Clinical Supervisors Report for ST3

To be completed at the end of each primary care placement in ST3 if any of the following apply:

- The Clinical Supervisor in practice is a different person from the Educational Supervisor
- The evidence within the Portfolio does not give a full enough picture of the registrar's performance and information in a CSR would provide this missing information
- Either the registrar or supervisor feel it is appropriate

The registrar should be graded in relation to the standard expected at certificate of completion of training (CCT).

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 capability descriptors [PDF] to aid your marking in each area.

Date of review: 1st June 2026
Post CSR relates to: General Practice

I confirm that this report is based on my own observations including at least one Mandatory assessment (CbD/CAT and/or COT/audio 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
Is always polite and respectful towards patients and colleagues. Has grown in confidence in the placement and is found by the practice team to be approachable. Is always punctual and well presented and has worked hard to maintain their own health and wellbeing by taking regular exercise and maintaining their hobbies. Shows good understanding of ethical frameworks and patient advocacy as demonstrated through their clinical practice

Areas to develop			
Has struggled with prioritisation of tasks in the workplace and regarding addressing their own personal learning needs. This has led to very poor portfolio engagement. Has failed to recognise the impact of this on colleagues with their ES having to chase them up regarding their portfolio and then having to manage a late production of portfolio work. Other work colleagues have had to take on work not completed or apologise to patients for delay. This has been discussed and is seen to relate to perfectionism traits. Although some progress has been made in addressing this, the level of performance falls short of what is required for independent practice. There have also been deficiencies in tutorial planning and preparation which will need to be improved			
Needs Further Development - Below Expectations ☒	Needs Further Development - Meets Expectation ☐	Competent ☐	Excellent ☐

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
Able to establish a good rapport with patients as seen in COTs and direct observation of consulting. Generally communicates well with patients in that is able to explore their concerns and incorporate the psychosocial aspects of presentations into discussions with patients. Has managed to reduce data gathering time during the last few months of training when preparing for the SCA and thus consulting times have reduced in an efficient way.

Areas to develop

There still exists lack of structure at times within consultations. This is most evident when patients present with muti morbidity or complexity. In these cases, tends to lose focus and comes across as lacking competency. The main area for development is however in terms of patient explanations and sharing of management options. Patients have reported feeling uncertain of the outcome of consultations and have booked further appointments with a different GP. There has been a reluctance to record consultations for review at tutorials, but this is required to help facilitate an understanding of how to develop consulting skills to reach the standard required for CCT.

Needs Further Development - Below Expectations ☒	Needs Further Development - Meets Expectation ☐	Competent ☐	Excellent ☐

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
Has integrated well into the team. Is personable and is well liked by all members of the MDT. Participates in discussions and has engaged in practice social activities. Demonstrates good communication skills with colleagues on a 1-1 basis during clinical supervision and tutorials

Areas to develop
The main area for development is in terms of being able to manage their own workload. Has relied on colleagues to pick up extra workload including patient consultations, home visits and results handling due to running late in surgeries and being inefficient in managing tasks. This has had an adverse effect at times on relationships with colleagues as they have not always acknowledged the work being done on their behalf. As they are not consulting at the level expected for their stage in training, they have not yet been exposed to duty doctor working nor had the opportunity to develop and demonstrate leadership skills. Has also missed important MDT learning opportunities at team meetings due to running late with tasks. Improving their personal organisational skills and consulting style would lead to better working relationships with colleagues

Needs Further Development - Below Expectations ☒	Needs Further Development - Meets Expectation ☐	Competent ☐	Excellent ☐

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
Generally, has reasonable skills in gathering a history from the patient and ensuring appropriate examination to enable formulation of a differential diagnosis. Indeed, examinations skills as evidenced through CEPS assessments are considered safe for independent practice

