



**HEALTH PROFESSIONS COUNCIL OF
SOUTH AFRICA**

**PROFESSIONAL BOARD FOR RADIOGRAPHY AND
CLINICAL TECHNOLOGY**

**GUIDELINES FOR THE EVALUATION AND
ACCREDITATION OF HIGHER EDUCATION
INSTITUTIONS AND CLINICAL TRAINING FACILITIES**

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LIST OF ABBREVIATIONS / ACRONYMS

CHE	Council for Higher Education
HOD	Head of Department
HEI	Higher Education Institution
HEQSF	Higher Education Quality Sub-Framework
HPCSA	Health Professions Council of South Africa
RCT	Radiography and Clinical Technology
SAQA	South African Qualifications Authority
SER	Self-Evaluation Report
SV	Site visit
SVP	Site Visit Plan

DEFINITION OF TERMS

Accreditation	The approval and recognition of professional programmes of study by the accrediting body. It is the recognition of academic and clinical quality by an impartial body, in this instance, the HPCSA. Graduates of accredited professional programmes are eligible for registration with the HPCSA, a legal requirement to practice the profession in South Africa. Accreditation status is valid for 5 years.
Board	Professional Board for Radiography and Clinical Technology as established according to section 15(1) of the Health Professions Act no 56 of 1976.
Clinical training facility/unit	A Board accredited public or private hospital/ medical centre/ clinic/unit where learners receive their professional practice/clinical training during formal periods of study.
Criteria for programme accreditation	Acts, regulations, criteria, standards, specified by the professional board with which an HEI's professional education and training programme must comply in order to be awarded accreditation.
Evaluation	Verification of the elements of the HEI or clinical training facility/unit to determine if it meets the requirements for the registered qualifications in respect of learning outcomes, purpose, assessment as well as accreditation guidelines to uphold the education and training standards of the profession
Evaluation panel	A team of experts appointed by the board to evaluate an HEI's professional education and training programme and facilities to determine whether it meets the criteria for programme accreditation. The panel members are external to the HEI and its accredited clinical facilities/units.
Higher Education Institution	An approved organisation of higher education, offering a professional programme of education and training that leads to registration with the HPCSA.
Minister	Minister of Health of South Africa.
Professional board	A Professional Board as defined in the Health Professions Act number 56 of 1974. In this document the Board will be the Professional Board for Radiography and Clinical Technology.

Programme	Any combination of courses (subjects/modules) and/or requirements leading to a professional qualification and registration with the HPCSA.
Programme accreditation	Determination by the professional board of whether an HEI's professional programme of education and training meets the criteria for programme accreditation for registration of its graduates with the HPCSA.
Programme evaluation	Processes undertaken by the Board (once every 5 years) to assess whether an HEI's professional programme of education and training meets the criteria for programme accreditation for education and training in the profession.
Satellite centre	A public or private hospital/ medical centre/ clinic/unit which is used as an additional clinical training facility but does not take in learners on its own. It may be used to offer exposure to learners for services or examinations, which are not performed at the main clinical training facility/unit.
Self-evaluation/ review	A process undertaken by an HEI's professional programme of education and training to assess whether it meets the criteria for programme accreditation.
Site visit plan	A schedule of activities which the evaluation panel will undertake during the site visit to an HEI.
Site visit	A visit to an HEI's professional programme of education and training undertaken by the evaluation panel for the purposes of programme evaluation. It typically involves: interviews with learners, staff and the leadership; observation of learners' academic and clinical learning opportunities/ activities; visits to clinical training facilities/units; review of programme resources and documentation.
The Act	Health Professions Act, 1974 (Act No 56 of 1974) as amended.

1 INTRODUCTION

The Health Professions Council of South Africa (HPCSA) was established by the Health Professions Act, 1974 (Act 56 of 1974). In terms of section 3(f) of the Act, the function of the HPCSA is to control and exercise authority in all matters relating to the education and training of health care professionals -*subject to legislation regulating health care providers and consistency with national policy as determined by the Minister*. The HPCSA is the quality assurance body for the education and training in the professions within its mandate.

