Multiple Trainer Report (MTR)

Anaesthetist in training’s surname: **Click or tap here to enter text.**

Anaesthetist in training’s forename(s): **Click or tap here to enter text.**

GMC number (GMC NUMBER MUST BE COMPLETED): **Click or tap here to enter text.**

Assessor name: **Click or tap here to enter text.**

Assessor designation: **Click or tap here to enter text.**

GMC number (GMC NUMBER MUST BE COMPLETED): **Click or tap here to enter text.**

Date: **Click or tap to enter a date.**

Stage of training:**Choose an item.**

## Is the anaesthetist in training making satisfactory progress for their stage of training?

Choose an item.

If No, then comment must be provided on areas of the curriculum that require development on the following pages.

## Assessment of anaesthetist in training’s performance in curriculum domains

### Generic Professional Capability Domains

***Professional behaviours and communication***

Choose an item.

**Comment:** Click or tap here to enter text.

***Management and professional and regulatory requirements***

Choose an item.

**Comment:** Click or tap here to enter text.

***Team Working***

Choose an item.

**Comment:** Click or tap here to enter text.

***Safety and Quality Improvement***

Choose an item.

**Comment:** Click or tap here to enter text.

***Safeguarding***

Choose an item.

**Comment:** Click or tap here to enter text.

***Education and training***

Choose an item.

**Comment:** Click or tap here to enter text.

***Research and managing data***

Choose an item.

**Comment:** Click or tap here to enter text.

## Assessment of anaesthetist in training’s performance in curriculum domains (continued)

### Specialty Specific Capability Domains

***Perioperative medicine and health promotion***

Choose an item.

**Comment:** Click or tap here to enter text.

***General anaesthesia***

Choose an item.

**Comment:** Click or tap here to enter text.

***Regional anaesthesia***

Choose an item.

**Comment:** Click or tap here to enter text.

***Resuscitation and transfer***

Choose an item.

**Comment:** Click or tap here to enter text.

***Procedural sedation***

Choose an item.

**Comment:** Click or tap here to enter text.

***Pain***

Choose an item.

**Comment:** Click or tap here to enter text.

***Intensive Care***

Choose an item.

**Comment:** Click or tap here to enter text.

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| **Any other comments** | **Click or tap here to enter text.** |