



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
HEADQUARTERS, US ARMY MEDICAL COMMAND
2050 WORTH ROAD
FORT SAM HOUSTON, TX 78234-6000

OTSG/MEDCOM Policy Memo 10-008

MCPO-SA

01 MAR 2010

Expires 1 March 2012

MEMORANDUM FOR Commanders, MEDCOM Major Subordinate Commands

SUBJECT: Fluoroscopy Training and Credentialing for Non-radiologist Physicians (NRP)

1. References are at Annex 1 to the enclosure.
2. Purpose. To clarify established policy, define responsibilities and procedures, and provide additional guidance for managing fluoroscopy performed by NRP (enclosure).
3. Proponent: The proponent for this policy is the Director, Health Policy and Services.
4. Policy:
 - a. This policy directs the implementation of the training and credentialing program described in the enclosure as the minimum standard for Army Military Treatment Facilities (MTF) in meeting the requirements of Technical Bulletin Medical (TB Med) 521.
 - b. This policy supplements the requirement of TB Med 521, Management and Control of Diagnostic, Therapeutic, and Medical Research X-ray Systems and Facilities: *Medical fluoroscopy will be performed only by or under the immediate supervision of physicians properly trained in fluoroscopic procedures and credentialed through the facility's medical credentialing process.*
 - c. Didactic and hands-on training shall be completed no later than 90 and 180 days respectively from the date of this policy.
5. Discussion:
 - a. The number of fluoroscopic procedures performed outside the traditional radiology department has dramatically increased over the past decade. NRP routinely perform fluoroscopic procedures in operating rooms, urology clinics, cardiac catheterization laboratories, emergency rooms, intensive care units, and other hospital locations removed from the radiology clinic (reference 3, Annex 1).
 - b. Since 1994, a growing awareness exists for the need to provide supplemental training and privileging of NRP who perform fluoroscopic procedures to ensure staff and patient safety and image quality (references 4-8, Annex 1). Some states address the issue

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through regulations (reference 9, Annex 1). Major civilian hospitals have instituted training and privileging requirements for non-radiologists performing fluoroscopic procedures (reference 10, Annex 1).

c. The Army Medical Department will establish training and privileging requirements for non-radiologists performing fluoroscopic procedures within Army MTFs that are consistent with state and civilian medical community standards. This policy is intended to ensure that radiation doses to staff and patients are maintained as low as reasonably achievable, consistent with clinical requirements for fluoroscopy.

d. This policy does not prohibit limited operational use of fluoroscopic x-ray equipment by non-physicians, providing the non-physician is under the direct supervision of a physician who is properly trained in fluoroscopic procedures and privileged to perform fluoroscopy in that Army MTF.

FOR THE COMMANDER:

Encl
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HERBERT A. COLEY
Chief of Staff

Procedures/Guidance for Fluoroscopy Training and Credentialing for Non-radiologist Physicians (NRP)

1. Reference. See Annex 1 to this enclosure.
2. Scope. This policy applies to all physicians, or other healthcare provider, practicing in an Army Military Treatment Facilities (MTF) that uses or supervises the use of fluoroscopy. Radiologist and Cardiologist are excluded from the training requirements of this policy.
3. Responsibilities.
 - a. Commanders of Regional Medical Commands are responsible for ensuring that this policy is implemented in the MTFs in their regions.
 - b. Commanders of MTFs are responsible for implementing this policy in their facilities.
 - c. The Radiological Hygiene Consultant and Radiology Consultant to The Surgeon General are the Army Medical Department (AMEDD) subject matter experts (SME) on the training and qualification of physicians who use fluoroscopy in Army MTFs.
 - d. Each MTF Commander should designate an SME as the point of contact to address training and qualification of physicians who use fluoroscopy within his/her facility. This SME will be the approving authority for alternative qualification (paragraph 9, below). If the MTF Commander does not select a SME, this requirement will, by default, go to Radiology Service/Department Chief in the MTF.
4. General. The fluoroscopy training requirement has two components. The first component is a self-paced, web-based didactic course of instruction. The second component, completed after the web-based training, is a hands-on, practical training session with the MTF Commander's designated SME.
5. Web-based training component. MEDCOM approved training will be managed through AMEDD Center and School Center for Distributed Learning. This portion of the training will take approximately 1-2 hours to complete and shall incorporate a moderately challenging exam of at least 10 multiple choice questions. Training is available at: <http://army.swankhealth.com>.
6. It is strongly recommended that Commanders incorporate this component in the MTFs automated hospital education and training structure.

