

# Report of the MDT Coordinators' Survey 2010 Update

Benjamin W Lamb James SA Green Nick Sevdalis



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ITC support

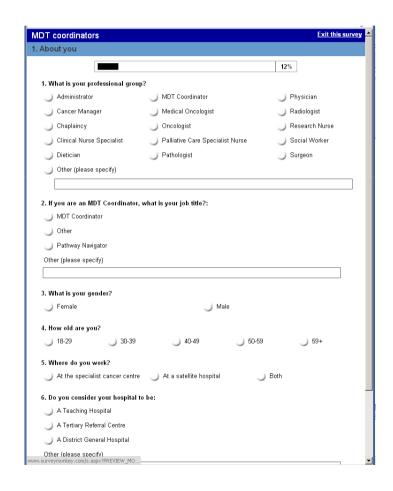
Team behaviors

#### **Discussion**



#### Survey 2010

- On-line survey
- Multiple choice, rating scales and free text questions
- •Topics included:
  - Your roles
  - Training
  - Organisational support
  - Professional support
  - •ITC availability
  - •Behaviours in MDT meetings





#### Respondents

- •265 Responses
- •83% MDT coordinators
  - •8% administrators
  - •3% managers
  - •3% nurses
- •86.4% female
- Median age 40-49 yrs
- •45% DGH
- •46% Teaching Hospital

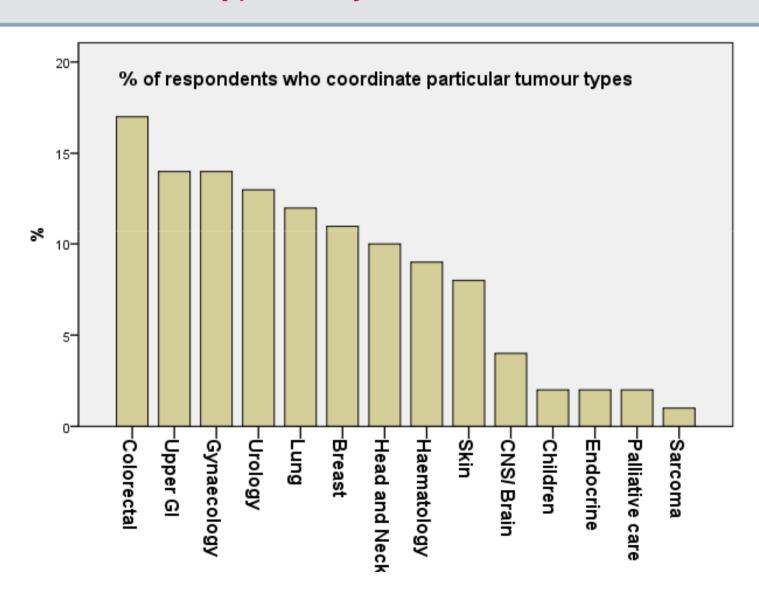


# What is your title?

•	Name	N	Name	N	Name	N
	MDT Coordinator	133	Services Co-ordinator	2	MDT Coordinator/ Tracker	1
	Cancer Pathway Co-ordinator	12	BREAST OFFICE MAN	1	MDT Manager	1
	Patient Pathway Co-ordinator	12	Cancer Audit and MDT Coordinator	1	MDT Navigator	1
	MDT 60-ordinator / Paitent Tracker	10	Cancer Co-ordinator	1	MDT/ Clinical Data co-ordinator	1
	MDT Coordinato & Pathway Navigator	7	Cancer Pathway co-ordinator	1	Medical Secretary	1
	Pathway Navigator	4	Cancer Patient Tracker	1	Network Cancer Services Coordinator	1
	Cancer Information and MDT  Facilitator	2	Cancer Patient Tracker & MDT Coordinator	1	Oncology Data Administrator	1
	Cancer Services Co-ordinator	2	Cancer Services Facilitator	1	Pathway audit off cer	1
	Cancer Support Officer	2	Cancer Tracker	1	Patient Imaging Coordinator	1
	Data manager	2	Cancer Tracker / MBT coordinator	1	Patient Navigator/MDT Co-ordinator	1
	MDT administrator	2	Consultant Physician	1	Patient Tracker/ MDT Co-ordinator	1
	MDT Coordinator/ Cancer Tracker	2	Lead Cancer Tracker	1	Team leader/ mdt coordinator	1
	MDT Coordinator/ Patient Navigator	2	LEAD DENTAL NURSE	1	Patient Tracker/ MDT Coordinator	1
	MDT Facilitator	2	Lead MDT Facilitator	1	Senior MDT administrator	1
	Patient pathway & Data Co- ordinator	2	MDT Coordinator/ Service improvement facilitator	1	Senior MDT Navigator Waiting List Coordinator	1

