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| **Multiple Consultant Report (MCR)** |

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| **Supervisor:** |  | **Date:** |  |
| **Trainee:** |  |
| **Please state the dates, nature and frequency of your clinical interaction with this trainee (e.g. weekly OP clinic)** |  |

This form is designed to help to capture the opinions of Consultants who have supervised the above trainee. They are asked to comment on clinical knowledge and skills and various important aspects of clinical performance.

This form is additional to the Multi Source Feedback tool (MSF). It should only be completed by Consultants and is intended to focus specifically on clinical performance. The responses given will contribute to the Educational Supervisor’s report and you should try to give an accurate description of the trainee’s abilities. Please note that the trainee will see your comments. It may not be possible to complete all domains, but please try to respond to all that are relevant.

A list of appropriate respondents to the MCR should be agreed by the trainee and Educational Supervisor at the beginning of the placement/training year, and the potential respondents should be warned at this time that a report may be required. The list should be confirmed immediately before feedback is requested. In most specialties, trainees should aim to obtain responses from 4 consultant colleagues, and a maximum of 6 consultants per training year.

**Please acknowledge areas of excellence and note that when a trainee is graded ‘below expectations’ specific details and examples are required.**

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| **Domain** | **Below Expectations for stage of training** | **Meets Expectations for stage of training** | **Above Expectations for stage of training** | **Comments** |
| **Efficiency, seeing patients promptly, prioritising sensibly**  |  |  |  |  |
| **Domain** | **Below Expectations for stage of training** | **Meets Expectations for stage of training** | **Above Expectations for stage of training** | **Comments** |
| **Clinical skills, history taking and examination** |  |  |  |  |
| **Procedural skills** (if applicable to your specialty) |  |  |  |  |
| **Diagnostic skills, investigation and management of patients**  |  |  |  |  |
| **Prescribing skills, knowledge of drugs, side-effects, interactions etc.** |  |  |  |  |
| **Clarity, accuracy, detail (and legibility) of notes/letters/ summaries** |  |  |  |  |
| **Recognising the need (and urgency) for senior help** |  |  |  |  |
| **Evidence of care and compassion** |  |  |  |  |
| **Please specify any suggested areas for development.** |  |
| **Do you have any concerns regarding the trainee’s health and probity?** |  |
| **Have you received any compliments, comments, or concerns from patients or staff?** |  |
| **If yes have you shared them, or any other concerns with the trainee? What was the outcome?** |  |
| **Is the trainee’s overall performance at the level expected for their stage of training?** |  |

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| **Any further comments:** |
| **Signed:** | **Date:** |

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