Attachment 1: ACCORD checklist

Item no.	Department	Checklist item (*help text*)	Section
T1	**Title**	Identify the article as reporting a consensus exercise and state the consensus methods used in the title. *For example, the Delphi method or the nominal group technique.*	Title
I1	**Introduction**	Explain why a consensus exercise was chosen over other approaches.	2. Methods
I2		State the aim of the consensus exercise, including its intended audience and geographical scope (national, regional, global).	1.3 Objective
I3		If the consensus exercise is an update of an existing document, state why an update is needed, and provide the citation for the original document.	n.a. – This position paper is not an update of an existing document, but rather a new development that builds significantly on the POiL position paper on core competencies of teachers in undergraduate training and applies it to the postgraduate medical training context
M1	**Methods** Registration	If the study or study protocol was prospectively registered, state the registration platform and provide a link. If the exercise was not registered, this should be stated. *Recommended to include the date of registration.*	We did not register a study protocol.
M2	Selection of SC and/or panellists	Describe the role(s) and areas of expertise or experience of those directing the consensus exercise. *For example, whether the project was led by a chair, co-chairs or a steering committee, and, if so, how they were chosen. List their names if appropriate, and whether there were any subgroups for individual steps in the process.*	2.1 Working Group; Attachment 2
M3		Explain the criteria for panellist inclusion and the rationale for panellist numbers. State who was responsible for panellist selection.	n.a. - There was no external recruitment of panellists with separate inclusion criteria as the consensus process took place within the existing working group of the two committees of the Association for Medical Education (GMA): POiL (Personal and Organizational Development in Teaching) and postgraduate medical training
M4		Describe the recruitment process (how panellists were invited to participate). *Include communication/advertisement method(s) and locations, numbers of invitations sent, and whether there was centralised oversight of invitations or if panellists were asked/allowed to suggest other members of the panel.*	n.a. – see M3
M5		Describe the role of any members of the public, patients or carers in the different stages of the study.	n.a. - *No involvement of patients, relatives or members of the public*
M6	Preparatory research	Describe how information was obtained prior to generating items or other materials used during the consensus exercise. *This might include a literature review, interviews, surveys, or another process.*	2.2 Existing resources for the development of the competency framework

Attachment 1 to Steinweg B, Sonntag U, Bennett F, Fehr F, Hahn EG, Kollewe T, Kunisch R, Hennel EK. *A competency framework for programme directors, teachers and clinical supervisors in postgraduate medical training: A position paper by the committees for personnel and organizational development in teaching (POiL) and postgraduate medical training (WB) of the DACH Association for Medical Education (GMA).* GMS J Med Educ. 2026;43(7):Doc100. DOI: 10.3205/zma001894

M7		Describe any systematic literature search in detail, including the search strategy and dates of search or the citation if published already. Provide the details suggested by the reporting guideline PRISMA and the related PRISMA-Search extension.	n.a. - No systematic literature search was carried out. Information was gathered through the targeted review of well-known key publications and framework documents (position paper of the Committee on Personal and Organizational Development in Teaching (POiL), checklist of the German Society of General Practice and Family Medicine (DEGAM), framework recommendations of the German Medical Association (BÄK), standards of the World Federation for Medical Education(WFME)), known to the working group by virtue of their specialist expertise (see M6)
M8		Describe how any existing scientific evidence was summarised and if this evidence was provided to the panellists.	2.2 Existing resources for the development of the competency framework
M9	Assessing consensus	Describe the methods used and steps taken to gather panellist input and reach consensus (for example, Delphi, RAND-UCLA, nominal group technique). *If modifications were made to the method in its original form, provide a detailed explanation of how the method was adjusted and why this was necessary for the purpose of your consensus-based study.*	2.3 Specific steps in the development process
M10		Describe how each question or statement was presented and the response options. State whether panellists were able to or required to explain their responses, and whether they could propose new items. *Where possible, present the questionnaire or list of statements as supplementary material.*	2.3 Specific steps in the development process
M11		State the objective of each consensus step. *A step could be a consensus meeting, a discussion or interview session, or a Delphi round.*	Attachment 4
M12		State the definition of consensus (for example, number, percentage, or categorical rating, such as ‘agree’ or ‘strongly agree’) and explain the rationale for that definition.	2.3 Specific steps in the development process
M13		State whether items that met the prespecified definition of consensus were included in any subsequent voting rounds.	2.3 Specific steps in the development process
M14		For each step, describe how responses were collected, and whether responses were collected in a group setting or individually.	2.3 Specific steps in the development process
M15		Describe how responses were processed and/or synthesised. *Include qualitative analyses of free-text responses (for example, thematic, content or cluster analysis) and/or quantitative analytical methods, if used.*	2.3 Specific steps in the development process
M16		Describe any piloting of the study materials and/or survey instruments. *Include how many individuals piloted the study materials, the rationale for the selection of those individuals, any changes made as a result and whether their*	4. Discussion

