

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

Facility: UPMC Passavant

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	Certified, or become certified within five years following completion of residency and/or fellowship training, by the appropriate specialty board of the ABMS, or the AOA
OTHER	<p>A. PERCUTANEOUS ENDOVASCULAR INTERVENTION</p> <p>Privileges include: Diagnostic and intervention of arterial, venous and lymphatic systems. Sites include: subclavian/axillary/innominate, aortic/iliac, renal, femoral, mesenteric and popliteal/tibial.</p> <p>Credentialing in endovascular therapy is on the basis of the performance of a minimum number of procedures that shows a sufficient exposure to the fundamental endovascular techniques to expect that the competence to perform percutaneous endovascular diagnostic and therapeutic procedures has been obtained.</p> <p>To be privileged, the physician must possess appropriate cognitive skills of the region, perform the appropriate number of procedures, and have a letter of endorsement from the proctor or training program once basic requirements are met.</p> <p>1. COGNITIVE SKILLS:</p> <p>It is expected that cognitive skills will be obtained via residency training or CME courses. A list of cognitive skills by no means meant to be totally inclusive include:</p> <ul style="list-style-type: none"> ▪ 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

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

- Ability to perform catheter directed dilations and thrombectomy

2. PERIPHERAL INTERVENTIONS:

For physicians fellowship trained:

Documentation of current completion of a fellowship training program in which I obtained the fundamental skills necessary to perform endovascular procedures; these include: gaining access to the vascular system; selective catheterization defined as placement of a catheter in a branch of the aorta, vena cava or vascular tree beyond the point of introduction of the catheter into the vascular system; treating conditions by endoluminal dilatation or device deployment **AND**

Documentation of the following volume criteria:

Peripheral angiography*	100
Interventions*	50

** Done as primary interventionalist*

For postgraduate physician without fellowship training or those physicians currently performing percutaneous endovascular interventions at other hospitals:

A letter from the Chief / Director where the physician has been granted such privileges. The letter should attest to current competency of the physician and validates the following volume in past **2 years:**

Peripheral angiography*	100
Interventions*	50

References/Competency/Reappointment: A letter from the applicant's director of training or from the applicant's angiographic facility director/designee where the individual is most active noting current clinical competence including volume and outcome. Evidence of 50 angiograms over the reappointment cycle.

To be eligible to request Carotid Interventions, the applicant must have fulfilled the above criteria.

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

B. CAROTID

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 selective carotid angiograms.

2. CAROTID INTERVENTIONS:

- To receive initial privileges in carotid stents, the physician must have full carotid angiogram privileges **and**
- **25** carotid interventions (**15** as primary operator)

For those physicians currently performing carotid stenting at other hospitals:

- A letter from the Chief / Director where the physician has been granted such privileges. The letter should attest to current competency of the physician and validates the following volume in past **2 years:**
 - Cerebral angiograms **50**
 - Carotid Interventions **25** (15 as Primary Interventionalist)

References/Competency/Reappointment: A letter from the applicant's director of training or from the applicant's facility director/designee where the individual is most active noting current clinical competence including volume and outcome. Evidence of 50 angiograms and 25 interventions over the reappointment cycle.