

**NHS England  
North West**

**Postgraduate Medical and Dental Education**

**Formal Appeals Process**

<b>Document Title</b>	Formal Appeals Process
<b>Purpose</b>	A guidance document that describes how formal appeals against ARCP outcome 3 & 4 and withdrawal of NTN's for other reasons should be conducted, ensuring consistency of practice across the North West.
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## Table of Contents

<b>Background</b> .....	<b>4</b>
<b>1. Principles</b> .....	<b>5</b>
Basic Principles.....	5
Records that must be kept .....	5
<b>2. Outline of Process</b> .....	<b>6</b>
<b>3. Review</b> .....	<b>7</b>
<b>4. Appeal</b> .....	<b>8</b>
General.....	8
Process.....	8
Panel Composition.....	9
Appellant Team Composition .....	10
Management (Respondent) Team Composition .....	10
<b>5. The Appeal Hearing Protocol</b> .....	<b>11</b>
Pre-Hearing (panel members only) .....	11
Appeal via Written Review of Evidence (when requested by resident doctor).....	11
Appeal via Face to Face Hearing .....	12
Deliberations after Face to Face Hearing .....	13
Administration after Face to Face Hearing .....	13
Document Storage .....	14
<b>Appendix 1: Resident Doctor’s Grounds for ARCP Review/Appeal</b>	
<b>Appendix 2: Management Side Briefing Notes</b>	
<b>Appendix 3: Resident Doctor Briefing Notes</b>	

## Formal Appeals Process Guidance

### Background

NHS England North West (NHSE NW) operates in accordance with the requirements set out in a range of documents relating to the provision of postgraduate medical and dental education and training including:

- GMC Promoting excellence: standards for medical education and training
- A Reference Guide for Postgraduate Foundation & Specialty Training in the UK (The Gold Guide 10<sup>th</sup> edition) 7<sup>th</sup> August 2024
- A Reference Guide for Postgraduate Dental Specialty Training in the UK (The Dental Gold Guide) 01 September 2021
- A Reference Guide for Dental Foundation Training in England, Wales and Northern Ireland (The Blue Guide) September 2022

This guidance is generic in style and the principles apply to all resident doctors. However, there are differences in process between Foundation, Hospital Specialty, General Practice and Dental trainees, reflecting the relevant national guidance. It should be read concurrently with the relevant guide listed above, depending on the resident doctor. Appeals against ARCP outcome 4 by F1 UK medical graduates will be heard by the University/Medical School of graduation or delegated to the local Foundation School. Appeals against ARCP outcome 3 by F1 resident doctors are covered by this process.

This guidance provides an overview of the steps that should be taken in the event of a resident doctor in formally appealing an ARCP outcome that recommends an outcome 3 or 4 or appealing the withdrawal of a national training number (NTN) under para. 3.100 iii, iv, vi & vii of the Gold Guide (GG10). The process aims to ensure resident doctors are treated fairly by setting out a transparent process that is also informed by the following ACAS documents:

- Code of Practice on Disciplinary and Grievance Procedures March 2015
- Discipline and Grievance at Work: The ACAS Guide

**Please note:** This document is a guide and is non-contractual. Any reference to 'working day' in the guidance means any normal day of work, excluding Saturdays, Sundays and bank holidays. It is written from the perspective of a medical resident doctor undertaking a hospital-based specialty and covered by the Gold Guide, 10<sup>th</sup> edition. The principles apply to other resident doctors, but aspects of the process and exact terminology may vary, in accordance with the other national documents listed above and the specific training programme.

