



Making multidisciplinary cancer care a reality

A NATIONAL BREAST CANCER CENTRE
FORUM SERIES

REPORT AND RECOMMENDATIONS

PREPARED BY THE
NATIONAL BREAST CANCER CENTRE



**NATIONAL BREAST
CANCER CENTRE**

Incorporating the
Ovarian Cancer Program

FUNDED BY THE AUSTRALIAN GOVERNMENT
DEPARTMENT OF HEALTH AND AGEING



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JULY 2006**

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CONTENTS

Foreword	4
Acknowledgements	5
Forum format	6
Planning	6
Forum program	6
Communication skills workshop	7
Forum outcomes	8
Common barriers	8
Suggested solutions	9
• National action	10
• Local solutions	12
Recommendations for multidisciplinary cancer care in Australia 2006	17
References	21
Appendix 1 National forum series	22
Appendix 2 Sample forum program	24

FOREWORD

The National Breast Cancer Centre (NBCC) has taken a leading role in investigating and promoting the benefits of and practical approaches to the implementation of multidisciplinary cancer care in Australia. Using lessons learned from its *National Demonstration Project of Multidisciplinary Care*,¹ *Observational Study of Multidisciplinary Care*¹ and follow-up *Sustainability Study*² in breast cancer, the NBCC published a practical guide in 2005 to assist in the planning and running of multidisciplinary team meetings for cancer care.³ A further initiative undertaken in 2005 was a series of State/Territory forums designed to promote local discussion of barriers and solutions to the implementation of multidisciplinary care (MDC). The forums represented collaboration between the NBCC and State/Territory Governments and Cancer Councils. In New South Wales (NSW), the Cancer Institute NSW provided funding to allow broader roll-out of the program across the State.

The forums brought together a diverse mix of attendees including health professionals, health service administrators, government representatives and community representatives. Using a mix of presentations and facilitated discussion, these forums were designed to provide practical advice and promote discussion about the implementation of new MDC teams and strategies to improve existing teams, drawing on both the NBCC's work and local case studies.

Discussion and feedback at the forums has provided a further valuable insight into the barriers to implementation of a multidisciplinary approach to cancer management in Australia and has also demonstrated a range of creative models being used to implement a team approach to cancer care across a range of service settings. This report provides a summary of the common themes arising from the forums.

In total 14 forums were held with a total of 776 attendees. A list of forums held, and number of attendees at each is provided in Appendix 1.

ACKNOWLEDGEMENTS

The National Breast Cancer Centre gratefully acknowledges the support of all the individuals and groups who contributed to the implementation of the national forum series, in particular the individuals in each State and Territory who assisted in the coordination of each workshop, as well as all speakers and attendees. The workshop outline was developed in consultation with the Cancer Institute NSW. We acknowledge and thank Ms Denise Thomas, Ms Liza Collins and Ms Phillippa Cahill from the Cancer Institute NSW for their contribution to the NSW workshop series.

Funding

The National Breast Cancer Centre is funded by the Australian Government Department of Health Ageing. Funding for the implementation of the New South Wales forums was provided by the Cancer Institute NSW.

National Breast Cancer Centre Staff

The following National Breast Cancer Centre staff members were involved in the development and implementation of the forum series; Dr Alison Evans, Ms Caroline Nehill, Dr Helen Zorbas, Dr Karen Luxford, Ms Janice O'Brien and Ms Kaye Taing.

FORUM FORMAT

PLANNING

In NSW, the National Breast Cancer Centre (NBCC) was provided with funding by the Cancer Institute NSW to hold a forum in each Area Health Service. For these forums, planning and program development was undertaken with advice and input from the relevant Director of Area Cancer Services and Development Manager or designate in each Area Health Service.

In other States/Territories, the NBCC contacted the relevant State/Territory government department and Cancer Council to identify contacts for collaboration and planning. With advice from these groups, the NBCC developed a detailed list of invitees including health professionals, health service administrators, government representatives and in some cases community representatives. Invitations were broadly disseminated, and forums were publicised using NBCC newsletters and websites and at a State/Territory level using local approaches.

