Radiology Clinical Privileges

Name: 
Effective Dates: __________ To: __________

☐ Initial privileges (initial appointment) 
☐ Renewal of privileges (reappointment) 
☐ Expansion of privileges (modification)

INSTRUCTIONS
All new applicants must meet the following requirements as approved by the UNM SRMC Board of Directors effective: 03/21/2012

Applicant: Check off the "Requested" box for each privilege requested. Applicants have the burden of producing information deemed adequate by the hospital for a proper evaluation of current competence, current clinical activity, and other qualifications, and for resolving any doubts related to qualifications for requested privileges.

Clinical Service Chief: Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

Other requirements:
Note that privileges granted may be exercised only at UNM SRMC and in setting(s) that have the appropriate equipment, license, beds, staff, and other support required to provide the services defined in this document. Site-specific services may be defined in hospital or department policy. This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.
To be eligible to apply for Core Privileges in Diagnostic Radiology, the initial applicant must meet the following criteria:

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited post-graduate training program in diagnostic radiology.

AND

Current certification by the American Board of Radiology or the American Osteopathic Board of Radiology or active participation in the examination process leading to certification by the American Board of Radiology or the American Osteopathic Board of Radiology within 36 months.

Notwithstanding the foregoing, applicants for clinical privileges may seek an exception to this Board Certification requirement under Section 2.004 of the Bylaws of the Medical Staff of UNM Sandoval Regional Medical Center (the "Medical Staff Bylaws") and may be granted clinical privileges if such applicant is determined, in accordance with Section 2.004 of the Medical Staff Bylaws, to have qualified for one or more of these exceptions.

Required Previous Experience: Applicants for initial appointment must be able to demonstrate performance and interpretation of an adequate volume of radiologic tests or procedures commensurate with the subspecialty or demonstrate successful completion of a hospital-affiliated accredited residency or special clinical fellowship.

Reappointment Requirements: To be eligible to renew core privileges in Radiology, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested based on the results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.
Diagnistic Radiology Core Privileges

Perform general diagnostic radiology including interpretation of plain radiographs, GI contrast studies, fluoroscopy, intravenous pyelography, cystography (IV and retrograde), ultrasound, ultrasound-guided procedures, vascular ultrasound, nuclear medicine studies using radionuclides including cardiovascular imaging, neuroradiology, body imaging, minimally invasive procedures (e.g. CT and ultrasound guided biopsy), lumbar puncture, computerized tomography, MRI (including MRA, spectroscopy and functional imaging), and myelography (CT and Radiographic) for patients of all ages (except as specifically excluded from practice). These privileges include the performance of a history and physical exam, the assessment and stabilization of patients, and determining the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges include assisting in any subspecialty core or non-core specialty interpretation or procedure while under the direct supervision of a so privileged radiologist. Also included are any interpretive or diagnostic extensions of the core techniques and skills approved for the provider by the Medical Director of Radiology.

☐ Requested
☐ Not Requested

Teleradiology Core Privileges

The core privileges to include the remote interpretation and consultation with providers of radiographic images.

☐ Requested
☐ Not Requested
Radiology Clinical Privileges

Name: 
Effective Dates: __________ To: __________

Qualifications for Subspecialty Core Privileges in Vascular and Interventional Radiology

To be eligible to apply for Subspecialty Core Privileges in Vascular and Interventional Radiology, the initial applicant must meet the following criteria:

Successful completion of an ACGME or AOA accredited residency-training program in diagnostic radiology followed by completion of a fellowship-training program in vascular and interventional radiology.

OR

Current certification in Radiology by the American Board of Radiology or the American Osteopathic Board of Radiology and completion of a fellowship-training program in vascular and interventional radiology.

OR

Current certification in radiology by the American Board of Radiology or the American Osteopathic Board of Radiology and a documented body of experience that meets the requirements of the Medical Director of Radiology.

