

# Diagnostic Imaging (including Nuclear Medicine) Clinical Privileges

Name: \_\_\_\_\_

Effective from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

- Initial privileges (initial appointment)       Renewal of privileges (reappointment)

All new applicants should meet the following requirements as approved by the governing body, effective: April 30, 2015.

**Applicant:** Check the “Requested” box for each privilege requested. Applicants are responsible for producing required documentation for a proper evaluation of current skill, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges. Please provide this supporting information separately.

**[Department/Program Head or Leaders/ Chief]:** Check the appropriate box for recommendation on the last page of this form and include your recommendation for any required evaluation. If recommended with conditions or not recommended, provide the condition or explanation on the last page of this form.

Current experience is an estimate of the level of activity below which a collegial discussion about support should be triggered. It is not a disqualifier. This discussion should be guided not only by the expectations and standards outlined in the dictionary but also by the risks inherent in the privilege being discussed and by similar activities that contribute to the skill under consideration. This is an opportunity to reflect with a respected colleague on one's professional practice and to deliberately plan an approach to skills maintenance.

## Other requirements

- Note that privileges granted may only be exercised at the site(s) and/or setting(s) that have sufficient space, equipment, staffing, and other resources required to support the privilege.
- 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:** The dictionary will be reviewed over time to ensure it is reflective of current practices, procedures and technologies.

# Diagnostic Imaging (including Nuclear Medicine) Clinical Privileges

**Grandparenting:** Practitioners holding privileges prior to implementation of the dictionary will continue to hold those privileges as long as they meet current experience and quality requirements.

## Description diagnostic radiology

Diagnostic radiology is a branch of medical practice concerned with the use of imaging techniques in the study, diagnosis, and treatment of disease.

## Qualifications for diagnostic radiology

**Initial applicants:** To be eligible to apply for privileges in diagnostic radiology, the applicant must meet the following criteria:

Current certification in diagnostic radiology by the Royal College of Physicians and Surgeons of Canada

AND/OR

Recognition of certification as a diagnostic radiologist by the College of Physicians and Surgeons of British Columbia by virtue of credentials earned in another jurisdiction that are acceptable to both the College and the governing body of the Health Authority and its Affiliate(s).

**Required current experience:** Successful completion of a RCPSC (or equivalent) residency or clinical fellowship within the past 24 months or have interpreted the recommended number of studies in each modality listed.

**Renewal of privileges:** To be eligible to renew privileges in diagnostic radiology, the applicant should normally meet the following criteria:

Current demonstrated competence and an adequate volume of experience\* (defined by modality) with acceptable results, reflective of the scope of privileges requested, averaged over the past 36 months.

Physicians employing fluoroscopic techniques during procedures will have a current radiation safety course.

# Diagnostic Imaging (including Nuclear Medicine) Clinical Privileges

*\*Due to situational circumstance, those working in pediatrics may not achieve the standards for currency outlined here. Each case will be considered independently.*

## Return to practice:

**Radiography** - one month on-the-job clinical training, plus first 160 cases co-read

**Mamography/Breast Ultrasound** - 1 month training at an accredited centre (acceptable to the Royal College), plus double reads of the first 20% of annual standard

**Fluoroscopy, Ultrasound, Computed Tomography, Magnetic Resonance Imaging, Interventional Radiology:**

3-5 years away - 1 month training at an accredited centre (acceptable to the Royal College)

5-10 years away - 2 months training at an accredited centre (acceptable to the Royal College) plus double reads of the first 20% of annual standard

More than 10 years away - 3 months training at an accredited centre (acceptable to the Royal College) plus double reads of the first 20% of annual standard

## **Core privileges: Diagnostic radiology**

Core privileges are offered to ALL members in the discipline as long as the facility can support those activities.

**Requested Core Diagnostic Radiology** Perform general diagnostic radiology diagnose and treat diseases of patients of all ages. Responsible for communicating critical values and critical findings consistent with medical staff policy.

## **Core privileges: Admitting Privileges**

**Requested: Full Admitting – Diagnostic radiology**

**Requested Radiography** recommended current experience of 800 studies a year averaged over the past three years. Core includes all plain radiographs.