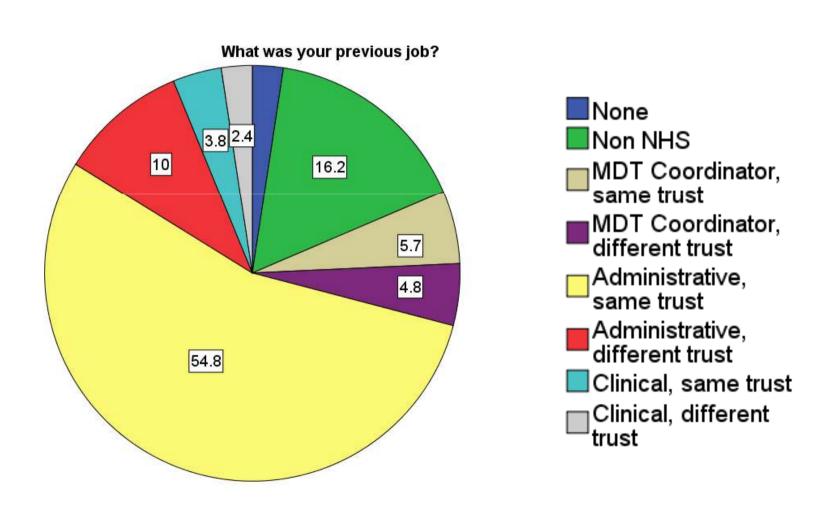


#### Which tumour types do you coordinate?



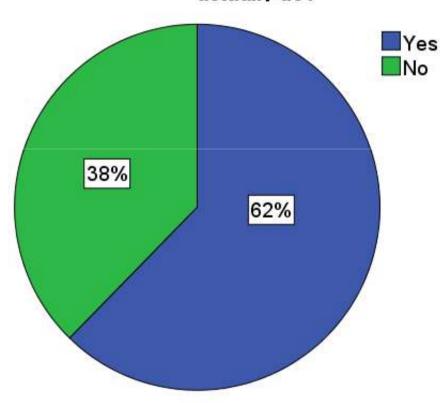


#### What were you doing prior to your present job?



#### Your role

# Do you think your job plan reflects what you actually do?



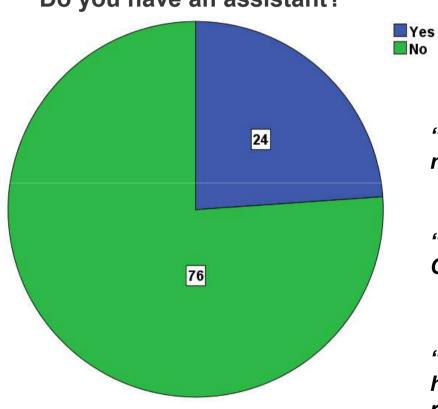
"Commenced job in 2002 no formal changes in job-plan have ever taken place. Now do a completely different job in 2010."

"More & more requirements have been added to this job as well as covering for other cancer sites during colleague absences."

"Our job plan is very out of date...Now responsible for Cancer pathway tracking & audit work, which takes more time than the MDT work."

