Adaptation Form

Notification of proposed adaptation of approved qualifications

ADP-FRM v1

Introduction

Existing providers and awarding organisations (AOs) of currently approved qualifications in:

* Optometry and Dispensing Optics;
* Additional Supply, Supplementary Prescribing and/or Independent Prescribing, and;
* Contact Lens;

should use this form to notify the GOC of proposed adaptations of existing GOC approved qualifications to meet the new ‘**Requirements for Approved Qualifications’** (‘requirements’)in each respective profession.

This form will assist the provider / AO in composing their adaptation submission to demonstrate how they will meet the new requirements. The requirements for each respective profession are set out below:

* 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), and;
* Requirements for Approved Qualifications for Contact Lens Opticians (March 2022)

Please visit the GOC’s [education and training requirements](https://optical.org/en/education-and-cpd/education/education-and-training-requirements-from-march-2021/) website page for the latest versions of the requirements and accompanying documentation. If you would like to discuss your adaptation or need any support with the process, please contact the GOC Education Team at [education@optical.org](mailto:education@optical.org).

**IMPORTANT:** Please do **not** complete this form if you are choosing to seek approval for a new qualification, either as a single provider / AO, or in partnership with another organisation (see sections 2.7 and 2.8 of the completion guidance for further information and the correct forms to complete).

Sections in this form:

* Section one – Provider / Awarding organisation details
* Section two – Qualification details
* Section three – Evidence submission
* Section four – Declaration

**Section one** – Provider / Awarding organisation details

|  |  |
| --- | --- |
| **1.1 Provider / AO Name** | |
|  | |
| **1.2 Address** |  |
| **1.2.1 Correspondence address**  *(Only if this differs from the above address)* |  |

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| --- | --- |
| **1.3 Name of first point of contact** *(including professional title)* | |
|  | |
| **1.4 Job title** | |
|  | |
| **1.5 Email address**  *This email address will automatically be given access to the adaptation SharePoint folder.* | |
|  | |
| **1.6 Telephone/mobile** |  |
| **1.7 Address** *(if different from above)* |  |

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| **1.8 Additional contacts**  *(Please add/remove additional boxes as required)* | |
| **1.9 Name** *(including professional title)* | |
|  | |
| **1.10 Job title** | |
|  | |
| **1.11 Email address** |  |
| **1.12 Should this colleague be given access to your adaptation SharePoint folder?** | Yes  No |
| **1.13 Telephone/mobile** |  |

**Section two** – Qualification details

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| **2.1 Title of the current GOC approved qualification/s\*** |  |
| **2.2 Proposed title of the new adapted qualification** |  |
| **2.3 Profession/s** | Optometry  Dispensing Optics  Additional Supply, Supplementary Prescribing & Independent Prescribing  Contacts Lens |
| **2.4 Proposed Qualification Level** |  |
| **2.5 Does this submission incorporate more than one qualification?** | Yes  No |
| \*Please complete a ‘**Discontinuation Form’ (DCN-FRM)** for each qualification that will not be directly adapted to the new ETRs and is not listed here. Ideally to be submitted alongside this form if possible. | |

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| **2.7 What type of provider** / **AO do you expect to become?** | |
| 1. **Provider** |  |
| 1. **Awarding Organisation (AO)** |  |
| 1. **Centre affiliated with an approved AO**   *Will no longer hold GOC approved qualifications* |  |

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| **2.8 Proposed approach to adaptation**  Please indicate your proposed approach to adaptation (*please tick one box)* | |
| 1. **Adapt an existing approved or provisionally approved qualification and teach out** |  |
| 1. **Adapt an existing approved or provisionally approved qualification and transfer** |  |
| 1. **Seek approval for a new qualification** |  |
| **If you have chosen to seek new qualification approval** (either alone or as part of a partnership or consortia), **please complete ‘Application for Approval’ form (APP-FRM)**.  **You will also need to complete the** ‘**Discontinuation form’ (DCN-FRM)** for each qualification that will be closing as a result of you seeking a new approval. | |

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| **2.9 Key dates relating to the adapted qualification** | |
| **Event** | **Date** |
| 1. Proposed start date |  |
| 1. Relevant date(s) of internal (provider / AO) validation / approval of adapted qualification (where applicable) |  |
| 1. Proposed date from which the adapted qualification will be listed with UCAS (where applicable) |  |
| 1. If you intend to transfer existing students onto the adapted qualification, date by which you will confirm transfer to affected students/ cohorts (if applicable) |  |
| 1. Proposed date from which you intend to make offers to prospective students |  |
| 1. Proposed date from which you will confirm student admissions |  |
| 1. Please list any other relevant dates/dependencies/risks which may impact upon your ability to meet the timetable outlined above |  |
| **Do any of these events require GOC noting prior to them taking place?** |  |
| **Any other comments** | |
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| **2.10 Key dates relating to the original qualification** | |
| **Event** | **Date** |
| 1. Relevant date(s) of internal (provider / AO) validation / approval to teach-out the existing qualification |  |
| 1. Date from which the existing qualification will cease to recruit new students |  |
| 1. Date from which the last cohort on the existing qualification will graduate |  |
| 1. If you intend to transfer existing students onto the ‘new’ qualification, date by which you will confirm transfer to affected students/ cohorts? (if applicable) |  |
| 1. Please list any other relevant dates/dependencies/risks/transition arrangements which may impact upon your ability to meet the timetable outlined above |  |
| **Do any of these events require GOC noting the adaptation prior to them taking place?** |  |
| **Any other comments** | |
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| **2.11 For Awarding Organisations only**  *(Please add/remove additional boxes as required)* | |
| **Centre name** |  |
| Centre address |  |
| Centre main contact name |  |
| Centre main contact email address |  |

