



## Privileges in Radiation Oncology

Name:

**Instructions:**

1. Click the **Request** checkbox to request a group of **Core Privileges**.
2. **Uncheck** any privileges you do not want to request in this group.
3. Individually check off any **Special Privileges** you want to request.
4. Sign form electronically and **submit with all required documentation**.

### Required Qualifications

**Education/Training**

Successful completion of an ACGME accredited residency/fellowship in Radiation Oncology or foreign equivalent training.

**AND**

Current certification or active participation in the examination process leading to certification in Radiation Oncology by the American Board of Radiology or foreign equivalent training/board.

**FPPE**

FPPE CRITERIA LISTED BELOW. FPPE WILL BE ASSIGNED BY THE SERVICE CHIEF DURING THE APPROVAL PROCESS

**Provide care on LPCH patients in specific areas of SHC**

<b>Request</b>	<b><i>Request all privileges listed below.</i></b> <i>Uncheck any privileges that you do not want to request.</i>	<b>Service Chief Rec</b>
	<b>Additional Request</b>	
	ONLY provide care of patients in the SHC Emergency Department, ASC, Cath Lab, Cancer Center or Endo Unit - requires Active or Courtesy Status at LPCH	

**Core Privileges**

**Qualifications**

**Renewal Criteria**      Minimum 50 cases required during the past 2 years (Be prepared to provide a list of cases performed at facilities other than SHC/LPCH if requested)  
 Maintain current certification or active participation in the examination process leading to certification in Radiation Oncology by the American Board of Radiology or foreign equivalent training/board.

<b>Request</b>	<b><i>Request all privileges listed below.</i></b> <i>Uncheck any privileges that you do not want to request.</i>	<b>Service Chief Rec</b>
	Privileges to admit, evaluate, consult, perform history and physical exam, and provide treatment to patients utilizing the following modalities including:	
	Prescription and administration of oral or intravenous drugs and medicines related to cancer supportive care	
	<b>Stanford Radiation Oncology Faculty only:</b>	
	External beam radiation	
	Unsealed radionuclide therapy	
	Intracavitary brachytherapy	

**FPPE - Area is managed by Medical Staff Office. Please make NO selections**

Core - Radiation Oncology

## Special Privileges

**Description:** Must also meet Required Qualifications for Core Privileges

Request	<b>Request all privileges listed below.</b> <i>Uncheck any privileges that you do not want to request.</i>	Service Chief Rec
	Administration of Sedation [Criteria - In accordance with Hospital Sedation Policy completion of the SHC sedation exam required]	
	Extracranial Stereotactic Body Radiotherapy (SBRT) or Stereotactic Ablative Radiotherapy (SABR). [Initial Criteria - Board certification or board eligible in either Radiation Oncology or (historically) Therapeutic Radiology and evidence of one of the following: • Cases performed during residency training (must submit log documentation showing involvement of at least 5 cases). • Documentation of equivalent extracranial stereotactic radiotherapy or radiosurgery experience documented in a letter from the service chief from a prior institution. • ACCME accredited 11 hours of lecture and observation of stereotactic radiotherapy training course within the last 2 years. Renewal Criteria - Minimum 4 cases required in past 2 years]	
	Interstitial brachytherapy (permanent or temporary implants) including placement of Transperineal, Vaginal, and Transrectal fiducial markers [Initial Criteria - Board certification or active participation in either Radiation Oncology or (historically) Therapeutic Radiology and evidence of one of the following: • Cases performed during residency training (must submit log documentation showing involvement of at least 4 cases). • Documentation of equivalent interstitial brachytherapy experience documented in a letter from the service chief from a prior institution. • 11 hours of ACCME accredited CME and observation of specialty brachytherapy training course within the last 2 years. Renewal Criteria - Minimum 3 cases required in past 2 years]	
	Intracranial/Spinal/Paraspinal Stereotactic Radiosurgery Treatment Imaging Verification [Initial Criteria - Complete Radiosurgery imaging verification in-service. Observe 1 intracranial case and 1 spinal/paraspinal case. Perform 1 proctored intracranial and 1 proctored spinal/paraspinal case. Renewal Criteria - Minimum 2 cases required in past 2 years]	
	Intracranial Stereotactic radiotherapy radiosurgery (SRS) [Initial Criteria - Board certification or board eligible in either Radiation Oncology or (historically) Therapeutic Radiology and evidence of one of the following: • Cases performed during residency training (must submit log documentation showing involvement of at least 5 cases). • Documentation of equivalent intracranial stereotactic radiotherapy or radiosurgery experience documented in a letter from the service chief from a prior institution • 11 hours of ACCME accredited CME and observation of stereotactic radiotherapy or radiosurgery training course within the last 2 years. Renewal Criteria - Minimum 4 cases required in past 2 years]	
	Intra-operative radiation therapy [Initial Criteria - Board certification or board eligible in either Radiation Oncology or (historically) Therapeutic Radiology and evidence of one of the followings: Six (6) cases during residency (must submit log documentation). If no training in residency or prior experience from another institution, provider required to observe 2 cases and be observed for 4 cases. Renewal Criteria - Minimum 2 cases or In-service required in the past two years.]	
	Radiosurgery for Functional Disorders [Initial Criteria - • SRS privileges • Performed 200 SRS cases. Renewal Criteria - Minimum 2 general SRS required in the past two years]	
	Transperineal Ultrasound-Guided Placement of Hydrogel Spacer [Initial Criteria - Complete the hydrogel spacer in-service & site visit or observe 3 cases by a credentialed practitioner or licensed trainer. Renewal Criteria - Minimum observed 2 cases required in past 2 years]	

