**Availability of Imaging Material (images and reports) at Multi-Disciplinary Team (MDT) Meetings [QSI Refs: XR-703, XR-704]**

**Descriptor:**

Audit of the availability of images and reports for the patients to be discussed at MDT meetings. It is essential that all the relevant imaging and associated reports are available to the radiologist in sufficient time that an accurate and high-quality opinion can be provided at the MDT. Poor compliance with this can result in delays in treatment, incorrect outcomes and failure of any imaging discrepancies to be communicated back to the primary reporter.

**Background:**

Multi-disciplinary Team Meetings are mandatory in NHS for hospitals providing cancer services and increasingly used for other non-cancer services. Image review is a fundamental part of the MDT process and requires a significant time commitment from the radiologist. This includes preparation of the cases, attendance at the meeting and follow-up communication and organisation of further imaging. Appropriate image review at the MDT meeting requires the availability of all the relevant prior images and reports. This is particularly an issue with the centralisation of cancer work and increasing referral to tertiary hospitals. For the process to be facilitated consistently and effectively there should be good organisation from the MDT co-ordinator to ensure that the MDT radiologists has all the required information to provide a considered opinion prior to the meeting. This enables accurate and timely decisions regarding patient care to be made.

## The Cycle

**The standard:**

**Cancer Multidisciplinary Team Meeting – Standards for Clinical Radiologists – RCR 2nd edition 2014**

Standards for interpretation and reporting of imaging investigations (2nd edition) RCR 2018

• The RCR recommends sufficient time is given to radiologists prior to the MDT to avoid significant errors being made in view of lack of time

• Radiology reports as well as images and indications for examinations must be available for review

• Opinions given at the MDT should have a supplementary report

• Differences in opinion should be documented and actioned appropriately

• Best practice is for the primary report to be transferred with the patients’ images. Failure to achieve this jeopardises clinical quality and increases the risk of error. Radiologists should insist on the original report being provided when giving a second opinion

• A second opinion report should be recorded and made available to the primary hospital

**Target:**

1. Availability of radiology images and examination indications for review prior to the MDT - Compliance target 100%

2. Availability of primary radiology reports for review prior to the MDT - Compliance target 100%

3. Radiology images and reports are available with sufficient time for adequate review - in many centres this will be prior to a designated deadline - Compliance target 100%

4. Availability of a second radiology report generated at MDT for the primary hospital - Compliance target 100%

## Assess local practice

**Indicators:**

1. Availability of radiology images and examination indications for review prior to the MDT

2. Availability of radiology reports for review prior to the MDT

3. Availability of radiology reports and images for review before a designated MDT deadline

4. Provision of a second opinion radiology report generated at MDT for the primary hospital

**Data items to be collected:**

Prospective data collection for each patient at time of MDT preparation: Are the following available? Document whether for local imaging or external hospital review.

1. Current imaging and indications for review of these at the MDT

2. Report for the current imaging

3. Prior imaging available for comparison

4. Reports for the prior imaging present

5. Were the above indicators met prior to the MDT meeting with sufficient time to assimilate a safe and adequate Radiology opinion

6. Were any cases deferred due to the above factors not being met

7. Were there any discrepancies with the original radiology opinion, were these documented as such and in cases where the imaging was performed elsewhere was the MDT Radiology report made available to the primary hospital?

**Suggested number:**

Four consecutive meetings of one MDT type.

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

1. Confirm deadline for imaging to be added to MDT list for review

2. Confirm that imaging study will need to be completed, reported and available before the MDT review deadline

3. Confirm agreement that Radiology will only be reviewed if imaging and report is available prior to the MDT review deadline

4. Adequate clinical details and reason for MDT referral should be clearly provided by the referring clinician/hospital when the patient is listed for MDT radiology review. This maybe via an MDT proforma

5. Establish mechanism for documentation and communication of MDT radiology opinion if variance in opinion

6. These above factors need to be agreed with both the clinical teams and the MDT co-ordinator

**Resources:**

• Data Collection as part of MDT preparation

   - Approximately 30 - 60 minutes depending on size of MDT

   - A further 20 mins post MDT meeting to check that there has been appropriate documentation and communication of MDT radiology opinion if variance in opinion

**References:**

1. Cancer Multidisciplinary Team Meeting – Standards for Clinical Radiologists (2nd edition) – RCR 2014 <https://www.rcr.ac.uk/sites/default/files/docs/radiology/pdf/BFCR%2814%2915_MDTMs.pdf>
2. Standards for interpretation and reporting of imaging investigations (2nd edition) RCR 2018 - [https://www.rcr.ac.uk/system/files/publication/field\_publication\_files/bfcr181\_standards\_for\_interpretation\_reporting.pdf \](https://www.rcr.ac.uk/system/files/publication/field_publication_files/bfcr181_standards_for_interpretation_reporting.pdf%20/)

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