FORUM PROGRAM

Each forum followed a similar format, with variations in timing and input made according to local needs and preferences. The program included an introduction and State/Territory or Area Health Service overview, a summary of the known benefits of multidisciplinary care (MDC), short case studies from local health professionals about working models or barriers to MDC, and facilitated discussion leading to development of action plans or 'wish lists' to assist in the implementation of MDC at a local level.

A communication skills workshop *Improving communication within the multidisciplinary team* was implemented at a number of sites in addition to the forum. The opportunity to hold a workshop was provided to all States/Territories and NSW Area Health Services and was tailored to meet the communication needs of participants based on responses received from a pre-workshop questionnaire. In total, eight workshops were held.

The forum program was accredited for continuing medical education points from the Royal Australasian College of Surgeons, The Royal Australian and New Zealand College of Radiologists, the Royal College of Nursing Australia, The Royal Australasian College of Physicians and The Royal College of Pathologists of Australia. Following each forum, participants were sent a report summarising key outcomes.

A sample program is shown in Appendix 2.

COMMUNICATION SKILLS WORKSHOP

The *Improving communication within the multidisciplinary team* communication skills workshop provided the opportunity for focused communication training to be delivered within a multidisciplinary cancer team environment. Through presentation, case illustration and facilitation, the workshops provided an opportunity for an interactive discussion by all participants. The NBCC commissioned The Pam McLean Cancer Communication Centre to implement these workshops based on the NBCC communication skills module *Improving communication within the multidisciplinary team*.

The aims of the workshop were to improve the skills and confidence levels of multidisciplinary cancer team members in the following areas:

- communicating effectively within the multidisciplinary team
- identifying obstacles to effective communication within the multidisciplinary team
- identifying the communication needs of the multidisciplinary team
- introducing solutions to assist in improving communication within the multidisciplinary team
- identifying the communication needs of the patients in relation to MDC.

FORUM OUTCOMES

COMMON BARRIERS

A number of barriers to the implementation of MDC were identified. Some reflected systems issues, while others reflected behavioural or environmental issues. These barriers are summarised below.

SYSTEMS BARRIERS AND CHALLENGES

- **Geography:** ‘tyranny of distance’; issues for regional and rural areas who do not have a complete team; difficulties in linking and managing collaboration between regional and metropolitan sites; difficulties in involving visiting consultants in regional and rural areas
- **Demographics:** issues relating to demographic characteristics of States and Territories, eg population dispersion patterns outside capital cities
- **Time:** time required to organise meetings; managing competing priorities of attendees who already have an extreme workload; managing need for attendance by the same staff at multiple meetings
- **Workforce and case load:** issues of establishing regular prospective multidisciplinary meetings when sites have low patient case loads and many core team members are visiting specialists; accessing full range of specialist clinicians from core and non-core team in regional areas; challenge of non-core members attending all meetings, eg allied health professionals; managing referrals arising from multidisciplinary meetings with limited workforce, eg referrals for psychosocial support
- **Resources:** lack of dedicated meeting venues with adequate facilities, eg digital imaging, pathology viewer, video-/teleconference facilities; cost of technology to support distant links, eg videoconferencing or other telemedicine initiatives
- **Funding:** lack of funding for Visiting Medical Officers or private specialists to attend meetings; lack of funding for administrative positions to support the implementation of MDC
- **Medicolegal issues:** lack of understanding about the medicolegal implications of decisions made by a team rather than an individual; privacy issues when meetings are cross-institutional, cross-practice or cross the public/private sector
- **Public/private interface:** issues of coordinating care across both public and private systems; privacy issues
- **Sustainability:** maintaining interest and support over the long term; gaining support of hospital administration

BEHAVIOURAL/ENVIRONMENTAL BARRIERS AND CHALLENGES

- **Resistance to change:** difficulties in changing established attitudes of health professionals in both private and public sectors; need for acceptance of benefits of MDC; recognition that improvements can be made to existing meetings
- **Communication:** difficulties in gaining input from all relevant disciplines in decision making; dominance of decision making by surgical/oncology staff
- **Role definition:** lack of awareness of roles of team members in patient care; avoiding burden for coordinating meetings being carried by one or two team members
- **Culture:** traditional focus on medical aspects of treatment planning with limited consideration of allied health and psychosocial needs; limited understanding of specific cultural issues, eg needs of Aboriginal and Torres Strait Islander communities

SUGGESTED SOLUTIONS

The facilitated discussion sessions raised a number of suggestions, creative models and action items to be undertaken at both a national and local level to either implement MDC or improve upon existing activities.

