

**The Diagnostic Radiology and Nuclear Medicine dictionary
was approved by PMSEC on 28 October 2021**

REVIEW PANEL COMPOSITION

The panel was composed of two co-chairs with expertise in the provincial dictionaries and 14 subject matter experts, who work across 6 BC health authorities, and with representation from the BC Radiological Society and Doctors of BC.

RECORD OF REVIEW PANEL DECISIONS AND CRITERIA IDENTIFIED

Below are panel decisions and/or criteria identified to guide discussion of clinical practice and standards, as per June 2021.

- 1. Updated to Diagnostic Radiology and Nuclear Medicine**
Updated the term "Diagnostic Imaging" to "Diagnostic Radiology", as the latter reflects the correct specialty as defined by the Royal College of Physicians & Surgeons of Canada.
- 2. Pediatric echocardiography**
Added pediatric echocardiography as a new non-core privilege.
- 3. Participation in peer review and learning**
Add language to reflect enrollment and maintenance of participation in a radiology quality improvement (RQIS) or other peer review system, as well as satisfactory participation in periodic scheduled peer learning.
- 4. Review of the section Non-core privileges: Acute stroke endovascular treatment**
An earlier review panel developed the current statement for the non-core privilege: acute stroke endovascular treatment in 2019. This panel recommends to continue with the current statement.
- 5. Rearranged content**
The panel chose to rearrange sections of the dictionary in order to group subspecialties together.



Below are panel decisions made in October 2019:

1. Using minimum work levels rather than activity numbers to define current experience

The panel chose to remove some instances of numbers of activities or procedures, and to define current experience instead by specifying minimum levels of recent work and with reference to training requirements for specific privileges.

2. Pediatric radiology is a non-core privilege

Pediatric radiology is designated a non-core privilege. Relevant training and fellowship requirements are outlined in the non-core criteria for those who work in specialized facilities.

3. Remove reference to the International Society of Clinical Densitometry (ISCD)

The decision was to use the language of appropriate experience and training course acceptable to the health authority

4. Expansion of Nuclear Medicine core privilege to reflect training requirements

Nuclear Medicine core privilege scope was updated to include PET CT, bone density, and theranostics.

5. Reorganize Interventional Radiology section

Interventional radiology is reorganized into body and neuro.

6. Updated “return to practice” language

Return to practice language removed the requirement for retraining at an accredited centre at a Royal College approved site.

7. Procedural Pain Management privileges added in alignment with provincial standard

8. Acute stroke EVT is developed as a non-core privilege for the Diagnostic Imaging dictionary

The panel agreed that the acute stroke EVT non-core privilege is to be added to Diagnostic radiology (interventional and neuroradiology).

Working in collaboration with Stroke Services BC, site infrastructure requirements are under the purview of Stroke Services BC.

All Interventional Radiologists providing acute stroke EVT are required to be enrolled in a quality improvement and provincially-led outcome monitoring program.

Due to the evolving and specialized nature of endovascular treatment in acute stroke, the diagnostic imaging dictionary will be flagged for review within one year of the PMSEC approval date.

2021 updates: C1 and C2; 2019 updates: C3-C5

Non-core procedures

Decision / Revision: Pediatric echocardiography added as a non-core privilege

Engagement method: Panel discussion

ORIGINAL	REVISION
N/A	<p>C1: Non-core privileges: Pediatric echocardiography</p> <ul style="list-style-type: none"> <input type="checkbox"/> Requested pediatric studies <input type="checkbox"/> Requested congenital studies <p>Context: There are requisite volume or experience requirements to report pediatric cardiac echocardiography procedures. The numbers and competencies for radiologists reading pediatric studies should align more closely with those of the pediatric cardiology dictionary.</p>

Core procedures

Decision / Revision: Participation in peer review and learning

Engagement method: Panel discussion

ORIGINAL	REVISION
N/A	<p>C2: Qualifications in Diagnostic Radiology</p> <p>Initial privileges: The applicant must be registered/enrolled at the time of beginning clinical responsibilities in RQIS or other approved medical peer review system within that institution or facility.</p> <p>Renewal of privileges: The applicant must be currently registered/enrolled and maintain satisfactory participation in RQIS or other institutionally approved medical imaging peer review system</p> <p>AND</p> <p>The applicant must maintain satisfactory institutionally set standards of participation in periodic scheduled peer learning rounds within the last year.</p>

Non-core procedures

Decision / Revision: Pediatric radiology added as a non-core privilege

Engagement method: Panel discussion

ORIGINAL	REVISION
N/A	<p>C3: Non-core privileges: Pediatric Subspecialty</p> <p><input type="checkbox"/> Requested</p> <p>Definition Pediatric Radiology is a branch of medical practice concerned with the use of imaging techniques in the study, diagnosis, and treatment of disease affecting the infant, child, and adolescent.</p>

Core & Non-core procedures

Decision / Revision: Procedural pain management added as per provincial standard

Engagement method: Panel discussion

ORIGINAL	REVISION
<p>Non-core privileges: Fluoroscopy</p> <p><input type="checkbox"/> Requested Cervical/Thoracic spine injections</p> <p><input type="checkbox"/> Requested Lumbar Spine injection</p>	<p>C4: Procedural (Interventional) Pain Management</p> <p>Definition</p> <p>Appropriate use of these procedures requires careful evaluation and diagnosis and must keep in mind prevention, treatment and rehabilitation of patients. These procedures may be used for acute and chronic, cancer and non-cancer pain. These privileges as defined are primarily directed towards chronic pain management and are not intended to limit procedures used in acute settings or for surgical anesthesia. If the procedures described are core to the physician’s primary discipline or subspecialty, the requirements outlined below do not apply.</p> <p>In this portion of the document, “interventional pain procedure” has been defined as invasive or surgical techniques used to treat patients with chronic pain. Interventional pain procedures are categorized using a tiered approach reflective of underlying complexity and required training, etc.</p>

