

DETROIT MEDICAL CENTER

DEPARTMENT OF RADIATION ONCOLOGY  
DELINEATION OF PRIVILEGES

Applicant Name \_\_\_\_\_

PLEASE PRINT

**QUALIFICATIONS:**

Current certification or active participation in the examination process leading to certification in therapeutic radiology or radiation oncology by the American Board of Radiology or the American Osteopathic Board of Radiology, or its equivalent, and successful completion of an ACGME or AOA accredited or equivalent residency/fellowship program in radiation oncology.

*Effective July 1, 2009, all new applicants to the DMC will be required to be board certified or in the active certification process in their practice specialty. See attached Board Certification requirements.*

**REQUIRED PREVIOUS EXPERIENCE:**

Applicant must provide documentation of the treatment of primary care (or during training) of at least **150** patients during the previous three years. Documentation can be in the form of treatment/billing logs.

**OBSERVATION/PROCTORING REQUIREMENTS:**

Each new applicant **must** be initially proctored by a department member, designated by the site Chief, credentialed in the requested privileges for the provisional period (first-year). The Proctor must complete a written evaluation and recommendation to the Department SIC (or designee) before re-credentialing. Evaluations will include: activity (volume) and quality outcomes.

**REAPPOINTMENT REQUIREMENTS:**

A minimum volume level of at least **50** patients treated per year (in DMC or DMC affiliate sites) for the previous two years, with acceptable demonstrated competence as defined by the Medical Quality Assurance Committee of Radiation Oncology.

**Those practitioners that do not have sufficient volume to provide for an ongoing professional practice evaluation may not be eligible for reappointment. If they wish to maintain a DMC affiliation, they may request "Membership Only with No Clinical Privileges".**

**DEPARTMENT OF RADIATION ONCOLOGY DELINEATION OF PRIVILEGES**

**Applicant Name** \_\_\_\_\_

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**PRIVILEGES REQUESTED:**

**(R)-Requested (A)-Recommend Approval as Requested (C)-Recommend with Conditions (N)-Not Recommended**

**Note:** *If recommendations for clinical privileges include a condition, modification or are not recommended, the specific condition and reason must be stated below or on the last page of this form and must be discussed with the applicant*

**Applicant: Please place a check mark in the (R) column ONLY for each privilege requested.**

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**(R) (A) (C) (N)**

**MEMBERSHIP ONLY, NO CLINICAL PRIVILEGES**

Practice is limited to outpatient office (ambulatory) only. No inpatient privileges. May require an interview with the Specialist-in-Chief or designee.

**DO NOT COMPLETE THE REMAINDER OF THIS FORM.**

**Go to page 2 and sign form.**

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**(R) (A) (C) (N)**

**CORE PRIVILEGES IN RADIATION ONCOLOGY**

Privileges include:

- Evaluation of patients for standard diagnostic evaluation and/or management of patients undergoing cancer therapy
  - Administration of external beam radiotherapy with megavoltage equipment
  - Administration of drugs and medicines related to radiation oncology
  - Cancer supportive care including routine follow up examinations and care
  - Brachytherapy (interstitial and intracavitary) and unsealed radionucleotide therapy
  - Operating room privileges for the implantation of applicators, radioactive sources and/or examinations under anesthesia
  - Minor out-patient surgical procedures (in the Department of Radiation Oncology) to include: debridement, biopsies, thoracentesis, paracentesis
  - Use of equipment in the Department of Radiation Oncology for simulation including fluoroscopy, filming, and use of contrast substances, as needed
  - Use of Computer Assisted Tomography for tumor localization in treatment planning; and treatment with superficial x-ray sources.
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**DEPARTMENT OF RADIATION ONCOLOGY DELINEATION OF PRIVILEGES**

**Applicant Name** \_\_\_\_\_  
**PLEASE PRINT**

**Acknowledgement of Practitioner**

By my signature below, I acknowledge that I have read and understand this privilege delineation form and applicable standards and criteria for privileges.

\_\_\_\_\_  
Applicant Signature Date

**Department Chief and/or Specialist-in-Chief Recommendations**

By my signature below, I certify that I have reviewed and evaluated the applicant's request for clinical privileges, credentials and other supporting information, and the recommendation that has been made takes all pertinent factors into consideration.

- Recommend AS Requested  Do Not Recommend
- Recommend with conditions/modifications as listed: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Department Chief (or designee) Signature Date

\_\_\_\_\_  
Specialist-in-Chief (or designee) Signature Date

Joint Conference Committee Approval: \_\_\_\_\_  
Date

JCC Approved 9.22.09

# DETROIT MEDICAL CENTER

## **BOARD CERTIFICATION REQUIREMENTS**

- Beginning July 1, 2009, all applicants to the DMC Medical Staff shall be Board Certified, or shall achieve Board Certification within five (5) years of completion of formal training.
- Individual clinical department Board certification may be more stringent. If so, the department's requirements supersede the DMC minimum Board certification requirement.
- The Board certification must be in the specialty and specific practice which clinical privileges are requested.
- Board certification must be in a specialty recognized by the American Board of Medical Specialties, American Osteopathic Association, American Dental Association or the American Board of Podiatric Surgery.
- If Board certification is time-limited, in all cases, the applicant will have a maximum of three (3) years to achieve re-certification, beginning with the expiration date of his/her current Board Certification, or will be voluntarily resigned from the Medical Staff.
- DMC medical staff members on staff prior **to July 1, 2009**, who are not Board certified will not be required to achieve Board certification. Eligibility for the Board certification waiver requires uninterrupted DMC Medical Staff membership since July 1, 2009.
- Under special circumstances, some outstanding applicants brought to the DMC may be ineligible for Board certification. These members will be considered by their departments on an individual case-by-case basis, and review by a subcommittee of the SICs, may be granted privileges without Board certification with a majority vote of the Medical Executive Committee and the Joint Conference Committee.

JCC APPROVED 2.26.2013