Reviewer's report

Title: Multidisciplinary Team Meetings and their Impact on Work-flow in Radiology and Pathology Departments

Version: 2 Date: 19 March 2007

Reviewer: clive griffith

Reviewer's report:

General

This paper is topical and details problems in trying to accommodate the major support services of radiology and Pathology into increasing numbers and diversity of Multidisciplinary Team Meetings.

I think that the paper should be published subject to some relatively minor changes. The paper details that for every hour of MDT meeting there are two hours of preparation by the radiologist and over two hours of preparation by the pathologist. 21/29 MDT meetings are outside contractual obligations and 20% of the pathologist/radiologists time is spend preparing or taking part in the MDT meeting.

We know that for many diseases, a specialised MDT approach results in improved patient care with a defined patient pathway and improved chances of long term survival. Double reading of pathology and radiology prior to the MDT meeting improves the quality of reporting. Given that there is no way back to the pre MDT era, the authors need to inform what work is being compromised by the increasing demand on their time to service MDT meetings.

I would like to hear from the authors
1. Should MDT meetings be in “office hours”?
2. Should the MDT meeting time be a fixed part of the consultant contracted weekly timetable?
3. What are the resource issues that need to be addressed?
4. What work is not being done because of the increasing demands that the MDT meetings require?

Table three and four could be omitted. We need to find out from the authors what can be done to meet the challenges in table five.

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

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Discretionary Revisions (which the author can choose to ignore)