Core & Non-core procedures

Decision / Revision: Acute stroke EVT is developed as a non-core privilege

Engagement Method: Panel and sub-panel discussions

ORIGINAL	REVISION
NA	<p><u>C5:</u> Non-core privileges: Acute Stroke Endovascular Treatment Definition</p> <p>Acute Stroke Endovascular Therapy (EVT) is an image-guided catheter-directed procedure for cerebral revascularization in the setting of acute ischemic stroke using appropriate endovascular techniques such as mechanical thrombus removal (thrombectomy).</p> <p>Context: Acute Stroke EVT should be performed in a site with a multidisciplinary acute stroke team in a comprehensive stroke centre. The stroke centre should have appropriately trained stroke interventionalist, stroke neurologist, neurosurgery and stroke nurses, intensive care unit/stroke unit, medical imaging, and the ability to assess and provide comprehensive stroke care, etc.</p>

Diagnostic Radiology & Nuclear Medicine Clinical Privileges

Name: _____

Effective from: _____ / _____ / _____ to _____ / _____ / _____

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

All new applicants must meet the following requirements as approved by the governing body, effective: October 28, 2021.

Instructions:

Applicant: Check the "Requested" box for each privilege requested. Applicants are responsible for producing required documentation to allow 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 by uploading the appropriate documents. Privileges should not be requested (checked off) and cannot be granted unless the specific criteria associated with the privilege are met.

Medical/Clinical leaders: 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: Current experience thresholds suggested in this document were developed by practitioners in the field, and are *not* intended as a barrier to practice or to service delivery. They are *not* intended as rigid cut offs, below which clinical privileges must be restricted or removed. Instead, medical/clinical leaders are encouraged to initiate discussions with those practitioners who are close to or below the thresholds, to ensure that mechanisms are in place to ensure adequate practitioner experience and patient outcomes.

Other requirements: Note that even if applicants meet skill or experience requirements, each site will determine if the requested privilege can be supported at that site. 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 training and current experience to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

Exemption requests: A request for exemption from meeting specific credentialing requirements for a core or non-core privilege may be made; however, these will be reviewed on a case-by-case basis by the provincial credentialing & privileging oversight committee (CPOC) to determine if an expert panel should be convened to consider the request.

Diagnostic Radiology & Nuclear Medicine Clinical Privileges

Context: The care of patients presenting with complex problems or uncommon diseases requires access to multidisciplinary groups, experienced teams and institutions with the necessary subspecialties and infrastructure for appropriate care.

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.

Continuous Professional Development (CPD): Where suggested in this document, CPD requirements reflect those professional development activities which are eligible for:

1. credit under the Royal College of Physicians and Surgeons of Canada's (Maintenance of Certification (MOC) program;
2. the College of Family Physicians of Canada Mainpro+;
3. those professional development activities held in foreign jurisdictions which would be eligible under the MOC/Mainpro program if held in Canada; or
4. equivalent CPD or Quality Assurance activities for other practitioners.

Planned vs. Unplanned (Emergency) Care: The scope of privileges granted to any individual practitioner is based on considerations of patient care under "normal circumstances." In the setting of risk to life or limb, the rules of privilege are not meant to constrain practitioners from acting in the best interest of a patient.

Note: The dictionary will be reviewed over time to ensure it is reflective of current practices, procedures and technologies.

Core privilege: Types of activities a recent graduate of the discipline can reasonably be expected to perform at a specific facility. Under core privileges in this dictionary, if there is a procedure you wish to NOT perform please type into the *Comments* field.

Non-core privilege: Types of activities that require further training, experience and demonstrated skill. Non-core privileges are requested in addition to requesting core. Individuals requesting these privileges should meet the specific threshold criteria associated to such noncore privileges.

Context specific privileges: Privileges that take into account what medical services and procedures a facility can support.

Diagnostic Radiology & Nuclear Medicine Clinical Privileges

Additional privilege: An additional privilege is any privilege that is not included in the core, non-core, or context-specific privileges dictionary for your discipline. Additional privileges already listed in this document were previously requested by others who practice in your discipline; they may or may not be relevant to you. If there are any privileges not listed in your dictionary that you wish to request, please complete an additional privilege request form and attach any evidence of training to support your request.

Restricted procedures: Some dictionaries have procedures identified by the Ministry of Health as [DESIGNATED A RESTRICTED SERVICE BY THE MEDICAL SERVICES COMMISSION]. Privileges identified as restricted procedures may be flagged in this document. Where it appears, the restricted procedures flag is for administrative tracking only, and has no impact on clinical content.

Reference Only

Diagnostic Radiology & Nuclear Medicine Clinical Privileges

Description 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.

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

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).

AND

The applicant must be registered/enrolled at the time of beginning clinical responsibilities within the provincial radiology quality improvement system (RQIS) or other approved medical peer review system within that institution or facility.

AND

Required current experience: During the past 12 months the applicant should have: Performed full or part time clinical work reflective of the scope of privileges requested.

OR

Successfully completed an RCPSC or equivalent accredited diagnostic radiology residency within the last 24 months.

OR

Successfully completed a recognized clinical/research fellowship in diagnostic radiology within the last 24 months.

Diagnostic Radiology & Nuclear Medicine Clinical Privileges

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

Current demonstrated competence and adequate experience (defined by modality) with acceptable results, reflective of the scope of privileges requested, minimum 24 weeks working in the discipline for the past 36 months.

The applicant must be currently registered/enrolled and maintain satisfactory participation in RQIS or another institutionally approved medical imaging peer review system

AND

The applicant must maintain satisfactory institutionally-set standards of participation in periodic scheduled peer learning rounds within the last year.

