[Cancer MDT Title]

Terms of Reference

1. Definition of Multidisciplinary Care

Multidisciplinary care (MDC) is an integrated team approach to health care in which medical, nursing, and allied health care professionals consider all relevant treatment options and develop collaboratively an individual treatment plan for each patient[1]

2. Aim

The overall aim of the multidisciplinary cancer meeting is to enable a formal mechanism for multidisciplinary input into treatment planning and ongoing management and care of patients with cancer.

The multidisciplinary team provides advice to the referring clinician. Treatment decisions are the responsibility of the primary clinician responsible for the patient.

3. Objectives of MTD meeting are:

1. to ensure evidence-based treatment recommendations are being made with respect to patient management as clinical circumstances dictate
2. to facilitate the referral, presentation and discussion of 100% of new cases of [specific cancer] diagnosed in [*local site/regional/statewide]* at the Multidisciplinary Team meeting.
3. to maintain documentation of treatment recommendations for each patient, and communicate these to relevant team members including the referring physician, primary physician, and patient's medical chart
4. to provide an opportunity to discuss: enrolment of particular patients in clinical trials and research activities (including clinical audit)
5. to obtain data documenting time from initial patient presentation to diagnosis to treatment for each patient
6. to provide an educational environment for multidisciplinary team members, fellows, registrars and interns and visiting clinicians
7. to contribute to a complete database of *[tumour* type]cancers diagnosed in South Australia

[1] NBOCC Multidisciplinary meetings for cancer care, A guide for Health Service Providers, National Breast Centre 2005.

4. Operational Guidelines

4.1 Membership

Membership of the multidisciplinary cancer meeting comprises medical staff, nursing, allied health, pharmacy, psychosocial professionals, other supportive care services providing clinical services in relation to [---- cancer] throughout [*local site/regional/statewide SA*].

MDT Attendees:
The following categories of attendee have been ratified by the Cancer Clinical Network Steering Committee:

Core clinical members:
Medical consultants, medical registrars, RMOs, nurses and allied health clinicians for whom involvement/attendance at the MDT is a core part of their duties.

Support staff:
Staff members who may be required to assist with meeting implementation, for example administrative assistants.

Invitees
Visitors: clinicians such as GPs who are invited to attend the discussion of a particular patient.
Observers: such persons are included under the general patient agreement to be in attendance but are *non-contributory to the final decision.. These include:*

- relevant health care profession students
- a clinician who is not a usual attendee and/or without direct connections with the hospital/service/MDT whose attendance is approved by the MDT Chair

NB: All MDT attendees are required to sign the attendance register and ensure the Chair is aware who is attending at remote sites.
Refer to Appendix B for a sample MDT meeting register.

Credentialing Requirements:

All core medical MDT members are required to be credentialed and scope of practice recognised in the health service where the MDT is located or centrally located in the instance where multiple sites are involved. This includes public and private medical staff. Core members who are primarily private practitioners, must, like public employees, be credentialed by a public hospital and have relevant scope of practice to attend the site at which the meeting is held.

It is the prospective/current MDT medical member responsibility to obtain health service credentials/mutual recognition of scope of practice to provide evidence to the MDT Chair for noting.

The Chair is responsible for ensuring core medical attendees are credentialed. The Chair may use discretion to allow that medical attendee to remain for the meeting.

Other non medical health professionals currently do not require credentialing for attendance at cancer MDT's. Non-medical health professionals from the private sector are required to provide the Chair with evidence of professional registration for noting.

Example of MDT Membership:

Disciplines required for [----- cancer MDT] include (delete those not required):

- Specialist Surgeon
- Medical Oncologist/Haematologist
- Radiation Oncologist
- Palliative Care Physician
- Radiologist
- Pathologist
- Other medical disciplines according to the tumour type and patient need**:** e.g.
  - Gastroenterologist
  - Nuclear Medicine Specialist
  - Endocrinologist
  - Gynaecologic oncologist
  - Respiratory physician
- Nurse specialist(s)
- Cancer Clinical Pharmacist
- Allied Health staff according to tumour type and patient need: eg
  - Dietitian
  - Physiotherapist
  - Social Work
  - Occupational Therapist
  - Speech Therapist
  - Stomal Therapist
  - Aboriginal Health Worker
  - Psychologist
  - Pastoral Care
  - Other Supportive Care staff as required

Relevant medical fellows / registrars / RMOs attached to a specialty will be members of the MDT team for the duration of their attachment.

