A Three Tiered Evidence-based Consensus Process
The process used to develop the following chapters involves three levels of consensus. Each chapter is developed first through a seed statement from a seed panel composed of 5-7 panel members that review the best available evidence. Seed statements are then reviewed by a 9-15 member nominal panel that reviews all chapters for consistency, continuity and to minimize redundancy. The final review is by a 100-member Delphi panel that reviews one or all chapters and participates in the consensus process by mail.

Panel Selection
Selection of panel members is made by the Steering Committee based on the following criteria:

A. Geographical representation
B. Philosophical representation
C. Gender representation
D. Practice experience representation

Where possible a balance of each population identified will be included. To facilitate frequent meetings balanced geographical representation is not always possible at the seed panel level.

Challenges to the Consensus Process
Challenges to the consensus process have included lack of differentiation between guidelines and standards, political opposition to guideline development, limited resources, and a scarcity of quality evidence.

Standards versus Guidelines
Despite peer reviewed publication of a paper by two steering committee members and one nominal panel member that differentiated between guidelines and standards, there remains the perception by many that guidelines are synonymous with standards. This in part is due to the inappropriate use of guidelines as absolute standards by third party payers and attorneys. While this utilization of guidelines is not consistent with the defined use of these terms in the literature, the process has been hampered by the fear that development of guidelines will lead to misuse.

Guidelines are considered to be recommendations that allow for flexibility and individual patient differences. Standards are more binding and require a high level of supporting evidence. While guidelines serve as educational tools to improve the quality of practice, standards that outline minimum competency are used more as administrative tools on which to base policy. Confusion generated by poor differentiation of guidelines from standards therefore contributes to mistrust of the guideline process. Because of this challenge the updated Oregon Practice and Utilization Guidelines document is referred to as a Manual for Evidence Based Chiropractic Practice. Where applicable, standards are clearly stated.
**Political Opposition**

Opposition to updating the Oregon practice and utilization guidelines by representatives of one political organization is an ongoing challenge to the process. A concerted attempt by members of the steering committee, the OBCE and members of the profession to engage these individuals in continued participation in the process has been made, emphasizing that the way to ensure that the process is inclusive is to participate. Various claims regarding lack of inclusion of evidence or changes in seed statements as they proceeded through the process could have been easily addressed and resolved if these individuals would have communicated their concerns in a timely manner and continued their participation. At all times the process has worked to improve seed statements as they achieved consensus through the seed panel, nominal panel and Delphi process.

**Resources**

A challenge to the current process is the lack of adequate resources to fully support an ambitious effort. A grant application for outside funding was not successful and a request for additional funding from the OBCE was not approved by the 2001 Legislative Session. This prevented contracting with a project manager as planned, contributing to slower progress.

However, the process has proceeded with strong support from numerous Oregon chiropractors who have contributed their time and energy to review evidence, draft seed statements, and attend meetings or review drafts sent to them by mail. The OBCE has supported this effort by providing meeting space, mailings, and printing services within its current budget.

**Lack and Quality of Evidence**

The greatest challenge to evidence-based practice is the lack of evidence. This is true of all health care professions. This has been especially acute for the chiropractic profession that has long been denied external funding. It is only in the recent past that significant federal funding has been applied to the study of chiropractic. This has created a problem of legitimization in which the science of chiropractic has been evaluated through the lens of the medical paradigm.

**Paradigm**

A paradigm is a socially constructed disciplinary matrix, grounded on habits of mind and webs of belief. It is characterized by symbolic generalizations, shared models and shared values. It includes concepts, perceptions, and techniques shared by a scientific community and used by that community to define legitimate problems and legitimate solutions. A paradigm is useful as both a plan of action and a lens through which the chiropractor views the patient. The chiropractor is thus provided with a worldview through which the science of chiropractic can advance, in the patient’s interest.