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Printed Name

## Clinical Privileges Profile Podiatry

### Kettering Medical Center System

Kettering Medical Center

Sycamore Medical Center

**Applicant:** Check off the "Requested" box for each privilege requested. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

**Clinical Service Chief:** Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

#### **Other Requirements**

1. Podiatrists may admit, perform H & Ps, write orders and prescribe medications within the limits of their licensure and of the Medical Staff Bylaws, Organization Manual, and Credentials Manual. If treatment is not within the scope of practice as determined by state law, at the time of admission or becomes necessary during the course of hospital treatment, such treatment shall be under the supervision of a doctor who is a member of the medical staff with privileges to treat the specified medical condition. It shall be the responsibility of the admitting podiatrist to make arrangements with a doctor who is a member of the medical staff to be responsible for the patient's treatment. Mandatory medical consults are required for admission greater than 24 hours.
2. Note that privileges granted may only be exercised at the site(s) and setting(s) that have the appropriate equipment, license, beds, staff, and other support required to provide the services defined in this document. Site-specific services may be defined in hospital or department policy.
3. This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

**NOTE: A grandfather clause for board certification exists for those on staff as of 9/1/2009 or have completed their residency prior to January 1, 2000.**

#### **QUALIFICATIONS FOR PODIATRY—TYPE I**

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**To be eligible to apply for core privileges in podiatry (Type I), CLOSED for new initial applicants, those seeking reappointment must meet the following criteria:**

##### **Type I Privileges**

The applicant must demonstrate successful completion of a Council on Podiatric Medical Education (CPME)-accredited training program and demonstrated competence reflective of the scope of privileges requested.

**Required previous experience:** Applicants for initial appointment must be able to demonstrate the performance of at least 20 Type I podiatric procedures reflective of the scope of privileges requested

during the past 12 months or demonstrate successful completion of an accredited training program or research in a clinical setting within the past 12 months.

**Reappointment requirements:** To be eligible to renew core privileges in podiatry (Type I), the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience (20 Type I podiatric procedures) with acceptable results reflective of the scope of privileges requested for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

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## CORE PRIVILEGES

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### TYPE I PODIATRIC CORE PRIVILEGES

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**Requested** Admit (see #1 under Other Requirements above), evaluate, diagnose, provide consultation, order diagnostic studies, and treat the foot by mechanical, medical, or superficial surgical means on patients of all ages. The core privileges in this specialty include Type III podiatric privileges and procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

[Note: This core is closed to new initial applicants.]

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### QUALIFICATIONS FOR PODIATRY—TYPE II

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**To be eligible to apply for core privileges in podiatry (Type II), the initial applicant must meet the following criteria:**

#### **Type II Privileges**

The applicant must demonstrate successful completion of a podiatric residency accredited by the Council on Podiatric Medical Education (CPME) and board certification/qualification as outlined in Article 2, Section 2.2, Eligibility - 2.2.2 in the Medical Staff Bylaws and demonstrated competence in the privileges requested.

AND

**Required previous experience:** Applicants for initial appointment must be able to demonstrate the performance of at least 50 Type II podiatric procedures reflective of the scope of during the past 12 months or demonstrate successful completion of a CPME accredited podiatric surgery residency or research in a clinical setting within the past 12 months.

**Reappointment requirements:** To be eligible to renew core privileges in podiatry (Type II), the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience of 24 Type II podiatric procedures with acceptable results reflective of the scope of privileges requested for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

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## CORE PRIVILEGES

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### TYPE II PODIATRIC CORE PRIVILEGES

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**Requested** Admit (see #1 under Other Requirements above), evaluate and treat patients of all ages with podiatric problems/conditions of the forefoot, and midfoot and nonreconstructive hindfoot. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

### **QUALIFICATIONS FOR PODIATRY—TYPE III**

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***To be eligible to apply for core privileges in podiatry (Type III), the initial applicant must meet the following criteria:***

#### **Type III Privileges:**

The applicant must demonstrate successful completion of a podiatric surgical residency accredited by the Council on Podiatric Medical Education (CPME) and board certification/qualification as outlined in Article 2, Section 2.2, Eligibility - 2.2.2 in the Medical Staff Bylaws and demonstrated competence in the privileges requested.