# 1. PRINCIPLES

## Basic Principles

- 1.1 This process enables resident doctors to appeal the decisions resulting from ARCP panels and withdrawal of NTN's under paragraph 3.100 iii, iv, vi & vii of the Gold Guide.
- 1.2 The process includes a review (except for Foundation resident doctors) and then a formal appeal hearing and resident doctors can request a review and an appeal by writing to the relevant senior official within NHSE NW. See section 2.4 for details of who to contact. Resident doctors can withdraw their appeal at any stage during the process.
- 1.3 NHSE NW endeavours to achieve consistency of decision-making, in order that the outcome of reviews and appeals panels is as consistent as possible on a like for like basis.
- 1.4 NHSE NW is committed to undertaking thorough investigations to inform each appeal. It will ensure that the management side carries out an in-depth investigation that captures all relevant evidence, including that which supports the resident doctor's case.
- 1.5 NHSE NW aims to ensure there is good communication throughout a resident doctor's programme in order that they are informed of any issues/concerns as early as possible, ensuring that any concerns do not come as a surprise to them. Shortcomings should be identified and discussed as soon as they become apparent on an informal basis, thereby minimising recourse to this formal procedure.
- 1.6 NHSE NW will allow resident doctors to put their case in response to any identified shortcomings before any action is taken. Informal dialogue between resident doctors and their trainers is encouraged, to resolve issues informally wherever possible.
- 1.7 Resident doctors will be notified in advance where a formal meeting could result in the termination of their training programme.
- 1.8 This process allows resident doctors to be accompanied to formal meetings.
- 1.9 NHSE NW is committed to resolving appeal applications as speedily as possible.
- 1.10 The resident doctor will be held in good faith and there will be no pre-judgement of issues.

## Records that must be kept

- 1.11 A record of the issues relating to the resident doctor's progress.
- 1.12 Mitigating factors that the resident doctor has for the concerns raised about their performance.
- 1.13 The reasons for any action taken.
- 1.14 Whether an appeal has been lodged.
- 1.15 The outcome of the appeal.
- 1.16 Any grievances raised during the reviews or appeal.
- 1.17 Subsequent developments.
- 1.18 Notes of formal meetings and appeal hearings.
- 1.19 All information relating to the appeal should be retained as per the relevant Records Management

Policy.

- 1.20 Electronic recordings of appeals are not normally permitted. Should a resident doctor wish to make an electronic recording of proceedings, a request can be submitted but this must be in advance of the appeal hearing. The decision to allow electronic recording will be made at the chair's discretion.

## **2. OUTLINE OF PROCESS**

- 2.1 As set out in the Gold Guide, para. 4.85, the ARCP panel (or a senior educator involved in the resident doctor's training programme) should meet with all resident doctors who are judged on the evidence submitted to their ARCP to:

- Require further development on identified, specific competencies (outcome 2)
- Require additional training because of insufficient progress (outcome 3)
- Be required to leave the training programme before its completion (outcome 4)

The purpose of this meeting is to discuss the recommendations for focused or additional remedial training if these are required.

- 2.2 If a resident doctor disagrees with the panel's decision, they have the right to ask for a further review. Review of an outcome 2 is covered by NHSE NW's ARCP Protocol and resident doctors should refer to that protocol if they wish to request a review of an outcome 2. Resident doctors appealing an ARCP outcome 3 or 4 or appealing the withdrawal of an NTN under para. 3.100 iii, iv, vi & vii of the Gold Guide can request a review under this process. If, following the review, the resident doctor rejects the decision made, they have a final right of appeal to a formal appeal hearing.

- 2.3 The timescale for submission of a request for a review or an appeal is within 10 working days of being notified of the decision which is to be appealed. The resident doctor must state what the grounds for the review/appeal are:

- The process that led to the decision was not followed correctly
- The decision being appealed against was made in a prejudicial way or there is evidence of prejudice or bias
- Information has now come to light which was not known when the original decision was taken and it may have influenced the outcome

- 2.4 Secondary care specialty resident doctors (including Public Health trainees) wishing to request a review or an appeal must submit their request in writing to the Postgraduate Dean. Foundation resident doctors requesting an appeal under this process must submit their request to the Deputy Postgraduate Dean for Foundation. General Practice resident doctors must submit their request to the Deputy Postgraduate Dean for Primary Care. Dental trainees must submit their request to the Postgraduate Dental Dean (Deputy Dean). All these senior officials may ask another member of the senior management team to advise on the grounds for appeal. Throughout the rest of this process, the terminology 'Postgraduate Dean' will be used for simplicity.

