APPENDIX M:

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

PROFESSIONAL BOARD FOR RADIOGRAPHY AND CLINICAL TECHNOLOGY

GUIDELINES FOR THE EVALUATION AND ACCREDITATION OF CLINICAL TRAINING FACILITIES/UNITS FOR RADIOGRAPHY AND CLINICAL TECHNOLOGY

January 2019

1. INTRODUCTION

These guidelines should be read in conjunction with the RCT Board's *Guidelines for Evaluation and Accreditation of Higher Education Institutions and Clinical Training Facilities*.

The evaluation and accreditation of clinical training facilities/units, forms part of the evaluation and accreditation of higher education institutions (HEI). HEIs may only allocate learners to clinical training facilities/units that have been accredited by the Board. Each HEI should apply to the Board for the accreditation of the clinical training facilities/units to which they intend allocating learners for work integrated learning (WIL) in a workplace setting. The accreditation of clinical facilities/units is valid for a five-year cycle after which it expires, and a re-accreditation is required. This applies to clinical facilities/units in both the public and private sector.

Two types of accreditation evaluations are conducted on the clinical training facilities/units, namely; one for new applications and one for re-accreditation. The criteria for accreditation can be seen in *Appendix N*. Where appropriate and where feasible these, or some of these, accreditations may be conducted as part of the HEI's programme accreditation process by the Board if re-accreditations or new accreditations are due.

The guidelines set out below are intended to explain the process, roles and responsibilities of the various parties for accreditation/re-accreditation of clinical training facilities/units affiliated to the respective HEIs. All correspondence regarding the accreditation of clinical facilities/units is between the Board and the HEI – the Board does not communicate directly with the clinical facility/units.

2. ROLES AND RESPONSIBILITIES OF THE BOARD AND SECRETARIAT

The roles and responsibilities before, during and after the evaluation will be discussed.

2.1 Pre-evaluation

- The Board secretariat should provide the HEI with the application form (*Appendix O*), and the *Guidelines for Evaluation and Accreditation of Clinical Training Facilities/Units (Appendix M)*
- The evaluation panel is appointed by the Education Training and Registration Committee (ETRC) at its first meeting of the year. This will consist of two evaluators, one of whom will be appointed as the panel convenor. At least one evaluator should be in the category/ specialisation being evaluated. Evaluators will be co-opted where and if necessary.
- Letters of appointment are sent to the evaluators by the Board secretariat/committee coordinator.
- The completed application form and relevant documentation is sent to the evaluators once the evaluation team is appointed.

2.2 During the evaluation

- Monitor the process and communicate with the panel convenor.
- Provide any additional, relevant documents or information as required by the evaluation panel.

2.3 Post-Evaluation

- The Board administration will communicate the outcome of the Board to the HEI.

3. ROLES AND RESPONSIBILITIES OF THE HIGHER EDUCATIONAL INSTITUTION

The HEI, as the accredited provider, is responsible for ensuring the quality of the learning experience according to the requirements of the registered standards and qualifications. It is for this reason that the professional board expects all staff members at the HEIs to be familiar with the contents of the *Guidelines for Evaluation and Accreditation of Clinical Training Facilities/Units for Radiography and Clinical Technology* and its relevant appendices. Each member should have a clear understanding and differentiation of the roles played by the Board, the HEI and the clinical training facilities/units as far as the education and training of the future professionals is concerned.

3.1 Pre-evaluation

The HEI responsibilities:

- Provide the clinical training facility/unit with the appropriate application form *(Appendix O)* and assist in having this form completed. All sections must be completed correctly.
- Provide the clinical training facilities/units with all the necessary information pertaining to evaluations, e.g. which documents will be required during the evaluations.
- Ensure that the form is signed by both the HEI's relevant official and the clinical training facility official and that all information provided is accurate and correct.
- All the necessary documentation is to be attached to the completed forms – e.g. patient/examination statistics, list of equipment and staff etc.
- Submit the completed application form and all relevant documentation to:
  The Committee Coordinator
  Professional Board for Radiography and Clinical Technology
  Health Professions Council of South Africa
  P O Box 205
  Pretoria, 0001.
- Applications are to be submitted at least six weeks prior to a ETRC meeting to be included in the agenda for that meeting.
- Once the Board has provided the HEI with the details of the evaluators, the HEI should negotiate the evaluation date with the Board's appointed panel convenor.
- The HEI should communicate with clinical training facility to confirm the date and availability of essential staff members and learners for the evaluation date. This should be done as early as possible to allow enough time to prepare for the evaluation.
- The HEI should communicate the final approved date and agenda *(Appendix P)* for the evaluation to the contact person at the clinical training facility to be evaluated.