Return to practice: Requires individualized evaluation with supervision of core procedures relevant to their intended scope of practice.

Core privileges

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

Core privileges: Radiology

Initial and renewal for core privileges: refer back to qualifications for diagnostic radiology

Requested

Recommended current experience: During the past 12 months the applicant should have: Performed full or part time clinical work reflective of the scope of privileges requested.

OR

Successfully completed an RCPSC or equivalent accredited radiology residency within the last 24 months.

OR

Successfully completed a recognized clinical/research fellowship in radiology within the last 24 months.

Core includes all plain radiographs for all ages.

Diagnostic Radiology & Nuclear Medicine Clinical Privileges

Core privileges: Fluoroscopy

Initial and renewal for core privileges: refer back to qualifications for diagnostic radiology

Requested

Recommended current experience: During the past 12 months the applicant should have:
Performed full or part time clinical work reflective of the scope of privileges requested.

OR

Successfully completed an RCPSC or equivalent accredited radiology residency within the last 24 months.

OR

Successfully completed a recognized clinical/research fellowship in radiology within the last 24 months.

Core includes all barium examinations, hysterosalpingograms, all other joint injections, selected biopsies, and lumbar punctures for all ages.

Core privileges: Mammography/Breast Ultrasound

Initial and renewal for core privileges: refer back to qualifications for diagnostic radiology

Requested

Recommended current experience: During the past 12 months the applicant should have:
Performed full or part time clinical work reflective of the scope of privileges requested.

OR

Successfully completed an RCPSC or equivalent accredited radiology residency within the last 24 months.

OR

Successfully completed a recognized clinical/research fellowship in radiology within the last 24 months.

Core includes screening (performed outside the auspices of Screening Mammogram Program BC) and diagnostic mammography, galactography, fine wire localization, stereotactic biopsies, and core biopsies.

Diagnostic Radiology & Nuclear Medicine Clinical Privileges

Core privileges: Ultrasound

Initial and renewal for core privileges: refer back to qualifications for diagnostic radiology

Requested

Recommended current experience: During the past 12 months the applicant should have:
Performed full or part time clinical work reflective of the scope of privileges requested.

OR

Successfully completed an RCPSC or equivalent accredited radiology residency within the last 24 months.

OR

Successfully completed a recognized clinical/research fellowship in radiology within the last 24 months.

Core includes general ultrasonography (for all ages) not specifically described as non-core.

Non-core privileges: Ultrasound - Nuchal Translucency

Requested

[DESIGNATED A RESTRICTED SERVICE BY THE MEDICAL SERVICES COMMISSION]

Initial privileges: The applicant has completed training to the satisfaction of the appropriate medical leader.

AND

Required current experience: During the past 12 months the applicant should have:
Performed full or part time clinical work reflective of the scope of privileges requested.

OR

Successfully completed an RCPSC or equivalent accredited imaging residency within the last 24 months.

OR

Successfully completed a recognized clinical/research fellowship in imaging within the last 24 months.

Diagnostic Radiology & Nuclear Medicine Clinical Privileges

Renewal of privileges: To be eligible to renew this privilege, the applicant should meet the following criteria:

Current demonstrated skill and an adequate full- or part-time experience with acceptable results, reflective of the scope of the privileges requested, (minimum of 24 weeks working in the discipline for the past 36 months), based on results of ongoing professional practice evaluation and outcomes.

Return to practice: an individuated program acceptable to the appropriate medical leader.

Non-core privileges: Ultrasound - Transthoracic Echocardiography (TTE)

Requested

[DESIGNATED A RESTRICTED SERVICE BY THE MEDICAL SERVICES COMMISSION]

Initial privileges: The applicant has completed appropriate training in a tertiary echocardiography lab.

AND

Required current experience: Full- or part-time transthoracic echocardiography services, reflective of the scope of privilege requested, for the past 12 months or successful completion of postgraduate fellowship with appropriate training in the past 12 months.

Renewal of privileges: To be eligible to renew this privilege, the applicant should meet the following criteria:

Current demonstrated skill and an adequate full- or part-time experience with acceptable results, reflective of the scope of the privileges requested, (minimum of 24 weeks working in the discipline for the past 36 months), based on results of ongoing professional practice evaluation and outcomes.

Return to practice: an individuated program acceptable to the appropriate medical leader

Diagnostic Radiology & Nuclear Medicine Clinical Privileges

Non-core privileges: Pediatric Echocardiography

- Requested** pediatric studies
- Requested** congenital studies

Initial privileges: To be eligible to apply for privileges in echocardiography procedures, the applicant should meet the following criteria: radiology training and additional training in requested pediatric and/or congenital echocardiography procedures

AND

Recommended current experience: Demonstrated skill in pediatric and/or congenital echocardiography and adequate experience within the previous 24 months.

OR

Successful completion of recognized training program in echocardiography within the past 24 months with training specific to pediatric and/or congenital studies.

Renewal of privileges: Demonstrated skill in pediatric and/or congenital echocardiography and adequate experience within the previous 36 months.

Return to practice: Return to practice: an individuated program acceptable to the appropriate medical leader.

Non-core privileges: Ultrasound - Transesophageal Echocardiography (TEE)

- Requested**
[DESIGNATED A RESTRICTED SERVICE BY THE MEDICAL SERVICES COMMISSION]

Initial privileges: The applicant has completed training to the satisfaction of the appropriate medical leader.

AND

Required current experience: Full- or part-time transesophageal echocardiography services, reflective of the scope of privilege requested, for the past 12 months or successful completion of postgraduate fellowship with appropriate training in the past 12 months.

