



IMPORTANT NOTICE ABOUT APPEALING SPRING PRES LEVEL 3 EXAMINATION RESULTS

CANDIDATES WHO WISH TO APPEAL THEIR LEVEL 3 EXAMINATION RESULTS SHOULD READ THE FOLLOWING INFORMATION CAREFULLY BEFORE COMPLETING THE LEVEL 3 EXAMINATION APPEAL FORM ON PAGE 3

Before making a decision on whether to appeal, candidates should be aware that all Level 3 results are verified at least *three times* before being issued to candidates. Borderline results (i.e. within close range of the passing score) undergo increased scrutiny.

Candidates must receive the breakdown of their Level 3 results before making an appeal.

Requests for an appeal of results must be received by the Medical Council **on or by Friday 26th May 2017**. The Level 3 Appeal Form **MUST** be completed if a candidate wishes to appeal their Level 3 result. An administration fee of **€65** (which should be made payable to the Medical Council, by way of bank draft, postal order, debit or credit card payment) **must** accompany all requests for an appeal. (If paying the administration fee by credit/debit card, please complete the payment form accompanying this appeal notice and attach it to your Level 3 Appeal Form.)

Grounds of appeal

The following are the grounds upon which an appeal can be made. Appeals which do not fall within one of the categories detailed below will be deemed invalid.

(a) That there is evidence of substantive irregularity in the conduct of the Level 3 Examination.

An irregularity might be, for example, a significant error in the Level 3 questions/paper or misleading instructions given before or during the Level 3.

A full and complete description of the alleged incident and why the appeal is being made should be stated on the Level 3 Appeal form. The appeal may be accompanied by such evidence as may be relevant for consideration.

(b) That the Level 3 mark awarded was incorrect and/or that the checking of the Level 3 Examination results was not properly carried out.

An appeal based on these grounds requires the appellant to be specific in terms of which parts of the Level 3 they believe were marked incorrectly and they must state in detail the reasons why they think this is so.

A full and complete description of why the appellant thinks that the marks are incorrect should be stated on the Level 3 Appeal form. The appeal may be accompanied by such evidence as may be relevant for consideration.

(c) Other

A full and complete description of the circumstances should be stated on the Level 3 Appeal form. The appeal may be accompanied by such evidence as may be relevant for consideration.



Please note:

Appeals **will not be considered** under (a), (b), or (c):

- If the only evidence produced is the **opinion** of the candidate that they performed better than the final mark indicates.
- Solely on the grounds that the candidate wishes to challenge the judgment of the examiners.
- on any of the following (or similar) basis:
 - “I am disappointed/surprised at my result”;
 - “I feel I deserve to pass”;
 - “I thought I should have done better”;
 - “The exam was harder than I expected”;
 - “I answered all questions correctly”;
 - “I am just a few marks short of the pass mark in one or more of the skills components/overall, can you give me “grace” marks to bring me to the pass mark/overall pass mark”.

Candidates who sat the Spring PRES Level 3 in 2016 and who wish to appeal their result should complete the Level 3 Appeal Form and return it to Medical Council either:

- by **scanning** and **emailing** to: pres@mcirl.ie with the subject heading of *Autumn PRES Level 3 Appeal followed by your Medical Council Reference Number*
- Or
- by **post** addressed to: *Autumn PRES Level 3 Appeal, Examinations Section, Medical Council, Kingram House, Kingram Place, Dublin 2, Ireland*

With the administration fee of €65 **on or by Friday 26th May 2017.**

*You will receive acknowledgement of receipt of your PRES Level 3 appeal by email **within 10 working days**. Further details of the Appeal procedure is in the [PRES Handbook](#)*

The Level 3 results or the outcome of the Level 3 appeal of results will NOT be given or discussed over the telephone or in person. All correspondence regarding a candidate's Level 3 appeal will be dealt with in writing only and the outcome will be given to them in writing.



PRES Level 3 Spring 2017 Appeal

This form MUST be completed if a Level 3 candidate wishes to appeal their Level 3 Examination result. Candidates must complete all Sections in BLOCK CAPITALS and personally sign this form.

Name: _____ **Medical Council Reference No:**

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SECTION A – APPLICANT DETAILS:

Address: _____

E-mail address: _____

SECTION B – APPEAL OF PRES LEVEL 3 EXAMINATION RESULTS

I sat the Level 3 Examination on (Date)_____ and my Level 3 Place Number was ____ and Group Number was ____.
I have received my Level 3 Examination results. I wish to appeal this result.

Please indicate the grounds upon which the appeal is being made (tick ✓ as appropriate)

- ☐ (a) I believe that there is evidence of substantive irregularity in the conduct of this Level 3 Examination.
- ☐ (b) I believe that the Level 3 mark awarded was incorrect and/or that the checking of the Level 3 Examination results was not properly carried out.
- ☐ (c) Other _____

Please note: Appeals which do not fall within the grounds detailed above will be deemed invalid.

You **must** set out the reasons for your appeal (below) in a statement addressed to the Medical Council's Registration and Continuing Practice Committee.

STATEMENT OF APPEAL (may be continued on additional sheet(s)) (maximum of **200** words)

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

SECTION C – DECLARATION (Please tick (✓) each box confirming your understanding of i-vi below and sign the declaration)

- ☐ i. I confirm that I wish to appeal my Level 3 Examination results on the ground(s) stated above. I understand the basis that an appeal will and will not be considered.
- ☐ ii. I declare that the above is a true and accurate account of events.
- ☐ iii. I understand that this appeal will be treated seriously and fairly.
- ☐ iv. Any untruths or inaccuracies submitted as part of this appeal will also be treated with the utmost seriousness.
- ☐ v. I have enclosed an administration fee of €65.
- ☐ vi. I acknowledge that the result of the appeal will be communicated to me in writing only.

Signature: _____ **Date:** _____



Comhairle na nDoctúirí Leighis
Medical Council

PAYMENT FORM

MEDICAL COUNCIL - FINANCE SECTION

KINGRAM HOUSE, KINGRAM PLACE, DUBLIN 2

REGISTRATION NO

SURNAME:
(BLOCK CAPITALS)

FORENAMES:
(BLOCK CAPITALS)

TELEPHONE NO:**EMAIL ADDRESS:**

PLEASE STATE TYPE OF PAYMENT, (E.G.ANNUAL REGISTRATION FEE):

METHOD OF PAYMENT:

- ☐ **DRAFT (Drawn on Irish Bank)**
- ☐ **VISA DEBIT CARD**
- ☐ **CREDIT CARD (MASTERCARD / VISA)**
- ☐ **LASER CARD**

Credit/Laser Card Payment

- A fee of 2.02% will apply to all Visa/Mastercard payments (only these credit cards are accepted)
- **CCV number MUST be entered as failure to do so will result in application being delayed.**
- A fee of €0.25 for all Laser Card OR Visa Debit Card transactions

Please debit my Visa / Mastercard / Laser card for the sum of €_____

[illegible]

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| CVV NO. (last 3 digits on back) | | | |
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[illegible]

Name of Credit Card/Laser Holder (Complete in Block Capitals): _____

Signature: _____ Date: _____

FOR OFFICE USE ONLY:

FEE TAKEN BY: _____ **DATE** _____

[TO BE COMPLETED BY STAFF MEMBER PROCESSING APPLICATION]