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: 20th June 2026
Post CSR relates to: A&E

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
Aware of challenges of joining a new system but has tried to embrace cultural change. Very respectful to colleagues and has been open to individual feedback when given and shown resilience in coping with the feedback which has often been difficult to receive. Has engaged with ethical discussions and been able to demonstrate understanding of issues raised.

Areas to develop			
Has struggled with the demands of the portfolio and a new educational system. Has not been proactive in seeking out formal assessments during this post despite regular prompting, while reflections in case review entries have not at times been an accurate reflection of own involvement in cases. Has been slow to address identified educational needs and take responsibility for filling knowledge gaps identified. Time keeping for shifts has been an issue raised by some colleagues.			
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
Has demonstrated a kind and empathetic approach to patients and their relatives. They are quiet in their tone, but this has enabled some consultations where the patient has had emotional needs. Establishing rapport with patients has at times been difficult as their approach has remained quite doctor- centred. There has been some improvement in this during their post having had the ability to shadow more senior colleagues who have role modelled a more patient centred style. At present has had limited experience of more complex consultations. Feedback received from external teams has described an ability to communicate effectively on a verbal basis.

Areas to develop
Needs to continue to work on developing a consulting style that is more personal and more able to address the expectations of patients and their relatives. Has struggled with explanations to patients particularly when this has involved relatives/third party. We have discussed the need to work on avoiding medical jargon and how to be able to convey uncertainties in diagnosis which has

been a challenge for them. There has been limited exposure to more complex presentations due to the need for increased support in this post.

Significantly Below Expectations ☐	Below Expectations ☒	Meets Expectations ☐	Above Expectations ☐

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
Feedback from colleagues has been positive: seen as approachable, thoughtful and hard working. Is supportive of the wider MDT and does well when given clear instruction by a more senior clinician. I have witnessed an improvement in their organisational skills during the post. They have been able to prioritise and complete tasks in a timelier manner as they have progressed in post

Areas to develop
Although works well as part of a team when completing instructions or request from colleagues has yet to develop/ demonstrate leadership skills in post. This probably comes in part from a lack of confidence in their clinical abilities and unfamiliarity with systems but needs to be more proactive in identifying how they may offer support to more junior colleagues. We have also discussed the need to be honest and open when interacting with colleagues following an episode where they were affected by a piece of feedback.

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 an ability to take a structured history covering most salient points with an examination technique that is OK but needs to become slicker and more targeted. Formulates a limited differential diagnosis and can propose appropriate investigations, but the overall standard is below that expected of a doctor at their level. Had limited recent exposure to blood sampling and inserting IV cannulas prior to this post but skills in these areas have improved. CEPS assessments undertaken during the post have all been rated as needing minimal supervision but not yet ready for independent practice

Areas to develop

Time taken for clinical assessment remains long. Needs to work on taking a more focussed and structured history. Examination technique remains hesitant and will need to be developed for future posts in general practice so any opportunity for feedback or observation of colleagues should be taken. Continue to work on handover to help develop diagnostic thinking and to support demonstration of that to more senior colleagues. Limited by knowledge gaps so needs to ensure attempts to address these in a timely manner

Significantly Below Expectations ☐	Below Expectations ☒	Meets Expectations ☐	Above Expectations ☐

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
Management plans that are offered tend to be safe. They will always seek senior support so therefore less ability to demonstrate independent working. Will look up both local and national guidelines to support management plans and prescribing. Able to manage more straightforward presentations when co-morbidities don't exist

Areas to develop
Struggles with concepts of uncertainty and risk management. Needs to develop experience in managing more complex presentations and in particular emergency situations where currently skills and expertise currently are below the level of other GP resident doctors at the same stage in training. Needs to demonstrate skills in formulating management plans independently before seeking more senior review. Has been encouraged to use a SBAR format to improve presentation of cases.

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
Has had to become accustomed to new systems of record keeping and clinical notes. Has worked hard to learn these systems. Clinical entries have improved in their structure during post and colleagues are able to understand decision making. Notes are made on a contemporaneous basis, and prescribing has been safely documented with minimal error

Areas to develop

Needs to focus on developing skills in referral making to other specialities where the reasoning for referral has at times lacked clarity. Have encouraged reviewing colleagues' referral letters and making use of available IT templates.			
Significantly Below Expectations ☐	Below Expectations ☐	Meets Expectations ☒	Above Expectations ☐

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 increased their knowledge of patient-centred care and shown an interest in learning about local services and systems of care. Has begun to incorporate some aspects of realistic medicine into their conversations with patients and their relatives

Areas to develop			
This has been challenging for them as they have worked in a more disease orientated medical system previously. They need to continue to develop skills in exploring the expectation of patients so that these can be incorporated into decision making. Needs to work on considering the psychosocial aspects of patient care and taking a wider holistic approach. This will be needed when they move to their next post in general practice			
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.

This post has been a steep learning curve for this GP resident doctor. They were supported at the start of post with a more prolonged period of induction and shadowing with them being new to the UK. They have been a pleasure to work with as they are personable and have been amenable to feedback. They will support colleagues when asked and are able to follow instructions from a senior decision maker. They have struggled at times with adjusting to a more patient-centred care system with their consulting style appearing too rigid and lacking flexibility. There have been identified knowledge gaps that have not always been addressed despite recurrent reminders. Examination skills have improved in post but still need development. They are challenged by more complex presentations involving multi-morbidity and have not been able to fully develop differential diagnoses and management plans in these cases. These cases have always required senior input to guide them, although by the end of the post has been able to manage more straightforward presentations independently. Portfolio engagement and proactive seeking of formal assessments are other areas that need developed further. A lot of the above will be achieved through increased experience in working in the UK

These comments are based on personal observation, feedback from colleagues and review of portfolio entries

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 registrar need to have any particular supervision in their next post? Tick if yes. Endorsement by Clinical Supervisor (Educational Supervisor if completing report).	☒

If yes, please give further details:
Will need to have more prolonged shadowing and induction in their next post in general practice having had no exposure to this previously. They would benefit from further direct observation of examination skills to enable them to develop these further. Has been using SBAR format to help with diagnostic thinking and further encouragement of this would be beneficial to them.

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.