

MIDLAND MEMORIAL HOSPITAL
Delineation of Privileges
RADIATION ONCOLOGY



Your home for healthcare

Physician Name: _____

Radiation Oncology Core Privileges

Qualifications

Minimum threshold criteria for requesting core privileges in radiation oncology:

- Basic education: MD or DO
- Successful completion of an ACGME- or AOA-accredited fellowship in radiation oncology

AND

- Current certification or active participation in the examination process (with achievement of certification within 5 years) leading to certification in therapeutic radiology or radiation oncology by the ABR or the AOBR. (**Members of the Staff prior to the adoption of Bylaws 10/2007 are considered grandfathered in and are encouraged but not required to achieve board certification*).

Required current experience:

- Applicants for initial appointment must be able to demonstrate performance of at least 125 irradiation procedures, reflective of the scope of privileges requested, during the previous 12 months or demonstrate successful completion of an ACGME- or AOA-accredited residency or clinical fellowship within the previous 12 months.

References for New Applicants

If recently trained, a letter of reference must come from the director of the applicant's training program in radiation oncology. Alternatively, a letter of reference regarding competence should come from the applicable department chair or service chief at the institution(s) where the applicant most recently practiced.

Reappointment

Reappointment should be based on unbiased, objective results of care according to the organization's existing quality improvement measures. Applicants must demonstrate that they have maintained competence by showing evidence that they have successfully performed at least 50 irradiation procedures, reflective of the scope of privileges requested, during the past 24 months based on the results of ongoing professional practice evaluation and outcomes. Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

Please check requested privileges.

Requested <input type="checkbox"/>	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	
<p>Core Privileges: Core privileges in radiation oncology include the ability to admit, conduct comprehensive (multidisciplinary) evaluation for, and provide consultation and treatment planning, including therapeutic applicants of radiant energy and its modifiers, to patients of all ages with cancer (malignant and benign) and related disorders. Physicians may provide care to patients in the intensive care setting in conformity with unit policies. Privileges also include the ability to assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.</p>			<p>Core privileges include but are not limited to:</p> <ul style="list-style-type: none"> • Performance of history and physical exam • Administration of drugs and medicines related to radiation oncology and cancer supportive care • Administration of radiosensitizers and radioprotectors under appropriate circumstances • Both interstitial and intracavitary brachytherapy 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 • Immunotherapy • Interpretation of studies as they pertain to neoplastic or benign conditions • Placement of catheters, IVs, IV contrast dye, and radiopaque

			devices that pertain to treatment planning <ul style="list-style-type: none"> • 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) • Radioactive isotope therapy: intraperitoneal, intracavitary, interstitial, intraluminal implantation, regional and systemic, and intravenous, radioactive antibody therapy • Stereotactic radiosurgery • X-ray, ultrasound, CT, MRI and PET, and assisted treatment planning 	
Requested <input type="checkbox"/>	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	Criteria	
Refer-and-follow privileges			Privileges include performing outpatient preadmission history and physical, ordering noninvasive outpatient diagnostic tests and services, visiting patients in the hospital, reviewing medical records, consulting with the attending physician, and observing diagnostic or surgical procedures with the approval of the attending physician or surgeon.	
Requested <input type="checkbox"/>	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	Procedure	Criteria
Non-Core Privileges: For each special request, threshold criteria (i.e., additional training or completion of a recognized course and required experience) must be established. Special requests for radiation oncology include:			<input type="checkbox"/> Moderate Sedation	Meet the criteria set forth by the Rules and Regulations for Anesthesia Services and complete "Requirements for Moderate Sedation Privileges" form.
Requested <input type="checkbox"/>	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	Privilege/Criteria	
Current Privileges: List any current privileges not listed above in core or non-core. These privileges will remain in effect until the end of the current appointment period and then will be moved up to the appropriate core/non-core section. Please provide criteria and supporting documentation to medical staff office for any non-core privileges listed.			Core <input type="checkbox"/> <hr/> <input type="checkbox"/> <hr/> <input type="checkbox"/> <hr/> <input type="checkbox"/> <hr/>	
			Non-Core <input type="checkbox"/> <hr/> <input type="checkbox"/> <hr/> <input type="checkbox"/> <hr/> <input type="checkbox"/> <hr/>	

To the applicant: If you wish to exclude any privileges, please strike through the privileges that you do not wish to request and then initial.

I understand that by making this request, I am bound by the applicable bylaws or policies of the hospital, and hereby stipulate that I meet the minimum threshold criteria for this request. 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 Midland Memorial Hospital. I also acknowledge that my professional malpractice insurance extends to all privileges I have requested 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) Applicants have the burden of producing information deemed adequate by Midland Memorial Hospital for a proper evaluation of current competence, other qualifications and for resolving any doubts.

(c) I will request consultation if a patient needs service beyond my expertise.

Physician's Signature/Printed Name

Date

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:

Department Chair/Chief Signature

Date