Additional disciplines recommended for contributory involvement include:

- General Practitioner

Refer to Appendix A for a directory of team members for the [---- Cancer] MDT

Those team members who are presenting a patient at the MDT are to arrange a proxy in the event that they are unable to attend the meeting.

When specific clinical needs have been identified by the referrers which require specific skills and targeted input the chairperson will invite the appropriate staff member(s) to attend that particular meeting.

4.2 Patients to be discussed

- All newly diagnosed patients
- Review patients either at relapse or with newly identified symptoms
- As requested by referring clinician in consultation with Chair

The referring clinician must send all referral details to the Chair/MDT Co-ordinator or Administrative Assistant (as agreed) no later than [3 days] prior to the meeting. This is to facilitate prioritisation of presentations and to ensure adequate time for investigation results to be prepared for the meeting.

The referring clinician must ensure radiology is made available for the meeting, particularly private films. The administrative MDT support may be able to facilitate this when provided with relevant information to source radiology images/pathology.

Consent

All patients must be made aware that their case will be presented at the multidisciplinary team meeting for discussion and consent to this process. Consent may be either verbal or written and it must be noted in the patient's clinical health record *and/or* on the multidisciplinary meeting referral form.

(Patient information brochure on multidisciplinary team meetings is available)

4.3 Chair

Good leadership and facilitation are key factors in the success of multidisciplinary team meetings.

Role of the Chair[2]

- Keeping meetings to the agenda
- Ensuring all visiting members are appropriate to the meeting and where required exclude attendees
- Ensuring there is appropriate representation in the meeting to enable a comprehensive recommendation to be made
- Commencing and facilitating discussions
- Prompting the full range of input into discussions if it is not forthcoming
- Summarising the discussion and inviting further input before moving to the next case
- Negotiating resolution of conflict
- Promoting mutual professional respect among all team members.

The Chair and Deputy Chair positions will be appointed annually. If the Chair or Deputy Chair is unable to attend, the Chair will arrange a proxy to chair the meeting.

4.4 Meeting Time & Venue

Meetings should be held at the same time and place. The duration and frequency of meetings will be determined by each MDT meeting based upon size of site/number of cases requiring discussion.[1]

The day and time of meetings should be convenient for core members who should also be asked to submit best times to ensure a mutually beneficial time for all attendees and due consideration for off site members including rural.[1]

It is appropriate to limit the meetings to 45 – 90 minutes. Any time not used for case discussion may be used for educational purposes or discussion of other relevant issues.[1]

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[2] NBOCC Multidisciplinary meetings for cancer care, A guide for Health Service Providers, National Breast Centre 2005.

Meeting room facility must meet the requirements of the MDT (i.e. access and display of radiology images, pathology slides, videoconferencing etc)

4.5 Meeting Agenda

Case presentation will be determined and prioritised by the Chair upon review of referrals and/or discussion with referee.

The Chair will determine closing day/time to receive referrals. All late referrals must be discussed with the Chair. (It is suggested at least 3 days prior to the meeting to be the closing day of referrals to enable MDT coordinator/administrative support to ensure required patient information is available at the meeting)

The Agenda will include:

- Meeting Particulars
- Information required for patient presentation:
  - patients name, DOB, UR no.
  - referring Clinician
  - comprehensive clinical summary
  - test results
- Education topic
- Other business

The referring clinician must provide the MDT Chair with the appropriate clinical summary and investigation/diagnostic test results [-- days] prior to the MDT Meeting.

Late inclusions to the agenda are acceptable. In this instance it is the responsibility of the presenting clinician to ensure all appropriate clinical results are available to the meeting.

The Agenda will be circulated [2 days] prior to the meeting. Hard copies may be provided at the meeting.

The MDT Chair will provide the team with a summary of outcomes from the previous meeting.

In the absence of adequate numbers of patients to discuss the MDT Chair or delegate will arrange an education session for the team.

4.6 Case Discussion

Unless otherwise arranged with the Chair, only patients whose referring clinician (or their delegate) is present at the meeting will be discussed.

The referring clinician is responsible to ensure that all necessary patient clinical information is available for the meeting.

Case presentation and discussion will include the patient's clinical condition and any relevant psychosocial aspects impacting on clinical management.

The Chair will summarise the recommendations made from the discussion before moving to the next case.

The Chair will provide a summary for all cases discussed during the MDT. Copies will be distributed to the referring clinician, other relevant MDT members, and the original copy will be filed into the patient's medical record.)

4.7 Confidentiality

All patient information presented remains confidential and only to be used for the purpose of clinical management.

