

Fluoroscopy for Non-Radiologists Clinical Privileges

Name: _____ **Application Date:** _____

Initial privileges (initial appointment)

<input type="checkbox"/>	<input checked="" type="checkbox"/> Requested
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Renewal of privileges (reappointment)

<input type="checkbox"/>	<input checked="" type="checkbox"/> Requested
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Expansion of privileges (modification)

<input type="checkbox"/>	<input checked="" type="checkbox"/> Requested
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Clinic: _____ **Location:** _____

Instructions

Applicant: Check off the “Requested” box for each privilege requested. Applicants have the burden of producing information deemed adequate by the UNMMG Board 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 & Clinic Medical Director: 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 UNMMG clinics that have the appropriate equipment, license, staff and other support required to provide the services defined in this document. Site-specific services may be defined in clinic or department policy.
2. This document defines qualification to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

Qualifications for Fluoroscopy for Non-Radiologists

Initial Privileges-To be eligible to apply for privileges in fluoroscopy for non-radiologists, the applicant must meet the following criteria:

1. MD/DO privileged in a medical specialty at UNMMG; **AND**

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2. Have completed the UNM Learning Central module *Initial Fluoroscopic Training*, and passed the test (80% correct), **AND** have the following qualifications:
3. Completion of a residency or fellowship training program which included the routine use of fluoroscopy, with associated radiation safety didactics specific to fluoroscopy, and adequate volume of fluoroscopy procedures;

OR

4. Direct supervision of at least **five (5) fluoroscopic procedures** by a physician privileged in fluoroscopy for each type of procedure for which the physician intends to use it. Physicians who perform complex interventional procedures (e.g., vascular, cardiovascular, neurological, urological) should have at a minimum **ten (10) fluoroscopic procedures** performed under direct supervision. The clinical training will be documented and maintained by the licensed practitioner's clinic and include but is not limited to the following:
 - a. Energize the x-ray tube to create the image;
 - b. Appropriate use of protective equipment;
 - c. Appropriate use of the personnel radiation dosimetry badge;
 - d. Appropriate positioning of the patient;
 - e. Dose saving techniques for patient and staff;
 - f. Device-specific shielding;
 - g. Requirements to document fluoroscopy time/radiation dose and Radiation Event Reporting procedure;
5. A fluoroscopy privileged physician attests that the trainee/peer meets the minimum clinical training and education experience as required above.

Reappointment (Renewal of Privileges) Requirements -To be eligible to renew privileges in fluoroscopy for non-radiologists, the re-applicant 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 twenty-four (24) months based on results of ongoing professional practice evaluation and outcomes; **AND**

Documented and successful completion of the Learning Central module *Fluoroscopy Refresher Training* and associated test each credentialing cycle.

Supervising Physician Approval: The provider requesting *Fluoroscopy for Non-Radiologists* privileges meets the criteria defined above.

Signature

Date Signed

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CORE PRIVILEGES: Fluoroscopy for Non-Radiologists

Requested

Acknowledgement 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 UNMMG Clinics, and I understand that:

- a. In exercising any clinical privileges granted, I am constrained by UNMMG Clinic and medical staff policies and rules applicable to 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 _____

Signatures

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:

Notes: _____

Department Chair: (Print & Sign) _____ **Date:** _____

UNMMG Medical Director: (Print & Sign) _____ **Date:** _____

CMO or ACO _____ **Date:** _____

Criteria Approved by UNMMG Board of Directors on 06-28-2018