

DISEASE SITE GROUPS

Terms of Reference

Multidisciplinary management of patients with cancer is now a standard of care in the province of Ontario. In order to provide optimal care for our patients, the Cancer Program is organized in Disease Site Groups (DSGs).

Purpose

The role of a DSG is to provide comprehensive leadership in the diagnosis and management of cancer patients that is based on the best known evidence and is delivered in a way that respects the preferences of patients. The focus of a DSG is to meet the needs of a population of patients with cancer. DSG's are physician-led but multidisciplinary in their composition.

The DSG's will ensure high-quality cost-effective patient care is provided to patients in both out-patient and in-patient settings, and foster academic activities within disease sites.

The DSG brings together resources, ideas, and involves personnel to achieve these objectives.

Membership

Membership in the DSG will include all medical disciplines involved in the site, as well as representation from nursing and other health disciplines. Membership must be in compliance with Cancer Care Ontario (CCO's) Multidisciplinary Cancer Conference (MCC) requirements.

Leadership

Each DSG will have a Chair and Vice Chair(s), as is appropriate, encompassing the major oncology specialties involved in care of patients with the disease(s). Their primary responsibilities will be to provide academic and clinical leadership to the team. Each DSG will also have designated staff support.

Each DSG Chair and Vice Chair will be appointed by the Program Medical Director of the Oncology Department and Regional Vice President (RVP) Cancer Services, in consultation with the DSG members, for a 3-year renewable term.

Roles and Responsibilities of Disease Site Groups

1. To establish annual objectives and academic initiatives for the disease site
2. To identify resources including programmatic resources (Radiation, Systemic, Surgical, Palliative/Supportive care)
3. To review impact of new and incoming clinical policies and practices on resource utilization, highlight areas where standard of care is at risk of being compromised by resource limitations, and set priorities in these situations
4. To identify anticipated or recommend changes in practice or screening that are likely to impact patient care and volumes
5. To develop internal care pathways (i.e. Disease Site Guidelines or Practice policies) for the disease site and/or sub-diseases, based on established CCO treatment guidelines, research

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evidence, conventional practices or active research protocols, and to conduct annual reviews of these guidelines.

6. Enhancing regional access to care delivery and education
7. To establish a role for the DSG within centre-based activities e.g. patient education, linkage with outside agencies
8. To initiate and conduct research activities, including clinical trials, health services, transitional, nursing and supportive research
9. To review proposed clinical trials, establish priorities for clinical trials, evaluate accrual and, where appropriate, develop in-house trials
10. To support undergraduate, postgraduate and continuing medical education (e.g. CME/CPD)
11. To conduct regular Multidisciplinary Cancer Conferences (MCCs)
12. To undertake ongoing Quality Improvement Projects

Meeting Frequency

Frequency of team meetings to be determined by each DSG. Meetings should occur at least 3-4 times per year. MCCs will occur more often as determined by patient volumes and by CCO requirements.

Reporting structure

Chairs and Vice Chairs reporting relationship to Program Medical Director of the Oncology Department and RVP of cancer services.

DSG will report to DSG Chairs Council and to the Cancer Program Council.