Areas to develop			
Performance however is variable in that sometimes misses important information in history taking or doesn't consider necessary investigations and this is only picked up when debriefing consultations. At other times however they are more confident in decision making and planning of investigation. The complexity of cases does cause additional challenge in assimilating information particularly when the patient has multiple co-morbidities. In these cases, tends to over investigate patients or struggles to describe differential diagnoses. Colleagues feel that difficulties arise from not knowing what to prioritise when a patient presents with several complaints or from a lack of clinical knowledge. It will be important to address both issues to enable successful completion of training. More video- recording and co-consulting will definitely help with the first of these issues and in improving history taking in general.			
Needs Further Development - Below Expectations ☒	Needs Further Development - Meets Expectation ☐	Competent ☐	Excellent ☐

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
Able to manage risk and uncertainty when either confident in the presentation or condition that is dealing with or if the patient is presenting with a single issue. Prescribing review has demonstrated safe prescribing in all patient groups and able to manage issues of polypharmacy. Has awareness of local and national guidelines that has been evident in CAT assessments and review of patients during surgery debriefs.

Areas to develop			
Struggles to communicate management options to patients at times. This is particularly evident when the patient's presentation is more complex and where there is uncertainty in diagnosis. This leads to a lack of confidence in sharing management options and adopting a patient centred approach. This visible hesitancy has led to patient uncertainty in what is being discussed. Would benefit from further observation of experienced GP consulters to help improve patient management skills. Needs to continue to debrief after surgeries to ensure patient safety			
Needs Further Development - Below Expectations ☒	Needs Further Development - Meets Expectation ☐	Competent ☐	Excellent ☐

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
Keeps an appropriate and accurate record of consultations. Displays confidence in using IT systems for results and document management and for referrals. Referrals are of good quality containing necessary detail and uses referral guidance documents effectively.

Areas to develop			
Should ensure that notes are completed at time of consultations as at times has delayed these to the end of surgery if running late. We have discussed that this increases the risk of missing important information or inaccurate recording of consultations. Ensure relevant negative examination findings are recorded in notes.			
Needs Further Development - Below Expectations ☐	Needs Further Development - Meets Expectation ☐	Competent ☒	Excellent ☐

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 made efforts to understand local referral pathways and resources for patients. Adheres well to the local prescribing formulary and has been keen to be involved in prescribing reviews aimed at de-prescribing. Has been able to identify psychosocial aspects of patient's presentations and incorporate these into decision making. Has demonstrated that can give appropriate lifestyle advice during consultations. Has reflected well on safeguarding cases they have been involved in and has ensured that Level 3 certification is up to date with annual knowledge updates.

Areas to develop			
Needs exposure to more complex cases to ensure develops ability to manage conflict in consultations and to allow demonstration of being able to flourish as an independent GP.			
Needs Further Development - Below Expectations ☐	Needs Further Development - Meets Expectation ☐	Competent ☒	Excellent ☐

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.	☐
4. Requires no supervision in their clinical role It is expected registrars will only reach Level 4 shortly before completion of their training.	☐
*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: Has reached the end of training but at present is not yet able to work at the level of an independent GP at the end of training. Requires at present to have full debrief of patients at the end of surgeries. Needs exposure to an increased GP workload including duty doctor sessions to help them develop skills required for completion of training. There has been progression through their ST3 year but struggles with managing patients where there is a lack of a clear diagnosis or if	

the patient presents with several different issues. Time management is a big issue that impacts relationships with colleagues and efforts should be made to review consulting through direct observation and video recording with an aim to develop more structured and time efficient consulting. Consideration of external support for general administrative/organisational skills would be recommended.

Key

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

For the grading of the CSR:

Needs Further Development (NFD) – Below Expectations: The doctor is not meeting the level described in the NFD capability descriptors, or is meeting only one or two of them. There are also some indicators of potential underperformance. Performance is below the level expected for this stage of training and requires further development and support.

Needs Further Development (NFD) – Meets Expectations: The doctor is meeting most of the NFD capability descriptors.

Competent: The doctor is meeting the Competent capability descriptors.

Excellent: The doctor is meeting some, or all, of the Excellent capability descriptors.