

## UNMH Radiation Oncology Clinical Privileges

Name:

Effective Dates: \_\_\_\_\_ To: \_\_\_\_\_

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

*All new applicants must meet the following requirements as approved by the UNMH Board of Trustees effective: 01/31/2014*

### **INSTRUCTIONS**

**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.

**Department Chair:** 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**

1. Note that privileges granted may only be exercised at UNM Hospitals and clinics 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.
2. This document defines qualifications to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

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### *Qualifications for Radiation Oncology*

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***Initial requirements*** - *To be eligible to apply for core privileges in radiation oncology, 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 residency in radiation oncology

AND/OR

Current certification or active participation in the examination process leading to certification in therapeutic radiology or radiation oncology by the American Board of Radiology or the American Osteopathic Board of Radiology.

***Required previous experience:*** Applicants for initial appointment must be able to demonstrate the performance of at least 50 irradiation procedures, reflective of the scope of privileges requested, during the past 12 months or demonstrate successful completion of an ACGME- or AOA-accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.

***Reappointment requirements*** - *To be eligible to renew core privileges in radiation oncology, the applicant must meet the following maintenance of privilege criteria:*

Current demonstrated competence and an adequate volume of experience (50 irradiation procedures) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on the results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform the privileges requested is required of all applicants for renewal of privileges.

### ***Core Privileges: RADIATION ONCOLOGY***

Admit and provide comprehensive (multidisciplinary) evaluation and treatment planning for patients with cancer, related disorders, and therapeutic radiation for benign diseases, and consult on patients of all ages. Assess, stabilize, and determine 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 on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

**Requested**

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### *Radiation Oncology Core Procedures List*

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This list is a sampling of procedures included in the core. This is not intended to be an all-encompassing list but rather reflective of the categories/types of procedures included in the core.

**To the applicant:** If you wish to exclude any procedures, please strike through those procedures which you do not wish to request, then initial and date.

1. Administration of drugs and medicines related to radiation oncology and cancer supportive care
2. Administration of radiosensitizers, radioprotectors under appropriate circumstances
3. Brachytherapy both interstitial and intracavitary and unsealed radionuclide therapy, provided the physician is an **Authorized User** as documented by the State of New Mexico and UNM Radiation Safety.
4. Combined modality therapy (e.g., surgery, radiation therapy, chemotherapy, or immunotherapy used concurrently or in a timed sequence)
5. Computer assisted treatment simulation and planning (external beam therapy and radioactive implants)
6. Fractionated stereotactic radiotherapy
7. Immunotherapy
8. Intraoperative radiation therapy
9. Interpretation of studies as they pertain to neoplastic or benign conditions
10. Perform history and physical exams
11. Placement of catheters, IV's, IV contrast dye and radiopaque devices that pertain to treatment planning
12. Radiation prescription of doses, treatment volumes, field blocks, molds and other special devices for external beam therapy
13. Radiation therapy by external beam (photon and electron irradiation)
14. Radiation therapy contact therapy (SR, molds, etc.)
15. Radioactive isotope therapy: intraperitoneal, intracavitary, interstitial, intraluminal implantation, regional and systemic, and intravenous, radioactive antibody therapy, provided the physician is an **Authorized User** as documented by the State of New Mexico and UNM Radiation Safety
16. Total body irradiation
17. X-ray, ultrasound, CT, MRI and PET, assisted treatment planning

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### **Special Non-Core Privileges** (*See Specific Criteria*)

If desired, non-core privileges are requested individually in addition to requesting the core. Each individual requesting non-core privileges must meet the specific threshold criteria governing the exercise of the privilege requested including training, required experience, and maintenance of clinical competence.

### ***Qualifications for HDR Brachytherapy***

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**Criteria:** In addition to the requirements for core privileges in radiation oncology, successful documented completion of an accredited ACGME or AOA postgraduate training program in radiation oncology with that included training in high dose rate (HDR) brachytherapy and/or completion of a formal course in HDR brachytherapy. Experience and training must be in the particular radiation therapy system to be used. The applicant may receive training at UNM, which requires 5 proctored cases prior to privileging. Furthermore, in order to be privileged in HDR brachytherapy, the physician must be an authorized user with specific documentation for the modality/isotope utilized as documented by the State of New Mexico (contact Radiation Safety for details).

