The ScotGEM Clinical Skills Passport

A guide for students: what it is, what's expected at each stage, and how to get skills signed off

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1. What the Clinical Skills Passport is

The Clinical Skills Passport is the record, within your ScotGEM portfolio, of the practical and procedural skills you have learned, practised, and had signed off as competent throughout the programme. It sits alongside your case-based learning (CBL), workplace-based assessments (including mini-CEX) and reflective work as one of the mandatory components of the portfolio that is assessed summatively.

It's worth being direct about this: you cannot graduate with an incomplete skills passport. Every procedure on the list needs to be signed off at the required level before you finish the programme, and this is a hard requirement, not a formality. It's firmly in your interest to work on it consistently from Year 1 onwards rather than treat it as something to sort out later. See Section 5 for a realistic timeline, and Section 6 for how sign-off actually works.

Its purpose is to give you, your supervisors, and the programme a single, longitudinal record that you are building competence progressively: from first observing a skill, through practising it under supervision, to being able to perform it safely with less oversight.

Skills and procedures recorded in the passport can also be reassessed within the Clinical and Professional Skills Assessment (CPSA) at the end of the programme, where they are relevant to the wider clinical task being tested. In other words, the passport is not just a formative box-ticking exercise. It's part of how the programme judges your overall readiness for practice as you approach graduation.

2. What it looks like in Solas

The skills passport is hosted within Solas, the online curriculum management system used to track your portfolio. You'll find it under Portfolio → Skills Passports in the left-hand menu, alongside your other portfolio areas (Shared Evidence, All Tasks, Assessment Marking, My Tasks).

Each row in the table is one skill, and the columns tell you where you stand:

- Order: the skill's position in the passport list (not necessarily the order you'll encounter it).
- Skill: the name of the procedure or skill, e.g. injectable drugs, cannulation, wound care.
- Level: three buttons (1, 2, 3), corresponding to the three stages tracked in the skills passport: safe to practise in simulation, safe to practise under direct supervision, and safe to practise under indirect supervision (see Section 6). The colour of each button tells you where that level stands:
  - Green: this level has been signed off.
  - Blue: this level is available to sign off, because the level before it has already been signed off.
  - Grey: this level is locked until the level before it has been signed off.
- Expected By / Expected Level: where set, these show the point in the programme (and level) you're expected to have reached; they show 'N/A' where no fixed expectation has been configured for that skill.
- Achieved: a tick confirms the skill has been signed off to the required standard overall (this can still show a tick even if a higher level is still available to sign off or locked, if the required standard for graduation is level 1 or 2; see Section 3).
- Details: click the small document icon to see (and add) reflections against that skill. These are entirely optional, though encouraged, for example to note a failed attempt; the number badge shows how many you've chosen to add, not a record of required evidence.

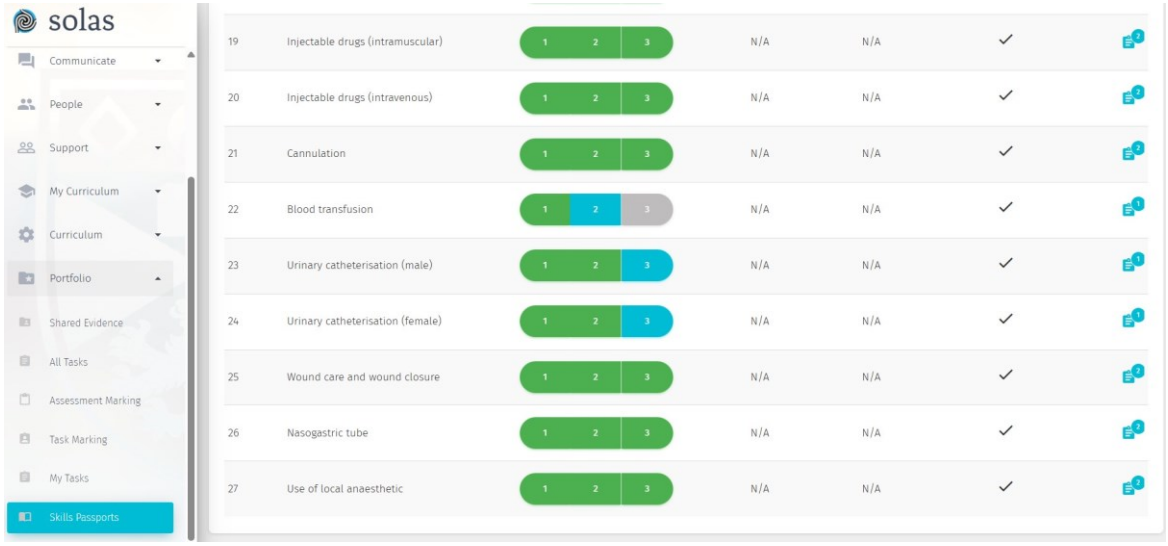


Figure 1: The Skills Passport view in Solas (Portfolio → Skills Passports), showing green (signed off), blue (available to sign off) and grey (locked until the level before it is signed off) levels. For example, row 22, Blood transfusion, is signed off at level 1, available to sign off at level 2, and locked at level 3.