The Council has, in accordance with the Act, established professional boards for the different healthcare professions to maintain and enhance the dignity of the professions and the integrity of the persons practicing the professions. The professions of Radiography and Clinical Technology fall under the ambit of the Professional Board for Radiography and Clinical Technology (RCT). To ensure that the dignity and integrity of the professions are maintained, the board has as its key role, to determine, promote and uphold the standards of education and training, while keeping registers for each profession – hence the development of these guidelines.

In section 16(3) of the Act, Professional Boards are authorised to approve a higher education institution's (HEI) professional programme of education and training. This is achieved through the evaluation and accreditation process of the programme which includes (but is not limited to) the HEI's self-evaluation report; site visit and report by a Board appointed evaluation panel; and a determination by the Board of whether the criteria and standards have been met. The process relies on the HEI's self-evaluation and continuous development and is underpinned by the honesty and ethical integrity of all concerned. Quality education may be achieved in a variety of ways and a programmes' flexibility in the pursuit of excellence is acknowledged.

This document sets out the guidelines of the Board to support the programme evaluation process leading to the accreditation of an HEI's education and training programmes and the clinical facilities/units falling within its mandate. The processes were derived following consultation with HEIs and in accordance with local and international guidelines.

The Board also conducts evaluation and accreditation of educational institutions separately from the clinical training facilities/units based on what is described as "delivery and assessment sites" in SAQA's *Standards and Guidelines for Providers*. A summary of the evaluation and accreditation procedure to be followed is indicated in *Appendix A*.

2 VISION AND MISSION OF THE PROFESSIONAL BOARD FOR RADIOGRAPHY AND CLINICAL TECHNOLOGY

2.1 Vision

To be an effective regulator of the radiography and clinical technology professions.

2.2 Mission

The RCT Board (within its mandate) strives to:

- Set and monitor compliance to quality norms, standards and guidelines.
- Promote ethical practice and protection of the public.
- Pro-actively engage and collaborate with all stakeholders (internal & external).
- Timeously respond to the needs of stakeholders.
- Function in an effective and efficient manner.

The Board considers the following to encompass its values:

- Rationality - Accountability
- Impartiality - Consistency
- Fairness - Dignity
- Transparency - Respect
- Honesty - Integrity
- Effectiveness - Efficiency
- Responsiveness - Professionalism

3 PURPOSE: ACCREDITATION OF HIGHER EDUCATION INSTITUTIONS

The purpose of accreditation of an HEI is to promote excellence in educational preparation while assuring the public, that graduates of accredited programmes are educated in a core set of knowledge and skills required for competent, safe, ethical, effective, and independent professional practice. Accreditation requires the Board to ensure the quality of education and training programmes as a facet of public protection. The Act, and the Boards' regulations, criteria and standards identify basic elements that must exist in all accredited education programmes.

4 DURATION OF ACCREDITATION

An HEI's professional education and training programme that meets the prescribed standards and requirements (as specified in the Act, and relevant Board regulations, criteria and standards) is granted accreditation. Accreditation is valid for 5 (five) years after which the programme will be re-evaluated. Graduates of programmes that are accredited are eligible for registration with the HPCSA and thereby to legally practice the profession for which they have been adequately educated and trained. The Board may, where it deems necessary, also require graduates to write and pass the Board examination before they may register with the HPCSA.

New programmes and existing education and training programmes which do not meet the minimum criteria and standards will be required to comply with specific Board recommendations (if the graduates are to be registered with the HPCSA) until accreditation status has been attained.

Learners who complete an education and training programme which does not meet the minimum requirements set by the Board will not be registered by the HPCSA and will therefore, not be permitted to practice.

5 ROLES AND RESPONSIBILITIES RELATING TO THE ACCREDITATION OF PROFESSIONAL EDUCATION AND TRAINING PROGRAMMES

The roles and responsibilities of the Board, HEIs, evaluators and secretariat will be discussed.

5.1 Roles and responsibilities of the Board

The accreditation of HEIs offering professional education and training programmes under the HPCSA is the responsibility of the Board, which delegates this activity to the Education Training and Registration Committee (ETRC).

