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## ACR IMAGE-GUIDED PROCEDURES RESOLUTION

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Whereas, core privileging, being a well-recognized methodology that is currently widely used by other specialties and some radiology practices, will simplify both initial privileging and re-privileging for radiologists, their practices and their respective hospital medical staff offices, and

Whereas, ACR practice parameters include a number of imaging guided diagnostic radiology and interventional radiology procedures, and the qualification section of many of these documents specify criteria for providers who perform these procedures and these qualifications have been used by hospitals or other health care entities for privileging providers; and

Whereas, the imaging guided procedures addressed in the ACR Practice Parameters are amenable to being grouped into Core Privileges, and

Whereas, Interventional Radiologists (IRs) are recognized as specialists through the ABR and AOBR and have unique knowledge, training and experience applicable and translational across a broad spectrum of current and future minimally invasive imaging guided procedures, and

Whereas, many imaging guided procedures have also been and continue to be delivered by ABR and AOBR board certified Diagnostic Radiologists (DRs), as well as other DRs certified by Boards in Canada and Great Britain practicing in the United States, who have unique and in-depth knowledge of and experience with these imaging guided procedure, especially in smaller community, pediatric and rural hospitals, and

Whereas, a fundamental principle for core privileging and re-privileging is that it emphasizes the value of American Board of Radiology, the American Osteopathic Board of Radiology, the Royal College of Physicians and Surgeons of Canada, the Royal College of Radiologists – Great Britain and the Collège des Médecins du Québec certification and a compilation of over-all training and experience, and

Whereas, it is recognized that a given radiologist may not have the skill set for all procedures in a set of core privileges, they may opt out of being privileged for a specific imaging guided procedure, and

Whereas the ethics of each individual physician, mentoring, CME, and additional post-graduate training could address best practice staffing needs as determined locally, in the present and future, and

Whereas, it is recognized that other specialties also perform some of the imaging guided procedures that DRs and IRs perform; those specialties have their own responsibility to appropriately recommend qualifications for privileging, and

Whereas, hospitals and other healthcare organizations are the final local arbiter of physician privileging;

**Be it resolved that the ACR supports and encourages the use of core privileging methodology for physician privileging and re-privileging in the performance of imaging guided procedures by Diagnostic Radiologists and Interventional Radiologists, and**

**Be it further resolved that should procedural experience numbers be used for privileging and re-privileging, the numbers should be inclusive of a global compilation of an individual radiologist's imaging guided procedural experience, applicable to the spectrum of the core privileges, and**

**Be it further resolved that a core privileging statement be included in present & future relevant ACR imaging guided procedural practice parameter qualification sections, and**

**Be it further resolved that the ACR will prepare and regularly update a library of core privileging templates based on a compilation of institutional and national organizational core privileging documents provided as a resource for ACR members to use in their individual privileging and re-privileging environments.**