

Appeal application process for all BSE accreditation specialities.

The following information is provided by the British Society of Echocardiography (BSE) to assist a candidiate who wishes to appeal the decision of their practical assessment for any of the BSE accreditation specialities. There is no appeals process for the written examination.

Please read the following information to ascertain if there are grounds for an appeal, if so the below information will also provide an overview of the appeal process from start to finish.

1. Reasons for appeal

An appeal for the following reasons are welcomed by the BSE Accreditation Committee:

- A decision to refuse to accredit a person
- A decision to request a resubmission of cases (logbook or/and video-case)
- A decision to impose a condition of accreditation
- A decision to revoke accreditation on retrospective review of submitted works for quality assurance purposes
- Any other decision that is not listed above for which the candidate feels is relevant

2. The Appeals Panel and role

The appeals panel will consist of two senior assessors who have not been involved with the original assessment and, who are not from the same centre as the candidate submitting the appeal.

The appeals panel role is to:

- Look at the information used by the assessor / person who made the initial decision
- Clear up any misunderstanding
- Correct any errors
- Make a final verdict on whether the initial decision should be upheld, varied or changed
- Provided a detailed response to the candidate informing them of the decision along with feedback as to why this decision has been reached.

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3. The appeals process

Candidates submitting an appeal must complete and return the following to the accreditation operational team within 2 months of the initial practical assessment.

- Complete appeal form (see below)
- Any relevant documentation (Assessor's mark sheets/comments)
- Appeal fee £100 to be paid by BACS (see bank details below)Bank Natwest- Account number:73699519, Sort code- 53-70-15, include A-followed by your
 BSE ID number as the payment reference.

Please note that if the outcome of the appeal is changed from the original decision, the fee will be reimbursed.

Please send this form via email accreditation@bsecho.org.

4. Appeal outcome

The appeal panel appointed will review the appeal application, this will usually be at the next practical assessment day to ensure a fair hearing (please be mindful that assessors are volunteers of the BSE who have other work and life committements and should not be expected to work above what is reasonable).

The panel will provide written feedback of the appeal outcome and with any relevant feedback. This will be provided to candidate who submitted the appeal within 28 days of the appeal being heard.

The decision of the review panel is final. There is no appeal against the decision of the appeals panel.

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APPEAL FORM

Applicant Details:	
Title:	\Box Dr \Box Mr \Box Ms \Box Mrs \Box Miss \Box Other (please specify):
Membership number:	
Hospital/Company:	
Candidate postal address:	
Telephone number:	
Email address:	
Question 1: What decision ar	e you appealing?
☐ A decision to refuse to accred	lit a person (go to Question 3).
☐ A decision to request a resub	mission of cases (go to Question 3).
☐ A decision to request a resub	mission of reports (go to Question 3).
☐ A decision to impose a condit	ion of accreditation (go to Question 3).
☐ A decision to revoke accredita purposes (go to Question 3).	ation on retrospective review of submitted works for quality assurance
□ Other (go to Question 2).	

Question 2: Please list the details of the condition or conditions, or any other decision, that you are appealing (after filling in the information, go to question 3).

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Question 3: When did you receive notice of this decision? (After filling in the information, go to Question 4).

Question 4: What are your reasons for appealing the decision?

You may wish to attach additional documents to this form. Please ensure you detail which exact cases and which sections of marking you are querying. Please provide copies of the original cases and reports submitted if appropriate, list the title of the documents you are attaching:

By signing the below, you are confirming that you have read through this document and you are aware of the time frame involved to complete the process.

Appeal fee £100 payment date:

Signature:

Date:

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