

Diagnostic Imaging Clinical Privilege List

Description of Service

Alberta Health Services (AHS) Medical Staff who are specialists and have privileges in the department of Diagnostic Imaging provide safe, high quality care for patients in AHS facilities across the province. Diagnostic Radiology is a branch of medical practice concerned with the use of imaging techniques in the study, diagnosis, and treatment of disease.¹ Diagnostic Imaging Services provides a comprehensive array of services to meet the needs of patients. The types of examinations/modalities provided in Diagnostic Imaging include: Computed Tomography (CT), Echocardiography, Fluoroscopy, General Radiography, Interventional Radiography/Angiography, Lithotripsy, Magnetic Resonance Imaging (MRI), Mammography, Nuclear Medicine, PET/CT and Ultrasound to patients in the inpatient or outpatient setting in conformance with applicable policies.²

Zone Medical Staff Organization

Zone	Department(s)	Section(s)
South	Diagnostic Imaging	Diagnostic Imaging
Calgary	Diagnostic Imaging	Diagnostic Imaging
Central	Diagnostic Imaging	Diagnostic Imaging
Edmonton	Diagnostic Imaging	Diagnostic Imaging
North	Diagnostic Health	Medical Imaging

¹ Royal College of Physicians and Surgeons of Canada - Objectives of Training in the Specialty of Diagnostic Radiology (2014)

² Alberta Health Service, Diagnostic Imaging Services (2016). <http://insite.albertahealthservices.ca/1978.asp>

Diagnostic Imaging Clinical Privilege List

College of Physicians and Surgeons of Alberta (CPSA) Requirements

The CPSA grants practice permits but does not guarantee that an individual will be granted an AHS Medical Staff appointment or privileges. It is AHS's role and responsibility to screen and evaluate the qualifications of Practitioners in relation to the specific procedures and patient care services they will be providing at specific sites before granting an appointment and clinical privileges.

Physicians with expertise in a particular area of practice may require a CPSA approval process separate from the CPSA licensure and AHS privileging process for specific services. Evidence of appropriate CPSA approval specific to the individual service is required in order to grant of privileges. These services typically fall into the non-invasive diagnostics group. Please refer to the CPSA website for a list of practice areas requiring approval.

Minimum Education and Training Requirements:

1. Appropriate licensure with the College of Physicians and Surgeons of Alberta,
AND
2. Credentials satisfactory to the Zone Clinical Department Head (ZCDH), Zone Application Review Committee (ZARC) and the Chief Medical Officer (CMO), including:
 - o Successful completion of a Royal College of Physicians and Surgeons of Canada (RCPSC) accredited residency program, and fellowship in the RCPSC (FRCPC);
OR
 - o Equivalent education, training and experience satisfactory to the ZCDH, ZARC and CMO.

These are minimum requirements. The ZCDH, ZARC and the CMO may determine that additional education, training or experience is required for specific privileges. The ZCDH, ZARC and CMO may also determine that an individual has developed competency in a particular area, without having completed a fellowship in that area, through an equivalent combination of education, training and experience.

Privileges Requiring Additional Education, Training and Experience

The list identifies certain privileges that require additional specialty training and documentation of evidence that the practitioner has the recognized postgraduate education, training or an appropriate level of experience to safely provide the service.

Clinical Privilege List and Medical Staff Bylaws

The AHS Medical Staff Bylaws state that the clinical privileges granted to a Practitioner "define the diagnostic or therapeutic Procedures or other Patient care services a Practitioner is deemed competent to perform, the Facility(ies) and Zone(s) within which the Practitioner is eligible to

Diagnostic Imaging Clinical Privilege List

provide care and services to Patients; and the specified AHS Programs and Professional services...that the Practitioner is eligible to access.”³

No recommendation on Clinical Privileges is meant to prevent any licensed Practitioner from performing any medical procedure on any person in an emergency situation where failure to perform that procedure may result in death or serious injury or harm to the person⁴.

