



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

Date of review:

Post CSR relates to:

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

Areas to develop			
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

Areas to develop			
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

Areas to develop			
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

Areas to develop			
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

Areas to develop			
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

Areas to develop			
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

Areas to develop				
<table border="1"> <tr> <td>Significantly Below Expectations ☐</td> <td>Below Expectations ☐</td> <td>Meets Expectations ☐</td> <td>Above Expectations ☐</td> </tr> </table>	Significantly Below Expectations ☐	Below Expectations ☐	Meets Expectations ☐	Above Expectations ☐
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	Tick one line
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):	
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 the [capability 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.