Running virtual and hybrid cancer multi-disciplinary team meetings

An evidence-based best-practice toolkit

Developed by Queen Mary University of London and the RECONCILE collaboration supported by North Central London Cancer Alliance and funded through Q Exchange by The Health Foundation and NHS England

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SECTION 1: TOOLKIT OVERVIEW

This toolkit is designed to be used by cancer multi-disciplinary team (MDT) members to support them to run and participate in effective virtual and hybrid MDT meetings. Traditionally MDT meetings have been held face-to-face. Increasingly MDTs are now adopting remote technologies, a transition that was accelerated by the Covid-19 pandemic. Running remote MDT meetings poses a number of opportunities and challenges.

The aim of this toolkit is to optimise patient care and MDT members' experience when meetings are run in virtual or hybrid forms.

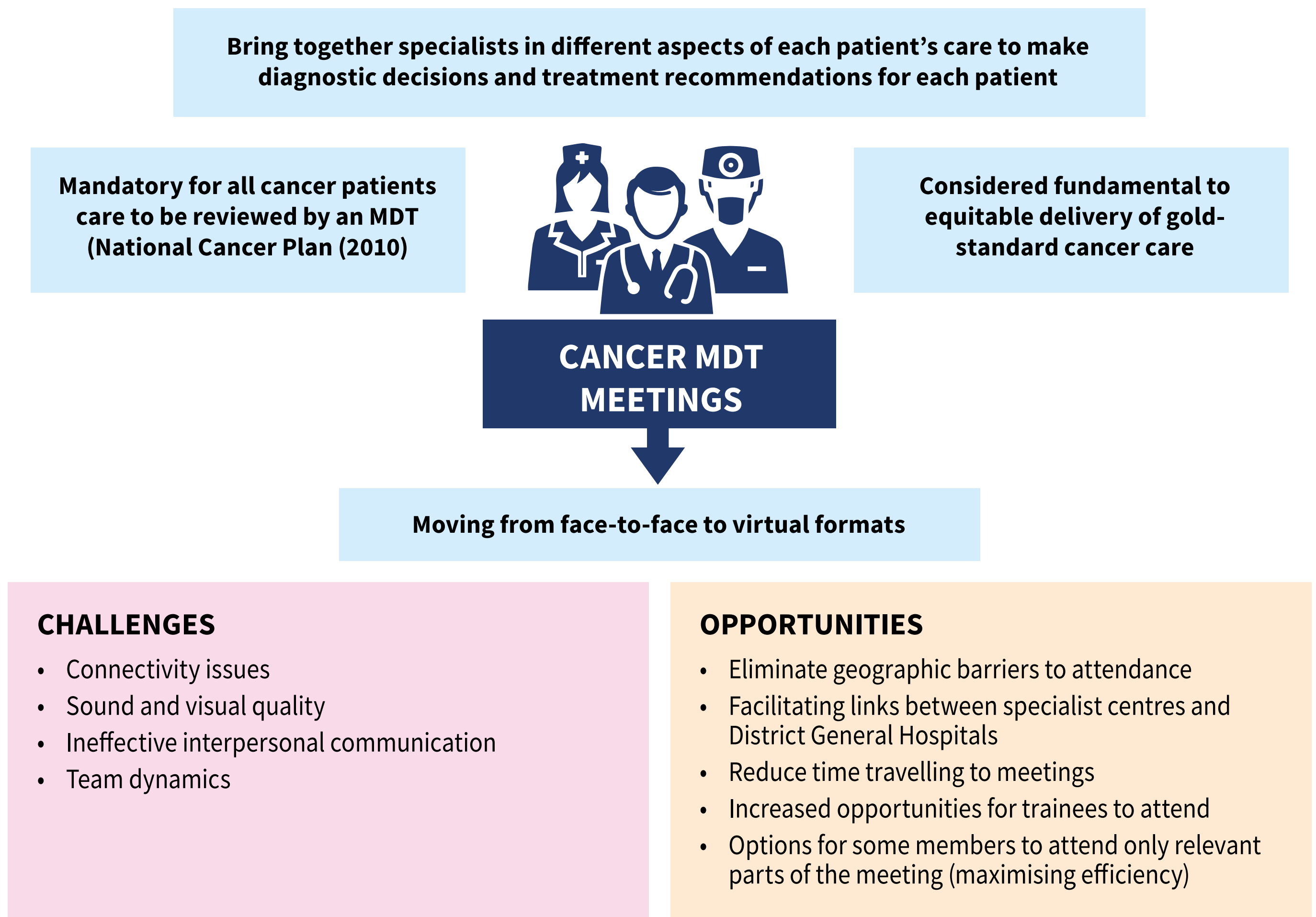
The toolkit is based on evidence from a national programme of research with cancer MDT members, funded through the North Central London Cancer Alliance and Q Exchange by The Health Foundation and NHS England.