Nothing in this document or the attached List of Clinical Privileges replaces the processes or requirements set out in the AHS Medical Staff Bylaws and Rules. This document and its attachments are intended to supplement and more fully describe the application of the AHS Bylaws and Rules in the context of the department of Diagnostic Imaging Clinical Privileges.

The AHS Medical Staff Bylaws and Rules can be found on the AHS website at <http://www.albertahealthservices.ca/7086.asp>.

Interpretation of the Clinical Privilege List

The following list describes and reflects the categories/types of patient services included in the scope of Diagnostic Imaging privileges available to members of the AHS Medical Staff with the necessary and required education, training and experience. When granted, Diagnostic Imaging privileges include the capacity to perform the noted procedure using various techniques and approaches as appropriate for the patient, unless a specific technique or approach is specified. The Zone Clinical Department Head’s recommendation regarding specifics of an individual’s privileges and any associated techniques will be provided to ZARC and the CMO for their consideration.

The Medical Staff Rules define the minimum review period for the privilege list⁵.

³ AHS Medical Staff Bylaws 3.0.2

⁴ AHS Medical Staff Rules 3.4.3(e)

⁵ AHS Medical Staff Rules, 3.4.3(f)(ii).

Sites of Clinical Privileges

A delineation of the sites of clinical activity is a required component of clinical privileges (AHS Medical Staff Bylaws, 3.2.1(c) and 3.2.7). Clinical privileges will reflect the site (or sites) where the Physician physically provides the clinical services. A Physician privileged in the specialty may have clinical privileges at multiple sites if they travel to multiple sites to provide clinical services as approved by the ZCDH, ZARC and/or the CMO. Privileges may only be granted at the site(s) and/or setting(s) that have sufficient space, equipment, staffing, and other resources required to support the privilege. In Diagnostic Imaging, many cases are reported across sites. Physicians will generally report only cases from those sites for which they are privileged. Exceptions will be made for primary interpretation in emergencies⁶ and generally for all second opinions or subspecialty opinions.

	Site A	Site B	Site C	Site D	Site E
Privilege 1					
Privilege 2					
Privilege 3					
Privilege 4					

The table above indicates what privileges are available at which sites:

- Privilege 1 is available at all sites
- Privilege 2 is available at sites A, C,D and E
- Privilege 3 is available at sites A and C
- Privilege 4 is available at sites B, D and E

Diagnostic Imaging Services provides a wide variety of services throughout the province. Please refer to the services by site link <http://insite.albertahealthservices.ca/2028.asp> for a list of AHS facilities and the DI services provided at each site.

Proctoring Requirements

The Zone Clinical Department Head may determine that a period of proctoring is required in certain situations. Proctoring can be defined as:

“The term *proctor* is often used to mean observe, supervise, mentor, monitor, or directly assess...*proctoring* reflects a process by which an individual is reviewed and evaluated over time to ensure competence, and proctor identifies the person performing the assessment.” *The Medical Staff Handbook, A Guide to Joint Commission Standards, Second Edition.*

⁶ AHS Medical Staff Rules 3.4.3(e)

Diagnostic Imaging Clinical Privilege List

“Proctoring is a process of direct observation that allows for the focused evaluation of current physician competency in carrying out actual clinical care and takes both cognitive and procedural abilities into account. If the proctor observes potential or imminent patient harm during the proctoring process, it may be ethically appropriate for him or her to intervene.”

(Proctoring and FPPE: Strategies for Verifying Physician Competence, Second Edition. Robert J. Marder, MD, CMSL, and Mark A. Smith, MD, MBA, CMSL).