The Board, in accordance with the Act and relevant regulations, ensures quality in professional education and training by evaluating and accrediting professional education and training programmes within its ambit. To this end, the roles and responsibilities of the ETRC includes standards setting; scheduling accreditation of HEIs' professional education and training programmes; setting frameworks for accreditation; appointment and training of evaluators; determining accreditation status of education and training programmes; and managing outcomes of the accreditation process. These roles and responsibilities follow:

5.1.1 Pre-evaluation

5.1.1.1 Standards setting

The Board has set criteria and standards for professional education and training (*Appendix B*) which are reflected in the following:

- a. Regulations relating to undergraduate curricula and professional examinations
- b. Scope of the profession
- c. Regulations relating to the registration of students
- d. Health Professions Act of 1974 (as amended)
- e. The Higher Education Qualifications Sub Framework
- f. Higher Education Act, 1997 (Act No. 101)
- g. Council for Higher Education Criteria for Programme Accreditation
- h. HPCSA Continuing Professional Development: Guidelines for Health Care Professionals
- i. Policy Document on Business Practices
- j. Ethical Rules of Conduct for Practitioners registered under the Health Professions Act, 1974
- k. HPCSA Guidelines for Good Practice in Health Care Professions: National Patients' Rights Charter
- l. HPCSA Guidelines for Good Practice in Health Care Professions: General Ethical Guidelines for Health Care Professions
- m. HPCSA Curriculum for Human Rights, Ethics and Medical Law
- n. SAQA Level Descriptors for the National Qualifications Descriptors
- o. National Health Act (2003) (as amended from time to time)

The minimum criteria and standards for evaluation and accreditation as determined by the Board are set out in *Appendix B*.

5.1.1.2 Accreditation Schedule

The ETRC, at the beginning of a cycle, must schedule all the respective HEI's education and training programmes for evaluation during the cycle. Programme evaluations for accreditation occur once in a 5 (five) year cycle for those programmes which have been granted full accreditation.

The Board must ensure that applications for accreditation of HEIs that serve at the first ETRC meeting of the year are conducted in the same year to enable the HEIs to train students the following year.

5.1.1.3 Appointment of Evaluation Panel

The ETRC will appoint an appropriate evaluation panel and a convenor according to the guidelines as set out in *Appendix C*. The number of days needed to conduct the evaluation will be decided at this meeting. This may be a maximum of four days on site and an additional day to compile the evaluation report. The number of days needed on site will depend on the number and type of programme/s being evaluated. It is recommended that a pre-evaluation meeting with the panel members be held prior to the evaluation (this may be on the evening before the evaluation commences) to enable the panel to plan their strategy and allocate tasks to evaluators.

5.1.1.4 Framework for Accreditation

This document provides guidelines to facilitate uniform and consistent programme evaluation and accreditation processes by the RCT Board. These include roles, responsibilities, processes and documents relating to: The Board; the evaluation panel; the HEI's professional education and training programme; and the Board's secretariat. Detailed timeframes are set for the different accreditation processes (*Appendix D*).

5.1.2 During the evaluation process

The ETRC will liaise with, monitor and support, via the secretariat, the HEI and evaluators during the accreditation process.

5.1.3 Post evaluation

5.1.3.1 Determine accreditation status

The ETRC will review and consider the panel's evaluation report and determine the outcome of the evaluation. The outcome of the evaluation and the report will then be sent to the HEI for comments and a rectification or improvement plan if indicated. The accreditation options are:

- a. Accreditation is granted for a five-year period (full accreditation).

- b. Accreditation may be granted subject to conditions, e.g. certain issues are addressed within specified time frames together with the right to revisit the HEI.
- c. Accreditation may be granted for shorter periods of time if there are significant concerns which warrant re-evaluation within a prescribed period.
- d. Accreditation may be declined if an HEI's programme does not meet the requirements for accreditation.

