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 …………………………………………………………………………….**

**12 Week Assessment**

|  |  |  |
| --- | --- | --- |
|  | Assessor 1 |  |
| Number of criteria assessed at 4 or more(maximum criteria: 28) |  |  Assessors Name …………………………………………………….  |
| All essential criteria (6) scored 4 or more Yes/No |  |  Assessors signature ………………………………………… |
| At or above MAPS\* Yes/No |  |  Date ……………………………………………………… |

\*MAPS: minimum 21 of 28 criteria scored at ‘4’ or higher, including ALL essential items

**Gynaecological Assessment 2**

|  |  |  |
| --- | --- | --- |
|  | 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 two (2) assessments, including scores of four (4) or higher for all essential items**.

🞏 Trainee has passed the IHCA Year 2 Clinical Training

🞏 Trainee has not passed the IHCA Year 2 Clinical Training

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

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