



## Radiology - Radiation Oncology KHHM

Delineation of Privileges

**Applicant's Name:**

**Instructions:**

1. Click the **Request** checkbox to request a group of privileges.
2. **Uncheck** any privileges you do not want to request in that group.
3. Check off any special privileges you want to request.
4. Sign/Date form and Submit with required documentation.
5. 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 doubts related to qualification of requested privileges.

**Note:**

Privileges granted may only be exercised at the site(s) and 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 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 organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

### Required Qualifications

<b>Education/Training</b>	Must have successfully completed an ACGME/AOA-accredited residency in radiation oncology.
<b>Certification</b>	The applicant physician must possess current board certification by the specialty board most commonly applicable to his or her specialty, or become board certified as such within six years of completing his or her residency program or receiving medical staff membership or clinical privileges.
<b>Clinical Experience (Initial)</b>	The successful applicant for initial appointment must provide documentation of performance of at least 125 irradiation procedures, reflective of the scope of privileges requested, in the past 12 months or demonstrate successful completion of an ACGME or AOA accredited residency, clinical fellowship or research in a clinical setting within the past 12 months.
<b>Clinical Experience (Reappointment)</b>	To be eligible to renew core privileges in Radiation Oncology, the applicant must demonstrate competence and an adequate volume of experience (125 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 privileges requested is required of all applicants for renewal of privileges.

## Primary Privileges Radiation Oncology

**Description:** Core Privileges include: Admit and provide comprehensive (multidisciplinary) evaluation and treatment planning for patients with cancer, related disorders, and therapeutic radiation for benign diseases, and consult on patients. 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 below and such other procedures that are extensions of the same techniques and skills.

Request	<p align="center"><b>Request all privileges listed below.</b>  <i>Uncheck any privileges that you do not want to request</i></p>	Dept Chair Rec
	Admit and manage patients in non-critical care and unmonitored settings	
	Consultation privileges in Radiation Oncology	
	Administration of drugs and medicines related to radiation oncology and cancer supportive care	
	Administration of radiosensitizers, radioprotectors under appropriate circumstances	
	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)	
	Electron beam radiotherapy	
	Fractionated stereotactic radiotherapy	
	Linear accelerator radiotherapy - photon & electron	
	Orders and utilizes X-ray, ultrasound, CT, MRI and PET, to assist in treatment planning	
	Perform History and Physical Examinations	
	Placement of catheters, IV's, IV contrast dye and radiopaque devices that pertain to treatment planning	
	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) Stereotactic radiosurgery	

## Acknowledgment of Applicant

I hereby request the clinical privileges as indicated. I understand that such privileges include rendering of all associated diagnostic and supportive measures necessary in performance of the privileges I have requested, and in treating associated diseases with adequate consultation when indicated.

I recognize that in emergency situations where immediate life-saving action is necessary, any member of the medical staff is authorized to perform such life-saving treatment as may be required.

I further understand that any and all privileges granted me shall be commensurate with my documented training and demonstrated competence, judgment and capabilities. The Credentials and Executive Committees of the medical staff and the Board of Trustees of the hospital reserve the right to grant or limit my privileges in accord with my continuing performance in rendering patient care.

\_\_\_\_\_  
Practitioner's Signature

\_\_\_\_\_  
Date

**Department Chair Recommendation - Privileges**

I have reviewed the requested clinical privileges and supporting documentation and make the following recommendation(s):

	Recommend all requested privileges
	Do not recommend any of the requested privileges
	Recommend privileges with the following conditions/modifications/deletions (listed below)

Privilege	Condition/Modification/Deletion/Explanation

Additional Comments

\_\_\_\_\_  
Signature of Department Chair/Designee

\_\_\_\_\_  
Date