ISCP INTERCOLLEGIATE SURGICAL CURRICULUM PROGRAMME

# Guide to the MCR

## for Clinical Supervisors & Assigned Educational Supervisors

**August 2021**

**Contents**

## 1. Key points

The Multiple Consultant Report (MCR):

- assesses the high level outcomes of the curriculum; the Generic Professional Capabilities (GPCs) and the Capabilities in Practice (CiPs) with equal weight
- makes use of the professional judgements of the consultant Clinical Supervisors (CSs) who work with trainees on a day-to-day basis
- is led by a Lead Clinical Supervisor (Lead CS) and involves all the consultant CSs selected in ISCP placements by trainees
- involves input and sign off from the trainee's Assigned Educational Supervisor (AES)
- provides trainees with a parallel Self-Assessment
- involves a separate face to face feedback session for trainees
- takes place twice in each placement (once before the midpoint Learning Agreement meeting and again before the final review Learning Agreement meeting)
- feeds into the trainee's Learning Agreement

## 2. The purpose of the MCR

The MCR is a formative assessment, for trainee feedback and learning. The assessment is outcomes-based, aligned with the standard of practice of a day-one consultant in the specialty. It aims to ensure trainees are on track for certification, that any difficulties can be addressed in good time and that progress through training may be accelerated if necessary in recognition of quicker acquisition of competence. It is designed to cover both the GPCs and CiPs with equal weight.

The MCR involves the professional judgements of the group of CSs who work with trainees every day. As surgical trainers, CSs can judge, through their knowledge of trainees, whether or not they are safe to practice. They make these professional judgements about trainee performance every day in discussion with other supervisors. The MCR sets out to re-professionalise and re-connect these types of judgement with curriculum assessment, enabling supervisors to evidence their judgement in a way that makes it more transparent. CSs do not need specific training to make judgements about trainee performance. However, it is recommended that CSs trial the MCR before using it for the first time as well as discussing it within the faculty group.

The MCR informs the AES's end of placement report for the Annual Review of Competence Progression (ARCP). Trainees have an identical form for self-assessment, allowing them involvement in their own progress, opportunity for reflection and to demonstrate insight.

## 3. Roles and responsibilities

The introduction of the MCR has resulted in a few new responsibilities as outlined below.

***Training Programme Directors:*** TPDs should ensure that Lead CSs are identified for different trainees.

***Assigned Educational Supervisors:*** AESs will be responsible for commenting on the MCR from the perspective of the trainee's broader educational development, including areas augmenting workplace practice such as GPCs 6-9, and also for signing off the MCR.

***Clinical Supervisors/Lead CS:*** All CSs should contribute to the MCR. At least two CSs are necessary for the MCR meeting. The Lead CS is not a new role; the title refers to the CS who will take responsibility for organising the MCR meeting and filling in the online MCR form on behalf of the group. The Lead CS will also provide (or arrange) MCR feedback to trainees. Different CSs may be the Lead CS for different trainees.

***Trainees:*** Trainees will be required to select all their CSs when setting up a placement (there is no maximum number). They will also select their Lead CS at the start of the Learning Agreement under the guidance of the AES. Trainees will carry out the new Self-Assessment which is identical in content to the MCR. They will not be expected to organise MCR meetings.

## 4. How it should work

### *Nomination of the Lead CS*

- The Lead CS will be selected by the trainee and AES before the start of the Learning Agreement, enabling the Lead CS to receive a link to the MCR and guidance.

### *MCR meeting*

- The Lead CS takes a critical role in leading the process, including convening the MCR meeting, completing the MCR report and providing trainees with feedback in person.

- The MCR should take place in good time (at least 3 weeks) before the midpoint Learning Agreement and final review Learning Agreement. The midpoint MCR is optional but strongly recommended. If the MCR is not done at the midpoint the risks are that deficiencies will not get highlighted and the MCR outcome at the endpoint may not be what the trainee is expecting. There will also be a lack of information for the trainee's midpoint Learning Agreement meeting with knock on effects for the rest of the placement and insufficient evidence for the ARCP. The final MCR is mandatory.

