



WBA

Workplace based assessments (WBAs) are formative, with the registrar's learning and professional development being guided by timely and effective feedback by different college approved assessors, including their supervisor. A variety of WBA tools will be implemented, including:

- Mini-Clinical Evaluation Exercises (mini-CEX),
- Case-based Discussion (CbD), and
- Direct observation of procedural skills (DOPS).

WBA Requirements

Registrars who commenced the training programme before 2025 will not be required to complete WBAs.

From 2025 registrars joining the RNZCUC training programme will be required to complete a minimum number of WBAs at each stage of training. There will also be requirements for the topics and complexity of the cases. Registrars can and are encouraged to complete more than the minimum number, as opportunities for additional learning and feedback. It may also be necessary to complete additional cases to fulfil the topic and complexity requirements. Additional Mini-CEXs completed in one stage (over and above the minimum requirement) will not be credited towards the requirements in a subsequent stage.

- In Basic training (year 1) a minimum of 4 Mini-CEX and 2 DOPS must be completed. The required topics for stage one are common presentations in urgent care for which a junior registrar should be competent.
 - CEX
 - Paediatric fever
 - Abdominal pain
 - Chest pain
 - Orthopaedic case
 - DOPS
 - Local anaesthetic, including ring blocks
 - Suturing including wound debridement
- In Advanced training stage (years 2 and 3) further DOPS are required, and in the Provisional Fellowship year (year 4) CbD are added to the requirements. The minimum number, topics and complexity are yet to be determined for stage 2 and 3.

More details

See:

- [Mini-Clinical Evaluation Exercises \(mini-CEX\)](#)
- [Direct observation of procedural skills \(DOPS\)](#)
- [Case-based Discussion \(CbD\)](#) (placeholder text only until the number, complexity, and topics are decided).