Notification of Changes and Events Form

NTF-FRM v3.0

Introduction

This form should be completed by a Provider or Awarding Organisation (AO) when notifying the GOC of any reportable changes or events in line with our [guida](https://optical.org/static/32d9e4ac-18d5-4c2a-96e3d3fb04c3b9c0/notification-of-changes-and-events-completion-guidance.pdf)nce. This form is for reporting changesand events to **existing** GOC approved or provisionally approved qualifications **only.** Please do not complete this form if you are responding to conditions or recommendations that have been set as part of GOC quality assurance or quality assurance and enhancement activity, or you are informing the GOC of a qualification that is being closed, suspended, or taught out (please complete the [*Declaration of Closure Form (DCN-FRM)*](https://optical.org/etr/)).

Within this form, the pre-2021 requirements will be referred to as ‘handbook (HB)’ requirements and post-2021 requirements will be referred to as ‘Education and Training Requirements (ETRs)’.

When reporting changes or events the Provider or Awarding Organisation should indicate which set of [requirements](https://optical.org/en/education-and-cpd/education/information-for-education-providers/#A3) the qualification relates to and there should be particular focus on evidencing how the relevant GOC requirements will continue to be met.

GOC requirements are as follows:

* for programmes operating under the **pre-2021 requirements**, this form should be reviewed against:
	+ Accreditation and Quality Assurance Handbook: Routes to Registration in Optometry (2015)
	+ Guidelines for the Approval and Quality Assurance of: Routes to GOC Registration for Dispensing Opticians (March 2011)
	+ Guidelines for the Approval of a) Training Institutions and b) Providers of Schemes for Registration for United Kingdom Trained Contact Lens Opticians (November 2007), or:
	+ A Handbook for Optometry Specialist Registration in Therapeutic Prescribing (July 2008)
* for qualifications operating under the **post-2021 requirements**, this form should be reviewed against:
	+ Requirements for Approved Qualifications in Optometry or Dispensing Optics (1 March 2021)
	+ Requirements for Approved Qualifications in Additional Supply (AS), Supplementary Prescribing (SP) and/or Independent Prescribing (IP) (January 2022), or:
	+ Requirements for Approved Qualifications for Contact Lens Opticians (March 2022)

Please send your completed form and any supporting documentation to education@optical.org, copying in any related organisations.

**Please note:** if **sections one and two** are not completed in full, we will return the form and request it is amended.

**Section one** – Provider or Awarding Organisation details

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| **PROVIDER/AWARDING ORGANISATION DETAILS** |
| **1.1 Provider/Awarding Organisation name**   |  |
| **1.2 Main contact name** (including professional title) |  |
| **1.3 Main contact telephone number** |  |
| **1.4 Main contact email address**   |  |
| **1.5 Qualification lead(s)**(including professional title) |  |

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| **FOR AWARDING ORGANISATIONS ONLY** |
| **1.6 Does this apply to a centre?** | [ ]  Yes[ ]  No |
| **1.7 Name of centre(s) this applies to** | *List all relevant centre(s).* |

**Section two** – Details of change(s) and/or event(s)

Please complete the following table for each change/event. **If you have more than one change or event to report, please duplicate the table by copying and pasting below** and ensure each change/event is numbered.

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| **NOTIFICATION DETAILS** |
| **2.1 Notification no.**  | *Number each individual change or event.* |
| **2.2 Date form submitted**  |  |
| **2.3 Qualification code(s)** | *e.g. ABN-OP/ABN-OP1-ETR include codes for all qualifications the notification applies to.* | **2.4 Qualification title(s)**  | *Include titles for all qualifications the notification applies to.* |
| **2.5 Type of notification** | [ ]  Event[ ]  Change | **2.6 Applies to** | Please select the GOC requirements this relates to:[ ]  Handbooks (HB) (pre-2021) [ ]  Education and Training Requirements (ETR) (post-2021)  |
| **2.7 Notification relates to** | *e.g. Change in assessments, staff sickness, increase in student numbers etc.*  |
| **2.8 Current arrangement** | *If reporting a change, please give a brief description of the current arrangement.* *This may not be applicable if reporting an event.*  |
| **2.9 Description** | *Please enter a description of the change or event, include details of how and why the change or event came about.*  |
| **2.10 Date change will commence from / the event took place** |  |
| **2.11 Review date(s)** |  |
| **2.12 Is the change or event temporary or permanent?** | [ ]  Temporary[ ]  Permanent[ ]  N/A |
| **2.13 If temporary, when will the change cease?** |  |
| **2.14 Please list HB requirements and/or ETR standards that may be affected by this change or event**  | *Please list all relevant standards and//or requirements and indicate which type using HB or ETR.* |
| **2.15 Please indicate how you will ensure the above standards or requirements continue to be sufficiently met as a result of this change or event** |  |
| **2.16 Does the change or event impact any external organisations and if so, how is this being managed?**  | *Please describe the impact, organisation’s responsibility, whether this has changed, when it will be reviewed and whether all organisations are in agreement/aware of this notification.* |
| **2.17 Supporting Documentation**  | *Please list any supporting documentation* |

