

UNMH Fluoroscopy for Non-Radiologists Clinical Privileges

Name: _____ Effective Dates: From _____ To _____

All new applicants must meet the following requirements as approved by the UNMH Board of Trustees, effective 01/27/2017:

INSTRUCTIONS:

Applicant: Check off the “requested” box for each privilege requested. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

Department Chair: Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation.

OTHER REQUIREMENTS:

1. Note that privileges granted may only be exercised at UNM Hospitals and clinics that have the appropriate equipment, license, beds, staff, and other support required to provide the services defined in this document. Site-specific services may be defined in hospital or department policy.
2. This document defines qualifications to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

QUALIFICATIONS FOR FLUOROSCOPY FOR NON-RADIOLOGISTS:

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

1. MD/DO privileged in a medical specialty at UNM Hospital; **AND**
2. Have completed the UNM Learning Central module ***Initial Fluoroscopic Training***, and passed the test (80% correct), **AND** have the following qualifications:
3. Completion of a residency or fellowship training program which included the routine use of fluoroscopy, with associated radiation safety didactics specific to fluoroscopy, and adequate volume of fluoroscopy procedures; **OR**
4. Direct supervision of at least **five (5) fluoroscopic procedures** by a physician privileged in fluoroscopy for each type of procedure for which the physician intends to use it. Physicians who perform complex interventional procedures (e.g., vascular, cardiovascular, neurological, urological) should have at a minimum **ten (10) fluoroscopic procedures** performed under direct supervision. The clinical training will be documented and maintained by the licensed practitioner’s department and include but is not limited to the following:
 - a. Energize the x-ray tube to create the image;
 - b. Appropriate use of protective equipment;

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- c. Appropriate use of the personnel radiation dosimetry badge;
 - d. Appropriate positioning of the patient;
 - e. Dose saving techniques for patient and staff;
 - f. Device-specific shielding;
 - g. Requirements to document fluoroscopy time/radiation dose and Radiation Event Reporting procedure; **AND**
5. A fluoroscopy privileged physician attests that the trainee meets the minimum clinical training and education experience as required above.

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

1. Current demonstrated competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past twenty-four (24) months based on results of ongoing professional practice evaluation and outcomes; **AND**
2. Documented and successful completion of the Learning Central module ***Fluoroscopy Refresher Training*** and associated test each credentialing cycle.

Supervising Physician Approval: The provider requesting fluoroscopy for non-radiologists privileges meets the criteria defined above.

Signature

Date Signed

CORE PRIVILEGES: Fluoroscopy for Non-Radiologists

Requested

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Acknowledgement of Practitioner

I have requested only those clinical privileges for which, by education, training, current experience, and demonstrated performance, I am qualified to perform and for which I wish to exercise at UNM Hospitals and clinics. 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.

Signature

Date Signed

Clinical Director/Division Chief Recommendation(s)

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and recommend action and presently requested above.

Name: _____ Signature _____ Date _____

Name: _____ Signature _____ Date _____

Department Chair Recommendation

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

- Recommend all requested privileges with the standard professional practice plan
- Recommend privileges with the standard professional practice plan and the conditions/modifications noted below
- Do not recommend the clinical privileges noted below

Explanation: _____

Department Chair Signature

Date Signed

Criteria Approved by UNMH Board of Trustees on January 27, 2017