



Fluoroscopy Training, Credentialing and Privileging

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INTRODUCTION

Although fluoroscopy is an essential tool for diagnosing and treating disease, rare applications have resulted in deterministic effects such as skin burns and hair loss. Fluoroscopy also has the potential of increasing stochastic risk for cancer in both patients and operators. Training of physicians and ancillary personnel who use fluoroscopic equipment is essential in preventing or minimizing both deterministic effects and stochastic risks. This is even more critical as practitioners whose medical education originally did not include formal training in fluoroscopy are using this modality more frequently.

GUIDANCE

Several professional organizations have developed guidance regarding qualifications, credentialing and/or privileging of individuals performing fluoroscopic procedures. They include the American College of Radiology (ACR) [1], American College of Cardiology Foundation [2], and American Association of Physicists in Medicine [1,3].

For example, the ACR and AAPM's collaborative technical standard recommends that each facility "have a policy for granting fluoroscopic privileges to all physicians who perform or supervise fluoroscopy. Local credentialing and privileging processes should include review of training records and of procedures that use fluoroscopy to determine that the physician is both properly trained and qualified in fluoroscopy." [1]

The National Council on Radiation Protection and Measurement's Report 168 [4] provided specific recommendations for facilities that perform fluoroscopic procedures. They include:

- Assuring that all operators of the system are trained and that they understand the operation of the fluoroscopic system, including the implications for radiation exposure from each mode of operation.
- Assuring that physicians performing fluoroscopic procedures are appropriately trained and credentialed, so they can, on a case-by-case basis, assess risks and benefits for individual patients, considering variables such as age, pregnancy status, beam location and direction, tissues in the beam and previous fluoroscopic procedures or radiation therapy.

Links to detailed guidance are provided in the references below.

REGULATIONS

Some state radiation safety regulations require fluoroscopic equipment operators to obtain special permits to perform fluoroscopy. For example, in the state of California, a radiologic technologist or a physician assistant must hold a California fluoroscopic permit to participate in fluoroscopic examinations [5,6]. Each individual must show documentation of appropriate coursework and pass a state examination on fluoroscopy safety [7].

The State of Colorado fluoroscopy training requirement apply to physicians as well, stating that the “Department has determined that any licensed physician supervising or performing fluoroscopy must have adequate training documented.”[8]

It is beyond the scope of this document to outline the fluoroscopy requirements within each state. All fluoroscopy operators should check with their state radiation control agency for their state’s requirements. State and local radiation control program contact information is available at the Conference of Radiation Control Program Director’s website [9].

TRAINING AND CREDENTIALING

More and more hospitals and imaging facilities are developing in-house fluoroscopy credentialing and privileging processes. Links to a few of these are provided in the References [10,11,12,13].

REFERENCES

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