3.2 During the evaluation

- It is necessary that a representative/s from the proposed clinical training facility/unit, a representative from the HEI and both the HPCSA appointed evaluators must be present throughout the entire inspection to answer any questions or queries that may arise from the evaluators.

3.3 Post-evaluation

See Section 6. Reports.

4. ROLES AND RESPONSIBILITIES OF THE CLINICAL TRAINING FACILITIES

It is important that there should be a sound working relationship between the HEI and the clinical training facility/unit to ensure that the learners receive appropriate quality education and training. Each party should be clear on its role and responsibilities as far as the training of future professionals is concerned.

4.1 Pre-evaluation

Responsibilities of the clinical training facility/unit prior to the evaluation.

- It is the responsibility of the department manager of the clinical training facility/unit, to inform members of staff and learners as to when the inspection will take place.
- It is necessary to inform staff in advance that “visitors” will need access to inspect the relevant divisions of the department, and that staff and learners may be interviewed by the evaluators.
- Staff members should be familiar with the contents of the application form *(Annexure O)* as well as what is expected of them during the evaluation.
- Staff members should be conversant with their role and responsibilities as far as the training of future professionals is concerned. This should be clearly indicated in their job descriptions.
- Staff members should be able to differentiate their role from that of the HEI.
- Staff members should allow learners to be interviewed by the evaluators without fear of victimisation.
- The department manager of the clinical training facility/unit should have any additional relevant documentation ready, if previously requested by the evaluators when the inspection date was negotiated. e.g. Patient stats, equipment records, staff details, copy of student contract / MOU, copies of log books/clinical assessment books/Code of Conduct/ student duty rosters etc.

4.2 During the evaluation

- The selected departmental representative/s from the clinical training facility/unit, must be present throughout the entire inspection to answer any questions that the evaluators may have.
- The clinical training facility/unit should provide the evaluators with easy access to any documents, files, areas or other departments that are relevant to learner training.
- The evaluators must be permitted to conduct interviews with the relevant staff members as per the agreed upon agenda. These interviews should take place between the interviewee and the evaluators in a quiet, private space.

4.3 Post-evaluation

- Provide any necessary comments regarding the report to the HEI once it is received from the Board.
- Implement any improvements arising from the Board’s decision regarding the evaluation outcome. These will be communicated to the clinical facility/unit by the HEI in the form of an Improvement plan.

5. ROLES AND RESPONSIBILITIES OF THE EVALUATORS

5.1 Pre-evaluation

- Once the Board has appointed the evaluation panel, the convenor will contact the departmental head of the HEI to arrange a date and time for the evaluation that is convenient to all parties. The evaluation must be completed as soon as possible and at least six weeks before the ETRC meeting to be included on the agenda.
- The convenor must discuss the outline of the evaluation process, with dates for the visits as well as the submission of documents and/or reports to the committee coordinator, with the HEI. The respective RCT forms and templates must be used.

- The convenor will draft an agenda that is suitable for all parties using the relevant template *(Appendix P)*. The HEI should consult with the manager of the clinical facility/unit to confirm the agenda.
- The Convenor must forward copies of the completed application form *(Appendix O)* and all the relevant documentation submitted by the HEI to the evaluators.

