



SBNS Policy on Multidisciplinary Team (MDT) Working

Enhancing Outcomes through Effective Team Dynamics

The SBNS unequivocally encourages and endorses MDT working for the benefit of patients, healthcare professionals including the direct and indirect teams looking after patients and associated carers.

Key principles of effective MDT working include communication, honesty, leadership and respect.

These are core elements of published standards of professional practice within the scope of Good Medical Practice and Good Surgical Practice.

The National Institute for Health and Care Excellence (NICE), acknowledges that there is no national standard for an MDT but that some of the successes of MDTs lie in the flexibility to suit each clinical area if accompanied by good planning and communication.

Definition: A multidisciplinary team (MDT) is a team of individual healthcare workers from different disciplines or professions who work towards a common goal.

The concept of multidisciplinary team (MDT) working is fundamental to the delivery of high-quality surgical care. In the United Kingdom and Eire, best practice in MDT working is essential for ensuring optimal patient outcomes.

The strength of an MDT lies in its diversity of expertise and perspectives. Encouraging interdisciplinary collaboration is essential for harnessing the full potential of the team. Collaboration should be based on mutual respect, open communication, and a shared commitment to patient care.

At the heart of MDT working is a commitment to delivering patient-centred care. This involves putting the needs and preferences of patients at the forefront of all decision-making processes. Effective MDTs prioritize patient involvement and ensure that care plans are tailored to individual patient needs.

Commitment to continuous learning and development is essential for maintaining high standards of care and staying abreast of advancements in surgical practice. MDTs should foster a culture of learning where team members are encouraged to pursue professional development and share their knowledge with colleagues.

An MDT is made up of highly trained professionals who should be respected as such. It is paramount to show respect to other members of the MDT and attempt to understand everyone's viewpoint. Every role within the MDT is crucial. There should be a culture of respect so that all members feel valued and comfortable to share opinions and raise concerns, if needed. Where opinions differ, MDT members should be able to articulate their views in a respectful, non-judgemental and rational way,

working together to come to the most appropriate resolution — sometimes seeking outside opinion may be necessary in cases of uncertainty or conflict.

The Royal College of Surgeons of England has provided extensive analysis into the harms that occur when disruptive behaviours undermine effective teamwork and provide guidance on how to manage disruptive behaviours.

It is important that MDTs can take place within both NHS institutions (Government funded) as well as in the independent healthcare sector.

The Independent Healthcare Providers Network provides useful guidance in their publication 'Multidisciplinary team working a resource for independent sector providers'.

Access to an MDT can ensure that patients benefit from the range of expert advice needed for high quality care.

MDT meetings are not necessary for all patients and are dependent on the patient's diagnosis and the nature and complexity of the care being provided. MDT meetings for more straightforward procedures are generally not warranted. Whilst it is not necessary, or desirable, for all patients to be reviewed by an MDT, **healthcare organisations must** identify when MDT meetings need to be part of a patient's care pathway.

Within a complex, multifaceted professional environment, MDTs make legally responsible decisions and organisations will be held to account, for what the MDT does in practice. The organisation **must** be able to provide assurance and demonstrate that their MDTs are: 1. competent to perform this responsibility 2. adequately supported in practice.

One of the principle legal concerns is how organisations can secure and assure the integrity of the MDT. Its responsibilities must not be eroded or undermined by institutional priorities, convenient bureaucratic processes or hierarchical decision making. In legal terms the organisation will be judged on whether it has acted reasonably and rationally in its assessment and decision-making processes.

Organisations **must** ensure there is adequate funding for administrative support, necessary technology and protected time delivered through proper job planning. Where an MDT has decided dual consultant operating is necessary, the organisation must support this action.

NHS England provided guidance on streamlining MDTs where routine cases could follow an agreed 'Standard of Care'.

The key principle to achieve MDT streamlining is that all patients remain listed and recorded at the MDT, however patients are stratified into two groups: Those cases where full discussion at the MDT is required, for example due to clinical complexity or psycho-social issues, and those cases where a patient's needs can be met by a standard treatment protocol (or Standard of Care), and so do not require discussion at the MDT.

MDTs should function wherever complex needs are identified, and the level of care warrants an integrated approach to assessment, planning and coordination.

The varying level of coordination is proportionate to the number of complex cases encountered by the MDT and the complexity of each person's needs. The more complex the case, the greater the level

of both communication and coordination needed to support effective practice. Time is a key factor to delivering this coordinated assessment and planning effectively. This means that the more complex cases will require more time to deliver a coordinated assessment, or integrated plan of care.

It is important that following an MDT discussion, it should be made clear who the **Lead Clinician or Consultant** is, who will take responsibility for relaying and enacting the MDT plan, particularly if several opinions are available.

Involvement of the Patient and their Family

In some circumstances the patient or their carer or representative may be invited to attend an MDT. It must not be assumed that they can be treated just like any other members of the MDT. They should be considered as extraordinary members of the team, or more commonly, 'VIPs'. Clinicians will need to consciously recognise and adapt their approach, language, relationships and processes to meet the needs of each new person, who for a short time becomes the most important member of their MDT.

The fundamentals of effective teams.

Effective MDT working is anchored in three core features: having a small number of meaningful objectives, clear roles and responsibilities among team members, and regular reflection on team dynamics and performance. The King's Fund provides more detailed guidance on effective team working.