#### Your role

#### Do you have an assistant?



"Admin assistant - pull notes, register new patients, add investigations."

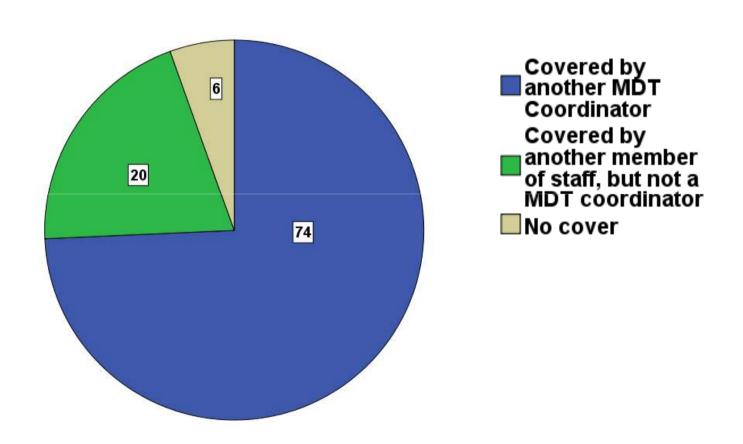
No

"Cancer Support Tracker - Tracks Bowel Cancer Screening Patients."

"I did have a full time MDT assistant, but have been told this position won't be replaced due to cutbacks."

