TG 124 Report:
A Guide for Establishing a Credentialing and Privileging Program for Users of Fluoroscopic Equipment in Healthcare Organizations

Mary E. Moore
Philadelphia VA Medical Center
July 24, 2014
AAPM 2014 Annual Meeting
Austin, TX

Members of TG 124

- Ben Archer
- Steve Balter
- Joel Gray
- Alan Jackson
- Rosemary Kennedy
- Paul Lin
- Melissa Martin
- Mary Moore
- Ed Nickoloff
- Phil Rauch
- Mark Rzeszotarski
- Doug Shearer
- Keith Strauss
- Lou Wagner

Consultants

Libby F. Brateman
Karen L. Brown,
Priscilla (Penny) Butler
Charles E. Chambers, M.D.
Thomas Shope
Gerald A. White

AAPM Staff

Lynne Fairobent
Background – WHY do TG124?

- QMPs and RSO’s are not usually involved in C & P process
- TG members experiences with process prompted
  - Sharing experience and lessons learned
  - To help others avoid re-inventing the wheel
- Untrained staff and patients at increased risk
  - Increase use of c-arms by non-radiologists
  - Increase reports of patient injury

Scope of TG 124:

- TG124 addresses only safety and medical physics aspects of fluoroscopy use
- Clinical training requirements and competency for performing specific clinical procedures, interpreting clinical images for diagnosis and any associated emergency responses are beyond the scope of TG124.
- Expands credentialing information originally found in TG 58 and provides additional training options
- It supplements TG58
Organization of TG 124 Report

Two Major Divisions

1. Credentialing and Privileging
   A. Basics: Purpose
   B. Definitions
   C. Requirements and Fundamentals
   D. Overview Specific to Fluoroscopy Users
   E. Policy Development
   F. Program Implementation

2. Training Recommendations

3. Appendices

TG 124: Basics - Purpose and Requirements of C&P Program

- To assure competency
  - Fluoroscopy is an interactive imaging procedure that requires the operator
  - to position equipment for correct anatomical projection
  - to operate to maintain lowest possible radiation dose,
  - to concurrently manipulate patient and/or catheter,
  - to administer and track contrast
  - to simultaneously be aware of patients overall condition during procedure

- Fluoroscopy’s multi-faceted process require credentials that support determination of competency:
  - Acceptable Didactic education +
  - Hands-on training
  - Experience (initial and continuing)
Basics: Purpose of a C& P Program

Credentialing and privileging programs exist to assure competency. Privileges are granted to individuals with appropriate training and experience.

The areas critical for fluoroscopy competency include

- clinical training and expertise,
- knowledge and understanding of radiation safety, radiation biology, and radiological imaging physics,
- technical knowledge of mechanical and electrical safety,
- competency operating the equipment

TG 124: Basics: Definitions

Credentialing

- "...collection of relevant data regarding training and experience of an applicant for privileges."
- Initial and CME’s
- Verification (Med Staff Office staff : Commercial CVOs)
- Applies to all LIPs

TG 124: Basics: Definitions

- Privileges
  - "...delineate which medical procedures a staff member may perform."

  - Who is to be privileged for Fluoroscopy?
    - Physicians (Non-Radiologists) vs. all LIPs

  - Types of Privileges
    - Core Privileges (Global: Dx Imaging,)
    - Specifically Listed – Specify modality (CT) (MRI) (I.R.)
    - Privilege Request Form - specify Fluoroscopy as separate line item

  - Re-Privileging – 2-year cycle (frequently)
    - refresher fluoro safety course training
    - hands-on training on new equipment
• **Licensure**
  – “…official legal permission to practice in an occupation as evidenced by documentation issued by a state in the form of a license or registration.”
  – Physician may be licensed to practice medicine and state may allow any licensed physician to operate x-ray equipment, but individual physician may not have specific privileges to perform fluoroscopy or other x-ray procedures at a facility.

• **Regulations**
  - X-ray equipment use regulations are developed, promulgated and enforced by specified state authority.
  - All X-ray users are required to comply with state regulations.
  - Some states have developed regulations that address fluoroscopy users (Ca, Tx)

---

**Organization of TG 124 Report**

1) **Credentialing and Privileging**
   A) BASICS: Purpose, Definitions, Requirements and Fundamentals of Credentialing and Privileging Program
   B) Overview of Process of Establishing C&P program Specific to Fluoroscopy Users
   C) Policy Development and Implementation
   D) Program Implementation – Administrative Aspects

2) **Training**
   A) Recommendations for Competency Based Program
   B) Overview and Resources
Overview Specific to Fluoroscopy Users: IDENTIFY AND VERIFY
- Need for Program
- Support by Management and Senior Clinical Staff
- Available Expertise and Staff

Overview of the Process for Establishing a Credentialing and Privileging Program

- Determine the Need for a Fluoroscopy Credentialing Program at your facility

  - Who uses fluoroscopy equipment
  - How is it used?
  - Where is it used?