If the button colours are hard to distinguish, the Achieved tick is the reliable indicator: it confirms a skill meets the required standard regardless of colour.

Sign-off works differently depending on the level: 'safe to practise in simulation' is signed off directly by your Generalist Clinical Mentor (GCM), while direct or indirect supervision means asking the supervisor who observed you to agree the sign-off, then entering their name and email yourself in Solas, on your own device, within 72 hours. See Section 6 for the full process, including what happens if a supervisor later disagrees with what's been entered.

Practical tip: click into a skill's Details icon as soon as you've had an opportunity to practise it, and enter the sign-off there and then. Don't wait until a placement ends to update it.

3. The required procedural skills

This is the definitive list of procedures you need to have signed off by graduation, taken from the GMC's Outcomes for graduates – Practical skills and procedures document (the 'GMC23'), grouped into the GMC's five categories, with the minimum level of competence required by the point of graduation. See Section 6 for what each level of supervision actually means in practice. The final column shows when you'll first cover each skill to 'safe to practise in simulation' level in Clinical Skills Centre (CSC) teaching. See Section 5 for how you then progress each one to the level required for graduation.

You'll see 27 rows below rather than 23: Solas splits injectable drug administration, urinary catheterisation and swabs into their component sub-types (route, sex, or site) so you can be signed off for each one individually as it comes up, rather than waiting for every variant to be covered by the same supervisor before anything is recorded.

Assessment of patient needs

#	Procedure	What's involved	Minimum level at graduation	Safe in sim by
1	Baseline physiological observations	Temperature, respiratory rate, pulse, blood pressure, oxygen saturations, urine output	Safe to practise under indirect supervision	Year 1
2	Peak expiratory flow test	Instruct a patient, assess technique, interpret result	Safe to practise under indirect supervision	Year 1
3	Direct ophthalmoscopy	Basic ophthalmoscopy, identify common abnormalities	Safe to practise under indirect supervision	Year 2
4	Otoscopy	Basic otoscopy, identify common abnormalities	Safe to practise under indirect supervision	Year 2

Diagnostic procedures

#	Procedure	What's involved	Minimum level at graduation	Safe in sim by
5	Venepuncture	Correct order of draw, labelling, transport	Safe to practise under indirect supervision	Year 1
6	Blood cultures (peripheral)	Aseptic technique for suspected infection	Safe to practise under direct supervision	Year 3 transition
7	Arterial blood gas (radial)	Sampling and interpreting results	Safe to practise under direct supervision	Year 2
8	Capillary blood glucose	Bedside measurement, recording, interpretation	Safe to practise under indirect supervision	Year 1

#	Procedure	What's involved	Minimum level at graduation	Safe in sim by
9	Urine dipstick / MSU	Instruct patient, test sample, pregnancy test where relevant	Safe to practise under indirect supervision	Year 1
10	3- and 12-lead ECG	Correct lead placement, recording	Safe to practise under indirect supervision	Year 1
11	Swabs (nose and throat)	Correct technique, labelling, transport	Safe to practise under indirect supervision	Year 1
12	Swabs (skin and wound)	Correct technique, labelling, transport	Safe to practise under indirect supervision	Year 1

Patient care

#	Procedure	What's involved	Minimum level at graduation	Safe in sim by
13	Surgical scrubbing up	Hand hygiene and PPE before procedures/surgery	Safe to practise under direct supervision	Year 2
14	Setting up an infusion	Set up and run through an IV infusion	Safe to practise under direct supervision	Year 1
15	Moving and handling	Safe techniques, including frail patients	Safe to practise under indirect supervision	Year 1

Prescribing

#	Procedure	What's involved	Minimum level at graduation	Safe in sim by
16	Inhaler technique instruction	Teach and check inhaler/spacer technique	Safe to practise under indirect supervision	Year 1
17	Oxygen prescribing and administration	Select delivery method, monitor, adjust	Safe to practise under indirect supervision	Year 2
18	Injectable drugs (subcutaneous)	Prepare and administer, incl. pre-filled syringes	Safe to practise under direct supervision	Year 2