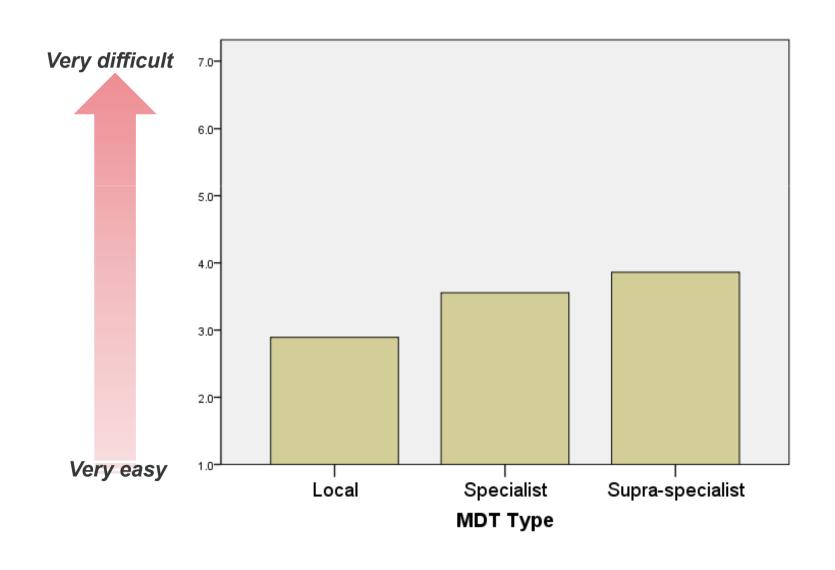


# When you are absent, what cover arrangements are in place?



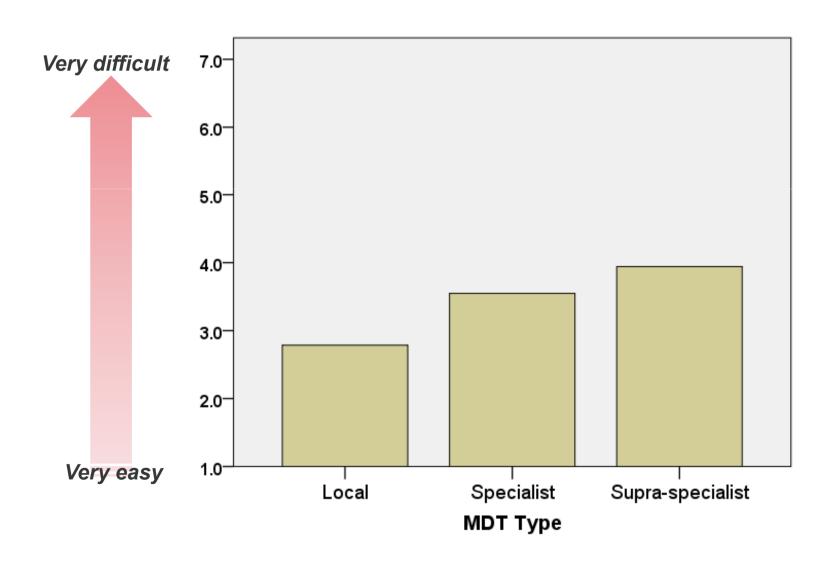


## How easy is *team coordination*?



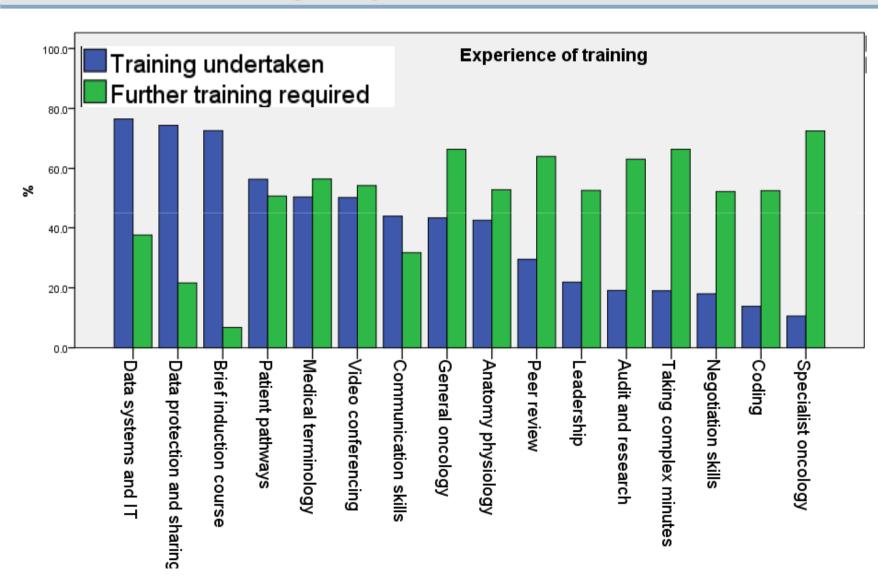


### How easy is *meeting administration*?



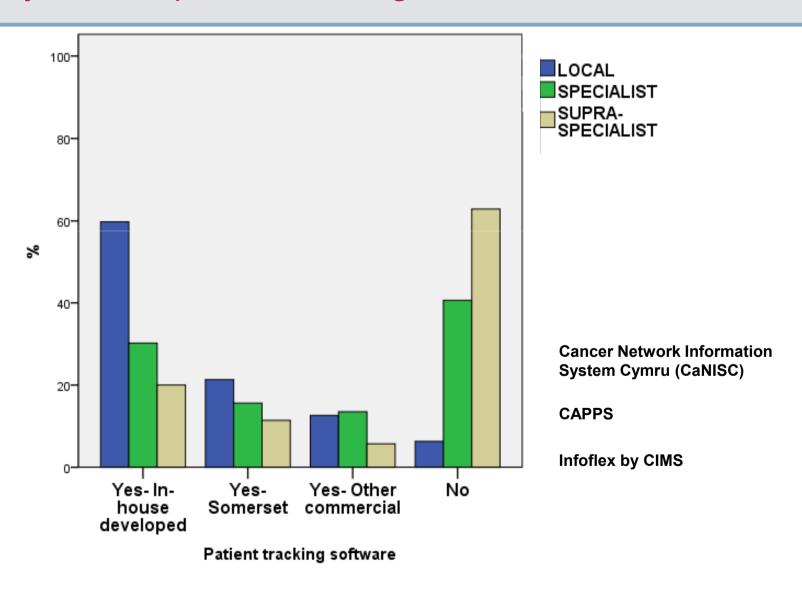


