



## **Appendix 1**

**This appendix was part of the submitted manuscript and has been peer reviewed.  
It is posted as supplied by the authors.**

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# PEER REVIEW OF MULTIDISCIPLINARY CANCER TEAMS: AN EVALUATION OF A TOOL TO PROMOTE BEST PRACTICE

## MDT ASSESSMENT CRITERIA/FORM

### STAGE OF DEVELOPMENT

Assign a score (of 1, 2 or 3) in the Stage of Development column, where:

**3=** Well developed. The MDT provides this aspect of care to a high standard, constantly meets the majority of criteria within the domain. Provision of care is innovative.

**2=** Developing. The MDT has started to address the aspect of care but is not performing at an optimal level. This aspect of care may affect quality, outcomes or patient care.<sup>1</sup> It requires further work to ensure that quality of care is not compromised.

**1=** Under developed. Under developed standards which may result in harm and require urgent action.<sup>1</sup>

Core Domain	Criteria	Stage of Development	Comments/ Notes
<b>1. STRUCTURE AND GOVERNANCE</b>	<p><b>1. CONSTITUTIONAL DOCUMENTATION</b></p> <p><i>Is this a properly constituted MDT<sup>2-4</sup></i></p> <p><i>Have MDT governance documents been developed?</i></p> <p><b>Suggested assessment criteria</b></p> <p>Have terms of reference been developed and endorsed for the MDT?</p> <p>Are the following documents available?</p> <ul style="list-style-type: none"> <li>• MDT Annual reports (which may include data about No. of meetings, average attendance, results of an audit of patients discussed and outcomes)</li> <li>• Meeting protocols</li> <li>• Guidelines for chairperson/ facilitator</li> <li>• MDT operational policies</li> </ul> <p>Are the aims and objectives of the MDT outlined?</p> <p>Is there a written record of each meeting (e.g. minutes)?</p> <p>Is an annual meeting of senior team members held to discuss operational policy?</p> <p>Are medico-legal concerns addressed in the Terms of Reference?<sup>5</sup></p>		

**2. MEETING REGULARITY**

***Does the MDT meet regularly for the workload?  
Does the MDT have established links with other MDTs?  
If a tertiary hospital, does it have links with rural/regional areas?  
Are these links formalised?***

***Suggested assessment criteria***

Is the MDT frequency and duration adequate for the workload?<sup>6, 7</sup>  
If numbers at the site are small (e.g. <20/year), are there collaborative links with larger units in place?<sup>6</sup>

**3. CORE MEMBERSHIP**

***NB: Core and extended team membership to be amended according to the tumour type.  
Are all relevant disciplines needed to ensure good patient care involved in the MDT and regularly represented at meetings?***

***Suggested assessment criteria***

Are all disciplines appropriate to the tumour group represented in the core team as defined by relevant guidelines?<sup>6-8</sup>  
Do all core disciplines attend and provide input to the meetings (i.e. diagnostic, treatment and supportive care)?<sup>6</sup>  
Do core members or their arranged cover attend at least two thirds of MDT meetings?<sup>7</sup>  
Does the MDT include non-core team members appropriate to the tumour group e.g. psychologist, palliative care, pastoral care worker?<sup>7</sup>  
Have meetings been cancelled in the previous twelve months due to poor core team member attendance?

**4. CLINICAL LEADERSHIP**

***Is there clear clinical leadership?***

***Suggested assessment criteria***

Is the clinical lead of the MDT documented?  
Have the responsibilities of the clinical lead been documented and agreed upon by the MDT executive or senior members of the clinical team?  
Is the team leader/clinician identified for each patient discussed?  
Is interactive participation from all team members evident and encouraged (to be observed at a MDT meeting)?  
Are outcomes of each case discussed at the meeting clearly articulated by the chair person at the end of each case discussed and documented?