- The meetings should involve as many of the trainee's CSs as possible and at least two. Trainees are not present at the assessment.

### *Completing the MCR form*

- Only the Lead CS will have access to the MCR form (until it is complete) and will complete it on behalf of the group, comments must not be attributable to individuals.

- All the CSs named in the trainee placement will appear on the MCR form. The Lead CS will be able to record who was present at the meeting and invite any other consultants for input in a particular area e.g. if the trainee has been on a short special placement elsewhere. People who are invited must first register on the ISCP (access via this process will grant access to the MCR when completed but not to the trainee's portfolio).

- The group should discuss each trainee's performance against each GPC domain and each CiP. Review of the trainee's portfolio is not a part of the assessment. The meeting should take as long as necessary to reach consensus on the GPC domains and CiPs and complete the MCR form. Not all trainers may be able to comment on all areas but all should contribute where relevant.

- When 'development required' is selected for any of the GPCs or a supervision level below IV is selected for any of the CiPs, the rating should be justified. Descriptors can be picked to explain the reasons and/or free text added as appropriate. Areas of excellence in the CiPs can also be highlighted. The descriptors are meant as prompts and should only be referred to as relevant to the discussion. Only 5 descriptors can be highlighted for each CiP for development over the next 3-6 months and so as not to overwhelm trainees.

- When trainee performance against any of the GPC domains is 'appropriate for phase' of training or any CiP is rated at level IV or V, no development is required and, therefore, comments and descriptors are not required (unless for showing excellence). When trainees are appropriate for phase in all GPCs and at level IV or V in all the CiPs, they will have reached the standard for certification.

- After the MCR has been submitted by the Lead CS, there will be a 48 hour period for additional contributions, including from CSs not present at the meeting.

### *AES comments and sign off*

After either all CSs have commented or the 48 hour window has expired, the AES will be able to add comment and sign off the MCR, allowing it to appear in trainee Learning Agreements and portfolios.

### *Feedback after the assessment*

Feedback to trainees is a fundamental component of the MCR. Typically, the Lead CS should give the feedback, however there may be circumstances when the AES is better placed to do so. A guide to trainee feedback session is available here.

The above process is illustrated in figure 1 below. To aid the process, new ISCP alerts will appear on supervisor dashboards and are shown in section 9 below.

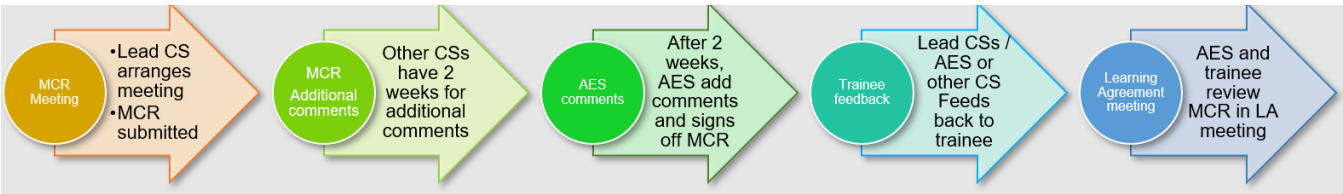



Figure 1

## 5. CiPs and GPCs

The MCR assesses trainees on their ability to practice as day-one consultants. The requirements have been divided into clinical outcomes called Capabilities in Practice (CiPs) and professional outcomes called Generic Professional Capabilities (GPCs). Together, these will indicate whether trainees have reached the end-point of training and are ready for certification.

