

Privileges in Radiology

Applicant's Name:

Instructions:

- 1. Click the **Request** checkbox to request a group of **Core** *Privileges*.
- $2. \quad \textbf{Uncheck} \text{ any privileges you do not want to request in this group.}$
- $3. \quad \text{Individually check off any } \textbf{Special Privileges} \text{ you want to request.}$
- 4. Sign form electronically and submit with all required documentation.
- 5. To have **Administration of Sedation** privileges you must complete LPCH Sedation Privilege form (contact your medical staff coordinator for the form)

	Required Qualifications
Initial Core Criteria Education/Training	Required - Successful completion of an ACGME or AOA accredited Residency training program in Radiology-Diagnostic or foreign equivalent training
	AND
	Required - Valid Radiology Supervisor and Operator Certificate or Fluoroscopy Supervisor and Operator Permit Required
	AND
	Required - Current certification or active participation in the examination process leading to certification in Diagnostic Radiology by the American Board of Radiology or in Diagnostic Radiology by the American Osteopathic Board of Radiology or foreign equivalent training/board
	AND
	Either - Successful completion of an ACGME approved fellowship in pediatric radiology or foreign equivalent training.
	OR
	Required - Documentation of the performance and interpretation of a volume of radiologic tests or procedures commensurate with the subspecialty (for at least 100 inpatients or outpatients required during the past 2 years)
FPPE	FPPE CRITERIA LISTED BELOW. FPPE WILL BE ASSIGNED BY THE SERVICE CHIEF DURING THE APPROVAL PROCESS

Core Privileges

Request	Request all privileges listed below. Uncheck any privileges that you do not want to request.		
	Privileges to admit, diagnose, perform history and physical and consult through diagnostic workup planning, radiation monitoring, performing and interpreting diagnostic imaging procedures		
	Fluoroscopic procedures		
	Plain film interpretation		
	Small bowel studies		
	Videofluorographic speech studies		
	Retrograde urethrograms		
	IV urograms and limited contrast injection studies		
	Upper gastrointestinal studies		
	Contrast enema studies	1	
	Voiding cystourethrograms		
	Body CT with and without contrast		
	Body MR with and without contrast	1	
	Diagnostic Ultrasound		
	Use of fluoroscopy equipment (or supervision of other staff using the equipment)		

Qualifications

Renewal Criteria

Minimum of 200 Core cases required during the past 2 years (Be prepared to provide a list of cases performed at facilities other than LPCHS if requested) Maintenance of valid Fluoroscopy or Radiology Certificate

FPPE

MRI (5 examination reports and associated images for each modality) CT (5 examination reports and associated images for each modality) US (5 examination reports and associated images for each modality) Ultrasound (Direct Observation) Fluoroscopy (Chart Review) Fluoroscopy (Direct Observation)

Special Privileges

Description: To be eligible to apply for a privilege listed below, the applicant must meet the criteria indicated, or be able to demonstrate and/or document competence in performing any requested procedure.

Request	t Request all privileges listed below. Uncheck any privileges that you do not want to request.				
	Pediatric Cardiac MRI for Physicians Credentialed in Cardiology				
	Cardiac Pediatric MRI [Initial Criteria - Meeting Core Privilege Credentialing criteria for Pediatric Radiology training or equivalency is not required. Successful completion of an ACGME or AOA-accredited Fellowship in Pediatric Cardiology. Approval by LPCH - Cardiology Service Chief required. Renewal Criteria - Approval by LPCH - Cardiology Service Chief required. Minimum 50 cases required in the past two years.]				
	Pediatric Neuroradiology:				
	Privileges to admit, diagnose, perform history and physical and consult through diagnostic workup planning, radiation monitoring, performing and interpreting diagnostic imaging procedures in pediatric neuroradiology				
	General pediatric neuroradiology (myelography, fluoroscopy, CT, MRI) inclusive of but not limited to brain, spine neck and ENT imaging [Initial Criteria - Meeting Core Privilege Credentialing criteria for pediatric radiology training or equivalency is not required. Successful completion of an ACGME or AOA-accredited residency in diagnostic radiology or foreign equivalent training. Documentation of additional fellowship training in neuroradiology or have substantial clinical pediatric neuroradiology experience and/or training 'Radiology Supervisor and Operator Certificate' or 'Fluoroscopy Supervisor and Operator Permit' required. Renewal Criteria - Minimum 100 cases required in the past two years. Current Radiology Supervisor and Operator Certificate' or 'Fluoroscopy Supervisor and Operator Permit' required.]				
	Diagnostic angiography of head and neck vessels - must retain 'General pediatric neuroradiology' privilege above. [Initial Criteria - Meeting Core Privilege Credentialing criteria for pediatric radiology training or equivalency is not required. Successful completion of an ACGME or AOA-accredited residency in diagnostic radiology or foreign equivalent training. Documentation of additional fellowship training in neuroradiology, including angiography, or have substantial clinical pediatric neuroradiology experience and/or training. Renewal Criteria - Minimum 20 cases required in the past two years.]				
	Interventional neuroangiography - must retain 'General pediatric neuroradiology' privilege above [Initial Criteria - Meeting Core Privilege Credentialing criteria for pediatric radiology training or equivalency is not required. Successful completion of an ACGME or AOA-accredited residency in diagnostic radiology or foreign equivalent training. Documentation of additional fellowship training in interventional neuroradiology or have substantial clinical interventional neuroradiology experience and/or training. Renewal Criteria - Minimum 20 cases required in the past two years.]				
	Pediatric Interventional Neuroradiology:				
	Privileges to admit, diagnose, perform history and physical and consult through diagnostic workup planning, radiation monitoring, performing and interpreting diagnostic imaging procedures in pediatric interventional radiology.				