Diagnostic Imaging Clinical Privilege List

<input type="checkbox"/>	Consultation Includes; conduct history and assessment for the purpose of making recommendations related to care and treatment.
<input type="checkbox"/>	Admitting – Inpatient Care Includes; assessment, evaluating, consulting, diagnosing and treating
<input type="checkbox"/>	Admitting – Day Procedures Includes: post procedure recovery

GENERAL DIAGNOSTIC IMAGING PRIVILEGES		CPSA approval required
These privileges may be granted subject to appropriate education, training and experience, and capacity of the site (infrastructure, equipment and staffing) to safely provide the service.		
<input type="checkbox"/>	Interpretation of Computed Tomography (CT) studies, except Cardiac CT	Yes
<input type="checkbox"/>	Interpretation of all radiographic imaging studies	
<input type="checkbox"/>	Bone Mineral Densitometry	
<input type="checkbox"/>	Ultrasound – General	Yes
<input type="checkbox"/>	Mammography NOTE: Diagnostic mammography does not currently have volume requirements to maintain competence. For screening mammography, Canadian Association of Radiologists volume requirements will be applied as a requirement for maintaining privileges.	
<input type="checkbox"/>	Fluoroscopy	

MINOR INTERVENTIONAL		CPSA approval required
These privileges may be granted subject to appropriate education, training and experience, and capacity of the site (infrastructure, equipment and staffing) to safely provide the service.		
<input type="checkbox"/>	Arthrography/Joint Aspiration	
<input type="checkbox"/>	Chest/Thoracentesis	
<input type="checkbox"/>	Interventional - Chest Tube Insertion	
<input type="checkbox"/>	Interventional - Neuro/Lumbar Puncture/Myelography	
<input type="checkbox"/>	Spine/Lumbar Facet Block	
<input type="checkbox"/>	GI/Peritoneal Drainage, Simple	
<input type="checkbox"/>	Vascular/Venous Access Procedures, Simple	
<input type="checkbox"/>	Abscess, Drainage. Simple	
<input type="checkbox"/>	Prostate/Biopsy	
<input type="checkbox"/>	Kidney/Biopsy -- Ultrasound Guided	
<input type="checkbox"/>	Liver/Biopsy -- Ultrasound Guided	
<input type="checkbox"/>	Bone and Soft Tissue Biopsy - Simple	

Diagnostic Imaging Clinical Privilege List

INTERVENTIONAL - BODY		
For the following group of services, privileges shall only be granted to radiologists who have the requisite licensure with CPSA and RCPSC specialty certification in DI and combination of education, training and experience satisfactory to the ZCDH, ZMD and CMO. Additional education, training and experience may be required for specific privileges and will be noted where required.		
GENERAL		CPSA approval required
<input type="checkbox"/>	General/Abscess Drainage, Complex	
<input type="checkbox"/>	Peritoneal Tunneled Line For Drainage/Dialysis	
<input type="checkbox"/>	Major Organ Biopsy -- Chest	
<input type="checkbox"/>	Major Organ Biopsy -- Abdomen, Not Elsewhere Classified	
<input type="checkbox"/>	Major Organ Biopsy -- Renal	
<input type="checkbox"/>	Major Organ Biopsy -- Prostate	
<input type="checkbox"/>	Major Organ Biopsy -- Liver	
INTERVENTIONAL - BILIARY		CPSA approval required
<input type="checkbox"/>	Biliary/Biliary Drainage Procedures	
<input type="checkbox"/>	Biliary/Extraction Intraductal Stones	
<input type="checkbox"/>	Biliary/Percutaneous Cholangiography/Tube Insertion	
INTERVENTIONAL - CHEST		CPSA approval required
<input type="checkbox"/>	Chest/Lung Abscess Drainage/Empyema Drainage	
<input type="checkbox"/>	Tunneled Pleural Catheter Insertion	
<input type="checkbox"/>	Chest/Manipulation Of CV Line	
INTERVENTIONAL - GI		CPSA approval required
<input type="checkbox"/>	GI/Enterostomy	
<input type="checkbox"/>	GI/Percutaneous Gastrostomy/Jejunostomy	
<input type="checkbox"/>	GI/Tips	
<input type="checkbox"/>	GI/Abscess, Drainage – Complex (e.g. trans-rectal, trans-sacral)	
INTERVENTIONAL - GU		CPSA approval required
<input type="checkbox"/>	GU/Cystostomy	
<input type="checkbox"/>	GU/Nephrostomy/Ureteric stent/Stone retrieval	
<input type="checkbox"/>	GU/Stent Insertion	