It consists of:

TOOL	WHO AND WHEN TO USE
One-page summary of core principles	To review core principles before virtual or remote cancer MDT meetings
Guidance on applying best-practice principles	Members to review guidance as part of Plan Do Study Act (PDSA) Review Cycle in consultation with MDT Lead
Role-specific checklists	Members to review the checklist for their role, both: - By profession (e.g. Radiologist, Pathologist, Nurse, Allied Health Professional) - By role in meeting (e.g. Chair, Scribe)

SECTION 1: TOOLKIT OVERVIEW

VIRTUAL AND HYBRID MEETINGS OFFER BOTH OPPORTUNITIES AND CHALLENGES TO EFFECTIVE MDT WORKING [2-8]



**Data on opportunities and challenges from RECONCILE Cancer MDT national research programme and references 2-8*

RECOMMENDATIONS FOR IMPLEMENTING THE TOOLKIT

To make best use of the toolkit, we encourage MDT leads to:

- **Share** it with their MDT members so all colleagues are familiar with the suggested best practices.
- **Collaborate** with their Trust Cancer Managers to ensure recommendations can be implemented. Trusts must make sure the technical infrastructure is good enough to enable MDTs to implement recommendations in this toolkit. This includes ensuring access to appropriate virtual meeting platforms, rooms and equipment (webcams, headsets, portable devices), as per the recommendations on Organisation and Logistics and Meeting Infrastructure.
- **Tailor** the recommendations to the specific needs and circumstance of their MDT.
- **Revisit** the toolkit on a quarterly basis to re-familiarise with best practice principles and re-engage the MDT with these.
- **Combine insights from this toolkit with other MDT best practice resources.** This toolkit focuses specifically on supporting MDTs to work in virtual and hybrid environments. It should be used alongside existing tools and guidelines to support overall MDT best-practice (see References and Resources).

SECTION 2: ONE-PAGE SUMMARY

ONE-PAGE CHECKLIST FOR REMOTE AND HYBRID CANCER MDT MEETINGS

BEFORE THE MEETING

- **Read the agenda.** Inform the Chair and Co-ordinator in advance if you can only attend part of the meeting, so the agenda can be structured accordingly
- **Check virtual/hybrid best practice recommendations and your role checklist**
- **Join the meeting at least 3 minutes early** to check connectivity, AV quality and screen-sharing
- **Plan ahead to ensure you have access to a:**
  - Private, quiet, well-lit space
  - Webcam and headset with good quality microphone
- **Inform Chair of any new members of your team joining the meeting** so they can be introduced and added to MDT member log

DURING THE MEETING

- **Keep microphones muted** unless actively participating
- **Turn on camera when speaking**
- **Do not hold side-discussions** not intended to be heard by all
- **Use the hand-raise function or post to chat** if you feel you are not being heard
- **Inform the Chair immediately if you are unable to see or hear clearly**
- **Respect the agenda and patient discussion structure**
- **Always state patient name and number** when presenting information about a case
- **Outcomes should ideally be dictated and projected on screen.** If you have a comment, query or concern about the outcome, raise it during the consensus pause
- **If you are unsure which patient is being discussed, promptly request clarification**
- **Tell the team if you need to leave,** if/when you will be back, and who will cover your role in the meeting in your absence to ensure quoracy

AFTER THE MEETING

- **Speak with colleagues separately via virtual platform/phone** to plan follow-up actions

CHAIR

- Remind MDT of basic etiquette at the start of each meeting
- Introduce new attendees to the meeting
- Make sure online and in-room participants have equal opportunities to contribute by:
  - actively inviting input from in-room/virtual spaces
  - checking virtual "room" for raised hands
  - monitoring chat for input
- Ensure adherence to agreed structure for discussions: presentation, contribution requested by role (inc. nurse/AHPs), discussion, outcome statement, 5-10 second consensus pause.

