

## Improving the Efficiency of Breast Multidisciplinary Team Meetings: A Toolkit for Breast Services

### Section 5: MDT Leadership and Etiquette

Effective leadership of the breast multidisciplinary team is an important component of a successful breast service. Good leadership in this context should not be confused with being at the top of the hierarchy; it is about providing clear organisational direction and supporting and developing team members.

However, a distinction needs to be made between the role of the Lead Clinician of the breast MDT and the individual(s) chairing the MDTM. These distinct roles may be, but do not necessarily need to be, carried out by the same individual.

The **MDT Lead Clinician** should have a job description outlining their role and responsibilities with appropriate time allocated in their job plan for that purpose. Those responsibilities will include the development and update of MDT clinical guidelines, ensuring mechanisms are in place to support entry of eligible patients into clinical trials, chairing operational meetings of the MDT, representing the MDT at relevant Trust and Cancer Alliance meetings etc.

They have a key leadership role in overseeing the effective organisation of MDTMs according to local requirements, which will include:

- The scheduling, frequency and format of MDTMs
- Ensuring the attendance of required core MDT members at MDTMs
- Ensuring that there are processes in place for all breast cancer patients to either be discussed at the MDTM or have their management pathway monitored through a streamlining process
- Ensuring that there are processes in place for documentation and dissemination of MDTM decisions and appropriate data collection

The role of **Chair of an MDTM** is distinct from that of the MDT Lead Clinician. The primary aim of the role is to facilitate the efficient multidisciplinary discussion of the patients listed for the MDTM. The role of chair can be carried out by any core member of the MDT and does not need to be from a specific discipline. The arrangements for chair of the MDTM should be determined locally.

In smaller services a single designated chair may attend the majority of once weekly MDTMs, only requiring cover for periods of leave. In large services with multiple MDTMs spread through the working week it is likely to be impractical for a single individual to chair all MDTMs.

There are a number of different options for chairing MDTMs:

- A single chair co-ordinating the meeting throughout
- A rolling chair through different sections of the meeting
- No formal chair and a process driven sequence of presentation of cases through the meeting

The most appropriate of these options should be agreed according to local MDTM requirements. This is of particular importance for MDTMs involving multiple sites and tele-conferencing.

High-quality chairing skills are vital for good MDTM performance and include:

**Time management:** it is essential that the MDTM sticks to its allotted time. The chair can facilitate this by

## Section 5: MDT Leadership and Etiquette

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keeping the meeting focused and prioritising case discussion where there are more complex cases for discussion.

**Facilitating discussion:** the chair has an important role in encouraging contributions from all MDTM participants who should be encouraged and feel able to input relevant information to case discussions and constructively express a different opinion.

**Conflict management:** the inevitable consequence of enabling differing opinions to be expressed is that this can potentially lead to conflict between MDTM attendees. The chair will need skills to facilitate constructive discussion in order to reach a consensus MDT decision.

**Organisational:** the chair must ensure that following each case discussion there is a clearly documented management plan including potential eligibility for clinical trials. This requires the ability to summarise the MDTM discussions and document an agreed consensus MDT decision.

**Leadership training courses:** These are available and may be useful to individuals that regularly chair MDTMs to improve these skills.

### LEADERSHIP AND CHAIRING TOOL:

#### MDT-ATLAS<sup>1</sup>

MDT-ATLAS is a tool for MDTs that measures leadership and chairing skills in MDTMs. It has been developed and validated with experts and end users to support the assessment and development of MDT leadership, which is central to the running of an effective MDT.

ATLAS can be used as an intervention on its own, or combined with other evidence-based tools to provide a more comprehensive assessment of the performance of an MDT.

The tool uses 12 domains:

- time management
- communication
- encouraging contribution
- ability to summarize
- ensuring all patients have treatment plan
- case prioritisation
- keeping meetings focused
- facilitate discussion
- conflict management
- leadership
- creating good working atmosphere
- recruitment for clinical trials

The **MDT Coordinator** has a key leadership role co-ordinating the administrative team to provide the necessary infrastructure to allow the smooth and efficient running of the MDTM and delivery of the required meeting outputs in terms of decision-making and data collection. Training may be useful to support these skills when needed.

### MDT Etiquette

Whichever model of MDTM chair is used the atmosphere of the meeting and the behaviour of the MDT is important for a successful meeting. This can in part be determined by well organised MDTM processes and participants having clearly defined roles, which allow the MDTM to run smoothly within the allotted time.

However, it is also important that there is equality and inclusiveness of participation within the MDTM ensuring that all professional groups feel able and do contribute to the case discussions. This is particularly important in light of evidence showing that certain disciplines (e.g. CNS) are under-

## Section 5: MDT Leadership and Etiquette

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represented in case discussions, yet they are important for the collective ability to reach a treatment recommendation<sup>2</sup>. The MDTM Chair has an important role in achieving this.

Where there are differing opinions, it should be possible to voice those constructively and there should be agreed processes for reaching consensus decision-making.

There is increasing awareness of the unacceptability of bad behaviour including bullying, undermining and harassment in healthcare, which all organisations involved in the development of this Toolkit endorse. The Association of Breast Surgery has launched its own campaign #CoreItOut – tackling undermining and bullying in the NHS.

A code of conduct, that MDT members sign up to, can be helpful in achieving appropriate MDT etiquette.

This can also include more practical arrangements such as agreed policies to avoid disruption of MDTMs e.g. mobile phones being turned off or put in silent mode, muting microphones during videoconferences to avoid unnecessary background noise, etc.

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### References:

1. Rozh J, Soukup T, Akhter W et al. Quality of leadership in multidisciplinary cancer tumor boards: Development and evaluation of a leadership assessment instrument (ATLAS). *World J Urol* 2018;36(7):1031-1038.
2. Soukup T, Petrides KV, Lamb BW et al. The anatomy of clinical decision-making in multidisciplinary cancer meetings A cross-sectional observational study of teams in a natural context. *Medicine* 2016;95(24), e3885.