These suggestions have been collated below. Common overarching themes for the implementation process included:

- the importance of a stepwise approach to change and not trying to change everything at once
- setting small milestones and documenting processes to provide a measure of change
- acceptance of the need for flexibility – no one model will be suitable for all services
- the importance of champions to drive the change process
- recognition of the holistic nature of MDC and the need to avoid dominance by medical specialties
- recognition that MDC is a way of working across the spectrum of cancer care, and does not just represent treatment planning for newly diagnosed patients.

A number of the solutions and activities proposed by groups about how multidisciplinary meetings can be implemented at a local level reflected the information provided in the NBCC publication *Multidisciplinary Meetings for Cancer Care: a Guide for Health Professionals*, 2005.³ The guide was provided to all forum participants.

The following summary outlines common suggestions and action points discussed.

NATIONAL ACTION

A number of areas were identified in which national advice or action was requested:

- **Medico-legal advice:**

- Advice about issues concerning the need for informed patient consent prior to discussion of cases at MDC meeting
- Advice about the legal implications of a shared decision-making process as opposed to individual decisions in relation to treatment planning
- Guidelines governing documentation of MDC meeting outcomes.

Current status: The NBCC will hold a workshop as part of its 2006–2007 business plan to investigate medicolegal aspects of multidisciplinary care.

- **MBS item number:**

- Establishment of an Medicare Benefits Schedule (MBS) item number for visiting medical oncologists undertaking MDC.

Current status: The Health Action Plan agreed to by the Council of Australian Governments (COAG) in February 2006 recognises the need to improve access to MDC for all cancer patients. The Plan promotes the uptake of MDC through the provision of a new MBS item to support case conferencing for cancer specialists from November 2006.

- **Training and education:**

- Introduction of the concept and benefits of MDC during undergraduate training for medical, nursing and allied health students
- Provision of ongoing professional development in a multidisciplinary environment.

Current status: The NBCC is part of a consortium led by the Centre for Innovation in Professional Health Education and including The Cancer Council Australia, Clinical Oncological Society of Australia and the Royal Australian College of General Practitioners that has been commissioned by the Australian Government to develop professional development packages for cancer professionals. The packages will be designed for delivery in a multidisciplinary environment and will include training in skills such as multidisciplinary care and coordination of care.

- **Proformas:**

- Development of standard proformas for recording information and treatment plans that can be adapted by multidisciplinary teams.

Current status: The NBCC publication *Multidisciplinary meetings for cancer care: a guide for health professionals* contains a generic treatment plan that can be adapted for specific tumour types.

- **MDC indicators:**
 - Development of indicators or data items that can be used at a team and service level to measure implementation of MDC.

Current status: The NBCC is currently developing key indicators for multidisciplinary cancer care based on the NBCC's *Principles of Multidisciplinary Care*. These will be available in 2006.

- **Accreditation:**
 - Incorporation of MDC as a basis for accreditation of cancer services
 - Consider linking MDC participation to continuing medical education points for relevant professional Colleges.

Current status: The Cancer Council Australia, Australian Cancer Network and NBCC report *A core strategy for cancer care: Accreditation of cancer services – a discussion paper* includes MDC as one of nine topic areas in which standards for the accreditation of cancer services should be developed.
(access via www.nbcc.org.au/resources)

LOCAL SOLUTIONS

START-UP

- **Audit:**
 - Identify and clearly define all existing MDC teams within a State/area health service/local area including:
 - core and non-core membership
 - tumour type(s)
 - meeting structure and content
 - frequency of meetings
 - documentation process
 - Identify gaps in teams or team membership
 - Identify existing local teams and models that are working well and develop links for information sharing.
- **Forming a team:**
 - Prioritise formation of new teams or expansion of existing teams based on high caseload priority cancers
 - Consider establishing a Steering Committee to guide the formation of new teams and develop clear terms of reference for the team; include representation on the Steering Committee from relevant specialty areas, including medical, allied health and general practice
 - Identify membership of the minimum 'core' team and expanded 'non-core' disciplines based on evidence-based clinical practice guidelines
 - Clarify team roles, eg chair, meeting administrator, and back-ups for these roles.