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| **2.12 For providers with multiple campuses only**  *(Please add/remove additional boxes as required)* | |
| **Campus name** |  |
| Campus address |  |
| Campus main contact name  *(If different to 1.3)* |  |
| Centre main contact email address  *(If different to 1.5)* |  |

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| **2.13 Cohort information relating to the existing approved qualification/s**  *(If merging qualifications, please add a table for each qualification as required)* | |
| **Qualification name** |  |
| 1. Number of cohorts per academic year |  |
| 1. Maximum total number of students per cohort |  |
| 1. Date of entry per cohort |  |
| 1. Total maximum duration of the course (in months) |  |

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| **2.14 Cohort information relating to the adapted qualification** | |
| 1. Number of cohorts per academic year |  |
| 1. Maximum total number of students per cohort |  |
| 1. Date of entry per cohort |  |
| 1. Total maximum duration of the course (in months) |  |

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| **2.15 Key risks relating to the existing approved qualification** |
| **Risk register attached: Yes  No** |
| **If yes, filename/annex/ref no:** |

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| **If no risk register attached, please provide details of any risks identified.**  *(Please add/remove additional tables as required)* | |
| Impact |  |
| Controls |  |
| Mitigation |  |
| Does this relate to a specific handbook requirement/s? |  |

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| **2.16 Key risks relating to the adapted qualification** |
| **Risk register attached: Yes  No** |
| **If yes, filename/annex/ref no:** |

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| --- | --- |
| **If no risk register attached, please provide details of any risks identified.**  *(Please add/remove additional tables as required)* | |
| Impact |  |
| Controls |  |
| Mitigation |  |
| Does this relate to a specific standard/s? |  |

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| **2.17 Proposed contingency plans** |
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**Section three** – Evidence submission

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| **3.1 Optometry and Dispensing Optics** | |
| Please use the 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 Registration**.  **Note: Template 6 is not required for adaptation.** | |
| **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 & RPL)  **S3.1, S3.5, S3.6, S3.7** (proposed approach to assessment)  **S3.3, S3.14, S3.15, S3.16** (proposed approach to IPL & integration)  **S4.1, S4.2, S4.4, S4.5** (proposed corporate form and management)  **S3.4, S3.17** **S3.19** (how the views of stakeholders and EDI will inform the development of the proposed qualification)  **S4.13** (identification of key risks)  **S5.1, S5.2** (proposed resourcing)  **Note: Evidence is only required against the standards listed here.** |
| **Template 3** | **Qualification diagram** (Outcomes for Registration) |
| **Template 4** | **Assessment strategy** (Outcomes for Registration) |
| **Template 5** | [**Module/outcome map**](bookmark://_Toc83296245) (Outcomes for Registration) confirmed for forthcoming year; draft for all further years |
| **Template 7** | **List of Supplementary Documentation / Appendices** |
| **Template 8** | **Mapping to Indicative Guidance Document** |

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| **3.2 Additional Supply, Supplementary Prescribing and/or Independent Prescribing** | |
| Please use the 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**.  **Note: Template 6 is not required for adaptation.** | |
| **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)  **Note: Evidence is only required against the standards listed here.** |
| **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** |

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| **3.3 Contact Lens** | |
| Please use the 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**.  **Note: Template 6 is not required for adaptation.** | |
| **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, S3.3, S3.5, S3.6** (proposed approach to assessment)  **S3.2, S3.10, S3.11, S3.14** (proposed approach to integration and IPL)  **S4.1, S4.3** (proposed corporate form and management)  **S3.4, S3.12, S3.13** (how the views of stakeholders and EDI will inform the development of the proposed qualification)  **S4.12** (identification of key risks)  **S5.1, S5.2** (proposed resourcing)  **Note: Evidence is only required against the standards listed here.** |
| **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.**

**Section four** – declaration

Please tell us about the person with overall responsibility for the qualification who has authority to authorise the submission of this form (this may be different to the main point of contact listed in section one):

|  |  |
| --- | --- |
| **4.1 Name of responsible person (including professional title)** | |
|  | |
| **4.2 Job title** | |
|  | |
| **4.3 Email** |  |
| **4.4 Telephone/mobile** |  |
| **4.5 Address** |  |

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| --- | --- |
| **4.6 Date of submission** |  |
| **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.** | |
| *Sign here* | |