

PODIATRIC SURGERY CLINICAL PRIVILEGES

Name: _____

If any privileges are covered by an exclusive contractual agreement, physicians who are not a party to the contract are not eligible to request the privilege(s), regardless of education, training, and experience. Exclusive contracts are indicated by [EC].

Instructions

Applicant: Check off the “Requested” box for each privilege requested. New applicants may be requested to provide documentation of the number and types of hospital cases during the past 24 months. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts.

Other Requirements

Note that privileges granted may be exercised only 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.

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.

GENERAL QUALIFICATIONS FOR PODIATRIC SURGERY

To be eligible to apply for core privileges in Podiatry the initial applicant must meet the following criteria:

The applicant must be licensed in the state of Florida as a DPM **following** successful completion of a Council on Podiatric Medical Education (CPME) – accredited training program and demonstrated competence reflective of the scope of privileges requested.

and

Are board certified by the American Board of Podiatric Surgery or verify from the training program director case experience and competence leading to board eligibility for the privileges requested (Foot Surgery, or Reconstructive Rearfoot/Ankle surgery as applicable. Candidates certified prior to 1991 will be certified in Foot and Ankle Surgery.).

Required Previous Experience: Applicants for initial appointment must be able to demonstrate the performance of at least thirty five (35) forefoot, and twenty-five (25) rearfoot procedures (if Type II or III privileges are requested) during the past 12 months, reflective of the scope of privileges requested **or**

Demonstrate successful completion of an accredited training program or research in an academic clinical setting within the past 12 months.

Reappointment Requirements: To be eligible to renew core privileges the applicant must meet the following Maintenance of Privilege Criteria:

Current demonstrated competence and an adequate volume of experience (ten (10) Type I, five (5) Type II, and two (2) Type III podiatric procedures, as requested) with acceptable results reflective of the scope of privileges requested for the past 24 months based on results of quality assessment/improvement activities and outcomes. Case experience may be submitted from any

Joint Commission accredited hospital. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

CORE PRIVILEGES

TYPE I PODIATRIC SURGERY CORE PRIVILEGES

Requested 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 the procedures listed below and such other procedures that are extension of the same techniques and skills.

1. Order and interpret diagnostic tests related to podiatric patients; apply or prescribe foot appliances, orthotics, shoe modifications, and special footwear
2. Write prescriptions for medications commonly used in practice of podiatry
3. Bone harvesting (source; below the tibial tubercle) and bone grafting
4. Debridement of ulcer; wound care
5. Digital procedures including arthroplasty, arthrodesis including first MPJ
6. Digital/ray amputation
7. Tendon repair; transfers and lengthening to forefoot
8. Tenotomy/capsulotomy digits or metatarsal, phalangeal joint
9. Excision of benign bone cysts or tumors – forefoot
10. Excision of sesmoids, accessory bones forefoot
11. Excision of skin lesions of foot, ankle, lower leg
12. Skin grafting including use of Allograft – forefoot
13. Excision of soft tissue mass (neuroma, ganglion, fibroma)
14. Arthrodesis of 1st MPJ
15. Hallus rigidus repair
16. Hallux valgus repair with or without osteotomy
17. Implant arthroplasty forefoot
18. Incision and drainage of abscess, deep forefoot
19. Metatarsal surgery, excision, exostectomy, osteotomy
20. Midtarsal and tarsal exostectomy (including posterior calc spur)
21. Neurolysis of forefoot nerves
22. Open/Closed reduction of digits and metatarsal fracture
23. Plantar fasciotomy
24. Removal of foreign body
25. Syndactylization of digits

ADDITIONAL QUALIFICATIONS FOR PODIATRIC SURGERY – TYPE II

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

The applicant must demonstrate successful completion of a twenty four (24) month podiatric surgical residency (PM&S-24) or thirty-six (36) month (PM&S-36) Podiatric Medicine and Surgery residency accredited by the Council on Podiatric Medical Education (CPME), and board certification/qualification in foot surgery and reconstructive rearfoot and ankle surgery, or certified in foot and ankle surgery by the American Board of Podiatric Surgery (ABPS) and demonstrated competence in the privileges requested.

TYPE II PODIATRIC CORE PRIVILEGES

- Requested** All of the privileges listed under Type I, and:
1. Excision of accessory ossicles, midfoot and rearfoot
 2. Excision of benign bone cyst or bone tumors, bone biopsy
 3. Neurolysis of nerves, foot and rear foot
 4. Osteotomies of midfoot and rearfoot
 5. Polydactylism, Macrodactylism
 6. Incision and training of abscess – complex foot, ankle, or leg
 7. Arthrodesis midfoot, rearfoot (includes Lapidus)
 8. Skin grafting of foot, ankle, lower leg includes harvesting of grafts
 9. Major tendon repair, transfer, lengthening of foot and ankle
 10. Pes Cavus or flatfoot reconstruction
 11. Arthroereisis rearfoot
 12. Repair of posterior tibial dysfunction
 13. Arthroscopy of foot/ankle
 14. Traumatic injury repair of foot related structures
 15. Exostectomy of rearfoot/ankle
 16. Lateral ankle stabilization procedures
 17. External Fixator (uniplane)
 18. Ankle arthroplasty

QUALIFICATIONS FOR PODIATRY – TYPE III

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

The applicant must demonstrate successful completion of a twenty four (24) month podiatric surgical residency (PM&S-24) or thirty-six (36) month (PM&S-36) Podiatric Medicine and Surgery residency accredited by the Council on Podiatric Medical Education (CPME), and board certification/qualification in foot surgery and reconstructive rearfoot and ankle surgery or certified in foot and ankle surgery by the American Board of Podiatric Surgery (ABPS) and demonstrated competence in the privileges requested.

TYPE III PODIATRIC CORE PRIVILEGES

- Requested** All of the privileges listed under Types I and II, and:
1. Ankle arthrodesis or Pantalar
 2. Open/closed reduction of fracture of ankle
 3. Osteotomy below the tibial tubercle for ankle alignment
 4. External fixator device (multiplane)
 5. Charcot joint reconstruction midfoot, rearfoot, ankle
 6. Pilon ankle fractures
 7. Surgical treatment of osteomyelitis of ankle, lower leg

SPECIAL NON-CORE PRIVILEGES

ORTHOTRIPSY

[**Criteria:** Successful completion of a CPME-accredited training program in podiatric surgery. Applicants must have also completed an orthotripsy course that included shock wave matching training and observed cases. **Required Previous Experience:** Demonstrated current competence and evidence of the performance of at least (n) 5 orthography procedures in the past 12 months. **Maintenance of Privilege:** Demonstrated current competence with evidence of the performance of at least (n) 5 orthography procedures in the past 24 months based on results of ongoing professional practice evaluation.]

Requested

ADMINISTRATION OF SEDATION AND ANALGESIA

Requested See Hospital Policy for Sedation and Analgesia by Non-Anesthesiologists

TOTAL ANKLE REPLACEMENT

Requested See Hospital Policy

ACKNOWLEDGEMENT OF PRACTITIONER

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at Morton Plant Mease Health Care (Morton Plant Hospital, Morton Plant Mease Hospital, North Bay 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.

Signed _____

Date _____