

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

Facility: UPMC St. Margaret

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	Applicant can either be Board Certified in Radiology OR have successfully completed four years in a residency program in radiology approved by the Accreditation Council for Graduate Medical Education. Specialty or subspecialty board certification must be obtained within two attempts or within four years of becoming eligible to take the exam.
OTHER	<ul style="list-style-type: none"> ▪ Proof of completion of a UPMC Approved Radiation Safety Program in Fluoroscopy must be submitted ▪ For Intracerebral Arteriography and any “other” privileges, documentation must be enclosed (training certificate, and/or proof of residency/fellowship training, and/or number/type of procedures done at other institutions) <p style="text-align: center;">PERIPHERAL AND CAROTID ANGIOGRAPHY</p> <p>Requirements for credentialing will include completion of an approved training program in a relevant training field as well as proof of cognitive and technical competency in the respective vasculature field. A letter of endorsement will be required from the proctor, training program, or department chairman that these cognitive and technical skills have been met. It should be noted that interventions count toward total diagnostic procedures.</p> <p>Approved training programs for credentialing include:</p> <ul style="list-style-type: none"> Cardiology Diagnostic Radiology Interventional Radiology Vascular Surgery Neurology Neuro-Radiology Neurosurgery

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A. PERIPHERAL VASCULAR PROCEDURES

The peripheral vasculature consists of three regions – 1. Aortoiliac and brachiocephalic vessels; 2. renal and abdominal visceral vessels; 3. infra-inguinal vessels, as defined in Section D. To be credentialed, the operator must possess appropriate cognitive skills for the region, perform the appropriate number of procedures, and have a letter of endorsement from the proctor or training program or department chairman 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
- Device training
- Knowledge of appropriate indications for interventions
- Ability to perform catheter directed dilation and thrombectomy

2. ANGIOGRAPHY:

A physician credentialed in peripheral angiography will perform 100 diagnostic arteriograms with 50 as the primary operator. These procedures will also count for regional privileging

3. INTERVENTIONS:

- Interventions are defined as dilatations or stenting of vessels
- The operator will be expected to be involved with 50 peripheral interventions; 25 as the primary operator

4. REGIONAL CREDENTIALING:

Regional credentialing will also be needed. It is expected that the operator will have done 20 diagnostic arteriograms and 10 interventions as primary operator to be credentialed in each specific region: 1. aortoiliac and brachiocephalic vessels; 2. renal and abdominal visceral vessels; 3. infra-inguinal vessels

5. ENDOVASCULAR STENTION:

Endovascular stent grafts of the abdominal or thoracic aorta require the presence of a vascular surgeon and require a minimum number of 5 cases as primary operator

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B. INTRACEREBRAL ARTERIOGRAPHY

For credentialing in cervico-cerebral angiograms, 100 supervised cervico-cerebral angiograms will be required.

C. CAROTID

1. CAROTID ARTERIOGRAPHY:

If the peripheral angiography criteria are met, a physician has to perform 50 selective carotid arteriograms with 25 as primary operator. If peripheral criteria are not met then to be credentialed the operator needs 100 angiograms with 50 as primary operator.

2. CAROTID INTERVENTIONS:

- Privileges in carotid stents will require 25 interventions with 15 as primary operator
- 15 diagnostic carotid studies are required prior to being primary operator on an interventional carotid procedure