**Format and Function of the Inflammatory Bowel Disease Multidisciplinary Meeting**

The Inflammatory Bowel Disease Multidisciplinary Meeting (IBD MDT) is required to improve timely, clinical decision making through the provision of shared expertise and experience of a diverse group of specialists in the care of IBD patients.

**Core Members**

All MDT members have a regular contractual obligation to participate in the IBD MDT which should be reflected within job plans and supported at Directorate/Trust level as a resource for patient centred care.

**Structural and Organisational Requirements**

**Structural**

* Confidential meeting space – free from bleeps and away from clinical areas.
* Appropriate well-maintained equipment to permit remote participation and display information.
* A designated MDT co-ordinator with designated administrative responsibilities.
* Maximum of 60 minutes for the meeting.
* Clear electronic documentation of the MDT discussion and outcomes in the patient clinical record.
* Allocated person to undertake any actions that are outcomed e.g., endoscopic/radiological investigations, referrals to other teams or Trusts.
* Chairperson to ensure smooth running of the meeting.

**Organisational**

* Provision of IBD MDT Referral Pro Forma for each patient by referrer to the IBD Pathway Navigator/Gastro Secretary in the absence of navigator.
* Patients will be categorised as to Gastroenterology, Surgical or Radiology input.
* Submission of request to be with the navigator no later than the Wednesday before the meeting.

* A specific question to be given for discussion.
* Priority to discuss urgent, complex patients.
* Priority to discuss patients who were missed at the previous meeting.
* A maximum of 10 patients to be discussed. If more presented for the meeting, discussion with lead Gastroenterologist to prioritise cases.
* Production of a letter to the GP detailing the outcome of the meeting for each patient to be authorised by the referrer.
* Allocated person to undertake any actions that are outcomed e.g., endoscopic/radiological investigations, referrals to other teams or Trusts.
* If a referrer cannot attend the meeting due to other commitments (ward cover, emergency bleeder in endoscopy, annual leave) their cases must be given to a fellow Consultant who consents to present the patients’, or the cases will be moved to the next meeting.

**Eligible Cases for Discussion**

**Meeting Etiquette**

* Meetings commence at 10:00hrs and should be finished no later than 11:00hrs.
* Any person attending the meeting remotely through Microsoft Teams should be visible to the room. The Pathway Navigator must be informed if a member is attending remotely prior to the meeting.
* Chairperson to lead the meeting and invite each referrer to present their case as listed.
* One person at a time to speak. Please respect the chairperson and each other when asked to wait for someone to finish.
* All outcomes will be shared before moving onto the next case. Once the outcome is agreed, the case will not be revisited. The Pathway Navigator will record the outcomes.
* A maximum time for each case will be dictated by the number of patients to be discussed to ensure all cases can be addressed and time is effectively utilised.
* Patient cases cannot be moved more than once due to limited meetings and waiting times.
* The CNS Team will ensure the patients are informed of outcomes as appropriate.

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