5.1.3.2 *Manage the outcomes of the accreditation process*

- a. The accreditation status will be communicated to the HEI within four weeks of ETRC meeting.
- b. Problematic situations may need approval/ratification by the Board before the issuing of the reports.
- c. If the accreditation is withheld/declined, the Board must, in its communication to the HEI -
 - i. document the reasons why accreditation is being withheld;
 - ii. communicate the implications thereof;
 - iii. specify conditions/requirements which the HEI must meet in order for;
 - graduates of the programme to register with the HPCSA;
 - the professional education and training programme to be accredited;
 - iv. request the HEI to submit and implement an improvement plan, with actions, time frames and resources, to address the issues raised;
 - v. review the HEI's improvement plan, make additional recommendations if necessary, and then approve the plan for implementation. It is the HEI's responsibility to implement this plan;
 - vi. provide counseling and guidance to the HEI where applicable, using persons with expertise to support such processes;
 - vii. maintain regular contact with the HEI to ensure that issues of quality assurance are addressed continuously;
 - viii. should the HEI lodge an appeal around the decisions taken, the matter must be resolved with advice from the legal department of the HPCSA.

The ETRC will ensure that reasonable and appropriate information on the accreditation of programmes is provided to the Board and relevant HEI authorities.

5.2 Roles and responsibilities of the higher education institutions

The roles and responsibilities of the HEI in the accreditation process is described.

5.2.1 Pre-evaluation

5.2.1.1 *Self-Evaluation Report*

The HEI conducts a self-evaluation and compiles a self-evaluation report (SER), describing how the professional education and training programme that it offers, meets the criteria and minimum standards for programme accreditation. This report is submitted to the secretariat at least seven weeks before the site visit. (*Appendix E*)

5.2.1.2 Proposed Site Visit Plan

The HEI should, in collaboration with the panel compile a site visit plan (SVP) with timeframes (*Appendix F*).

5.2.1.3 Preparation of documentation for review by the evaluation panel during the site visit

The HEI must prepare, label and coherently organise a variety of documents for the evaluation panel to review during the Site Visit (SV). A list of these documents is seen in *Appendix G*.

5.2.1.4 Preparation for the Site Visit

The final SVP should be reviewed and accepted by the HEI and the evaluation panel (via the secretariat) at least two weeks prior to the SV.

The HEI must:

- a. Review and accommodate amendments to the SVP proposed by the evaluation panel.
- b. Negotiate and arrange for the availability of staff/ students/ management/ leadership for interviews/ meetings, academic and clinical teaching and learning activities as outlined in the updated SVP.
- c. Dedicate a venue for the evaluation panel to use for the interviews, document review, etc.

5.2.2 During the evaluation/site visit

- a. Meet, greet and introduce the evaluation panel to all relevant parties.
- b. The staff of the HEI should facilitate the execution of the SVP.
- c. The ETRC will determine the length of the entire SVP taking into consideration time needed for evaluation of both the academic education and relevant clinical training facilities/units.

5.2.3 Post evaluation

- a. After the evaluation, the Head of Department (HoD) may compile a report (if deemed necessary) giving an outline of how the inspections went. This is to offer the HEI an opportunity to raise their concerns where necessary and not wait for the final report to lodge a complaint or to show their appreciation.
- b. The HEI will receive the outcome of the evaluation and a copy of the evaluators report after approval by the ETRC.

- c. The HEI may, in writing, comment on the factual correctness of the report within two weeks of having received the report.
- d. The HEI may not discuss the report directly with the evaluators – all communications must be via the Board/ secretariat.
- e. If necessary, an HEI will submit an improvement plan within a month of having received the communication from the ETRC. This proposed improvement plan will be reviewed and approved by the ETRC at its next scheduled meeting.
- f. HEIs that were required to submit an improvement plan need to submit annual (or as per request of the Board/ETRC) progress reports on the implementation and successes of their plan (*Appendix H*).
- g. The HEI may appeal the ETRC's or Board's decision regarding the awarding or denial of the accreditation status. This should be submitted to the committee coordinator in writing, within two months of receiving the report that was issued by the Board.
- h. HEIs will be notified of the ETRC/Boards' decision regarding the appeal within 4 (four) weeks of the meeting.

5.3 The evaluators

The roles, responsibilities and processes pertaining to the evaluators/ evaluation panel are described.