**Section three** – GOC triage (internal use only)

Please complete the following table for each change or event received. **If more than one change or event has been reported, please duplicate the table by copying and pasting below** and ensure each change or event has the corresponding notification number.

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| **NOTIFICATION DETAILS** |
| **3.1 Notification no.** | *Enter corresponding notification number as listed by the provider in section two.* |
| **3.2 Date notification was received by the Education Department** |  | **3.3 Notification reference number** | *As generated from the AQA spreadsheet.* |
| **3.4 Route change or event was raised** | [ ]  Notification submitted by provider[ ]  Quality assurance or quality assurance and enhancement activity (please specify)[ ]  Provider AMR submission | [ ]  Whistleblowing[ ]  Complaint[ ]  Other (please specify) |
| **3.5 Qualification approval status**  | [ ]  Approved qualification[ ]  Provisionally approved qualification[ ]  Adapted qualification[ ]  Undergoing adaptation[ ]  Undergoing application | **3.6 Qualification under risk-based or serious concerns review (if yes, please specify)?** | [ ]  Yes[ ]  No |
| **3.7 Internal actions, questions, or concerns** (if applicable) | *Please list any internal actions, questions or concerns here e.g., does this need to be passed on to another staff member or team?* |

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| **TRIAGE AND RECOMMENDATION** |
| **3.8 Risk of current arrangement**  | *(high/med/low and why – reference GOC requirements/standards where possible)* |
| **3.9 Risk of proposed change or event** | *(high/med/low and why – reference GOC requirements/standards where possible)* |
| **3.10 Please list any additional HB requirements and/or ETR standards that may be affected by this change or event**  | *Are there are additional requirements and/or standards that could be affected by this change or event, not already raised by the provider in 2.14?)* |
| **3.11 Overall commentary** | *Does the documentation and commentary given by the PRV give adequate assurance that standards / requirements will continue to be met?* |
| **3.12 Recommendation of initial action** | [ ]  Noted – no further action required[ ]  Approved – no further action required[ ]  Desk-based information review *(this may include a desk-based review conducted by a member or members of the Education Visitor Panel)*[ ]  Request further information[ ]  Hold a telephone conference or meeting with provider or awarding organisation[ ]  Trigger additional Quality Assurance activity *(please state which activity)* |
| **3.13 Suggested response to provider** | *Draft text for Manager to review.* |
| **3.14 Suggested deadline for receipt of further action or information (if applicable)** | *If applicable, consider a deadline for when the further action or information should be completed/received.* |
| **3.15 Triaged by** (name and job title) |  | **3.16 Date of triage** | DD/MM/YY |
| **3.17 Date sent to Manager** | DD/MM/YY |
| **MANAGER TRIAGE AND RECOMMENDATION** |
| **3.18 Manager Comments and Recommendation** | *Manager to review admin/officer triage and make recommendation and give rationale.* |
| **3.19 Manager review by** (name and job title) |  | **3.20 Manager review date** | DD/MM/YY |
| **3.21 Date sent to Head of Department (decision-maker)** | DD/MM/YY  |
| **HEAD OF DEPARTMENT (DECISION-MAKER) SUMMARY AND CONCLUSION** |
| **3.22 Head of Department (decision-maker) Summary and conclusion** | *Head of Department to provide comments, decision, and rationale.* |
| **3.23 Decision completed by**(name and job title) |  | **3.24 Decision date** | DD/MM/YY |

**If further actions take place, insert relevant triage table(s) here using the templates in annexes one-four.**

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| **NOTIFICATION CLOSURE** |
| [ ]  Closed – no further action or information required.[ ]  Triggered Quality Assurance or Quality Assurance (QA) and Enhancement (QAE) activity (please complete annex four) |
| **Internal notes** |
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**Annex one** – Further action template table

Please use the following tables as templates and add them under each separate notification where further action or information has been requested from the provider. Please ensure the table corresponds with the correct notification.