CO-ORDINATOR

- Join the meeting from same location as the Chair
- During the meeting, assist with tracking attendance and/or recording outcomes if agreed with Chair
- If the technology fails, liaise with on-call IT support and manage administration for back-up plan

NURSES AND ALLIED HEALTH PROFESSIONALS

- Proactively input as a key patient advocate during case discussions
- Request clarification if you are unclear of outcome to be communicated to patient

RADIOLOGIST AND PATHOLOGISTS

- Join meeting from machine with sufficient image resolution; check resolution of shared images is sufficient before the official meeting start
- Check all members can clearly see the imaging/slides/report being presented for each case
- Do not share screen when checking images/files that do not relate to the case being discussed

ALL CONSULTANTS AND OTHER CLINICIANS

- Develop plan for trainees to attend meetings
- Be mindful that virtual/hybrid meetings can exacerbate hierarchies; support Chair in actively seeking input from nurses, AHPs and newer consultants

SECTION 3: CORE BEST-PRACTICE PRINCIPLES

THE TEAM

1. **Capitalise on broader more flexible attendance** facilitated by virtual meetings to:
    a. **Tailor group of experts** present to agenda section/case. Not all members need to join for all parts, although quoracy must be maintained. This should always be considered when linking peripheral MDTs with central MDTs to maximise efficient use of MDT member time
    b. **Invite trainees** to join virtually for all/part of the meeting for educational purposes
    c. **Ensure each case is represented** by at least one MDT member who knows the patient directly

2. **Remind team of virtual/hybrid meeting etiquette at every meeting** to ensure effective communication and overcome imbalances in contribution

3. **Ensure people joining hybrid meetings remotely can hear and be heard clearly** to reduce threat of:
    a. Ineffective quoracy
    b. Inappropriate hierarchies being established or reinforced (including those based on role, gender, ethnicity etc.)

4. **Consistent remote attendance may weaken team cohesion and morale.** This can reduce clinical effectiveness of the team and should be prevented by:
    a. Maintaining an MDT membership document to log all cancer MDT members (name, photograph, role, email) circulated to all members with the agenda/case-list for each week
    b. Participating in rapport-building conversation managed by the Chair during virtual/remote meetings
    c. Attending mandatory MDT face-to-face meetings at regular intervals (every 3 – 6 months)

5. **Perform key integration activities for all new team members.** They should be:
    a. Made aware of the agreed virtual/remote meeting etiquette (i.e. through familiarisation with this toolkit)
    b. Introduced to the team at their first meeting
    c. Added to the log of all cancer MDT members

SECTION 3: CORE BEST-PRACTICE PRINCIPLES

ORGANISATION AND LOGISTICS

BEFORE THE MEETING:

When preparing to join an MDT meeting remotely, plan ahead to ensure you can act in line with the following recommendations:

1. **Location:** Join the meeting in a private, quiet (no background noise or interruptions), well-lit space with strong, stable internet connection and no risk to patient confidentiality
2. **Device:** Use an appropriately powered laptop or desktop with a webcam. The screen should have sufficient resolution to clearly view imaging. Do not join MDT meetings from your phone. Raise any device needs with the MDT Co-ordinator or the appropriate person in your Trust
3. **Headset:** Use a headset so you can hear and be heard clearly by all members of the meeting
4. **Check the agenda and patient list:**
    a. When one or more peripheral teams are dialling in to a central MDT, maximise efficiency by pre-arranging and sharing approximate timings to ensure team members only attend for the parts relevant to them
    b. If you only plan to attend part(s) of the meeting check your timings align with the agenda and communicate this to the Co-ordinator before the meeting
5. **Virtual meeting platform training:** Complete training on how to use the virtual meeting platform before joining the meeting (check what is available from your Trust). This is essential to minimise delays and wasted time during the meeting
6. **Virtual meeting platform functionality:**
    a. Check you have received the meeting link at least 1 hour before the meeting starts and alert the MDT Co-ordinator if you cannot find it
    b. Join the meeting at least 3 minutes before the official start. Use this time to check camera, microphone, access to clinical records and resources shared by the MDT Co-ordinator. Raise any issues with the Chair and Co-ordinator so these can be addressed as quickly as possible
    c. Rename yourself on the virtual platform to state your name, role and institution
7. **Plan and formalise a back-up protocol:** Technology fails. It is crucial every team has a back-up protocol should this occur on the day of the meeting. Every MDT member must be familiar with the protocol and be ready to transition to it if needed. The protocol will depend on the set-up of the Trust. But it is vital to have this in place to prevent potentially catastrophic delays to patient timelines

SECTION 3: CORE BEST-PRACTICE PRINCIPLES

ORGANISATION AND LOGISTICS CONT/D

DURING THE MEETING:

