

Radiology Clinical Privileges

Name: _____ **Application Date:** _____

Initial privileges (initial appointment)	<input type="checkbox"/> <input type="checkbox"/> Requested
Renewal of privileges (reappointment)	<input type="checkbox"/> <input type="checkbox"/> Requested
Expansion of privileges (modification)	<input type="checkbox"/> <input type="checkbox"/> Requested

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.

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Qualifications for Diagnostic Radiology Core:

Initial privileges - *To be eligible to apply for privileges in diagnostic radiology, the 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 diagnostic radiology;

AND

Current certification or active participation in the examination process, leading to specialty certification in radiology by the American Board of Radiology or the American Osteopathic Board of Radiology;

AND

Required current experience: Demonstrate provision of care, reflective of the scope of privileges requested, for an acceptable volume of general diagnostic radiology patients with acceptable outcomes during the past twelve (12) months, or demonstrate successful completion of an ACGME or AOA accredited residency or clinical fellowship within the past twelve (12) month

Reappointment (Renewal of Privileges) Requirements - *To be eligible to renew privileges in diagnostic radiology, 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 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.

Continued...

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CORE PRIVILEGES: *Diagnostic Radiology*

Perform general diagnostic radiology, including interpretation of plain radiographics, 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 performing a patient history and physical examination. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with Medical Staff policy regarding emergency and consultative call services. Core privileges in this specialty include assisting in any subspecialty core or non-core specialty interpretation or procedure while under the direct supervision of a so privileged radiologist. The core privileges also include any interpretative 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, pelvis, and extremities and their associated vasculatures.
3. Diagnostic nuclear radiology of the head, neck, spine, body, chest, including the heart, abdomen, pelvis, extremities and their associated vasculatures, including position emission tomography (PET)
4. Magnetic resonance imaging (MRI) of the head, neck, spine, body, chest, including the heart, abdomen, pelvis, and extremities and their associated vasculatures
5. Mammography (in accordance with MQSA required qualifications)
6. Routine imaging (e.g., interpretation of radiographs, 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)

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8. Ultrasound of the head, neck, spine, chest, abdomen, pelvis, and extremities and their associated vasculatures

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 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 ACMO _____ Date: _____

Criteria Approved by UNMMG Board of Directors on

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