

## Multiple Assessor Report (MAR)

Trainee name	LEAVE BLANK
Supervisor name	LEAVE BLANK
GMC number	LEAVE BLANK
Level of Training	
Special Interest Area (if applicable)	
Dates, nature and frequency of clinical interaction	
Is a specific skill or competency being assessed?	Choose an item.
If yes, please state:	

1. This form is designed to help to capture the opinions of clinicians and other healthcare professionals who have supervised the above trainee. They are asked to comment on clinical knowledge and skills and various important aspects of clinical performance.
2. This form is additional to the Multi Source Feedback tool (MSF). It is intended to focus specifically on clinical performance and the responses given will contribute to the Entrustable Professional Activity (EPA) assessment.
3. Please note that the trainee will see your comments. Please respond to each box, and if you cannot, indicate N/A.
4. Please acknowledge areas of excellence and note that when a trainee is graded 'below expectations' specific details and examples are required. You may find it helpful to consult the [relevant Syllabus](#).

Professional practice/competencies/skills	Please indicate whether trainee does not meet, meets or exceeds expectations for this level of training as set out in the Syllabus	Comments
Efficiency, seeing patients promptly, prioritising sensibly	Choose an item.	Click or tap here to enter text.
Clinical skills, history taking and examination	Choose an item.	Click or tap here to enter text.

Procedural skills (if applicable)	Choose an item.	Click or tap here to enter text.
Diagnostic skills, investigation and management of patients	Choose an item.	Click or tap here to enter text.
Clarity, accuracy, detail (and legibility) of notes/letters/ summaries	Choose an item.	Click or tap here to enter text.
Recognising the need (and urgency) for senior help	Choose an item.	Click or tap here to enter text.
Evidence of care and compassion	Choose an item.	Click or tap here to enter text.
Have you received any compliments, comments, or concerns from patients or staff?	Click or tap here to enter text.	
Do you have any concerns regarding the trainee's health?	Click or tap here to enter text.	
Do you have any concerns regarding the trainee's probity?	Click or tap here to enter text.	
If yes have you shared them, or any other concerns with the trainee? What was the outcome?	Click or tap here to enter text.	
Is the trainee's overall performance at the level expected for their stage of training?	Click or tap here to enter text.	

Please specify any suggested areas for development.	Click or tap here to enter text.
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Any further comments Click or tap here to enter text.	
Signed:	Date: Click or tap to enter a date.

PLEASE EMAIL COMPLETED FORM TO [CURRICULUM2024@RCOPHTH.AC.UK](mailto:CURRICULUM2024@RCOPHTH.AC.UK)