5.2 During evaluation

- Both the appointed evaluators must be present throughout the entire evaluation inspection.
- The evaluators should meet with representatives from the HEI and the clinical facility/unit on arrival to explain the evaluation process, confirm the agenda and request any additional documents if necessary.
- The evaluators should check that the following are suitable and meet the criteria for learner training:
    - Verify the accuracy of the completed application form *(Appendix O).*
    - Confirm the number, type, licensing status and working condition of equipment and relevant accessories.
    - Ascertain that the range of equipment will enable learners to gain clinical practice and develop clinical competence in relation to the approved curriculum.
    - Verify that patient statistics and types of examinations/procedures/treatments performed will allow learners to gain exposure to and develop clinical competence in all areas of the curriculum. This will include a tour of the department and any other sections/departments relevant to the clinical training of the learners.
    - Verify that appropriate and relevant tutorials and demonstrations will be carried out on site.
    - Determine the level of clinical supervision and accompaniment of the learners by all members of professional staff.
    - Confirm the person/s responsible for management and supervision of learners.
    - Ascertain the level to which the clinical training department/unit promotes an atmosphere that is conducive to quality learning.
    - Verify that there is a system of recording examinations/procedures/treatments performed and clinical assessments in place for the students.
    - Verify that learner assessments include aspects of ethics, human rights and medical law.
    - Verify that the communication channels between the clinical training facility/unit and the HEI promote quality clinical training of learners.
    - Confirm that appropriate learner contracts/MOUs are in place.
- The following persons may be interviewed during the evaluation to verify or obtain relevant information relating to learners' clinical training:
    - Staff member responsible for the clinical training and welfare of learners at the clinical training facility/unit.
    - A sample of all levels of learners.
    - Qualified practitioners of different levels of seniority/ experience.
    - Specialist medical practitioners or any other professional who may have an impact on learner training.
- The evaluators should ask questions that include, but are not limited to information about:
    - Management's willingness and support for learner training.

- Role of qualified practitioners in providing guidance to the learners.
- Role of the appointed clinical training supervisor.
- Role and conduct of the appointed assessor/s.
- Role of the specialists or any medical practitioners in the clinical education/training of the learners.
- Availability and accessibility of the required resources for students – e,g, Textbooks, journals, computer, internet.
- Provision of transport for students to various clinical facilities/units.
- The provision of accommodation where facilities/units are far from the HEI.
- Learner contracts and/or MOU.
- How the facility ensures that quality of clinical education and training is maintained in the facility/unit.

5.3 Post-evaluation

- After the evaluation the evaluators will compile a report using the relevant reporting template *(Appendix Q(1) – Radiography; Q(2) – Clinical Technology)* which must be submitted to the Board. See 6. below for more information on the report.
- The clinical facility/unit report needs to reflect the following:
  - Names of the evaluators.
  - Representatives from both HEI and clinical training facility/unit who accompanied the evaluators during the inspection.
  - Names of persons who were interviewed and their designations.
  - Information regarding the available equipment.
  - Patient statistics and workloads.
  - The evaluators should also provide general comments about the facility/unit in relation to learner training.
  - A summary of the critical points noted during interviews with the different professionals and learners.
  - Recommendations in accordance with the rating below:

    Approved – meets the minimum criteria for all aspects of clinical training.
    Approved conditionally – meets some of the criteria, but approval is subject to certain conditions being met.
    Not approved – does not meet the criteria for approval and is not suitable for the clinical training of learners.

- The reports must be signed by both the evaluators.
- One or both evaluators may compile the report, but both must check and ratify the report and sign before submission to the Board. The relevant reporting template must be used (*Appendix Q(1) – Radiography; Q(2) – Clinical Technology*)
- Notes taken by evaluators detailing interview comments and all other relevant information as outlined on the form can be sent to the committee coordinator for record purposes.
- The report is submitted to the Board four weeks prior to a ETRC meeting, in order to be included in the agenda for that meeting.
- Problematic issues may, where relevant, need the approval/ratification by the Board before the issuing of the reports to the HEI.

6. REPORTS TO THE EDUCATION INSTITUTIONS AND CLINICAL TRAINING FACILITIES

- The reports of the evaluations will be issued to the HEI by the committee coordinator following the approval of the evaluation report by the Board.
- The reports should be attached to the Board's recommendation and sent to the HEI within three weeks of the Board's decision.
- The report is sent to the relevant persons (Head of Department and Executive Dean) at the HEI.
- The HEI is responsible for sending the report to the relevant authorities/s at the clinical facility/unit. This should include the department manager and the hospital/ practice/ unit CEOs.
- The reports should reach the HEIs within four weeks of approval by the Board.

7. APPEAL BY THE HIGHER EDUCATION INSTITUTION TO THE EDUCATION TRAINING AND REGISTRATION COMMITTEE OR THE BOARD

- Should there be any dispute or queries regarding the outcome of the evaluation, this should be addressed in writing to the committee coordinator for the attention of the Chairperson of the ETRC of the Board for Radiography and Clinical Technology.
- This should be done within thirty (30) days of receiving the outcome.