Privileges to perform angiography and endovascular or percutaneous treatment of cerebral, cranial, head, neck and spinal vascular disease or vascular lesions [Initial Criteria - Successful completion of an ACGME or AOA-accredited residency in diagnostic radiology or successful completion of an ACGME approved neurosurgical residency or foreign equivalent trainingAND- Documentation of 2 years of additional fellowship training in interventional neuroradiology or substantial clinical interventional neuroradiology experience of greater than 2 years of practice. Renewal Criteria - Minimum 20 cases required in the past two years.] Current Radiology Supervisor and Operator Certificate' or 'Fluoroscopy Supervisor and Operator Permit' required.]	
Privileges to perform nonvascular image guided biopsies, treatment and drainage procedures in the head, neck and spine inclusive of but not limited to: 1) Image guided procedures utilizing fluoroscopy, CT, MR or Ultrasound 2) Percutaneous drainage 3) Needle biopsy under imaging control 4) Arthrograms 5) lumbar or cervical punctures and myelograms [Initial Criteria - Successful completion of an ACGME or AOA-accredited residency in diagnostic radiology or foreign equivalent, or successful completion of an ACGME approved neurosurgical residency or foreign equivalent trainingAND-Documentation of 2 years of additional fellowship training in interventional neuroradiology or substantial clinical interventional neuroradiology experience of greater than 2 years of practice. Renewal Criteria - Minimum 20 cases required in the past two years.] Current Radiology Supervisor and Operator Certificate' or 'Fluoroscopy Supervisor and Operator Permit' required.]	
Pediatric Interventional Radiology:	
Privileges to admit, diagnose, perform history and physical and consult through diagnostic workup planning, radiation monitoring, performing and interpreting diagnostic imaging studies in pediatric interventional radiology.	
Nonvascular image guided biopsies treatment and drainage procedures inclusive of but not limited to: 1) Image guided procedures utilizing fluoroscopy, CT, MR or Ultrasound 2) Percutaneous drainage or stenting procedures 3) Nephrostomy placement 4) Needle biopsy under imaging control 5) Arthrograms 6) Lumbar or Cervical Punctures and Myelograms [Initial Criteria - Meeting Core Privilege Credentialing criteria for pediatric radiology training or equivalency is not required. Successful completion of an ACGME or AOA-accredited residency in diagnostic radiology or foreign equivalent training. Documentation of additional training in non-vascular interventional procedures or have substantial clinical interventional radiology experience and/or training. 'Radiology Supervisor and Operator Certificate' or 'Fluoroscopy Supervisor and Operator Permit' required. Renewal Criteria - Minimum 20 cases required in the past two years. Current Radiology Supervisor and Operator Certificate' or 'Fluoroscopy Supervisor and Operator Permit' required.]	
Diagnostic and interventional angiography of extracranial vessels inclusive of but not limited to: 1) Embolization of vascular tumors and malformations 2) Dilatation of stenotic vessels must retain 'Nonvascular image guided biopsies treatment' privilege above. [Initial Criteria - Meeting Core Privilege Credentialing criteria for pediatric radiology training or equivalency is not required. Successful completion of an ACGME or AOA-accredited residency in diagnostic radiology or foreign equivalent training. Documentation of additional training in vascular interventional procedures or have substantial clinical interventional radiology experience and/or training. Renewal Criteria - Minimum 20 cases required in the past two years. Current Radiology Supervisor and Operator Certificate' or 'Fluoroscopy Supervisor and Operator Permit' required.]	
Pediatric Nuclear Medicine:	

