

**DETROIT MEDICAL CENTER  
DEPARTMENT OF RADIOLOGY  
DELINEATION OF CLINICAL PRIVILEGES IN RADIOLOGY**

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

**PLEASE PRINT**

**QUALIFICATIONS:**

Note: If any privilege(s) are covered by an exclusive contractual agreement, physicians who are not a party to the contract are not eligible to request the privilege(s), regardless of education, training and experience.

1. Successful completion of a post-graduate residency in Radiology or Diagnostic Radiology approved by the Accreditation Council for Graduate Medical Education (ACGME) of the American Medical Association or the American Osteopathic Association (AOA), or its equivalent; or the American Board of Radiology established IMG Alternate Pathway for Diagnostic Radiology Certification.

Individuals who are international experts, senior staff from international institutions, can practice within the department for a limited period of time (6 yrs) under a special exemption granted by the Department Advisory Committee and approved by the Joint Conference Committee and Medical Executive Committee, however, if these individuals intend to attain permanent status, they must complete USMLE I, II and III and enter into the ABR “In Board Process” status outlined above.

2. Current certification or active participation in the examination process leading to certification in Radiology or Diagnostic Radiology by the American Board of Radiology (ABR), the American Osteopathic Board of Radiology (AOBR), or its equivalent, within the time frames defined in Departmental criteria. The Certificate of Added Qualifications (CAQ) of the American Board of Radiology or the American Osteopathic Board of Radiology, or eligibility for such, is encouraged where available and privileges requested are in an intermediate or advanced category.
3. Basic Life Support certification required.
4. Minimum activity for initial or reappointment. Satisfactory performance and interpretation of at least **1,000** radiologic examinations or procedures during the past 24 months. Subspecialties must meet minimum qualification activity as well as criteria for listed procedures.
5. These basic qualifications for imaging privileges pertain to all patient populations. To qualify for pediatric imaging privileges at **Children’s Hospital of Michigan**, which is a specialized facility providing high intensity care for severely ill children, a physician must be certified or eligible for Certificate of Added Qualifications (CAQ) in Pediatric Radiology or additional training in PET.
6. The Specialist-in-Chief and/or Division Chief of Service reserve the right to tailor any individual’s privileges based on the applicants training and experience within any category.
7. All departmental members must subscribe to the departmental code of conduct and participate actively in the quality assurance programs of the department.
8. All applicants requesting privileges for Basic Interventional Radiology, Angiography and Intermediate Interventional Radiology, and Advance and Neurointerventional Radiology must complete the Healthstream Moderate Sedation Net Learning Module.

**DELINEATION OF CLINICAL PRIVILEGES IN RADIOLOGY**

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

**PLEASE PRINT**

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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 discussed with the applicant.*

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

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

**MEMBERSHIP IN THE DEPARTMENT OF RADIOLOGY WITH NO CLINICAL PRIVILEGES** (No minimum case requirement, do not complete the remainder of this form, just sign on page 4).

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

**CORE PRIVILEGES IN TELERADIOLOGY**

Privileges cover remote reading of DMC imaging studies by way of non-DMC PACS (Picture Archiving and Communication System) at remote locations, including out-of-state sites. Included imaging studies for interpretation are general diagnostic radiology, diagnostic ultrasound, diagnostic CT, diagnostic MRI, and diagnostic nuclear medicine. The interpreter's teleradiology systems are required to be HIPPA compliant.

Please select below the appropriate hospital(s) for requested privileges.

- \_\_\_\_\_ Adult DMC Hospitals
- \_\_\_\_\_ Children's Hospital of Michigan (must be a pediatric radiologist and be approved by Children's Hospital Chief of Radiology and his/her departmental designated physician)

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

**CORE PRIVILEGES IN AMBULATORY RADIOLOGY Non-Hospital Based**

Includes general diagnostic radiology (supervision and interpretation), diagnostic ultrasound, diagnostic nuclear medicine studies, diagnostic neuroradiology, diagnostic body imaging, diagnostic invasive procedures, fine needle aspiration, tailored history and physical examination, in non-hospital outpatient settings.

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

**CORE PRIVILEGES IN HOSPITAL-BASED RADIOLOGY**

Includes general diagnostic radiology (supervision and interpretation), diagnostic ultrasound, diagnostic nuclear medicine studies, diagnostic neuroradiology, diagnostic body imaging, emergency interpretation of all exams, diagnostic invasive procedures, fine needle aspiration, history and physical and admitting

privileges, as appropriate.

