

UNMH Radiology 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: 06/27/2014

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. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

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Qualifications for Diagnostic Radiology

Initial Applicant - To be eligible to apply for 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.

AND

Required current experience: Provision of care, reflective of the scope of privileges requested, for an acceptable volume of general radiology examinations in the past 12 months, or successful completion of an ACGME or AOA accredited residency or clinical fellowship within the past 12 months.

Reappointment (Renewal of Privileges) Requirements - To be eligible to renew privileges in diagnostic radiology, the reapplicant must meet the following criteria:

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

CORE PRIVILEGES: *Diagnostic Radiology*

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, fluoroscopic and ultrasound guided biopsy/aspiration/therapeutic injection), 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

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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 Radiology Clinical Service Chief (Department Chair).

Requested

Diagnostic Radiology Core Procedures List

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. Bone densitometry
2. Computed tomography (CT) of the head, neck, spine, body, chest, including the heart, abdomen, and pelvis, extremities and their associated vasculatures,
3. Diagnostic nuclear radiology of the head, neck, spine, body, chest, including the heart, abdomen, and pelvis, extremities and their associated vasculatures, including positron emission tomography (PET)
4. Magnetic resonance imaging (MRI) of the head, neck, spine, body, chest including the heart, abdomen, and pelvis, extremity and their associated vasculatures.
5. Mammography (in accordance with MQSA required qualifications)
6. Routine imaging, e.g., interpretation of plain films, intravenous or retrograde pyelography, fluoroscopy, chest/abdomen, pelvis/gastrointestinal and genitourinary diagnostic and therapeutic procedures
7. Image guided biopsy, aspiration, and therapeutic procedures (e.g. lumbar puncture, arthrography)
8. Ultrasound of the head, neck, spine, chest, abdomen and pelvis, extremities and their associated vasculatures.

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CORE PRIVILEGES: *Teleradiology*

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

Requested

Teleradiology Core Procedures List

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. Computed tomography (CT) of the head, neck, spine, body, chest including the heart, abdomen, and pelvis, extremities and their associated vasculatures
2. Diagnostic nuclear radiology of the head, neck, spine, body, chest including the heart, abdomen, and pelvis, extremities and their associated vasculatures.
3. Magnetic resonance imaging (MRI) of the head, neck, spine, body, chest including the heart, abdomen, and pelvis, extremity and their associated vasculatures, and muscular skeletal structures etc
4. Positron emission tomography (PET)
5. Mammography (in accordance with MQSA required qualifications)
6. Routine imaging, e.g., interpretation of plain films

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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 Vascular and Interventional Radiology

Initial Applicant - *To be eligible to apply for 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

AND

Completion of a fellowship-training program in vascular and interventional radiology or equivalent experience as determined by the Radiology Clinical Service Chief (Department Chair)

AND

Current board certification in Radiology, or eligibility with active engagement in process toward Radiology, by the American Board of Radiology or the American Osteopathic Board of Radiology

AND

Required current experience: Provision of care, reflective of the scope of privileges requested, for an acceptable volume of vascular and interventional radiology cases in the past 12 months, or successful completion of an ACGME or AOA accredited residency or clinical fellowship within the past 12 months.

Reappointment (Renewal of Privileges) Requirements - *To be eligible to renew privileges in vascular and interventional radiology, the reapplicant must meet the following criteria:*

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

NON-CORE PRIVILEGES: *Vascular and Interventional Radiology*

Admit, evaluate, diagnose and treat patients of all ages (except as specifically excluded) by

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percutaneous methods guided by various radiologic imaging modalities. These modalities include fluoroscopy, digital radiography, computed tomography, sonography and magnetic resonance imaging. 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.

Requested

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. Perform history and physical exam
2. Angiography / arteriography of vessels of the neck, chest, abdomen, pelvis and extremities
3. Angioplasty/ stent placement of vessels of the neck, chest, abdomen, pelvis and extremities
4. Arthrography
5. Coil occlusions of aneurysms
6. Insertion and management of central venous and dialysis access line
7. Intracerebral diagnostic studies and interventions
8. Lymphography
9. Myelography and cisternography
10. Pain procedures including epidural steroid injection, nerve blocks and discography
11. Non vascular interventional procedures, including soft tissue biopsy, abscess and fluid drainage, gastrostomy tube insertion, nephrostomy tube insertion, biliary procedures, ablation of neoplasms and cysts and ureteral stents.
12. Placement of catheter for tumor treatment
13. Placement of inferior vena cava filter
14. Therapeutic infusion of vasoactive agents
15. Therapeutic vascular radiology including balloon angioplasty, stent placement, atherectomy, intra-arterial and intravenous thrombolytic therapy, and embolization/ablation including transarterial chemoembolization (excludes carotid and intracranial intervention)
16. Spinal diagnostic studies and interventions including vertebroplasty and kyphoplasty
17. Transcervical fallopian tube recanalization
18. Transjugular intrahepatic portosystemic shunt (tips)
19. Uterine artery embolization
20. Venography and venous sampling

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Qualifications for Interventional Neuroradiology

Initial Applicant - To be eligible to apply for privileges in neuroradiology, the initial applicant must meet the following criteria:

Meets requirements for privileging in 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 neurointerventional radiology.

AND

Current certification in neuroradiology or neurointerventional radiology or actively engaged in the certification process through 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 Radiology Clinical Service Chief (Department Chair).

