

RADIOLOGY AND TELE-RADIOLOGY CLINICAL PRIVILEGES

Name: _____
Effective from ____/____/____ to ____/____/____ (for MSO staff use only)

All new applicants must meet the following requirements as approved by the governing body.

Effective: _____/_____/_____.

Initial Privileges (Initial Appointment)

Renewal of Privileges (Reappointment)

Applicant: Please check the ***“Requested”*** box for each privilege requested.

Applicants have the burden of producing information and documentation 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 not recommended, provide the condition or explanation on the last page of this form.

Other Requirements

- 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.
- Note that privileges granted may only be exercised at the site(s) designated by CCRMC and/or setting(s) that have sufficient space, equipment, staffing, and other resources required to support the privilege.

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QUALIFICATIONS FOR DIAGNOSTIC RADIOLOGY AND TELE-RADIOLOGY

Initial Applicants: To be eligible to apply for privileges in Diagnostic Radiology and Teleradiology, the applicant must meet the following criteria:

1. Documentation of successful completion of an Accreditation Council for Graduate Medical Education (ACGME) – or American Osteopathic Association (AOA) – accredited residency in diagnostic radiology.

AND

2. Current certification or Board eligibility (with achievement of certification within the required time frame set forth by the respective Boards) leading to certification in radiology by the American Board of Radiology or by the American Osteopathic Board of Radiology

AND

3. Documentation of performance and interpretation of at least 500 radiological examinations, reflective of the scope of privileges requested, or successful completion of an ACGME– or AOA–accredited residency or clinical fellowship within the past 24 months. Please provide a clinical activity/procedure log.

Renewal of Privileges: To be eligible to renew privileges in Diagnostic Radiology and Teleradiology, the applicant must meet the following criteria:

1. Maintenance of Certification or Osteopathic Ongoing Certification is required.

AND

2. Current demonstrated competence and an adequate volume of experience (500 general radiological examinations) with acceptable results, reflective of the scope of privileges requested, within the past 24 months, based on results of ongoing professional practice evaluation and outcomes.

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Core Privileges: Diagnostic Radiology and Teleradiology

Requested: DIAGNOSTIC RADIOLOGY AND TELE-RADIOLOGY

Perform general diagnostic radiology (X-ray, ultrasound, and CT/MRI) to diagnose diseases of patients of all ages, including via a tele-radiographic link. Responsible for communicating critical values and critical findings to ordering providers.

The core privileges in this specialty include the procedures on the attached procedures list and such other procedures that are extensions of the same techniques and skills, as determined by the department chair.

CORE PROCEDURE/TREATMENT LIST

This is not intended to be an all-encompassing list. It defines the types of activities/procedures/privileges that most practitioners in this specialty perform at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques as determined by the department chair.

To the Applicant: If you wish to exclude any procedures, due to lack of current competency, please strike through the procedures that you do not wish to request and then initial and date.

Diagnostic Radiology and Tele-radiology

- CT of the head, neck, spine, body, chest (excluding cardiac), abdomen, pelvis, and extremities and their associated vasculatures.
- MRI of the head, neck, spine, body, chest (excluding cardiac), abdomen, pelvis, extremities and their associated vasculatures, and muscular skeletal structures, etc.
- Routine imaging (e.g., interpretation of plain films)

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QUALIFICATIONS FOR VASCULAR AND INTERVENTIONAL RADIOLOGY (VIR)

Initial applicants: To be eligible to apply for privileges in vascular and interventional radiology, the initial applicant must meet the following criteria:

1. Successful completion of an ACGME– or AOA–accredited residency in diagnostic radiology, followed by completion of a one-year accredited fellowship in vascular and interventional radiology.

AND

2. Documentation of current subspecialty certification or board eligibility (with achievement of certification within the required time frame set forth by the respective Boards) leading to subspecialty certification in vascular and interventional radiology by the American Board of Radiology or completion of a certificate of added qualifications in vascular and interventional radiology by the American Osteopathic Board of Radiology.

AND

3. Documentation of at least 200 vascular and interventional radiology procedures, reflective of the scope of privileges requested, in the past 24 months, or successful completion of an ACGME– or AOA–accredited residency or clinical fellowship within the past 24 months.

Renewal of privileges: To be eligible to renew privileges in vascular and interventional radiology, the applicant must meet the following criteria:

1. Maintenance of Certification or Osteopathic Ongoing Certification is required.
2. Current documented competence and at least 200 vascular and interventional procedures 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. Continuing medical education related to vascular and interventional radiology is required.

Requested: VASCULAR AND INTERVENTIONAL RADIOLOGY

Admit, evaluate, diagnose, and treat patients (> 14 years old) by various radiologic imaging

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modalities (fluoroscopy, digital radiography, CT, sonography, and MRI). May provide care to patients in the intensive care setting. Assess, stabilize, and determine the disposition of patients with emergent conditions regarding emergency and consultative call services.