**DELINEATION OF CLINICAL PRIVILEGES IN RADIOLOGY**

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

**PLEASE PRINT**

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

**CORE PRIVILEGES MODERATE SEDATION**

This category requires knowledge of the DMC Moderate Sedation Tier 1 Policy (and Tier 3 Children’s Hospital policy for Pediatrics), acknowledgement to observe the policies and complete the Net Learning Modules on Moderate Sedation. My initials attest that I will comply with the policy and have completed the module.

\_\_\_\_\_  
**Initials**

**ANGIOGRAPHY AND INTERVENTIONAL RADIOLOGY (See addendum)**

**Review initial and reappointment criteria carefully.**

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

**BASIC INTERVENTIONAL RADIOLOGY**

Includes needle biopsy and localization procedures, percutaneous catheter procedures, nephrostomy and/or antegrade stent placement, non-vascular thrombolysis, percutaneous transhepatic cholangiography, vascular access procedures, lumbar puncture, and myelography.

**Criteria for Privileges:**

- **Initial appointment:** must meet criteria for core privileges in Radiology with at least two months of interventional training in a formal Radiology program, including participation in at least 50 examinations. If training in residency or fellowship is absent, documentation of at least one (1) year clinical interventional radiological experience during which time at least 25 basic and/or intermediate interventional procedures were performed; or one (1) year supervised clinical interventional radiologic experience during which time at least 25 basic and/or intermediate interventional procedures were performed.
- **Reappointment:** requires satisfactory participation in 25 interventional procedures annually.

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

**ANGIOGRAPHY & INTERMEDIATE INTERVENTIONAL RADIOLOGY**

Includes visceral, peripheral and neuroangiography and related interventional procedures with the exception of neurointerventional procedures. This category also includes percutaneous catheter placement, vascular access procedures, dialysis access treatment, non-neuro intravascular thrombolysis, nephrostomy, ureteral stent placement, percutaneous transhepatic cholangiography with biliary interventional procedures and spinal canal puncture and injection.

**Criteria for Privileges:**

- **Initial appointment:** must meet criteria for core privileges in Radiology and Basic Interventional Radiology plus 50 intermediate and/or advanced interventional procedures.
- **Reappointment:** requires satisfactory participation in 25 intermediate and/or advanced interventional procedures annually at a DMC facility.

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

**ADVANCED & NEUROINTERVENTIONAL RADIOLOGY**

Includes TIPS, complex biliary and intravascular interventional procedures, and neuroangiography and associated neurointerventional procedures.

# DELINEATION OF CLINICAL PRIVILEGES IN RADIOLOGY

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

PLEASE PRINT

## ADVANCED & NEUROINTERVENTIONAL RADIOLOGY – Continued

### Criteria for Privileges:

- **Initial appointment:** must meet criteria for core privileges in Radiology with at least three (3) months of neuroradiology training in a formal Radiology program, including successful completion of at least 25 examinations. If training in residency or fellowship is absent, documentation of at least one (1) year clinical angiography experience during which time at least 25 advanced and neurointerventional procedures were performed; or one (1) year of practice supervised by a radiologist with full privileges in advanced and neurointerventional radiology.
- **Reappointment:** requires satisfactory participation in 10 advanced and neurointerventional procedures annually.

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

## THERAPEUTIC NUCLEAR MEDICINE

Includes unsealed source therapy.

### Criteria for Privileges:

- **Initial appointment:** Board Certification in Nuclear Medicine by the American Board of Nuclear Medicine or the American Osteopathic Board of Nuclear Medicine (OBNM), or eligibility for same, is required; or Special Competence in Nuclear Radiology by the ABR; or CAQ in Nuclear Imaging and Therapy by the AOBNM; or CAW in Nuclear Radiology by the AOB. Must qualify for NRC criteria 35.930-35.934.
- **Reappointment** requires continued NRC qualification.

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

## BREAST IMAGING

Includes mammography, breast ultrasound, breast localization and associated invasive breast procedures, and stereotactic breast biopsy.

### Criteria for Privileges:

- **Initial appointment:** must meet criteria for core privileges in Radiology and meet the MSQA standards for initial appointment.
- **Reappointment:** requires maintenance of compliance with the current MSQA standards.

## **Acknowledgment 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 \_\_\_\_\_

Date \_\_\_\_\_

**DELINEATION OF CLINICAL PRIVILEGES IN RADIOLOGY**

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

PLEASE PRINT

**If you are not requesting privileges at Children’s Hospital of Michigan and/or Carotid Artery Angioplasty and Stent Placement (last page). You do not need to complete the remainder of this form.**

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**RECOMMENDATIONS/APPROVAL**

**Chief of Radiology Service at Primary DMC Hospital**

I have reviewed and evaluated the applicants request for clinical privileges, credentials and other supporting documentation, and the recommendation made below takes all pertinent factors into consideration:

- Recommend as requested  Do not recommend
- Recommend with conditions/modifications as listed: \_\_\_\_\_

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Signature, Chief of Radiology, or Designee Date

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**Specialist-in-Chief Recommendations**

I have reviewed and evaluated the applicants request for clinical privileges, credentials and other supporting documentation, and the recommendation made below takes all pertinent factors into consideration:

- Recommend as requested  Do not recommend
- Recommend with conditions/modifications as listed above.