Overview A) Determine Need for Program

How is need determined?

- RSC = Appropriate body to determine if formalized review and approval of fluoroscopy users is needed
- Individuals: RSO, QMP, Chairs and Administrators of departments using fluoroscopy should assist the RSC, in developing a viable policy.

If no RSC - Medical Director + designated staff assist
Overview: B) Learn fundamentals of C&P Process

• Designate and individual – RSO or QMP or ?
• Contact your Medical Staff Office (MSO)
  - Establish communications
  - Obtain information about
    - your facility's credentialing and privileging process.
    - how your facility's establishes and integrates a new program into the current credentialing and privileging program.

Overview: C) Staffing Needs, Expertise, Management Support

• Determine staffing needs and expertise required
  - to develop,
  - to support, and
  - to maintain a Credentialing and Privileging Program

In house training may be needed as part of C&P

• Obtain Support for Establishing a Program.
  Without medical leadership and administration's full support the program will not be able to be sustained – if it gets started.

Overview: D) Develop a Policy

Develop a Policy

• That identifies
  - specific program responsibilities,
  - review and approval procedures,
  - required credentials for initial privileges,
  - requirements for re-privileging.
Overview: D) Develop a Policy

- That indicates
  - Who may operate fluoroscopy equipment
  - Where the equipment may be used
  - What conditions, and for
  - Which procedures.

Overview: E) Implement and Maintain Fluoro C&P

- That ensures
  - fluoroscopy privileges are approved
    - for only qualified individuals,
    - as determined by the policy.
  - Compliance with all applicable
    - state and federal regulations,
    - facility and accreditation requirements, and standards.

Overview: F) Competency Based Training Program

Develop a Competency Based Training Program

- for applicants without the required training and experience,
- for applicants who need refresher training.
**Overview: G) Records and Audits**

- Maintain Records and Issue Approved User Certification.
- Assess Program Compliance and Applicability through periodic review.
  - Identify staff for above responsibilities

---

**Fluoroscopy Users, Location of Use, and Compliance**

Identification of Current Fluoroscopy Users, Their Training, and Experience

Use Systematic approach to identify all users and uses
- C&P program (MSO) should/may be able to
- Not if privileges list does not ID them
- Fluoroscopy logs may have names
- Archived studies (C-arms) may have names
- Personnel dosimeters

---

**Fluoroscopy Users, Location of Use, and Compliance**

Once users have been identified
- MSO - provide residency fellowships information and program contacts
  - On line info – residency specific
- Training ranges from
  - only on-the-job experience w no didactic
  - to competency-based evaluation of individual completed specified #hrs didactic and # supervised procedures
Basic Elements of a Credentialing and Privileging Program

Administrative Elements and Structure of a Healthcare Facility Credentialing and Privileging Program.

Key Players:
- Medical Staff Office
- Radiation Safety Committee (RAM, fluoro)
- Credentials Committee
- Medical Staff Executive Committee
- Board of Directors

Basic Elements of a Credentialing and Privileging Program

Administrative Process for Establishing a Credentialing and Privileging Program.

Five major aspects of establishing a credentialing and privileging program:

1. Medical staff and management approval and support
2. Policy development process
3. Policy content approval
4. Policy implementation
5. Program implementation and maintenance
Figure 2. A Model for Developing a Fluoroscopy Credentialing and Privileging Program Policy

Policy Development by RSC Ad-Hoc Committee

- Specify scope and designated responsibilities,
- Identify administrative process and responsibilities: application, review, approval
- Establish required credentials and criteria for approval
  - Users: Physicians only, or also independent licensed practitioners
  - Required training and experience (residency or equivalent)
  - Compliance with state and professional standards
- Alternate pathway to acquire training and experience
  - Specify who requires, who provides and oversees training
- Re-privileging requirements and frequency certificate issued by RSC when training and experience criteria are met. Record maintenance and retention

REMEMBER

- Add approved policy to Operations Manual and
- Distribute to department chairs and MSO
Figure 3 Sample Authorized Fluoroscopy User Certificate

Authorized Fluoroscopy User Certificate

Facility's Name and Address
_____________________________________________

(Name of Approved Authorized Fluoroscopy User)

is authorized to use fluoroscopy x-ray equipment for patient diagnosis or treatment under the guidance of fluoroscopy in compliance with the following conditions:

Prerequisite Training

_____ Fluoroscopy training and experience are current and risk-appropriate
_____ Satisfactory completion of required risk-level fluoroscopy training

Authorized Procedures

(e.g., upper GI-BE, interventional vascular, interventional cardiology, pain management, endoscopy, etc.)