**Requested Fluoroscopy** recommended current experience of 20 procedures a year averaged over three years. Core includes all barium examinations,

## Diagnostic Imaging (including Nuclear Medicine) Clinical Privileges

hysterosalpingograms, all other joint injections, selected biopsies, lumbar punctures and lumbar facet injections.

❑ **Requested Mammography/Breast Ultrasound** Core includes diagnostic mammography, galactography, fine wire localization, stereotactic biopsies, core biopsies. Recommended current experience of 300 examinations a year averaged over three years.

❑ **Requested Ultrasound.** Core includes general ultrasonography not specifically described as non-core. Recommended current experience of 300 studies a year averaged over three years.

❑ **Requested Computed Tomography.** Core includes general CT and CT angiography excluding cardiac CT and CT colonography. Recommended current experience of 300 examinations a year averaged over three years.

❑ **Requested Magnetic Resonance Imaging.** [DESIGNATED A RESTRICTED SERVICE BY THE MEDICAL SERVICES COMMISSION]  
Core includes neurological, body, musculoskeletal, MR angiography and pediatric studies. Diagnostic breast, MR guided breast biopsy and cardiac MR are excluded from the core. Recommended current experience of 200 studies a year averaged over 3 years.

❑ **Requested Interventional Radiology.** Core includes percutaneous biopsy, percutaneous drainage, percutaneous access. Recommended current experience of 50 procedures a year averaged over 3 years.

### Description Nuclear Medicine

Nuclear Medicine is a branch of medical practice concerned primarily with the use of unsealed radioactive sources in the study, diagnosis and treatment of disease. These sources may emit a variety of forms of radiation, including photons, positrons, negative beta particles, and alpha particles.

# Diagnostic Imaging (including Nuclear Medicine) Clinical Privileges

## Qualifications for nuclear medicine

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

Current certification in nuclear medicine by the Royal College of Physicians and Surgeons of Canada

AND/OR

Recognition of certification as a nuclear medicine sub-specialist by the College of Physicians and Surgeons of British Columbia by virtue of credentials earned in another jurisdiction that are acceptable to both the College and the governing body of the [Health Authority]

**Required current experience:** Successful completion of a RCPSC (or equivalent) residency or clinical fellowship in nuclear medicine within the past 24 months

**Renewal of privileges:** To be eligible to renew privileges in nuclear medicine, the applicant should normally meet the following criteria:

Current demonstrated competence and an adequate volume of experience\* with acceptable results, reflective of the scope of nuclear medicine privileges requested, averaged over the past 36 months.

*\*Due to situational circumstance, those working in pediatrics may not achieve the standards for currency outlined here. Each case will be considered independently.*

### Return to practice:

**3-5 years away** - 1 month training at an accredited centre (acceptable to the Royal College)

**5-10 years away** - 2 months training at an accredited centre (acceptable to the Royal College) plus double reads of the first 20% of annual standard

**More than 10 years away** - 3 months training at an accredited centre (acceptable to the Royal College) plus double reads of the first 20% of annual standard

## Diagnostic Imaging (including Nuclear Medicine) Clinical Privileges

### **Core privileges: Nuclear Medicine**

Core privileges are offered to ALL members in the discipline as long as the facility can support those activities.

**Requested Nuclear Medicine.** [DESIGNATED A RESTRICTED SERVICE BY THE MEDICAL SERVICES COMMISSION]

Core includes SPECT CT, thyroid treatment, cardiac, pediatric, general nuclear medicine

### **Core privileges: Admitting Privileges**

**Requested: Full Admitting – Nuclear Medicine**

### **Special Non-core Privileges (See Specific Criteria)**

Non-core privileges are permits for activities that require further training, experience and demonstrated skill.

Non-core privileges are requested individually in addition to requesting the core.

Each individual requesting non-core privileges should meet the specific threshold criteria as outlined\*.