#	Procedure	What's involved	Minimum level at graduation	Safe in sim by
19	Injectable drugs (intramuscular)	Prepare and administer, incl. pre-filled syringes	Safe to practise under direct supervision	Year 2
20	Injectable drugs (intravenous)	Prepare and administer, incl. pre-filled syringes	Safe to practise under direct supervision	Year 2

Therapeutic procedures

#	Procedure	What's involved	Minimum level at graduation	Safe in sim by
21	IV cannulation	Insert cannula, secure and dress	Safe to practise under direct supervision	Year 1
22	Blood transfusion	ID checks, group checks, monitor for reaction	Experienced in a simulated setting; further training required before direct supervision	Year 2
23	Urinary catheterisation (male)	Insert urethral catheter	Safe to practise under direct supervision	Year 2
24	Urinary catheterisation (female)	Insert urethral catheter	Safe to practise under direct supervision	Year 2
25	Wound care and basic closure	Wound care, dressing, basic closure	Safe to practise under direct supervision	Year 2
26	Nasogastric tube placement	Insertion and confirming correct placement	Safe to practise in simulation	Year 2
27	Local anaesthetic use	Injected or topical, aware of maximum doses	Safe to practise under direct supervision	Year 2

- Every skill on this list starts in simulation (see Section 6). For most, that's just the starting point: you then need to progress to the direct or indirect supervision level shown above through real clinical practice. Blood transfusion and nasogastric tube placement are the exception: simulation experience alone meets the graduation requirement, so further supervised practice isn't compulsory for these two, though it's good practice to log it if the opportunity comes up. For blood transfusion specifically, that means being confident with the identification checks, group checks, and safety steps on a manikin or simulated patient; moving to direct supervision on a real patient happens after graduation, during Foundation training, so it isn't something you need to arrange for yourself now.

- Where a skill is practised and assessed within CSC teaching itself, this can count towards sign-off in the skills passport, so check with your CSC tutor if you're unsure whether a specific session counts.

4. How it fits with the wider ScotGEM assessment structure

Your portfolio supervisor (a distinct role from your GCM; see Section 6) reviews the skills passport each year, alongside the rest of your portfolio, but progressing from one year to the next doesn't formally depend on it being complete; only graduation does. That's exactly why it deserves discipline: with no yearly deadline forcing the issue, it's easy to let skills slide, only to find a large backlog stacked up right before graduation. Treat each year's target skills as due that year, not as something with room to spare.

That backlog is exactly what you don't want competing for your time later. Two other major exams sit alongside the passport in the later years: the Applied Knowledge Test (AKT), sat at the end of Year 3, and the CPSA, at the end of Year 4. See Section 5 for how skill sign-off is paced across the years so it doesn't collide with revision for these.

One structural point worth flagging: because Year 3 uses a Longitudinal Integrated Clerkship (LIC), based in a single general practice placement with linked secondary care sessions rather than fixed rotations, skill sign-off during that year happens through a personal development plan you agree with your supervisor, rather than being scheduled for you automatically. This is one of the main reasons the passport needs active management rather than completing itself.

5. What's expected at each stage

ScotGEM does not expect every skill to be signed off at 'independent practitioner' level as soon as it is introduced. Competence is expected to build in stages across the four years, matching the GMC's own model, where newly-qualified doctors are expected to keep developing and consolidating their practical skills once in Foundation training. A sensible general progression (check your own Year Guide for the specific mapping used in your cohort) looks like this:

Years 1–2: Foundations

- Core examinations and history-taking skills across systems (cardiovascular, respiratory, GI, neurological, MSK, and others as they arise through your CBL cases).
- Almost all of the required procedural skills (26 of the 27 tracked in Solas) are taught and signed off at 'safe to practise in simulation' level through CSC teaching during Years 1 and 2.
- The remaining one, blood cultures, is signed off in simulation during the Year 3 transition block, immediately before you start the LIC.
- Once a skill is signed off in simulation, you can use any opportunity in clinical practice to progress it towards the level required for graduation: either safe to practise under direct supervision or safe to practise under indirect supervision, depending on the skill (see Section 3 for the two exceptions where simulation alone is enough).