Authorized Risk Level

(Low, Moderate, High)

Authorized Fluoroscopy Equipment

(e.g., under-table, mini-C-arm, mobile C-arm, ceiling mounted C-arm)

Approved Location(s) of Use

(e.g., Radiology, Cardiology, Endoscopy, Operating Room, ICU, etc.)

____________________  ______________________
Signature of RSC Chair or Facility Representative  Date Approved

Expiration Date   ______________________

Note: A copy of a current fluoroscopy authorized user training certificate should be submitted with the applicant’s request for privileges.

Guidance for Policy Development and Implementation

Section 7 addresses

- Administrative Process for Policy Development.
- Basic policy elements
- Delineation of Authority to approve or Suspend Fluoroscopy privileges

  o Institution grants privileges so policy should be institutional rather than Departmental

Guidance for Policy Development and Implementation

Fluoroscopy use is not as controlled as radiographic procedures.

Radiologists, cardiologists, surgeons, pulmonologists, and pain management physicians all use fluoroscopy equipment.

Residents and fellows

- not individually approved
- Are supervised by a privileged user.

  A privileged user must be present when residents or fellows perform fluoroscopic procedures.
C & P Program Implementation

- Administrative Process and Responsibilities
  - MSO
  - Department Chair
  - Medical Director of Section
  - RSO
  - QMP
  - RT
  - Nurse Manager

Privilege Application Review Process.

Prepare Standard Operating Procedure for Application Reviews.

Figure 4. Sample Process for Granting Fluoroscopy Privileges p 38

Physician Provider

- Requests fluoroscopy privileges on institution’s Privilege Form”
  (completed and signed by department or division chair)
- Provides fluoroscopy training certification.

New or reappointment

MSO reviews file, contacts RSO to review and evaluate individual’s T&E
RSO provides copy of RSC certificate, if already approved.
If not, RSC reviews and grants approval first.
Chair RSC and RSO may grant interim approval for RSC.
Figure 4. Sample Process for Granting Fluoroscopy Privileges

- Confirms fluoroscopy training meets policy criteria and that it is current.
- Fluoroscopy training incomplete.
- MSO determines credentials file is complete for appropriate modalities.
- MSO sends file to CC as appropriate.
- Credentials not approved by RSC or CC. Review on hold. Applicant must provide updated information or obtain additional training.
- CC approves and sends to MSEC.
- MSEC sends recommendation to the Board for two-year privileging or re-privileging.
- Staff can view Board approved privileges posted online in credentials tracking system.

Organization of TG 124 Report

1. Credentialing and Privileging
   A. Basics: Purpose
   B. Overview Specific to Fluoroscopy Users
   C. Policy Development
   D. Program Implementation

2. Training Recommendations

Training Requirements and Recommendations for Competency Based Program
TG 124: Training

• Availability of post-residency training
  – professional organizations provide the training needed for obtaining fluoroscopy privileges.
• Scope of training needs to be commensurate with the risk and complexity of the procedures to be performed.
• Didactic and Operational Training should include
  – medical imaging and physics,
  – radiation biology,
  – radiation safety,
  – equipment design (including operational features), and
  – hands-on training and experience.

TG 124: Training

Acceptable qualifications and training for fluoroscopy users is based on three risk levels:
• Low,
• Moderate, and
• High Risk.

TG 124: Table 2. Levels of Risk and Required Initial Training  p48

<table>
<thead>
<tr>
<th>Risk</th>
<th>Equipment Procedures</th>
<th>Recommended Minimum Duration of Training</th>
<th>Didactic Training Course Content Based on Risk</th>
</tr>
</thead>
</table>

- Initial training applies for new applicants.
- Continuing education (refresher training) is addressed in Appendix A, Section 3.
TG 124: Training

All training programs should require the following for all three risk levels:

- Training and experience complies with facility’s credential requirements for the fluoroscopy risk level of the requested clinical procedures/exams
- Didactic training commensurate with fluoroscopy risk level
- Satisfactory completion of an examination on didactic material.
- Applicant’s successful demonstration of competency [implies safe practices while performing clinical procedures using fluoroscopy equipment commensurate with assigned risk levels].

TG 124: Training

Applicants lacking either training or experience should successfully accomplish the following:

- Complete didactic training at the appropriate fluoroscopy risk level for their specialty and the procedures they will perform
- Pass an examination on the didactic material
- Successfully demonstrate competency at the fluoroscopy risk level needed for their practice
- Receive written evaluation of applicant’s competency using the specified fluoroscopy equipment.


Appendix A

- Additional information and guidance
- Training references and resources

Note: TG 124 is on AAPM website
QUESTIONS?

MaryE.Moore@va.gov

Thank You for attending!