Adaptation Form (ADP-FRM) – Completion Guidance

ADP-FRM/CG v1

This document includes guidance and tips to help you to complete the *Adaptation Form – Notification of proposed adaptation of approved qualifications* (ADP-FRM)

and the overarching adaptation submission.

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

* The ADP-FRM form should be completed with reference to the relevant ‘**Requirements’,** theaccompanying **Evidence Framework** and the **Templates** **Library** for each respective profession.
* Check that you have completed all questions in both **section one – Provider / Awarding organisation details** and **section two – Qualification details**. If information is not yet available, please indicate when it is expected to be ready for submission.
* Use **section three – Evidence submission** (which gives details of subject specific reference and guidance documents, forms, and templates) to guide you with what evidence and templates need to be completed for each profession/subject area(s) that you are proposing to include in this adaptation.
* Use the relevant **Templates** **Library** as a guide of which specific templates to complete.
* Complete a separate adaptation form for each GOC approved qualification you are proposing to adapt separately. For example, if you are choosing to adapt an existing optometry qualification to a new ETR optometry qualification ***as well as*** an existing dispensing qualification to a new ETR dispensing qualification, you will need to use two ADP-FRM forms. If you are choosing to merge qualifications into one new qualification, you can include them both on one ADP-FRM form. You can use one piece of evidence for more than one qualification, only if it is applicable. If this is the case, please ensure that the evidence is properly labelled and signposted for both qualifications.
* Evidence and templates should be submitted as separate documents which are clearly labelled and signposted. Submissions should be uploaded electronically into a SharePoint folder provided to you by the Education Team.
* Once you have finished uploading your submission, please contact the Education Team to confirm it is complete. **Triage of the documentation will not begin before this has been received.**
* Should your plans for adaptation or teach out change, a revised form must be submitted. You will also have the opportunity to add or amend evidence to your submission if necessary.
* Complete and sign the **declaration** at the end of the ADP-FRM form.
* Should you have any questions or wish to discuss your proposals, please contact the GOC’s Education team at education@optical.org for more information or to arrange a meeting at a mutually convenient date.
* **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.**