	<p><b>5. ACCESS TO MULTIDISCIPLINARY TEAM</b></p> <p><b><i>Do all core members contribute to treatment/care decisions?</i></b></p> <p><b><i>Suggested assessment criteria</i></b>  Does the MDT have referral links and agreed processes with non-core services?  Does the MDT have agreed referral guidelines?  e.g. indicators for referral of the patient to another MDT  Are all team members supported to attend the meetings, e.g. paid, protected time?  Are all team members supported to contribute to the discussion about patients?</p>		
<p><b>3. MEETING ORGANISATION AND SUPPORT</b></p>	<p><b>6. MEETING ORGANISATION</b></p> <p><b><i>Is all material required for the meeting available prior to the commencement of the meeting?</i></b></p> <p><b><i>Suggested assessment criteria</i></b>  Is an agenda developed and preparation of materials occurs prior to the commencement of the meeting?  Are relevant test results, reports and films always or usually available at the MDT meeting for review by a relevant specialist team member?<sup>6</sup>  Is a process in place to inform the diagnostic members of the MDT which patients are on the agenda?</p>		
	<p><b>7. MDT SUPPORT</b></p> <p><b><i>Is the meeting organised and supported with relevant IT, administration, and facilities?</i></b></p> <p><b><i>Suggested assessment criteria</i></b>  Is there appropriate and readily available utilisation of video/teleconferencing for involvement of rural and regional centres?  Is there appropriate support available for the use of VC/ online meeting technologies or a team member is trained in the use of IT equipment?  Is there an appropriate room available where the MDT meeting has a priority booking?  Is the room appropriately equipped with PCs, screens, quality projectors, etc.?</p>		

## 8. CRITERIA FOR MDT CASE DISCUSSION

***Are there established and appropriate criteria for referral to MDTs?***

***Suggested assessment criteria***

Are there established, documented criteria for the referral of patients to MDT meetings?<sup>6</sup> This may include a policy which states that all new cancer patients will be reviewed by an MDT for discussion of initial treatment plan.<sup>7</sup>

Are there established criteria for when patients may be re-referred to the MDT (e.g. disease progression, unresponsive to treatment, etc.)?

Is there a policy for reviewing urgent cases between MDT meetings?

## 9. TREATMENT DECISIONS & USE OF GUIDELINES

***Are treatment decisions evidence-based?***

***Suggested assessment criteria***

Has the MDT agreed upon and utilises specified clinical guidelines and / or standard treatment protocols and / or makes treatment decisions by consensus? Where there are agreed national clinical guidelines, does the MDT utilise these? i.e. guidelines determine which modality of treatment is indicated for a given set of clinical circumstances, rather than detailed regimens or surgical techniques.<sup>6,7</sup>

Do treatment decisions made by the MDT demonstrate an understanding of the relevant (State) endorsed Model of Care?<sup>9</sup> Where treatment guidelines are not followed, are there documented reasons why an alternative treatment plan was adopted?

## 10. TREATMENT PLANS

***Are treatment plans generated, recorded in the patient medical records, and communicated with all relevant stakeholders (i.e. patient, GP, other health professionals)?<sup>10</sup>***

***Suggested assessment criteria***

Are treatment plans for each patient generated at MDT meetings?<sup>6</sup>

Is a record made of the treatment plan which will include:

- the identity of the patient discussed;
- the multidisciplinary treatment planning decision i.e. modality(s) of treatment (surgery, radiotherapy, chemotherapy), supportive care needs?<sup>7</sup>

Is there a process for changing or considering changes to treatment plans after discussion with patients as well as recording such changes and communicating to GPs?<sup>6</sup>

Are treatment plans recorded in patient notes?<sup>6</sup>

Are alternative or dissenting views for treatment recorded in the treatment plan?<sup>5</sup>

Is the GP informed of the diagnosis and treatment plan in a timely way?<sup>7</sup>

	<p><b>11. PATIENT PREFERENCES &amp; SUPPORTIVE CARE NEEDS</b></p> <p><i>Are all patient characteristics, preferences, and supportive care concerns considered when treatment decisions are being made?</i></p> <p><i>Is a process in place for identifying patients who have supportive care needs (psychological, social, financial, spiritual) and for ensuring such concerns are addressed?<sup>6</sup></i></p> <p><b>Suggested assessment criteria</b>          Are patients' supportive care needs discussed in MDT meetings and considered when making treatment recommendations?<sup>6</sup>          Do treatment decisions reflect patients' preferences, psycho-social and supportive care needs, their geographical location and financial concerns?          Is a process in place for referrals to psycho-oncology &amp; other allied health professionals?</p>		
	<p><b>12. CLINICAL TRIALS</b></p> <p><i>Is access to clinical trials supported?</i></p> <p><b>Suggested assessment criteria</b>          Is patient eligibility for clinical trials discussed at MDT meetings AND open clinical trials are known to all core members of the MDT?<sup>6</sup>          Does the MDT produce a written list of trials and other well designed studies for which patients may be eligible to enter? A record of clinical trials recruitments is maintained.<sup>7</sup></p>		
<b>5. PATIENT INVOLVEMENT</b>	<p><b>13. PATIENT INFORMATION</b></p> <p><i>Do patients have an awareness of who and what the MDT is?</i></p> <p><b>Suggested assessment criteria</b>          Are patients informed of who is part of the MDT and informed of who the MDT leader is?<sup>6</sup>          Is appropriate written material provided to patients and carers?          Written material includes:</p> <ul style="list-style-type: none"> <li>• information about local provision of cancer treatment services;</li> <li>• information about services offering psychological, social and spiritual/cultural support, if available; and</li> <li>• information about clinical trials.</li> </ul>		
	<p><b>14. PATIENT CONSENT</b></p> <p><i>Are patients aware they are to be discussed at a MDT meeting and why? Is permission sought?</i></p> <p><b>Suggested assessment criteria</b>          Are patients always informed that they are going to be discussed in a multidisciplinary forum?<sup>6</sup>          Is patients' verbal consent, or documented or written consent obtained to discuss their case in a multidisciplinary forum?<sup>6</sup></p>		



