The Multiple Consultant Report (MCR) for CESR Applicants

Guidance for consultants completing the form

This Guidance should be read in conjunction with the Example completed Multiple Consultant Report (MCR) for CESR (Link).

The standard for CESR is equivalence to the specialty training curriculum in place at the time that an applicant makes their CESR application. The surgical curricula are changing. This is why:

The GMC designed its new standards for postgraduate medical curricula, *Excellence by Design,* and its framework for *Generic Professional Capabilities*, published in May 2017, to help postgraduate medical training programmes re-focus trainee assessment away from an exhaustive list of individual competencies, towards fewer broad capabilities required to practice safely as a day-one consultant. Trainees finish training when they are judged to have reached the level required of a day-one consultant in all areas of practice, as well as providing evidence that they have met other certification requirements. CESR applicants will have to demonstrate they have reached an equivalent standard.

As a result, the surgical curricula will become outcomes-based, meaning that trainees will be assessed against the fundamental capabilities required of consultants in the working week. These include the general skills which all doctors need to have (the Generic Professional Capabilities – GPCs) as well as those needed to carry out all the specific day to day tasks undertaken by a consultant surgeon (Capabilities in Practice – CiPs).

CESR applicants will have to demonstrate that they have met these requirements.

Generic Professional Capabilities (GPCs)

The GPC Framework was developed by the GMC and the Academy of Medical Royal Colleges with the aim of providing a consistent approach to ensuring that all doctors demonstrate appropriate and mature professional capabilities. The framework is divided into nine domains:

- professional values and behaviours
- professional skills
- professional knowledge
- capabilities in health promotion and illness prevention
- capabilities in leadership and team working
- capabilities in patient safety and quality improvement
- capabilities in safeguarding vulnerable groups
- capabilities in education and training
- capabilities in research and scholarship

Each of these domains contains a list of descriptors which illustrate the capabilities and behaviours required.

The GPCs describe the interdependent essential capabilities that underpin professional medical practice in the UK. They also serve as educational outcomes, carrying equal weight to the Capabilities in Practice (see below), and are an integral part of the surgical curriculum through every phase of training.

Satisfactory achievement of the GPCs by trainees will demonstrate that they have the necessary generic professional capabilities needed to provide safe, effective and high quality medical care in the UK.

Capabilities in Practice

The new curriculum also describes the high-level outcomes of training which all consultant surgeons are required to deliver - Capabilities in Practice (CiPs). The CiPs operationalise and contextualise the syllabus under the main activities needed for independent practice at the level of a day-one consultant. The end of training (i.e. equivalence to a CCT) will be reached when supervisors agree that a trainee is performing at the level of a day-one consultant.

The CiPs which apply to all surgical specialties are:

- Manages an Out-Patient Clinic
- Manages the Unselected Emergency Take
- Manages Ward Rounds and In-Patients
- Manages the Operating List
- Manages the Multi-Disciplinary Meeting

In addition to this Cardiothoracic Surgery, Paediatric Surgery and Plastic Surgery have additional specialty specific CiPs as follows

Cardiothoracic Surgery

- Manages patients within the critical care area
- Assesses surgical outcomes both at a personal and unit level

Paediatric Surgery

- Assesses and manages an infant or child in a NICU/PICU environment

Plastic Surgery

- Safely assimilates new technologies and advancing techniques in the field of Plastic Surgery into practice

More detail is given in the relevant Specialty Specific Guidance (SSG) Specialty Specific Guidance (SSG) and relevant curricula.

In keeping with the GPCs, each of the CiPs also contains a list of descriptors summarising what is expected in each.

At the heart of these changes is the principle that the knowledge and skills essential for everyday practice should be reflected authentically in the curriculum.

In order to be recommended to the GMC for CESR and entry on to the specialist register, the doctor must demonstrate that they are capable of unsupervised practice in all the CiPs and GPCs.

