

WPBA and the ePortfolio in Secondary Care Posts

Mini-CEX

- An observed real-life consultation
- Assesses clinical skills, attitudes, and behaviours
- Completed in secondary care setting
- Can be completed by ST4 or above
- Named CS should complete at least one in each rotation
- Ticket codes can be sent via the ePortfolio
- The feedback will be used as evidence of progress during your ESR

Case Based Discussion

- A structured oral interview/discussion designed to assess your professional judgement in a case.
- Looks at your performance with regard to capabilities and how you made holistic, balanced and justifiable decisions
- Looks at your medical knowledge, ethic frameworks, skills in prioritisation and management of complexity and uncertainty within consultations
- Completed in the secondary care setting
- Can be used for CAT in primary care setting
- Can be completed by ST4 or above
- Named CS should complete at least one in each rotation
- Should involve a case you have managed independently
- Trainee chooses the capabilities prior to the CBD which they've mapped the case to
- The CS then discusses the case, question generator tool available, ensuring coverage of those capabilities
- This take about 30minutes
- Ticket codes can be sent via the ePortfolio
- The feedback will be used as evidence of progress during your ESR

Clinical Examination and Procedural Skills (CEPS)

- As WBPA mandatory CEPS must be completed prior to completion of training demonstrating competency when performed
 - Breast
 - Rectal
 - Prostate
 - Male genital
 - Female genital (includes speculum and bimanual)
- These are not a minimum requirement and on their own do not demonstrate competence – a range of CEPS are required and should be documented as WPBA and LLE
- It is recognised that some instances will see CEPS recorded in mini-CEX and COT assessments too on occasion
- Can be completed by ST4 or above
- Ticket codes can be sent via the ePortfolio

Multi Source Feedback

- Used to collect colleagues' opinions on your clinical performance and professional behaviour
- Requires 10 respondents minimum – in secondary care this is 5 clinician and 5 nonclinicians (if not enough nonclinicians are available more clinicians may be asked)
- Prior to being able to produce a ticket code, trainees must complete a self-assessment
- Ticket codes are produced on ePortfolio which generate automatic reminders too
- Answers are anonymous

Clinical Supervisor's Report

- This is a short, structured report completed by your CS in each post.
- It is to be completed towards the end of your secondary care posts
- The CS must have completed at least one of the mandatory WPBA assessments personally prior to each CSR

WPBA Requirements in ST1 and ST2 in secondary care posts (minimum - per 6/12 WTE)

Work Place Based Assessment	Minimum number per 6months (WTE)
<i>Mini-CEX</i>	2
<i>Cased Based Discussion</i>	2
<i>MSF</i>	1 (this is per 12/12 but good practice in each post)
<i>CSR</i>	1 per post (Required by GP plus trainees too)

Other requirements on ePortfolio

Requirement	Notes (pertains to per 6/12 post WTE)
Learning Log Entries <ul style="list-style-type: none"> • <i>Significant Event Analysis</i> • <i>Learning Event Analysis</i> • <i>Case reviews</i> • <i>Placement planning meeting</i> • <i>QI Activity</i> 	<ul style="list-style-type: none"> - If relevant (anything that is reported on form R) - 1/rotation that directly involves trainees - 3 a month (18 per 6/12 post) minimum - 1 per post (within first 1/12 of post) - 1 per post minimum (can involve audit, M+M, prescribing review, referral reviews....)
Course/Certification <ul style="list-style-type: none"> • <i>BLS (or ILS/ALS) in date</i> • <i>Adult Safeguarding L3</i> • <i>Child Safeguarding L3</i> • <i>Form R Part B</i> 	<ul style="list-style-type: none"> - Must remain in date throughout training, trainees expected to renew appropriately - Must ensure annual updates once obtained regardless of annual validity - Should obtain at the earliest opportunity when involved in care of children as part of their post - Must ensure annual updates once obtained regardless of duration of validity - Completed prior to each ARCP (in full)

Educational Requirements of Posts

- Attendance at departmental meetings/teaching in post
- Release when at work to GP specialty teaching (Wednesday mornings ST1 & Wednesday afternoons ST2)
 - Study Leave is already preapproved for this activity and removed from the trainees SL allowance
 - Attendance is monitored and must be maintained at 70% - this allows for nights/annual leave, if no authorised reasons for absence then 100% attendance is expected.
- 8 days of Study Leave that trainees can use to attend to educational needs within the SL guidance issued by HEENW - this includes release for meetings with ES in primary care and spending time in primary care (amongst other authorised uses of SL)
- Protected time for completion of WPBA