*\*Due to situational circumstance, those working in pediatrics may not achieve the standards for currency outlined here. Each case will be considered independently.*

### **Non-core privileges: Radiography**

**Requested ISCD Bone Densitometry**

**Initial privileges:** Professional certification in the field of bone densitometry

**Renewal of privileges:** Successful completion of ISCD recertification every five years.

### **Non-core privileges: Fluoroscopy**

**Requested: Cervical/Thoracic spine injections**

**Requested: Lumbar spine injections**

## Diagnostic Imaging (including Nuclear Medicine) Clinical Privileges

**Initial privileges:** Non-core competencies would not be reasonably expected to be learned and safely performed in a Canadian Residency Program and would require some form of specific training. Examples of specific training would be:

- Completion of fellowships such as Musculoskeletal, Neuro or Interventional Radiology which included spinal intervention procedures.
- Hands-on courses from recognized societies such as the International Spine Intervention Society, the American Society of Spine Radiology or the North American Spine Society.
- A longer period of hands-on supervised training from a qualified supervisor.

**Renewal of privileges:** Demonstrated current skill and evidence of the performance of 20 fluoroscopy procedures in the past 36 months.

### ***Non-core privileges: Mammography/Breast Ultrasound***

#### Requested Screening Mammography

**Initial privileges:** Interpretation, reporting and supervised review of 300 breast ultrasound examinations within last 24 months, or completion of approved diagnostic radiology residency program and involvement with supervision and/or performance, interpretation and reporting of 300 breast ultrasound examinations in past 24 months.

**Renewal of privileges:** Demonstrated current skill and evidence of interpretation of at least 2500 screening mammograms a year averaged over the past three years.

### ***Non-core privileges: Ultrasound***

#### Requested Nuchal translucency

[DESIGNATED A RESTRICTED SERVICE BY THE MEDICAL SERVICES COMMISSION]

**Initial privileges:** Complete the UK Fetal Medicine Foundation website course and evaluation <https://fetalmedicine.org/the-11-13-weeks-scan>

#### Requested Transthoracic Echocardiography (TTE)

[DESIGNATED A RESTRICTED SERVICE BY THE MEDICAL SERVICES COMMISSION]



## Diagnostic Imaging (including Nuclear Medicine) Clinical Privileges

**Initial privileges:** Specialist in cardiology, internal medicine or diagnostic radiology. Have completed six months training in a tertiary echocardiography lab including the performance of 150 complete transthoracic echocardiograms and the interpretation of 300 transthoracic echocardiographic examinations within the past two years.

**Renewal of privileges:** Demonstrated skill and recommended current experience of 250 transthoracic echocardiograms per year averaged over the past three years.

**Return to practice:** After more than two years and less than five years - one month's training. After more than five years, three months training and the completion of 300 studies.

**Requested** Transesophageal Echocardiography (TEE)

[DESIGNATED A RESTRICTED SERVICE BY THE MEDICAL SERVICES COMMISSION]

**Initial Privileges:** Meet the requirements for transthoracic echocardiography. 25 esophageal intubations performed under supervision and personal completion of 50 studies under supervision.

**Renewal of Privileges:** Demonstrated skill and the recommended current experience of 50 studies per year averaged over three years.

### **Non-core privileges: Computed Tomography (CT)**

**Requested** Cardiac CT angiography (CCTA)

[DESIGNATED A RESTRICTED SERVICE BY THE MEDICAL SERVICES COMMISSION]

**Initial privileges:** Completion of a Royal College of Physicians and Surgeons of Canada approved course in CCTA

AND

**Recommended current experience:** Demonstrated current skill and evidence of having supervised and interpreted 75 exams in the past 36 months or completion of training in the past 36 months. Thirty hours of related CME in the past 36 months.

**Renewal of privileges:** Demonstrated current skill and evidence of the performance of at least 75 exams based on results of ongoing professional practice evaluation and



## Diagnostic Imaging (including Nuclear Medicine) Clinical Privileges

outcomes in the past 36 months. In addition, 30 hours continuing education related to the performance and interpretation of CCTA is required.

**Requested** CT Colonography (CTC)

[DESIGNATED A RESTRICTED SERVICE BY THE MEDICAL SERVICES COMMISSION]

**Initial Privileges:** Royal College of Physicians and Surgeons of Canada approved course in CTC, interpretation, reporting and review of 50 training cases

OR

Completion of approved training program and have 200 supervised colonography examinations co-read by a member of staff holding this privilege.

