

**JOINT REVIEW COMMITTEE
ON EDUCATIONAL PROGRAMS
IN NUCLEAR MEDICINE TECHNOLOGY**

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November 10, 2022

Ken Atwater, PhD
President
Hillsborough Community College
PO Box 31127, Admin. Office
Tampa, FL 33606

Sent by email with receipt confirmation

Dear Dr. Atwater:

Earlier this year, the nuclear medicine technology program at Hillsborough Community College completed the self-study and site visit process for continued accreditation by the Joint Review Committee on Educational Programs in Nuclear Medicine Technology (JRCNMT). Last week, the JRCNMT reviewed the evaluation of the program's self-study and the Letter of Site Visit Findings. Evidence indicated the program is not in compliance with all requirements in the *Accreditation Standards for Nuclear Medicine Technologist Education*, therefore, the program was placed on probation for one year.

It was determined that the program is not in compliance with the following JRCNMT accreditation standards:

C1. The program must create and follow a master educational plan for program delivery. The plan should contain sufficient detail to support program continuity when there are changes in faculty. The plan should include:

- a current mission and student learning outcomes (SLOs) of the program and a description of how they integrate with the mission and goals of the institution

A description of how current mission and SLOs integrate with the mission and goals of the institution is not included in the program master plan.

- b curriculum sequence with rationale for course organization

A rationale for current curriculum sequence and course organization is not included in the program's master educational plan.

- d clinical education schedule template and guidelines for making clinical assignments, which demonstrate that all students will have the opportunity to meet required competencies

The plan does not contain a clinical schedule template with current guidelines for making clinical assignments that demonstrate equivalent opportunity for all students to meet required competencies.

- e an explanation of how the didactic curriculum correlates with the clinical curriculum

The plan does not explain the correlation between current didactic curriculum and clinical curriculum.

Overall, the master educational plan presented for review is not complete and has not been updated annually. The documentation provided is haphazard and contains a mix of very old documents that have not been kept current. JRCNMT guidelines for this standard stipulate that a master plan must contain specific current documents, some collected from routine activities (syllabi) and others created specifically for the plan (educational philosophy). The various documents should be kept together in an orderly format so the information is available to all program faculty and readily accessible should there be a change in program leadership.

- D3.1
e, g
and h
- Assessment of program effectiveness must, at a minimum, document the regular collection and analysis of the following quantitative and qualitative data. Justifiable benchmarks for each quantitative assessment parameter should be established by the program
- student assessment of individual didactic courses, clinical experiences, and faculty (e)
 - graduate assessment of program effectiveness (g)
 - employer assessment of graduate preparedness to enter the workforce (h)

It appears the program attempted to collect student, graduate, and employer evaluations and surveys until last year. The program benchmark used for these assessment parameters is the response/return rate. JRCNMT guidelines for this standard stipulate that a response/return rate on a survey or course evaluation is not an indicator of program effectiveness. It is the feedback on the surveys or evaluations that reflect program effectiveness. Benchmarks must relate to data obtained from the responses. A program may choose to have a response/return rate benchmark, but it is not a program assessment measure.

- D3.4
- The results of ongoing assessment must be appropriately reflected in the curriculum and other dimensions of the program. In particular, the program must systematically document the application of assessment results in the process of program improvement.

The program does not have well-documented assessment processes. There is limited evidence that the results of ongoing assessment are reflected in the curriculum and other aspects of the program. JRCNMT guidelines stipulate that there should be close alignment of benchmarks, results, and action plans. Prolonged monitoring or “no action needed” should not be standard actions for all student learning outcomes or program effectiveness measures. The consistent meeting of benchmarks with no action necessary is not an indicator of ongoing program improvement. A repeated lack of action does not facilitate continuous improvement and can lead to program complacency and stagnation. If a benchmark is met over consecutive years, a program should consider using a different assessment parameter for those items or raise the benchmark.

- E3.3
- The program must maintain compliance with federal and state radiation protection regulations. Radiation exposure records shall be reviewed with each student at regular intervals (not less than quarterly). Documentation of these reviews, including a dated acknowledgement by the student, must be maintained.

Radiation exposure records must be initialed (or signed) and dated by all students. The most recent report evaluators saw that contained student initials (no dates) was from March/April of 2021. Signed and dated reports for the 2021-2022 AY cohort of students could not be provided. The current students have just started clinicals and do not have a report yet.