# What training have you had? What training do you need?



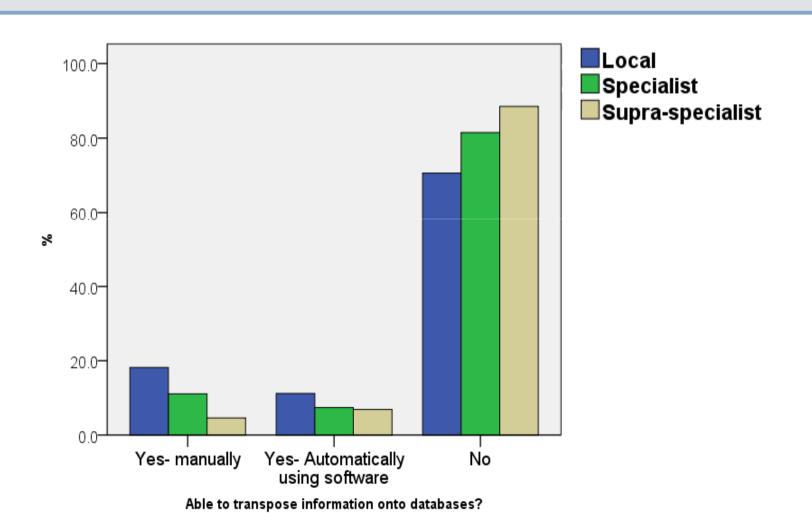


#### Do you have patient tracking software?



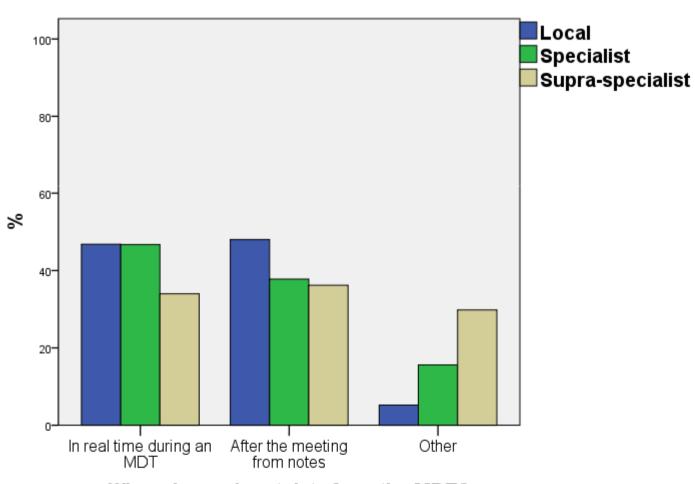


# Can you transpose information to other databases?





#### When do you input data from the MDT?

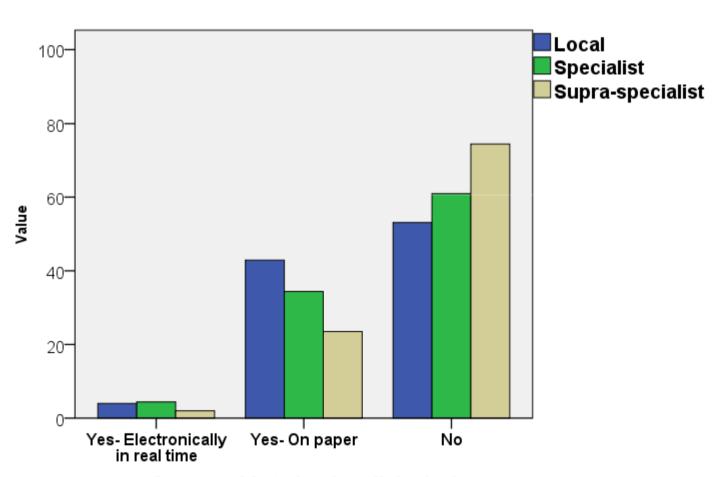


When do you input data from the MDT?