CORE PROCEDURE/TREATMENT LIST

This is not intended to be an all-encompassing list. It defines the types of activities/procedures/privileges that most practitioners in this specialty perform at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques as determined by the department chair.

To the Applicant: If you wish to exclude any procedures, due to lack of current competency, please strike through the procedures that you do not wish to request and then initial and date.

Vascular and Interventional Radiology

- Insertion and management of central venous and dialysis access line
- Angiography/arteriography
- Angioplasty
- Coil occlusions of aneurysms
- Myelography and cisternography
- Neuro-interventional procedures for pain, including epidural steroid injection, nerve blocks, and discography
- Nonvascular interventional procedure, including soft-tissue biopsy, abscess and fluid drainage, gastrostomy, nephrostomy, biliary procedures, and ureteral stents
- Noninvasive diagnostic vascular radiology, including ultrasonography, pulse volume recordings, CT, and MRI
- Placement of inferior vena cava filter
- Therapeutic infusion of vasoactive agents
- Uterine artery embolization for leiomyoma
- Venography and venous sampling

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Special Non-Core Privileges (See Specific Criteria)

Non-core privileges are requested individually in addition to requesting the core. Everyone requesting non-core privileges must meet the specific threshold criteria as applicable to the applicant.

Non-Core Privilege: Mammography

Mammography

Requested

- **Requirement:** must have MQSA required qualifications [i.e. 960 exams in the last 2 years, 60 hours documented Category I CME in mammography (40 hours if initially qualified before April 28, 1999), at least 15 of which must have been acquired in the three years immediately prior to the physician meeting his/her initial requirements].

Non-Core Privileges: Performance of Carotid Duplex

Requested: Performance of Carotid Duplex

Criteria for Initial Request:

1. Successful completion of one of an ACGME– or AOA–accredited residency or fellowship program that included training in carotid duplex performance/ interpretation and experience in interpreting at least 100 studies while under supervision

AND

2. Documented current competence and evidence of the performance and/or interpretation of at least 50 carotid duplex studies within the past 24 months, or completion of training within the past 24 months. Please provide clinical

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activity/procedure log.

Criteria for Renewal of Privileges:

1. Documented current competence and evidence of the performance and/ or interpretation of at least 50 carotid duplex studies within the past 24 months, based on results of ongoing professional practice evaluation and outcomes.

Non-Core Privilege: Administration of Sedation and Analgesia

Administration of Sedation and Analgesia:

Conscious Sedation (e.g. versed, morphine, fentanyl) – DOES NOT INCLUDE USE OF KETAMINE OR PROPOFOL

Ketamine (test required every 2 years)

Propofol (test required every 2 years)

Criteria for Initial Request:

1. Successful completion of an ACGME– or AOA–accredited post graduate training program which included training in administration of sedation and analgesia, including the necessary airway management skills, or department approved extra training and experience
AND
2. Documented current competence and evidence of the performance of at least 5 cases (can be any combination) within the past 24 months, or completion of training within the past 24 months. Please provide clinical activity/procedure log.

Criteria for Renewal of Privileges:

1. Documented current competence and evidence of the performance of at least 5 cases (can be any combination) within the past 24 months.

**FOCUSED PROFESSIONAL PRACTICE EVALUATION (FPPE)
for initial applicants**

1. Review of at least 9 readings, a minimum of 3 readings from 3 different days. FPPE/proctoring must be representative of the provider’s scope of practice.
2. Concurrent proctoring (direct observation) of at least three (3) procedures, reflective of the practitioner’s scope of practice. FPPE/proctoring must be representative of the provider’s scope of practice.

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3. FPPE/proctoring is also required for at least one (1) case of each of the requested non-core privileges. FPPE should be concluded as soon as possible (i.e. within the first 3-4 months after starting work at CCRMC).
4. FPPE should be concluded as soon as possible (i.e. within the first 3-4 months after starting work at CCRMC).
5. Completed FPPE forms must be submitted to the Credentialing Office.
6. It is the applicant's ultimate responsibility to make sure that FPPE and submission of all required paperwork to the Credentialing Office takes place in a timely manner. Failure to do so may result in loss or limitation of privileges.
7. **For low volume providers: please see separate FPPE/proctoring guidelines.**
8. **For more detailed information, please see separate FPPE/proctoring guidelines.**

ACKNOWLEDGMENT OF PRACTITIONER

I have requested only those privileges for which by education, training, current experience, and documented performance I am qualified to perform and for which I wish to exercise at Contra Costa Regional Medical Center, and I understand that:

- a. In exercising any clinical privileges granted, I will adhere 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 / DIVISION CHAIR'S RECOMMENDATION

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

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- 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:** _____

FOR MEDICAL STAFF SERVICES DEPARTMENT USE ONLY

Credentials Committee Approval	Date _____
Temporary Privileges	Date _____
Medical Executive Committee Approval	Date _____
Board of Supervisors Approval	Date _____