1. **Stick to the agenda:**
   a. Do not hold side-conversations about separate cases during patient discussions or attempt to switch between patients. This causes disorientation and increased risk of errors in virtual and hybrid meetings. Instead, raise these conversations as any other business at the end of the meeting, so you can connect with your respective team members subsequently
   b. If it is urgent and unavoidable that a patient discussion is re-visited during the meeting, communicate this to the Chair. The Chair will be responsible for adjusting the agenda if required; stating the name and number of the patient being re-visited; ensuring the whole team is completely aligned in knowing which patient is being discussed, why and any impact this has on the recorded outcome
2. **Communicate to the Chair if/when you need to leave before the end of the meeting:**. Say if/when you will be back, and who is performing your role in the meeting while you are not there. This is vital for maintaining quoracy
3. **Continuous tracking of attendance to maintain quoracy** is crucial due to flexible attendance and potential connectivity issues. This task should be performed by a dedicated Attendance Tracker
4. **On-call access to IT support is in place:** to manage any technological failures that occur on the day that could compromise patient safety

AFTER THE MEETING:

1. **Respect bolt-on meetings** as equally as important had you been in attendance face-to-face
2. **Request one-to-one or small group discussions with peers** (follow-up or add-on) - these are often lost in virtual settings but can still be conducted effectively via separate remote meetings. This can be added as a regular agenda item alongside Any Other Business

SECTION 3: CORE BEST-PRACTICE PRINCIPLES

MEETING INFRASTRUCTURE

1. **Room layout for hybrid meetings:**
    a. The Chair(s), Scribe, Attendance Tracker and MDT Co-ordinator should be seated close together in the same room
    b. Three screens should be visible to all members in the room showing:
        i. The imaging/patient information being discussed
        ii. The outcome being recorded
        iii. The screen with remote attendees, and the associated 'meeting chat' panel
    c. If it is not feasible to project the outcome being recorded due to insufficient screens/time-delays switching between monitors, the full outcome must be clearly dictated to the Scribe by the Chair or nominated clinical professional to ensure there are no discrepancies and that consensus is being sought on a commonly-understood outcome
    d. The camera(s) should be positioned so all attendees in the room are visible to those joining remotely. If possible, in-room attendees can join on personal devices so their faces are clearly visible via webcams to remote participants
    e. The speakers and microphones should be positioned so all attendees in the room can hear and be heard clearly
        i. If this is not possible, members should bring a laptop and headset to the physical room and connect to the meeting using the online link
2. **Minimum requirements for the virtual platform:**
    a. The ability to share at least one screen at high resolution
    b. An option to type into a chat box where spoken contribution is not viable
    c. The ability to mute and unmute to protect against distracting background noise
    d. The option to re-name yourself when joining the meeting (name, role, site)

SECTION 3: CORE BEST-PRACTICE PRINCIPLES

GOVERNANCE

1. **All MDT members should sign an MDT meeting charter** outlining expected behaviours for virtual and hybrid working
2. **Log operational issues and serious incidents** associated with technological failures systematically, including a clear statement of follow up actions required. The Chair should remind all MDT members to highlight any issues they encounter during the meeting. These should be logged by the Attendance Tracker on a proforma and reviewed at an operational meeting, and as part of the annual MDT meeting review process
3. **Establish and/or re-evaluate mandatory minimum datasets** (including recording staging and performance status) to be completed before and after the MDT meetings. Transitioning to virtual and hybrid meetings represents an opportunity to evaluate and streamline existing information flow processes to ensure accurate, complete and timely discussions and follow up can be achieved
4. **Ensure outcomes from MDT meetings are actioned.** This may require updates to existing implementation pathways, which can be disrupted when teams are not meeting face-to-face. Embedding mandatory action checks is critical for ensuring follow-up actions are completed

INTERACTIONS DURING THE MEETING

1. **Welcome and introductions:** Every meeting should begin with a short formal opening led by the Chair to:
   a. Assign/confirm roles (see Section 4): formalised in charter (Chair, Scribe, Attendance Tracker, Co-ordinator, level of preparation and expected behaviours)
   b. Refresh expected etiquette at start of meeting to re-align all members
   c. Introduce new members of the team. During introductions, all members of the team should have their cameras turned on
   d. Remind the team that contributions are welcomed from all professional groups, highlighting the MDT meeting as a space for open discussion. This helps embed a culture where no professional group feels uncomfortable contributing
   e. Remind members of up-to-date list of relevant trials to check and keep in consideration throughout the meeting (ensuring information about eligibility criteria is easily accessible)