Diagnostic Imaging Clinical Privilege List

INTERVENTIONAL – RADIOFREQUENCY/OTHER ABLATIVE TECHNIQUE		CPSA approval required
Requires additional education, training and experience satisfactory to the ZCDH ZMD and CMO.		
<input type="checkbox"/>	Ablation Tumor - Chest	
<input type="checkbox"/>	Ablation Tumor - Abdomen	
<input type="checkbox"/>	Ablation Tumor - Renal/GU	
<input type="checkbox"/>	Ablation Tumor - MSK	
<input type="checkbox"/>	Ablation non survivable twin	

INTERVENTIONAL – VASCULAR		CPSA approval required
Requires fellowship training in Vascular Radiology or equivalent combination of education, training and experience satisfactory to the ZCDH ZMD and CMO.		
<input type="checkbox"/>	Vascular/Angioplasty (Non-Coronary)	
<input type="checkbox"/>	Vascular/Clot Lysis	
<input type="checkbox"/>	Vascular/Foreign Body Removal	
<input type="checkbox"/>	Vascular/Hemodialysis Catheter Placement/Exchange	
<input type="checkbox"/>	Vascular/IVC Filter Placement or Removal	
<input type="checkbox"/>	Vascular/Malformation treatment	
<input type="checkbox"/>	Vascular/Occlusion Therapies	
<input type="checkbox"/>	Vascular/Shuntogram	
<input type="checkbox"/>	Vascular/Splenoportogram	
<input type="checkbox"/>	Vascular/Stent Insertion	
<input type="checkbox"/>	Vascular/Venous Access Procedures, Complex (e.g. Tunneled Lines, Hemodialysis Access/Exchange/Manipulation)	
<input type="checkbox"/>	Vascular/Angiography Including Pulmonary & Right Heart	
<input type="checkbox"/>	Liver Biopsy - Transvenous	
<input type="checkbox"/>	Chest/Abdomen - Aortic Stent Grafting	
<input type="checkbox"/>	Trans arterial chemo embolization or administration of chemotherapeutic agents	
<input type="checkbox"/>	Trans arterial radio embolization (Y90)	

INTERVENTIONAL - BONE & JOINT/SPINE		CPSA approval required
Requires fellowship training or equivalent combination of education, training and experience satisfactory to the ZCDH ZMD and CMO.		
<input type="checkbox"/>	Spine/Discography	
<input type="checkbox"/>	Spine/Epidural Steroid Injection	
<input type="checkbox"/>	Spine/Radiofrequency Neurotomy	
<input type="checkbox"/>	Spine/Selective Nerve Block/chemoablation	
<input type="checkbox"/>	Spine/Vertebroplasty, Kyphoplasty	
<input type="checkbox"/>	Bone and Soft Tissue Biopsy - Complex	

Diagnostic Imaging Clinical Privilege List

INTERVENTIONAL - NEURO		CPSA approval required
Requires fellowship training in Neuroradiology or equivalent combination of education, training and experience satisfactory to the ZCDH, ZMD and CMO.		
<input type="checkbox"/>	Neuro/Aneurysm Treatment	
<input type="checkbox"/>	Neuro/Angiography Diagnostic	
<input type="checkbox"/>	Neuro/Angioplasty	
<input type="checkbox"/>	Neuro/Angioplasty/Stenting	
<input type="checkbox"/>	Neuro/Balloon Occlusion	
<input type="checkbox"/>	Neuro/Clot Removal	
<input type="checkbox"/>	Neuro/Intracranial Embolization	
<input type="checkbox"/>	Neuro/Extracranial Embolization	
<input type="checkbox"/>	Neuro /Specialized Neuro Intervention - Not Elsewhere Described	
<input type="checkbox"/>	Neuro/Spinal Angiography/Embolisation	
<input type="checkbox"/>	Neuro/Thrombolysis/IA/IV	
<input type="checkbox"/>	Neuro/Vascular Malformation Treatment	
<input type="checkbox"/>	Cisternal Puncture	