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| **Section one** – Provider / Awarding organisation details |
| 1.11.2 | Give the full name and address of the GOC approved provider / AO, this should be the primary location/campus or head office.  |
| 1.2.1 | Give the details of the correspondence address, only if this differs from the address given in 1.2 |
| 1.31.41.51.61.7 | Give the details of the name of the person dealing with the adaptation. This should be the main and first point of contact for the GOC, we will contact this person if we have any queries or need to request additional information.This person may differ to the decision maker/person who signs the declaration. |
| 1.81.91.101.111.121.13 | Give details of as many additional contacts as you deem necessary. This section may not be required but we would expect you to use it to provide us with details of any additional colleague(s) that you wish us to maintain communications with throughout your adaptation process, any colleagues named will be copied into all adaptation communications.Copy and paste the table provided as many times as required.  |
| **Section two** – Qualification details |
| 2.1  | Please give the name of the qualification you are adapting. Please enter the name in full and as it currently appears in its entirety. Note: you may be choosing to merge two qualifications into one e.g., a BSc and a Masters or an FdSc and a BSc, if this is the case, please give the full names of both qualifications. **Please also see 2.5 for qualifications not adapting.**   |
| 2.2 | Please give the full title of the new adapted qualification, this should be how it will appear officially, i.e., on your website/prospectus, UCAS and how you wish us to display the qualification on our register and website. |
| 2.3 | **Profession:** Your new adapted qualification may be incorporating more than one profession, if this is the case, we will need to know which professions the new single qualification will include.  |
| 2.4  | **Proposed Qualification level:**Please indicate what level your new qualification will be set at.**The standards state:** The approved qualification must be listed on one of the national frameworks for higher education qualifications for UK degree awarding bodies (The Framework for Higher Education Qualifications of Degree-Awarding Bodies in England, Wales and Northern Ireland (FHEQ) and the Framework for Qualifications of Higher Education Institutions in Scotland (FQHEIS)), or be a qualification regulated by Ofqual, SQA or Qualifications Wales. * Approved qualifications in **optometry** must be at a minimum RQF, FHEQ or Credit and Qualifications Framework Wales (CQFW) level 7 or Scottish Credit and Qualifications Framework (SCQF) / FQHEIS level 11. (Standard 3.12)
* Approved qualifications in **dispensing optics** must be at a minimum RQF, FHEQ or CQFW level 6 or SCQF/FQHEIS level 10 (Standard 3.12).
* Approved qualifications for specialist entry to the GOC register (**AS, SP and/or IP**) must be at a minimum RQF, FHEQ or Credit and Qualifications Framework Wales (CQFW) level 7 or Scottish Credit and Qualifications Framework (SCQF) / FQHEIS level 11 (Standard 3.10).
* Approved qualifications leading to specialist entry to the GOC register as a **contact lens optician** must be at a minimum Regulated Qualification Framework (RQF), FHEQ or Credit and Qualifications Framework Wales (CQFW) level 6 or Scottish Credit and Qualifications Framework (SCQF) / FQHEIS level 10 (Standard 3.11).
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| 2.5 | **Does this submission incorporate more than one qualification?:**Under the handbooks, some providers offer more than one qualification in the same subject, for example a diploma and a BSc or a BSc and a Masters. If you are choosing to adapt only one of these or you are merging numerous existing GOC approved qualifications into one new adapted qualification, we need to know what you intend to do with the remaining qualifications that you are not adapting. For those not being directly adapted, you will need to complete the Discontinuation form (DCN-FRM) separately. Please note that these qualifications will no longer exist after adaptation transition period and will no longer hold GOC approval.  |
| **Type of provider:**  |
| 2.7i  | **Provider**This type of provider may work completely independently or may utilise other organisations or stakeholders (such as NHS groups, professional bodies, commercial entities) to contribute to aspects of the delivery on the course, but this provider remains the entity **solely** responsible for the entire route to registration. A Provider may have ‘sub sites’ or multiple campuses which are part of the same entity and deliver the qualification as a ‘duplicate’ of the primary site. The campuses have no autonomy over the design, delivery, or quality assurance of the qualification.  |
| 2.7ii | **Awarding Organisation (AO)**This type of provider designs and develops qualifications to be delivered by themselves or via independent entities. Independent entities choosing to deliver the AO’s qualification will have the freedom to deliver the qualification however they see fit provided they meet the AO’s regulations. The AO will be responsible to the GOC, ensuring that its own qualification meets the GOC requirements as well as having responsibility for each of its centres. The AO will need to have adequate mechanisms in place to satisfy itself and the GOC that each of its centres meets its own and the GOCs requirements. The AO has the responsibility for the entire route to GOC registration including the management of compliance of centres delivering the AOs qualification(s).  |
| 2.7iii | **Centre affiliated with an approved Awarding Organisation (AO)** This type of provider delivers qualification(s) that are created and owned by another entity known as an AO. Centres can deliver the qualification however they wish providing it is in agreement with the AO and meets the AO’s requirements. Centres of AO’s **do not hold GOC approval** (unless they offer other approved qualifications in their own capacity) and whilst they must meet the GOC requirements, the AO is responsible for ensuring this. The centre is responsible to the AO and must comply with the AO’s regulations and quality assurance activities.  |
