



Clinical Privileges Profile Nuclear Medicine

Kettering Medical Center System

Kettering Medical Center Sycamore Medical Center

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

Applicant: Check off the “Requested” box for each privilege requested. 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 any doubts related to qualifications for requested privileges.

Clinical Service Chief: Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

Other Requirements

- Note that 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.

QUALIFICATIONS FOR NUCLEAR MEDICINE

To be eligible to apply for core privileges in nuclear medicine, the initial applicant must meet the following criteria:

1. Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)– or American Osteopathic Association (AOA)–accredited residency in nuclear medicine.

AND/OR

Current certification or active participation in the examination process with achievement of certification within three years leading to certification by the American Board of Nuclear Medicine or the American Osteopathic Board of Nuclear Medicine.

Required previous experience: Applicants for initial appointment must be able to demonstrate an adequate number of nuclear medicine 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.

Reappointment requirements: To be eligible to renew core privileges in nuclear medicine, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience (500 nuclear medicine 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.

Reappointment also requires 20 hours of postgraduate education (CME) directly related to Nuclear Medicine/PET.

CORE PRIVILEGES

NUCLEAR MEDICINE CORE PRIVILEGES

- Requested** Diagnose, consult, evaluate, and provide therapy to the metabolic, physiologic, and pathologic conditions of the body utilizing clinical and laboratory methods that employ the measured nuclear properties of radioactive and stable nuclides. 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.

CORE PROCEDURE LIST

This is not intended to be an all-encompassing procedures list. It defines the types of activities/procedures/privileges that the majority of practitioners in this specialty perform at this facility and inherent activities/procedures/privilege requiring similar skill sets and techniques.

To the applicant: If you wish to exclude any procedures, please strike through those procedures that you do not wish to request, initial, and date.

1. Interpret the results of diagnostic examinations of patients using unsealed radionuclides and radiopharmaceuticals
2. Perform history and physical exam
3. Comply with state and federal regulation regarding the medical use of radioactive materials and management of radioactively contaminated patients and facilities
4. Supervise the preparation, administration, and the use of unsealed radionuclides and radiopharmaceuticals for diagnostic examinations of patients
5. Supervise the preparation, administration, and use of unsealed radionuclides for therapeutic purposes

Core Procedure tests may include:

- Brain imaging
- Cisternography
- DXA (bone mineral density)
- Body composition studies
- Gastrointestinal imaging
- Hepatic and biliary imaging
- Cisternography w/ lumbar puncture
- Infection localization
- Lymphoscintigraphy
- Pulmonary imaging
- SPECT imaging
- RN Angiography (venography)
- Adrenal imaging

- Renal and genitourinary imaging
- Tumor imaging
- Thyroid imaging and uptake studies
- Skeletal (bone) imaging
- Nuclear and PET* cardiac imaging
- Endocrine imaging
- Splenic and bone marrow imaging
- In vitro (non-imaging studies)
- PET and PET/CT imaging*

*Not available at Sycamore Medical Center

SPECIAL NONCORE PRIVILEGES (SEE SPECIFIC CRITERIA)

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 for maintenance of clinical competence.

ACKNOWLEDGEMENT OF PRACTITIONER

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and that I wish to exercise at Hospital, and I understand that:

- In exercising any clinical privileges granted, I am constrained by Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.
- 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.

Signature: _____ **Date:** _____

CLINICAL SERVICE CHIEF'S RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

- Recommend all requested privileges.
- Recommend privileges with the following conditions/modifications:
- Do not recommend the following requested privileges:

Privilege	Condition/Modification/Explanation
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Notes

Clinical Service Chief's Signature: _____ **Date:** _____

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Credentials Committee **Date:** _____
Medical Executive Committee **Date:** _____
Board of Directors **Date:** _____

Adopted: November 11, 2010