

THE WBA 12-MONTH PLANNER

# Map the six WBA tools to GMC domains, then plan them across a 12-month cycle.

For senior SAS doctors and non-substantive Consultants building a Portfolio Pathway WBA file. Print and keep next to your portfolio.

## 1. The six WBA tools at a glance

<p><b>mini-CEX</b> <b>Observed patient encounter</b> 15-20 min / Clinical decision making / Max 2 competencies</p>	<p><b>CbD</b> <b>Case-based discussion of your record</b> 20-30 min / Complex decisions / Max 2 competencies</p>
<p><b>DOPS</b> <b>Direct Observation of Procedural Skills</b> Procedure duration / Practical skills / Formative first</p>	<p><b>ACAT</b> <b>Acute Care Assessment Tool</b> 5+ patients / Unselected take / Max 8 competencies</p>
<p><b>OPCAT</b> <b>Outpatient Care Assessment Tool</b> Usually 3+ patients / Clinic capability / Live or after</p>	<p><b>MCR</b> <b>Multiple Consultant Report</b> Consultants / SAS at Consultant level / Longitudinal</p>

## 2. Which tool speaks to which GMC domain

WBA tool	Knowledge & Skills	Safety & Quality	Communication	Maintaining trust
mini-CEX	●	●	●	○
CbD	●	●	○	●
DOPS	●	●	●	○
ACAT	●	●	●	●
OPCAT	●	●	●	●
MCR	●	●	○	●

Legend: ● Strong evidence    ● Partial    ○ Indirect / supporting

## 3. A 12-month WBA collection cycle

<p><b>Q1 / Months 1-3</b> <b>Set up &amp; pilot</b> Map your scope against the SSG. Identify your assessor list. Pilot two mini-CEX and one CbD.</p>	<p><b>Q2 / Months 4-6</b> <b>Build breadth</b> Three to four mini-CEX, three CbDs, one ACAT or OPCAT, the first DOPS. Each one mapped before filing.</p>	<p><b>Q3 / Months 7-9</b> <b>Cover the gaps</b> Review Q1-Q2 against the curriculum. Plug uncovered capabilities. Begin gathering MCRs.</p>	<p><b>Q4 / Months 10-12</b> <b>Reflect &amp; consolidate</b> Final WBAs, short reflections on each, complete the MCR ring, build the evidence map.</p>
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**THREE THINGS TO REMEMBER**

<p><b>Rhythm beats volume.</b> Evenly spread WBAs read as routine senior practice. Final-quarter clusters read as a panic spike. Assessors notice.</p>	<p><b>Map before you file.</b> Every WBA should link to a specific curriculum capability from your specialty SSG before it goes into the portfolio.</p>	<p><b>Reflection is the seal.</b> A short note under each WBA, on what you would change and why, is what turns paperwork into evidence panels trust.</p>
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**Printable WBA tracker log**

One row per WBA. Tick the box when filed. Aim for an even spread across the 12 months, not a final-quarter spike. Numbers are guides, not minimums.

**Indicative annual targets**

<b>mini-CEX</b> Across diverse patient types	<b>10-15</b>	<b>CbD</b> Spread across clinical contexts	<b>8-12</b>	<b>DOPS</b> Per procedural skill you claim	<b>5-10</b>
<b>ACAT</b> Across different teams / rotas	<b>2-4</b>	<b>OPCAT</b> Outpatient / virtual clinics	<b>2-4</b>	<b>MCR</b> Different Consultant supervisors	<b>3-6</b>

**Tracker log**

No.	Date	Tool	Case / setting	Assessor	Capability mapped	Filed
01						<input type="checkbox"/>
02						<input type="checkbox"/>
03						<input type="checkbox"/>
04						<input type="checkbox"/>
05						<input type="checkbox"/>
06						<input type="checkbox"/>
07						<input type="checkbox"/>
08						<input type="checkbox"/>
09						<input type="checkbox"/>
10						<input type="checkbox"/>
11						<input type="checkbox"/>
12						<input type="checkbox"/>
13						<input type="checkbox"/>
14						<input type="checkbox"/>

**NOTES**

Every WBA is more useful with a short reflection underneath: what you would do differently, the assessor's feedback, the capability it ties to. The Federation's WBA guidance and your specialty SSG remain the definitive standards.