

**Title: PERIPHERAL VASCULAR ANGIOGRAPHY PERCUTANEOUS TRANSLUMINAL PERIPHERAL VASCULAR ANGIOPLASTY, STENT INSERTION of the RENAL, ILIAC, FEMORAL (including below the knee) AND SUBCLAVIAN ARTERIES (based on AHA Training Standards) DIAGNOSTIC PRIVILEGE CRITERIA**

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Location: Saint Joseph Regional Medical Center (SJRMC)		Department: Medical Staff Office

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**POLICY:**

1. Education: M.D. or D.O.
2. Basic Training:
  - A. Radiology:
    - 1) Radiology Residency, and
    - 2) Board eligible or certified in Radiology, or
  - B. Cardiovascular Medicine:
    - 1) Internal Medicine Residency, and
    - 2) Board eligible or certified in Internal Medicine, and
    - 3) Fellowship in Vascular Medicine, or
    - 4) Additional board eligible or certified in Cardiovascular Medicine, or
  - C. Surgery:
    - 1) General Surgery Residency, and
    - 2) Board eligible or certified in surgery, and
    - 3) Additional Vascular Surgery Training, or
    - 4) Vascular Surgery Residency
3. Specific Procedural Training and Experience by A, B or C:
  - A. Qualification by training : An applicant may qualify by completing a training program that includes extensive experience in diagnostic angiography and percutaneous transluminal angioplasty of peripheral vessels. At a minimum, this experience must include performance of 100 diagnostic peripheral angiograms and 50 renal and/or peripheral percutaneous transluminal angioplasty, and for at least half of these procedures, the applicant must be the primary operator. These requirements would normally be met during a formal subspecialty-training program of at least one year's duration, completed after at least one of the basic training requirements listed in the previous section has been met. However, they may be met in part or in total, during initial residency or fellowship. In all instances, complete and detailed documentation of the aforementioned procedural training should be available.
  - B. Qualification by experience: An applicant may qualify by having extensive previous experience in peripheral angiographic diagnosis and percutaneous transluminal angioplasty with acceptable complication and success rates. This experience must include performance

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of a minimum of 100 diagnostic angiograms and 50 percutaneous transluminal angioplasties of the peripheral arteries, and for at least half of these procedures, the applicant must be the primary operator. The application should be able to present documentation of results and complications and confirmation of this data may be requested from the institution where the experience was gained.

- C. Qualification by apprenticeship: Apprenticeship can be performed at SJRMC. These physicians must demonstrate knowledge of the principles and therapy of peripheral and visceral vascular disease as outlined in "Body of knowledge". Clear understanding of the method of diagnostic angiography must be demonstrated, including knowledge of appropriate radiographic equipment, catheters and catheter techniques, and radiation safety associated with diagnostic and interventional procedures. The apprenticeship should be thoroughly documented and should include each of the following as a minimum:

- 1) Documented performance of 100 diagnostic peripheral angiograms, 50 peripheral percutaneous transluminal angioplasty procedures under the direct supervision of a qualified physician preceptor. The applicant must have been the primary operator of at least half of these procedures. The requirement for the diagnostic angiograms may be met in part by the previous experience of the operator if the applicant submits appropriate records (as outlined in "qualification by experience").
- 2) Observation of the applicant performing at least 10 peripheral percutaneous transluminal angioplasties by a person already qualified by these standards.
- 3) Attendance at postgraduate courses for a total of at least 50 Category 1 CME credits in diagnostic peripheral angiography and percutaneous peripheral vascular interventional techniques.

4. Reappointment:

- A. 20 diagnostic peripheral angiogram cases during the past two years
- B. 15 peripheral percutaneous transluminal angioplasty cases during the past two years
- C. Outcomes and complication rates available at the time of reappointment

**REFERENCES/STANDARDS:**

- AHA Medical/Scientific Statement -Training Standards for Peripheral Angioplasty, Circulation Vol 86, No 4, October 1992.
- Privilege can be separated per Credentialing Committee 08/29/2003
- Policy Origin Date: June 2001
- Review Date: June 2012, December 20 12, December 2015, December 2018
- Revised Date: December 2010, June 2012
- Effective Date: June 2001
- Reviewed/Recommended By: Medical Executive Committee
- Policy 103