2. **Follow an established structure for each case discussion.** This will vary by team and agenda section, but the following should be considered and ideally formalised in the charter. This can help minimise hierarchies in contribution, prevent missed information and ensure consensus is reliably achieved:
   a. Introduce each case by patient name and number before describing clinical history and stating reason for discussion at MDT
   b. Enter phase of open discussion. Be mindful that some professional groups will have valuable contributions that they may not raise, or may not otherwise have been considered, unless their input is explicitly sought. Consciously note if input is missing from any professional group (e.g. nurse, AHP) relevant to the case and explicitly request it if so

INTERACTIONS DURING THE MEETING CONT/D

c. At the end of the discussion phase, the Chair (or other assigned individual) should explicitly dictate outcome (including stage at diagnosis) to be recorded by the Scribe, reiterating patient name and number
d. The outcome being recorded by the Scribe should be projected to all MDT members on screen (both in room and virtually)
e. After stating the outcome, the Chair should invite comment and leave a 5-10 second pause during which dissent or additional comments should be raised. Silence is assumed as assent

3. **Cameras – virtual meetings:**
   a. Cameras should be on during the meeting introduction
   b. Cameras can be on/off during the rest of the meeting, but should be on when actively participating in case discussions if internet connection speed allows

4. **Cameras – hybrid meetings:**
   a. Cameras should be on at all times wherever possible to reduce inequities in participation between virtual/in-room participants

5. **Microphones**
   a. Should be kept muted unless an active participant in conversation (minimises background noise and interruption)

6. **Managing over-talking:** Overtalking and interrupting is particularly disruptive in virtual and hybrid MDT meetings and compromises patient safety. It can also be difficult to prevent when there are delays introduced by different internet connectivity. To manage this:
   a. Use the hand-raise function: The Chair should explicitly recommend and monitor use of this. It helps prevent over-talking and enables participation
   b. Allow a person to finish speaking before making a point. Recognise that people may need to unmute so may take longer to respond. Allow a few extra seconds for this

7. **Managing concentration and distractions:**
   a. For sections of the agenda where you are required to be an active participant in the meeting, close emails/turn off notifications for all programmes not needed for your participation in the meeting
   b. If you work in a shared space, inform colleagues that you are not available during the meeting time as you are in an MDT meeting, and request that you are not interrupted and noise/unnecessary background chat is kept to a minimum
   c. Headsets can suppress background noise and facilitate concentration. They are a visual cue that you are participating in a meeting. This may prevent unnecessary interruption

SECTION 4: KEY ROLE AND PROFESSION CHECKLISTS

This section provides checklists for:

- Flexible roles: roles that can be flexibly assigned to MDT members regardless of professional group (Chair, Scribe, Attendance Tracker).

- Fixed roles: each core professional group in the MDT (e.g. Nurse, AHP, Co-ordinator, Consultant)

MDT members should regularly review the checklists relevant to them before MDT meetings to refresh key responsibilities.

These checklists are templates that can be adapted to meet the needs of each specific MDT

4A. CHECKLISTS FOR FLEXIBLE ROLES

Roles can be rotated between members as long as:

- All MDT members are familiar with the relevant checklists
- Roles are clearly agreed with members before the meeting
- Roles are reiterated during the meeting introduction

Overview of roles

The role of Chair is crucial to running an effective MDT meeting. Competing demands can make this challenging for one person to take on, particularly in virtual and hybrid meetings. We therefore suggest two additional roles are assigned to support the Chair:

- A **Scribe**: to record outcomes for each case discussed
- An **Attendance Tracker**: to monitor attendance and quoracy throughout the meeting

Ideally, the individual(s) acting as Chair should have received training on effective chairing of online meetings.

The people taking on the roles of Chair, Scribe and Tracker will depend on the set-up of the MDT. These roles may be shared by more than one individual during or between meetings. If this is the case, the expectation of each individual must be clearly communicated and agreed at the start of each meeting.

It is likely the individual most suited to attendance tracking will be the MDT Co-ordinator, or a Trainee.

It is critical that the Attendance Tracker role is not performed by the Scribe as this poses a significant risk to the quality of recorded outcomes.

