



## HYMS Joint Senate Committee Academic or Fitness to Practise Appeal Form

To be used by all students of Hull York Medical School, including undergraduate, postgraduate and MB BS graduates in their first foundation year of training.

If you are a student of Hull York Medical School and wish to appeal against a recommendation or decision of the Board of Studies, Board of Examiners or Student Fitness to Practise Committee, or if you are doctor in the first year of your foundation programme and wish to appeal against a decision of your foundation school to decline to confirm your suitability to continue in the programme or to recommend that you meet the requirements for full registration with the General Medical Council, please complete pages 1-6 of this form and forward it to the Appeals Administrator within 28 days of receiving official notice of the recommendation or decision. Please contact the Appeals Administrator by email ([student.appeals@hyms.ac.uk](mailto:student.appeals@hyms.ac.uk)).

**Before completing the form**, please read the Hull York Medical School Code of Practice on Academic and Fitness to Practise Appeals (<http://www.hyms.ac.uk/appeals>). If you need any assistance in completing the form you should consult your personal /educational supervisor, or Senior Advisor. You may also wish to seek the advice and assistance of the Students' Union.

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### STUDENT DETAILS

Full name \_\_\_\_\_

UCAS/SITS number \_\_\_\_\_

Year of entry \_\_\_\_\_

Year of study \_\_\_\_\_

Programme of study

- MB BS
- Intercalated BSc
- Postgraduate, please specify: \_\_\_\_
- Foundation Doctor

Expected date of completion (DD/MM/YYYY) \_\_\_\_\_

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**DATA MONITORING**

The Universities of Hull and York require us to monitor the number of applications by ethnic origin, gender and disability. This information is held on your student record but your consent is required to use it for the specific purpose of appeals' monitoring.

**Please tick box if you consent to your data being used for this purpose:**

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**FOR HYMS JOINT SENATE COMMITTEE USE ONLY:**

Date of form first received \_\_\_\_\_

Grounds of appeal met?                      Yes                      No

Appeal allowed or rejected?                      Allowed                      Rejected

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### I. DECISIONS WHICH MAY BE APPEALED

**I wish to appeal against (tick appropriate box):**

- (a)  To terminate the student's programme of study for non-compliance with expected standards of academic integrity and conduct, attendance and/or submission requirements of the programme.
- (b)  To terminate the student's programme of study on grounds of professional unsuitability or professional misconduct, i.e. fitness to practise.
- (c)  To impose a suspension or condition which may arise as a result of a Student Fitness to Practise Hearing.
- (d)  To exclude the student from an examination, dissertation, placement or other form of study or assessment forming part of the student's programme of study.
- (e)  To award or refuse to award the student the degree or any classification of the degree.
- (f)  To terminate the student's programme of study for failure to satisfy the appropriate Board of Examiners, including where a request for mitigating circumstances has been rejected.
- (g)  A foundation doctor may appeal against a decision of a Foundation School to refuse to affirm or certify that the foundation doctor has met the criteria specified for professional competence necessary for progression within the Foundation Programme, and necessary for a recommendation that the foundation doctor meets the requirements for full registration with the General Medical Council

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### **2. GROUNDS FOR APPEAL**

**My grounds for appeal are one or more of the following (tick relevant boxes):**

**I understand that failure to produce evidence of such circumstances when such evidence was available to me, and now to use that evidence in support of this appeal will probably result in the appeal being rejected.**

- (a)  There is evidence that was not brought to the attention of the Exceptional Circumstances Committee, at the time of their decision, that would have led them to a different decision on the student's exceptional circumstances; and there is good reason why the evidence was not presented at the appropriate time.
- (b)  Demonstrable procedural irregularities in the conduct of the assessment process of such a nature as to cause reasonable doubt as to whether the result would have been different if they had not occurred.
- (c)  Demonstrable procedural irregularities in the conduct of any process leading to a decision of a relevant Board/Committee.
- (d)  Evidence of prejudice or bias on the part of one or more of the examiners and/or any member of the relevant Board/Committee.
- (e)  That there are reasonable grounds to believe that the recommendation or decision by the relevant academic Board/Committee was manifestly unreasonable.

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**3. STATEMENT OF APPEAL AND SUPPORTING EVIDENCE**

**Please provide a concise summary of your reasons for appealing and of the evidence which supports your case. Continue on additional sheets if necessary, and attach all supporting documentation. (Note that, other than in exceptional circumstances, this statement and supporting evidence will be copied to the Department/Examiners concerned to enable them to respond).**

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**4. SUPPORTING DOCUMENTATION**

Please list here any documents which are relevant and which you wish to use in support of your appeal and attach all the evidence to this form.

**5. CONTACT INFORMATION FOR ALL CORRESPONDENCE RELATING TO THIS APPEAL**

If you change your address it is your responsibility to ensure that you notify the Appeals Administrator of the change - any documents will be sent to the above address by recorded delivery). If you leave this section blank, we will use the address you provided at registration which is held in your student record.

Full address \_\_\_\_\_  
\_\_\_\_\_

Telephone number \_\_\_\_\_

Mobile number \_\_\_\_\_

Email \_\_\_\_\_

**STUDENT'S SIGNATURE**

**DATE**

\_\_\_\_\_  
*(please type your full name for electronic submission)*

\_\_\_\_\_

You must now send this form to Appeals Administrator no later than 28 days from receiving the decision against which you are appealing. ([student.appeals@hyms.ac.uk](mailto:student.appeals@hyms.ac.uk))

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**FOR COMPLETION BY THE INVESTIGATING OFFICER**

**1. Summary of the Appellant's case**

Date Student Interviewed (if applicable) \_\_\_\_\_

**2. Summary of the Hull York Medical School Response**

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**3. Appellant's Further Response**

**4. In your opinion have grounds for appeal been demonstrated in this case?**

**YES, on ground(s)** \_\_\_\_\_

**NO**

**5. Investigating Officer's Reasons**

**INVESTIGATING OFFICER'S SIGNATURE**

**DATE**

\_\_\_\_\_  
*(please type your full name for electronic submission)*

\_\_\_\_\_

**Please return this form and attached documents to the Secretary of the HYMS Joint Senate Committee.**



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**CHAIR'S RULING**

Grounds for appeal demonstrated:

**YES, on ground(s)** \_\_\_\_\_

**NO**

**Chair's Reasons**

**CHAIR'S SIGNATURE**

**DATE**

\_\_\_\_\_  
*(please type your full name for electronic submission)*

\_\_\_\_\_

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**No grounds for appeal**

Date student informed \_\_\_\_\_

Date reported to Joint Senate Committee \_\_\_\_\_

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**Grounds for appeal**

Date of Appeal Committee Hearing \_\_\_\_\_

**Appeal allowed**

Decision of Appeal Committee

**Appeal rejected**

Date reported to Joint Senate Committee \_\_\_\_\_

Date student informed \_\_\_\_\_

Date Medical School informed \_\_\_\_\_

Date AIS updated (if applicable) \_\_\_\_\_

Date sponsor informed \_\_\_\_\_

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