The accreditation action taken is based on the condition that there shall be no more than 21 students in the clinical phase of the program at any time. The total capacity and individual affiliate capacities noted below were determined utilizing the clinical affiliate data provided in the program’s self-study. The following institutions are recognized as affiliates of this program:

Affiliate	Location	Capacity for This Program
Carlisle Imaging Center	Clearwater, FL	1
James A. Haley Veteran’s Hospital	Tampa, FL	2
Lakeland Regional Medical Center	Lakeland, FL	2
Medical Center of Trinity	Trinity, FL	1
Moffitt Cancer Center International Plaza	Tampa, FL	arr @ 1
Moffitt Cancer Center McKinley Campus	Tampa, FL	arr @ 1
Moffitt Cancer Center Magnolia Campus	Tampa, FL	2
Morton Plant Hospital	Clearwater, FL	1
St. Anthony’s Hospital	St. Petersburg, FL	2
St. Joseph’s Hospital	Tampa, FL	2
Tampa General Hospital	Tampa, FL	4
Tower Radiology Habana	Tampa, FL	1
Tower Radiology Parsons	Brandon, FL	1
Watson Clinic Main	Lakeland, FL	2
Total program capacity		21

In accordance with JRCNMT Policy 2.800 (attached), an institution may request reconsideration of probation if it believes the factual accuracy of any cited deficiency is in question. The request, due by **December 1, 2022**, must include evidence demonstrating that a deficiency was cited in error. Changes implemented as a result of the site evaluation may not be included in the request for reconsideration.

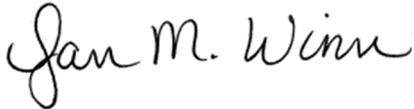
If reconsideration is not requested prior to the stated deadline, notification of this decision will be forwarded to the institution’s accrediting agency. The information will also be made available to the public through the JRCNMT website and its publications.

A program placed on probation must advise current and prospective students of the probationary status on its website and in publications (JRCNMT Policy 2.150, pages 16-17). The steps that must be followed are in the policy, which is attached to this letter for reference. In addition, a program on probation may not add clinical affiliates or expand its student capacity until the probationary status has been removed, except when addition of clinical affiliates is necessary to address a cited deficiency.

The program must submit progress reports on **February 1, 2023 and August 1, 2023**. The reports must identify the changes implemented to achieve compliance with the cited standards and demonstrate, by the second report, that the program has come into compliance with all accreditation standards. Per JRCNMT policy, a focused site visit must also be conducted after receipt of the second progress report to verify the information submitted. The progress reports and focused visit findings will be considered by the board at their fall 2023 meeting.

Please contact the JRCNMT office if there are questions about the content of this letter. JRCNMT staff are available to assist the program director in understanding the expectations of the progress reports and focused site visit.

Sincerely,

A handwritten signature in black ink that reads "Jan M. Winn". The signature is written in a cursive, flowing style.

Jan M. Winn, M.Ed., RT(N), CNMT
Executive Director

Att: JRCNMT Policy 2.800
JRCNMT Policy 2.150, pp. 16-17

cc: Jennifer Miles, MS, RT(N), CNMT, NCT
Nuclear Medicine Program Director

Leif Penrose, DHSc, RT(R)(CT)
Dean, Health Sciences

JRCNMT Executive Officers

2.800 Reconsideration of Probation

Policy Statements

The Joint Review Committee on Educational Programs in Nuclear Medicine Technology (JRCNMT)

- 2.801 Develops and disseminates procedures for reconsideration of probation prior to the decision becoming final.
- 2.802 Maintains the accreditation status of a program pending disposition of a request for reconsideration of probation.

Procedures

1. The JRCNMT informs the program sponsor of its decision to place the program on probation.
2. The program sponsor is provided 15 business days from the date of the notice to request reconsideration of the decision. In the event the sponsoring institution does not request reconsideration within the stipulated time, probation becomes final.
3. The sponsoring institution's request for reconsideration must be in writing and include documentation that the cited deficiencies did not exist *at the time* the JRCNMT arrived at its original recommendation. Members of the JRCNMT Board will analyze the written documentation and uphold or overturn the original decision.
 - a. Decision Upheld -- Probation becomes final and is not subject to appeal or further review.
 - b. Decision Overturned-- Where the documentation provides evidence that deficiencies were cited erroneously, the Board will vacate its decision and assign a new accreditation award in accordance with JRCNMT standards and procedures.

Regardless of the outcome, the JRCNMT will communicate its decision on reconsideration to the sponsoring institution within thirty (30) business days after the JRCNMT holds a special meeting on reconsideration.

A final decision to place a program on probation is made public through publication of a notice of accreditation actions. The appropriate state licensing or authorizing agency and appropriate accrediting agencies are notified of the decision at the same time that it is communicated to the sponsoring institution. The program must also publish notice on its website in accordance with JRCNMT policy 2.100.

The sponsoring institution may voluntarily relinquish its accreditation at any time during the accreditation process.

- b. Indicates that the institution may appeal the decision. A copy of the JRCNMT Appeal Policy is included with the award letter.
- c. Explains that the sponsoring institution has the option to withdraw its application for accreditation and apply for accreditation at a future date when the program is in substantial compliance with the *Standards* and with administrative requirements for maintaining accreditation.

