**An Audit to Assess the Quality of Recording of Radiology MDT Input [QSI Refs: XR-511, XR-704, NM-805, US-804]**

**Descriptor:**

Consultant radiologists contribute towards the decision making of patients discussed at the MDT meeting by providing a specialist opinion of the relevant imaging. A minimum standard for this MDT report or summary is described.

**Background:**

The MDT report is a document which should summarise the radiology input given during the meeting and can be used to document additional discussions regarding the patient’s imaging. The report aids effective MDT working by contributing to continuity of information and care between different providers and this ultimately improves the quality of patient care. Accurate documentation of the radiologists input to cases at the MDTM can also be important for accurate interpretation of future imaging the patient may undergo.

The Royal College of Radiologists guidelines on Cancer MDT team meetings recommend that all images discussed at MDTMs should have a supplementary report identifying the images have been reviewed, the histological diagnosis and the MDTM management plan documented. They also indicate that major differences of opinion or discrepancies should be recorded.

## The Cycle

**The standard:**

1. Reference to which imaging has been reviewed e.g. CT 1.1.15 reviewed. For patients with extensive imaging (e.g. trial patients) list all imaging reviewed (e.g. CT scans from Dec 2014 to Feb 2015 and state the Trial)

2. A radiological opinion is given e.g. 'imaging consistent with stage IV lung cancer' or 'T3 looking CRC with no nodal or metastatic disease'. For cancer MDTs, TNM staging is documented where appropriate (e.g. at the initial MDTM discussion)

3. A histopathological diagnosis is given where appropriate (e.g. at the initial MDTM discussion) and a treatment plan is documented

4. Any major difference of opinion/ discrepancy are recorded in the MDT report

5. Any major difference of opinion/ discrepancy are recorded as an addendum to the original primary report

6. Any further Radiological investigations that are recommended following discussion at the MDTM should be documented

**Target:**

100% of all MDT reports, whether they are for cancer or non-cancer should provide sufficient detail as above.

## Assess local practice

**Indicators:**

1. Does the MDT report pay reference to the imaging reviewed? Y/N

2. Does the MDT report give a radiology opinion? Y/N

3. Does the MDT report record histology where relevant? Y/N

4. Does the MDT report record a management plan where relevant? Y/N

5. If appropriate have major differences of opinion / discrepancies been documented and acted on according to local protocol? Y/N

Note: If a report reads 'recent CECT reviewed. Please see CECT report' both standards 1 & 2 are achieved.

**Data items to be collected:**

- Details of imaging reviewed and opinion of imaging reviewed as per Standard 1 and 2

- Documentation of major differences in opinion and discrepancies

- Author of the MDT documentation / report

**Suggested number:**

50-100 MDT reports

**Suggestions for change if target not met:**

Presentation and discussion at local audit meeting

Presentation and discussion at local discrepancy meeting if standards 4-5 are not met

**Resources:**

50-100 MDT reports can be assessed within one session by one trainee and consultant.

**References:**

1. [Cancer Multidisciplinary Team Meeting - Standards for Clinical Radiologists.](http://www.rcr.ac.uk/publication/cancer-multidisciplinary-team-meetings-%E2%80%93-standards-clinical-radiologists) The Royal College of Radiologists [accessed April 8, 2018]
2. Standards for interpretation and reporting of imaging investigations, Second edition. 2018. BFCR(18)1 <https://www.rcr.ac.uk/publication/standards-interpretation-and-reporting-imaging-investigations-second-edition> [accessed April 8,2018]
3. The Characteristics of an Effective Multidisciplinary Team (MDT) The National Cancer Action Team. February 2010.

**Editor's comments:**

How MDTs are run and recorded will vary from department to department. It may be more practical for an audit to be carried out of a specific MDT, ensuring that if there is more than one Radiologist who takes a particular meeting and that the practice of each is audited.

**Submitted by:**

Dr Jonathan Smith. Updated by CRAC 2015 and R Balasubramaniam 2018. Reviewed by V Parelukar 2022

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