	Thoracic/Abdominal Stereotactic Body Radiotherapy Treatment Imaging Verification [Initial Criteria - Complete Stereotactic ablative radiotherapy imaging verification in-service. Observe 2 thoracic cases and 2 abdominal cases and 2 abdominal cases. Perform 2 proctored thoracic and 2 proctored abdominal cases. Renewal Criteria - Minimum 2 cases required in past 2 years]	
	Treatment of patients in outpatient clinics at Stanford Hospital & Clinics [Criteria - Must have teaching appointment through the Stanford School of Medicine]	
	Use of fluoroscopy equipment (or supervision of other staff using the equipment) [Criteria - Maintenance of 'Radiology Supervisor and Operator Certificate' or 'Fluoroscopy Supervisor and Operator Permit' required]	

**FPPE - Area is managed by Medical Staff Office. Please make NO selections**

Administration of Moderate Sedation

Extracranial Stereotactic Body Radiotherapy (SBRT) or Stereotactic Ablative Radiotherapy (SABR) - For approval of all anatomic sites, must observe 1st case and satisfactorily complete 5 proctored cases (must have one for each of the following anatomic site: H&N, thoracic, abdominal/pelvic, spine).

Interstitial brachytherapy (permanent or temporary implants) including placement of Transperineal, Vaginal, and Transrectal fiducial markers - Observe 1st case and satisfactorily complete 3 proctored cases

Intracranial/Spinal/Paraspinal Stereotactic Radiosurgery Treatment Imaging Verification. One case of each Intracranial and Spinal/Paraspinal. (Direct Observation)

Intracranial Stereotactic radiotherapy radiosurgery (SRS) - Observe 1st case and satisfactorily complete 4 proctored cases

Intra-operative radiation therapy - Applicants previously trained are required to observe the 1st case and be observed for 2 cases.

Intra-operative radiation therapy - Applicants without training during residency are required to observe 2 cases and be observed for 4 cases.

Radiosurgery for Functional Disorders - 2 observations of general SRS

Transperineal Ultrasound-Guided Placement of Hydrogel Spacer

Thoracic/Abdominal Stereotactic Body Radiotherapy Treatment Imaging Verification. Two cases of each Thoracic and Abdominal. (Direct Observation)

**Acknowledgment of Applicant**

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 Stanford Hospital & Clinics. I also acknowledge that my professional malpractice insurance extends to all privilege I have requested.

I acknowledge I have met the minimum number of cases required as identified for privileges.

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.

By clicking on the "Submit" button below, I have electronically signed, dated and submitted this privilege request

Date

**Service Chief Recommendation - Privileges**

I have reviewed the requested clinical privileges and supporting documentation and make the following recommendation(s):

Privilege	Condition/Modification/Deletion/Explanation

Service Chief Recommendation - Proctoring Requirements

Service Chief/Designee - By clicking on the 'Submit' button below, I have electronically signed, dated and approved this privilege request

Date