SECTION 4: KEY ROLE AND PROFESSION CHECKLISTS

MDT CHAIR CHECKLIST

GOVERNANCE AND QI

- Consult with MDT to understand their virtual/hybrid issues and needs (e.g., needs assessment)

  Liaise with Trust Cancer Leads about MDT virtual/hybrid needs and agree plan and timeframe to fulfil these
- Establish virtual and hybrid meeting charter - revisit regularly in line with **Plan Do Study Act (PDSA) principles**:
  - Plan – the change to be tested or implemented
  - Do – carry out the test or change
  - Study – based on the measurable outcomes agreed before starting out, collect data before and after the change and reflect on the impact of the change and what was learned
  - Act – plan the next change cycle or full implementation.
- Work with MDT Co-ordinator to ensure:
  - All members joining the meeting have access to a quiet, private space (and equipment) to join the meeting
  - On-call tech support is available during the MDT meeting. Do not rely on the Co-ordinator for technical support beyond their remit
  - All MDT members have access to training on how to use the virtual platform
  - The membership document is maintained and circulated along with MDT meeting invite
- Establish protocols for:
  - Back-up plan in the event of IT failures during the MDT meeting that prevent it running in remote or hybrid form, in collaboration with the Trust IT department
  - Systematically recording operational and technological issues, and attendance (to be logged as part of Attendance Tracker role), and embed within existing MDT performance review process

SECTION 4: KEY ROLE AND PROFESSION CHECKLISTS

MDT CHAIR CHECKLIST CT/D

BEFORE MEETING

- Planning the agenda:
  - Establish with Co-ordinator and/or Attendance Tracker who will be presenting each case. Add this to the agenda. Establish which section(s) of the meeting each MDT member will be present for. Agree on an optimal time for peripheral MDTs to join the meeting
  - Schedule short breaks into the agenda (every 75 to 90 minutes). This improves concentration and efficiency in longer virtual meetings, during which attendees can be more prone to distraction and fatigue
- Start the meeting at least 10 minutes before the scheduled start time (or arrange for your MDT Co-ordinator to do this) to troubleshoot technical issues
- Work with Co-ordinator to establish mandatory face-to-face MDT meetings every 3 –6 months

AT THE START OF THE MEETING

- Welcome team to the meeting, stating number of cases on agenda and any changes made to the pre-circulated agenda. Invite team to comment on any changes they may need
- Remind team of agreed etiquette principles in one-pager
- Remind MDT who is performing each role (Chair, Scribe, Attendance Tracker)
- Introduce new team members (name and role) and highlight any changes of professional role
- Liaise with Attendance Tracker to ensure quoracy is achieved

DURING MEETING

- Remind team of agreed etiquette principles as needed (these can slip over time), in particular ensure adherence to set case discussion structure
- Monitor the chat box and check for virtual raised hands
- During case discussions, consciously note if input is missing from any professional group (e.g. nurse, AHP) relevant to the case and explicitly request it if so
- Work with Attendance Tracker to adjust agenda in line with fluctuating attendance if required

AT THE END OF THE MEETING

- Ask team if anyone experienced any technological issues (sound or audio quality, connectivity or other)
- Remind team to use Teams for follow-up discussions if needed
- Formally close the meeting

SECTION 4: KEY ROLE AND PROFESSION CHECKLISTS

MDT SCRIBE CHECKLIST

What? The Scribe is responsible for logging the MDT outcomes for each case.

Who? The Scribe should ideally have a clinical background with sufficient experience to accurately capture the outcome provided by the Chair. Ideally, the Scribe should not be the Co-ordinator, Attendance Tracker, or Chair to ensure their full attention is on the critical role of accurately recording the outcome.

BEFORE MEETING

- Familiarise yourself with the agenda:
  - Where possible pre-populate an outcome proforma with information for each case from referral information
- Join the meeting at least 10 minutes before the scheduled start time and check:
  - Connectivity
  - Ability to hear and be heard
  - Ability to screen-share – visibility for both online and face-to-face attendants

AT THE START OF THE MEETING

- Confirm with Chair that you are acting as Scribe
- If non-Clinical, ensure you are seated beside an experienced clinical member of the team (ideally the Chair) with whom you can check clinical details if required

DURING MEETING

- Ensure you are sharing your screen with online and face-to-face attendants when recording the outcome
  - Ask members to confirm they can see the decision being recorded clearly
- When recording the outcome, explicitly ask for clarification of any aspect of the dictated outcome that was not clear to you
- Continue sharing your screen displaying the outcome during the 5-10 second consensus pause

AT THE END OF THE MEETING

- Save outcomes forms in pre-agreed locations to ensure they can be accessed as part of MDT review processes
- Immediately follow-up with relevant MDT members to discuss any outstanding queries about outcomes that were not resolved during the meeting

SECTION 4: KEY ROLE AND PROFESSION CHECKLISTS

MDT ATTENDANCE TRACKER CHECKLIST

What? The Attendance Tracker is responsible for monitoring both in-room and online attendance and ultimately ensuring the meeting remains quorate. The Attendance Tracker should also systematically record any technological or operational issues raised during the meeting.