Current status: The NBCC has developed flexible *Principles of Multidisciplinary Care* to guide approaches to multidisciplinary team formation and activity. The *Principles* are designed for use by teams involved in treatment planning for early stage disease. A set of *Principles for Multidisciplinary Care in Advanced Disease* is currently in development and will be finalised in 2006.

- **Managing change:**
 - Gain buy-in from all team members from the outset by involving them in planning discussions
 - Set manageable short-term milestones and review progress against these
 - Consider an incremental approach to the establishment of new MDC teams; start with core team membership and review new patients in the first instance; over time involve non-core team members, eg allied health, and broaden remit to include all new patients as well as existing patients
 - Develop models of MDC that can be implemented locally in regional areas, eg link to a larger hub site for development of the treatment plan but recognise that treatment according to the treatment plan may be implemented locally.

- **Marketing the MDC concept:**
 - Raise the local profile of multidisciplinary teams, particularly amongst general practitioners and community health workers
 - Adopt a ‘train the trainer’ approach whereby forum attendees take the lessons learned to their local areas and hold similar forums to promote uptake
 - Use the known benefits of models that are working well and draw on the experiences of respected ‘champions’ to market the concept of MDC to others
 - Adopt marketing strategies such as branding for teams
 - Consider holding dinner meetings involving local Divisions of General Practice to engage general practitioners, allied health and community members.

RESOURCES

- **Financial:**
 - Capital funding is required in some areas to acquire resources to enable multidisciplinary meetings to occur, eg dedicated room, tele-/videoconferencing facilities
 - Identify what resources are already available and share resources
 - Consider national and State/Territory grant opportunities within and outside cancer to support MDC initiatives, eg new technology grants, rural health access grants
 - Consider sources of funding to support other meeting needs, including food/drinks for attendees, eg through corporate sponsorship.
- **Administration:**
 - Consider dedicated administrative staffing to support meetings (may be part-time shared with other groups)
 - Where funding is not available for administrative support, review existing resources critically and utilise existing team members to assist in organising meetings, eg medical registrars, care-coordinators.
- **Databases:**
 - Research and publicise the availability of common databases to record data

Current status: A number of information technology initiatives are currently being implemented including:

- The Queensland Oncology Online project is developing a web-based meeting tool in collaboration with the Queensland Integrated Lung Cancer Outcomes Project
- Partnership between Queensland Health and the CSIRO to develop an oncology data collection system.

- The Cancer Institute NSW is developing a clinical cancer registry program to collect agreed national clinical cancer core minimum data set and other agreed data.

- **Workforce:**
 - Consider impact of flow-on effects of multidisciplinary meetings, eg appropriate referrals for psychosocial care, and how these will be handled
 - Address workforce deficits, particularly in radiology, psychology and allied health in State/Territory and area health service planning
 - Consider creative strategies to retain staff in regional areas, including provision of better support networks
 - Consider expanding the number of cancer care coordinator roles available, particularly in rural and remote communities.

Current status: A number of national and State/Territory initiatives are in place to establish and support the role of specialist cancer nurses and cancer care coordinators; these roles are integral to the ongoing sustainability of multidisciplinary approaches to cancer care.

- **Training:**
 - Provide training for new and existing MDC teams in areas such as team-building, communication skills and leadership skills.

Current status: The NBCC and the Pam McLean Cancer Communications Centre have developed a communication skills training module *Improving communication within the multidisciplinary team*.

MEETING PROCESSES

- **Facilitation:**
 - Consider facilitation skills of chairperson, which are integral to successful meetings
 - Consider rotating chairperson to encourage input by all attendees
 - Consider role of chairperson being taken by someone other than lead clinician to allow lead clinicians to focus on input to case discussions.
- **Protocols:**
 - Establish clear protocols for meetings, including a code of conduct for attendees and agreed common language to be used
 - Develop agreed guidelines for which patients should be discussed in multidisciplinary meetings; recognise that these guidelines can be expanded with time
 - Develop agreed processes to guide discussion, incorporating both clinical and psychosocial input, and how to handle cases in which agreement on the treatment recommendation cannot be reached
 - Develop agreed referral pathways and links to eg allied and community health; consider referral options where not all disciplines are available locally
 - Develop standardised processes for feedback to patient and general practitioner
 - Develop agreed processes for gaining patient consent and documenting treatment recommendations.