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7. Hands-on training component. The MTF Commander's SME shall offer, at reasonable frequencies, hands-on training opportunities for physicians seeking fluoroscopy privileges. The SME shall conduct this peer-to-peer training in a fluoroscopy-enabled suite, or in a location where the appropriate (mobile) mini C-arms are available. The expected duration is about one hour. The training shall convey the following information:

a. Operating techniques, including collimation, use of grids, employment of high level controls, beam-on discipline, use of c-arm gantry angles, movement of the table and the image intensifier, patient positioning, and other skills of the craft.

b. Staff positioning relative to the patient, image intensifier, x-ray tube, and table during fluoroscopy.

c. Use of personal protective equipment, including lead aprons, gloves, thyroid collars, and glasses.

d. Consideration for patient shielding.

8. Privileging. Upon completion of the web-based and hands-on training components, the physician seeking fluoroscopy privileges will present evidence of training to the MTF credentials office. The credentials office will place the documentation of training in section VI of the provider's credentials file (PCF). The credentials committee will review and grant privileges for fluoroscopy as appropriate.

9. Continuing medical education (CME). CMEs will be awarded based upon successful completion of the web-based didactic portion of this training.

10. Alternative qualification. Physicians who complete equivalent training in residency programs such as Cardiologist, or at non-Army facilities, or hold fluoroscopy licenses issued by a state regulatory agency may, with the concurrence of the Service Chief or Chief of Radiology, petition the credentialing office for privileges based on alternative qualification.

11. NRP already practicing. With the exception of clinical specialties identified in paragraph 1, physicians who are presently using fluoroscopy in their practice will have 180 days from the date this policy is published to complete the required training and credentialing at their MTF. Physicians may continue using fluoroscopy in their practice during this period. This grace period does not extend through a permanent change of station move.

12. Tracking completed training. Fluoroscopy credentials are transferable between Army MTFs through the PCF.

ANNEX 1

REFERENCES

1. AR 40–68 Clinical Quality Management, 22 May 2009.
2. Technical Bulletin Medical (TB Med) 521, *Management and Control of Diagnostic, Therapeutic, and Medical Research X-ray Systems and Facilities*, 26 February 2002.
3. National Council on Radiation Protection and Measurements Report 133, *Radiation Protection for Procedures Performed outside the Radiology Department*, August 2000.
4. American Association of Physicists in Medicine (AAPM) Report Number 58, *Managing the Use of Fluoroscopy in Medical Institutions*, October 1998. (http://www.aapm.org/pubs/reports/rpt_58.pdf).
5. Food and Drug Administration Public Health Advisory: *Avoidance of Serious X-Ray-Induced Skin Injuries to Patients during Fluoroscopically-Guided Procedures*, 30 September 1994. (<http://www.fda.gov/MedicalDevices/Safety/AlertsandNotices/PublicHealthNotifications/ucm063084.htm>).
6. Joint Commission on Accreditation of Healthcare Organizations Patient Safety article, *Radiation Injuries: Educating Practitioners to Improve Safety of Fluoroscopic Interventions* (Joint Commission Perspectives on Patient Safety, July 2002, Volume 2, Issue 7).
7. Council of Radiation Control Program Directors resolution, *Prevention of Unnecessary Radiation Exposure to Patients from Fluoroscopy*, May 2004.
8. American College of Radiology Report to Congress, March 2005.
9. Sample of State Requirements.
 - a. California requires anyone who performs or supervises fluoroscopy to obtain a “fluoroscopy certificate” issued by the state. There are accompanying CME requirements for NRP (California Code 30403(b)).
 - b. Maryland requires all users of fluoroscopy to complete a four-hour training class, and thereafter a biennial refresher class (COMAR F.5).
 - c. Vermont’s radiology rule requires licensed physicians (other than radiologists) to complete a course of instruction, obtain a fluoroscopy competency endorsement to the medical license, and file an annual report on fluoroscopy use (Vermont Board of Radiologic Technology Rule, Part 4, Competency Requirements of Certain Licensed Practitioners).

10. Sample of civilian medical facility requirements.

a. Saint Luke's Healthcare System requires completion of a web-based training program and successful completion of a written exam before physicians can energize fluoroscopy equipment.

b. University of Washington requires NRP to complete web-based training, a written examination, and a practical examination before granting permission to perform fluoroscopy.

c. Brigham and Women's Hospital extends fluoroscopy privileges to NRP upon completion of a lecture, exam, and hands-on training. (*A Fluoroscopic Credentialing/Safety Program at a Large Research Hospital*, Frank P. Castronovo, Jr., *Journal of Health Physics*, Volume 84, May 2004).