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Signature, Specialist-in-Chief, or designee Date

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

DEPARTMENT OF RADIOLOGY  
**PEDIATRIC IMAGING PRIVILEGES**  
**AT CHILDREN'S HOSPITAL OF MICHIGAN (CHM)**

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

PLEASE PRINT

Review privilege criteria carefully.

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

**CORE PRIVILEGES IN PEDIATRIC RADIOLOGY**

Includes: plain film interpretation, fluoroscopy, gastrointestinal tract studies, urographic studies, plain film tomography, bone densitometry (DXA), and emergent interpretation of all Pediatric studies.

**Criteria for Privileges at CHM:**

- **Initial appointment:** must meet minimum qualifications for CHM membership and privileges, and, if in current practice, must also meet reappointment criteria.
- **Reappointment:** requires satisfactory participation in **3,000** pediatric exams annually.

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

**BODY CT, BODY MRI, AND ULTRASOUND**

**Criteria for Privileges at CHM:**

- **Initial appointment:** must meet minimum qualifications for CHM membership and privileges, and, if in current practice, must also meet reappointment criteria.
- **Reappointment:** requires satisfactory participation in 800 pediatric exams annually.

**NEURORADIOLOGY**

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

**NON-INVASIVE NEURORADIOLOGY**

**Criteria for Privileges at CHM:**

- **Initial appointment:** must meet minimum qualifications for CHM membership and privileges, and, if in current practice, must also meet reappointment criteria.
- **Reappointment:** requires satisfactory participation in 1,000 pediatric exams annually.

**INVASIVE NEURORADIOLOGY**

**Criteria for Privileges at CHM:**

**Initial appointment:** must meet Minimum Qualifications for Children's Hospital and, if in current practice, must meet reappointment criteria.

**Reappointment:** requires satisfactory participation in 20 pediatric exams.

**ANGIOGRAPHY**

**Criteria for Privileges at CHM**

- **Initial appointment:** must meet minimum qualifications for CHM and, if in current practice, must also meet reappointment criteria.
- **Reappointment** requires satisfactory participation in 30 pediatric exams.

**PEDIATRIC IMAGING PRIVILEGES AT CHILDREN'S HOSPITAL OF MICHIGAN –**  
(CONTINUED)

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

PLEASE PRINT

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**INTERVENTIONAL RADIOLOGY**

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

**BASIC**

**Criteria for Privileges at CHM:**

- **Initial appointment:** must meet minimum qualifications for CHM and, if in current practice, must also meet reappointment criteria.
- **Reappointment:** requires satisfactory participation in 100 pediatric exams.

**ADVANCED**

**Criteria for Privileges at CHM:**

- **Initial appointment:** must meet minimum qualifications for CHM and, if in current practice, must also meet reappointment criteria.
- **Reappointment:** requires satisfactory participation in 5 pediatric exams.

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

**NUCLEAR MEDICINE (DIAGNOSTIC AND THERAPEUTIC)**

**Criteria for Privileges at CHM:**

**Must qualify for NRC criteria.**

- **Initial appointment:** must meet minimum qualifications for CHM.  
**Reappointment:** requires satisfactory participation in 600 pediatric exams and continued NRC qualification.

**THERAPEUTIC NUCLEAR MEDICINE**

Includes unsealed source therapy.

**Criteria for Privileges:**

- **Initial appointment:** Board Certification in Nuclear Medicine by the American Board of Nuclear Medicine or the American Osteopathic Board of Nuclear Medicine (OBNM), or eligibility for same, is required; or Special Competence in Nuclear Radiology by the ABR; or CAQ in Nuclear Imaging and Therapy by the AOBNM; or CAW in Nuclear Radiology by the AOB. Must qualify for NRC criteria.
- **Reappointment** requires continued NRC qualification.

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

**POSITRON EMISSION TOMOGRAPHY (PET)**

**Criteria for Privileges at CHM:**

- **Initial appointment:** requires practice of nuclear medicine and additional training in pediatric nuclear medicine, pediatric PET or PET.
- **Reappointment:** requires satisfactory participation in 100 pediatric exams.
- **Initial appointment and reappointment privileges to perform and interpret the PET component of PET-CT** requires approval of privileges for PET, as above.