| **Shared CiPs** |
|---|
| 1. Manages an out-patient clinic.<br>2. Manages the unselected emergency take.<br>3. Manages ward rounds and the on-going care of in-patients.<br>4. Manages an operating list.<br>5. Manages multi-disciplinary working. |
| **Specialty-specific CiPs** |
| *Cardiothoracic surgery*<br>6. Manages patients within the critical care area<br>7. Assesses surgical outcomes both at a personal and unit level<br><br>*Paediatric Surgery*<br>6. Assesses and manages an infant or child in a NICU/PICU environment<br><br>*Plastic surgery*<br>6. Safely assimilates new technologies and advancing techniques in the field of Plastic Surgery into practice |
| **GPCs** |
| Domain 1: Professional values and behaviours<br>Domain 2: Professional skills<br>Domain 3: Professional knowledge<br>Domain 4: Capabilities in health promotion and illness prevention<br>Domain 5: Capabilities in leadership and team working<br>Domain 6: Capabilities in patient safety and quality improvement<br>Domain 7: Capabilities in safeguarding vulnerable groups<br>Domain 8: Capabilities in education and training<br>Domain 9: Capabilities in research and scholarship |

Table 1

## 6. Supervision levels

The CiPs are rated according to supervision levels classifying how much supervision is required by the trainee in each CiP for the particular phase of training. To allocate a supervision level ask; 'how much supervision is needed in this area of work?' When someone is at the start of training they will need to be supervised more than someone near the end of training. The level of a day-one consultant is reached when no supervision is needed and training can end.

| Core surgical training | Specialty training |
|---|---|
| Level Ia: Able to observe passively only<br>Level Ib: Able to observe actively: may engage in the activity to provide assistance or analyse and discuss what is observed<br>Level IIa: Able and trusted to act with direct supervision: some of the activity is performed by the trainee<br>Level IIb: Able and trusted to act with direct supervision: the trainee is able to string elements together into fluent parts of the task<br>Level IIc: Able and trusted to act with direct supervision: the trainee is able to complete the task<br>Level III: Able and trusted to act with indirect supervision: the supervisor will want to provide guidance for, and oversight of most aspects of the activity. Guidance may be remote or provided in advance of the activity | Level I: Able to observe only: no execution<br>Level IIa: Able and trusted to act with direct supervision (The supervisor needs to be physically present throughout the activity to provide direct supervision)<br>Level IIb: Able and trusted to act with direct supervision (The supervisor needs to guide all aspects of the activity. This guidance may partly be given from another setting but the supervisor will need to be physically present for part of the activity)<br>Level III: Able and trusted to act with indirect supervision (The supervisor does not need to guide all aspects of the activity. For those aspects which do need guidance, this may be given from another setting. The supervisor may be required to be physically present on occasions).<br>Level IV: Perform at the level of a day 1 consultant<br>Level V: Performs beyond the level expected of a day one consultant |

Table 2

## 7. Tips for CSs

### Tips for the Lead CS

- For trainees in difficulty, ensure as many CSs as possible are involved in the MCR meeting.
- Set up an informal faculty meeting before training begins to help colleagues become familiarised with the MCR to aid a faster assessment when it takes place.
- Put key times in your diary well in advance for both the MCR and trainee feedback. The MCR should take place about 3 weeks before the midpoint and end of the placement.
- Ask colleagues to consider trainee performance ahead of the MCR. A portfolio review should not be part of the MCR meeting.
- Remote meetings could be utilised for the MCR meeting. If physical meetings are used, the room should have IT equipment to allow group viewing of the online MCR form during the meeting.
- Avoiding implicit bias; this refers to the attitudes or stereotypes that affect an individual's understanding, actions, and decisions in an unconscious manner. Although surgical supervisors can judge, through their knowledge of trainees, whether or not they are safe to practice in a given area, and while the MCR should help to counteract the effects of implicit bias by guarding against a narrow view, there may still be certain conditions under which judgement may become vulnerable to its effects. As Lead CS, be aware of circumstances which require the group to slow down their judgement, discuss reasons for their opinions and be specific, using descriptors where possible.

