RUNNING VIRTUAL AND HYBRID CANCER MDT MEETINGS
CORE BEST PRACTICE PRINCIPLES SUMMARY AND CHECKLIST

BEFORE THE MEETING

- **Read the agenda.** Inform the Chair and Co-ordinator in advance if you can only attend part of the meeting, so the agenda can be structured accordingly
- **Check virtual/hybrid best practice recommendations and your role checklist**
- **Join the meeting at least 3 minutes early** to check connectivity, AV quality and screen-sharing
- **Plan ahead to ensure you have access to a:**
  - Private, quiet, well-lit space
  - Webcam and headset with good quality microphone
- **Inform Chair of any new members of your team joining the meeting** so they can be introduced and added to MDT member log

DURING THE MEETING

- **Keep microphones muted** unless actively participating
- **Turn on camera when speaking**
- **Do not hold side-discussions** not intended to be heard by all
- **Use the hand-raise function or post to chat** if you feel you are not being heard
- **Inform the Chair immediately if you are unable to see or hear clearly**
- **Respect the agenda and patient discussion structure**
- **Always state patient name and number** when presenting information about a case
- **Outcomes should ideally be dictated and projected on screen.** If you have a comment, query or concern about the outcome, raise it during the consensus pause
- **If you are unsure which patient is being discussed, promptly request clarification**
- **Tell the team if you need to leave,** if/when you will be back, and who will cover your role in the meeting in your absence to ensure quoracy

AFTER THE MEETING

- **Speak with colleagues separately via virtual platform/phone** to plan follow-up actions

CHAIR

- Remind MDT of basic etiquette at the start of each meeting
- Introduce new attendees to the meeting
- Make sure online and in-room participants have equal opportunities to contribute by:
  - actively inviting input from in-room/virtual spaces
  - checking virtual "room" for raised hands
  - monitoring chat for input
- Ensure adherence to agreed structure for discussions: presentation, contribution requested by role (inc. nurse/AHPs), discussion, outcome statement, 5-10 second consensus pause.

CO-ORDINATOR

- Join the meeting from same location as the Chair
- During the meeting, assist with tracking attendance and/or recording outcomes if agreed with Chair
- If the technology fails, liaise with on-call IT support and manage administration for back-up plan

NURSES AND ALLIED HEALTH PROFESSIONALS

- Proactively input as a key patient advocate during case discussions
- Request clarification if you are unclear of outcome to be communicated to patient

RADIOLOGIST AND PATHOLOGISTS

- Join meeting from machine with sufficient image resolution; check resolution of shared images is sufficient before the official meeting start
- Check all members can clearly see the imaging/slides/report being presented for each case
- Do not share screen when checking images/files that do not relate to the case being discussed

ALL CONSULTANTS AND OTHER CLINICIANS

- Develop plan for trainees to attend meetings
- Be mindful that virtual/hybrid meetings can exacerbate hierarchies; support Chair in actively seeking input from nurses, AHPs and newer consultants

Queen Mary University of London

Q is led by the Health Foundation and supported by partners across the UK and Ireland

NHS North Central London Cancer Alliance