- **Access to information:**
 - Clearly allocate responsibility to team members for bringing relevant information to meetings
 - Appoint a meeting coordinator to inform all team members of meeting and ensure all relevant clinical information will be available
 - Consider methods to facilitate common access to information, eg use of a website to house standard templates
 - Consider need for access to information for off-site attendees, eg ensuring relevant information is sent to off-site attendees in advance of meeting.
- **Documentation/proformas:**
 - Develop standardised proformas to document patient consent, treatment plan, discharge plan and other relevant information
 - Develop log sheets and other templates to record meetings held, attendance and process to provide ongoing feedback
 - Develop standardised letters to provide feedback to general practitioner and patient.
- **Involving general practitioners:**
 - Foster better communication with general practitioners by providing them with information about new and existing teams, guidance about what input they should provide and an outline of what support and information they can expect to receive by collaborating with the teams
 - Consider creative methods for encouraging input by general practitioners, eg telehealth strategies, contact by care coordinator in advance of meeting, use of Division of General Practice Liaison GP.
- **Psychosocial care:**
 - Provide education for MDC team members in relation to psychosocial care needs of patients and the range of disciplines/options for providing supportive care
 - Develop an agreed referral process for psychosocial care to streamline process.

Current status: The NBCC is currently developing a psychosocial risk factor checklist that will promote appropriate referral by assisting multidisciplinary teams in identifying patients at increased risk of psychosocial distress. The *Psychosocial Care Referral Checklist* will be available in early 2007.

RURAL/REGIONAL NEEDS

- **Hub and spoke model:**

- Link larger regional or urban centres where specialist services and specialist health technology are based, with smaller regional sites and community-based services where primary care is available
- Consider use of community nurses as a common link between services
- Establish an Area Coordinator in regional areas to facilitate initial contacts and maintain ongoing relationships between regional and metropolitan sites for the implementation of MDC meetings.

Current status: As part of the *Strengthening Cancer Care* initiative, the Australian Government has provided funds to establish a mentoring system linking major urban hospitals in each State and Territory with a number of regional and bush nursing hospitals in regional centres.

- **Flexibility:**

- Consider flexible models for regional and remote areas, eg meetings do not need to be face to face, may not need be held weekly; consider linking to existing meetings
- Be realistic about team membership in regional/remote areas and consider community-based involvement
- Identify opportunities to link with metropolitan sites.

- **Telehealth:**

- Promote awareness of and expand access to telemedicine, including recognition that simple teleconferencing can be very beneficial
- Extend remote treatment planning through the use of satellite services and CT-guided transfer of information
- Develop protocols for use of tele-/videoconferencing, building on lessons learned from other groups
- Provide training for teams using telehealth for the first time – both technical support and tele-/videoconference ‘etiquette’.



RECOMMENDATIONS FOR MULTIDISCIPLINARY CANCER CARE IN AUSTRALIA 2006

Based on the outcomes from the *Making multidisciplinary cancer care a reality* national workshop series, the NBCC makes the following recommendations to implement or improve multidisciplinary cancer care across Australia. The following recommendations will be promoted/actioned by the NBCC where relevant and will inform future NBCC business plans. Suggested strategies have been provided to assist with implementation of the recommendations at the local level.