### Tips for AESs acting as Lead CS

- Because the Lead CS and AES responsibilities have different oversight functions for the MCR, it is not ideal for one person to take on both these roles although it might sometimes be necessary. As Lead CS, you will participate in the discussion, contributing your experience of your direct observation of trainees in the workplace. As AES, signing off the MCR, you would add comments about the trainee's broader educational development, drawing on portfolio evidence including areas augmenting workplace practice such as GPCs 6-9.

### Tips for CSs

- Trial the MCR with other CSs on real trainees before first use to help speed the process when live.
- Become familiar with the CiPs and GPCs ahead of the MCR meeting to help you more easily and quickly find the descriptors to illustrate your judgements.
- Take time before the MCR meeting to consider trainee performance to prepare yourself for giving your judgement in the meeting. A portfolio review will not be part of the MCR meeting.
- If you cannot be at the MCR meeting, consider discussing your judgement with the Lead CS in advance of the meeting or sending them your comments.

## 8. FAQs

### 1. Will CSs / AESs need training to use the MCR?

CSs/AESs do not need training to make professional judgements about trainee performance because of their experience of practising in the profession and observing trainees on a day to day basis as part of the supervisory training relationship. However, in preparation for implementation of the new curriculum, it will be important for faculty groups to trial the MCR on their trainees, with trainees trialling the Self-Assessment. The benefit for supervisors is that they will be able to discuss the CiPs and GPCs in relation to real trainee performance, calibrate their views, become familiar with the online system and thereby help speed up the process when it is implemented. The benefit for trainees is that they will receive feedback on how they perform against the high-level outcomes of a day-one consultant and be able to take their trial MCR and Self-Assessment to the first Learning Agreement meeting with their AES under the new curriculum.

The ISCP has been running training webinars for trainees and trainers and providing resources to cascade training locally. Guidance is also provided on the ISCP website and videos can be found on the JCST/ISCP YouTube channel here.

### 2. Will the CS Report still be mandatory?

No, they will no longer be a mandatory element of the Learning Agreement. However, CSs will still be able to make short feedback ‘field notes’ in trainee portfolios throughout training.

### 3. Can supervisors who are not consultants or surgeons take part in the MCR?

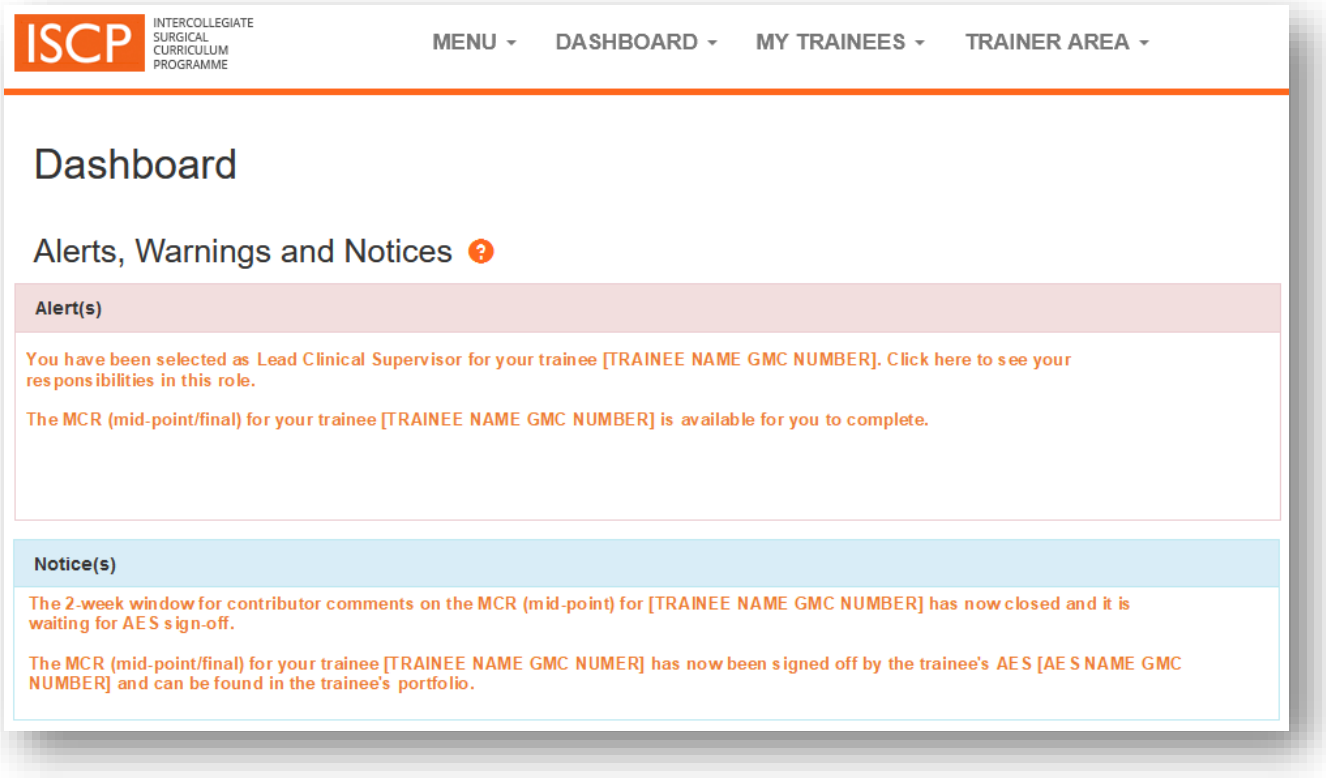
The MCR has been designed to be assessed by consultant surgeons who act as Clinical Supervisors in a placement. In exceptional circumstances other consultants can be invited to give input in a particular area e.g. if the trainees has been on a short special placement elsewhere.