Diagnostic Radiology & Nuclear Medicine Clinical Privileges

Renewal of privileges: To be eligible to renew this privilege, the applicant should meet the following criteria:

Current demonstrated skill and an adequate full- or part-time experience with acceptable results, reflective of the scope of the privileges requested, (minimum of 24 weeks working in the discipline for the past 36 months), based on results of ongoing professional practice evaluation and outcomes.

Return to practice: an individuated program acceptable to the appropriate medical leader.

Core privileges: Computed Tomography

Initial and renewal for core privileges: refer back to qualifications for diagnostic radiology

Requested.

Recommended current experience: During the past 12 months the applicant should have:
Performed full or part time clinical work reflective of the scope of privileges requested.

OR

Successfully completed an RCPSC or equivalent accredited radiology residency within the last 24 months.

OR

Successfully completed a recognized clinical/research fellowship in radiology within the last 24 months.

Core includes general CT and CT angiography excluding cardiac CT and CT colonography for all ages.

Diagnostic Radiology & Nuclear Medicine Clinical Privileges

Non-core privileges: Computed Tomography (CT) – Cardiac CT angiography (CCTA)

Requested

[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 up to a Level II equivalent as per the American College of Cardiology CCTA

AND

Recommended current experience: Full- or part-time CCTA services, reflective of the scope of privilege requested, for the past 12 months or successful completion of postgraduate fellowship with appropriate training in the past 12 months.

Renewal of privileges: To be eligible to renew this privilege, the applicant should meet the following criteria:

Current demonstrated skill and an adequate full- or part-time experience with acceptable results, reflective of the scope of the privileges requested, (minimum of 24 weeks working in the discipline for the past 36 months), based on results of ongoing professional practice evaluation and outcomes.

Return to practice: an individuated program acceptable to the appropriate medical leader.

Non-core privileges: Computed Tomography (CT) – CT Colonography (CTC)

Requested

[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 training cases

OR

The applicant has completed CTC training to the satisfaction of the appropriate medical leader.

Recommended current experience: Full- or part-time CTC services, reflective of the scope of privilege requested, for the past 12 months or successful completion of postgraduate fellowship with appropriate training in the past 12 months.

Diagnostic Radiology & Nuclear Medicine Clinical Privileges

Renewal of privileges: To be eligible to renew this privilege, the applicant should meet the following criteria:

Current demonstrated skill and an adequate full- or part-time experience with acceptable results, reflective of the scope of the privileges requested, (minimum of 24 weeks working in the discipline for the past 36 months), based on results of ongoing professional practice evaluation and outcomes.

Return to practice: an individuated program acceptable to the appropriate medical leader.

Core privileges: Magnetic Resonance Imaging

Initial and renewal for core privileges: refer back to qualifications for diagnostic radiology

Requested.

[DESIGNATED A RESTRICTED SERVICE BY THE MEDICAL SERVICES COMMISSION]

Recommended current experience: During the past 12 months the applicant should have:

Performed full or part time clinical work reflective of the scope of privileges requested.

OR

Successfully completed an RCPSC or equivalent accredited radiology residency within the last 24 months.

OR

Successfully completed a recognized clinical/research fellowship in radiology within the last 24 months.

Core includes neurological, body, musculoskeletal, MR angiography and pediatric studies.

Diagnostic breast, MR guided breast biopsy and cardiac MR are excluded from the core for all ages.

Non-core privileges: Magnetic Resonance Imaging (MRI)

Requested Diagnostic Breast MRI

[DESIGNATED A RESTRICTED SERVICE BY THE MEDICAL SERVICES COMMISSION]

Initial privileges: Have demonstrable 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

AND

Successfully completed training acceptable to the appropriate medical leader

AND

Recommended current experience: Full- or part-time Breast MRI services, reflective of the scope of privilege requested, for the past 12 months or successful completion of postgraduate fellowship with appropriate training in the past 12 months.

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

Return to practice: an individuated program acceptable to the appropriate medical leader.

Requested MR Guided Breast Biopsy

[DESIGNATED A RESTRICTED SERVICE BY THE MEDICAL SERVICES COMMISSION]

Initial privileges: Have demonstrable knowledge and expertise in MR guided breast biopsy and expertise in breast disease and imaging diagnosis. Have the ability to do directional MR guided biopsy or have referral arrangements with a center that has this capacity.

Successfully completed training acceptable to the appropriate medical leader

AND

Recommended current experience: Full- or part-time MR guided breast biopsy services, reflective of the scope of privilege requested, for the past 12 months or successful completion of postgraduate fellowship with appropriate training in the past 12 months.

Diagnostic Radiology & Nuclear Medicine Clinical Privileges

Renewal of privileges: To be eligible to renew this privilege, the applicant should meet the following criteria:

Current demonstrated skill and an adequate full- or part-time experience with acceptable results, reflective of the scope of the privileges requested, (minimum of 24 weeks working in the discipline for the past 36 months), based on results of ongoing professional practice evaluation and outcomes.

Return to practice: an individuated program acceptable to the appropriate medical leader.

Requested Cardiac MRI

[DESIGNATED A RESTRICTED SERVICE BY THE MEDICAL SERVICES COMMISSION]

Initial privileges: Have demonstrable knowledge and expertise in cardiac disease and imaging diagnosis

AND

Successfully completed training acceptable to the appropriate medical leader.

Recommended current experience: Interpretation of cardiac MRI examinations in the last 12 months

OR

Full- or part-time Cardiac MRI services, reflective of the scope of privilege requested, for the past 12 months or successful completion of postgraduate fellowship with appropriate training in the past 12 months.

Renewal of privileges: To be eligible to renew this privilege, the applicant should meet the following criteria:

Current demonstrated skill and an adequate full- or part-time experience with acceptable results, reflective of the scope of the privileges requested, (minimum of 24 weeks working in the discipline for the past 36 months), based on results of ongoing professional practice evaluation and outcomes.

Return to practice: an individuated program acceptable to the appropriate medical leader.

Core privileges: Interventional Radiology (for non-subspecialty interventional radiologists)

Initial and renewal for core privileges: refer back to qualifications for diagnostic radiology

Requested.

Recommended current experience: During the past 12 months the applicant should have:
Performed full or part time clinical work reflective of the scope of privileges requested.

OR

Successfully completed an RCPSC or equivalent accredited radiology residency within the last 24 months.

OR

Successfully completed a recognized clinical/research fellowship in radiology within the last 24 months.

Core includes percutaneous biopsy, percutaneous drainage, and percutaneous access for all ages. If the procedure is listed in the non-core interventional radiology section, it cannot be assumed to be in this selection.

Non-core privilege: Interventional Radiology

Definition

Interventional Radiology is a recognized Royal College of Physicians and Surgeons of Canada sub-specialty of Diagnostic Radiology, and encompasses image guided minimally invasive procedures.

Diagnostic Radiology & Nuclear Medicine Clinical Privileges

Non-core privileges: Interventional Radiology – Body

Procedures for non-subspecialty interventional radiologists

Initial privileges: Successfully completed training acceptable to the appropriate medical leader.

Recommended current experience: Current demonstrated skill and an adequate volume of full or part time experience, reflective of the scope of the privilege requested.

Renewal of privileges: Current demonstrated skill and an adequate volume of full or part time experience, reflective of the scope of the privilege requested

OR

Completion of appropriate training in the last 12 months.

Return to practice: An individuated program acceptable to the appropriate medical leader.

- Requested** central venous access – PICC, CVC, PermCath, Hickman lines
- Requested** gastrostomy / gastrojejunostomy insertion
- Requested** nephrostomy insertion
- Requested** genitourinary tract interventions

Procedures for subspecialty interventional radiologists

Initial privileges: Interventional Radiology subspecialty certification through the Royal College of Physicians and Surgeons of Canada.

OR

Recognized residency, fellowship or other training in equivalence of the RCPSC certification

AND

Recommended current experience Current demonstrated skill and an adequate volume of full or part time experience, reflective of the scope of the privilege requested.

OR

Completion of appropriate training in the last 24 months.

Renewal of privileges: Current demonstrated skill and an adequate volume of full or part time experience, reflective of the scope of the privilege requested.

Diagnostic Radiology & Nuclear Medicine Clinical Privileges

Return to practice: An individuated program acceptable to the appropriate medical leader

- Requested** arteriography and intervention
- Requested** venography and intervention
- Requested** dialysis interventions
- Requested** hepatobiliary interventions
- Requested** interventional oncology
- Requested** central venous access
- Requested** gastrointestinal tract interventions

Non-core privileges: Interventional Radiology – Neurological

Procedures for non-subspecialty interventional radiologists

Initial privileges: Successfully completed training acceptable to the appropriate medical leader

AND

Recommended current experience: Current demonstrated skill and an adequate volume of full or part time experience, reflective of the scope of the privilege requested.

OR

Completion of appropriate training in the last 24 months.

Renewal of privileges: Current demonstrated skill and an adequate volume of full or part time experience, reflective of the scope of the privilege requested.

Return to practice: An individuated program acceptable to the appropriate medical leader

- Requested** cerebral angiography
- Requested** spinal angiography
- Requested** petrosal sinus sampling
- Requested** embolization for epistaxis

Diagnostic Radiology & Nuclear Medicine Clinical Privileges

Procedures for subspecialty interventional radiologists – Neurological

Initial privileges: Neuro-Interventional Radiology subspecialty certification through the Royal College of Physicians and Surgeons of Canada.

OR

Recognized residency, fellowship or other training in equivalence of the RCPSC certification

AND

Recommended current experience Current demonstrated skill and an adequate volume of full or part time experience, reflective of the scope of the privilege requested.

OR

Completion of appropriate training in the last 24 months.

Renewal of privileges: Current demonstrated skill and an adequate volume of full or part time experience, reflective of the scope of the privilege requested.

Return to practice: An individuated program acceptable to the appropriate medical leader.

Requested endovascular treatment of intracranial or spinal vascular lesion (includes: aneurysm, arteriovascular malformation, dural sinus thrombosis)

Requested craniocervical vascular angioplasty and stenting (includes: carotid, vertebral, intracranial vessels)

Non-core privileges: Acute Stroke Endovascular Treatment

Definition

Acute Stroke Endovascular Therapy (EVT) is an image-guided catheter-directed procedure for cerebral revascularization in the setting of acute ischemic stroke using appropriate endovascular techniques such as mechanical thrombus removal (thrombectomy).

Context: Acute Stroke EVT should be performed in a site with a multidisciplinary acute stroke team in a comprehensive stroke centre. The stroke centre should have appropriately trained stroke interventionalist, stroke neurologist, neurosurgery and stroke nurses, intensive care unit/stroke unit, medical imaging, and the ability to assess and provide comprehensive stroke care.

Diagnostic Radiology & Nuclear Medicine Clinical Privileges

❑ Requested

Initial privileges: To be eligible for this non-core privilege, one of the following three training streams must be completed:

The applicant must have completed a formal comprehensive neurointerventional fellowship in addition to have previously completed a fellowship in neuroradiology or interventional radiology.

OR

The applicant must have completed a dedicated interventional stroke fellowship [*no such fellowship currently exists but likely to be available in the near future*], in addition to have previously completed a fellowship in neuroradiology or interventional radiology.

OR

The applicant is an interventional radiologist or diagnostic neuroradiologist who meet the following criteria (in lieu of a dedicated interventional stroke fellowship):

- Competency in the interpretation of acute stroke imaging, including but not limited, to:
 - CT and MRI head scans to determine presence of acute stroke findings, assign an ASPECT score, rule out presence of hemorrhage or stroke mimics;
 - CTA or MRA scans to assess the cerebrovascular anatomy, and to determine presence of thromboembolism and other arterial diseases such as stenosis or dissection;
 - Multiphase CTA or CT/MR perfusion to determine collateral supply and ischemic penumbra;
- Documented cognitive and **clinical** training (e.g. conferences, courses or fellowships) to acquire:
 - Knowledge in stroke pathophysiology (such as clinical, neuroanatomy and cerebrovascular presentations of acute ischemic stroke syndromes); and,
 - Certification in NIH stroke scale;
- Credentialed and experienced in performing:
 - Carotid/cerebral angiography;
 - Angioplasty and stenting procedures (peripheral and/or neurological);
 - Arterial thrombolysis procedures (peripheral and/or neurological);
 - Procedures requiring Microcatheter and microguidewire (peripheral and/or neurological)
- Documented training acceptable to the appropriate medical leader in performing EVT procedures under the supervision/proctorship by a credentialed EVT operator within the last 24 months with written acknowledgement by supervisor/proctor of applicant's capabilities.
- All Interventional Radiologists providing acute stroke EVT are expected to be enrolled in a quality improvement and provincial outcome monitoring program.

Diagnostic Radiology & Nuclear Medicine Clinical Privileges

AND (in addition to one of the above training options)

Recommended current experience: The applicant should meet the following criteria:

- Maintain a minimum of 16 hours of stroke specific education every 2 years
- Participate in an ongoing EVT quality assurance and improvement program
- Have worked at a centre that maintains a minimum of 36 cases/year
- Performed at least 12 acute stroke EVT cases per year averaged over the past 36 months

OR

Completion of the fellowship in the first two bullets above in the past 24 months.

Renewal of privileges: To be eligible to renew this privilege, the applicant should meet the following recommended current experience:

- Maintain a minimum of 16 hours of stroke specific education every 2 years
- Participate in an ongoing EVT quality assurance and improvement program
- Have worked at a centre that maintains a minimum of 36 cases/year
- Performed at least 12 acute stroke EVT cases per year averaged over the past 36 months

Return to practice: If the applicant has been away from practice for more than 24 months, the applicant should meet training criteria and or previous experience as outlined in initial privileges and complete an individualized return to practice plan acceptable to the appropriate medical leader.

Context specific privileges

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

Core privileges: Admitting privileges

Requested: Full Admitting – Diagnostic radiology

Procedural (Interventional) Pain Management Definition

Appropriate use of these procedures requires careful evaluation and diagnosis and must keep in mind prevention, treatment and rehabilitation of patients. These procedures may be used for acute and chronic, cancer and non-cancer pain. These privileges as defined are primarily directed towards chronic pain management and are not intended to limit procedures used in acute settings or for surgical anesthesia. If the procedures described are core to the physician's primary discipline or subspecialty, the requirements outlined below do not apply.

In this portion of the document, "interventional pain procedure" has been defined as invasive or surgical techniques used to treat patients with chronic pain. Interventional pain procedures are categorized using a tiered approach reflective of underlying complexity and required training.

Privileges in Procedural Pain Management (Basic)

Definition

Basic procedures are those that can be considered appropriate for physicians with minimal added training or acquired as part of original training. These procedures are peripheral and superficial interventional procedures for which imaging may not be mandatory.

Qualifications for Procedural Pain Management - Basic

To be eligible to apply for any privileges in BASIC Interventional Pain Management, the applicant must meet the following criteria:

Initial Privilege: Demonstrated training/experience specific to privilege requested and acceptable to the appropriate medical leader.

Recommended current experience: Full or part-time relevant clinical experience reflective of the scope of privileges requested

OR

Completion of training acceptable to the appropriate medical leader in the past 24 months.

Renewal of privileges: Maintenance of skills and an adequate volume of full- or part-time experience with safe outcomes, reflective of privileges requested.

Return to practice: Individualized evaluation with supervision of core procedures relevant to their intended scope of practice acceptable to the appropriate medical leader.

Core privileges: Basic Pain Management procedures

- Requested** Trigger point/ bursal injections
- Requested** Intra articular injections (excluding hip, intraarticular glenohumeral and biceps tendon) with or without imaging guidance (image guidance may be best practice but is not mandatory)
- Requested** mid-sized peripheral nerve blocks that may not require imaging to safely inject: e.g. Occipital, Saphenous, Genicular, LFCN, tibial, ulnar, radial peroneal, ankle

Privileges in Procedural Pain Management (Intermediate)

Definition

Intermediate procedural pain procedures recommend the use of image guidance as best practice and fluoroscopy as the gold standard and require the understanding and safety principles of using fluoroscopy, CT, ultrasound, and/or other medical imaging to guide needle placement and further education in assessment and management of pain.

Qualifications for Procedural Pain Management – Intermediate

To be eligible to apply for any privileges in INTERMEDIATE Interventional Pain Management, the applicant must meet the following criteria:

Initial Privilege: Training/experience specific to privilege requested and acceptable to the appropriate medical leader

AND

Recommended current experience: Full or part-time relevant clinical experience reflective of the privileges requested.

OR

Successful completion of training in the last 12 months.

Renewal of privileges: Demonstrated ongoing skill, review of cases performed if deemed necessary and discussion with the appropriate medical leader.

Return to practice: Individualized evaluation with supervision of core procedures relevant to their intended scope of practice acceptable to the appropriate medical leader.

Core privileges: Intermediate Pain Management procedures

- Requested** Large peripheral nerve blocks that require imaging, including but not limited to femoral, sciatic, brachial plexus
- Requested** Intramuscular and peritendinous injections, e.g. piriformis, bicipital tendon (image guidance mandatory)
- Requested** Sacroiliac joint injections (image guidance mandatory)
- Requested** Peripheral joint injections: Hip and intra-articular gleno-humeral (image guidance recommended)
- Requested** Caudal and Inter-laminar lumbar epidural (image guidance is strongly recommended and the gold standard is fluoroscopy or CT)
- Requested** Epidural catheter tunneling for cancer/palliative care pain management
- Requested** Intrathecal catheter tunneling for cancer/palliative care pain management

Privileges in Procedural Pain Management (Advanced)

Definition

Advanced procedures are highly-specialized that are recognized as requiring advanced training and skills including the understanding and safety principles of using fluoroscopy, CT, ultrasound or other medical imaging to guide treatment, as well as comprehensive knowledge of chronic, acute and complex pain.

Advanced procedures are further divided into Advanced I and Advanced II. For most advanced procedures, CT and fluoroscopy remains the gold standard and image capture is recommended.

Privileges in Procedural Pain Management (Advanced I)

Qualifications for Procedural Pain Management - Advanced I

To be eligible to apply for any privileges in ADVANCED I Interventional Pain Management, the applicant must meet the following criteria:

Initial privilege: Demonstrated evidence during FRCP specialty training in the setting of interventional chronic pain management specific to procedures applied for, and which must be acceptable to the appropriate medical leader.

Specialists without evidence of core training during FRCP training must demonstrate additional training in interventional chronic pain management in a recognized hospital-based university training program with a maintained log of procedures and an independent evaluation.

OR

Completed a minimum 12-month **accredited** fellowship program (RCPSC, ACGME, FPM/Australia) in Interventional Pain Management.

Recommended current experience: Interventional pain management for at least 200 hours a year averaged over no more than the last three years, reflective of the scope of privileges requested

AND

Completion of at least 20 CME credits each year averaged over three years and must be relevant to the practice of Interventional Pain Management.

Renewal of privileges: Demonstrated ongoing skill, review of cases performed if deemed necessary and discussion with the appropriate medical leader.

Return to practice: Individualized evaluation with supervision of core procedures relevant to their intended scope of practice acceptable to the appropriate medical leader.

Diagnostic Radiology & Nuclear Medicine Clinical Privileges

Core privileges: Advanced I Pain Management procedures

Facet joint injections:

- Requested lumbar

Privileges in Procedural Pain Management (Advanced I)

Qualifications for Procedural Pain Management - Advanced I

To be eligible to apply for any privileges in ADVANCED I Interventional Pain Management, the applicant must meet the following criteria:

Initial Privilege: Demonstrated evidence during FRCP specialty training in the setting of interventional chronic pain management specific to procedures applied for, and which must be acceptable to the appropriate medical leader.

Specialists without evidence of core training during FRCP training must demonstrate additional training in interventional chronic pain management in a recognized hospital-based university training program with a maintained log of procedures and an independent evaluation.

OR

Completed a minimum 12-month **accredited** fellowship program (RCPSC, ACGME, FPM/Australia) in Interventional Pain Management

Recommended current experience: Interventional pain management for at least 200 hours a year averaged over no more than the last three years, reflective of the scope of privileges requested.

Recognizing that other procedural skills are transferable, where clear similarities exist with other work done by specialists, these requirements may be less.

OR

Successful completion of accredited specialty fellowship training program that includes the requested IPM procedures, within the last 12 months

AND

Completion of at least 20 CME credits each year averaged over three years and must be relevant to the practice of Interventional Pain Management.

Renewal of privileges: Demonstrated ongoing skill, review of cases performed if deemed necessary and discussion with the appropriate medical leader.

Return to practice: Individualized evaluation with supervision of core procedures relevant to their intended scope of practice acceptable to the appropriate medical leader.

Non-core privileges: Advanced I Pain Management procedures

Epidural Injections:

- Requested** lumbar trans-foraminal /nerve root block
- Requested** thoracic inter-laminar
- Requested** thoracic trans-foraminal /nerve root block

Medial branch blocks:

- Requested** lumbar
- Requested** thoracic

Facet joint injections:

- Requested** thoracic

Sympathetic nerve blocks:

- Requested** lumbar sympathetic nerve block
- Requested** celiac plexus and splanchnic nerve blocks
- Requested** stellate ganglion block
- Requested** ganglion impar block

Other:

- Requested** intercostal nerve blocks
- Requested** paravertebral block of the lumbosacral plexus

Privileges in Procedural Pain Management (Advanced II)

Qualifications for Procedural Pain management – Advanced II

To be eligible to apply for any privileges in ADVANCED II Interventional Pain Management, the applicant must meet the following criteria:

Initial Privilege: Completed a minimum 12-month **accredited** fellowship program (RCPSC, ACGME, FPM/Australia) in Interventional Pain Management ****for some specialty radiologists, further fellowship may not be required provided practitioners are able to demonstrate specialty training.***

AND

Evidence of interventional chronic pain management training specific to procedures applied for within the fellowship, acceptable to the appropriate medical leader.

Diagnostic Radiology & Nuclear Medicine Clinical Privileges

Recommended current experience: Interventional pain management services for at least 200 hours a year averaged over no more than the last three years, reflective of the scope of privileges requested.

Recognizing that other procedural skills are transferable, where clear similarities exist with other work done by specialists, these requirements may be less.

OR

Successful completion of accredited Pain fellowship training program within the last 12 months with demonstrated training specific to the procedures applied for.

AND

Completion of at least 20 CME credits each year averaged over three years relevant to the practice of Interventional Pain Management.

Renewal of privileges: Demonstrated ongoing skill, review of cases performed if deemed necessary and discussion with the appropriate medical leader.

Return to practice: Individualized evaluation with supervision of core procedures relevant to their intended scope of practice acceptable to the appropriate medical leader.

Non-core privileges: Advanced II Pain Management procedures

Chemical neurolytic procedures:

- Requested** neurolytic blocks – neuraxial, intercostal nerve, autonomic nerves or plexus

Neuromodulation:

- Requested** Intrathecal infusions
- Requested** Spinal cord stimulator, testing, implantation and maintenance

Epidural Injections:

- Requested** cervical interlaminar
- Requested** cervical transforaminal /nerve root block
- Requested** epiduroscopy and/or epidural adhesiolysis

Medial branch blocks and facet joint injections:

- Requested** cervical

Thermal neurolysis:

- Requested** Use of radiofrequency technology
- Requested** Cryoablation

Other:

- Requested** deep cranial nerve blocks (trigeminal branches, sphenopalatine etc.)
- Requested** intradiscal injection

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.

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: During the past 12 months the applicant should have:
Performed full or part time clinical work reflective of the scope of privileges requested.

OR

Successfully completed an RCPSC or equivalent accredited nuclear medicine residency within the last 24 months.

OR

Successfully completed a recognized clinical/research fellowship in nuclear medicine within the last 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 experience with acceptable results, reflective of the scope of nuclear medicine privileges requested, minimum 24 weeks working in the discipline for the averaged over the past 36 months.

Return to practice: Requires individualized evaluation with supervision of core procedures relevant to their intended scope of practice.

Core privileges: Nuclear Medicine

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

Core includes: SPECT CT, PET CT, bone density, theranostics, cardiac, pediatric, general nuclear medicine
[DESIGNATED A RESTRICTED SERVICE BY THE MEDICAL SERVICES COMMISSION]

Requested:

Core privileges: Admitting privileges

Requested: Full Admitting – Nuclear Medicine

Non-core privileges (see specific criteria)

- Are permits for activities that require further training, experience and demonstrated skill
- Are requested individually in addition to requesting the core
- Each individual requesting non-core privileges should meet the specific threshold criteria as outlined

Non-core privileges: Pediatric Subspecialty

Requested

Definition

Pediatric Radiology is a branch of medical practice concerned with the use of imaging techniques in the study, diagnosis, and treatment of disease affecting the infant, child, and adolescent.

Qualifications for Pediatric Sub-specialty Radiology

These Non-Core privileges are meant to reflect the subspecialty diagnostic radiology care for neonates, infants, children and adolescents.

Diagnostic Radiology & Nuclear Medicine Clinical Privileges

Initial applicants: To be eligible to apply for privileges in subspecialty pediatric radiology the applicant must meet the following criteria:

Successfully completed an RCPSC accredited program in Pediatric Radiology.

OR

Successfully completed a Pediatric Radiology fellowship or equivalent within the last 24 months.

OR

Recognition of certification as a pediatric 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: During the past 12 months the applicant should have:
Performed full or part time clinical work reflective of the scope of privileges requested.

OR

Successfully completed an RCPSC or equivalent accredited pediatric radiology fellowship within the last 24 months.

OR

Successfully completed a recognized clinical/research fellowship in pediatric radiology within the last 24 months.

Renewal of privileges: To be eligible to renew this privilege, the applicant should meet the following criteria:

Current demonstrated skill and an adequate full- or part-time experience with acceptable results, reflective of the scope of the privileges requested, (minimum of 24 weeks working in the discipline for the past 36 months), based on results of ongoing professional practice evaluation and outcomes.

Return to practice: Return to practice: an individuated program acceptable to the appropriate medical leader.

Diagnostic Radiology & Nuclear Medicine Clinical Privileges

Non-core privileges: Radiography – Bone Densitometry

Requested

Initial applicants: The applicant has completed training to the satisfaction of the appropriate medical leader.

Required current experience: During the past 12 months the applicant should have:
Performed full or part time clinical work reflective of the scope of privileges requested.

OR

Successfully completed an RCPSC or equivalent accredited residency within the last 24 months.

OR

Successfully completed a recognized clinical/research fellowship in imaging within the last 24 months.

Renewal of privileges: Current demonstrated skill and an adequate full- or part-time experience with acceptable results, reflective of the scope of the privileges requested, (minimum of 24 weeks working in the discipline for the past 36 months), based on results of ongoing professional practice evaluation and outcomes.

Context specific privileges: Administration of sedation and analgesia

Requested

See “Hospital Policy for Sedation and Analgesia by Non-anesthesiologists.”

Additional privileges

Definition: An additional privilege is any privilege that is not included in the core, non-core, or context-specific privileges dictionary for your discipline.

To request a privilege that is not included in the core, non-core, or context specific privileges for your discipline, notify your medical leader or local credentialing office.

Instructions

On the additional privilege request form, you'll be asked to provide the following details:

- a) the privilege requested (*the procedure or activity you are requesting*)
- b) the site or facility where the privilege would be exercised, and
- c) your relevant training, experience or certification, if applicable.

Your request for additional privileges will be submitted to your medical leader. Please note that additional privileges are not automatically granted, but are reviewed to determine alignment with the site capacity and to ensure training requirements are met.

Dictionary content and feedback

The privileging dictionaries on this site (bcmqi.ca) are the official versions.

Dictionary content will be updated as according to the review schedule posted at the bcmqi.ca dictionary review hub. You can provide input on a dictionary at any time, by submitting a [Dictionary Feedback](#) form to the BC MQI office.

Diagnostic Radiology & Nuclear Medicine Clinical Privileges

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 the facility I am applying, and I understand that:

- a. 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.
- 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: _____

Medical / Clinical Leader'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/ Facility:

Name of Medical Leader:

Title:

Signature:

Date:
