



Royal College of
General Practitioners

Clinical Supervisors Report for ST1 and ST2

To be completed before the end of all posts (primary care and non-primary care) in ST1/2.

The registrar should be graded against the expected performance of a GP registrar peer at that level of experience in that post. All grading assumes that the registrar still “needs further development” in view of their ST1/2 stage of training.

Please provide constructive feedback on the registrar’s performance and suggestions for improvement based on your own observations as the Clinical Supervisor as well as observations from colleagues during the post.

The Clinical Supervisor is expected to have personally completed at least one of the mandatory Workplace Based Assessments before completion of the CSR.

It may be appropriate for several CSRs to be completed where there are concerns and there are two trained assessors in the practice or the registrar has an additional CS in another practice.

Please refer to the [word descriptors](#) [PDF] to aid your marking in each area.

Date of review: 24th June 2026

Post CSR relates to: Medicine for the Elderly

I confirm that this report is based on my own observations including at least one Mandatory assessment (CbD / CAT and/or Mini-CEX/ COT) carried out by myself, in addition to using the results of other workplace-based assessments and feedback from my colleagues. I can confirm the content of the report has been discussed with the GP registrar. I confirm that I am compliant with GMC requirements for Clinical Supervisors.

Confirmation: ☒

Professionalism (includes being respectful, diligent and self-directed in their approach to patients and others and to their own learning needs, developing resilience, making appropriate ethical decisions)

Capabilities: Performance Learning and Teaching, An Ethical Approach, Fitness to Practice

Areas of strength			
Very professional approach to work and learning. Maximises all learning opportunities that have been offered to them during the post and is also very proactive in both identifying and then addressing learning needs. Feedback from colleagues has been very positive in terms of their consideration and support of them. Shown to be empathetic, honest and understanding in interactions with patients and their relatives. Excellent engagement with their portfolio and reflection on clinical cases			
Areas to develop			
Continue same approaches of enthusiasm for work and learning. Develop strategies to ensure resilience to cope with the challenges of maintaining a work-life balance as you progress through training.			
Significantly Below Expectations ☐	Below Expectations ☐	Meets Expectations ☐	Above Expectations ☒

Communication and Consulting Skills (includes communication with patients, establishing patient rapport, managing challenging consultations, third-party consulting, the use of interpreters)

Capability: Communicating and Consulting

Areas of strength			
Excellent verbal communication skills demonstrated throughout the post with patients and their relatives. Colleagues report that easily able to build rapport with patients through very good listening skills and having a calm, empathetic verbal tone. Has been able to modify approach to patients with cognitive and sensory impairments and shown great patience when supporting distressed patients and relatives. Has performed very well within the MDT with clear and supportive communication with colleagues which I have personally witnessed.			
Areas to develop			
Will need to adapt communication and consultations skills to a more time pressured primary care environment. Working on ensuring rapport when have less time with patients will be important. There has been limited exposure to working with interpreters in this post so more experience of this will be useful.			

Significantly Below Expectations ☐	Below Expectations ☐	Meets Expectations ☒	Above Expectations ☐
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Working with colleagues and in teams (includes working effectively with others, sharing information with colleagues, leadership, management and team-working skills)

Capabilities: Team Working, Organisation, Management and Leadership

Areas of strength
Shows great ability in working within the MDT. Has been a very valued colleague during their time in post. Reports from team members describe being “supportive, considerate, respectful and very hard working.” From personal observation has been able to communicate excellently with all members of the MDT, respecting and valuing individual roles and contributions. Works very collaboratively but has clearly demonstrated significant leadership skills when required and has been supportive of junior colleagues and their development.

Areas to develop			
Continue to work on leaderships skills as seniority increases. This will come with a need to develop delegation skills to ensure doesn't get overburdened with workload. Maintain consideration of how decision making may impact other associated services and continue to be curious and think strategically.			
Significantly Below Expectations ☐	Below Expectations ☐	Meets Expectations ☐	Above Expectations ☒

Clinical assessment (includes patient history, Clinical Examination and Procedural Skills (CEPS), choosing investigations, and making an appropriate diagnosis or decision. Please also comment on clinical skills that have been observed)

Capabilities: Data Gathering and Interpretation, CEPS, Decision-making and Diagnosis

Areas of strength
Has demonstrated very effective history and examination skills as witnessed through formal assessments and as described in senior colleague feedback. Can assimilate information gained into differential diagnoses. Has been able to be flexible in history taking when complicated by cognitive impairment or patient distress. Has been particularly adept at using relatives to support history taking and decision making. Examination technique has developed during the post with examination now more targeted, with an accuracy of examination findings also evident. Has been able to identify more acutely unwell patients and will ask for support when needed.

Areas to develop
Gain experience of procedural skills that will benefit future career in general practice as you progress through training as there has been more limited exposure in this post. Try to be more focussed in use of investigations, considering patients through a general practice lens where immediate investigations such as radiology may not be available.

Significantly Below Expectations ☐	Below Expectations ☐	Meets Expectations ☒	Above Expectations ☐
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Management of Patients (includes recognition and appropriate management of medical conditions encountered in the role, prescribing safely, and taking account of co-morbidity, polypharmacy. Managing uncertainty & risk)

Capabilities: Clinical management, Medical complexity

Areas of strength
Excellent patient management skills. Has shown great ability in being able to consider multiple co-morbidities, polypharmacy, cognitive ability in managing complex frail elderly patients. Able to take a wider perspective of patient care and practices realistic medicine above a level expected at this stage of training. This is underpinned by excellent clinical knowledge with an awareness of current clinical guidelines. Pharmacological knowledge is also very good and is a safe, confident prescriber but also appreciates the need to consider deprescribing as part of holistic care. Able to describe complex situations to patients and their relatives in a way they can understand. This has improved as they have progressed in post. Will always seek help when uncertain about management.

Areas to develop			
Just gaining more experience of complex multidisciplinary cases and in cases of end-of-life care. In general practice it will be about identifying external resources available such as online resources and 3 rd sector organisations. Keep practising realistic medicine.			
Significantly Below Expectations ☐	Below Expectations ☐	Meets Expectations ☐	Above Expectations ☒

Clinical record keeping (includes showing an appropriate use of administration systems, effective and appropriate record-keeping and use of IT for the benefit of patient care)

Capabilities: Organisation, Management and Leadership

Areas of strength
Been able to adapt to new IT systems with ease. Has proficient IT skills, writes notes contemporaneously on ward rounds which are clear and easily followed by colleagues reviewing the patient afterwards. Written communication to other specialities is done well and discharge letters are very comprehensive.

Areas to develop
Currently some of the details in notes and in discharge letters is a bit long. Consider what is important and relevant. Aim to develop a documentation style that will be sustainable in general practice that will be medico-legally safe and comprehensive. AI tools may be helpful with this.

Significantly Below Expectations ☐	Below Expectations ☐	Meets Expectations ☒	Above Expectations ☐
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Context of care (includes seeking to understand and support patients through an appreciation of the interplay between their disease and their lives and considering local pathways, formularies and resources)

Capabilities: Holistic practice, health promotion and safeguarding; Community health and environmental sustainability

Areas of strength
Has demonstrated an excellent grasp of holistic care valuing the wishes of patients and their relatives while ensuring necessary safeguards are in place to protect the frail and vulnerable. Uses their excellent communication skills to support appropriate discussions. Incorporates psychosocial factors into decision making and has gained experience in managing cases with serious safeguarding issues. Has shown compassion and empathy in dealing with patients with capacity issues or who are approaching end of life care and shown great appreciation of involving patients and their families in decision making. I have observed this directly as well as gaining this feedback from the wider MDT.

Areas to develop			
Aim to retain the holistic focus demonstrated when become more time pressured. Consider environmental sustainability when making management and in particular prescribing choices. Maintain an awareness of community resources available when in general practice to support patient care.			
Significantly Below Expectations ☐	Below Expectations ☐	Meets Expectations ☐	Above Expectations ☒

In this post, compared to the expected level for a GP registrar at this stage of training, this registrar currently (please tick one of the following):

Level of Supervision In this post, compared to the expected level for a GP registrar at this stage of training, this registrar currently (please tick one of the following):	Tick one line
1. Cannot be left without direct supervision Limited to observing care; and / or seeing patients alone but not allowed to let patients leave the building or complete an episode of care before review by the supervisor.	☐
2. Requires more supervision than expected in their clinical role. Requires direct supervision by named supervisor: the registrar may provide clinical care, but the supervisor, (in their absence delegated supervisor), is physically within the building and is immediately available if required to provide direct supervision on specific cases and non -immediate review of all cases.	☐

3. Requires expected levels of supervision in their clinical role. Requires indirect supervision by the named supervisor: the registrar may provide clinical care when the supervisor is at a distance (urgent /unscheduled care, home visits but not routine branch surgery work) and is available by telephone to provide advice or can attend jointly if required to provide direct supervision. The registrar does not need to have every case reviewed but a regular review of random or selected cases takes place at routine intervals.	☒
*If levels 1 or 2. Please clarify if the issues or concerns relate to professional values or behaviours; to communication skills, patient safety, clinical competence, organisational or timing issues; to personal issues; or other issues / concerns. If you have entered any details in this box, please ensure you have contacted their local GP Associate Dean/Training Programme Director and if appropriate, their Educational Supervisor	

Does the GP registrar require any additional supervision, or specific/particular supervision in their next post? Tick if yes.	☐
If yes, please give further details:	

Key

Please see [word descriptors](#) [PDF] for explanations of Needing Further Development, Competent and Excellent within each of the 13 capabilities

For the grading of the CSR:

Significantly Below Expectations: Only a small number of the relevant NFD capability descriptors are demonstrated. There are several, or in some cases many, indicators of potential underperformance. Performance is clearly below the level expected for this stage of training and gives rise to significant concern.

Below Expectations: Some of the relevant NFD capability descriptors are demonstrated, but there are also indicators of potential underperformance. Performance is below the level expected for this stage of training and there are identifiable areas of concern that require further development and support.

Meets Expectations: Most of the relevant NFD capability descriptors are demonstrated. Performance is in line with what would be expected for a doctor at this stage of training, while recognising that further development is still needed.

Above Expectations: Many of the relevant NFD capability descriptors are demonstrated, together with some, and in some cases many, of the Competent capability descriptors. Performance is stronger than would typically be expected at this stage of training, although further development is still required.