

Proposal for Clinical Observer Role at Proctor Team Multi-Disciplinary Team (MDT)

MS Teams Meetings

Background and Purpose

The ambition to establish a structure for a UK-wide MDT for the adult-to-adult LDLT programme is embedded within the project plan for the proctor team programme.

The proctor team has been in place for a year with engagement from all liver transplant centres, reflected in 18 referrals (from 5 centres) and 3 adult-to-adult living liver transplants (from 2 centres). There is an established MDT on-line meeting structure to underpin the proctor programme which supports recipient and donor selection and de-briefing post LDLT.

In addition to the annual face-to-face UK LDLT Network Meeting, the infrastructure underpinning the proctor programme offers the opportunity to increase knowledge-sharing across the clinical community on an on-going basis through observation of proctor team MDT discussions.

The clinical observer role would be available to MDT members in liver transplant (LT) centres participating in the LDLT proctor programme.

Proposal

Principle	Rationale
1. Role Profile and Eligibility a. The clinical observer role applies to any member of the MDT in participating liver transplant (LT) centres	<ul style="list-style-type: none"> All LT centres are engaged with the proctor programme in some way and therefore, eligible for inclusion Offering this opportunity across the MDT facilitates development and learning at all levels across all professional groups
2. Operational Considerations a. There will be a maximum of 3 clinical observers on any proctor team MDT MS Teams call b. When a proctor team MDT meeting is scheduled (assessment/de-brief discussion), MS Teams invitations for expressions of interest (Eols) will be offered to all other LT centres via the living donor coordinator (LDC) contacts c. Eols to attend a meeting from LT centres not directly involved in the case discussion will be via NHSBT meeting organiser, who will arrange for the	<ul style="list-style-type: none"> The local teams directly involved in the case discussion must have priority to attend. Limiting the number of observer roles avoids over-subscription in any meeting The LDCs are already the point of contact with centres engaged in the proctor programme and are familiar with extending invitations to other MDT members Given the limited numbers, Eols to attend must be monitored through the meeting organiser

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<p>meeting Teams link to be sent to the relevant individuals</p> <p>d. NHSBT reserve the right to decline Eols to attend a case discussion</p>	<ul style="list-style-type: none"> Eols may be declined if a situation arises where it is inappropriate to include more than the local and proctor team members in a MDT discussion
<p>3. Governance</p> <p>a. During case discussions, Chatham House rules will apply</p> <p>b. Clinical observers can ask questions for clarification and comment for educational purposes but cannot offer an opinion on the case</p>	<ul style="list-style-type: none"> To adhere to the governance arrangements underpinning the proctor programme