Recommendations	Local implementation strategies
<p><u>Audit</u></p> <ul style="list-style-type: none"> • That a national audit of multidisciplinary cancer care activity is undertaken to identify gaps and areas of need. <ul style="list-style-type: none"> – The NBCC has commenced a national <i>Audit of Multidisciplinary Cancer Care</i>. Audit report will be available early 2007. 	<ul style="list-style-type: none"> • Identify existing local teams and models that are working well and develop links for information sharing.
<p><u>Resources</u></p> <ul style="list-style-type: none"> • That the planned MBS item to support cancer specialists participating in multidisciplinary meetings be widely promoted. • That funding for administrative positions to support multidisciplinary teams be considered by health services. • That a systematic approach be adopted for the development and use of databases to support the implementation of MDC. • That standard proformas be developed to document patient consent, treatment plan, discharge plan and other relevant information for adaptation by tumour-specific multidisciplinary teams. 	<ul style="list-style-type: none"> • Identify what resources are available within the local health service and share resources. • Consider alternative funding opportunities such as grants within and outside cancer to support MDC initiatives. • Refer to the NBCC guide <i>Multidisciplinary meetings for cancer care: a guide for health professionals</i> for a generic treatment plan that can be adapted for specific tumour types. • Explore existing training opportunities such as the NBCC's <i>Communication Skills Training Initiative</i>.

<p>Recommendations</p> <p><u>Regional, rural and remote models</u></p> <ul style="list-style-type: none"> • That a national forum is provided for teams working in rural, regional and remote areas to share creative ideas and solutions for overcoming issues of maintaining a multidisciplinary approach despite low caseloads and infrequent visits from clinical specialists. • That formal links are established between rural, regional and remote health practitioners and larger treatment centres to facilitate communication. • That a guide to tele-/videoconferencing, drawing on lessons learned from existing teams be developed to assist teams in using telehealth to support multidisciplinary team working. 	<p>Local implementation strategies</p> <ul style="list-style-type: none"> • Link larger regional or urban centres where specialist services and specialist health technology are based, with smaller regional sites and community-based services where primary care is available. • Consider flexible models and be realistic about team membership. • Explore tele-/videoconferencing options; build on lessons learnt from other groups.
<p><u>General practitioners</u></p> <ul style="list-style-type: none"> • That educational and marketing strategies are supported to promote the role of the general practitioner as an important member of the MDC team. 	<ul style="list-style-type: none"> • Foster better communication with general practitioners by providing them with information about new and existing teams, guidance about what input they should provide and an outline of what support they can expect to receive by collaborating with the teams. • Consider creative methods for encouraging input by general practitioners, eg telehealth strategies, contact by care coordinator in advance of meeting, use of Division of General Practice Liaison GP, development of education packages outlining the benefits of MDC. • Promote the MBS item for general practitioners' involvement in MDC (www9.health.gov.au/mbs).

Recommendations	Local implementation strategies
<p><u>Psychosocial input</u></p> <ul style="list-style-type: none"> • That the importance of psychosocial input in multidisciplinary teams be promoted and encouraged. 	<ul style="list-style-type: none"> • Implement NBCC's indicators for psychosocial care (available 2006) for all new and existing MDC teams. • Incorporate use of the NBCC's <i>Psychosocial Care Referral Checklist</i> or other similar checklists into multidisciplinary meetings. • Allocate time on meeting agenda to highlight psychosocial issues. • Provide team education in the role of supportive care members.
<p><u>Medico-legal advice</u></p> <ul style="list-style-type: none"> • That the medico-legal issues concerning patient consent and issues relating to shared decision making be clarified. 	<ul style="list-style-type: none"> • Agree processes for obtaining informed patient consent to discuss patients at MDC meetings in line with local protocols. • Consider developing patient information outlining the MDC process and identifying MDC team members.
<p><u>Indicators</u></p> <ul style="list-style-type: none"> • That the NBCC's indicators for multidisciplinary cancer care be implemented to: <ul style="list-style-type: none"> – ensure new teams are established in accordance with best practice – measure existing local delivery of MDC to identify where current gaps are, where additional resources should be directed, and provide impetus for continuous improvement by teams and health services. 	<ul style="list-style-type: none"> • Implement NBCC's indicators for multidisciplinary care (available 2006) for all new and existing MDC teams.
<p><u>Accreditation</u></p> <ul style="list-style-type: none"> • That MDC is considered by National and State/Territory governments as a compulsory component for the accreditation of cancer services as outlined in The Cancer Council Australia, Australian Cancer Network and NBCC report <i>A core strategy for cancer care: Accreditation of cancer services – a discussion paper (2005)</i>.⁴ 	

