



Radiation Oncology KHMC & KHMB & KHTR
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 and 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.

Privileges are covered by an employment contract, practitioners who are not a party to the contract are not eligible to request the privilege(s) regardless of education, training, and experience.

Required Qualifications

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| Membership | To be eligible to apply for core privileges in radiation oncology, the initial applicant must meet the following criteria: |
| Education/Training | Completion of a residency/fellowship approved by Accreditation Council for Graduate Medical Education (ACGME), American Board of Medical Specialty (ABMS) or American Osteopathic Association (AOA) in radiation oncology. |
| Certification | Current certification or active participation in the examination process with achievement of certification within six years leading to certification in therapeutic radiology or radiation oncology by the American Board of Radiology or the American Osteopathic Board of Radiology. |
| Clinical Experience (Initial) | 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 past 12 months or demonstrate successful completion of an ABMS, ACGME- or AOA-accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months |
| Clinical Experience (Reappointment) | To be eligible to renew core privileges in radiation oncology, the applicant must meet the following maintenance of privilege criteria: Current demonstrated 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. |

Core Privileges Radiation Oncology

Description: This list is a sampling of procedures included in the core. This is not intended to be an all-encompassing list but rather reflective of the categories/types of procedures included in the core.

| Request | | | <i>Request all privileges listed below.</i> |
|---------|------|------|--|
| KHMC | KHMB | KHTR | Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request. |
| | | | - Currently granted privileges |
| | | | 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 of all ages. May provide care to patients in the intensive care setting in conformance with unit policies. 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 and such other procedures that are extensions of the same techniques and skills. |
| | | | Procedures (This listing includes procedures typically performed by physicians in this specialty. Other procedures that are extensions of the same techniques and skills may also be performed.) |
| | | | 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 and unsealed radionuclide therapy, including HDR |
| | | | Computer assisted treatment simulation and planning (external beam therapy and radioactive implants) |
| | | | Electron beam radiotherapy |
| | | | Fractionated stereotactic radiotherapy |
| | | | Immunotherapy |
| | | | Intraoperative radiation therapy |
| | | | Utilizes imaging studies as they pertain to neoplastic or benign conditions |
| | | | Linear accelerator radiotherapy - photon & electron |
| | | | Perform history and physical exam |
| | | | 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) |
| | | | Radiation therapy contact therapy (SR, molds, etc.) |
| | | | Radioactive isotope therapy: intraperitoneal, intracavitary, interstitial, intraluminal implantation, regional and systemic, and intravenous, radioactive antibody therapy |
| | | | Stereotactic radiosurgery |
| | | | Total body irradiation |
| | | | Orders and utilizes X-ray, ultrasound, CT, MRI and PET, to assist in treatment planning |

Special Noncore Privileges (See Specific Criteria)

Description: If desired, noncore privileges are requested individually in addition to requesting the core. Each individual requesting noncore privileges must meet the specific threshold criteria governing the exercise of the privilege requested including training, required previous experience, and maintenance of clinical competence.

| Request | | | <i>Request all privileges listed below.</i> |
|---------|------|------|---|
| KHMC | KHMB | KHTR | Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request. |
| | | | - Currently granted privileges |
| | | | Special Noncore Privileges |

Breast Brachytherapy

Qualifications

Education/Training Successful completion of an accredited ABMS, ACGME or AOA postgraduate training program in radiation oncology and completion of a formal course in regular breast brachytherapy and experience and training in the particular radiation therapy system to be used.

Clinical Experience (Initial) Demonstrated current competence and evidence of the performance of at least 10 regular breast brachytherapy procedures or 10 radiation therapy system procedures in the past 12 months.

Clinical Experience (Reappointment) Demonstrated current competence and evidence of the performance of at least 10 regular breast brachytherapy procedures or 10 radiation therapy system procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes. Applicant must demonstrate training and experience with the specific radiation therapy system to be used.

| Request | | | <i>Request all privileges listed below.</i> |
|---------|------|------|---|
| KHMC | KHMB | KHTR | Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request. |
| | | | - Currently granted privileges |
| | | | Breast Brachytherapy |

Gamma Knife Stereotactic Radiosurgery

Description: The application of high energy focused cobalt (gamma rays) radiation as a tool to treat various intracranial disorders.