- 2.5 Throughout this process, where relevant, the resident doctor must be informed in advance if termination of their training programme may be an action considered.

### **3. REVIEW (except Foundation Resident doctors)**

- 3.1 Under the framework of the integrated Gold Guide 10, all medical resident doctors have the right to request that a review be convened. They must submit their request in writing to the Postgraduate Dean, clearly stating the grounds for appeal (see 2.3 above), within 10 working days of being notified of the decision which they wish to appeal against. Dental trainees may request a review if the ARCP meeting that awarded the adverse outcome did not consider mitigating circumstances. The request for a review should be accompanied by a completed pro-forma (Appendix 1).
- 3.2 The Postgraduate Dean will normally arrange for a review of the original decision when the grounds for appeal have been established. Where the appeal is against an ARCP Outcome 3 or 4, this review provides an opportunity for members of the original panel to review their decision. Where the appeal is against a decision to withdraw an NTN under para. 3.100 iii, iv, vi & vii of the Gold Guide, the Postgraduate Dean will review their decision and they may seek overview of that process from another member of the senior team.
- 3.3 The resident doctor may provide additional evidence at this stage and this must be received as part of the request for the review, so the panel/Postgraduate Dean can consider it along with the existing evidence. The additional evidence may include information about mitigating circumstances that was not originally disclosed or other evidence relevant to the original decision.
- 3.4 As many members as possible of the original ARCP feedback panel will review its decision, along with any additional evidence supplied by the resident doctor. As far as reasonably practical, the review will be held within 15 working days of the Postgraduate Dean receiving the review request. The review may be conducted virtually. The Chair of the panel will be supported in making the required arrangements by the relevant Programme Support Manager (PSM) for the resident doctor's specialty.
- 3.5 After the review, the panel/Postgraduate Dean will ensure the resident doctor receives the decision in writing, and the reasons behind it, within 10 working days of the review. If the panel considers it appropriate, it may invite the resident doctor to meet with a senior nominated representative, to discuss the decision in more detail. This may be in cases where the resident doctor's reasons for requesting the review indicate they may not fully understand all aspects of the panel's decision and/or the panel considers a discussion would be a useful addition to the written outcome.
- 3.6 If the panel modifies the original decision and awards an outcome 2, this completes the process and there is no further right of appeal.
- 3.7 Where the decision is an outcome 3 an action plan must be drawn up that sets out the improvements that must be made, the timescales for achievement and any support that may be required to aid improvement.
- 3.8 Where the decision is an outcome 3 or 4, or the withdrawal of a training number under Gold Guide para. 3.100 iii, iv, vi & vii and the resident doctor does not accept the decision, they have the right to request a formal appeal, where an entirely new group of individuals assesses the original decision and the resident doctor's grounds for appeal.

## 4. APPEAL

### General

- 4.1 If a resident doctor does not agree with the decision made following the review, they have one final internal route of appeal.
- 4.2 A resident doctor can request that a formal appeal hearing be held and they must submit their request in writing to the Postgraduate Dean within 10 working days of being notified of the decision from the review or final ARCP outcome (foundation resident doctors). This must be accompanied by a completed pro-forma (Appendix 1).
- 4.3 National guidance (GG10: 4.176) recommends that the appeal hearing takes place within 30 working days of completion of the review, but it is acknowledged that this is not always practicable given the six-week rule for consultant notice, and appeals should therefore be arranged as soon as possible following receipt of the request.
- 4.4 Appeal hearings do not have to take place face to face (or virtually face to face) and the resident doctor can request that the appeal is conducted via a review of written evidence. If the resident doctor requests that the appeal hearing be held face to face, they can be accompanied, for example by a friend, colleague or a representative of their professional body. Throughout the rest of this process, the terminology 'face to face' will be used for simplicity in referring to either virtual or actual face to face appeal hearings.

