**Multiple Consultant Report (MCR) pro-forma for CESR Applications**

Please read the guidance on the JCST website about completion of the MCR before doing this. There is

[MCR-Guidance for Consultants](https://www.jcst.org/-/media/files/jcst/cesr/mcr--guidance-for-consultants.pdf)

[MCR-Guidance for Applicants](https://www.jcst.org/-/media/files/jcst/cesr/mcr--guidance-for-applicants.pdf)

[Example completed Multiple Consultant (MCR) report for CESR.](https://www.jcst.org/-/media/files/jcst/cesr/example-completed-multiple-consultant-report--mcr.docx)

Only one MCR is required which will cover all the [[Capabilities in Practice (CiPs)](https://www.iscp.ac.uk/media/1139/all-cips-including-specialties-specific-2021.pdf)](Capabilities%20in%20Practice%20%28CiPs%29) and [Generic Professional Capabilities (GPCs)](https://www.gmc-uk.org/education/standards-guidance-and-curricula/standards-and-outcomes/generic-professional-capabilities-framework), however there must be contributions from two or more consultants who regularly work with the applicant.

You should be aware that the MCR Consultant Raters’ opinions form one part of the evidence presented and are insufficient in themselves to warrant recommendation for certification. The decision on whether to recommend an applicant for certification will be based on an evaluation of all evidence presented.

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| **Applicant** |
| Name: |  |
| Position: |  |
| **Consultants** |
| Consultant name: Your specialty, qualifications, current position and place of work; |  |
| Consultant position and place of work where the applicant was working with you. |  |
| Relationship to applicant (including place of work and dates when they worked with you). |  |
| Environments in which applicant was observed on a frequent basis. By frequent we mean at least 1 session per fortnight over 6 months. | In patient care  Theatre  Out patients  Multi-disciplinary meetings  Emergency Take  Critical care  |
| Have you been able to make regular and direct observation of the applicant’s work? If so, can you explain why you have been able to come to an accurate holistic judgment about all aspects of their performance? |  |
| Can you confirm that you have read about and understand the * 2021Curriculum
* Generic Professional Capabilities (GPCs)
* Capabilities in Practice (CiPs)