**15. COMMUNICATION OF MDT TREATMENT RECOMMENDATIONS**

*Is there feedback to the patient post-meeting?*

**Suggested assessment criteria**

Is it clearly defined who is responsible for communicating MDT treatment decisions to the patient?

Are patients provided with a written summary of clinical management recommendations decided at MDT meetings?<sup>6</sup>

Are patients informed of alternative views among MDT members about treatment options?<sup>6</sup>

Does the MDT offer patients a permanent record or summary in which the following are discussed:

- diagnosis;
- treatment options and plan;
- information about the role and benefits of planned treatment and care (including names and functions/roles of the team treating them);<sup>7</sup>
- relevant follow up arrangements?<sup>7</sup>

Is a record of the consultation between the patient and their doctor in which their treatment is discussed and decided made in the patient's medical records and the treatment summary captures any treatment modifications?

**16. DATA COLLECTION**

*Is appropriate data being collected for communication and coordination of care in an easily retrievable format?*

*Is appropriate data being collected for research and audit purposes?*

**Suggested assessment criteria**

Is an electronic record maintained of all patients discussed at MDT meetings?

Is the MDT data system searchable, secure and confidential?

Are data/statistics recorded by the MDT?<sup>6</sup>

Does the MDT have a system for central data collection (with or without a process for the team to review data)?<sup>6</sup>

Does the MDT collect the agreed minimum dataset (MDS, as developed by WACPCN) for the relevant tumour group?

Is tumour stage recorded (if not initially, then when it is known)?

Do the data items collected allow monitoring of clinical practice, including cancer treatment waiting times from referral to treatment?<sup>7</sup>

	<p><b>17. AUDIT &amp; QUALITY IMPROVEMENT</b></p> <p><b><i>Are quality improvement activities being undertaken?</i></b>  <b><i>Does the MDT frequently conduct morbidity and mortality audits?</i></b>  <b><i>Do any other audits (i.e. infection rates) occur?</i></b></p> <p><b><i>Suggested assessment criteria</i></b>  Does the MDT undertake quality assurance activities in MDT meetings?<sup>6</sup>  Does the MDT participate in audit projects?<sup>7</sup>  Does the MDT review audit results and / or present the results of audits at meetings of the MDT and to peers?<sup>7</sup>  Does the MDT undertake activities to obtain feedback on patients' experiences of the services offered? Is feedback obtained on whether the patient was offered:</p> <ul style="list-style-type: none"> <li>• A care coordinator;</li> <li>• MDT information (written or otherwise); and</li> <li>• A written record or summary of a consultation at which their treatment options were discussed?<sup>7</sup></li> </ul> <p>Have quality activities completed during the previous two years been presented and discussed at an MDT meeting and the team has implemented changes to address concerns arising from the quality activities?</p>		
<p><b>7. PROFESSIONAL DEVELOPMENT</b></p>	<p><b>18. ACCESS TO PROFESSIONAL DEVELOPMENT</b></p> <p><b><i>Are there professional development activities available to team members?</i></b></p> <p><b><i>Suggested assessment criteria</i></b>  Are MDT members advised of professional development activities/opportunities through the MDT meeting?<sup>6</sup>  Is the MDT meeting used as a teaching opportunity for inexperienced health professionals?  Have core members of the team who have direct clinical contact with patients undertaken advanced communications skills training?<sup>7</sup></p>		
<p><b>8. FINANCIAL GOVERNANCE</b></p>	<p><b>19. FINANCIAL REIMBURSEMENT</b></p> <p><b><i>Are Medicare items 871 and 872 used regularly for the reimbursement of clinicians' time at MDT meetings?</i></b></p> <p><b><i>Suggested assessment criteria</i></b>  Are policies and protocols in place for the use of Medicare items 871 and 872?<sup>11, 12</sup>  Is there an auditable record of all patients discussed at MDTs for whom Medicare funding was collected for items 871 &amp; 872?</p>		



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