	Core privileges Nuclear Medicine - Includes General Nuclear Medicine and Positron Emission Tomography (PET) [Initial Criteria - Successful completion of residency/fellowship in Nuclear Medicine or Nuclear Radiology (16 months NM pathway) in an ACGME or AOAaccredited program or foreign equivalent training AND either current certification or active participation in the examination process leading to certification in Nuclear Medicine by the American Board of Nuclear Medicine or subspecialty certification in Nuclear Radiology by the American Board of Radiology with additional case experience as specified in the ACGME Nuclear Medicine program requirements, or foreign equivalent board certification.] Of note, meeting Core Privilege Credentialing criteria for Pediatric Radiology training or equivalency is not required. Renewal Criteria - Minimum of 10 General Nuclear Medicine and 10 PET reported studies required during the past 2 years General Nuclear Medicine - includes privileges to perform and interpret all types of diagnostic images using a variety of diagnostic gamma-emitting radiopharmaceuticals. This also includes privileges to perform non-imaging radioimmunoassay (i.e., GFR) examinations and managing radioactively contaminated patients and facilities, in concert with NM technologists, Health Physics, and Environmental Health & Safety staff, as appropriate. Positron Emission Tomography (PET) - Includes privileges to perform and interpret all types of diagnostic images using a variety of diagnostic positron-emitting radiopharmaceuticals. These privileges do not include interpretation of the coupled CT or MR scans, except for the purposes of attenuation correction and anatomical localization of the isotope signal. Targeted Radioisotope Therapy (TRT) - is a special privilege to supervise the preparation, administration, and use of unsealed radionuclides and radiopharmaceuticals for therapeutic purposes. [Initial Criteria - Successful completion of residency/fellowship in Nuclear Medicine or Nuclear Medicine or sub	
	is not required. TRT may be performed on an outpatient or inpatient basis and includes admitting privileges at LPCH. Minimum of 20 cases. Renewal Criteria - Minimum of 5 cases	
	required during the past 2 years. Tele Radiology Core:	
	Teleradiology Core: Teleradiologist only credentialed to practice in the capacity of the Teleradiology group that is contracted through LPCHS and may not practice independently at LPCHS [Initial CRITERIA - Meeting General Radiology Core Privilege Credentialing criteria is not required. 1) Successful completion of an ACGME accredited Residency Program in Diagnostic Radiology or completed an AOA approved residency Program in Diagnostic Radiology; 2) Current certification by the American Board of Radiology or the American Osteopathic Board of Radiology; 3) Successful completion of an ACGME accredited Pediatric Radiology fellowship program; AND 4) Subspecialty certification (Certificate of Added Qualification) in Pediatric Radiology by the American Board. Renewal Criteria - Minimum of 200 Core cases required during the past 2 years (Be prepared to provide a list of cases performed at facilities other than LPCHS if requested). Tele Radiology FPPE can be completed by radiologist providing the final read. May be advanced from provisional upon completion of FPPE in core.	

FPPE

Pediatric Cardiac MRI for Physicians Credentialed in Cardiology (Chart Review) General Pediatric Neuroradiology (MRI and CT only) (Chart Review) Pediatric Interventional Neuroradiology (Chart Review) Pediatric Interventional Radiology (Chart Review) Diagnostic and Interventional Angiography of Extracranial Vessels (Chart Review) Core Nuclear Med (Chart Review)

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Targeted Radioisotope Therapy (TRT) (Chart Review) Diagnostic Angiography of Head and Neck Vessels (Chart Review) Interventional Neuroangiography (Chart Review) Teleradiology - Core (Chart Review of modalities and associated images)

Acknowledgment of Applicant

I have requested only those privileges for which, by education, training, current experience and demonstrated performance, I am qualified to perform, and that I wish to exercise at Stanford Children's Health. I also acknowledge that my professional malpractice insurance extends to all privilege I have requested.

I acknowledge I have met the minimum number of cases required as identified for privileges.

I understand that 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.

By clicking on the "Submit" button below, I have electronically signed, dated and submitted this privilege request

Service Chief Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and make the following recommendation(s):

Privilege	Condition/Modification/Deletion/Explanation	

Service Chief Recommendation - FPPE Requirements				
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Chief/Designee - By clicking on the 'Submit' button below, I have electronically signed, dated and approved this privilege request	Date
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