Year 3: Consolidation in the LIC

- With every skill already signed off in simulation, the LIC is where you convert that into real competence, practising skills repeatedly in a continuity-of-care setting until you reach the direct or indirect supervision level required for graduation.
- Skills that come up naturally and often in general practice (otoscopy, vital signs, peak flow, and similar GP-clinic-based skills) are best prioritised early in the LIC, since your GP placement gives you far more repeated exposure to these than Year 4 will.
- More complex or lower-frequency procedures (arterial blood gas, cannulation, catheterisation, injectable drug administration, wound care) often take longer to reach the required level and need to be sought out deliberately through your professional development plan and secondary care sessions.
- You are expected to actively seek out opportunities. This is the stage where students most often need to negotiate exposure themselves rather than have it scheduled for them. Section 7 is especially worth reviewing now, with concrete starting points for each skill in both general practice and secondary care.
- Aim to have the entire skills passport signed off by the end of Year 3. It's realistic given the breadth of exposure the LIC provides, and it avoids clashing with AKT revision as you approach that exam, or leaving skills to compete with CPSA preparation time in Year 4.

Year 4: Readiness for practice

- Ideally, this is a checkpoint rather than a scramble: all skills required for graduation should already be signed off, having been completed during Year 3. Anything still outstanding needs to be prioritised immediately, since it now competes directly with CPSA preparation time.
- Do a final check of your Solas Skills Passport well ahead of your portfolio submission deadline. Don't assume everything you've done has actually been signed off. A missing sign-off is far easier to chase up with a few weeks' notice than the day before submission.

6. How sign-off works

Sign-off is designed to be progressive rather than pass/fail: you build a record over time showing how your competence has developed for each skill. ScotGEM's skills passport tracks three stages:

Stage	What it means in practice
Safe to practise in simulation	You have watched the skill being performed, and then had the chance to practise it yourself on a peer, part-task trainer, or manikin; this is the level covered in CSC teaching (see Section 3).
Safe to practise under direct supervision	You perform the skill yourself on a real patient while a supervisor is present throughout, coaching and ready to intervene.
Safe to practise under indirect supervision	You perform the skill competently with a supervisor available nearby but not watching each step; they check in before and after.

All of this is ultimately preparing you for independent practice as a junior doctor, but that step comes after graduation, during Foundation training, and isn't itself a stage tracked in the skills passport.

A quick note on who's who, since several roles come up below: the supervisor who signs off your skills is a different role from your portfolio supervisor, the ScotGEM Portfolio Lead (who sets programme-wide policies like the 72-hour rule), and the CLIC Lead (who oversees the LIC/CSC curriculum and resolves sign-off disputes). Four distinct roles, not one person wearing different hats.

In practice, this means:

- You identify an opportunity to perform (or be assessed on) a skill, in clinical skills teaching, on placement, in the LIC, or opportunistically on the wards.
- A suitably qualified assessor observes you. This is usually any registered doctor, nurse, or other health professional competent in the skill themselves, not necessarily a doctor. Check your Year Guide for which roles are approved to sign off which skills, as this varies by procedure (e.g. more invasive procedures may require sign-off by a doctor).
- 'Safe to practise in simulation' sign-off is handled directly by your GCM or CSC tutor as part of CSC teaching; there's nothing further for you to arrange for this level.
- For direct or indirect supervision, signed off during real clinical practice, you ask the supervisor who observed you to agree the sign-off, then enter their name and email yourself in Solas, on your own device, within 72 hours of completing the skill (a requirement set by the ScotGEM Portfolio Lead). If a supervisor later disagrees with what's been entered, they can raise it with the CLIC Lead.
- You revisit and re-sign lower-frequency or higher-risk skills periodically if a significant gap has passed since your last sign-off, because competence in procedural skills can lapse without practice.
- Skills are cumulative across the whole programme: a sign-off from Year 2 counts towards your final record, though assessors may reasonably expect you to demonstrate the skill again if it's been a long time, or if you're being signed off at a higher level.

Practical tips for staying on top of it

- Don't leave low-frequency skills that need real clinical practice (catheterisation, arterial blood gas) to Year 4. Flag them early in your Year 3 professional development plan so your GP and secondary care supervisors know to look out for opportunities. (Blood transfusion and nasogastric tube placement don't need this chasing; see Section 3.)
- Ask for sign-off in the moment, immediately after performing a skill, since supervisors' memory of the specifics fades quickly. Keep a running checklist alongside Solas too, so you always know what's outstanding rather than discovering gaps only at the end of a placement.
- Use your GCM and LIC supervisors as active allies: mention outstanding skills at the start of a placement or session so they can plan opportunities in, not just react if one comes up.
- Where a skill can only realistically be practised in simulation (e.g. nasogastric tube placement), use timetabled clinical skills sessions deliberately for this rather than assuming clinical placement will provide it.