AND

Required current experience: Provision of care, reflective of the scope of privileges requested, for an acceptable volume of neuroradiology cases in the past 12 months, or successful completion of an ACGME or AOA accredited residency or clinical fellowship within the past 12 months.

Reappointment (Renewal of Privileges) Requirements - To be eligible to renew privileges in neuroradiology, the reapplicant must meet the following criteria:

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

NON-CORE PRIVILEGES: *Interventional Neuroradiology*

Admit, 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.

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Requested

Interventional Neuroradiology Core Procedures List

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. Angiography
2. Cerebral and Carotid Angiography and interventions (including stents, angioplasty, and thrombolysis)
3. Image guided spine interventions, including angiography
4. Kyphoplasty
5. Vertebroplasty

Qualifications for Nuclear Medicine Therapy

Initial Applicant - *To be eligible to apply for privileges in nuclear medicine therapy, the initial applicant must meet the following criteria:*

Meets requirements for privileging in Diagnostic Radiology

AND

Has Authorized User status under the UNM Radioactive Materials License for therapeutic administration of radiopharmaceuticals. The credentialed area is the same as the Authorized User status (e.g., I-131 less than 33 mCi, I-131 greater than 33 mCi, parenteral therapies, or any other specifications as designated by the UNM Radioactive Materials License).

AND

Required current experience: Provision of care, reflective of the scope of privileges requested, for an acceptable volume of nuclear medicine patients in the past 24 months, or successful completion of an ACGME accredited nuclear medicine residency or clinical fellowship within the past 24 months.

Reappointment (Renewal of Privileges) Requirements - *To be eligible to renew privileges in nuclear medicine, the reapplicant must meet the following criteria:*

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

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NON-CORE PRIVILEGES: *Nuclear Medicine Therapy*

Evaluate, diagnose, treat, and/or provide consultation to patients (except as specifically excluded) utilizing both diagnostic and therapeutic radiopharmaceuticals. The therapeutic radiopharmaceuticals that can be prescribed (by written directive) by the individual include only the radiopharmaceuticals for which they achieved Authorized User status on the UNMH Radioactive Materials License. The core privileges in this specialty include the procedures approved for the individual provider by the Radiology Clinical Service Chief (Department Chair).

Requested

Qualifications for Cardiac Computed Tomography (CT)

Criteria: Successful completion of: an ACGME or AOA accredited post graduate training program in radiology, or nuclear medicine¹ that included training in Cardiac CT and CTA. If the applicant's postgraduate program did not include cardiac CT angiography training, applicants must demonstrate that they have successfully completed a formal course in Cardiac CT and cardiac imaging, which included Cardiac CT and the interpretation, reporting, and/or supervised review of an adequate number of Cardiac CT examinations in the last 24 months as determined by the Radiology Clinical Service Chief (Department Chair).

Required Current Experience: Demonstrated current competence and evidence of an adequate volume of exams in the past 24 months or completion of training in the past 12 months.

Renewal of Privilege: Demonstrated current competence and evidence of the performance of an adequate volume of exams based on results of ongoing professional practice evaluation and outcomes in the past 24 months. In addition, continuing education related to the performance and interpretation of cardiac CT angiograms is required.

NON-CORE PRIVILEGES: *Cardiac Computed Tomography (CT)*

Requested

Qualifications for Percutaneous Vertebroplasty

Criteria: Successful completion of an ACGME or AOA-accredited residency program in neurosurgery that included training in percutaneous vertebroplasty or completion of an approved training course in percutaneous vertebroplasty which included proctoring. All training must include the performance of successful vertebroplasties in an adequate number of patients (determined by the

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Department Chair) as the primary operator, under the supervision of a qualified physician, and without complications. Applicants must also have completed training in radiation safety.

Required Current Experience: Demonstrated current competence and evidence of the performance of an adequate volume of experience with acceptable results in the past 24 months or completion of training in the past 12 months.

Renewal of Privilege: Applicant must be able to demonstrate current competence and evidence of the performance of an adequate volume of percutaneous vertebroplasty procedures with acceptable results in the past 24 months based on ongoing professional practice evaluation and outcomes.

NON-CORE PRIVILEGES: *Percutaneous Vertebroplasty*

Requested

Qualifications for Balloon Kyphoplasty

Criteria: Successful completion of an ACGME or AOA-accredited fellowship in radiology, or interventional radiology. Applicants must also have completed an approved training course in the use of the inflatable bone tamp and have been proctored in their initial cases by a balloon kyphoplasty company manufacturer representative. Applicants must also have completed training in radiation safety.

Required Current Experience: Demonstrated current competence and evidence of the performance of an adequate volume of balloon kyphoplasty procedures with acceptable results in the past 24 months or completion of training in the past 12 months.

Renewal of Privilege: Demonstrated current competence and evidence of the performance of an adequate volume of balloon kyphoplasty procedures with acceptable results in the past 24 months based on ongoing professional practice evaluation and outcomes.

NON-CORE PRIVILEGES: *Balloon Kyphoplasty*

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 _____

Department recommendation(s)

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

- Recommend all requested privileges with the standard professional practice plan
- Recommend privileges with the standard professional practice plan and the following conditions/modifications:
- Do not recommend the following requested privileges:

Privilege Condition/Modification/Explanation

Notes:

Department Chair Signature _____ Date _____

Print Name _____

Criteria approved by UNMH Board of Trustees on 06/27/2014