		responses were used in the calculation of the final consensus. If no pilot was conducted, this should be stated.	
M17		If applicable, describe how feedback was provided to panellists at the end of each consensus step or meeting. *State whether feedback was quantitative (for example, approval rates per topic/item) and/or qualitative (for example, comments, or lists of approved items), and whether it was anonymised.*	n.a. – During the work meetings, feedback was provided directly within the group discussions; there was no separate, structured mechanism regarding feedback following each session.
M18		State whether anonymity was planned in the study design. Explain where and to whom it was applied and what methods were used to guarantee anonymity.	n.a. – Anonymity was not part of the study design. The consensus meetings were held on a non-anonymized basis, and all participants were able to express their views openly.
M19		State if the steering committee was involved in the decisions made by the consensus panel. *For example, whether the steering committee or those managing consensus also had voting rights.*	2.1 Working group
M20	Participation	Describe any incentives used to encourage responses or participation in the consensus process. *For example, were invitations to participate reiterated, or were participants reimbursed for their time.*	2.1 Working group
M21		Describe any adaptations to make the surveys/meetings more accessible. *For example, the languages in which the surveys/meetings were conducted and whether translations or plain language summaries were available*.	n.a.
RI	Results	State when the consensus exercise was conducted. List the date of initiation and the time taken to complete each consensus step, analysis, and any extensions or delays in the analysis.	Attachment 4
R2		Explain any deviations from the study protocol, and why these were necessary. *For example, addition of panel members during the exercise, number of consensus steps, stopping criteria; report the step(s) in which this occurred.*	n.a. – There were no deviations from the study protocol as no prospective study protocol was registered (see M1)
R3		For each step, report quantitative (number of panellists, response rate) and qualitative (relevant socio-demographics) data to describe the participating panellists.	Attachment 4
R4		Report the final outcome of the consensus process as qualitative (for example, aggregated themes from comments) and/or quantitative (for example, summary statistics, score means, medians and/or ranges) data.	Attachment 3; Table 2
R5		List any items or topics that were modified or removed during the consensus process. Include why and when in the process they were modified or removed.	2.3 Discussion of substantive issues
D1	Discussion	Discuss the methodological strengths and limitations of the consensus exercise. *Include factors that may have impacted the decisions (for example, response rates, representativeness of the panel, potential for feedback during consensus to bias responses, potential impact of any non-anonymised interactions).*	4. Discussion

D2		Discuss whether the recommendations are consistent with any pre-existing literature and, if not, propose reasons why this process may have arrived at alternative conclusions.	4. Discussion
O1	Other information	List any endorsing organisations involved and their role.	Support
O2		State any potential conflicts of interests, including among those directing the consensus study and panellists. Describe how conflicts of interest were managed.	Conflicts of interest
O3		State any funding received and the role of the funder. *Specify, for example, any funder involvement in the study concept/design, participation in the steering committee, conducting the consensus process, funding of any medical writing support. This could be disclosed in the methods or in the relevant transparency section of the manuscript. Where a funder did not play a role in the process or influence the decisions reached, this should be specified.*	2.1 Working group; Funding

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