AND

***Required previous experience:*** Applicants for initial appointment must be able to demonstrate the performance of at least 50 Type III podiatric procedures reflective of the scope of privileges requested during the past 12 months or demonstrate successful completion of a CPME accredited podiatric surgery residency or research in a clinical setting within the past 12 months.

***Reappointment requirements:*** To be eligible to renew core privileges in podiatry (Type III), the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience 24 Type III podiatric procedures reflective of the scope of privileges requested with acceptable results for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

### **CORE PRIVILEGES**

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#### **TYPE III PODIATRIC CORE PRIVILEGES**

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- Requested** Admit (see #1 under Other Requirements above), evaluate, diagnose, provide consultation, order diagnostic studies and treat the forefoot, midfoot, rearfoot, and reconstructive and nonreconstructive hind foot and related structures by medical or surgical means. The core privileges in this specialty include Type II podiatric privileges and procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

### **QUALIFICATIONS FOR PODIATRY—TYPE IV**

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***To be eligible to apply for core privileges in podiatry (Type IV), the initial applicant must meet the following criteria:***

#### **Type IV Privileges:**

The applicant must demonstrate successful completion of a 24 (PSR-24) month podiatric surgical residency accredited by the Council of Podiatric Medical Education (CPME) and board certification/qualification as outlined in Article 2, Section 2.2, Eligibility - 2.2.2 in the Medical Staff Bylaws and demonstrated competence in the privileges requested.

AND

***Required previous experience:*** Applicants for initial appointment must be able to demonstrate the performance of at least 50 Type IV podiatric procedures reflective of the scope of privileges requested during the past 12 months or demonstrate successful completion of an accredited podiatric surgical residency within the past 12 months.

***Reappointment requirements:*** To be eligible to renew core privileges in podiatry (Type IV), the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience 24 Type IV podiatric procedures reflective of the scope of privileges requested with acceptable results for the past 24 months

based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

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## CORE PRIVILEGES

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### TYPE IV PODIATRIC CORE PRIVILEGES

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- Requested** Admit (see #1 under Other Requirements above), evaluate and treat patients of all ages with podiatric problems/conditions of the ankle to include procedures involving osteotomies, arthrodesis, and open repair of fractures of the ankle joint. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include Type III podiatric privileges and procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

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### SPECIAL NONCORE PRIVILEGES (SEE SPECIFIC CRITERIA)

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If desired, noncore privileges are requested individually in addition to requesting the core. Each individual requesting noncore privileges must meet the specific threshold criteria governing the exercise of the privilege requested including training, required previous experience, and maintenance of clinical competence.

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### ANKLE IMPLANTS

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**Criteria:** Qualify for and be granted privileges in Type IV Podiatry. Accredited surgical residency must include evidence of training and performance of the procedure.

**Required previous experience:** Demonstrated current competence and evidence of the performance of at least 5 procedures in the past 12 months.

**Maintenance of privilege:** Demonstrated current competence with evidence of the performance of at least 2 procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

- Requested**

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### CORE PROCEDURE LIST

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*This is not intended to be an all-encompassing list but rather reflective of the categories/types of procedures included in the core.*

**To the applicant:** If you wish to exclude any procedures, please strike through those procedures that you do not wish to request, initial, and date.

#### **Type I—Podiatric [Note: This core is closed to new initial applicants.]**

1. Soft-tissue surgery involving a nail or plantar wart excision, avulsion of toenail, excision or destruction of nail matrix, removal of superficial foreign body and treatment of corns and calluses
2. Order and provide preliminary interpretation of diagnostic tests related to podiatric patients, apply or prescribe foot appliances, orthotics, shoe modifications, and special footwear
3. Write prescriptions for medications commonly used in practice of podiatry

