

**UPMC
Delineation of Privileges Request
Criteria Summary Sheet**

Facility: UPMC Shadyside

Specialty: RADIOLOGY

KNOWLEDGE	Successful Completion of an ACGME/AOA, accredited program
TRAINING	The successful completion of an approved post graduate residency program in Radiology.
CERTIFICATION	<ul style="list-style-type: none"> ▪ Board Certification or Eligibility in Radiology. ▪ Board Eligible applicants can hold provisional appointments, but must receive Board Certification by the American Board of Radiology within two years of provisional staff appointment.
OTHER	<ul style="list-style-type: none"> ▪ To be granted fluoroscopy privileges, evidence of education/training in fluoroscopic procedures must be submitted with this request. ▪ Documentation of the performance and interpretation of diagnostic imaging, radiologic tests or procedures during the past two years ▪ In order to request the following privileges, the applicant must meet the standards set forth in UPMC Presbyterian Shadyside Criteria for Peripheral and Carotid Angiography listed below: <ul style="list-style-type: none"> - Angiography/Intervention - Diagnostic Neuroangiography - Interventional Neuroangiography - Diagnostic Invasive Procedures - Interventional Arterial Procedures - Interventional Venous Procedures ▪ In addition to the criteria set forth below, a requirement of privileges being granted is completion of an approved training program in one of the relevant training areas: <ul style="list-style-type: none"> - Cardiology - Vascular Surgery - Interventional Radiology - Neuro-Radiology - Neurology - Neurosurgery <p>A. PERIPHERAL VASCULAR PROCEDURES</p> <p>The peripheral vasculature consists of three regions (1) aortoiliac and brachiocephalic vessels (2) renal and abdominal visceral vessels (3) infra-inguinal vessels.</p> <p>To be privileged, the physician must possess appropriate cognitive skills of the region, perform the appropriate number of procedures, and have a</p>

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letter of endorsement from the proctor or training program once basic requirements are met.

1. COGNITIVE SKILLS:

Cognitive skills for each region will be required. It is expected the cognitive skills will be obtained via residency training or CME courses. A list of cognitive skills by no means meant to be totally inclusive follows:

- Clinical evaluation and assessment.
- Knowledge of anatomy and physiology of vessels to be tested.
- Familiarity with non-invasive testing.
- Device training
- Knowledge of appropriate indications for interventions
- Ability to perform catheter directed dilations and thrombectomy

2. ANGIOGRAPHY:

To receive initial privileges in peripheral angiography, a physician must have performed 100 diagnostic arteriograms with 50 as the primary operator. These procedures will also count for regional privileging.

3. INTERVENTIONS:

- Interventions are defined as coiling, balloon dilatations or stenting of vessels.
- To receive initial privileges in peripheral interventions, the physician must have participated in 50 peripheral intervention procedures with 25 as the primary operator.

4. REGIONAL CREDENTIALING:

Regional privileging will also be needed. To receive initial privileges in a specific region, the physician must have performed 20 diagnostic arteriograms and 10 interventions as primary operator in that specific region ((1) aortoiliac and brachiocephalic vessels (2) renal and abdominal visceral vessels (3) infra-inguinal vessels).

5. ENDOVASCULAR STENT GRAFTS:

- **Abdominal Aorta.** To receive initial privileges in endovascular stent grafts of the abdominal aorta, the

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physician must have performed a minimum number of 10 cases as primary operator. If a physician privileged to perform endovascular stent grafts of the Abdominal Aorta is not a vascular surgeon, a vascular surgeon must nevertheless be present during the procedure.

- **Thoracic Aorta.** To receive initial privileges in endovascular stent grafts of the Thoracic Aorta, the physician must have performed a minimum number of 10 cases as primary operator in the absence of privileges in the Abdominal Aorta and 5 cases if the Physician already has privileges in the Abdominal Aorta. If a physician privileged to perform endovascular stent grafts of the Thoracic Aorta is not a vascular surgeon, a vascular surgeon must nevertheless be present during the procedure.

B. INTRACEREBRAL ARTERIOGRAPHY

Intracerebral angiography and selective intracerebral catheterization can only be performed by physicians that have spent at least a year in a dedicated neuro interventional training program.

1. CAROTID ARTERIOGRAPHY:

If the physician has met the peripheral angiography criteria (section I above), to receive initial privileges in carotid arteriography, a physician must have performed 50 selective carotid arteriograms with 25 as primary operator. If the physician has not met the peripheral angiography criteria, then to receive initial privileges in carotid arteriography, the physician must have performed 100 arteriograms with 50 as primary operator.

2. CAROTID INTERVENTIONS:

- To receive initial privileges in carotid stents, the physician must have performed 25 interventions with 15 as primary operator.
- Additionally, 15 diagnostic carotid studies are required prior to being primary operator on an interventional carotid procedure.