1. Meaningful Objectives

A successful MDT is driven by a set of compelling and shared objectives that all team members are responsible and accountable for achieving. These objectives should be meaningful, achievable, and directly related to patient care and outcomes. By establishing common goals, MDTs can foster a sense of shared purpose and collective achievement among team members. This sense of unity is crucial for building trust and collaboration within the team.

2. Clear Roles and Responsibilities

For an MDT to function effectively, it is essential that each team member has a clear understanding of their roles and responsibilities. This clarity helps to prevent confusion, overlaps, and gaps in care delivery. As teams form and evolve, roles may need to be adjusted to reflect the strengths and expertise of individual members. Regularly revisiting and refining roles and responsibilities ensures that the team operates efficiently and effectively.

3. Reflection and Continuous Improvement

All teams benefit from taking time out to reflect on how they are working together and identify areas for improvement. This reflective practice can take various forms, such as team time-outs, away days, or regular huddles. Reflective sessions should cover both the technical aspects of work and the interpersonal dynamics within the team. Creating a safe environment where all team members feel comfortable sharing their thoughts and ideas is crucial for effective reflection.

Conclusion

On a day-to-day basis, MDTs direct many resources. Effective multidisciplinary team (MDT) working is crucial for delivering high-quality surgical care in the UK and Eire. By focusing on meaningful objectives, clear roles and responsibilities, and regular reflection, neurosurgical MDTs can enhance patient

outcomes, foster innovation, and maintain staff wellbeing. Implementing best practices such as effective leadership, interdisciplinary collaboration, patient-centred care, and continuous learning further strengthens the effectiveness of MDTs. By embracing these principles, neurosurgical teams can ensure that they provide the best possible care to their patients while supporting the professional growth and satisfaction of their team members.

Resources:

[General Medical Council - Good Medical Practice](#)

[Royal College of Surgeons of England - Good Surgical Practice](#)

[Royal College of Surgeons of England - Managing Disruptive Behaviours.](#)

[NICE](#)

[Independent Healthcare Providers Network](#)

[The King's Fund](#)

[North Central London Cancer Alliance](#)

[The Pharmaceutical Journal](#)

[Health Education England - MDTs](#)

[NHS England](#)

[MDT Working - Framework for Practice in Wales](#)

Royal College of Surgeons in Ireland

GOOD CLINICAL CARE

1.1 Providing a good standard of surgical practice and care

13. consulting appropriately with other clinicians and transferring the care of the patient, when appropriate, to another colleague or unit where the required resources and skills are available.

14. ensuring that your care decisions are appropriately informed following discussion within a multidisciplinary team meeting where this is appropriate

2. MAINTAINING COMPETENCE

4. leading the development of, and participating in, quality improvement activities in your practice including multidisciplinary team meetings

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GOOD SURGICAL PRACTICE

Knowledge skills and development

1.1. Maintaining competence and developing your knowledge and performance

11. *Attend and contribute to regular meetings with colleagues in the same and related specialties and attend multidisciplinary meetings.*

Providing Good Surgical Care

6 Follow current clinical guidelines in your field of practice and be prepared to justify your actions, where appropriate, when that guidance has not been followed.

8 Utilise the skills and knowledge of other clinicians. When the complexity of the procedure is an issue, you should consider shared operating with another expert surgeon. Where appropriate, transfer the patient to another colleague or unit where the required resources are available.

3.2. Teamworking

1. *Attend multidisciplinary team meetings and morbidity and mortality meetings and engage in systematic review and audit of the standards and performance of the team.*
2. *Work effectively and amicably with colleagues in the multidisciplinary team, arrive at meetings on time, share decision making, develop common management protocols where possible and discuss problems with colleagues.*
3. *Engage in and encourage reflection and learning from the activity of the multidisciplinary team and take appropriate action in response.*
10. *Be mindful of the risks of diffusion of responsibility in the multidisciplinary team setting and the wider hospital setting and ensure that shared and corporate responsibility does not interfere with or diminish your own professional responsibility to your patient.*

General Medical Council

GOOD MEDICAL PRACTICE

Knowledge skills and development Maintaining, developing and improving your performance:

13 *You must take steps to monitor, maintain, develop, and improve your performance and the quality of your work, including taking part in systems of quality assurance and quality improvement to promote patient safety across the whole scope of your practice.*

Checklist to help structure effective MDTs:

To implement meaningful objectives in surgical MDTs:

- Engage all team members in the process of setting objectives to ensure buy-in and alignment.
- Clearly communicate the objectives and regularly revisit them to ensure they remain relevant and achievable.
- Measure progress towards objectives and celebrate achievements to maintain motivation and focus.

To establish clear roles and responsibilities in surgical MDTs:

- Define specific roles and responsibilities for each team member at the outset of the team's formation.
- Communicate these roles clearly and ensure that everyone understands their individual and collective duties.
- Regularly review and update roles to reflect changes in team dynamics and patient needs.
- Provide opportunities for team members to discuss and clarify their roles, especially during team meetings and debriefings.

To foster reflection and continuous improvement in surgical MDTs:

- Schedule regular reflection sessions and ensure that all team members can participate.
- Encourage open and honest communication, where all team members feel valued and heard.
- Use structured reflection tools and frameworks to guide discussions and identify actionable insights.
- Implement changes based on reflection outcomes and monitor their impact on team performance and patient care