Moreover, relying on the results of systematic reviews and meta-analyses would also reduce unnecessary replication of work already done.
 - However this is bearing in mind that this is not feasible for all items nor is it feasible for all items to be assessed based on RCTs (e.g. diagnostic tests where evidence is more likely to consist of cross-sectional studies).

- Recirculate the shorter list for further feedback and review, and repeat process until a 'top 5' is agreed to