### Process

- 4.5 When a request for an appeal is received, the Postgraduate Dean may ask another member of the senior team to advise on the grounds for appeal. When the grounds for appeal have not been clearly established, the resident doctor will be informed. When the grounds for appeal are established, the Postgraduate Dean, or a nominated deputy, should confirm receipt of the request from the resident doctor and confirm the date of the appeal as soon as this has been arranged. As 4.4 above, the appeal can be conducted via a review of written evidence, at the request of the resident doctor.
- 4.6 The appellant resident doctor and the management side can each submit a bundle of evidence, which may include additional evidence not considered by the review panel. The evidence should be limited to the grounds for appeal and should be submitted in electronic format. Where relevant, mitigating circumstances should be evidenced to substantiate facts. Where a resident doctor includes documentation pertaining to their own health, in submitting such evidence (unless expressly stated otherwise) they are giving their consent for this documentation to be securely shared with appeal panel members. The panel Chair will determine if the information is relevant or requires further detail prior to being considered by the panel.
- 4.7 Submitted evidence must reach NHSE NW **no less than 5 working days before the date of the hearing**. Additional papers will only be accepted on the day of the hearing in exceptional circumstances at the discretion of the Chair of the appeal panel. It is the appellant and management's responsibility to ensure that submissions are indexed prior to submission.
- 4.8 Once all evidential information has been received it should be acknowledged and circulated to the panel, resident doctor and management side representative(s) as soon as possible, and **no less than 5 working days before the date of the hearing**. This includes the Chair and all panel members, the appellant side and the management side.
- 4.9 The doctor in postgraduate training or the management side may apply in writing to the chair of the appeal panel for a postponement of proceedings. The appeal panel chair has discretion to postpone or adjourn the panel hearing in consultation with the Postgraduate Dean. In situations



where the Postgraduate Dean is the decision maker for decisions subject to appeal, the appeal panel chair should not consult with the postgraduate dean but has ultimate discretion.

- i. if appropriate documentation has not been circulated within the stated timescales
  - ii. to consider additional evidence not previously made available to the panel
  - iii. to request additional evidence/material crucial to the grounds for appeal
  - iv. in cases of sickness or other unforeseen absence of the resident doctor
  - v. if the panel is not quorate
- 4.10 Where a postponement is justified, the panel chair will write to the resident doctor to explain the reasons and to confirm that an alternative date will be arranged, allowing time for the panel and resident doctor to consider any additional evidence in detail. Where a resident doctor or their representative are unavailable to attend, the appeal hearing will normally only be rearranged on one further occasion. If the resident doctor or their representative is not able to attend the re-arranged appeal hearing, it may proceed in their absence. The resident doctor will be entitled to make representations in writing for the appeal panel to consider in their absence. Where a resident doctor confirms their attendance and subsequently fails to attend on the day, reasonable efforts should be made to contact them to ascertain the reasons. The panel chair will determine whether the hearing should proceed in their absence relying on the written evidence submitted.