#### **Type II—Podiatric (includes those privileges in Type I)**

1. Anesthesia (topical, local and regional blocks)
2. CO<sub>2</sub> laser
3. Debridement of ulcer

4. Digital exostectomy
5. Digital fusions
6. Digital tendon transfers, lengthening, repair
7. Digital/ray amputation
8. Excision of benign bone cysts and bone tumors, forefoot
9. Excision of sesamoids
10. Excision of skin lesion of foot and ankle
11. Excision of soft tissue mass (neuroma, ganglion, fibroma)
12. Hallux valgus repair with or without metatarsal osteotomy (including first metatarsal cuneiform joint)
13. I & D mid and rearfoot infections
14. Implant arthroplasty forefoot
15. Incision of onychia
16. Metatarsal excision
17. Metatarsal exostectomy
18. Metatarsal osteotomy
19. Midtarsal and tarsal exostectomy (include posterior calc spur)
20. Neurolysis of forefoot nerves
21. Onychoplasty
22. Open/closed reduction, digital fracture
23. Open/closed reduction, metatarsal fractures
24. Plantar fasciotomy with or without excision of calc spur
25. Removal of foreign body
26. Syndactylization of digits
27. Tenotomy/capsulotomy, digit
28. Tenotomy/capsulotomy, metatarsal, phalangeal joint
29. Treatment of deep wound infections, osteomyelitis

**Type III—Podiatric (includes those privileges in Types I & II)**

1. Chopart amputation
2. Excision of accessory ossicles, midfoot and rearfoot
3. Excision of benign bone cyst or bone tumors, rearfoot
4. Local soft tissue transfer
5. Neurolysis of nerves, rearfoot, ankle, and distal leg
6. Open/closed reduction of foot fracture other than digital or metatarsal excluding calcaneal
7. Osteotomies of the midfoot and rearfoot
8. Peroneal nerve decompression
9. Polydactylism revision
10. Rearfoot fusion
11. Skin graft
12. Surgical treatment of neoplasms; soft tissue and osseous
13. Syndactylism revision
14. Tarsal coalition repair
15. Tendon lengthening (nondigital)
16. Tendon rupture repair (nondigital)
17. Tendon transfers (nondigital)
18. Tenodesis
19. Transmetatarsal amputation
20. Traumatic injury of foot and related structures

**Type IV—Podiatric (includes those privileges in Types I, II & III)**

1. Ankle arthroscopy
2. Ankle fusion
3. Ankle stabilization procedures
4. Arthroesis

5. Arthrodesis tarsal and ankle joints
6. Arthroplasty, with or without implants, tarsal and ankle joints, e.g. subtalar joint arthrodesis
7. Major tendon surgery of the foot and ankle such as tendon transpositionings, recessions, suspensions
8. Open and closed reduction fractures of the ankle
9. Open/closed reduction of foot fracture other than digital or metatarsal including calcaneal and talus
10. Osteotomy, multiple, tarsal bones (e.g. tarsal wedge osteotomies)
11. Osteotomy, tibia, fibula
12. Repair of talar dome lesions; osteochondral fractures/fragment
13. Subtalar joint arthroesis procedures
14. Surgical treatment of osteomyelitis of ankle
15. Symes amputation

**NOTE: Any practitioner may apply for a specific privilege in any of the identified types by documenting training and demonstrated current clinical competence in said procedure.  
Practitioner**

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**ACKNOWLEDGEMENT OF PRACTITIONER**

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I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and that I wish to exercise at Hospital, and I understand that:

- a. In exercising any clinical privileges granted, I am constrained by Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.
- b. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**PODIATRY REVIEWER RECOMMENDATION**

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I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

- Recommend all requested privileges.
- Recommend privileges with the following conditions/modifications:
- Do not recommend the following requested privileges:

<b>Privilege</b>	<b>Condition/Modification/Explanation</b>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

**Notes**

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**Podiatry Reviewer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**CLINICAL SERVICE CHIEF'S RECOMMENDATION**

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I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

- Recommend all requested privileges.
- Recommend privileges with the following conditions/modifications:
- Do not recommend the following requested privileges:

<b>Privilege</b>	<b>Condition/Modification/Explanation</b>
1. _____	_____
2. _____	_____
3. _____	_____
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**Notes**

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**Clinical Service Chief Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**FOR MEDICAL STAFF OFFICE USE ONLY**

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**Credentials Committee action** **Date:** \_\_\_\_\_  
**Medical Executive Committee action** **Date:** \_\_\_\_\_  
**Board of Directors action** **Date:** \_\_\_\_\_

Adopted: November 11, 2010