

BSGAR survey on GI cancer MDT working

Results

The survey received 72 replies from 43 different hospital trusts, with replies from all ten of the English SHAs, Scotland and Wales.

Thirty-two replies (44%) related to colorectal MDTs, 26 (36%) to upper GI MDTs and 14 (19%) to hepatobiliary or pancreatic MDTs.

Standard one: attendance at MDT meetings

- (a) 85% of respondents were able to participate in >50% of MDT meetings for which they were the designated lead radiologist.
- (b) 26% of respondents cited inadequate provision in their job plan as the most important / frequent reason for not participating in MDT meetings; 17% said that covering absent colleagues' clinical work was more significant, while only 3% blamed inadequate teleconferencing facilities.
- (c) 89% reported that it was usually possible for another consultant to deputise at the MDT meeting when they were absent.

Standard two: adequate recognition of MDT work in the job plan

- (a) 43% of respondents spent 1-2 hours per week on work related to each MDT, 39% spent 2-4 hours per week and 18% spent >4 hours per week.
- (b) 67% of respondents said that >50% of the time devoted to MDT work was formally recognised in their job plans; 31% said that <50% of the work was recognised and 3% claimed that they had no recognition of their MDT work in their job plan.

Standard three: policy on dealing with discrepancies between the original radiologist's report and the agreed interpretation following discussion at the MDT meeting

- (a) 48% of respondents said that they dictated an amended report which was stored in the RIS / RMS, with copies sent to the clinician and the radiologist who first reported the study. 43% recorded discrepancies in writing in the casenotes, but did not amend the report in RIS / RMS and relied on word of mouth to inform the original radiologist of the discrepancy. 10% said they made no permanent record of discrepancies and did not inform the original radiologist.
- (b) 75% of those who replied said that discrepancies were collated and discussed at a radiology department discrepancies meeting; 25% did not do so.

Standard four: inclusion of MDT work in the annual appraisal

- (a) 62% of respondents discussed their MDT work during annual appraisal, while 38% did not.
- (b) Only 15% reported inviting “360 degree feedback” from other members of the MDT to be used during the appraisal process.

Standard five: facilities for MDT working

- (a) 76% of respondents said that >90% of images were available to them in advance of the MDT meeting; 22% said that up to half of the images were not available for prior review, and one respondent claimed that fewer than half of images were available in advance.
- (b) An overwhelming majority of respondents (88%) were satisfied with the projection and teleconferencing facilities available to them.
- (c) 96% of respondents were able to access RIS / RMS and PACS from a terminal in the MDT meeting room

Standard six: education

- (a) Only 56% of those who answered this question said that radiology SpRs were encouraged to attend the MDT meetings
- (b) An even smaller proportion (32%) said that they encouraged / expected SpRs to prepare and present cases at the MDT meetings
- (c) Only 32% of respondents said that consultants other than the designated lead radiologist were able / chose to attend the MDT meetings for educational purposes.

Commentary

Replies indicate a high rate of compliance with standard one (attendance at MDT meetings), while hinting at persistent problems with achieving adequate provision in the job plan; this is also evident in the replies to standard 2 (b).

Replies to standard three suggest good compliance, although a small minority continue to rely on “Chinese whispers” to deal with discrepant reports.

I find it interesting that the percentage reporting that they don’t discuss their MDT work during appraisal (standard four) is almost identical to those reporting inadequate provision for MDT work in their job plans under standard two (38% and 31%

respectively) – some connection, surely? “360 degree feedback” clearly has a long way to go.

The replies to standard five would seem to reflect the successful deployment of PACS throughout England; I’m surprised there weren’t more complaints about images not being available, as problems with data sharing between trusts are commonly reported elsewhere (e.g. RCR regional chairmen’s committee).

We are clearly not doing nearly enough to involve and train our SpRs in MDT work, if the replies to standard six are representative. This is something we could perhaps focus on as a special interest group and re-audit at a later date?

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