

The Clinical Supervisors Report (CSR)

The Clinical Supervisors Report (CSR) is a short, structured report by the clinical supervisor in each post whether in a non primary care / hospital post or General Practice*. CSRs form part of the Workplace Based Assessment (WPBA) component of the MRCGP membership exam and are recorded on the RCGP Trainee ePortfolio.

The CSR has been rewritten to :

- make the report shorter and easier for busy clinicians to complete
- make a clear link between each section and relevant GP capabilities
- ensure that all of the GP capabilities are covered in the report
- introduce an overall assessment by the Clinical Supervisor (CS) of the level of supervision that the trainee has needed.

The CSR is valued by trainees as a structured way to get feedback about their performance and the conversation with the CS that accompanies it can be particularly useful.

A well completed CSR is also a valuable source of evidence for each capability in the Educational Supervisor Review.

* The CSR needs to be completed in a primary care post if any of the following apply:

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

Who carries out the CSR?

The CS is responsible for writing the report though it is appropriate and normal for the CS to talk with colleagues to use their experience of the trainee's performance during the post to inform the final report. In addition to this gathering of information from colleagues it is **expected that the CS will have carried out at least one of the mandatory Work Place Based Assessments personally** (CBD/mini-CEX/COT) prior to each CSR.

Where there are particular concerns about the progress of a trainee and there is more than one experienced CS working in the department or practice, it is appropriate, and good practice, for there to be more than one CSR written for a single period of training.

What is the reference point?

Because the CSR is used in both primary and secondary care, it is important that the reference point is one that will be recognised in both settings. 2 versions of the CSR have

been written one for non primary care / hospital posts and a second version for primary care.

The CS in a non primary care / hospital post CSR is asked to make a comparison of the performance of the trainee with the expected performance of a GP trainee at that level of experience in that post. Therefore the form asks the CS to make an assessment (after writing comments) of whether the trainee is;

- Significantly Below Expectations;
- Below Expectations;
- Meets Expectations; or
- Above Expectations.

The CS in a primary care post CSR is asked to make a comparison of the performance of the trainee with the standard expected of a trainee at the end of ST3 (a newly qualified independent GP). The grades match those in the ESR and the form asks the CS to make an assessment of whether the trainee is;

- Needing Further Development Below Expectations;
- Needing Further Development Meeting Expectations;
- Competent; or
- Excellent.

What does the form review?

Each of the seven questions covers a particular area, for example Professionalism. There follows a description of how this is likely to be observed in the working environment. Professionalism, for example, includes being respectful, diligent, self-directed in their approach to patients and others and to their own learning needs, developing resilience and making appropriate ethical decisions. Each question will automatically be linked to specific capabilities in the ePortfolio (e.g. *Maintaining Performance Learning and Teaching, Ethics, Fitness to practice*). Word descriptors have been written to support the grading and feedback for each question.

The CS is also asked to make an assessment of the level of supervision required compared to the expected level of performance for a GP trainee at this stage. There are 4 levels of supervision, see below. If more supervision than normal is required or the trainee cannot be left without supervision then an additional comment box will appear asking for further details.

Level	Supervision definition
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 trainee 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 trainee may provide clinical care when the supervisor is at a distance (urgent /unscheduled care, home visits) but is available by means of telephone to provide advice, and available to attend jointly if required to provide direct supervision. The trainee 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 <i>It is proposed that GP trainees will only reach Level 4 at the end of their training.</i>

Finally in line with all other specialties there is a question about whether the trainee has been involved in conduct, capability or Significant Events and what the outcome has been.

Short Posts (i.e. 3 months or less)

It is particularly important that a CSR is completed if a trainee has a short post so that there is an assessment of engagement and learning in the post. (It would also be expected that there should be pro rata assessments (CBD/mini-CEX/ COT) for these posts)

Being both ES and CS

There are occasions when the same person will be the CS and the ES for a trainee. The CSR is a summary of the observations of the CS (whether or not they are also an ES) on the performance of the trainee under the different capability headings. It is an opinion based on observation, debriefing, tutorials, etc.

The ESR in contrast is a summary of the information from different sources of the performance of the trainee. It is appropriate for the ES to quote as evidence along with other evidence the assessment made by the CS (even if they also completed the CSR).

If the CS is also the ES in a primary care post then the CSR does not need to be completed unless the evidence within the ePortfolio does not give a full enough picture of the trainee and information in a CSR would provide this missing information or the trainee and their

supervisor feel it is appropriate. In these situations the CSR should be completed irrespective of whether the CS and ES are the same person.

Communication between the CS and ES

The CSR is one of several sources of evidence used by the ES to reach a judgement about progress. But while it's designed to provide useful structured information, it's no substitute for dialogue between the clinical and educational supervisors. If there are known concerns about the performance of a trainee prior to the start of a post it is appropriate for the ES and or the GP scheme to ensure that the CS is aware of the concerns and for the ES to remain available for advice. It is good practice for the trainee to be aware of these conversations and their overall contents.