Details available from * [[Capabilities in Practice (CiPs)](https://www.iscp.ac.uk/media/1139/all-cips-including-specialties-specific-2021.pdf)](Capabilities%20in%20Practice%20%28CiPs%29)
* <https://www.iscp.ac.uk/iscp/curriculum-2021/>
* <https://www.jcst.org/>
 |  |
| Can you confirm that you have read and understand about the Multiple Consultant Report (MCR) for CESR which are on the JCST website. https://www.jcst.org/ |  |
|  |
| Consultant name: Your specialty, qualifications, current position and place of work; |  |
| Consultant position and place of work where the applicant was working with you. |  |
| Relationship to applicant (including place of work and dates when they worked with you). |  |
| Environments in which applicant was observed on a frequent basis. By frequent we mean at least 1 session per fortnight over 6 months. | In patient care  Theatre  Out patients  Multi-disciplinary meetings  Emergency Take  Critical care  |
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* <https://www.iscp.ac.uk/iscp/curriculum-2021/>
* <https://www.jcst.org/>
 |  |
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* <https://www.iscp.ac.uk/iscp/curriculum-2021/>
* <https://www.jcst.org/>
 |  |
| Can you confirm that you have read and understand about the Multiple Consultant Report (MCR) for CESR on the JCST website <https://www.jcst.org/> |  |
|  |
| **Consultant Report****The utmost integrity and probity is expected of you in completing this form. Inaccurate or misleading completion could result in danger to patient safety.**In completing this form we accept full responsibility for our comments in this report and confirm they are based on direct knowledge of this applicant. We can confirm that we made this decision together after discussion (Please state your names and indicate who the lead consultant is).**Lead Consultant Name:****Collaborating Consultants’ Names :** |
| Date of assessment: |  |
| Period covered:  | From:  | To: |
| Hospital(s): |  |
| **Generic Professional Capabilities**[Generic Professional Capabilities Framework](https://www.gmc-uk.org/education/standards-guidance-and-curricula/standards-and-outcomes/generic-professional-capabilities-framework) |
| **GPCs****Reasons for your support**Give brief descriptions of examples of how you have seen the applicant demonstrate each capability as expected of a consultant, and indicate any concerns you have. Please review the descriptors for each GPC domain before completing this form.  |
| [Descriptors for Domain 1:Professional values and behaviours](https://www.gmc-uk.org/-/media/documents/generic-professional-capabilities-framework--0817_pdf-70417127.pdf#page=8) |
| Comments: |
| Appropriate for independent practice:Yes / No |
| [Descriptors for Domain 2:Professional skills](https://www.gmc-uk.org/-/media/documents/generic-professional-capabilities-framework--0817_pdf-70417127.pdf#page=10) |
| Comments: |
| Appropriate for independent practice:Yes / No |
| [Descriptors for Domain 3: Professional Knowledge](https://www.gmc-uk.org/-/media/documents/generic-professional-capabilities-framework--0817_pdf-70417127.pdf#page=17)Professional Knowledge-please note that this includes national legislative requirements and the health service and healthcare systems in the four countries(UK) |
| Comments: |
| Appropriate for independent practice:Yes / No |
| [Descriptors for Domain 4: Capabilities in health promotion and illness prevention](https://www.gmc-uk.org/-/media/documents/generic-professional-capabilities-framework--0817_pdf-70417127.pdf#page=19) |
| Comments: |
| Appropriate for independent practice:Yes / No |
| [Descriptors for Domain 5: Capabilities in leadership and team working](https://www.gmc-uk.org/-/media/documents/generic-professional-capabilities-framework--0817_pdf-70417127.pdf#page=20) |
| Comments: |
| Appropriate for independent practice:Yes / No |
| [Descriptors for Domain 6: Capabilities in Patient safety and quality improvement](https://www.gmc-uk.org/-/media/documents/generic-professional-capabilities-framework--0817_pdf-70417127.pdf#page=21) |
| Comments: |
| Appropriate for independent practice:Yes / No |
| [Descriptors for Domain 7:Capabilities in safeguarding vulnerable groups](https://www.gmc-uk.org/-/media/documents/generic-professional-capabilities-framework--0817_pdf-70417127.pdf#page=23) |
| Comments: |
| Appropriate for independent practice:Yes / No |
| [Descriptors for Domain 8: Capabilities in education and training.](https://www.gmc-uk.org/-/media/documents/generic-professional-capabilities-framework--0817_pdf-70417127.pdf#page=24)  |
| Comments: |
| Appropriate for independent practice:Yes / No |
| [Descriptors for Domain 9: Capabilities in research](https://www.gmc-uk.org/-/media/documents/generic-professional-capabilities-framework--0817_pdf-70417127.pdf#page=25) |
| Comments: |
| Appropriate for independent practice:Yes / No |
| **Capabilities in Practice**(Please only complete the areas in which you have directly observed the applicant) |
| **CiPs-**[[Capabilities in Practice (CiPs)](https://www.iscp.ac.uk/media/1139/all-cips-including-specialties-specific-2021.pdf)](Capabilities%20in%20Practice%20%28CiPs%29)**Reasons for your support-** Give brief descriptions of examples of how you have seen the applicant demonstrate each capability as expected of a consultant, and indicate any concerns you have. Please review the descriptors for each Capability in Practice before completing this form. |
| CiP 1 Manages an outpatient clinic |
| Comments: |
| Supervision Level :I / II / III / IV / V |
| CiP 2 Manages the unselected emergency take |
| Comments: |
| Supervision Level :I / II / III / IV / V |
| CiP3 Manages ward rounds and the on-going care of in-patient cares |
| Comments: |
| Supervision Level :I / II / III / IV / V |
| CiP 4 Manages an operating list |
| Comments: |
| Supervision Level :I / II / III / IV / V |
| CiP 5 Manages multi-disciplinary working |
| Comments: |
| Supervision Level :I / II / III / IV / V |
| CiP 6 Specialty specific CiP (Otolaryngology, Cardiothoracic Surgery, Plastic Surgery only) |
| Comments: |
| Supervision Level :I / II / III / IV / V |
| CiP 7 Specialty specific CiP (Cardiothoracic Surgery only) |
| Comments: |
| Supervision Level :I / II / III / IV / V |
| **Overall statement**Is the applicant is capable of performing at the level of a consultant in the UK health services and on what do you base this.  |
| **Overall statement** |
| **I understand that I am responsible and accountable for my recommendation that the applicant has reached the level of a day-one consultant as described by the specialty syllabus in each of the CiPs.****I confirm that all completed parts have been honestly written.**  |
| **Signature:**  | **GMC Number or Name and Number of your Medical Registration Body if not in the UK:** | **Date:** |