Trainee Name:……………………………………………………………………………..…………………………………..ID:……………………………………………………………

Training Unit: ……………………………………………………………..Training Supervisor: ……………………………………………………………………

**Before undertaking the summative IHCA, I confirm that (2) Formative Appraisals and (…….) number of scans have been completed and sighted by …………………………………………………………………………….**

**Mid Trimester Assessment**

|  |  |  |
| --- | --- | --- |
|  | Assessor 1 |  |
| Number of criteria assessed at 4 or more  (maximum criteria: 32) |  | Assessors Name: ……………………………………………………….. |
| All essential criteria (6) scored 4 or more Yes/No |  | Assessors Signature: ………………………………………………….. |
| At or above MAPS\*  Yes/No |  | Date:…………………………………………………………………………………… |

\*MAPS: minimum 24 of 32 criteria scored at ‘4’ or higher, including ALL essential items

**Third Trimester Assessment**

|  |  |  |
| --- | --- | --- |
|  | Assessor 1 |  |
| Number of criteria assessed at 4 or more  (maximum criteria: 31) |  | Assessors Name: ……………………………………………………… |
| All essential criteria (6) scored 4 or more Yes/No |  | Assessors Signature: ………………………………………………… |
| At or above MAPS \*  Yes/No |  | Date:………………………………………………………………………………… |

\*MAPS: minimum 23 of 31 criteria scored at ‘4’ or higher, including ALL essential items

**Gynaecological Assessment 1**

|  |  |  |
| --- | --- | --- |
|  | Assessor 1 |  |
| Number of criteria assessed at 4 or more  (maximum criteria: 25) |  | Assessors Name: ……………………………………………………… |
| All essential criteria (7) scored 4 or more Yes/No |  | Assessors Signature: ………………………………………………… |
| At or above MAPS\*  Yes/No |  | Date:…………………………………………………………………………………. |

\*MAPS: minimum 18 of 25 criteria scored at ‘4’ or higher, including ALL essential items

*If any criteria (skills) are not applicable or not observable (for other than ESSENTIAL skills), the MAPS is adjusted proportionately*

**To achieve a pass the candidate must achieve MAPS required for each of the three (3) assessments, including scores of four (4) or higher for all essential items.**

🞏 Trainee has passed the IHCA Year 1 Clinical Training

🞏 Trainee has not passed the IHCA Year 1 Clinical Training

Training Supervisor Name:………………………………………………………………………………………………………………………………………………………………..

Training Supervisor Signature:………………………………………………………………………... Date:……………………………………………………………………..