**Appealing a fail result in the November 2022 registration assessment**

**Use this form if you want to appeal your registration assessment result.**

Please make sure that you have [read the registration assessment regulations](https://www.pharmacyregulation.org/sites/default/files/document/registration-assessment-regulations-for-sittings-in-2022-updated.pdf) (including section 10, which relates specifically to appeals) and the guidance below before you submit this form, and that you complete it in full.

## Grounds for appeal

We will consider an appeal request if it meets either one of the following grounds:

1. **Procedural grounds** – this is when you feel that a registration assessment procedure was not correctly applied by the GPhC.
2. **Exceptional circumstances** – this is when there was a situation, unique to you, and may have affected your performance during a sitting, but that you did not know about and could not have known about before or during the sitting.

## Appeals and nullification

**Important:** you cannot appeal against an unsuccessful result if you could have asked for your assessment attempt to be ‘nullified’ for the same reason.

Under section 6 of the registration assessment regulations, you can ask for an attempt to be nullified if, for example, you become ill during an assessment sitting. In effect, this means the sitting is treated as if it had never happened, and it does not count towards your number of available attempts at the assessment. If you do appeal in this situation, the GPhC will refuse your appeal.

You can submit an appeal if you have asked for your assessment attempt to be nullified for a different reason.

## Providing evidence

You **must** submit evidence with your application which supports your explanation of how your circumstance has met the ground(s) for consideration. Make sure your evidence is clear and legible and is in a MS Word or PDF format.

If your appeal is related to a medical or health condition and you have included evidence from a healthcare professional who is involved in diagnosing, treating, or managing your condition, we may need to contact them for more information. We will need your consent to do this. You do not have to give your consent, but it may affect the outcome for your appeal if we have questions about your health condition that we are not able to answer from the evidence that you have provided.

We will only contact the healthcare professional(s) you have specified in your supporting evidence and where you have consented to this. We will not seek any evidence from any other healthcare professionals.

If you are also appealing for a previous sitting based on health grounds, you will need to provide a letter from a healthcare professional to confirm that you would have been affected for that particular previous sitting(s) due to the health reason you are appealing for.

To find out about how we use your information, please [see the privacy policy on the GPhC website](https://www.pharmacyregulation.org/privacy-policy).

## Submitting your appeal

Send your appeal form and supporting evidence by email to [regexam@pharmacyregulation.org](mailto:regexam@pharmacyregulation.org) by **5pm** on **3 January 2023**. We will not accept appeals by any other method.

If you do not receive a personal email acknowledgement from us within five working days of submitting your application form, please contact us at the email above.

If you have any questions, have problems filling in this form, or submitting evidence, please phone the GPhC contact centre on **0203 713 8000**. One of our advisors will be happy to help you.

## Late appeals

We will consider an appeal submitted after the deadline if there are reasons beyond your control which meant that you were mentally or physically incapable of submitting your appeal by the deadline. Read section 10.9 in the registration assessment regulations to find out more about when we consider a late appeal.

If you want to submit an appeal after the deadline you will need to provide:

* information which explains the unforeseeable circumstance(s) beyond your control that meant you were mentally or physically incapable of submitting by the deadline
* evidence which supports the reason you have given for submitting your appeal after the deadline.

## If you have any issues in obtaining the relevant documents for your appeal, you must contact us before the deadline.

## Appeal outcomes

There are only two outcomes to an appeal.

1. The appeal is not upheld – when an appeal is not upheld, the fail result stands, and the candidate is deemed unsuccessful in that attempt at the registration assessment.
2. The appeal is upheld – when an appeal is upheld, the attempt is nullified. This means that it does not count towards the number of available attempts at the assessment. If you were previously on the provisional register and your appeal is upheld, you will be allowed to return to the practise as a provisional registrant.

It may take some time to deal with your appeal, depending on how complicated it is. Once the registrar has decided on the outcome of your appeal, we will write to you advising of this. Please be aware there is no set timeframe as to when you will receive a decision by.

If your appeal is upheld, this does not automatically mean that your time limit to apply for registration will be extended.