Reappointment Requirements: To be eligible to renew core privileges in Vascular and Interventional Radiology, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of with acceptable results, reflective of the scope of privileges requested based on the results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

Subspecialty Core Privileges Vascular and Interventional Radiology

Evaluate, diagnose and treat patients of all ages (except as specifically excluded) by percutaneous methods guided by various radiologic imaging modalities. These include fluoroscopy, digital radiography, computed tomography, sonography and magnetic resonance imaging, and performance of invasive diagnostic and therapeutic radiological procedures. To include angiography, venography, angioplasty, stent filter and coil placement, central line placement, image guided biopsy, image guided drain catheter placement, image guided embolization and thrombolysis, myelography, image guided spine interventions and ablation. These privileges include the performance of a history and physical exam, the assessment and stabilization of patients, and determining the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty require the approval by the Medical Director of Radiology and the Clinical Service.

☐ Requested  
☐ Not Requested
Radiology Clinical Privileges

Name: __________________________
Effective Dates: ____________ To: ____________
Subspecialty Non-Core Privileges  Endovascular Surgical Neuroradiology *

To be eligible to apply for subspecialty non-core privileges in Endovascular Surgical Neuroradiology, the initial applicant must meet the following criteria:

Certified for Radiology Core Privileges plus successful completion of an ACGME-accredited postgraduate training program in Endovascular Neuroradiology.

OR

Certified Neurosurgical training and completion of an accredited post graduate training program in Endovascular Neuroradiology as approved by the Medical Director of Radiology.

Reappointment Requirements: To be eligible to renew core privileges in Endovascular Surgical Neuroradiology, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of with acceptable results, reflective of the scope of privileges requested, based on the results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

Endovascular Surgical Neuroradiology Subspecialty Core Privileges

Diagnose and treat patients of all ages except as specifically excluded from practice with diseases of the central nervous system by use of catheter technology, radiologic imaging, and clinical expertise. These privileges include the performance of a history and physical exam, the assessment and stabilization of patients, and determining the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. Privileges shall include those procedures, which the individual practitioner has been approved to perform by the Medical Director of Radiology.

☐ Requested
☐ Not Requested
Subspecialty Core Privileges

To be eligible to apply for Subspecialty Core Privileges in Neuroradiology, the initial applicant must meet the following criteria:

As for Diagnostic Radiology plus successful completion of Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited postgraduate training program in Neuroradiology.

OR

Current certification in radiology by the American Board of Radiology or the American Osteopathic Board of Radiology and a documented body of subspecialty training and experience that meets the requirements of the Medical Director of Radiology.

Reappointment Requirements: To be eligible to renew core privileges in Radiology, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, based on the results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

Neuroradiology Subspecialty Core Privileges

Evaluate, diagnose, treat, and/or provide consultation to patients of all ages (except as specifically excluded) with diseases, disorders, injuries of the brain, spine and spinal cord, head, neck, and organs of special sense in adults and children utilizing integration of neuroimaging with laboratory examinations, and physiologic testing. These privileges include the performance of a history and physical exam, the assessment and stabilization of patients, and determining the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty included image guided spine interventions and any additional procedures require the approval by the Medical Director of Radiology.

☐ Requested
☐ Not Requested
Subspecialty Core Privileges

To be eligible to apply for core privileges in Mammography, the initial applicant must meet the following criteria:

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited post-graduate training program in radiology followed by post-graduate training in mammography.

OR

Current certification in radiology by the American Board of Radiology or the American Osteopathic Board of Radiology and a documented body of experience that meets the requirements of the Medical Director of Radiology.

AND

Meet or exceed current MQSA requirements for experience and continuing education.

Reappointment Requirements: To be eligible to renew core privileges in Mammography, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence as evidenced through maintenance of MQSA requirements as well as departmental review and certification by the Medical Director of Radiology.

Mammographic Radiology Subspecialty Core Privileges

Interpret diagnostic and screening mammograms, ultrasound of the breast and MRI of the breast. Perform stereotactic biopsy and needle localization. Perform ultrasound guided breast biopsy and localization. Perform MRI guided breast biopsy and localization. Consult, evaluate and recommend treatment for patients with breast disease of all ages both male and female. These privileges include the performance of a history and physical exam, the assessment and stabilization of patients, and determining the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.

☐ Requested
☐ Not Requested
To be eligible to apply for core privileges in Pediatric Radiology, the initial applicant must meet the following criteria:

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited post-graduate training program in radiology followed by post-graduate training in pediatric radiology.