## Panel Composition

- 4.11 The panel **must not** include any members of the original ARCP or review panel. Normally, panel members should not have been involved in any of the resident doctor's past assessments, but in very small specialties this may not be possible. In such cases, the resident doctor will be asked to confirm acceptance of the proposed panel member. All panel members must be asked if they have any conflict of interest in participating in the panel.
- 4.12 All panel members should be advised that the events that take place during the hearing, or any information contained in the evidence submitted (both written and oral), should not be discussed with anyone outside the appeal hearing, or with anyone unconnected with the hearing at any time. Information received is to be regarded as strictly confidential. However, this does not include any information that may need to be imparted to third parties as a consequence of the hearing process and decision.
- 4.13 The appeal panel composition should be in line with guidance set out in the following:
- A Reference Guide for Postgraduate Foundation & Specialty Training in the UK (The Gold Guide 10<sup>th</sup> edition) 7th August 2024
  - A Reference Guide for Postgraduate Dental Specialty Training in the UK (The Dental Gold Guide) 01 September 2021
    - A Reference Guide for Dental Foundation Training in England, Wales and Northern Ireland (The Blue Guide) September 2022
- 4.14 The appeal panel should consist of no fewer than 4 individuals from the following list, but must include a Postgraduate Dean (or their representative), a lay representative, a senior doctor/dentist from the same specialty as the resident doctor (with knowledge of the relevant curriculum and required level of competence) and a senior doctor/dentist from within the same locality as the resident doctor and from the same specialty as them:
- the Postgraduate Dean or a nominated representative as chair. On occasion it may be appropriate to have an external chair, e.g where the Postgraduate Dean has removed the NTN for reasons other than ARCP, where there is a conflict of interest such as a complaint by the resident doctor, or where the longevity and complexity of the case would benefit from an independent chair.

- a College/faculty representative from outside the locality and from the same specialty as the resident doctor (access to the resident doctor's eportfolio may be granted to this panel member for the duration of the appeal & withdrawn as soon as practicable after the appeal)
- a senior doctor/dentist from within the same locality as the resident doctor and from the same specialty as them
- a senior doctor/dentist from the same locality as the resident doctor and from a different specialty to them
- a lay representative
- a current resident doctor (except for dental trainee appeals)

Access to HR advice should be available from the lead employer. Additional panel observers may be invited as a shadowing opportunity.

- 4.15 The Postgraduate Dean reserves the right to engage legal representation in connection with an appeal and to seek or provide legal expertise at an appeal hearing. In the event that the resident doctor advises they wish to be accompanied by a member of the legal profession, this may be allowed at the discretion of the chair of the appeal panel. For General Practice and Dental trainees, the relevant Deputy Deans will discuss the need for legal representation with the Postgraduate Dean. Legal representatives will be reminded from the outset that appeal hearings are not courts of law and the panel governs its own procedure, including the questioning to be allowed of others by the legal representative.
- 4.16 All members of the panel must have completed equality and diversity training and be up to date with that training.

### **Appellant Team Composition**

- 4.17 For a face-to-face hearing, the appellant team should consist of:
- The appellant resident doctor and/or the appellant's representative.
    - The appellant has the right to be accompanied to the appeal by a friend, colleague or a representative of their professional body. The name and status of the representative must be notified to the panel Chair at least 5 days in advance of the hearing. If the representative is a member of the legal profession, they will be reminded from the outset that appeal hearings are not courts of law and the panel governs its own procedure, including the questioning to be allowed of others by the legal representative.

### **Management Team Composition**

- 4.18 For face-to-face hearings, the management team should consist of:
- Management or specialty representative. This should normally be the Training Programme Director but can also be the Head of School, Associate Dean or Deputy Dean.
  - A Programme Support Manager (except Foundation resident doctors)
  - Member of the legal profession. If the resident doctor notifies that their representative will be a member of the legal profession, the Postgraduate Dean may direct that the management team is also supported by a member of the legal profession. Legal representatives will be reminded from the outset that appeal hearings are not courts of law and the panel governs its own procedure, including the questioning to be allowed of others by the legal representative.

## **5. THE APPEAL HEARING PROTOCOL**

### **Pre-Hearing Briefing** (panel members only)

- 5.1 The Chair welcomes members of the panel and leads introductions.
- 5.2 The Chair will ask the panel members to confirm that they have no conflict of interest in sitting on the panel.
- 5.3 The Panel members should confirm that they have received the relevant evidential information within the time limits specified. Or if there has been delay, that they have still had time to review the information.
- 5.4 The Chair will then identify the decision being appealed (Outcome 3, Outcome 4 or withdrawal of an NTN under para. 3.100 iii, iv, vi & vii of the Gold Guide; the resident doctor's grounds of appeal; and the key points of contention.
- 5.5 Each panel member should then be given an opportunity to raise any issues for discussion from the written evidence provided.
- 5.6 If the resident doctor and/or their representative are attending the hearing, the panel will agree the areas of responsibility and questioning that each member will explore at the hearing proper.
- 5.7 Detailed notes of these discussions are not required but brief notes to aid the panel in their questioning during the hearing proper may be taken at the request of the Chair. Any such notes are not shared with the appellant (or their representative) or the management team.