Who? Ideally this role should be performed by the MDT Co-ordinator or an Administrator who does not have responsibility to participate in case discussions or to record their outcomes. This role could be performed by a trainee if not feasible within the Co-ordinator role.

BEFORE MEETING

- Agree a method with the Chair and set up proformas for recording attendance and operational/technical issues
- Familiarise yourself with the agenda and membership list:
  - In particular, be aware which professional groups/specific individuals are expected to be present for each section of the agenda
- Agree with Chair minimum attendance expected:
  - Throughout to maintain quoracy
  - For each section of the agenda
- Join the meeting at least 3 minutes before the scheduled start time and check:
  - Connectivity
  - Ability to hear and be heard

AT THE START OF THE MEETING

- Confirm with Chair and MDT that you are acting as Attendance Tracker. Request attendees inform you via the chat box if they need to leave the meeting
- Ensure attendance and operational/technical issues logs are open and editable

DURING MEETING

- Monitor attendance online and in the room throughout to ensure quoracy. Use the membership list as an aid
- Communicate promptly to the Chair any changes to attendance that jeopardise quoracy or effective handling of any particular section of the agenda/case discussion
- Record any operational/technical issues experienced or raised by any of the team during the meeting

AT THE END OF THE MEETING

- Log any additional technological issues (sound or audio quality, connectivity or other) raised by the team on the proforma. Ask the Chair to check with the MDT if there are any missed concerns
- Save Attendance and operational/technical issues logs to ensure they can be accessed as part of MDT review processes

SECTION 4: KEY ROLE AND PROFESSION CHECKLISTS

4B. CHECKLISTS FOR FIXED ROLES

All cancer MDT members should perform their roles in line with the recommendations in the one-page summary. Some professional groups have additional responsibilities

CO-ORDINATOR CHECKLIST

GOVERNANCE AND QI

- Work with MDT Chair to assist them in:
  - Establishing the virtual/hybrid MDT meeting charter
  - Establishing an IT back-up plan in the event of technical failures during the MDT meeting
  - Ensuring onsite or on-call tech support is available during the MDT meeting-time
  - Ensuring all MDT members can access training on how to use the virtual platform
  - Setting up proformas to record operational and technological issues, and attendance, and embed within existing MDT performance review process
  - Ensuring all members have access to a quiet, private space and equipment to join the meeting
  - Establishing and maintaining MDT membership document
  - Organising a mandatory face-to-face MDT meeting every 3 – 6 months
- Establish with Chair any additional expectations associated with your role when running meetings as virtual or hybrid (e.g. acting as Attendance Tracker). Discuss feasibility of this and any additional help you may need to perform those additional roles (e.g. IT training, on-call IT support)

BEFORE THE MEETING

- Circulate the MDT membership document with the agenda and meeting link; where peripheral teams are joining for specific parts of the meeting, ensure the time(s) at which they should join are agreed and clearly communicated
- Plan to join the meeting in the same location as the MDT chair
- Ensure you have contact details for on-call IT during the MDT meeting
- Join the meeting at least 10 minutes before the scheduled start time and check:
  - Connectivity
  - Ability to hear and be heard

DURING THE MEETING

- Be available to liaise with on-call IT support to assist with any issues experienced
- If any IT issues (e.g. audio, visual, connectivity) are communicated to you, tell the Chair and Attendance Tracker (as it may affect effective quoracy of the meeting)

RADIOLOGIST AND PATHOLOGIST CHECKLIST

BEFORE THE MEETING

- Join the meeting at least 3 minutes before the scheduled start time and check:
  - Connectivity
  - Ability to hear and be heard
  - Test screen-share and resolution of shared images/slides/report
- Have a back-up in place for sharing imaging if your machine or internet connection fails
- Work with trainees to develop plan for them to attend all/part of remote/virtual MDT meetings

DURING THE MEETING

- Turn on camera when contributing to case discussions
- Check that all members can clearly see the imaging/slides/report being presented for each case being discussed
- Ensure imaging being shared belongs to case being discussed. Do not share screen when checking/reviewing images/slides/report that do not relate to the case being discussed as this causes confusion for other MDT members
- During discussions, be mindful that those joining virtually can feel alienated/ distanced from each other and those joining in the room. This can exacerbate hierarchies and so it is important to actively seek input from nurses, AHPs and newer consultants with support from Chair

