# Changes to GPhC-approved education and training

# Introduction

We recognise that during the approval cycle, providers may wish to modify their programme in response to both internal and external factors. Under the standing conditions of approval, providers must:

**Notify the GPhC education team of:**

1. Any changes, conditions, substantial recommendations, or action plans imposed by other regulators/ombudsman, or as part of any partnership/collaboration arrangements[[1]](#footnote-1), or through internal or external quality management processes.
2. Any proposed course/qualification/programme closure or withdrawal. [*Please complete separate notification form.*](https://www.pharmacyregulation.org/students-and-trainees/education-and-training-providers/pharmacist-education-accreditation)
3. Any changes to key contacts and high-level changes that do not affect education/training provision.
4. Any student/trainee fitness to practise hearing outcomes (apart from warnings or when no action was taken) once the hearing has concluded. [*Please complete separate notification form.*](https://www.pharmacyregulation.org/students-and-trainees/education-and-training-providers/pharmacist-education-accreditation)

**Seek approval from the GPhC education team for:**

1. Any substantial change which is, or has the potential to be, material to the delivery of an accredited/recognised course/qualification/programme. This includes, but is not limited to:
	1. the content, structure or delivery of the course/qualification/programme
	2. ownership or management structure of the institution
	3. resources and/or funding including staff resource associated with the course/qualification
	4. student/trainee numbers and/or cohorts and/or admissions policy
	5. partnership, sub-contracting, including licensing or franchise agreements

**This form should be used to:**

* notify us of high-level changes[[2]](#footnote-2),
* request changes to an approved programme/qualification,
* request an extension to an accreditation/recognition period.

Please complete the relevant sections and send to education@pharmacyregulation.org

You are welcome to also provide supplementary documents to support the information provided within the form.

|  |  |
| --- | --- |
| Name of provider |  |
| Date submitted to the GPhC | **Click or tap to enter a date.** |
| Contact name |  |
| Job title |  |
| Telephone |  |
| Email |  |
| Do you wish to: | [ ]  Notify the GPhC of a high-level change that does not affect course provision, or conditions/recommendations imposed by another regulator/ombudsman etc (**complete section 1**)[ ]  Request a change to an approved course/qualification (**complete section 2**)[ ]  Request an extension to a period of approval (**complete section 3**) |
| **Section 1** – Notification of high-level changes and/or conditions/recommendations imposed by another regulator/ombudsman etc |
| Details of high-level change/details of conditions/recommendations imposed |  |
| Date of implementation | **Click or tap to enter a date.** |
| Please list the names of any supplementary documents that have been provided | * X
* X
* X
 |
| Section 2 – Change request |
| Change request category | [ ]  content, structure or delivery of the course/qualification/programme[ ]  ownership or management [ ]  resources and/or funding including staff resource [ ]  student/trainee numbers and/or cohorts and/or admissions policy[ ]  partnership, sub-contracting, including licensing or franchise agreements[ ]  Other (please state)  |
| Date of proposed implementation | **Click or tap to enter a date.** |
| Details of proposed change(s) |  |
| Please provide details of any engagement with students and/or other stakeholders in relation to this request  |  |
| Please detail if and when the changes proposed above have been approved by the providers governance structures (e.g. external examiner, EQA, validation committee etc)  |  |
| Please list the names of any supplementary documents that have been provided relating to this change | * X
* X
* X
 |
| **If the change request relates to an increase in student/trainee numbers and/or cohorts, please also complete the following:** |
| **Planned number of students and cohorts (including total number of students and allocated pharmacist places)** |  |
| **Rationale for student number increase**  |  |
| **How you will manage the increase in numbers / cohorts (include information about resources such as additional staff or facilities)**  |  |
| Section 3 – Extension request |
| Current approval period |  |
| Period of extension that is being requested |  |
| Please detail the reason this extension is required |  |
| Please list the names of any supplementary documents that have been provided relating to this change | * X
* X
* X
 |

**Submitting this form to the GPhC**

Once completed, please send to: **education@pharmacyregulation.org**

We will acknowledge receipt this form and advise you of indicative timescales for a review. Should we require any further information, we will contact you directly to request this.

1. Such as HEI collaborations with other institutions and/or awarding organisations and centre providers. [↑](#footnote-ref-1)
2. You are not required to notify the GPhC of minor changes, such as changes to lecturers (and other course staff), changes to teaching and learning material or changes to VLE platforms etc. [↑](#footnote-ref-2)