**Renewal of privileges:** Demonstrated skill and evidence of the performance of 25 colonography examinations a year averaged over the past 36 months.

### ***Non-core privileges: Magnetic Resonance Imaging (MRI)***

**Requested** Diagnostic Breast MRI

[DESIGNATED A RESTRICTED SERVICE BY THE MEDICAL SERVICES COMMISSION]

**Initial privileges:** Have privileges in the interpretation of MRI examinations; have knowledge and expertise in breast disease and imaging diagnosis. Have the ability to do directional U/S, MR guided biopsy or have referral arrangements with a center that has this capacity.

**Renewal of privileges:** Demonstrated current skill in the interpretation of breast MRI investigations.

**Requested** Cardiac MRI

[DESIGNATED A RESTRICTED SERVICE BY THE MEDICAL SERVICES COMMISSION]

**Initial privileges:** Completion of a Royal College of Physicians and Surgeons of Canada approved course in cardiac MRI

AND

**Recommended current experience:**



## Diagnostic Imaging (including Nuclear Medicine) Clinical Privileges

Interpretation of 50 cardiac MRI examinations in the last 36 months

OR

Completion of acceptable training program with 200 hours of CME in MRI and the supervision, interpretation and reporting of 150 MRI cases of which 50 should be cardiac in the past 36 months.

**Renewal of privileges:** Demonstration of current skill through a minimum of 25 cardiac MRI cases per year averaged over the most recent 36 months.

**Requested** MR Guided Breast Biopsy

[DESIGNATED A RESTRICTED SERVICE BY THE MEDICAL SERVICES COMMISSION]

**Initial privileges:** Successful completion of training in MR guided breast biopsy.

AND

**Recommended current experience:**

Minimum of 3 guided biopsies per year averaged over the most recent 24 months.

OR

Completion of acceptable training program in the past 24 months.

**Renewal of privileges:** Demonstration of current skill through a minimum of 3 guided biopsies per year averaged over the most recent 36 months.

### ***Non-core privileges: Interventional Radiology***

#### **Vascular**

**Requested** Neurovascular (Stroke management, carotid stenting, intracranial procedures, spine procedures)

**Initial privileges:** At least 6 months of cognitive training acquired in Radiology, Neurology, Neuroradiology and Neurosurgery residencies and fellowships.

AND

Experience with 100 diagnostic cervicocerebral angiograms is recommended prior to specific training in neurointervention. Elsewhere, this has been decreased to 50 by the

## Diagnostic Imaging (including Nuclear Medicine) Clinical Privileges

ACR in recognition of the declining rates of conventional angiography, with the rise of CTA and MRA.

### Peripheral

**Requested** Stroke therapy

**Initial privileges:** 200 selective vascular catheterizations in any vascular bed of which at least 50 should be cervicocerebral, and interpretation of 50 CTA/MRA and 25 perfusion studies are recommended in addition to the formal cognitive training

**Requested** Carotid Stenting

**Initial privileges:** 25 non-carotid stent procedures, a 16 hr comprehensive, hands-on carotid stent course and 4 supervised, successful, hands on carotid stent procedures

OR

10 consecutive supervised carotid stent procedures. This is in addition to the above mentioned cognitive training.

**Requested** Peripheral Arterial Intervention

**Initial privileges:** A multisociety group under the auspices of the American Heart Association: Performance of 100 peripheral arterial procedures, 50 peripheral/renal PTA procedures (25 as primary operator), 10 peripheral thrombolysis cases (5 as primary operator) and 50 category 1 CME credits in peripheral angiography and intervention.

**Requested** Peripheral Embolization

**Initial privileges:** The general cognitive and practical training expected in a one-year fellowship in Interventional Radiology.

**Requested** Uterine Artery Embolism

**Initial privileges:** Training in an accredited IR fellowship is recommended, during which time one should have completed at least 100 angiographic procedures, at least 50 of which were visceral and 25 were selective embolizations.

**Renewal of privileges in neurovascular procedures:** Demonstrated active practice in neurovascular procedures in the past 36 months.