**Required previous experience:** Demonstrated current competence and evidence of the performance of at least 3 regular HDR brachytherapy procedures in the past 12 months.

**Reappointment requirements:** Demonstrated current competence and evidence of the performance of at least 3 regular HDR brachytherapy procedures in the past 24 months based on the results of ongoing professional practice evaluation and outcomes. Applicant must demonstrate training and experience with the specific radiation therapy system to be used.

### ***Non-Core Privileges: HDR Brachytherapy***

**Requested**

### ***Qualifications for Stereotactic Radiosurgery***

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**Criteria:** In addition to the requirements for core privileges in radiation oncology, successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in radiation oncology that included documented training in stereotactic radiosurgery (SRS) or completion of an approved training program in radiosurgery. If training in SRS was not obtained during residency, the applicant must present evidence of equivalent training. The applicant may receive training at UNM, which requires 5 proctored cases prior to privileging. Applicant must demonstrate training and experience with the specific delivery system to be used. If the applicant has experience with a different delivery system, then they may receive credentialing here after supervision of 3 cases. (*UNM uses Linac-based SRS*).

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**Required previous experience:** Demonstrated current competence and evidence of the performance of at least 3 radiosurgery procedures in the past 12 months. In addition, proctoring by an experienced radiosurgery physician is required for at least the first 3 cases.

**Reappointment requirements:** Demonstrated current competence and evidence of the performance of at least 3 radiosurgery procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

### ***Non-Core Privileges: Stereotactic Radiosurgery***

**Requested**

### **Qualifications for Stereotactic Body Radiotherapy**

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**Criteria:** In addition to the requirements for core privileges in radiation oncology, successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in radiation oncology that included training in stereotactic body radiotherapy (SBRT) or completion of an approved training program in SBRT. If training in SBRT was not obtained during residency, the applicant must present evidence of equivalent training. The applicant may receive training at UNM, which requires 5 proctored cases prior to privileging.

**Required previous experience:** Demonstrated current competence and evidence of the performance of at least 3 SBRT procedures in the past 12 months. In addition, proctoring by an experienced radiosurgery physician is required for at least the first 3 cases.

**Reappointment requirements:** Demonstrated current competence and evidence of the performance of at least 3 SBRT procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

### ***Non-Core Privileges: STEREOTACTIC BODY RADIO THERAPY***

**Requested**

## UNMH Radiation Oncology Clinical Privileges

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### **Qualifications for Transperineal Permanent Prostate Brachytherapy**

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**Criteria::** In addition to the requirements for core privileges in radiation oncology, successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in radiation oncology that included training in transperineal permanent prostate brachytherapy (TPPB) or completion of an approved training program in TPPB. If training in TPPB was not obtained during residency, the applicant must present evidence of equivalent training. The applicant may receive training at UNM, which requires 5 proctored cases prior to privileging.

**Required previous experience:** Demonstrated current competence and evidence of the performance of at least 3 TPPB procedures in the past 12 months. In addition, proctoring by an experienced radiosurgery physician is required for at least the first 3 cases.

**Reappointment requirements:** Demonstrated current competence and evidence of the performance of at least 3 TPPB procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

#### ***Non-Core Privileges: Transperineal Permanent Prostate Brachytherapy***

**Requested**

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### **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 Hospitals and clinics, 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 directors' recommendations**

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and recommend action as presently requested above:

Signed \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

### **Department Chair recommendation**

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

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

Privilege Condition/Modification/Explanation

Notes:

\_\_\_\_\_

\_\_\_\_\_

Department Chair Signature \_\_\_\_\_ Date \_\_\_\_\_

Criteria approved by UNMH Board of Trustees on 01/31/2014