### 4. How much extra work will be involved?

CSs will need to participate in the MCR meeting on two occasions in each placement and the Lead CS will also arrange the MCR meeting and provide trainees with feedback. The addition of the MCR will be balanced against the removal of the annual target number of workplace-based assessments (WBAs) and the removal of a mandatory requirement for CS Reports.

## 5. As a Lead CS, how do I know who to invite to the MCR?

The Lead CS will receive an ISCP dashboard alert (see examples in the screenshot below). Clicking on the alert will enable you to create the MCR and, once created, you will see a list of the CSs the trainee selected for the placement who should all be invited to the meeting. The meeting could be a physical or virtual meeting.




## 6. If there is a difference in opinion among CSs in the MCR meeting that cannot be resolved, how is this shown in the MCR?

It will be important for the group to reach agreement on whether trainees are 'appropriate for phase' in each GPC domain and on the supervision level for each CiP. However, some divergence of opinion about trainee performance is to be expected and should be explored to create a more rounded judgement. If significant differences remain they can be presented within the MCR using free text or descriptors (without attributing individuals) e.g. 'While the group agreed on level III for CiP 3, two of us felt comfortable with their ability to lead a ward round while one of us felt that more development was required in drawing on the expertise of MDT colleagues'. There is also an opportunity for anonymous contributions to the MCR for a 48 hour period after its submission by the Lead CS prior to the AES's global commentary and sign off. In the trainee feedback session, it should be explained to trainees that these differences represent the various ways in which their behaviour might be interpreted so that they can reflect on these and respond accordingly.

## 7. How soon will CSs need to start the MCR after the start of the academic year?

The first MCR from August 2021 will be at the midpoint of the placement. It will need to be completed at least 2-3 weeks in advance of the midpoint learning agreement meeting.

