UPMC Delineation of Privileges Request Criteria Summary Sheet

Facility: UPMC Shadyside

Specialty: NEUROSURGERY

KNOWLEDGE	Successful Completion of an ACGME/AOA, accredited program	
TRAINING	Successful completion of an ACGME or AOA approved residency program in Neurological Surgery	
CERTIFICATION	Satisfactory completion of board eligibility requirements and certification by the American Board of Neurosurgery must be accomplished within three (3) years of the applicant's initial appointment	
Other	FLUOROSCOPYInitial Privileges1. Review the educational materials contained in a didactic manual, "Minimizing Risks from Fluoroscopic X-Rays" by Louis Wagner & Benjamin Archer.1. Successfully complete a written test (passing grade of 80%). Up to 2.5 Category 1 CME credits will be awarded for a passing score.2. Complete and submit a CME registration and evaluation form.For Re-certification (re-certification for fluoroscopy certification is required as part of the reappointment process): Access the Fluoroscopy Rapid Deployment CME module at the following website: http://cme.health.pitt.edu	

Regional Credentialing:

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 of the attached criteria.

To be privileged, the physician must:

- Possess appropriate cognitive skills of the region (obtained via residency training or CME courses; documentation must be provided via letter from residency program or CME certificate/letter of attestation)
- Perform the appropriate number of procedures as indicated in the criteria column below

• Present a letter of endorsement from the proctor, if apprpriate number of procedures has not been met; or present a letter from the training program director attesting that number of procedures has been attained through training.

Intracerebral Arteriography – only performed by physicians that have spent at least one year in a dedicated neuro-interventional training program.

Special procedures privileges (see Qualifications and/or specific criteria^{*})

To be eligible to apply for a special procedure privilege listed below, the applicant must demonstrate successful completion of an approved and recognized course or acceptable supervised training in residency, fellowship, or other acceptable experience; and provide documentation of competence in performing that procedure consistent with the criteria set forth in the medical staff policies governing the exercise of specific privileges.

Procedure	Criteria
Angiography (procedures will	100 Dx Peripheral Arteriograms
count for regional privileging)	with 50 as primary operator
Interventions	50 Peripheral Interventions
(coiling, balloon dilations or	with 25 as the primary operator
stenting of vessels)	
Endovascular	10 as primary operator
Stent Grafts	(a vascular surgeon must be present for non-
Abdominal Aorta	vascular specialties)
Endovascular	10 cases as primary operator
Stent Grafts	(if privileged for abdominal aorta, then 5
Thoracic Aorta	cases as primary operator)
	(a vascular surgeon must be present for non-
	vascular specialties)
	May only be performed by physicians that
Intracerebral Arteriography	have spent at least one year in a dedicated
	neuro-interventional training program
Carotid Arteriography	If criteria met for Angiography, then 50
	selective carotid arteriograms with 25 as
	primary operator
	If physician does not meet angiography
	criteria listed above,
	100 Dx angiograms
	with 50 as primary operator
Carotid Interventions	25 Interventions
(stents)	with 15 as primary operator
	15 dx carotid studies are required
	prior to being the primary operator on an
	interventional carotid procedure

Procedure	Criteria
Aortoiliac & Brachiocephalic	20 dx arteriograms
Vessels	10 interventional
	as primary operator
Renal & Abdominal Visceral	20 dx arteriograms
Vessels	10 interventional
	as primary operator
Infra-inguinal Vessels	20 dx arteriograms
-	10 interventional
	as primary operator