MCR Guidance for CSs and AESs

Key points

The MCR:

- Assesses the high level outcomes of the curriculum, the Generic Professional Capabilities (GPCs) and the Capabilities in Practice (CiPs)
- Provides the professional judgements of the consultant Clinical Supervisors (CSs) who work with the trainee clinically on a day-to-day basis.
- Is led by a Lead Clinical Supervisor (Lead CS) and involves all the consultant CSs the trainee named in the placement. At least two CSs should be present at the meeting. The Assigned Educational Supervisor (AES) may have the dual role of CS
- Involves input and sign off from the trainee's AES
- Provides trainees with a parallel self-assessment
- Involves a separate face to face feedback session to the trainee
- Takes place twice in each placement (once before the midpoint Learning Agreement meeting and again before the final Learning Agreement meeting)
- Feeds into the trainee's Learning Agreement

The MCR assessment

The method involves the summative professional judgements of the group of CSs who work clinically with the trainee on a day to day basis. It does not represent a major shift in current practice but rather builds in a consensus which helps to calibrate a number of supervisor judgements in the way faculty naturally tend to operate albeit currently informally.

As surgical trainers, clinical supervisors can judge, through their knowledge of trainees, whether or not they are safe to practice. They make these professional judgements about trainees every day and discuss trainee performance with other supervisors. The MCR sets out to re-professionalise and re-connect these types of judgement with curriculum assessment, and enabling supervisors to evidence it in a way that makes them more transparent. The CSs, therefore, do not need specific training in the assessment to make a judgement about their quality. However, as trainers, they should have the ability to couch the MCR feedback in a constructive manner.

The assessment is outcomes-based to align with readiness to practice as 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 in recognition of quicker acquisition of competence. It is designed to cover both clinical and generic professional knowledge, skills and capabilities with equal weight.

Both the midpoint and final MCR are formative, for trainee feedback and learning. They inform the AES's end of placement report for the Annual Review of Competence Progression (ARCP). The trainee has an identical form for self-assessment, allowing them involvement, reflection and to demonstrate insight.

The high level outcomes

The high level outcomes are the Generic Professional Capabilities and Capabilities in Practice. The GPCs are rated 'appropriate for phase or 'development required'. Where developments are required, feedback in the form of free text or GPC descriptors must be given. The CiPs are rated according to supervision levels. Where the supervision level is less than IV, feedback in the form of free text or CiP descriptors (a maximum of 5) must be given.

GPC domains:

Domain 1: Professional values and behaviours
Domain 2: Professional skills
- *Practical skills*
- *Communication and interpersonal skills*
- *Dealing with complexity and uncertainty*
- *Clinical skills*

Domain 3: Professional knowledge
- *Professional requirements*
- *National legislative requirements*
- The health service and healthcare system in the four countries

Domain 4: Capabilities in health promotion and illness prevention
Domain 5: Capabilities in leadership and team working
Domain 6: Capabilities in patient safety and quality improvement
- *Patient safety*
- *Quality improvement*

Domain 7: Capabilities in safeguarding vulnerable groups
Domain 8: Capabilities in education and training
Domain 9: Capabilities in research and scholarship

Shared CiPs:

1. Manages an out-patient clinic
2. Manages the unselected emergency take.
3. Manages ward rounds and the on-going care of in-patients
4. Manages an operating list
5. Manages multi-disciplinary working

Specialty-specific CiPs:

Cardiothoracic Surgery / Congenital Cardiac Surgery

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

Paediatric Surgery

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

Plastic Surgery

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

Supervision levels	
Core surgical training	**Specialty training**
Level Ia: Able to observe passively only Level Ib: Able to observe actively: may engage in the activity to provide assistance or analyse and discuss what is observed Level IIa: Able and trusted to act with direct supervision: some of the activity is performed by the trainee Level IIb: Able and trusted to act with direct supervision: the trainee is able to string elements together into fluent parts of the task Level IIc: Able and trusted to act with direct supervision: the trainee is able to complete the task 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 Level IIa: Able and trusted to act with direct supervision (The supervisor needs to be physically present throughout the activity to provide direct supervision) 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) 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). Level IV: Perform at the level of a day 1 consultant Level V: Performs beyond the level expected of a day one consultant

How should it work?

Nomination of the Lead CS

- The Lead CS will be nominated by the trainee and AES before or at the start of the Learning Agreement. The Lead CS takes a critical role in leading the process, including convening the MCR meeting, completing the MCR report and providing the trainee with feedback in person.

MCR meeting

- The Lead CS will need to carry out the MCR in good time (at least 3 weeks) before the midpoint Learning Agreement is due. Similarly, the trainee should take the self-assessment.

- The Lead CS should convene a meeting of all the trainee's CSs or as many as possible and at least two). The trainee is 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 the names of those 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. Invited people must be registered on the ISCP although access via this process will not grant access to the trainee's portfolio.

- The group should discuss each trainee's performance against the GPCs as a whole and each CiP. Review of the trainee's portfolio is not necessary. The meeting should take as long as necessary to reach consensus on all the GPCs and CiPs and complete the MCR form. Not all trainers may be able to comment on every trainee's performance in 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 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 to be relevant for development over the next 3-6 months and so as not to overwhelm the trainee.

- When the trainee's performance against any of the GPC domains are '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.

- When full consensus is not reached, individuals will have an opportunity to provide separate contributions to the main MCR report after it is submitted by the Lead CS. Once other CS contributors have agreed/disagreed, made comments and submitted, there is no further option to edit the form. These additional contributions will be time-limited to a 2-week period.

AES comments and sign off

After the 2-week window for separate CS contributions to the MCR, the AES will be able to comment and sign it off, allowing it to appear in the trainee's Learning Agreement and portfolio. The MCR is mandatory for the final Learning Agreement.

Feedback after the assessment

Feedback to the trainee is a fundamental component of the MCR. Typically, the lead CS should give the trainee feedback, however there may be circumstances when the AES is better placed to do so.

The following points may be useful for the meeting with the trainee:

- Arrange the meeting as soon as possible after the MCR has been signed off by the AES. It should be in a private setting with sufficient time to discuss both the trainee self-assessment and MCR.

- Consider the trainee's self-assessment and reasons for the levels and descriptors given. Keeping in mind any protected characteristics represented by the trainee and how this might have affected their approach in comparison with their supervisors'.

- Compare the trainee self-assessment with the MCR providing as much information as possible on how the trainee might meet the critical progression points.

- Cover both professional skills and clinical skills, giving time to addressing any questions or uncertainties the trainee might have.

- Consider whether any further development needs, assessments and support are necessary and what information should be recorded in the trainee's Learning Agreement.

TiPs for the Lead CS

- For trainees in difficulty, ensure as many CSs as possible are involved in the MCR meeting.
- Setting up an informal faculty meeting at the start of the placement might help colleagues become familiarised with the MCR content and requirements to aid a faster MCR when it takes place.
- Put key times for 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.
- 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.
- Please ask colleagues to consider trainee performance ahead of the MCR, including looking at the trainee portfolio because a portfolio review should not be part of the MCR.
- Avoiding implicit bias: Implicit bias refers to the attitudes or stereotypes that affect an individual's understanding, actions, and decisions in an unconscious manner. Although surgical supervisors should be able to 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, it will be important to 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 CSs

- Consider becoming familiar with the CiPs and GPCs ahead of the MCR meeting. This will help you more easily and quickly find the descriptors you need to illustrate your judgement of performance.
- Take time before the MCR meeting to consider each trainee's performance to prepare yourself for giving your judgement in the MCR 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 MCR meeting or sending your comments to them.