### **Hearing - Appeal via Review of Written Evidence** (when requested by resident doctor)

- 5.8 The Chair will ask the note taker to make formal notes of the ensuing discussion.
- 5.9 Following the preliminary discussion above, the Chair will lead the panel in reviewing any areas of contention, using the written evidence available provided by both the appellant and management side.
- 5.10 The Chair will then confirm with the panel that they are able to come to a decision, and whether the decision is unanimous. If the decision is not unanimous it is the Chair's responsibility to assist the panel in reaching a fair and equitable decision.
- 5.11 The Chair should then lead the panel in confirming the reasons for the decision and ask the note taker whether any part of the panel's deliberations need clarification in the interests of an accurate record being produced.
- 5.12 The Chair will ensure that the appellant resident doctor is informed of the panel's decision by letter sent electronically as soon as possible and within 5 working days, starting from the first working day after the hearing has closed. The report will be circulated separately, within the timescales outlined in the section on Post Hearing Administration below.
- 5.13 The appeal panel should not impose an increased sanction on the resident doctor. Where the panel has identified information that may inform such a decision, it will refer the matter to the Postgraduate Dean via the panel Chair and inform the appellant and/or their representative that it has done so.

**Hearing - Appeal via Face-to-Face Hearing** (where the resident doctor and/or their representative attends the hearing) Rooms may be actual or virtual meeting rooms. Throughout the rest of this process, the terminology 'room' will be used for simplicity.

- 5.14 The Chair welcomes the appellant and/or their representative and the management team and makes a brief introduction to the day.
- 5.15 The panel introduce themselves including their job title and role on the panel (e.g. Specialty Representative, Resident doctor Representative etc). The resident doctor will be provided the opportunity to raise any concerns regarding conflicts of interest with a panel member. In the event of a potential conflict of interest arising, the panel Chair or Postgraduate Dean will determine whether the individual should hear the appeal.
- 5.16 The Chair will ask the appellant and/or their representative and the management team to confirm whether they have received all the relevant documentation within the stated timescale. If documentation has been received late, the Chair may seek agreement from the resident doctor and/or their representative that the hearing still proceeds.
- 5.17 The Chair will ask the appellant and/or their representative and the management team whether there are any preliminary issues which they request the panel considers before proceeding to the full hearing. Should this arise, the Chair will ask the appellant and/or their representative and the management team to leave the room whilst the panel considers the issue.
- 5.18 The Chair opens proceedings by describing the reasons for the hearing (ARCP Outcome 3 or 4, withdrawal of an NTN under para. 3.699 iii, iv, vi & vii of the Gold Guide), the resident doctor's grounds of appeal and the order in which representations will be made, as set out below.
- 5.19 The appellant or their representative will make their oral representations first, beginning by summarising the key reasons for the appeal before going on to give more detailed representations.
- 5.20 The panel will then have the opportunity to raise questions and clarify points relating to the appellant's written and oral representations.
- 5.21 The management team will then have the opportunity to clarify points relating to the appellant's written and oral representations.
- 5.22 The management team then make their oral representations.
- 5.23 The panel will then have an opportunity to raise questions and clarify points relating to the management team's written and oral representations.
- 5.24 The appellant and/or their representative will then have an opportunity clarify points relating to the management team's written and oral representations.
- 5.25 Once the representations and questions stage has finished the Chair should ask the note takers whether any part of the proceedings so far need clarification in the interests of an accurate record being produced.
- 5.26 The Chair will formally close the hearing and indicate whether the panel is likely to be able to orally inform the appellant of the decision after they have deliberated. If the panel is unable to do this on the same day, the appellant will be informed within 5 working days starting from the next working day after the close of the hearing. (N.B. the 5 working day timeframe relates to the date the communication is sent either by email, not the date it is received).
- 5.27 The appellant and/or their representative, and the management team will then leave the room.