SECTION 4: KEY ROLE AND PROFESSION CHECKLISTS

OTHER CONSULTANT CHECKLIST

BEFORE THE MEETING

- Join the meeting at least 3 minutes before the scheduled start time and check:
  - Connectivity
  - Ability to hear and be heard
- Have a back-up in place for joining meeting if your machine or internet connection fails
- Work with trainees to develop plan for them to attend all/part of remote/virtual MDT meetings
- If you have referred a patient, ensure a member of staff who knows the patient first-hand can attend the relevant section of the meeting (liaise with MDT Co-ordinator about the agenda)
  - If this is not possible, ensure a complete narrative of the patient history is available to guide discussion

DURING THE MEETING

- If presenting case:
  - Put on camera
  - Introduce each case by patient name and number
  - Check all MDT members can hear you clearly
- Turn on camera when contributing to case discussions
- During discussions, be mindful that those joining virtually can feel alienated/ distanced from each other and those joining in the room. This can exacerbate hierarchies and so it is important to actively seek input from nurses, AHPs and newer consultants with support from Chair

NURSE AND ALLIED HEALTH PROFESSIONAL CHECKLIST

BEFORE THE MEETING

- Join the meeting at least 3 minutes before the scheduled start time and check:
  - Connectivity
  - Ability to hear and be heard

DURING THE MEETING

- Turn on camera when contributing to case discussions
- Patient views and psycho-social aspects of care are vital to effective MDT discussions, but may be less likely to get addressed during virtual/hybrid meetings – as patient advocate it is important you raise these during the case discussions whenever relevant:
  - If not confident speaking up, use the Raise Hand function or type into Chat
  - If this is not recognised however, and you are not confident interjecting during the discussion, speak up during the pause during the outcome reporting section. The pause is there to ensure no view is left unheard so speaking up during this part is expected
- Keep in mind whether you are clear on the outcome and what needs to be communicated to the patient. If you are not clear, request clarification

SECTION 4: KEY ROLE AND PROFESSION CHECKLISTS

TRAINEE CHECKLIST

BEFORE THE MEETING

- Work with consultants to develop virtual/hybrid MDT participation training plan:
  - Aim to join sections of MDT meetings within your existing workload
  - Establish with consultant what your expected role is within the MDT meeting. If a more senior trainee, this may include presenting cases and contributing to discussions
  - Communicate your planned attendance to the Chair, MDT Co-ordinator and Attendance Tracker and request that you are added to the MDT email distribution and membership list
  - Where possible, plan to attend more than one type of MDT meeting to compare practices between teams and build your understanding of which behaviours work well in virtual and hybrid MDT meetings

DURING THE MEETING

- Perform role in line with pre-agreed expectations and in line with the virtual/online etiquette one-page summary
- Keep a reflective log of how you notice different professional groups participating and interacting in the virtual meeting:
  - How is the chair achieving quoracy?
  - What factors are the team bringing to discussions?
  - What behaviours work well? Which work less well?

SECTION 4: TOOLKIT EVIDENCE BASE

THE IDEA

Need recognised by North Central London Cancer Alliance and Health Foundation Q Exchange:

MDTs working in virtual and remote meeting formats need additional support

→

Partnership with RECONCILE collaboration* and Queen Mary University of London and establishment of expert steering group of cancer MDT members, managers and behavioural scientists

→

National research programme designed to understand opportunities and challenges faced by cancer MDTs working in virtual and remote settings

THE EVIDENCE

Review of existing tools, guidelines and literature

+

National research programme (2022)

- **Survey of 257 cancer MDT members across 18 Alliances**
- **Interviews with 30 cancer MDT members**
- **8 local and specialist virtual and hybrid MDT meeting observations**

+

Expert stakeholder consultation

THE TOOLKIT

Evidence-based recommendations for cancer MDT best-practice specifically in virtual and hybrid meetings

→

One-page summary for use at every meeting

+

Core best-practice virtual/remote principles aligned to National Cancer Action Team domains:

- **The Team**
- **Governance**
- **Organisation & Logistics**
- **Infrastructure**
- **Interaction processes**

Role-specific checklists

- **Chair**
- **Scribe**
- **Attendance Tracker**
- **Co-ordinator**
- **Radiologist and Pathologist**
- **Other consultant**
- **Nurse and AHP**
- **Trainee**

**RECONCILE collaboration: a multidisciplinary research collaboration established by Professors Mick Peake and Martin Birchall to explore the effects of the COVID-19 pandemic on cancer outcomes*

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