



KETTERING MEDICAL CENTER

CRITERIA FOR BREAST HDR BRACHYTHERAPY

In order to be eligible to request clinical privileges for breast HDR brachytherapy, an applicant must meet the following minimum threshold criteria:

- **Basic Education:** The applicant must have successfully completion of an ACGME/AOA-accredited radiology residency training program and be Board-certified or Board-eligible in radiation oncology. The applicant would be expected to already have privileges for LDR brachytherapy.
- **Minimum Formal Training:**
 - a. Successful completion of didactic course on breast brachytherapy. Copy of attendance certificate must be provided, or
 - b. An applicant must present a letter of support from a radiation oncologist with breast HDR Brachytherapy privileges who has provided in-service on the procedure. The letter of support must indicate that the applicant has the requisite knowledge of the technique and patient selection criteria, or
 - c. Have a letter of support from a residency training program or a supervising physician or peer from another facility where the applicant previously performed breast HDR Brachytherapy.
- **Proctoring:** All applicants, if approved, will be given time-limited provisional privileges for a period not to exceed one year. The first 3 cases will be proctored or reviewed for quality outcomes. It is the applicant's responsibility to provide a list of proctored or reviewed cases to the credentials committee. Once the proctored cases are reviewed, the credential committee may recommend that the applicant relinquish privileges, perform further proctoring or receive unrestricted privileges. If the applicant does not perform 3 proctored/reviewed cases within one year of receiving provisional privileges, a renewal must be requested.
- **Reappointment:** Applicants must demonstrate that they have maintained competence through experience or continued medical education in brachytherapy.

I understand that a surgeon will be responsible for placing the breast catheter at the tumor site. I understand that by making this request, I am bound by the applicable bylaws, organization manual and credentials manual of the medical staff of Kettering Medical Center, and hereby stipulate that I meet the minimum threshold criteria for this request and agree to the credentialing standards.

_____ Date: _____

Approved:
Credentials 9/09/02
MEC 9/17/02
Board of Director 9/26/02