OR

Current certification in radiology by the American Board of Radiology or the American Osteopathic Board of Radiology and a documented body of experience that meets the requirements of the Medical Director of Radiology.

Reappointment Requirements: To be eligible to renew core privileges in Pediatric Radiology, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, based on the results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

Pediatric Radiology Subspecialty Core Privileges

Evaluate, diagnose, treat, and/or provide consultation to pediatric patients (except as specifically excluded) with diseases, disorders and injuries of children utilizing integration of pediatric imaging with laboratory examinations, and physiologic testing. These privileges include the performance of a history and physical exam, the assessment and stabilization of patients, and determining the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include procedures approved for the individual provider by the Medical Director of Radiology.

☐ Requested

☐ Not Requested
To be eligible to apply for Subspecialty Core Privileges in Nuclear Medicine, the initial applicant must meet the following criteria:

As for Diagnostic Radiology plus successful completion of Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited postgraduate training program in Nuclear Medicine and Board Certification.

OR

Current certification in radiology by the American Board of Radiology or the American Osteopathic Board of Radiology and a documented body of subspecialty training and experience including board certification that meets the requirements of the Medical Director of Radiology.

Reappointment Requirements: To be eligible to renew core privileges in Nuclear Medicine, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, based on the results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

Nuclear Medicine Subspecialty Core Privileges

Evaluate, diagnose, treat, and/or provide consultation to patients (except as specifically excluded) utilizing both diagnostic and therapeutic radiopharmaceuticals. These privileges include the performance of a history and physical exam, the assessment and stabilization of patients, and determining the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures approved for the individual provider by the Medical Director of Radiology.

☐ Requested
☐ Not Requested
Additional Special Non-Core Privileges

Additional Non-Core Privileges will be recommended by the Medical Director of Radiology on a case-by-case basis after careful review of the clinician's education and experience in the specialty modality or procedure for which privileges are requested.

At a minimum, the requesting physician will be required to meet the criteria for Core Privileges in Diagnostic Radiology.

CARDIOVASCULAR MAGNETIC RESONANCE (CMR)

☐ Requested
☐ Not Requested

CARDIAC (CT) AND COMPUTED TOMOGRAPHY ANGIOGRAM (CTA)

☐ Requested
☐ Not Requested

PERCUTANEOUS VERTEBROPLASTY

☐ Requested
☐ Not Requested

BALLOON KYPHOPLASTY

☐ Requested
☐ Not Requested

Endovenous Laser Ablation (ELVA)*

☐ Requested
☐ Not Requested

BREAST CRYOABLATION

☐ Requested
☐ Not Requested
Name:
Effective Dates: __________ To: __________

Virtual Colonoscopy

☐ Requested
☐ Not Requested
Radiology Clinical Privileges

Name:
Effective Dates: __________ To: __________

Intradiscal Electrothermal Therapy (IDET)

☐ Requested
☐ Not Requested

Yttrium 90 Radioembolization*

☐ Requested
☐ Not Requested

Endovascular Repair of Thoracic Aortic Aneurysms (TAA)*

☐ Requested
☐ Not Requested

Cerebral and Carotid Angiography

☐ Requested
☐ Not Requested

QUALIFICATIONS FOR CAROTID STENTING

☐ Requested
☐ Not Requested

Administration of Sedation and Analgesia (Separate Form Required)

☐ Requested
☐ Not Requested

Limited Ultrasound for Guided Procedure (Separate Form Required)

☐ Requested
☐ Not Requested
Acknowledgment of Practitioner

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at UNM SRMC, and I understand that:

a. In exercising any clinical privileges granted, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.

b. Any restriction on the clinical privileges granted to me is waived in an emergency situation, and in such situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Signed ____________________________ Date ______________________

Clinical Service Chief’s Recommendation

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

☐ Recommend all requested privileges.
☐ Recommend privileges with the following conditions/modifications:
☐ Do not recommend the following requested privileges:

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<tr>
<th>Privilege</th>
<th>Condition/Modification/Explanation</th>
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Notes:

____________________________________________________________________
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Print Name ____________________________ Signature ____________________________ Date ________________

Clinical Service Chief or Designee Signature