



The American College of **FOOT & ANKLE ORTHOPEDICS & MEDICINE**

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Criteria for Evaluating Podiatrists for Hospital Privileges **Approved November 2005**

INTRODUCTION

Podiatric physicians, like allopathic and osteopathic physicians, and dentists, are recognized by state, federal and judicial agencies as being independent medical practitioners who are permitted to provide medical and surgical care within the limits of their specialty. Additionally, based on training and experience, these doctors should be and are given clinical privileges within their specialty based on documentation requested and provided.

APPLICATION

Once a hospital or healthcare facility has received an application for staff privileges, it should be processed in the same manner, and with the same due process and fairness, as any other application. The facility should conform to the JCAHO guidelines that specify the same privileging standards for podiatrists who are independent licensed practitioners as are dentists and physicians. JCAHO further specifies that evidence of a current license, competence, relevant training and ability to perform the privileges form the basis of the privilege delineation. This process should not be held to standards that are inconsistent or not measurable, such as direct comparison between an orthopedic surgical program and a podiatric training program. Thus, detailed evaluation of the application by a competing specialty group should be avoided. If podiatric physicians are not already members of the medical staff, the institution should seek outside consultation from the podiatric applicant's peers in the profession.

Demonstration of current clinical experience in podiatric medicine, podiatric orthopedics and podiatric surgery, scholarly activity and continuing medical education also are important considerations recognized by JCAHO. Following JCAHO guidelines allows reasonable and objective criteria to be applied in the evaluation for staff privileges and avoids the inappropriate utilization of medical degree type or specialty board considerations, including specialty boards within the same profession. Utilizing the criteria of one specialty board over another within the same profession is not only outside standard credentialing methodology, it is also contrary to NCQA standards, as well as, in some states, JCAHO guidelines. Discrimination based upon the medical degree type, much less upon the board from which they received their certification, should be avoided. Such a distinction is arbitrary and capricious in the absence of evidence of a lack of competence. Additionally, institutions regularly accept to their staffs individuals who are board qualified in their respective specialty.

CREDENTIALING

Podiatric medicine is that specialty which includes the diagnosis and the medical and surgical management of all diseases, deformities, injuries and defects of the foot, ankle and related structures of the leg, and surgical adjunctive treatment thereto, as governed by appropriate state statute(s). The training of podiatrists, following at least three years of undergraduate pre-medical college education, is uniform through four years of podiatric medical education and includes education in the basic sciences, medicine and medical subspecialties, podiatric medicine, podiatric biomechanics (orthopedics) and podiatric surgery. Extensive clinical training in these areas is provided as well to enhance the assessment and management skills of the

podiatrist including history and physical examinations, various medical and podiatric problems, and podiatric management through medical, palliative, physical, biomechanical and surgical means.

In California and other states, a minimum of two years of post-graduate training is required for a license to practice. The accreditation and monitoring of programs is administered by the Council on Podiatric Medical Education (CPME), which is an autonomous accrediting agency for podiatric medical education, and derives its authority from the House of Delegates of the American Podiatric Medical Association (APMA.)

This training, as well as further training and experience, can lead to board qualified and eventually board certified status. The APMA, which is the parent organization of the profession, recognizes two specialty boards through the CPME and the Joint Council on Recognition of Specialty Boards: the American Board of Podiatric Orthopedics and Primary Podiatric Medicine (ABPOPPM) and the American Board of Podiatric Surgery (ABPS.) While certification under either specialty board does not preclude a podiatrist from practicing any aspect of podiatry as defined by state statute, it often indicates an area in which the podiatrist obtained post-graduate residency education, and evaluates their expertise in that specialty area through case review and objective examination. APMA does not award greater value to either board. Thus, those podiatrists having reached qualified or certified status through ABPOPPM are eminently qualified, especially given their extensive training in the diagnosis and management of the disease entities which affect the foot, ankle and leg within the scope of their professional license, to function competently and appropriately, and to integrate seamlessly within the medical staff of the institution.

