**Notification of proposed adaptation of programmes**

Form 2B: version 1

Introduction

Existing providers of currently approved qualifications in **Additional Supply (AS), Supplementary Prescribing (SP) and/or Independent Prescribing (IP)** should use this form to notify the GOC of proposed adaptations to, or teach out of, existing GOC approved qualifications to meet the new **Requirements for Approved Qualifications in Additional Supply (AS), Supplementary Prescribing (SP) and/or Independent Prescribing (IP) (January 2022)** (‘requirements’).

NOTE: Providers of GOC provisionally approved qualifications should contact GOC Education Team at [education@optical.org](mailto:education@optical.org) before completing this form.

How to complete and submit your adaptation notification

**Composing your documentation:**

* This form should be completed with reference to the **Requirements for Approved Qualifications in Additional Supply (AS), Supplementary Prescribing (SP) and/or Independent Prescribing (IP) (January 2022)** (‘requirements’), accompanying **Evidence Framework** and **Submission Templates**.
* Please complete all questions in **section one** of this form and indicate whether this is a draft or final submission.
* Please complete either **section two** or **section three** of this form, depending on your approach to adaptation.
* If you are adapting an existing approved or provisionally approved qualification, please complete **section two** and **section four**, the declaration.
* When completing **section two**, please also complete and attach (as separate documents) the relevant submission templates (found in the **Templates** **Library**)as listed in the ‘additional information’ box of Q25.
* If you are teaching out an existing approved or provisionally approved qualification alongside developing, seeking approval for a ‘new’ qualification, please complete **section three** and **section four**, the declaration. You will then also need to complete a full application for a new qualification using **Form 1b.**
* If any information or evidence is not yet available, please indicate in *italics* when such information or evidence will be ready to be submitted.
* Please ensure to sign the **declaration** at the end of this form.
* A separate form must be submitted for each GOC approved qualification.
* Should your plans for adaptation or teach out change, a revised form must be submitted.

**Submitting your documentation:**

* Your completed ‘Form 2B’ along with all relevant templates and supporting documentation should be submitted via SharePoint, (email submissions also accepted at request).
* The GOC Education team will provide you with a SharePoint folder for you to load and submit your documentation electronically. When you are ready to start submitting, please contact the team via [education@optical.org](mailto:education@optical.org) to make these arrangements.
* All queries prior to, during and after submission can be sent to [education@optical.org](mailto:education@optical.org).

**Please note – you may be required to submit further information at any stage of the notification process, including a full set of submission templates or any other information required for us to assess your notification of adaptation.**

Questionnaire: section one

This section asks you about the GOC qualification you are seeking to adapt.

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| --- | --- | --- |
| **Q1. Approved qualification title:** |  | |
| **Q2. Name and address of qualification provider / awarding organisation (AO):** | | |
|  | | |
| **Q3. Type of submission:** | **Draft** | **Final** |
| **Q4. Date of submission:** |  | |

First point of contact for GOC, we will contact this person if we have any queries or need to request additional information:

|  |  |
| --- | --- |
| **Q5. Name of first point of contact:** | |
|  | |
| **Q6. Job title:** | |
|  | |
| **Q7. Email:** |  |
| **Q8. Telephone/mobile:** |  |
| **Q9. Address:** (if different from above): |  |

Please indicate your proposed approached to adaptation *(for more information please see page 30 of the ‘Requirements’.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Q10. Proposed approach to adaptation** (*please tick one box)* | | | | | |
| **Option One** |  | **Option Two** |  | **Option Three** |  |
| Adapt an existing approved or provisionally approved qualification to a timescale agreed with us. | | ‘Teach out’ an existing approved qualification or provisionally approved qualification to a timescale agreed with us, alongside developing, seeking approval for and recruiting to a ‘new’ qualification. | | ‘Teach out’ an existing approved qualification or provisionally approved qualification to a timescale agreed by us and partner with another organisation(s) or institution(s) to develop, seek approval for and recruit to a ‘new’ qualification. | |
| **Please now answer questions 11-26 in section two of this form** | | **Please now answer questions 27-35 in section three of this form** | | **Please now answer questions 27-35 in section three of this form** | |

Questionnaire: section two

This is for providers of existing GOC approved qualifications who have selected **option one in Q10**, to notify the GOC of their proposed plans for adaptation.

To help us understand your plans for adaptation, please answer the following questions:

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| --- | --- |
| **Q11. Proposed qualification title** (if different from that stated in Q1): |  |

To help us understand your timescale for adaption, please list your key milestones/dates here:

|  |  |  |
| --- | --- | --- |
|  | **Dates** | **Notes** |
| **Q12. Relevant date(s) of internal (provider) validation/approval to proceed:** (if applicable) |  |  |
| **Q13. Proposed date from which the qualification will be listed on the provider’s prospectus:** (if applicable) |  |  |
| **Q14. If you intend to transfer existing trainees onto the adapted qualification, what is the date by which you will confirm transfer to affected trainees/cohorts?** (if applicable) |  |  |
| **Q15. Proposed date from which you intend to make offers to prospective trainees:** |  |  |

|  |  |  |
| --- | --- | --- |
| **Q16. Proposed start date:** |  |  |
| **Q17. Please list any other relevant dates/dependencies which may impact upon your ability to meet the timetable outlined above:** |  |  |

|  |  |
| --- | --- |
| **Q18. Location/campus/centres from which the qualification will be taught:** (if different from details set out in Q1-9) |  |

