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# Notification of Events and Changes

Please complete this form with reference to our notification of reportable events and changes [guidance](https://www.optical.org/download.cfm?docid=F1E852FF-EE77-4A57-8A8A3C6D22114054).

Please send your completed form and any supporting documentation to [education@optical.org](mailto:education@optical.org), copying in any related organisations when you submit the form.

**For events, please fill out this first section of the form:**

|  |  |
| --- | --- |
| Nature of event |  |
| Description of event |  |

**For changes, please fill out this second section of the form:**

|  |  |
| --- | --- |
| Date of submission |  |
| Provider name: |  |
| Qualification name(s): |  |
| Name and role of the person responsible for the qualification(s): |  |

|  |  |
| --- | --- |
| Date change will commence from/until |  |
| Review date(s) |  |
| Is the change temporary or permanent? |  |
| Please itemise your proposed changes. (In your description, please precisely describe your current arrangements for each change proposal, and your proposed change.) | |
| 1. Change request subject |  |
| 1a. Please describe current arrangement |  |
| 1b. Please describe proposed change |  |
| 1c. Please describe which GOC standards (including patient episodes, core competencies, assessment assurance etc) might not be met as a result of this change and what arrangements will be put in place to meet them. |  |
| 2. Change request subject |  |
| 2a. Please describe current arrangement |  |
| 2b. Please describe proposed change |  |
| 2c. Please describe which GOC standards (including patient episodes, core competencies, assessment assurance etc) might not be met as a result of this change and what arrangements will be put in place to meet them. |  |

|  |  |
| --- | --- |
| What (if any) responsibility is being given to different organisations?  If so, when will this arrangement be in place until?  **Please copy in any related organisations when you submit this form to the GOC.** |  |
| Any further comments: |  |

**To be completed by the GOC:**

|  |  |
| --- | --- |
| Date form received by the GOC |  |
| GOC reference number |  |
| Triaged by |  |

|  |  |
| --- | --- |
| **Triage summary (to be completed for change notifications only)** | |
| Qualification approval status (delete as appropriate) | * Provisionally approved – no students * Provisionally approved – with students in Years x * Fully approved |
| Qualification under serious concerns review?  (delete as appropriate) | Yes / No |
| Temporary or permanent change? | * Temporary * Permanent |
| Description of change/event, including the date of effect. | Is there enough information included to explain the situation? What has changed?  Please list any outstanding questions/issues here. |
| How will GOC standards be met – i.e., what arrangements are in place to meet them? | Is there enough information to explain what is put in place to ensure that GOC standards (including patient episodes, core competencies, assessment assurance etc) will be met?  Please list any outstanding questions/issues here. |
| What (if any) responsibility is being given to different organisations? | * Are all organisations in agreement and aware of this notification? (Where necessary.) * Are all areas of responsibility clear? Will the responsibility remain the same or will it be reviewed?   Please list any outstanding questions/issues here. |
| Any further comments: | Please list any outstanding questions/issues here. |
| **GOC Recommendation (to be completed for change and event notifications)** | |
| Risk of change/event | High/Med/Low and why |
| Risk of proposed solution | High/Med/Low and why |
| Recommendation of initial action (delete as appropriate): | * No further action – for noting. * Information is sufficient and needs reviewing by:   + EVP   + Executive   + Advisory Panel * More information required   + Request further information   + Hold telephone conference or meeting * Other – (please specify) |
| Date sent to manager, and name of manager |  |
| Triage decision |  |
| If referred, or the information required further review, please include a summary of the review progress and timeline | |
|  | |
| **Final outcome(s)** | |
| * No further action required; * Requires further action (list). | |
| Head of Education decision made by: | * Name |
| Date of decision: |  |
| Date outcome(s) sent to provider: |  |