# **Imperial College**London



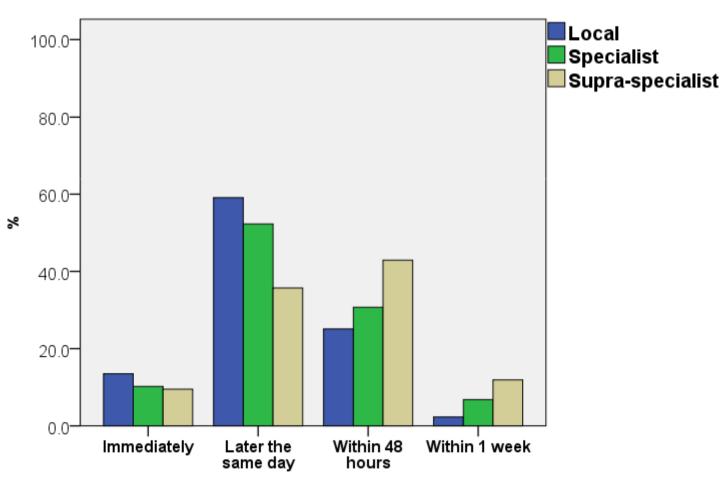
# Can you book radiological investigations during meetings?



Are you able to book radiological investigations during the MDT meeting?



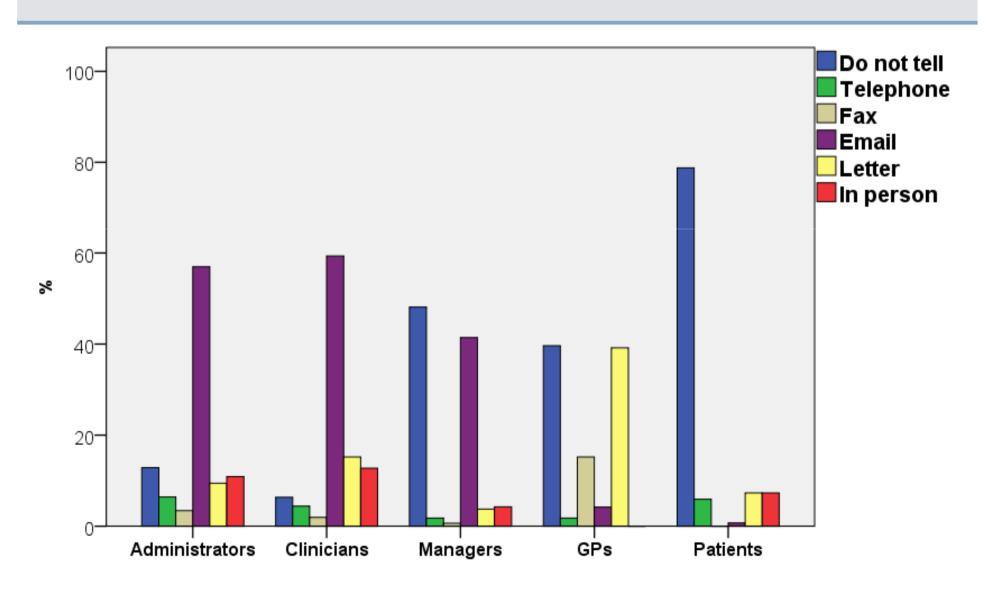
#### How soon can you send out MDT outcomes?