Once further action has been confirmed or further information received, this should be triaged and reviewed against the relevant requirements or standards and the previous triage.

This stage can be completed as many times as deemed necessary.

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| **REQUEST OF FURTHER ACTION OR INFORMATION** |
| **A1.1 Further action or information requested from provider** |
| *If different from the agreed response previously.* |
| **A1.2 Date request sent to provider** |  | **A1.3 Date of receipt of further action or information** | DD/MM/YY |
| **A1.4 Requested by (**name and job title) |  |
| **ADDITIONAL TRIAGE AND RECOMMENDATION** |
| **A1.5 Details of further action or information requested** | *Please link any evidence submitted in support of the notification once saved in the relevant SharePoint folder.* |
| **A1.6 Overall commentary** | *Does the further action or information request/received by the PRV give adequate assurance that standards / requirements will continue to be met?* |
| **A1.7 Recommendation of further action** | [ ]  Noted – no further action required[ ]  Approved – no further action required[ ]  Desk-based information review *(this may include a desk-based review conducted by a member or members of the Education Visitor Panel)*[ ]  Request further information[ ]  Trigger Quality Assurance activity *(please state which activity)* |
| **A1.8 Suggested response to provider** (if applicable) | *Draft text for Manager to review and consider a deadline for when the further action or information should be completed/received.*  |
| **A1.9 Triaged by** (name and job title) |  | **A1.10 Date of additional triage** | DD/MM/YY |
| **A1.11 Date sent to Manager** | DD/MM/YY |
| **MANAGER TRIAGE AND RECOMMENDATION** |
| **A1.12 Manager Comments and Recommendation** |  |
| **A1.13 Manager review by** (name and job title) |  | **A1.14 Manager review date** | DD/MM/YY |
| **A1.15 Date sent to Head of Department (decision-maker)** | DD/MM/YY  |
| **HEAD OF DEPARTMENT (DECISION-MAKER) SUMMARY AND CONCLUSION** |
| **A1.16 Head of Department (decision-maker) Summary and conclusion** | *Head of Department to provide comments, decision, and rationale.* |
| **A1.17 Decision completed by**(name and job title) |  | **A1.18 Decision date** | DD/MM/YY |

**Annex two** – Education Visitor Panel (EVP) review and recommendation

Please use the following table as a template when sending the notification to members of the EVP for review. Additional tables should be added for each EVP member conducting the review. Please ensure the tables correspond with the correct notification.

The EVP conducting the review should refer back to the provider submission and internal triage(s) to inform their recommendation.

This stage can be completed as many times as deemed necessary.

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| **EVP REVIEW** |
| **A2.1 EVP** (professional title and name) |  |
| **A2.2EVP role** |  |
| **A2.3 Recommendation** | [ ]  Noted – no further action required[ ]  Approved – no further action required[ ]  Request further information[ ]  Hold a telephone conference or meeting with provider or awarding organisation[ ]  Trigger Quality Assurance activity *(please state which activity)*[ ]  Other *(please specify)* |
| **A2.4 Rationale** | *Panel members are asked to provide a rationale for their decision, including highlighting areas where further information is required, the risk level, or where sufficient assurance was provided.* |

**Annex three** – Telephone conference or meeting with provider or awarding organisation

Please use the following table as a template for any telephone conference or meeting held with a provider or awarding organisation. Please ensure the tables correspond with the correct notification.

This stage can be completed as many times as deemed necessary.

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| **TELEPHONE CONFERENCE OR MEETING WITH PROVIDER** |
| **A3.1 Date of meeting/phone call** | DD/MM/YY |
| **A3.2 Meeting attendees** (name and job title) | *Complete if applicable.** *Professional title and name – job title*
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| **NOTES** |
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| **A3.3Details of further action or information required (internal)** |  |
| **A3.4 Details of further action or information required (provider/awarding organisation)** |  |

**Annex four** – Triggered quality assurance activity

Please use the following table as a template for noting any quality assurance activity triggered as a result of receiving and triaging a change and event notification. Please ensure the tables correspond with the correct notification.

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| **QUALITY ASSURANCE ACTIVITY** |
| **A4.1Type of activity** |  |
| **A4.2 Date activity will take place**  | *DD/MM/YYYY* |
| **A4.3 Rationale** |  |
| **A4.4 Outstanding internal actions, questions, or concerns** (if applicable) |  |