5.3.1 Pre-evaluation

5.3.1.1 Appointment as an evaluator

The processes relating to the nomination and appointment of the evaluators to serve on the evaluation panel are described in *Appendix C*.

- a. Individuals will be sent a letter notifying them of their appointment as an evaluator.
- b. The individual must indicate her/his acceptance of the appointment or decline, in writing, to the Board within one week of receipt of the letter.
- c. Individuals who have accepted the appointment will constitute the pool of evaluator

5.3.1.2 Appointment to the evaluation panel and convenor

- a. An evaluator will be notified at least 4 months before the accreditation/evaluation site visit.
- b. Upon receipt of this notification, the evaluator should apply for three to five days leave from work. Two to four days are for the site visit and programme evaluation, and the final day is for the compilation of the report (spent on site).
- c. The number of days to be allocated for the evaluation will depend on the size and nature of the programme.
- d. The convenor should refer to the guidelines for the convenor (*Appendix I*).

5.3.1.3 Code of Conduct

Evaluators are expected to conduct themselves in accordance with the highest standards of ethical, moral and professional behavior during all phases of the process. Each evaluator must review, sign the *Code of Conduct and Disclosure of Confidentiality (Appendix J)* and submit it to the Board manager together with the written acceptance of the appointment to an evaluation panel – prior to receiving any documentation from the HEI.

5.3.1.4 Preparation for the Site Visit

Evaluators are expected to familiarise themselves with -

- a. all documents listed in the *Minimum Criteria and Standards for Programme Evaluation (Appendix B)*;
- b. the HEI's SER; the SVP and *Evaluator's Preliminary Report (Appendix K)*.
- c. The panel of appointed evaluators and the convenor should communicate electronically to plan and prepare for the accreditation. It is important that all panel members are clear of their roles and responsibilities beforehand. These will need to be finalized at a meeting on the day before the evaluation commences.
- d. Typical questions to ask staff and students must be outlined beforehand.

5.3.1.5 Site Visit Plan

- a. A draft of the proposed SVP is to be submitted to the HEI for review (*Appendix F*).
- b. The panel should review and approve the amendments made to the SVP. (Special needs/requests should be considered e.g. travel times needed to visit clinical facilities/units).
- c. Panel members should take on the responsibility for managing specific aspects of the evaluation process to ensure/monitor that necessary and enough information has been gathered in all areas.

5.3.2 During the programme evaluation

Conducting the evaluation entails thorough reading of the all the documents submitted, cross-referencing with the Board's *Guidelines for Evaluation and Accreditation of Higher Educational Institutions and Clinical Training Facilities* and highlighting areas that require in-depth attention. Verification of the information included in the documents is done either through interviews or as site visits or any other relevant verification methods. Information provided on the application form and/or SER should be used as a checklist. Each evaluator will make notes and use the *Evaluator's Preliminary Report template (Appendix K)* to rate the various criteria during the evaluation process. These will all be considered by the panel when compiling the final report.

The evaluator should verify that resources or information provided on the form are available and are a true reflection of what was stated in the SER.

NOTE: It is important that the panel exercise time management in order to complete the evaluation of the programme efficiently and effectively.

5.3.2.1 Site Visit

The panel of evaluators will:

- a. Meet and greet the head of the programme and other staff;
- b. Confirm the SVP;
- c. Proceed to conduct the programme evaluation as per the SVP.
 - i. Meet with all parties.
 - ii. Schedule follow-up interviews if necessary.
 - iii. Tour of on- and off-site facilities.
 - iv. Observation of academic and clinical teaching and learning activities where possible. The evaluators must prioritise and observe the educational processes that unfold at the sites where clinical education occurs. Evaluators are required to reflect critically on how the education programme serves the interests of meeting the exit-level outcomes for the profession.
 - v. Review of prepared documentation as indicated in *Appendix G*.
 - vi. Request clarification from HEI staff, if necessary.
 - vii. Arrange a time for closure with the staff and head of the programme.
 - viii. Thank the institution for their preparation, cooperation and support during the evaluation.
 - ix. The evaluators should not provide feedback or report on recommendations regarding the accreditation status. However, any serious critical findings should be brought to the attention of the head of the programme for immediate rectification.
 - x. Explain the process going forward with timeframes:
 - Report to be compiled by evaluators and sent to Board secretariat.
 - ETRC reviews the report and considers the recommendations.
 - Board secretariat will communicate accreditation status to the institution.

