



National Cancer Action Team
Part of the National Cancer Programme

What makes a good MDT/MDM?

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What makes a good MDT/MDM?

- **No one size fits all – what works for one MDT may not necessarily work for another**
- **Characteristics of an Effective MDT issued in Feb 2010. Hoped that MDTs would:**
 - **look at it and see how they compared**
 - **initiate local discussions about actions that might need to be taken locally to bring their MDTs in line with the characteristics**

What makes a good MDT/MDM – a top 10

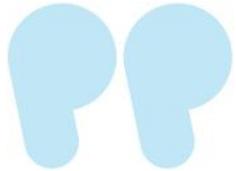
- Membership/Team - all relevant professions/disciplines are represented and have clearly defined roles & responsibilities
- Patient-Centred - patient views/needs are presented by someone who has met the patient and these views/needs inform the decision-making process
- Time - there is dedicated time in job plans for MDT members to prepare for and attend MDMs
- Leadership - there is a good chair skilled in: meeting & time management, listening & communication; managing conflict; and negotiating & facilitating

What makes a good MDT/MDM – top 10

- **Info** - a locally agreed minimum dataset of info is presented on each pt incl. diagnostic & clinical info (incl. co-morbidities & psychosocial needs), eligibility for clinical trials and patient history, views & preferences
- **Data Collection & Audit** - as much data as poss is collected before MDM & the results of the MDM discussions are recorded in real time and validated during the meeting. The data is used locally to support audit and continuous improvement in the quality of cancer services.
- **Environment** - MDT room is appropriate in size & layout – all mbrs can see & hear each other (with v/c if needed) and view all presented data within & across hospital sites with access to all relevant information via PAS, radiology & pathology systems etc. All IT systems are of a sufficient specification for their purpose.

What makes a good MDT/MDM – top 10

- **Behaviour** - the team has agreed what is acceptable team behaviour & etiquette and works within this framework
- **Performance** - the MDT assesses its own effectiveness/ performance making use of cancer peer review processes and other national tools as they become available – results of the assessment are acted on by the MDT/employing organisation
- **Support** - there is organisational (employer) support for MDT meetings and MDT membership demonstrated by adequate funding/resources in terms of people, time, equipment and facilities for MDT meetings to operate effectively



**How does that compare
with your ideas on what
makes a good MDT/MDM?
Anything to add?**