Please tell us about your plans for number of cohorts, cohort size and date of entry for both your current qualification (if applicable) and your proposed qualification plans:

|  |  |  |
| --- | --- | --- |
|  | **Current** | **Planned** |
| **Q19. Number of cohorts per academic year** (current – if applicable) |  |  |
| **Q20. Maximum total number of trainees per cohort** (current – if applicable) |  |  |
| **Q21. Date of entry per cohort** (current – if applicable) |  |  |
| **Q22. Total max. duration of the course** (in months, current – if applicable) |  |  |

Please tell us about the key risks you’ve identified in adapting your existing approved qualification and your plans for mitigation and/or control (or attach a risk register):

|  |  |  |  |
| --- | --- | --- | --- |
| **Q23. Key risks:** | | | |
| **Risk description** | **Impact** | **Controls** | **Mitigation** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Please tell us about your contingency plans should the adaptation fail, this should include details about contingency plans for trainees after offers / confirmation of transfer have been made:

|  |  |
| --- | --- |
| **Q24 Proposed contingency plans:** | |
|  | |
| **Q25. Additional Information:** | |
| Please use following templates from the **Template Library** to record and submit evidence to demonstrate how your qualification when adapted will meet, or intend to meet, relevant sections of the **Standards for Approved Qualifications** and **Outcomes for Approved Qualifications**: | |
| **Template 1** | **Introduction** (Standards for Approved Qualifications):which should include the strategic intent, rationale for qualification redesign and overview of key changes |
| **Template 2** | **Provider’s narrative for criteria** (Standards for Approved Qualifications):  **S2.1, S2.5** (proposed approach to admissions and RPL)  **S3.1, S3.4, S3.5, S3.6** (proposed approach to assessment)  **S3.2, S3.11, S3.12, S3.13** (proposed approach to integration and IPL)  **S4.2, S4.3** (proposed corporate form and management)  **S3.3, S3.14, S3.15** (how the views of stakeholders and EDI will inform the development of the proposed qualification)  **S4.11** (identification of key risks)  **S5.1, S5.2** (proposed resourcing) |
| **Template 3** | **Qualification diagram** (Outcomes for Approved Qualifications) |
| **Template 4** | **Assessment strategy** (Outcomes for Approved Qualifications) |
| **Template 5** | **Module/outcome map** (Outcomes for Approved Qualifications) confirmed for forthcoming year; draft for all further years |
| **Template 7** | **List of Supplementary Documentation/Appendices** |

**Please note – this list is non-exhaustive. You may be required to submit further information at any stage of the notification process, including the submission template in full.**

Please send your completed form or refer any questions to [education@optical.org](mailto:education@optical.org)

Questionnaire: section three

This section is for providers who have selected either **option two** or **option three in Q10** (providers who are teaching out an existing approved or provisionally approved qualification alongside developing, seeking approval for a ‘new’ qualification). To help us understand your timescale and plans for teaching out an existing approved qualification, please list your key milestones/dates here:

|  |  |  |
| --- | --- | --- |
|  | **Dates** | **Notes** |
| **Q26. Relevant date(s) of internal (provider) validation/approval to teach-out the existing qualification** |  |  |
| **Q27a. Date from which the existing qualification will cease to recruit**  **Q27b. Date from which the last cohort on the existing qualification will graduate** |  |  |
| **Q28. If you intend to transfer existing trainees onto the ‘new’ qualification, date by which you will confirm transfer to affected trainees/cohorts?** (if applicable) |  |  |
| **Q29. Please list any other relevant dates / dependencies / risks / transition arrangements which may impact upon your ability to meet the timetable outlined above** |  |  |

Please tell us about the key risks you’ve identified in teaching-out your existing approved qualification and your plans for mitigation and/or control:

*Please either complete the table below or add your programme risk register or other relevant documentation as an appendix.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Q30. Key risks:** | | | |
| **Risk description** | **Impact** | **Controls** | **Mitigation** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

If planning to teach out, please tell us whether you have identified any risks to taking this approach and what your contingency plans would be should the teach-out fail:

|  |
| --- |
| **Q31. Proposed contingency plans:** |
|  |

Please tell us about your plans for applying for new qualification approval (either alone or as part of a partnership or consortia). You will need to complete a separate application form for new qualification approval - *Form 1B: Application for qualification approval for qualifications in**Additional Supply (AS), Supplementary Prescribing (SP) and/or Independent Prescribing (IP)).*

|  |  |
| --- | --- |
| **Q32a. Proposed new qualification title:** |  |
| **Q32b. Details of any partnership/consortia arrangements:** |  |

|  |
| --- |
| **Q33. Date Form 1B submitted / to be submitted:** |
|  |

Please send your completed form or refer any questions to [education@optical.org](mailto:education@optical.org)

Section four: declaration

Please tell us about the person with overall responsibility for the qualification and for authorising the submission of this form:

|  |  |
| --- | --- |
| **Name of responsible person:** | |
|  | |
| **Job title:** | |
|  | |
| **Email:** |  |
| **Telephone/mobile:** |  |
| **Address:** |  |
| **By signing this form, you declare that the GOC’s Requirements for Approved Qualifications will be met based on the plans outlined in this form and commit to engage with the GOC’s quality assurance processes.** | |
|  | |

**Section to be completed by GOC:**

|  |  |
| --- | --- |
| Date form received by GOC: |  |
| GOC reference number: |  |
| Allocated GOC QA Officer: |  |
| Date outcome(s) sent to provider: |  |
| Supporting notes: | |
|  | |