The Multiple Consultant Report

A new assessment tool is required for outcomes based assessment. The Multiple Consultant Report (MCR) allows assessment of performance relative to the level required of a Day 1 consultant in each CiP and the GPCs. The MCR is an assessment based in the workplace using observations gathered over an extended period of time. For trainees, this is the entire duration of a placement. For CESR applicants we would expect observations to be over a similar time frame. The MCR for CESR would be like the final MCR for a trainee and should be a summative assessment. The MCR should cover a period of at least 6 months prior to making the CESR application. Applicants should bear this in mind when they first begin to gather their evidence for CESR. For trainees the MCR will involve the professional judgement of the Clinical Supervisors who work with trainees on a day-to-day basis, assessing them against the high-level outcomes of the curriculum; the GPCs and CiPs. For CESR applicants this means substantive consultants who are of equivalent standing to a Clinical Supervisor. These will be the consultants (or those in an equivalent role outside the UK) with whom the applicant has worked for a period of time. They will have been able to closely observe the applicant's practice across all the CiPs and many of the GPCs.

The MCR is a meaningful assessment based on the holistic professional opinion of those who are working with the applicant. The MCR is summarised through the award of a supervision level which shows how much supervision is needed in each of the CiPs and whether any continued development is required in the GPCs. The supervision levels for the CiPs are:

I. Able to observe only
II. Able and trusted to act with direct supervision
    a) Supervisor present throughout
    b) Supervisor present for part
III. Able and trusted to act with indirect supervision
IV. Able and trusted to act at the level of a day-one consultant
V. Able and trusted to act at a level beyond that expected of a day-one consultant

Level IV in each CiP shows the standard of a day-one Consultant which is the standard that would show equivalence to the CCT curriculum. Level V is to provide for someone who demonstrates exceptional performance in that CiP.

The MCR form

You may be familiar with how the MCR works for trainees. We have developed an equivalent version for CESR applicants and you should use this version which is available from the JCST website MCR form for CESR.

The MCR is designed for more than one consultant to complete at the same time. Consultants will meet (this can be virtual) to discuss the person they are rating and complete the form. The form allows several consultants to provide their details. If one consultant is unable to comment on certain aspects of practice, for example, because they had not worked with the applicant in that area, then another consultant can complete this. The consultants should make it clear about who has contributed to which part of the MCR.

If it is not possible for the consultants to meet, even virtually, they can provide separate forms.

The minimum number of consultants completing the MCR is two, but ideally all consultants who regularly work with the applicant should contribute. The more input there is, the more meaningful the MCR will be.

When completing the form the consultants need to take into account the descriptors for the GPCs and the CiPs. There are links to these descriptors on the form itself. To support an application for CESR, when supervision level IV or V is awarded, consultants should refer to the descriptors to make an overall free text statement giving reasons for the supervision level they are awarding. Consultants are responsible and accountable for their supervision recommendations.

Where no consultant is able to complete the MCR or certain aspects of it then they should state this on the form and give reasons. The applicant will need to provide additional documentary evidence to show that they meet the CiP or GPC. The consultants and the applicant should discuss any gaps in the CiP or GPC assessment. The onus is on the applicant to find alternative evidence if necessary.

Providing the MCR

As with all the evidence for CESR, the onus is on the applicant to provide an MCR. The applicant should approach the consultants directly and ask them to complete the MCR form. The applicant should arrange a discussion with the consultants, once they have had the opportunity to see the forms and discuss their opinions amongst themselves. If the consultants are unable to complete some or even all of the MCR form, then the applicant will need to consider how to provide equivalent evidence.

Because the MCR should reflect at least a 6 month period prior to the application, applicants are advised to begin this process when they begin to gather evidence for CESR.

There is an Example completed Multiple Consultant Report (MCR) for CESR which can help.

If an applicant is unable to provide an MCR or aspects of the MCR

Where an applicant is unable to provide an MCR or aspects of the MCR, they will need to provide alternative evidence. A list of items that could be used to provide this evidence is provided with Annex A of the 2021 version of the Specialty Specific Guidance (SSG). This list is not exhaustive and the applicant may be have other

items to include. They will need to map the evidence to the CiPs and GPC headings using the descriptors to do this, and also provide reflection.

This document should be read in conjunction with the SSG.