



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

Request	<i>Request all privileges listed below.</i> <i>Uncheck any privileges that you do not want to request.</i>	Service Chief Rec
	Additional Request	
	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.

Request	<i>Request all privileges listed below.</i> <i>Uncheck any privileges that you do not want to request.</i>	Service Chief Rec
	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	
	Stanford Radiation Oncology Faculty only:	
	External beam radiation	
	Unsealed radionuclide therapy	
	Intracavitary brachytherapy	

FPPE

Core - Radiation Oncology

Special Privileges

Description: Must also meet Required Qualifications for Core Privileges

Request	<p align="center">Request all privileges listed below. <i>Uncheck any privileges that you do not want to request.</i></p>	Service Chief Rec
	Administration of Sedation [Criteria - In accordance with Hospital Sedation Policy completion of the SHC sedation exam required]	
	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]	
	Treatment of patients in outpatient clinics at Stanford Hospital & Clinics [Criteria - Must have teaching appointment through the Stanford School of Medicine]	
	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) [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 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]	
	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]	
	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]	

[applicant]

	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]	
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FPPE

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) - Observe 1st case and satisfactorily complete 3 proctored cases
Intracranial Stereotactic radiotherapy - Observe 1st case and satisfactorily complete 4 proctored cases
Intracranial/Spinal/Paraspinal Stereotactic Radiosurgery Treatment Imaging Verification. Intracranial (Direct Observation)
Intracranial/Spinal/Paraspinal Stereotactic Radiosurgery Treatment Imaging Verification. Spinal/Paraspinal (Direct Observation)
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 (SRS) - Observe 1st case and satisfactorily complete 3 proctored cases
Radiosurgery for Functional Disorders - 2 observations of general SRS
Privileges may be granted for individual anatomic site by observing 1 case and satisfactorily completing 1 proctored case for the specific site.

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):

[applicant]

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