At the beginning of the learning agreement, trainee and AES will select a Lead Clinical Supervisor for the MCR before they begin the objective setting meeting. The Lead Clinical Supervisor will be able to start the MCR as soon as the objective-setting meeting has been signed off. The MCR should be completed at least 2 weeks before the midpoint learning agreement meeting. Approximate timings for the MCR and Learning Agreement are shown below.

| **Approximate timings** | | | | |
|---|---|---|---|---|
| | **Midpoint MCR** | **Midpoint LA** | **Final MCR** | **Final LA** |
| 4-month placements | End of month 2<br>(2-3 weeks before midpoint LA) | Beginning of month 3 | End of month 3<br>(2-3 weeks before final LA) | Middle of month 4 |
| 6-month placements | End of month 3<br>(2-3 weeks before midpoint LA) | Beginning of month 4 | End of month 5<br>(2-3 weeks before final LA) | Middle of month 6 |
| 12-month placements | End of month 6<br>(2-3 weeks before midpoint LA) | Beginning of month 7 | End of month 11<br>(2-3 weeks before final LA) | Middle of month 12 |

## 8. Do CSs need to add post-meeting contributions if they attended the MCR meeting?

Yes, the aim of the MCR is to realise the value of trainer professional judgement. Clinical supervisors must be given the opportunity to provide their perspective, which may be enhanced by a short period of reflection. The contribution window, giving clinical supervisors freedom of expression to agree, disagree or add comments, therefore, continues to be an important element.

Adding a post-meeting contribution involves clicking on the link in the invitation email, logging into the ISCP and choosing to agree or disagree. Once all contributors have signed off in this way the MCR will be available for the AES to complete the process.

## 9. New system alerts

The box below shows the new email and MCR alert messages which will appear on the ISCP dashboard of the relevant users.

| Role | Alert | Alert message |
|---|---|---|
| Lead CS | When selected as Lead CS by trainee/AES | You have been selected as Lead Clinical Supervisor for your trainee [TRAINEE NAME GMC NUMBER]. Click here to see your responsibilities in this role. |
| | When the Lead CS is changed by trainee/AES | Another CS has been assigned as Lead Clinical Supervisor for [TRAINEE NAME GMC NUMBER] and you no longer have any Lead CS responsibilities. |
| | When the MCR is due | The MCR (mid-point/final) for your trainee [TRAINEE NAME GMC NUMBER] is available for you to complete. |
| | When the period for contributor comments has expired | The 48 hour window for contributor comments on the MCR (mid-point) for [TRAINEE NAME GMC NUMBER] has now closed and it is waiting for AES sign-off. |
| | When the MCR is completed and in the portfolio | The MCR (mid-point/final) for your trainee [TRAINEE NAME GMC NUMER] has now been signed off by the trainee's AES [AES NAME GMC NUMBER] and can be found in the trainee's portfolio. |
| Other CSs | When the MCR has been submitted by the Lead CS, inviting other CSs to add comments | [LEAD CS NAME GMC NUMBER], as Lead Clinical Supervisor, has invited you to add comments to an MCR (mid-point/final) for [TRAINEE NAME GMC NUMBER] within the next 2 weeks. |
| | When the period for contributor comments has expired | The 48 hour window for contributor comments on the MCR (mid-point) for [TRAINEE NAME GMC NUMBER] has now closed and it is waiting for AES sign-off. |
| | When the MCR is completed and in the portfolio | The MCR (mid-point/final) for your trainee [TRAINEE NAME GMC NUMER] has now been signed off by the trainee's AES [AES NAME GMC NUMBER] and can be found in the trainee's portfolio. |

| Role | Alert | Alert message |
|---|---|---|
| Other CSs (continued) | When the midpoint MCR was not started or completed before the sign off of the midpoint Learning Agreement meeting | The MCR (mid-point) not started or in progress for your trainee [TRAINEE NAME GMC NUMBER], has been deleted and is no longer available because the trainee's AES [AES NAME GMC NUMBER] has signed off the mid-point review learning agreement meeting. |
| AES | When the MCR is ready for AES sign off | The MCR (final) created by [TITLE LEAD CS GMC: NUMBER], as Lead Clinical Supervisor for your trainee [TRAINEE NAME GMC NUMBER] is now ready for final sign-off. |
| Trainees | When the MCR has been completed and can be accessed in the portfolio | The MCR (mid-point/final) has now been signed off by [AES NAME GMC NUMBER] and can be found in your portfolio. |

Table 3