### **Deliberations after Face-to-Face Hearing**

- 5.28 The Chair leads the discussion and the panel will seek to clarify whether the points arising out of written and oral representations have been satisfactorily answered.
- 5.29 The Chair will then confirm with the panel that they are able to come to a decision, and whether this decision is unanimous. If the decision is not unanimous it is up to the Chair to assist the panel in reaching a fair and equitable decision.
- 5.30 The appeal panel should not impose an increased sanction on the resident doctor. Where the appeal hearing has identified information that may inform such a decision, the panel will refer the matter to the Postgraduate Dean via the panel Chair and inform the appellant and/or their representative that it has done so.
- 5.31 If the appellant and/or their representative are to learn of the decision immediately, as per section 5.26 above, then all parties should be called back into the room. The Chair will then inform the appellant of the panel's decision, the reasons for the decision reached, and any further actions or recommendations that the panel has decided to impose.
- 5.32 Following feedback to the appellant and/or their representative, the Chair should confirm with the rest of the panel whether they require a de-brief. They should also inform the Postgraduate Dean of the outcome.
- 5.33 Any recommended follow on actions should be documented.
- 5.34 When the deliberations and de-brief have concluded, all evidence files and appeal-related paperwork must be securely destroyed by panel members.

#### **Administration after Face-to-Face Hearing**

- 5.35 Even if the appellant was informed of the panel's decision on the day of the hearing, the Chair (via the appeal organiser) will ensure they are informed by letter sent electronically as soon as possible and within 5 working days, starting from the first working day after the hearing has closed. The report will be circulated separately, within the timescales outlined below.
- 5.36 The note taker(s) should type up the notes of the hearing into the relevant pro-forma. This first draft should be sent to the Chair for initial review within 5 working days of the hearing. The Chair should then make any amendments necessary and return to the note taker within a further 5 working days. This copy will then be considered to be the final draft. In the event it is felt necessary to seek comments on the final draft from the panel, this should be done within the overall timeframe of 10 working days from the date of the appeal.
- 5.37 Where the appeal hearing took place face to face, the final copy of the notes agreed by the Chair and the panel should be circulated to all persons who were present at the hearing, and any other persons who may need to know of any actions/recommendations made within 10 working days. If any party wishes to make additional alterations at this point then they can do so in writing within 5 working days of receipt. These should be added as an addendum to the final notes, which should not be modified. The notes can be circulated to panel members, together with a letter of thanks.
- 5.38 Where the appeal hearing was conducted via a review of the written evidence, the final copy of the notes agreed by the Chair and the panel should be circulated to the panel, appellant and their representative and the management side within 10 working days. They should also be sent to any other persons who may need to know of any actions/ recommendations made. The notes can be circulated to panel members, together with a letter of thanks.
- 5.39 The Postgraduate Dean, through the nominated deputy, should arrange for the appellant's record of training and eportfolio to be amended if required.

5.40 Any actions taken as a result of recommendations made by the panel should be documented.

5.41 If an outcome 4 is upheld, the Lead Employer must be informed.

**Document Storage** (after all appeals)

5.42 Original handwritten and draft notes relating to the appeal should be destroyed securely when the formal notes have been authorised by the Chair.

5.43 All formal documentation pertaining to the appeal should be handled in line with Data Protection legislation and DH's Records Management NHS Code of Practice.

5.44 Copies of the letter confirming the appeal outcome and the final notes of the hearing should be placed in the appellant's training file. Resident doctor files and associated appeal documentation should be kept in line with the NHSE NW Records Management Policy.