Section 14: MDTMs in the Independent Sector

In January 2018 the Clinical Practice & Standards Committee of the Association of Breast Surgery produced the following recommendations in relation to Breast Multidisciplinary Team Meetings in the Independent Healthcare Sector.

Association of Breast Surgery (ABS) Recommendations for a Breast Multidisciplinary Team Meeting in the Independent Healthcare Sector

Statement of Purpose

The conviction of Mr Ian Paterson (IP) related to procedures carried out by IP in the independent sector, with many patients not receiving appropriate discussion in a fully functioning breast multidisciplinary team meeting (MDTM). The principles of an effective and functioning MDTM have been defined by the NHS National Cancer Action Team[1].

ABS noted that there are no current recommendations as to what constitutes a functioning breast specific MDTM in the independent sector. This paper aims to provide such a framework.

Background

NHS England National Peer Review Programme for Breast Cancer Measures states that "the multidisciplinary team (MDT) is the group of people from different health care disciplines, which meets together at a given time (whether physically in one place, or by video or teleconferencing) to discuss a given patient and who are each able to contribute independently to the diagnostic and treatment decisions about the patient"[2].

Point 13-2B-101 indicates that a Breast MDT in the NHS should include a single named lead clinician with an agreed list of responsibilities for the breast MDT who should also be a core team member of this MDT. ABS feels that patients in the private sector should not be disadvantaged compared with patients in the NHS and as such, a robust process of MDT working and discussion needs to be in place for these patients.

The MDT should provide the names of core team members and their cover for named roles in the team.

Recommendations for a Breast MDTM within the private sector

The ABS recognises that many breast surgeons already discuss their private breast patients in a fully functioning NHS Breast MDTM. This may not be possible in all cases. As such, the ABS recommends that if patients are not discussed in an NHS Breast MDTM, an MDTM should be set up in the independent sector.

This MDTM should develop terms of reference and identify a "lead clinician" with responsibility for running of the breast multidisciplinary team meeting. The membership of the private practice breast MDTM should be recorded by the provider hospital and ratified by the Medical Advisory Committee (MAC). There should be an annual local operational policy meeting where MDM attendees discuss and

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review policies. Minutes of this meeting should be recorded with a copy available for MAC review.

It is expected that regular timetabled meetings will be held in the private sector unless there are no patients to be discussed or if it is a public holiday. The core multidisciplinary team should consist of:

- Two or more designated consultant breast surgeons. Each surgeon should have an annual surgical workload of at least 30 treated breast cancers. In addition surgeons involved in the NHS BSP should maintain a surgical caseload of at least 10 screen-detected cancers per year, averaged over a three year period. It is expected that surgeons with low caseloads should be able to demonstrate an annual surgical workload of at least 30 treated breast cancers[3].
- A consultant clinical oncologist
- A consultant medical oncologist (if the responsibility of chemotherapy is not undertaken by the clinical oncology core member)
- A breast imaging specialist;
- A consultant histopathologist (who takes part in the specialist EQA for breast cancer)
- A specialist Breast Care Nurse
- MDT Coordinator/secretary

In order for a meeting to be quorate at least one member from each discipline as listed above should be present either in person or via video link to ensure full multidisciplinary discussion before results are given to the patient. It is expected that all members attend at least 66% of meetings annually.

All patients who have undergone needle biopsy or diagnostic/therapeutic breast surgery (including risk reducing surgery) should be discussed at the MDTM. The only exceptions where breast surgery would not be routinely discussed are delayed breast reconstruction and aesthetic breast surgical procedures (unless malignancy is unexpectedly found in such a patient). Minutes of the private MDTM should be recorded and a copy placed in the patient's private notes.

Date	February 2022
Version	2

References:

1. National Cancer Action Team. Characteristics of an Effective Multidisciplinary Team (MDT). National Health Service 2010.
2. National Peer Review Programme. Manual for Cancer Services Breast Cancer Measures Version 1.1. NHS England 2013.
3. Association of Breast Surgery. Best Practise Guidelines for Surgeons in Breast Cancer Screening. Association of Breast Surgery