Reviewer’s report

Title: Measuring the quality of MDT working: an observational approach

Version: 1 Date: 8 February 2012

Reviewer: Linda Mileshkin

Reviewer’s report:

This paper describes a project that involved assessing the quality of MDT teams using a tool developed by the authors on the basis of the results of a large survey done in the UK which determined views about the characteristics of an effective multi-disciplinary team.

The paper is clearly and well written and does illustrate some important information but I have several concerns about the paper as presented.

Major

1. It is unclear on what basis it was decided to assess only 15 of the 86 characteristics of an effective MDT. Although the authors state that the items chosen were considered relevant and feasible for observational measurement, from looking at the website that lists the full 86 items it would seem that other items would also fit this criteria but have not been included eg. a clear process for who and how MDT decisions will be communicated to the patient and GP etc, mobile phones off or on silent

2. What occurs before and after an MDT is equally important in determining its efficacy and I am unclear how this can be determined by using this tool which only seems to involve observing the actual meeting itself

3. No description is given of who actually performed the MDT observations, and what their level of training was. I am particularly concerned about this given there was such poor inter-rater reliability for determining if there was evidence of treatment planning or the absence of tension/conflict. I also note that only one observer seems to have been able to rate the prioritisation of complex cases. In this discussion the authors comment that this may have related to ‘level of clinical experience’. Clearly this tool is not something suitable for someone without clinical experience to administer and I think this puts into significant question the validity of the results presented.

4. The authors state that the lack of patient-based information being presented may have occurred because of minimal CNS input into discussions. This is an inherently flawed statement. It is much more likely that this has occurred because of lack of time to discuss each patient ie 5 mins means that only very significant psychosocial concerns will be raised. Also discussion of these issues requires that someone (who need not be a nurse) who has talked to the patient about these matters is present at the meeting to discuss them, and raise if they are significant to the case.
Minor

5. Graphs 3 and 4 are difficult to read and would be better presented with positive responses above a zero axis and negative results below

**Level of interest:** An article of limited interest

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests