

UNIVERSITY HOSPITAL AND HEALTH SYSTEM
UNIVERSITY OF MISSISSIPPI MEDICAL CENTER
2500 North State Street, Jackson MS 39216

RADIATION ONCOLOGY CLINICAL PRIVILEGES

Name: _____

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- ☐ Initial Appointment
- ☐ Reappointment

All new applicants must meet the following requirements as approved by the governing body effective: 8/5/2015.

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 on the last page of this form.

Other Requirements

- Note that privileges granted may only be exercised at the site(s) and/or setting(s) 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 and/or department policy.
- This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional governance (MS Bylaws, Rules and Regulations) organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

QUALIFICATIONS FOR RADIATION ONCOLOGY

To be eligible to apply for core privileges in radiation oncology, the initial applicant must meet the following criteria:

Current subspecialty certification in Radiation Oncology or Therapeutic Radiology by the American Board of Radiology or the American Osteopathic Board of Radiology

OR

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in therapeutic radiology or radiation oncology and active participation in the examination process with achievement of certification within 5 years of completion of formal training leading to subspecialty certification in Radiation Oncology or Therapeutic Radiology by the American Board of Radiology or the American Osteopathic Board of Radiology.

Required Previous Experience: Applicants for initial appointment must be able to demonstrate performance of a sufficient volume of irradiation procedures, reflective of the scope of privileges requested, during the past 24 months or demonstrate successful completion of an ACGME or AOA accredited residency or clinical fellowship within the past 12 months

Reappointment Requirements: To be eligible to renew core privileges in radiation oncology, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and a sufficient volume of experience (irradiation procedures) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform

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privileges requested is required of all applicants for renewal of privileges. Medical Staff members whose board certificates in radiation oncology bear an expiration date shall successfully complete recertification no later than three (3) years following such date. For members whose certifying board requires maintenance of certification in lieu of renewal, maintenance of certification requirements must be met, with a lapse in continuous maintenance of no greater than three (3) years.

CORE PRIVILEGES

RADIATION ONCOLOGY CORE PRIVILEGES

- ☐ **Requested** Admit, perform comprehensive (multidisciplinary) evaluation and treatment planning for patients with cancer and related disorders, plan and/or administer therapeutic radiation for benign diseases, and consult on patients of all ages. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list.

SPECIAL NON-CORE PRIVILEGES (SEE SPECIFIC CRITERIA)

If desired, Non-Core Privileges are requested individually in addition to requesting the Core. Each individual requesting Non-Core Privileges must meet the specific threshold criteria governing the exercise of the privilege requested including training, required previous experience, and for maintenance of clinical competence.

GAMMA KNIFE RADIOSURGERY

- ☐ **Requested**

Criteria: Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in Radiation Oncology that included training in Stereotactic Radiosurgery (SRS) OR completion of an approved training program in radiosurgery. If training in SRS was not obtained during residency, the applicant must present evidence of equivalent training. Device specific training as required by the NRC or device manufacturer is also required. **Required Previous Experience:** Demonstrated current competence and evidence of the performance of a sufficient volume of radiosurgery procedures in the past 24 months (may include training). **Maintenance of Privilege:** Demonstrated current competence and evidence of the performance of a sufficient volume of radiosurgery procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

ULTRASOUND-GUIDED CENTRAL LINE INSERTION

- ☐ **Requested** See Medical Staff Policy for Ultrasound-Guided Central Line Insertion for additional information.
Initial Privileging:
As for core privileges plus:
- Completion of a UMMC ultrasound-guided central line insertion Healthstream learning module; and

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- Completion of ultrasound-guided central line insertion simulation training in the UMMC Simulation and Interprofessional Education Center; and
- Focused professional practice evaluation to include proctoring of the ultrasound-guided insertion of at least 5 central lines (femoral or internal jugular) within the first 6 months of appointment

Maintenance of Privilege:

As for core privileges plus:

- Completion of a UMMC ultrasound-guided central line insertion Healthstream learning module; and
- Performance of at least 10 ultrasound-guided central line insertions in the past 24 months;

If volume requirements are not met, the following may substitute:

- Completion of ultrasound-guided central line insertion simulation training in the UMMC Simulation and Interprofessional Education Center; and
- Focused professional practice evaluation to include proctoring of the ultrasound-guided insertion of at least 5 central lines (femoral or internal jugular) within the first 6 months of re-appointment

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CORE PROCEDURE LIST

To the applicant: If you wish to exclude any procedures, please strike through those procedures which you do not wish to request, initial, and date.

- Administration of drugs and medicines related to radiation oncology and cancer supportive care
- Administration of radiosensitizers, radioprotectors under appropriate circumstances
- Brachytherapy both interstitial and intracavitary, sealed and unsealed radionuclide therapy
- Combined modality therapy (e.g., surgery, radiation therapy, chemotherapy, or immunotherapy used concurrently or in a timed sequence)
- Computer assisted treatment simulation and planning (external beam therapy and radioactive implants)
- Fractionated stereotactic radiotherapy
- Radio-Immunotherapy
- Intraoperative radiation therapy
- Order respiratory services
- Order rehab services
- Perform history and physical exam
- Perform waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine dipstick, and vaginal pH by paper methods
- Placement of catheters, IV's, IV contrast dye and radiopaque devices that pertain to treatment planning (femoral and internal jugular access require special privileges for ultrasound guided central line insertion)
- Radiation prescription of doses, treatment volumes, field blocks, molds and other special devices for external beam therapy
- Radiation therapy by external beam (photon and electron irradiation)
- Radiation contact therapy (SR, molds, etc.)
- Radioactive isotope therapy: intraperitoneal, intracavitary, interstitial, intraluminal implantation, regional and systemic, and intravenous, radioactive antibody therapy; radioimmunotherapy
- Total body irradiation
- X-ray, ultrasound, CT, MRI and PET, assisted treatment planning

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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 University Hospital and Health System, University of Mississippi Medical Center, 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** _____

DIVISION CHIEF'S RECOMMENDATION (AS APPLICABLE)

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant. To the best of my knowledge, this practitioner's health status is such that he/she may fully perform with safety the clinical activities for which he/she is being recommended. I make the following recommendation(s):

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

Privilege	Condition/Modification/Explanation
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Notes

Division Chief Signature _____ **Date** _____

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DEPARTMENT CHAIR'S RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant. To the best of my knowledge, this practitioner's health status is such that he/she may fully perform with safety the clinical activities for which he/she is being recommended. I make the following recommendation(s):

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

Privilege

Condition/Modification/Explanation

- | | |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

Notes

Department Chair Signature _____ ***Date*** _____

Reviewed:

Revised:

2/3/2010, 6/2/2010, 9/17/2010, 10/5/2011, 12/16/2011, 4/3/2013, 8/05/2015