NOTE:

- ❖ The panel must not provide feedback to the HOD, staff members or the Executive Dean on the outcomes of the evaluation process or discuss recommendations regarding the HEI's accreditation status. Verbal feedback may be misconstrued and interpreted differently from the written feedback and may create a false positive or negative impression.
- ❖ It is the responsibility of the ETRC to review the panel's report and then to determine accreditation status.

5.3.3 Post programme evaluation

- a. Evaluators spend one day on site (if possible) after the evaluation, consulting on the compilation of the report (with access to the documentation of the training Institution).

- b. Each evaluator consults their individual preliminary report and additional notes made during the evaluation process, to analyse the data arising from the areas allocated and contributes to the written report which should not exceed 15 pages.
- c. **All statements/conclusions in the report should be objective and supported with evidence. Own opinions/prejudices must be avoided.**
- d. The panel should compile, consolidate and submit the final Programme Evaluation Report as per the template for the Programme Evaluation Report (*Appendix L*), to the Board manager within four weeks of the site visit.

5.4 Board Secretariat

Role and responsibilities of the Board secretariat:

- a. Manage all the administrative processes effectively and efficiently as set out in *Appendix D*.
- b. Provide the correct documentation to be used for the evaluations as set out in these guidelines.
- c. Facilitate effective communication between the Board, HEI, evaluators and the Board administration.
- d. The full report of the evaluation will be issued by the Board secretariat (committee coordinator) following the approval of the evaluation report by the ETRC.
- e. Maintain the highest standards of professionalism.

6 ROLES AND RESPONSIBILITIES RELATING TO ACCREDITATION OF CLINICAL TRAINING FACILITIES/UNITS

During the evaluation process site visits are conducted at selected clinical training facilities/units. Identified facilities/units may be evaluated, by the panel for accreditation/re-accreditation, during the site visit if these are due at the time of the evaluation. If accreditations are not due, then the panel will visit a few selected facilities as part of the evaluation process as site visits. If there are many facilities due for accreditation the panel will need to select a sample to be evaluated during the site visits. Not all clinical training facilities can be evaluated during this process and therefore the outstanding evaluations will need to be conducted at another time.

Two types of evaluations may be conducted on the clinical training facilities, namely; one for new applications and one for re-accreditation. The convenor must discuss the outline of the evaluation process, with dates for the visits as well as submission of documents and/or reports to the committee coordinator. The respective forms and templates must be used. The requirements for evaluation of a clinical facility are included in the document: *Guidelines for Accreditation and Evaluation of Clinical Training Facilities/Units (Appendix M)*

7 LIST OF APPENDICES:

- A – Flow Diagram of the Accreditation Process
- B – Minimum criteria and Standards for the Accreditation of Radiography and Clinical Technology Education and Training Programmes
- C – Composition and Constitution of the Evaluation Panel
- D – The Accreditation Process with Timeframes
- E – Self-Evaluation Report Template for HEIs
- F – Site Visit Plan
- G – Documents for Review by the Evaluation Panel during the Site Visit
- H – Institution’s Progress Report on the Implementation of Improvement Plans
- I – Guidelines for the Convenor of the Evaluation Panel
- J – Code of Conduct and Declaration of Confidentiality for Evaluators
- K – Evaluator’s Preliminary Report Template
- L – Final Evaluation Report
- M – Guidelines for Evaluation and Accreditation of Clinical Training facilities/units
- N – Criteria for Evaluation of Clinical facilities/Units
- O(1) – Radiography Application for Accreditation of Clinical Facilities
- O(2) – Clinical Technology Application for Accreditation of Facilities/Units
- P – Agenda for the Evaluation of Clinical Facilities/Units
- Q(1) – Radiography Report on the Evaluation and Accreditation of Clinical Facility Template
- Q(2) – Clinical Technology Report on the Evaluation and Accreditation of Clinical Facility Template