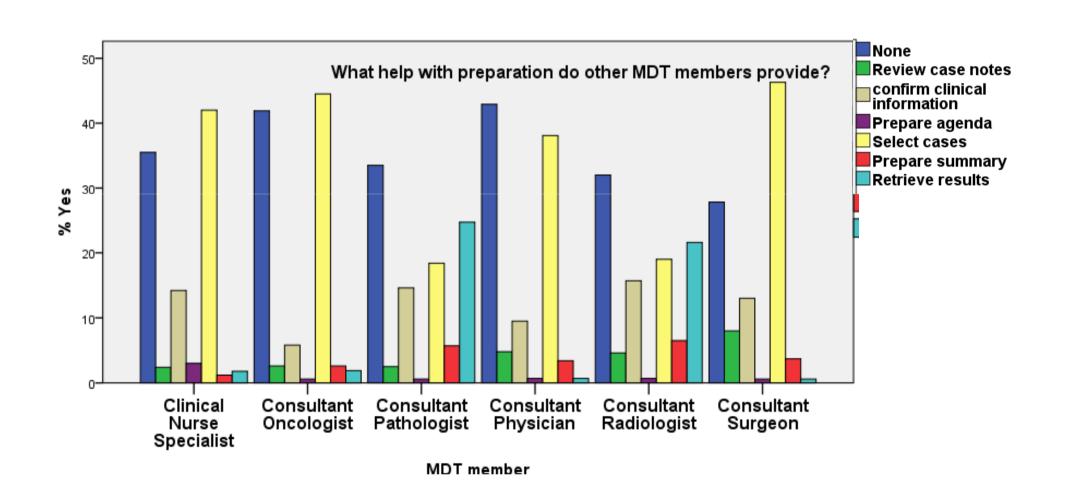
How soon can you send out MDT outcomes?



