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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, 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: |  |