## Diagnostic Imaging (including Nuclear Medicine) Clinical Privileges

- Requested Biliary
- Requested Urologic
- Requested Gynecology
- Requested Interventional Oncology
- Requested Cementoplasty

**Initial privileges:** Successful completion of training in the requested non-core interventional radiology privilege

**AND**

**Recommended current experience:** Certification of skill by the department head or chief of staff of the last hospital where privileges have been held or successful completion of training in the requested non-core interventional radiology privilege within the previous 24 months

**Renewal of privileges:** To be eligible to renew privileges in the requested non-core interventional radiology privilege, the applicant should meet the following criteria:

- Discussion of the indications, experience and training involved with the department head or chief of staff.

### ***Non-core privileges: Nuclear Medicine***

[DESIGNATED A RESTRICTED SERVICE BY THE MEDICAL SERVICES COMMISSION]

- Requested PET CT

**Initial privileges:** Royal College of Physicians and Surgeons of Canada certification in Nuclear Medicine

AND either

1. Having completed a nuclear medicine residency training program within the last 5 years that included 6 months of PET/CT training and a minimum of 500 PET/CT cases, OR
2. Has completed 3 months of supervised post-residency accredited training that includes 300 PET/CT cases over a 1 year period.

**Renewal of privileges:** Demonstrated current skill in PET CT through a minimum of 300 cases per year averaged over the previous 36 months.

## Diagnostic Imaging (including Nuclear Medicine) Clinical Privileges

### Context Specific Privileges

Context refers to the capacity of a facility to support an activity.

### ***Context specific privileges: Administration of sedation and analgesia***

#### Requested

See “Hospital Policy for Sedation and Analgesia by Nonanesthesiologists.”

For Reference Only

## Diagnostic Imaging (including Nuclear Medicine) Clinical Privileges

### *Process for requesting privileges not included in the dictionary*

Where a member of the medical staff requests a privilege not included in the core, non-core or context specific privileges for a discipline, the following process will be followed.

1. The practitioner will request a **Change Request Form** from the Medical Affairs Office. This will be submitted to the head of department or chief of staff as part of the electronic application process
2. The practitioner will complete the privileges section of the **Change Request Form** and submit with the following information; the privilege requested, the location within the facility where the privilege would be exercised, and the relevant training and experience held by the practitioner in this area.
3. The department head or chief of staff, in consultation with the senior medical administrator and medical administrator responsible for the facility, will determine if the requested privilege can be supported at that site.
4. Where it is deemed appropriate, the practitioner, the department head or chief of staff and the senior medical administrator will agree on any additional training required, and a minimum level of activity required to maintain the privilege. The specific minimum number requirement indicating the level of experience needed to demonstrate skill to obtain clinical privileges for the requested procedure must be evidence-based. Where no supporting literature exists for a specific number, the criteria are established by the consensus of a multidisciplinary group of practitioners who do not have self-interest in creating an artificially high volume requirement.
5. Any additional training will be done in a facility that normally trains practitioners in this activity. Exceptions may be granted in circumstances where all that is required is training by a member of the medical staff who holds the privilege in question.
6. On satisfactory completion of training, the department head or chief of staff may recommend to the governing body through the medical advisory committee that the privilege be granted.

The privileging dictionaries on this site ([bcmqi.ca](http://bcmqi.ca)) are the official versions. They will be reviewed beginning in 2016. In the meantime if you have any questions or comments please contact your medical administration office or the BC MQI Office by completing the [Provincial Privileging Dictionary Feedback form](#).

## Diagnostic Imaging (including Nuclear Medicine) Clinical Privileges

For Reference Only



## Diagnostic Imaging (including Nuclear Medicine) Clinical Privileges

### 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 the facility where I am applying, and I understand that:

- a. In exercising any clinical privileges granted, I am governed 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/Program Head or Leaders/Chief's Recommendation

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

- Recommend all requested privileges
- Recommend privileges with the following conditions/modifications:
- Do not recommend the following requested privileges:

Privilege Condition/modification/explanation

Notes:

---



---



---

Name of Department / Division / Program: \_\_\_\_\_

Name of Medical Leader: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_