
Conjoint Statement of the SNM and the ACNP on Credentialing and Delineation of Privileges for CT Performed in Conjunction with Body PET or SPECT*

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.

II. CT PERFORMED IN CONJUNCTION WITH BODY PET OR SPECT

Physicians certified by the American Board of Nuclear Medicine (ABNM) should be granted clinical privileges to supervise and interpret CT performed concurrently with PET or SPECT regardless of the protocol used for the CT if they meet all the following training criteria:

- A. Training in an Accreditation Council for Graduate Medical Education (ACGME)-approved residency program in nuclear medicine has to have begun after July 1, 2007, when the new program requirements will be implemented. The training in CT must include the physics of diagnostic radiology and interpretation of the CT examinations of 500 patients, including a reasonable distribution of CT of the neck, chest, abdomen, and pelvis, under the supervision of a diagnostic radiologist who meets the qualifications

listed in the American College of Radiology (ACR) Practice Guideline for Performing and Interpreting Diagnostic Computed Tomography.

- B. For physicians who complete their training before July 2010, completion of the training has to be documented as presented in the SNM Procedure Guideline for Tumor Imaging Using ¹⁸F-FDG PET/CT (*J Nucl Med.* 2006;47:885–895), in the SNM Procedure Guideline for SPECT/CT Imaging (*J Nucl Med.* 2006;47:1227–1234), and in an article by a collaborative working group from the ACR, the SNM, and the Society of Computed Body Tomography and Magnetic Resonance, summarizing discussions on issues in imaging with PET, CT, and PET/CT (*J Nucl Med.* 2005;46:1225–1239). The training in CT must include 100 h of continuing medical education incorporating the physics of diagnostic radiology and interpretation of the CT examinations of 500 patients, including a reasonable distribution of CT of the neck, chest, abdomen, and pelvis, under the supervision of a diagnostic radiologist who meets the qualifications listed in the ACR Practice Guideline for Performing and Interpreting Diagnostic Computed Tomography.
- C. To provide evidence of continuing competence, physicians need to participate in the maintenance-of-certification program as required by the specialty board. There needs to be evidence of continuing competence in the interpretation and reporting of 100 PET/CT and/or SPECT/CT examinations per year.

III. GENERAL PROCEDURES FOR CREDENTIALING PROCESS

- A. It is recommended that any physician applying for privileges to practice 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 nuclear medicine.
- B. It is recommended that, in delineating privileges to practice nuclear medicine, PET/CT, and SPECT/CT

*Criteria for cardiovascular CT performed in conjunction with cardiac PET or SPECT are covered in a separate conjoint statement of the SNM and the ACNP.

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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 (ECFMG) certificate score acceptable for medical licensure in the state of medical practice. Training in an ACGME–approved residency program in nuclear medicine or 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 the appropriate ABMS-

recognized board, or evidence of recertification within the past 10 y.

- b. Maintenance of certification as required by the appropriate ABMS-recognized board.
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 boards of directors of the SNM and the American College of Nuclear Physicians (ACNP) on June 2, 2006.

V. SNM PRACTICE STANDARD COMMITTEE

Dominique Delbeke, Leonie L. Gordon (Chair), Peter S. Conti, George M. Segall, Henry D. Royal, Michael M. Graham, Helena R. Balon, Gary Dillehay, Alexander J. McEwan, Michael L. Middleton, and Martin P. Sandler.