Conjoint Statement of the SNM and the ACNP on Credentialing and Delineation of Privileges for Cardiac PET

I. GENERAL

A. The Joint Commission on Accreditation of Hospitals requires that a system be in place for delineating privileges for every hospital staff member. The Joint Commission on Accreditation of Hospitals does not, however, spell out specific qualifications for any given privilege or level of privilege. Privileges are generally hospital-specific and are not usually transferable from hospital to hospital.

B. The granting of clinical privileges cannot and should not depend on only a single criterion, such as board certification or membership in a particular specialty society. Other options should be available, such as privileges based on documented evidence of training, experience, judgment, and demonstrated current competence.

C. It is the final responsibility of the hospital medical staff and hospital governing board to ensure that a physician meets a reasonable standard of competency.

D. SNM has reviewed the current guidelines from other specialty societies and endorses the following credentialing recommendations.

II. CARDIAC PET

Based on the recommendations of a task force on clinical competence and training from the American College of Cardiology Foundation/American Heart Association/American College of Physicians (*J Am Coll Cardiol*. 2006; 47:893–920), the SNM and the American College of Nuclear Physicians (ACNP) believe that physicians supervising and interpreting cardiac PET scans should meet all the following training criteria:

A. The physician must be certified by the American Board of Nuclear Medicine or the American Board of Radiology with subspecialty certification in Nuclear Radiology. Alternatively, the physician must be certified by the American Board of Internal Medicine, including certification in Cardiovascular Disease, and by the Certification Board of Nuclear Cardiology (CBNC).

B. As an entry-level criterion, physicians must document completion of training in cardiovascular nuclear medicine level II or a level of cardiovascular nuclear medicine learning experience similar to that described in the "2006 COCATS Training Statement: Task Force 5: Training in Nuclear Cardiology" (*J Am Coll Cardiol*. 2006:47:898–904). This criterion includes a minimum of 4 mo of training or experience in cardiovascular nuclear medicine, with interpretation of 300 cases under the supervision of a qualified physician. For 35 of these cases, the physician being trained must be present and involved in the acquisition of the studies, which must include a reasonable distribution of cardiac PET studies.

C. To provide evidence of continuing competence, physicians need to participate in maintenance of certification as required by the specialty board. There needs to be evidence of continuing competence in the interpretation and reporting of 50 cardiac PET or cardiac PET/CT examinations per year.

III. GENERAL PROCEDURES FOR CREDENTIALING PROCESS

A. It is recommended that any physician applying for privileges to practice cardiovascular nuclear medicine in either a hospital or clinical setting document proper credentials. Credentialing (licensure and certification) is considered one of the minimum standards for the delineation of privileges to practice cardiovascular nuclear medicine. The format in Part B below is recommended as a method of delineating such privileges.

B. It is recommended that, in delineating privileges to practice cardiovascular nuclear medicine and cardiac PET and/or cardiac PET/CT for an individual physician, the following criteria should be considered:

1. Graduation from a Liaison Committee on Medical Education–approved medical school or school of osteopathy or graduation from a foreign medical school with possession of an Educational Commission for Foreign Medical Graduates certificate score acceptable for medical licensure in the state of medical practice. Training in an Accreditation Council for Graduate Medical Education (ACGME)–approved residency program in nuclear

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medicine, radiology, cardiovascular medicine, or the equivalent should also be considered. Training equivalent to that provided in ACGME-approved programs should be ascertained by referral to the appropriate American Board of Medical Specialties (ABMS)–recognized board.

2. Clinical competence, appropriate for medical practice. Malpractice insurance may be required. At present, current competency may be demonstrated by one of the following:

    a. Documentation that the physician has been tested and issued a certificate by a recognized certifying organization such as an appropriate ABMS-recognized specialty board and the CBNC for American Board of Internal Medicine diplomates with subspecialty certification in cardiovascular disease, and evidence of recertification as required by the particular certifying organization.
    b. Maintenance of certification as required by the appropriate ABMS-recognized specialty board or CBNC.

3. A method of review for regular delineation of privileges as required by individual institutions annually.
4. Definition of which individual procedure or category of procedures may be performed by each physician.

IV. APPROVAL

This credentialing statement was approved by the board of directors of the SNM on September 10, 2006, and the board of directors of the ACNP on September 21, 2006.

V. SNM PRACTICE STANDARD COMMITTEE

Dominique Delbeke, Leonie L. Gordon (Chair of SNM Practice Standard Committee), Mark Travin (Chair of SNM Cardiovascular Council), Albert J. Sinusas (Chair of SNM Cardiovascular Council), Peter S. Conti, George M. Segall, Henry D. Royal, Michael M. Graham, Helena R. Balon, Gary Dillehay, Kevin J. Donohoe, Alexander J. McEwan, Michael L. Middleton, and Martin P. Sandler.