**PEDIATRIC IMAGING PRIVILEGES AT CHILDREN'S HOSPITAL OF MICHIGAN –**  
(CONTINUED)

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

**PLEASE PRINT**

**POSITRON EMISSION TOMOGRAPHY (PET) - Continued**

Criteria for Privileges at CHM:

- **Initial appointment and reappointment for privileges to perform and interpret the CT component of PET-CT** in children where interpretable CT images are created requires approval of privileges for Pediatric Body Computed Tomography or Pediatric Non-Invasive Neuroradiology, or both at CHM. Alternatively, physicians who are applying to perform and interpret the CT component of PET-CT examinations only in adult patients 18 years of age or older at CHM PET Center, requires core privileges in Ambulatory/Hospital-Based Radiology (see page 1).

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**Acknowledgment 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

\_\_\_\_\_  
Date

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**RECOMMENDATIONS AND APPROVAL:**

**Pediatric Radiology Chief Recommendation**

- Recommend as requested  Do not recommend
- Recommend with conditions/modifications as listed \_\_\_\_\_

\_\_\_\_\_  
**Pediatric Chief, Signature**

\_\_\_\_\_  
Date

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**Children's Hospital Medical Staff Operations Committee Recommendation**

- Recommend as requested  Do not recommend
- Recommend with conditions/modifications as listed above.

\_\_\_\_\_  
Chair, CHM MSOC

\_\_\_\_\_  
Date



**PEDIATRIC IMAGING PRIVILEGES AT CHILDREN'S HOSPITAL OF MICHIGAN –**  
**(CONTINUED)**

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

**PLEASE PRINT**

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**Chief of Radiology Service at Children's Hospital of Michigan**

I have reviewed and evaluated the applicants request for clinical privileges, credentials and other supporting documentation, and the recommendation made below takes all pertinent factors into consideration:

- Recommend as requested  Do not recommend
- Recommend with conditions/modifications as listed. \_\_\_\_\_

\_\_\_\_\_  
Signature, Chief of Radiology, or designee

\_\_\_\_\_  
Date

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**Specialist-in-Chief Recommendations**

- Recommend as requested  Do not recommend
- Recommend with conditions/modifications as listed above.

\_\_\_\_\_  
Signature, Specialist-in-Chief, or designee

\_\_\_\_\_  
Date

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

DEPARTMENT OF RADIOLOGY  
DELINEATION OF PRIVILEGES

**ADDENDUM\***

APPLICANT NAME: \_\_\_\_\_  
PLEASE PRINT

**Clinical Privileges in Carotid Artery Angioplasty and Stent Placement**

**Criteria:** These procedures should be performed on patients meeting appropriate clinical criteria or through specified protocols by physicians with training and expertise in cerebrovascular angiography, pathophysiology, hemodynamics, and vascular interventions, and anticipated risks and complications.

**Qualifications:** Current Certification or active participation in the examination process for certification in Vascular Surgery, Neurosurgery, Interventional Cardiology, or Interventional Radiology. Physicians with other specialty board certification may be eligible if they can demonstrate the number of procedures performed which would make them eligible by criteria for any of the above four Boards.

**Required Previous Experience/Training:**

- A. Demonstration of previous performance of requisite procedures to obtain certification in primary Board. Beyond these, the performance of diagnostic cerebral/carotid angiograms in a minimum of 30 patients, and 25 interventional carotid cases, with 15 of these as the supervised primary operator, are required. No more than two interventional procedures per case may be counted to meet these criteria.
- B. Demonstration of Radiation Safety training

**Observation and Monitoring Requirements:** Ongoing monitoring of inclusion criteria met (e.g. SAPHIRE or similar trial), satisfactory outcomes, stroke rates, restenosis rates, and mortality will be performed through Multidisciplinary Endovascular Quality Assessment and Improvement activities.

\_\_\_\_\_  
Applicant signature Date

\_\_\_\_\_  
Signature, Service and/or Department Chief Date

\_\_\_\_\_  
Signature, Specialist-in-Chief, or designee Date

**\*Addendum to the following Department Delineation of Privileges:**

- Medicine(Cardiology only)
- Neurology
- Neurosurgery
- **Interventional Radiology**
- Surgery (Vascular and cardiothoracic)

JCC Approval 7.28.09  
JCC Revised 3.27.12  
JCC Revised 02.26.16

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.
- An extension of the Board certification or re-certification requirement may be granted by the Medical Executive Committee to the applicant who has obtained an extension from the requisite Board for reasons of significant health issues or military service.
- 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 4.24.2015