In a disease as complex as cancer it seems the most logical way to ensure uniform standards of high quality care for all patients. Team meetings can also offer opportunities for education, provide a way to increase the number of patients entered into clinical trials, facilitate communication between primary, secondary and tertiary care, and provide team members with opportunities for professional development.

In general, members of MDTs that function effectively can barely imagine working in any other way.

Many MDTs however do not function effectively. In some places, MDT meetings are seen as merely 'rubber stamp' or 'tickbox' operations – something of little intrinsic merit that the system obliges you to go through, where every case is rushed through and the decision reached within the space of a few minutes. In others, discussions are allowed to drag on interminably, for no good reason, with too long being spent on relatively straightforward cases, and many contributions being unduly lengthy or off the point. Sometimes the problem is that one or two voices dominate every discussion, sidelining the contribution of others who have information and expertise that could impact on the recommendation. In some places key team members are often missing from the meeting, because they – or the team organisers or hospital administration –have not prioritised ensuring they can and do attend. Then there's the whole question of what happens to the discussion and recommendations. How do these feed into the decision making process with the patient, if they do at all?

Sadly, large numbers of cancer practitioners across Europe end up resenting the time they are obliged to spend at MDT meetings, because it seems like an unnecessary and bureaucratic waste of time that yields little of benefit to either patients or doctors.

In an effort to challenge this perception, and explore the realities of team meetings in different places across Europe, Cancer World's Janet Fricker asked the core members of a well-functioning prostate cancer multidisciplinary team at Addenbrooke's Hospital in Cambridge, to describe from their own perspective why their team meetings matter to the quality of patient care. Specifically she asked each member of the core team about their role, about what they contribute that their colleagues need to know, about the information they need to receive from their colleagues, and general observations about what makes the meetings work well or how they might be more effective.

We hope to follow this up with a further article where we ask readers to comment on how the functioning of this team compares – the good and the bad – with their own experiences.