

Position Statement: Documenting Physician Experience for Credentials for Peripheral Arterial Procedures—What You Need to Know

A Consensus Statement Developed by the Standards Division of the Society of Interventional Radiology

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THE Society of Interventional Radiology (SIR) has been the primary developer and leader in diagnostic arteriography and interventional procedures, including peripheral angioplasty and vascular stent placement, since the Society was founded in 1973. SIR has been involved in the education and training of physicians in these procedures and has developed standards for the safe and successful performance of these procedures. It is the goal of the Society to ensure that procedures are performed for appropriate indications and with techniques and training that will maximize excellent patient outcomes while ensuring patient safety.

One assumes that better quality care is provided by better-trained physicians. SIR and other societies have developed some guidelines regarding the *minimal* necessary training for the performance of peripheral interventional procedures, including peripheral angioplasty and stent placement. In addition to training standards, the American College of Radiology (ACR) and SIR have

also published guidelines dealing with quality improvement and credentialing for peripheral vascular procedures. SIR members have served on or chaired American Heart Association (AHA), SIR, and ACR committees involved in the development of many of these documents and have been the principal authors of several of these documents.

The most commonly referenced document regarding training to perform peripheral angioplasty was published by the AHA and authored by multidisciplinary panels comprised of interventional radiologists, vascular surgeons, and cardiologists (1). The American College of Cardiology (2) and SIR (3) have very similar requirements. The AHA requires the following *minimum* training to perform peripheral percutaneous transluminal angioplasty (PTA):

1. Performance of 100 peripheral arteriography procedures;
2. Performance of 50 peripheral/renal PTA procedures with 25 as primary operator;
3. Performance of 10 peripheral thrombolysis cases with five as primary operator;
4. Obtaining 50 category 1 continuing medical education (CME) credits in peripheral angiography and interventions.

For clarification purposes, the official position of SIR regarding numbers is that, when these numbers are used for credentialing purposes, the number applies to a complete patient encounter regardless of the number of vessels selected or treated during a

given encounter. This is consistent with the method used to originally develop the accepted published numbers and should be applied when interpreting individual physician experience. Counting patient encounters is facilitated by review of a patient case log.

SIR hopes that this position statement helps clarify how individual physician experience should be quantified. This method is the easiest to track and replicate from physician to physician regardless of specialty. This methodology best permits a translation of training as a surrogate measure for quality and assures in general that better-quality care will be delivered by better-trained physicians, ultimately leading to improved patient safety and better overall outcomes.

References

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