Background Despite minimal evidence regarding utility, and no national guidelines, MDTMs are embedded within palliative care. However they are costly so efficiency must be maximised (De Leso et al, 2013).² The function of MDTMs includes coordinating care for complex patients (Borgstrom et al, 2021).¹ This project aimed to review completeness of local electronic MDTM documentation and assess staff’s views of the meeting’s purpose and associated documentation.

Methods Mixed methods project 1) Retrospective data analysis of completeness of digital data entries in palliative care MDTMs over a 6-month period at a tertiary referral cancer centre. 2) Survey of MDTM members to understand what they felt the role of the MDTM was, what it should be, and how to best capture the data electronically.

Results MDTM entries from 329 patients were reviewed. While some domains were completed for the majority of patients eg. Phase of Illness and Performance Status (>95% of patients), other domains were poorly completed, eg. estimated prognosis (33%) and preferred place of death (24%).

The survey was completed by 27 MDTM members from 7 disciplines. Members felt that the sharing and receiving of information was the purpose of the MDT – both currently and ideally. However while members felt that allowing shared decision making was important in their ideal MDT, they didn’t feel the current MDT fulfilled that purpose as strongly. In addition while members reported feeling comfortable contributing to discussion, some members thought there should be more discussion from different disciplines.

Conclusions MDTM members felt that the main purpose of the meetings was to discuss complexity, and that meetings had a positive impact overall, with more of a positive impact on MDTM members than patients. MDTM members value the MDT but feel that there could be more discussion amongst members to avoid it feeling like a ‘box-ticking’ exercise.