## How do you communicate MDT outcomes?

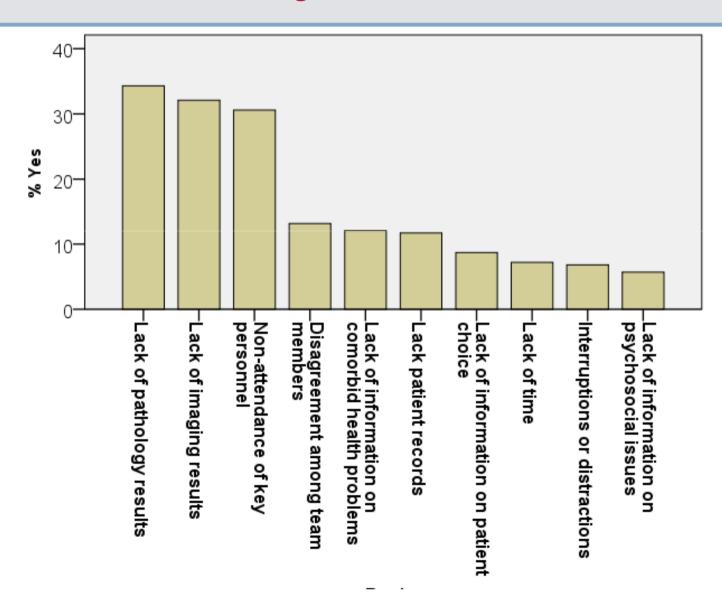


#### What help with preparation do others provide?



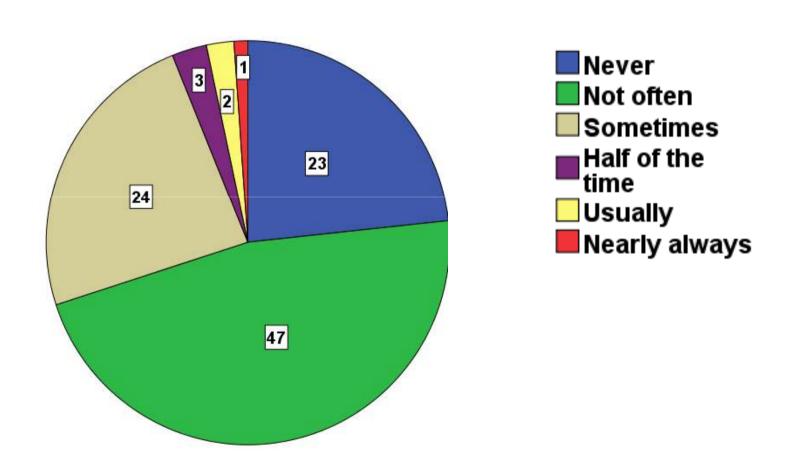


#### Barriers to reaching decisions



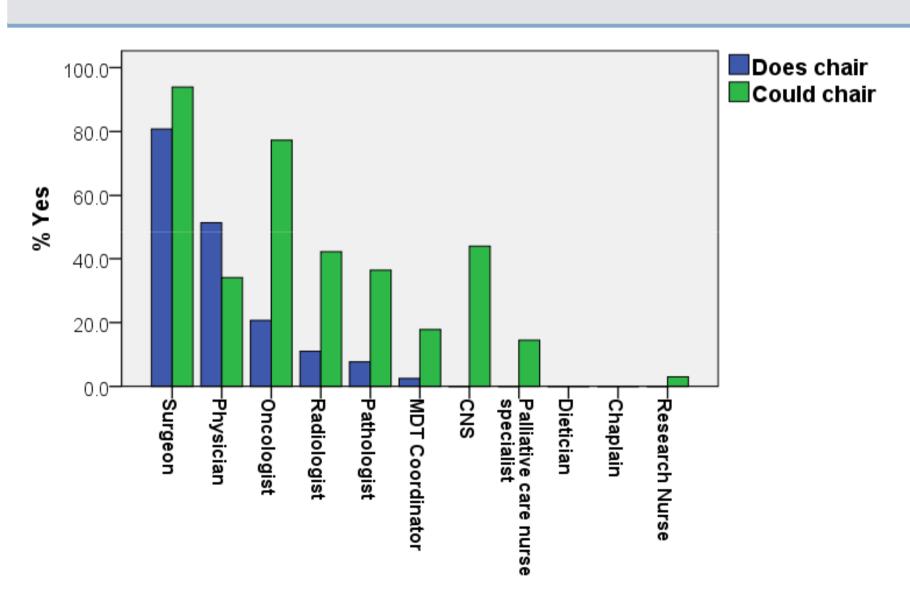


#### How often is there disagreement with the plan?

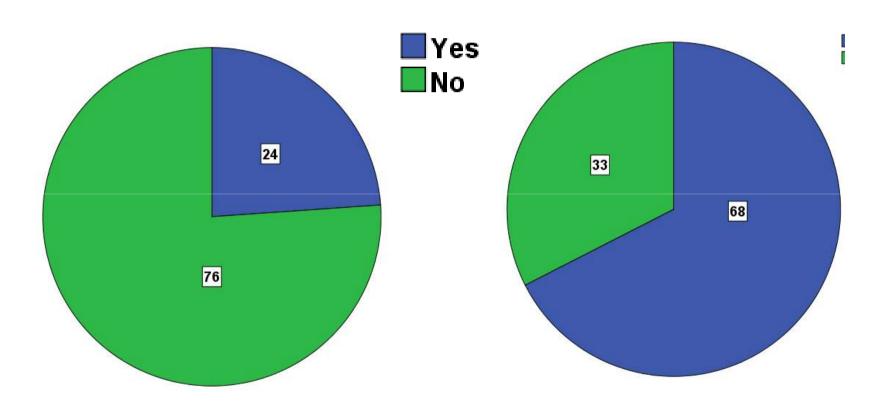




#### Who does, or could chair?



#### Does, and could the chair rotate?



Does the chair rotate?

Could the chair rotate?

#### Summary

- •Thank you for responding!
- Variation in career path and job-plans of MDT coordinators
- Local MDT easier to run than specialist
- Areas of training requirements remain unmet
- •ITC exists, but not always available
- Perceived barrier is lack of results for path/scans
- •MDT chair usually surgeon, but others could lead

#### Conclusion

- •MDT Coordinator profession needs greater structure/ recognition
- •Training should be standardised to meet needs
- ITC should be made available and utilised
- •Greater preparation from team members may improve decision-making
- •Future research to focus on improving ITC to make specialist more like local meetings









# Report of the MDT Coordinators' Survey 2010 Update

Thank you

Any questions?





