

Appendix 4

This appendix was part of the submitted manuscript and has been peer reviewed. It is posted as supplied by the authors.

Appendix to: Slavova-Azmanova NS, Johnson C, Platell C, et al. Peer review of cancer multidisciplinary teams: is it acceptable in Australia? *Med J Aust* 2015; 202: 144-147. doi: 10.5694/mja14.00768.

Appendix 4. Feedback from interviews with MDT members – representative quotes

Quote	Feedback
The PR Process 1 "I just felt we didn't portray our best meeting in terms of communication amongst the team.	
ı	Sometimes, for example, if our lead clinicians aren't there, the meeting doesn't flow as
	smoothly. Overall I felt the three meetings were quite disappointing in terms of not showing
	our best meeting, but I guess that's the reality - that sometimes you have good meetings and
	sometimes you have meetings that aren't optimal" (P005)
2	"I thought it was a worthwhile project to go through. I think it's good to always get other
	people's opinions on how an MDT should be run and to get an outside group to reflect on our MDT." (P021)
3	" I felt that wewere being compared very much to the public sector, because I know we do things differently here" (P022)
4	"you may need to have a representation from each of the specialties that are involved and
	whether that would trump a particular organ specific. It would be good to have an organ
	specific specialist amongst those others, so one of those could be an organ specific specialist
	, I think that would be valuable, but you'd still need to have representation of the other
	specialties" (P016)
5	"I don't think it really matters, as long as they have cancer experience and MDT experience
	themselves, I think that's what's important because sometimes we can learn from how other
	MDTs are run how to best run our own." (P004)
PR Report	
6	"I think it probably underestimated the MDTs maturity" (P001)
7	"It would probably under-represent what the surgeons and the oncologists, the radiation
	oncologists were doing, just looking at the notes." (P021)
PR Recommendations	
8	"I think some clinicians felt a loss of confidence that a recommendation was made by this
	peer review group when in fact it wasn't going to be able to be used in our setting They
	need to be careful if they're making recommendations that they know that actually can be
	taken up and used." (P005)
9	"I think it's one of those things that if someone drives it and it keeps on our radar with follow-
	up projects, it'll be very helpful. If it's a one-off assessment and the report is written and
	nothing happens with it, then it hasn't been successful." (P014)
Future of the peer review process	
10	" I think it should be part of an accreditation, that there's evidence perhaps once a year that
	we do self-review activity and then as part of accreditation every 3 years" (P005)
11	"I'm not sure with the accreditation processes I think the quality improvement
	definitely has a place." (P006)
12	"I wouldn't like to see it used as an accreditation process, I think that's just inappropriate. I
	think as a quality improvement process that may be a useful thing" (P021)
13	"I think if you're using it as an accreditation process, I would strongly disagree with that. I
	think we already have too much bureaucracy to be honest." (P008)
14	"Should MDTs be accredited? Well it wouldn't hurt to have a minimum criteria" (P023)
15	"The purpose of MDTs needs to be considered. What is the focus of MDTs? - There is a
	bureaucratic push to have MDTs, but is this actually to achieve outcomes?" (P24)
Outcome measures	
16	"I guess the other difficulty with this process of making an objective measure of what is quite
	often a subjective process, is that it is very difficult to take into account all the different patient
	pathways and patient complexities and the clinician's innate understanding of those, which
	doesn't come across very well in the meeting because we instinctively, as a group, know
	what we all mean and so we probably don't articulate it very well." (P001)
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