B. Actions for Programs Seeking Continued Accreditation

Continued Accreditation

Continued accreditation is granted to a program when the accreditation review process confirms that the program is in substantial compliance with the *Standards*. Continued accreditation is for a period of seven years. Programs receiving continued accreditation must submit a mid-cycle progress report at the mid-point of the accreditation cycle.

Accreditation with Conditions

If a program is noted as having one or more deficiencies in compliance with the *Standards*, it may receive accreditation with conditions. In this situation, the notification letter to the program and institution provides a clear statement of each deficiency and the due date for a progress report.

Accreditation with conditions is typically for a period not to exceed six months, though the period may be extended to a maximum of one year for good cause. Failure to submit a satisfactory progress report in the time allotted may result in the program being placed on probation.

Probation

An accredited program may be placed on probation when it is not in substantial compliance with the *Standards* and the deficiencies are serious enough to threaten the program's ability to provide an acceptable education.

In most situations, a program is placed on probation when evidence of deficiencies is substantiated by a site visit; however, if the cited deficiencies are not in dispute, the JRCNMT may place a program on probation without conducting a site visit. The maximum probation period is two years but may be extended one additional year for just cause.

Before notice of probation is published, the JRCNMT provides the program with an opportunity to request reconsideration of the decision (see policy 2.800 Reconsideration of Probation).

The JRCNMT accreditation letter provides a clear statement of each deficiency contributing to the program's failure to be in substantial compliance with the *Standards* and/or with the requirements for maintaining or administering accreditation. The letter also indicates that (1) a progress report, self-study, or other action is required by a specific date; (2) failure to come into substantial compliance will result in the withdrawal of accreditation; and (3) currently enrolled students and those seeking admission must be notified that the program is on probation within 10 days of receipt of the letter indicating the program has been placed on probation, unless the program files an official request with the JRCNMT for reconsideration.

Appropriate notification of probation to prospective students is met by placing the boxed statement below on the main nuclear medicine program web page and keeping it there until the program receives notification from the JRCNMT that it is no longer on probation.

The nuclear medicine technology program at [Name of Institution] is accredited by the Joint Review Committee on Educational Programs in Nuclear Medicine Technology (JRCNMT), 820 W. Danforth Rd, #B1 / Edmond, OK 73003; phone 405-285-0546; mail@jrcnmt.org; www.jrcnmt.org. This program is currently on probation but it is accredited. For more information go to JRCNMT online directory of accredited programs and read the accreditation letter linked to the program's directory listing (<https://www.jrcnmt.org/find-a-program/>). Implications of attending a program that is on probation are available at <https://www.jrcnmt.org/students/program-on-probation-faqs/>.

Students currently enrolled in the program must be given written notice of the program's probation status within ten business days of the date on the accreditation letter from the JRCNMT. The notice must contain the following information:

- Program has been placed on probation by JRCNMT.
- Identification of the accreditation standards for which the program was identified as being noncompliant, as identified in the letter from the JRCNMT.
- Date of next review by JRCNMT.
- URL to JRCNMT web page addressing programs placed on probation.

A copy of the notice must also be provided to the JRCNMT via email by the same deadline.

A focused site visit, conducted by a current or past JRCNMT board member trained as an on-site evaluator and a second, trained site evaluator, is also required for removal of probation. Probation decisions are final and not subject to appeal. While on probation, a program may not add affiliates, increase student capacity or expand to an additional campus unless doing so is necessary to address a deficiency that contributed to the program being placed on probation.

A program that remains on probation beyond one year may be required to submit a teach out plan that includes viable transfer options for currently enrolled students, to ensure that preparations have been made to protect students if accreditation is ultimately withdrawn.

Accreditation Withdrawn

The JRCNMT may withdraw accreditation at the conclusion of a specified period when the review process confirms that a program placed on Probation or Administrative Probation remains in substantial non-compliance with the Standards or with the requirements for maintaining or administering accreditation. The letter notifying the appropriate officials that accreditation has been withdrawn from the program includes a clear statement of each deficiency and indicates that the institution may appeal the decision. A copy of the JRCNMT Appeal Policy is included with the award letter. The letter also informs the sponsoring institution that it has the option to withdraw its application for accreditation and apply for accreditation at a future date when the program is in substantial compliance with the *Standards* and with administrative requirements for maintaining accreditation.

In unusual circumstances, such as evidence of critical deficiencies that appear to be irremediable within a reasonable length of time or a documented threat to the welfare of current and potential students, the JRCNMT may withdraw accreditation without first providing a period of probation. Programs from which accreditation is withdrawn without a probationary period are ensured due process through the JRCNMT Appeal Policy.

Students who have completed 75% of the published professional curriculum at the time the sponsoring institution is notified of the withdrawal may complete the requirements for graduation and will be considered graduates of a JRCNMT-accredited program.