



Joint Review Committee on Education in Radiologic Technology
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November 6, 2023

Tomislav Mihaljevic, M.D.
Chief Executive Officer
The Cleveland Clinic Foundation
9500 Euclid Avenue, NA4
Cleveland, OH 44195

RE: Program #9512

Previous Accreditation Status: 8 Years

Most Recent Site Visit: 07/2023

Dear Dr. Mihaljevic:

After review of the requested interim report, the Joint Review Committee on Education in Radiologic Technology (JRCERT) had concerns regarding the quality and lack of information contained in the interim report and, therefore, conducted an unannounced site visit of the certificate medical dosimetry program sponsored by The Cleveland Clinic Foundation. The site visit was consistent with JRCERT Policy 11.600, Site Visit of the Program, and performed by JRCERT Director Mahsa Dehghanpour, Ed.D., CMD and JRCERT Executive Associate Director Traci B. Lang, Ed.S., R.T.(R)(T). The JRCERT is the only agency recognized by the United States Department of Education (USDE) and the Council for Higher Education Accreditation (CHEA) for the accreditation of traditional and distance delivery educational programs in radiography, radiation therapy, magnetic resonance, and medical dosimetry. Specialized accreditation awarded by the JRCERT offers institutions significant value by providing peer evaluation and by assuring the public of quality professional education in the radiologic sciences.

The continuing accreditation status of the program was considered at the October 27, 2023 meeting of the Joint Review Committee on Education in Radiologic Technology. The program was evaluated according to the **Standards for an Accredited Educational Program in Medical Dosimetry (2021)**. The JRCERT awards:

PROBATION.

Consistent with JRCERT Policy 10.100, this accreditation action is not subject to appeal.

The Committee based this decision on areas of non-compliance with **Standards One, Two, Three, Four, Five, and Six:**

Objective 1.1 - Lack of assurance that the sponsoring institution and program provide students, faculty, and the public with policies, procedures, and relevant information. Policies and procedures must be fair, equitably applied, and readily available.

Objective 1.3 - Lack of assurance that the sponsoring institution and program have student recruitment and admission practices that are nondiscriminatory and consistent with published policies.

Objective 2.3 - Lack of assurance that the sponsoring institution provides student resources.

Objective 3.1 - Lack of assurance that the sponsoring institution provides an adequate number of faculty to meet all educational, accreditation, and administrative requirements.

Objective 3.5 - Lack of assurance that the sponsoring institution and/or program provide faculty with opportunities for continued professional development.

Objective 4.2 - Lack of assurance that the program provides a well-structured curriculum that prepares students to practice in the professional discipline.

Objective 4.9 - Lack of assurance that the program has procedures for maintaining the integrity of distance education courses.

Objective 5.1 - Lack of assurance that the program assures the radiation safety of students through the implementation of published policies and procedures.

Objective 5.2 - Lack of assurance that the program assures that students employ proper safety practices.

The program is advised that it must establish a magnetic resonance imaging (MRI) safety screening protocol, and students must complete MRI orientation and screening prior to the clinical experience.

Objective 5.3 - Lack of assurance that the program assures that a credentialed practitioner approves all medical dosimetry calculations and treatment plans prior to implementation.

Objective 5.4 - Lack of assurance that the program assures that direct patient contact procedures (e.g., simulation, fabrication of immobilization devices, etc.) are performed under the direct supervision of a credentialed practitioner.

Objective 6.3 - Lack of assurance that the program has a systematic assessment plan that facilitates ongoing program improvement.

Objective 6.4 - Lack of assurance that the program analyzes and shares student learning outcome data to facilitate ongoing program improvement.

The next site visit is tentatively scheduled for the Fourth Quarter of 2024. The continuing accreditation materials will be forwarded to the program at a future date and will include a submission timetable.

Consistent with JRCERT Policy 11.400, the maximum compliance timeframe is 36 months. Based on the areas of non-compliance, the Board of Directors are awarding a 24-month compliance timeframe. Therefore, the program must document compliance with all accreditation standards no later than **October 27, 2025**.

As required by the USDE and consistent with the **maximum** compliance timeframes set forth in JRCERT Policy 11.400, when the JRCERT Board of Directors determines that a program has failed to document compliance with the **Standards** and has not satisfactorily addressed the identified deficiencies, the existing accreditation status will be withdrawn. Such involuntary withdrawal of accreditation is considered an adverse accreditation action. The JRCERT defines an adverse action as involuntary withdrawal of accreditation. Involuntary withdrawal of accreditation will generally, but not necessarily, occur after a Probationary Accreditation status has been awarded. The Board may take adverse action prior to the expiration of the maximum compliance timeframe. Probationary status, as well as an adverse accreditation action, requires written notification to the United States Secretary of Education, the appropriate State licensing or authorizing agency, appropriate regional and/or other accrediting agencies, and the public.

Probationary Accreditation is an accreditation category and, consistent with JRCERT Policy 10.100, this action is not subject to appeal. Consistent with JRCERT Policy 10.700 (enclosed), the program must notify currently enrolled and accepted students, as well as the public via a website posting, of this status within 30 days of receipt of this letter. The program is required to submit a representative sample of such notification and list of recipients to the JRCERT no later than **December 6, 2023**.

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Consistent with JRCERT Policy 11.500, the JRCERT has determined that program officials would benefit from a JRCERT-sponsored Accreditation Seminar and/or Outcomes Assessment Workshop. Documentation of the program director and/or clinical coordinator's attendance at an Accreditation Seminar and/or Outcomes Assessment Workshop must be submitted no later than **October 27, 2024**. A complete listing of dates and locations for all JRCERT-sponsored seminars and workshops is available at www.jrcert.org/events.

The program is also advised that consistent with JRCERT Policy 11.600, the JRCERT reserves the right to conduct unannounced site visits of accredited programs. The sponsoring institution would be responsible for the expenses of any on-site evaluation.

The Joint Review Committee on Education in Radiologic Technology Directors and staff encourage you and the program faculty to continue your efforts in developing a quality educational program. If we can be of further assistance, do not hesitate to contact the office.

Sincerely,



Tracy Herrmann, Ph.D., R.T.(R), FAEIRS
Chair

TH/LFW/jm

copy: Program Director: Matthew D. Kolar, M.S., DABR
Chairman: John Suh, M.D.
USDE
MDCB