

MEASURE DETAILS & DEMONSTRATION OF COMPLIANCE

MDT NURSE SPECIALIST MEASURES

Introduction

Why are there currently "nursing measures" for MDTs, but no similar requirements for other MDT members?

The modern change to MDT working has created and then highly developed the specific role of nurse member, with its related activities which, in full measure, go to make up the role of cancer nurse specialist. The roles of the medical specialties in the MDT have not been so profoundly influenced or so extensively developed by their MDT membership itself, compared to that of the MDT nurse specialist. The role definitions and training requirements of nurse MDT members are not very well "officially" established outside the MDT world in contrast to the well defined medical specialties with their formal national training requirements (e.g. there were colorectal surgeons and palliative care physicians, before there were established colorectal MDTs and specialist palliative care teams). Therefore a particularly strong need was perceived for using the measures to define more clearly the role of the nurse specialist and to set out minimum training requirements for nursing input into MDTs. This is in order to establish these roles more firmly in the NHS infrastructure, and to avoid the situation where MDTs can comply with measures by having generalist nurses who "sit in" on MDT meetings and sign attendance forms but play no defining role in the team's actual dealings with its patients.

Core Nurse Member(s) Completed Specialist Study

10-2D-212 The MDT should have at least one core nurse specialist who should have successfully completed a programme of study in their specialist area of nursing practice, which has been accredited for at least 20 credits at first degree level or equivalent.

Note:

It is strongly recommended that if there is more than one core nurse specialist in the MDT, they should all be compliant with this measure.

Compliance: Confirmation of successful completion of the course/module.

Agreed List of Responsibilities for Core Nurse Member(s)

10-2D-213 The MDT should have agreed a list of responsibilities, with each of the core nurse specialist(s) of the team, which includes the following:

- contributing to the multidisciplinary discussion and patient assessment/care planning decision of the team at their regular meetings;
- providing expert nursing advice and support to other health professionals in the nurse's specialist area of practice.
- Involvement in clinical audit;
- leading on patient communication issues and co-ordination of the patient's pathway for patients referred to the team - acting as the key worker or responsible for nominating the key worker for the patient's dealing with the team.

Note:

Additional responsibilities to those in this measure and the next measure may be agreed.

Compliance: The list of responsibilities agreed by the Lead Clinician of the MDT and the core nurse specialist(s).

Agreed Extended Responsibility for Core Nurse Member

10-2D-214 The MDT should have agreed a list of responsibilities with at least one of the core nurse specialist(s) of the team, which, in addition to the items listed in measure [10-2D-213](#), includes:

- contributing to the management of the service (see note below);
- utilising research in the nurse's specialist area of practice.

Notes:

- "Management" in this context does not mean clerical tasks involving the

- data collection and recording of data;
- to manage the systems according to guidelines, monitoring milestones and submitting the required reports in the given format and required times;
- keep comprehensive diary of all team meetings;
- record attendance at meetings;
- take minutes at the multidisciplinary meetings, type notes back in the required format and distribute to all concerned;
- the post holder will be expected to be instrumental in the development of databases to capture patient information and report this to the clinicians on a weekly basis;
- inform lead cancer manager of waiting times for patients when these exceed appropriate targets;
- ensure lists of patients to be discussed at meetings are prepared and distributed in advance;
- ensure all correspondence, notes, x-rays, results, etc are available for the meetings;
- ensure action plans for patient care are produced with agreed reviews;
- assist in capturing cancer data on all patients and assist in the development of systems to complement the cancer audit system;
- ensure members or their deputy are advised of meetings and any changes of date, venue, etc.