The Royal College of Pathologists of Australasia
ABN 52 000 173 231

Durham Hall 207 Albion Street Surry Hills NSW 2010 Australia
Telephone 61 2 8356 5858 Facsimile 61 2 8356 5828

RCPA
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Guideline

Subject:	**Pathologist Participation in Multi-disciplinary Team Meetings**
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Audience:
The document applies to histopathologists and cytopathologists, but it may also be relevant to haematologists in haematological oncology MDTs.

Role of MDT:
To ensure that decisions regarding the diagnosis, treatment and care of patients are discussed and agreed by a team of designated specialists, according to recognised guidelines.

An important function of the MDT meeting is the education of undergraduate students and other healthcare professionals on the value of histopathology and cytopathology in the diagnostic process, both in making a diagnosis of and in recognising key features of importance for further management and prognosis.

Guidelines:

Resources

1. Lead pathologist(s) should be appointed for each MDT. This may either be a single lead pathologist, or a craft group, at the discretion of the institution. The lead pathologist(s) should regularly report specimens from patients under the care of that MDT and should participate in an EQA scheme relevant to the MDT where one exists. Pathologists other than the lead pathologist(s) may also participate, as required, in particular when they have reported specific cases under review. The lead pathologist should act as a liaison between clinicians and other pathologists regarding clinicopathological correlations and discrepancies, as well as informing colleagues of new developments and service requirements.
2. The workload associated with provision of MDTs should be considered in staffing requirements in Pathology Departments. Whilst attendance at MDTs may be viewed as a Clinical Support Time (CST) activity for clinical specialists, this does not apply for specialists within diagnostic medical services. Contingencies for resourcing the MDT should be put in place to cover for pathologists on planned or unplanned leave.
3. Participation in MDT's and the responsibilities therein should be detailed in position descriptions, including necessary preparation and travel time.
4. Appropriate facilities are required for MDT meetings including facilities for projecting and viewing specimen biopsies/resections; accessing retrospective pathology reports; facilities to see and speak to members who are off site including videoconferencing and the ability to share (face-to-face/virtual) all information that will be viewed (eg. images and reports).
5. Trainee pathologists should have attendance and presentation of cases at MDT meetings built into their training programmes.

Review of case material

1. Adequate administrative and clerical staffing is required to retrieve, refiling and collate reports and slides in preparation for MDT meetings. Staffing is also required to request cases from outside laboratories to integrate with local pathology for review and return. There should be a locally agreed cut-off time for inclusion of a case on the MDT list to ensure adequate preparation time.
2. Pathology data presented at the meeting should meet the required minimum reporting standards as defined by the RCPA Structured Reporting Protocols where applicable and available.
3. All relevant histological reports should be reviewed prior to discussion at MDT.
4. Where applicable, the original slides used in diagnosis should be reviewed by the pathologist presenting at the MDT and involve the reporting/attending pathologists involved in the case as required.
5. It is recommended that slide review occurs in situations where there has been a significant discrepancy between histological findings and clinical or imaging features.
6. When the diagnostic opinion of the reporting pathologist and reviewing pathologist significantly differ, an additional sub-specialty pathologist may be consulted if agreement is not reached. The MDT pathologist will convey the final opinion or differential diagnosis as appropriate at MDT.
7. When incomplete data are presented or new data becomes available at a later stage, this should ideally be addressed at the next MDT as well as via a supplementary report and notification to the treating clinician as appropriate.
8. Participation in the MDT meeting contributes to ongoing professional development and quality assurance.

Follow up

1. Where case discussion is formally documented, distribution of the minutes of the meeting, or of the specific/relevant cases, to the lead pathologist(s) should be requested in order to confirm an accurate account of the discussion of the pathology.
2. Most MDTs will not have their own in-house research portfolio but will enter patients into clinical trials. Some of these trials will require central histopathology review or request tissue for translational research associated with the trial. Active pathology input into these processes may be coordinated by the MDT lead pathologist.

Attributes:

- Pathologists must have the level of expertise and specialisation required by the MDT in question.
- The lead pathologists will serve as the liaison between the MDT personnel and the pathology services.
- Pathology departments should ensure the need for adequate support for the MDT processes in terms of staffing and facilities by liaising with local service managers.