



### **Appendix 3**

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

Appendix to: Slavova-Azmanova NS, Johnson C, Platell C, et al. Peer review of cancer multidisciplinary teams: is it acceptable in Australia? *Med J Aust* 2015; 202: 144-147. doi: 10.5694/mja14.00768.

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

**MULTIDISCIPLINARY TEAM PEER REVIEW  
REPORT**

**Hospital:**

**MDT Tumour Type:**

**Peer Review Visit Date:**

**Report prepared by (name):**

**Date:**

**Report approved by (Peer Reviewers):**

**Date:**

# 1. INTRODUCTION

This report is the outcome of the peer review of the ..... multidisciplinary team (MDT) at ..... Hospital on..... (date) undertaken as part of the team's involvement in the pilot testing of the Peer Review Framework.

The Peer Review Framework was developed in response to the recognition that multidisciplinary cancer care facilitates best practice and is central to effective and efficient cancer services. Given the growing burden of cancer care in Australia, ensuring that multidisciplinary teams are functioning at optimal levels is essential. Little work has been done to establish the effectiveness of individual MDTs or assess whether they are being conducted in accordance with best practice guidelines. A recent audit of Australian MDTs found that where MDTs exist, they are often functioning outside of best practice guidelines such as those outlined in the National Breast Cancer Centre Demonstration project.<sup>1</sup> Implementing quality assurance processes for MDT functioning is integral to providing best practice multidisciplinary cancer care.<sup>2</sup> Assessment of MDTs using the Peer Review Framework offers such a quality improvement opportunity.

The Peer Review Framework is largely based on the standards and criteria identified as having an important impact on MDT performance by the National Breast and Ovarian Cancer Centre (NBOCC),<sup>3</sup> the Cancer Institute NSW,<sup>4</sup> Cancer Australia<sup>5</sup> and the NHS National Cancer Action Team.<sup>6</sup> The Framework addresses the five core best practice principles of multidisciplinary care identified by the NBOCC:

- i) *The team*: an identified core team and referral pathways for non-core team members
- ii) *Communication*: standards for deciding which cases require discussion and mechanisms to facilitate communication by all team members
- iii) *Therapeutic range*: systems are in place to ensure patients have access to the full range of services required regardless of geographical location or size of the institution
- iv) *Care is in accordance with nationally agreed standards*
- v) *Involvement of the patient* in their treatment choices and decisions.<sup>7</sup>

The Framework also identifies the need for systems to be in place at an organisational level to support the full implementation of multidisciplinary care and for there to be a culture of ongoing professional development and quality improvement. MDT peer review aims to ensure that MDTs meet required standards and are operating in safe and effective ways. It encourages MDTs to examine their practices and patient outcomes, to identify gaps or deficiencies, and to be proactive in responding to areas of concern.

## 2. SUMMARY & RECOMMENDATIONS

### Peer Reviewer comments

Consider key points & recommendations under the following criteria:

- Structure and governance
- Meeting organisation and support
- Standards of care
- Patient involvement
- Quality assurance

What was done well?

What was innovative?

What needs to be improved?

## RECOMMENDATIONS

# 3. MDT EVALUATION

## 3.1 STRUCTURE & GOVERNANCE

Examples of Evidence:

- Governance documents such as terms of reference
- Regular meetings at appropriate intervals
- Regular core member attendance
- Attendance of or referral pathways to non-core members
- There is a clinical lead
- All members contribute to discussion where appropriate

**Peer Reviewer comments**

## 3.2 MEMBERSHIP AND LEADERSHIP

Examples of Evidence:

- All relevant disciplines needed to ensure good patient care are involved in the MDT and regularly represented at meetings
- There clear clinical leadership
- Are all core members contribute to treatment/care decisions

**Peer Reviewer comments**

## 3.3 MEETING ORGANISATION AND SUPPORT

Examples of Evidence:

- All necessary information and materials are available during the meeting
- IT and administrative support is available to the team
- Meeting facilities are appropriate

**Peer Reviewer comments**

## 3.4 STANDARDS OF CARE

Examples of Evidence:

- All cases are discussed OR there are documented and appropriate criteria for selection of cases for discussion
- Treatment decisions are based on treatment protocols, clinical guidelines or team consensus
- Supportive care needs are considered
- Access to clinical trials is considered
- A documented treatment plan is generated and communicated to the patient and GP following the meeting

**Peer Reviewer comments**

## 3.5 PATIENT INVOLVEMENT

Examples of Evidence:

- Patients are aware that their case will be discussed at an MDT meeting
- Patient consent is sought for their case to be discussed at the MDT meeting
- The patient's treatment preferences are considered at the MDT meeting

**Peer Reviewer comments**

## 3.6 QUALITY ASSURANCE

Examples of Evidence:

- Appropriate data is being collected in an easily retrievable format
- Quality improvement activities & audit are being performed and presented
- Professional development activities are available to members

**Peer Reviewer comments**

## 3.7 PROFESSIONAL DEVELOPMENT

Examples of Evidence:

- Are there professional development activities available to team members?
- The MDT meeting is used as a teaching opportunity for inexperienced health professionals.

#### **Peer Reviewer comments**

## **3.8 FINANCIAL GOVERNANCE**

Examples of Evidence:

- Where appropriate, Medicare items 871 and 872 used regularly for the reimbursement of clinicians' time at MDT meetings?
- Policies and protocols in place for the use of Medicare items and there is an auditable record of all patients discussed at MDTs for whom Medicare funding was collected

#### **Peer Reviewer comments**

## REFERENCES

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