| 2.7iv | **Partnering Provider**This option is for providers who are jointly delivering a qualification. Which aspects are delivered by which provider are pre-agreed. The route to registration is shared jointly and both entities are responsible for meeting the GOC requirements. The GOC will need details of both entities and the lines of communication to be clear so that we can ensure both/all parties are kept informed.Should two existing GOC providers choose to adapt their own qualifications into one new qualification by partnering, this will be considered as a new qualification and will need to follow the approval process. Please complete the ‘Application for qualification approval’ (APP-FRM).  |
| **Proposed approach to adaptation** |
| 2.8i | **Adapt an existing approved or provisionally approved qualification and teach out**This means that you will make changes to your existing qualification and demonstrate how it will meet the new requirements. Once noted by the GOC, you will **teach out** the existing qualification alongside delivering the newly adapted qualification. |
| 2.8ii | **Adapt an existing approved or provisionally approved qualification and transfer**This means that you will make changes to your existing qualification and demonstrate how it will meet the new requirements. Once noted by the GOC, you will cease delivering the existing qualification at a specified/agreed date and all students will be transferred to the new qualification.The original qualification will no longer have GOC approval once all students are transferred.  |
| 2.8iii | **Seek approval for a new qualification**It is possible that the changes you want to make to the original qualification are so substantial that adaptation is not fit for purpose, or you may be choosing to develop a new qualification from scratch with another provider as a joint venture or partnership. If this is the case, you will need to follow the new approval process. You may continue to deliver the existing approved qualification until the new qualification is approved. Once the new qualification is approved, the old qualification must be closed.**If choosing this option, you must complete:*** **APP-FRM** for the new qualification;
* **DCN-FRM** for each qualification(s) that will be closed as a result of the new qualification.
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| 2.9i-vii&2.10i-v | To help us understand the timescale for your adaption, please list the key/relevant milestones and dates. Please indicate whether you require GOC noting to have taken place prior to the events taking place and use the comments both should context or further explanation be required.  |
| 2.11 | **For awarding organisations only**, please list the name(s) and addresses of all providers who will become one of your centres and where the qualification will be delivered. Copy and paste the table provided as many times as required. |
| 2.12  | **For providers using multiple campuses, or satellite sites\* only**, please list the name(s) and addresses of all sites where the qualification will be delivered. Copy and paste the table provided as many times as required.\*campuses / sub or satellite sites is a site that belongs to or is directly affiliated with the provider, i.e., not a provider who is acting on behalf of or in partnership with.  |
| 2.13i-iv | Please can you give us some brief details about the cohort(s) relating to the qualification(s) you are adapting. This should include the number of cohorts per academic year, current cohort size, date or month of entry and duration of the qualification(s)If you are adapting more than one qualification, please copy and paste the table for additional qualifications.  |
| 2.14 | As above, but now please tell us about your plans for the new adapted qualification including: number of cohorts, cohort size and date or month of entry and duration of your proposed qualification. |
| 2.15 | Please tell us about the key risks you have identified in adapting your **existing** approved qualification and your plans for mitigation and/or control. You may attach and refer to a risk register. Does this risk relate to a specific requirement(s) in the handbooks? If so, please list and give details.  |
| 2.16 | Please tell us about the key risks you’ve identified regarding the **adapted** qualification and your plans for mitigation and/or control. You may attach and refer to a risk register. Does this risk relate to a specific standard(s) in the requirements? If so, please list and give details. |
| 2.17 | Please tell us about your contingency plans should the adaptation fail for example, would the students be transferred to another course? You may attach and refer to documents provided as evidence.  |
| **Section three** – Evidence submission |
| **3.1 Optometry and Dispensing Optics** **3.2 Additional Supply, Supplementary Prescribing and/or Independent Prescribing****3.3 Contact Lens** |
| These sections of the form do not need to be completed on this document but instead serve as a guide of what templates, documents, and evidence to include against each profession. Use relevant 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**.If you are combining qualifications across more than one profession but the evidence is the same for each, you only need to submit the evidence once, however, please ensure that the evidence is clearly labelled and that you signpost us to the relevant document. As per the table, please note that for adaptations, template 6 is not required and evidence only needs to be submitted against the standards listed rather than ALL of the standards in the requirements.  |
| **Section four** – declaration |
| 4.14.24.34.44.5 | 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 1).  |
| 4.6  | Date and signature. |