7. Where to find opportunities to practise each skill

This is especially worth returning to during Year 3, when the LIC leaves you to find most of your own opportunities rather than following a fixed rotation.

These skills will not come and find you, and many of the clinicians you work alongside won't necessarily know the details of what you need signed off for your portfolio, or what you're already capable of. You need to actively seek out the opportunities yourself.

Allied health professionals (AHPs) are one of the most under-used routes to sign-off. On placement, it's well worth organising a shift (or part of one) with a nurse, physiotherapist, or occupational therapist. For example, politely asking to join a nursing shift on an admissions unit for a 7-to-7 can, in a single day, give you the chance to practise moving and handling, catheterisation, venepuncture, cannulation, urinalysis, vital signs, blood glucose monitoring, setting up an infusion, and IM drug administration: a very efficient use of 12 hours.

The table below gives concrete starting points for where to look for each skill, split by general practice and secondary care settings. Where a cell shows 'N/A', that skill doesn't typically come up in general practice, so look to the secondary care column instead.

Clinical skill	General practice opportunities	Secondary care opportunities
Vital signs / baseline observations	On-call GP clinic	Nursing shift
Peak flow	Asthma review clinic	Respiratory ward; ED/AMU/Paeds (acute asthma presentation)
Ophthalmoscopy	Headache presentation; eye complaint; local opticians	Ophthalmology clinic; headache or hypertension presentation in ED/AMU/ambulatory care
Otoscopy	On-call GP clinic	ENT; Paeds
Blood cultures	N/A	Medical admissions; surgical admissions
Arterial blood gas (ABG)	N/A	HDU/emergency surgery/anaesthetics; ED; respiratory ward; respiratory nurse shadowing
Venepuncture	Phlebotomy clinic	Shadow phlebotomist; ED/admissions units; any medical/surgical ward
Blood glucose monitoring	Diabetes clinic	Nursing shift (ahead of mealtimes)

Clinical skill	General practice opportunities	Secondary care opportunities
Urinalysis	Practice nurses	Renal clinics; medical admissions unit
ECG	Practice nurses	ED; medical admissions; CCU/cardiology ward
Swabs (nose and throat)	On-call GP clinic	Medical admissions nursing staff; dialysis unit (regular MSSA/MRSA screening)
Swabs (skin and wound)	GP clinic; practice nurses; district nursing	Dermatology; surgical/medical admissions
Surgical scrub	N/A	Theatre; obstetrics; anaesthetics
Setting up an infusion	N/A	Anaesthetics; nursing shift on admissions
Moving and handling	District nursing	Nursing shift
Inhalers	Asthma review clinic	Respiratory ward
Oxygen	On-call GP clinic	Admissions; ED; respiratory ward
Injectable drugs (subcut)	Contraception clinic	Any medical/surgical ward, evenings (LMWH injections)
Injectable drugs (IM)	B12 clinic	Renal nurse clinics (HBV vaccination)
Injectable drugs (IV)	N/A	ED; nursing shift
Cannulation	N/A	Any ward, especially ED and admissions units
Blood transfusion	N/A	Day ward; haematology; ambulatory care
Urinary catheter (male)	District nursing	Theatre nursing team; admissions units; urology day treatment centres; ED
Urinary catheter (female)	District nursing	Theatre nursing team; admissions units; urology day treatment centres; ED
Wound care and wound closure	Treatment room nursing; district nursing	ED; theatre; orthopaedic wards
Nasogastric tube	N/A	Stroke ward; medicine for the elderly; GI ward
Use of local anaesthetic	Implant insertion	Ward-based medical procedures (ABG, LP, etc.); ED (suturing)

This table was kindly provided by Dr Nony Mordi, ScotGEM Year 4 Lead.

8. Where to check the definitive detail

Much of this guide is drawn directly from your own materials (Solas and the GMC's published procedures list), and this document is itself intended as the first formal, consolidated write-up of the procedural skills requirements and levels, prepared by the CLIC Lead. Requirements can still change year to year, though, so use this to orient yourself and plan ahead, and confirm anything time-sensitive against:

- Your current Year Guide (issued each year via the Medicine Handbook).
- The skills passport section of Solas, which holds the authoritative, up-to-date skills list and sign-off records.
- Your GCM or Year Lead, if a skill's expected stage or sign-off route is unclear.
- The GMC's Outcomes for graduates – Practical skills and procedures document directly, for the full detail behind the summary tables above (gmc-uk.org).