All health care professionals are subject to confidentiality agreements through their regular employment

4.8 Education

Multidisciplinary team meetings provide opportunities for sharing of expertise, enhancing understanding of the diversity of provider roles and dissemination of information to enhance best practice in provision of cancer care.

This can be achieved by:

- Multidisciplinary case presentations and care planning
- Participation by all providers
- Scheduling of regular presentations by team participants as a forum for
    - providing feedback from conferences,
    - disseminating current information relevant to specific tumour cancer care
    - education specific to provider specialities.

4.9 Meeting Documentation

Referral documentation records will be kept by the Chair/MDT coordinator/MDT administrative support. A record of the referral is required to be filed into the patient clinical health record.

Treatment and management recommendations from the meeting discussion will be documented on the MDT recommendation proforma which must be made available to the referring clinician and inserted in the patients' clinical health record. The Chair signature is required.

The referring clinician or delegate is responsible for discussing the meeting recommendations with the patient/family/carer within 7 days and developing the treatment plan which takes into account the patient preferences. This plan is to be made available to relevant team members, the GP and noted in the patient's clinical health record.

The MDT Chair will maintain one copy of the agenda and all attendance records.

4.10 Performance monitoring

MDT Key performance indicators should be regularly reviewed. These may include:

- Number of patients discussed
- Number of patients reviewed
- Service origin of patients discussed
- Number of attendees
- Differentiation of providers attending
- Number of education sessions

It is recommended that the MDT database is used to aid standardised data collection and to aid running of reports for review by the team.

An ongoing review of satisfaction and effectiveness will be conducted informally 6 monthly.

Formal evaluation will be conducted annually and results communicated to the MDT members for action as required.

Adoption of Terms of Reference

All members of the MDT will be provided with the terms of reference.
The MDT Chair is responsible for ensuring members adhere to the MDT terms of reference.
MDT members are responsible for adhering to the terms of reference.

The terms of reference require annual review and when/if core member's change.

Subsequent revision dates:

No.	Date	Nature of Change(s)
1	**7th May 2010**	**Endorsed by Cancer Clinical Network Steering Committee**
2		**Reviewed**
3		
3		

Appendix A: Example template

Directory of [----- Cancer] MDT Team Members**

MDT Membership	Identified team members	Contact details
Chair		
Deputy Chair		
Specialist Surgeon		
Medical Oncologist / Haematologist		
Radiation Oncologist		
Palliative Care Physician		
Radiologist		
Pathologist		
Cancer Clinical Pharmacist		
General Practitioner		
Other medical disciplines** according to the tumour type and patient need:		
• Gastroenterologist		
• Endocrinologist		
• Nuclear Medicine		
• Respiratory Physician		
• Gynaecological Oncologist		
• Other:		
Specialist Nurse(s): e.g. • Cancer nurse practitioner		
• Cancer Specialist Nurse (eg Breast Care Nurse) / Cancer Care Coordinator		
• Cancer trained nurse		
Allied Health:** According to the tumour type and patient need:		
o Dietitian		
o Physiotherapist		
o Social Worker		
o Occupational Therapist		
o Speech Pathologist		
o Stomal Therapist		
o Aboriginal Health Workers		
o Psychologist		
o Pastoral Care		
o Other supportive care		
Clinical Trial Coordinator		
Data Manager		
MDT Coordinator / Pathway Project Officer		
Administrative Officer		

****remove those disciplines which will <u>never</u> be required for this Team

Appendix B: Sample MDT Attendance Registers

Multidisciplinary Team Meeting Attendance Register for [cancer type]

Location: *local site/regional/statewide*

Chair: _____

Meeting Date: _____ **Time:** _____

SA Health and ---------- Region Health Service are committed to safeguarding the privacy of patient information and have implemented measures to comply with its obligations under the SA Government's Information Privacy Principles Instruction. [3]

All staff are bound by law and ethical practice to keep patient information confidential. Patient information will only be disclosed for purposes directly related to patient treatment and in ways the patient would reasonably expect for their current and future care. Patient health information will be shared with staff involved in their care in order to determine best treatment for them and to assist in the management of the health services provided to them. [4]

Team Members:

Name	**Discipline**	**Title / position** (consultant, registrar, RMO, student)	**Participation method** (in-person, tele/video conf)	**Signature**

Visitors:

Name	**Discipline**	**Organisation**	**Signature**

[3] http://www.premcab.sa.gov.au/pdf/circulars/pc12_privacy.pdf

[4] North Coast Area Health Service, NSW Health, Palliative Care Multidisciplinary meetings Terms of Reference