<p>Recommendations</p> <p><u>Education</u></p> <ul style="list-style-type: none"> • That training is provided for new and existing MDC teams in areas such as team-building, effective communication, and leadership skills. • That undergraduate training for all health professionals emphasises the importance of a multidisciplinary approach to cancer treatment planning. • That professional development activities developed by Professional Colleges and cancer organisations reflect the need for a multidisciplinary approach to cancer care. 	<p>Local implementation strategies</p> <ul style="list-style-type: none"> • Explore existing training opportunities such as the NBCC's Communication Skills training initiative (www.nbcc.org.au).
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3. National Breast Cancer Centre. *Multidisciplinary Meetings for Cancer Care: A Guide for Health Service Providers*. 2005 National Breast Cancer Centre, Camperdown NSW.
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APPENDIX 1

NATIONAL FORUM SERIES

State/Territory

Forum	Partners	Date	No. Attendees
Western Australia (Perth)	<ul style="list-style-type: none"> • Department of Health, Western Australia • The Cancer Council Western Australia 	1 July 2005	89
Victoria (Melbourne)	<ul style="list-style-type: none"> • The Cancer Coordination Unit, Department of Human Services, Victoria • The Cancer Council Victoria 	19 August 2005	143
South Australia/ Northern Territory (Adelaide)	<ul style="list-style-type: none"> • The Cancer Council South Australia • The Cancer Council Northern Territory • Department of Health, South Australia • Department of Health & Community Services, Northern Territory 	27 August 2005	47
Queensland (Brisbane)	<ul style="list-style-type: none"> • Queensland Health • Queensland Cancer Fund 	14 October 2005	91
Tasmania (Hobart)	<ul style="list-style-type: none"> • Department of Health and Human Services, Tasmania • The Cancer Council Tasmania 	25 November 2005	43
TOTAL			413

Reflecting the cross border integration of cancer services, relevant Australian Capital Territory health care providers were invited to attend the Greater Southern Area Health Service NSW forum.

APPENDIX 1

NATIONAL FORUM SERIES CONT'D...

NSW Forums

Forum	Date	No. of Attendees	Communication skills workshop	No. Attendees
Northern Sydney Central Coast AHS				
St Leonard's	5 May 2005	44	22 September 2005, St Leonard's	12
Gosford	12 October 2005	38		
North Coast AHS				
Coffs Harbour	25 May 2005	55	17 August 2005, Lismore	17
			13 October 2005, Port Macquarie	13
Greater Western AHS				
Dubbo	14 September 2005	25	2 October 2005, Dubbo	8
Hunter New England AHS				
Newcastle	19 October 2005	31	19 October 2005, Newcastle	25
Tamworth	24 March 2006	32	24 March 2006	15
Greater Southern AHS				
Batemans Bay	27 October 2005	48	27 October 2005, Bateman's Bay	48
Central Sydney South West AHS				
Liverpool	28 October 2005	58	28 October 2005, Liverpool	34
South East Sydney Illawarra AHS				
Sutherland	11 November 2005	32	N/A	
TOTAL		363		172

APPENDIX 2

SAMPLE FORUM PROGRAM

SESSION	PRESENTER
Welcome <ul style="list-style-type: none"> State/Territory or Area Health Service perspective Current status of State/Territory Cancer Plan/Framework 	<ul style="list-style-type: none"> Facilitator/NBCC State/Territory government or Area Health Service Director/CEO State/Territory representatives
<ul style="list-style-type: none"> Optimal cancer treatment: adopting a multidisciplinary approach Multidisciplinary cancer care – local case studies Questions from audience 	<ul style="list-style-type: none"> NBCC 3 x local presenters (medical and supportive care input)
<ul style="list-style-type: none"> What makes teams work? (optional) 	<ul style="list-style-type: none"> NBCC
AFTERNOON TEA	
<ul style="list-style-type: none"> Making MDC a reality: Facilitated discussion forum and group feedback, including development of action plans 	<ul style="list-style-type: none"> Facilitator
<ul style="list-style-type: none"> Where to from here? 	<ul style="list-style-type: none"> State/Territory or Area Health Service representative
CLOSE	

Communication Skills Training workshop

Improving communication within the multidisciplinary team: interactive workshop run by The Pam McLean Cancer Communications Centre