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.

Workplace-based assessments

WBA	Phase of training		
	Basic	Advanced	Provisional Fellowship
Mini-CEX	*At least four. Others may be completed but do not count towards progress.* • Paediatric fever • Abdominal pain • Chest pain • Orthopaedic case	*At least six, and topics must include 3 from the list below. Others may be completed but do not count towards progress.* • Orthopaedics – medium or high complexity • Paediatrics – medium or high complexity • Neurological (including head injury) • Ophthalmology • ENT • Plastics • Obstetrics / Gynaecology *Complexity - Three must be of at least medium complexity and one of high complexity.*	*At least two, and must include the one listed below.* • Teamwork / leadership case involving multiple team members (unwell patient or trauma) *Complexity – Two must be high complexity.*
DOPS	• Local anaesthetics, including ring block • Suturing including wound debridement	*Six DOPS must be completed.* • Incision and drainage of abscesses • Reduction of digital dislocation • Reduction of shoulder dislocation and collar and cuff • Relocation of pulled elbow and radial head subluxation • Removal of corneal and conjunctival foreign bodies • Plus one from the following: • Diagnostic arthrocentesis of the knee • Doppler ultrasound for foetal heartbeat • Removal of cutaneous foreign bodies • Wound management • Nail trephine, nail removal and nail bed repair	None required
CbD	None required	*A minimum of six must be completed, which must include those listed below. Others may be completed but do not count towards progress.* • Communication case • Cultural safety case *Complexity – Three must be of at least medium complexity and one of high complexity.*	*A minimum of four must be completed, which must include those listed below.* • Teamwork/leadership • A case involving a sub-optimal outcome *Complexity – Three must be of high complexity.*

This table is available as a downloadable pdf.

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).