

# **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	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	and one of high complexity.  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	A minimum of four must be completed, which mus include those listed below.  Teamwork/leadership  A case involving a sub-optimal outcome  Complexity – Three must be of high complexity.

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This table is available as a downloadable pdf.

## More details - see

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