**Appealing a fail result in the November 2022 registration assessment**

## Personal details

|  |  |
| --- | --- |
| First name |  |

|  |  |
| --- | --- |
| Last name |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| GPhC or PSNI Pre-registration/Foundation number |  |  |  |  |  |  |  |
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* 1. **Which of your possible attempt(s) at the assessment does this appeal relate to?**

Attempt 1

Attempt 2

Attempt 3

We will use this information to track your appeal.

## Ground(s) for consideration

* 1. **Please indicate under which ground(s) you are appealing your result:**

1. there are reasonable grounds to believe that a **procedural error** affected   
   the outcome of your registration assessment sitting
2. there are **exceptional circumstances** unique to you that may have affected   
   your performance during a sitting but were **not known**, and could not have   
   been known, to you before or during the sitting

## Supporting statement

* 1. **Please explain how your circumstance has met the ground(s) for consideration.**

If you are applying under ground a, please give details of the procedural error, and how it occurred.

If you are applying under ground b, please give details of the exceptional circumstances that affected you during the sitting and explain why these were not known and could not have been known before or during the sitting.

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## Evidence and supporting documents

* 1. **Please list below the items of supporting evidence you are providing.**

For each piece of evidence, include the type and date of evidence, so we can identify each document. Please refer to the registration assessment regulations for more information on what evidence to provide.

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## Evidence from healthcare professionals

* 1. **Is your appeal related to a medical or health condition, for which you have included evidence from a healthcare professional who is involved in diagnosing, treating, or managing your condition?**

**Yes  No**

**If no, please go to the next section.**

**If yes, we may need to contact them for more information.** **Please indicate below if you consent to this and confirm their contact details. If there is more than one healthcare professional, please include their details and your consent on a separate sheet.**

* 1. **Please give the details of the health professional below.**

|  |  |
| --- | --- |
| Name |  |

|  |  |
| --- | --- |
| Position, Profession, or qualification |  |

|  |  |
| --- | --- |
| Regulatory / professional body |  |

|  |  |
| --- | --- |
| Registration number |  |

|  |  |
| --- | --- |
| Phone |  |

|  |  |
| --- | --- |
| Email |  |

* 1. **Please indicate your consent by ticking the relevant box after each statement.**

**I declare that:**

1. I give my consent to GPhC to contact the registered healthcare professional whose details are above to seek clarification about the condition for which I have submitted an appeal

Yes  No

1. I understand that the GPhC will use this information in relation to my appeal for the registration appeal I have submitted in relation to this sitting

Yes  No

1. I understand and accept that information disclosed about my condition may also be used by the General Pharmaceutical Council in future in relation to determining an application for entry to the register or assessing my fitness to practise, and that updated information may be requested for these purposes.

Yes  No

## Appeal timing

* 1. **I am submitting my appeal:**

1. Within the deadline given
2. After the deadline given

If you answered a), please go to the next section. If you answered b):

* 1. **Please explain below the circumstances beyond your control that meant you were mentally or physically incapable of submitting by the deadline.**

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* 1. **Please list the additional evidence you are enclosing which supports the reason you have given for submitting your appeal after the deadline.**

For each piece of evidence, include the type and date, so we can identify each document.

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## Declaration

I declare that:

* I have provided the information in this form to help the GPhC decide whether to uphold my appeal against a fail result in the registration assessment
* to my knowledge, the information I have given is accurate and complete, and has been submitted in good faith
* I understand and accept that this information may also be used in the future to decide on an application for entry to the register or to assess my fitness to practise, and that the GPhC may ask for updated information at any time for these purposes
* I have read the important information for candidates at the beginning of this application form, and I am aware of the correct process for submitting this application documentation

Please either print this form and manually sign it below or add an electronic signature using Adobe Fill & Sign – see the instructions below.

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Signed Date

**Adding your signature using Adobe Fill & Sign**

Click on the ‘sign’ icon in the Fill & Sign toolbar and select ‘Add signature’. You can add your signature in two ways:

Click on the ‘Draw’ icon and use your mouse to draw your signature (much as you would when accepting a package delivery)

Click on the ‘Image’ icon (first you will need to take a photograph of your signature and save it to your PC) and then select the image you have saved of your signature.

**Please note that we will not accept a typed signature.**