

The United Kingdom Thyroid Multi-Disciplinary Team; a National Survey of Services and Comparison to Guidelines.

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Abstract

Key Points: 1. We have identified ambiguity in the current guidance on thyroid MDT's, and have also found nationwide variation in compliance with this. 2. We recommend: a. All surgeons undertaking thyroid surgery should complete a minimum of 20 thyroid procedures per year, and this should also form part of surgeons' annual appraisal. b. All surgeons should contribute data to UKRETS (unless prevented by local legal frameworks) and this should form part of surgeons' annual appraisal and be audited by individual MDT's and regional cancer networks. c. Thyroid MDT's should be held weekly where possible, with a minimum frequency of fortnightly. d. The core membership of a thyroid MDT (stand alone and joint) should include thyroid surgeons, specialist radiology, endocrinology, nuclear medicine, nurse specialists, histopathology +/- cytology and clinical oncology.

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Main Text File Thyroid MDT amended.pdf available at <https://authorea.com/users/407980/articles/518142-the-united-kingdom-thyroid-multi-disciplinary-team-a-national-survey-of-services-and-comparison-to-guidelines>

Thyroid MDT Questionnaire

No.	Question	Answer
1.	Does this organisation provide thyroid surgery?	
2.	Is thyroid surgery undertaken in your trust or other health service organisation?	
3.	How many consultant surgeon(s) perform thyroid surgery?	
4.	What are the parent specialties of each of the surgeons?	
5.	In 2017 (1 st Jan to 31 st Dec 2017) how many thyroid operations procedures did each consultant surgeon undertake (include number undertaken by other team members where the patients were under the care of the consultant).	
6.	How many and what specialty submit all or most of their thyroid patient outcome data to the United Kingdom Register of Thyroid and Endocrine Surgery (UKRETS).	
7.	How many of the consultant surgeons undertaking thyroid surgery and are they core members, extended members or not connected?	
8.	Which Trust or other health service organisation and which hospital site hosts the local thyroid Cancer MDT?	
9.	What is the frequency of the local thyroid cancer MDT meeting? ie weekly, fortnightly, or monthly?	
10.	Is the MDT: A. Standalone B. Adjacent in time to the Head and Neck MDT but not within the Head and Neck MDT C. Within the Head and Neck MDT D. Other – please give details	
11.	What medical / surgical / diagnostic specialties are represented in the CORE membership of the MDT (doctors only).	
12.	What medical / surgical / diagnostic specialties are represented in the EXTENDED membership of the MDT (doctors only).	
13.	Does the MDT Routinely discuss the following groups of patients? A. Patients who are being investigated but have not yet had surgery but where preoperative investigation has shown a high likelihood of cancer eg Thy 4 or 5 cytology or equivalent, or U 4 or 5 on Ultrasound B. Patients who are being investigated but have not yet had surgery but where preoperative investigation has shown an intermediate risk of cancer eg U3 ultrasound or Thy3f / a or equivalent on needle biopsy C. Patients who have had thyroid surgery and where histopathology has shown thyroid cancer in the resected specimen?	



