

NOSM University Postgraduate Medical Education (PGME) Request For Appeal Form

A request for an appeal must be made on the "PGME Request for Appeal Form" to the Postgraduate Medical Education Office of NOSM University, in accordance with the procedures in the Postgraduate Medical Education Policy and Procedures for the Evaluation of Resident Performance.

All communication to the resident (appellant) related to the appeal shall only be sent to his/her NOSM email account.

Section A: Resident Information			
Name			
Program			
NOSM email account			
Local Address			
Telephone Number			
Permanent Address			
Cell phone number			
have read and understood th	ne NOSM University Postgraduate Medical Education Policy and Procedures		
for the Evaluation of Resident	Performance.		
Printed Name			
Signature			
Date			

The appeal will only be heard for the reasons stated below and if the resident has followed the levels and steps of the appeal process.

Please ensure that you provide all the information requested below as part of your appeal.

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The Chair of the PGMEAC may in his/her discretion request and introduce any evidence he/she deems relevant.

Section B: Categories for an appeal			
Please check below the category of decision being appealed.			
An end of rotation/educational experience In-Training Evaluation/Assessment Report (ITER/ITAR) with flagged assessments of "below expectations" in any domain.			
An end of rotation/educational experience ITER/ITAR designated overall as a "Fail" or leading to remediation/extension on the basis of that assessment.			
An RPC decision that remedial training or probation is required, the content or terms of the remediation or probation, or that remediation was unsuccessful.			
A Program Director decision not to complete a Final In-Training Evaluation Report (FITER)			
or Core In-Training Evaluation Report (CITER) where the Program Director indicates that			
he/she cannot certify that the resident has acquired the competencies of the program.			
A decision by the Residency Program Director and/or the AD PGME to dismiss a resident.			
Section C: Reasons for the appeal Please identify your reasons for disagreeing with the assessment:			
Section D: Desired Outcome			
Please state briefly the desired outcome of the appeal:			

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Section E: Grounds for Appeal

Please check below the appropria	ite grounds for appeal:		
Relevant information	was not considered.		
Evidence of a factual of a previous level of app	error or procedural irregularity in the consideration of the a peal.	ppeal at	
Evidence that one or previous level of appe	more of the principles of natural justice has been violated a	t a	
Please provide a brief, reasoned a your appeal (copy below or attack	argument in support of each of the grounds that you are clain to this form).	iming for	
Section F: Supporting Argument/	/Documentation		
1. Summarize the evidence which you are prepared to offer in support of your grounds for appeal. You may attach any documents that you feel would support your appeal (examples may include copies of ITERs/ITARs, RPC decision, PGE Office correspondence, medical documentation etc):			
2. The Appellant must present his/her own appeal. In addition, the Appellant may have one support person or legal counsel present during the appeal. Only the Appellant can present the appeal. Please list below the individual who you will be calling upon or who will be present during the appeal.			
Name	Title		

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Created: 11/02/2014 Revised: 22/09/2022 Approved: 17/02/2014 The PGME Senior Director will contact the Appellant within 10 working days of receipt of the appeal to confirm receipt of the appeal and next steps and to provide a date for a PGMEAC appeals meeting and any additional information at that time.

RETURN completed form to:

Senior Director, PGME

935 Ramsey Lake Rd

Sudbury, ON, P3E 2C6

Email: postgrad@nosm.ca

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