NUCLEAR MEDICINE		CPSA approval required
Requires fellowship in Nuclear Medicine or equivalent combination of education, training and experience satisfactory to the ZCDH ZMD and CMO.		
<input type="checkbox"/>	Nuclear Medicine – Full: includes prescribing treatment and interpretation of the full spectrum of nuclear medicine procedures.	Yes
<input type="checkbox"/>	Nuclear Medicine – Limited: includes delivery of nuclear medicine therapy, but not prescribing.	Yes
<input type="checkbox"/>	Positron Emission Tomography (PET)	Yes

SPECIALIZED MAMMOGRAPHY PROCEDURES		CPSA approval required
Requires additional training in specialized mammography procedures or equivalent combination of education, training and experience satisfactory to the ZCDH, ZMD and CMO.		
<input type="checkbox"/>	Image Guided Core Biopsy	
<input type="checkbox"/>	Mammocystography	
<input type="checkbox"/>	Mammoductography	
<input type="checkbox"/>	Image Guided Localization	

MRI		CPSA approval required
Requires evidence of CPSA approval specific to the individual service in order to grant privileges.		
<input type="checkbox"/>	MRI - Limited	Yes
<input type="checkbox"/>	MRI - Full	Yes
<input type="checkbox"/>	Cardiac MRI	Yes

Diagnostic Imaging Clinical Privilege List

CARDIAC - CT (Adult)		CPSA approval required
Requires fellowship training in Cardiac and Coronary CT as well as evidence of appropriate CPSA approval specific to the service in order to grant privileges.		
<input type="checkbox"/>	CT Cardiac -- Level 2	Yes
<input type="checkbox"/>	CT Cardiac -- Level 3	Yes

ECHO-CARDIOGRAPHY		CPSA approval required
Requires fellowship training in Echocardiography as well as evidence of appropriate CPSA approval specific to the service in order to grant privileges.		
<input type="checkbox"/>	Transesophageal Echocardiography (TEE)	Yes
<input type="checkbox"/>	Transthoracic Echocardiography (TTE)	Yes
<input type="checkbox"/>	Stress Echocardiography	Yes
<input type="checkbox"/>	Contrast Echocardiography	Yes

PEDIATRIC PRIVILEGES – Specific to tertiary level pediatric care		CPSA approval required
Requires fellowship training in Pediatric Radiology or equivalent combination of education, training and experience satisfactory to the ZCDH, ZMD and CMO Evidence of appropriate CPSA approval specific to the individual service is required in order to grant of privileges.		
<input type="checkbox"/>	Pediatric Cardiac CT -- Level 2	Yes
<input type="checkbox"/>	Pediatric Cardiac CT -- Level 3	Yes
<input type="checkbox"/>	Pediatric Echocardiography	Yes
<input type="checkbox"/>	Pediatric Transesophageal Echocardiography	Yes
<input type="checkbox"/>	Pediatric Transthoracic Echocardiography	Yes
<input type="checkbox"/>	Pediatric Stress Echocardiography	Yes
<input type="checkbox"/>	Pediatric Contrast Echocardiography	Yes
<input type="checkbox"/>	Pediatric MRI - Complex	Yes
<input type="checkbox"/>	Pediatric Cardiac MRI	Yes
<input type="checkbox"/>	Pediatric Nuclear Medicine	Yes