Qualifications

Membership MEDICAL SPECIALTIES WHO ARE ELIGIBLE TO APPLY FOR GAMMA KNIFE PRIVILEGES:
 * Neurosurgery, board-certified or board-eligible
 * Radiation Oncology, board-certified or board-eligible
 * Neurotology, board-certified or board-eligible
 * Any applicant or privileged physician must not conflict or harm any current exclusive professional medical service contracts

Education/Training

SPECIALIZED TRAINING REQUIRED WILL CONSIST OF EITHER:
Satisfactory completion of a minimum of one (1) week comprehensive didactic and practical Gamma Knife Radiosurgery course approved by the device manufacturer.

OR

Clinical experience documented by: 1) Submission of 50 representative cases in which the applicant was the primary operator. 2) Letter of current competence by the director of the Gamma Knife Center or the Chief of Service/Staff where the applicant is currently active.

Clinical Experience (Initial)

All physicians requesting Gamma Knife Stereotactic Radiosurgery privileges will be required to have documented specialized training or experience in Gamma Knife based Stereotactic Radiosurgery procedures in addition to privileges for administration of conscious sedation. A Gamma Knife procedure requires the joint participation of a neurosurgeon and radiation oncologist and involves: appropriate selection of patient, placement of stereotactic frame, jointly-approved treatment plan based on imaging studies, implementation of treatment plan and frame removal.

Clinical Experience (Reappointment)

At the two (2)-year reappointment time, the physician will be expected to have performed at least 20 procedures and meet quality and performance requirements. Satisfactory participation with at least 50% attendance at schedule Gamma Knife Center Performance Improvement Meetings.

Proctoring

Physicians seeking unrestricted Gamma Knife privileges will be required to attend a departmental orientation including radiation safety and be proctored by a privileged operator(s) for at least seven (7) procedures. The required number of proctored cases shall be completed within 12 months of the initial granting or privileges except for good cause. Representative cases should include the following, but not limited to: trigeminal neuralgia, meningioma, acoustic neuroma, metastatic and primary lesions. After review of the proctoring reports by the Medical Director of Gamma Knife Center and the Medical Director of Radiation Oncology, a recommendation will be made to the Credentials Committee. Additional proctored cases may be required at the discretion of the Medical Director of the Gamma Knife Center or the Medical Director of the Department of Radiation Oncology.

Location

Limited to the Gamma Knife Center and support areas

| Request | | | <i>Request all privileges listed below.</i> |
|---------|------|------|---|
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| | | | - Currently granted privileges |
| | | | Gamma Knife Stereotactic Radiosurgery |

Fluoroscopy

Description: Must demonstrate competence - initial applicants must complete online quiz; reapplicants must complete annual attestations.

| Request | | | <i>Request all privileges listed below.</i> |
|---------|--|--|---|
| | | | Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request. |

| | | | |
|------|------|------|--------------------------------|
| KHMC | KHMB | KHTR | |
| | | | - Currently granted privileges |
| | | | Fluoroscopy |

Administration of Sedation and Analgesia

| | | | |
|----------------|------|------|---|
| Request | | | Request all privileges listed below. |
| KHMC | KHMB | KHTR | Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request. |
| | | | - Currently granted privileges |
| | | | See Hospital Policy for Moderate Sedation |

Acknowledgment of Applicant

I have requested only those privileges for which by education, training, current experience, and demonstrated competency I believe that I am competent to perform and that I wish to exercise at Kettering Health Main Campus, Kettering Health Miamisburg and Kettering Health Troy I and I understand that:

- A. In exercising any clinical privileges granted, I am constrained by applicable 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.

Practitioner's Signature _____
Date

Clinical Service Chair Recommendation - Privileges

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

| | |
|--------------------------|---|
| <input type="checkbox"/> | Recommend all requested privileges |
| <input type="checkbox"/> | Do not recommend any of the requested privileges |
| <input type="checkbox"/> | Recommend privileges with the following conditions/modifications/deletions (listed below) |

| Privilege | Condition/Modification/Deletion/Explanation |
|-----------|---|
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| Clinical Service Chair Recommendation - Additional Comments |
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Clinical Service Chair Signature

Date