DELINEATION OF PODIATRIC PRIVILEGES

In privileging, health facilities should apply current residency and certification standards to new graduates, recognizing that these have evolved, and will continue to evolve, as such standards always should to remain current. Current staff should not be re-privileged on new criteria, but renewed in the normal review process based on continuing competence. While many of the required training experiences are the same in all programs, podiatric surgical training experiences may vary greatly in a given time period with respect to volume and scope. Thus, when approving surgical privileges, as with all specialties, it is recommend that approval be based upon the applicant's experience within same or similar case types, which can be verified by resident surgical logs, residency director validation, operative reports as well as demonstrated clinical experience at other institutional facilities, post-graduate workshops/symposia/fellowships, continuing education, scholarly achievement and verification from collateral sources.

Those podiatrists having completed a CPME-approved residency program would presumptively be granted the following privileges:

Consultations	History and Physicals
Wound Care	Orthotics/Pedorthics
Podopediatrics	Avulsion of Toenail
Capsulotomy - Forefoot	Closed Reduction of Digital Fracture
Closed Reduction of Metatarsal Fracture	Excision/Biopsy of Cutaneous Lesion
Excision of Verucca	Incision and Drainage (Soft Tissue)
Matrixectomy	Repair of Simple Laceration
Tenotomy - Forefoot	

Additionally, those podiatrists having completed a comprehensive CPME-approved residency program would likely be granted the following privileges based on documented experience and training:

Amputation - Digital	Excision of Sesamoid
Arthrodesis - Digital	Exostectomy - Digital
Arthroplasty - Digital	Exostectomy - Metatarsal
Arthroplasty - MPJ	Exostectomy - Lesser Tarsus
Bone Biopsy - Forefoot	Exostectomy - Tarsus

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Condylectomy	Metatarsal Head Resection
Excision Accessory Ossicles - Forefoot	Phalangectomy
Excision Intermetatarsal neuroma	Plantar Fasciotomy
Excision Plantar Fibromatosis	Repair/Transfer of Tendon - Forefoot
Excision Soft Tissue Tumors	Bunionectomy
Excision of Metatarsal	Tendon Lengthening - Forefoot
Joint Implant - Forefoot	
ORIF Phalanges and Metatarsals	

Those podiatrists possessing documentation of additional training and experience may request additional privileges, which may include:

Amputation - Foot (Except Entire)	Pan Metatarsal Head Resection
Arthrodesis- Midfoot	Resection of Tarsal Coalition
Bone Grafts	Repair of Clubfoot
Capsulotomy - Rearfoot	Skin Graft
Capsulotomy - Ankle	Tarsal Tunnel Release
Closed Reduction Rearfoot Fracture	Tendo-Achilles Lengthening/Repair
Closed Reduction Ankle Fracture	Tendon Transfer
Excision of Tarsal Bones	Tendon Transplant
ORIF of Fractures and Dislocations:	Triple Arthrodesis
1) Tarsal Bones	
2) Ankle	

All higher level privileging should include the preceding lower level privileges if requested.

END

NAME OF HOSPITAL/FACILITY

Request for Delineation of Podiatric Privileges

Applicant: Check the REQ (requested) column for procedures for which you are requesting privileges. If this is a supplemental upgrade request, check only those additional privileges requested with supporting documentation.

Credentials Committee: Check APP for approval.

Applicant's Name:

Date:

Type: New Applicant Supplemental Upgrade

PRIVILEGES	REQ	APP
<u>Class I</u>		
Consultations	_____	_____
History and Physicals	_____	_____
Wound Care	_____	_____
Orthotics/Pedorthics	_____	_____
Podopediatrics	_____	_____
Avulsion of Toenail	_____	_____
Capsulotomy - Forefoot	_____	_____
Closed Reduction of Digital Fracture	_____	_____
Closed Reduction of Metatarsal Fracture	_____	_____
Excision/Biopsy of Cutaneous Lesion	_____	_____
Excision of Verucca	_____	_____
Incision and Drainage (Soft Tissue)	_____	_____
Matrixectomy	_____	_____
Repair of Simple Laceration	_____	_____
Tenotomy - Forefoot	_____	_____
<u>Class II</u>		
Amputation - Digital	_____	_____
Arthrodesis - Digits	_____	_____
Arthroplasty - Digital	_____	_____
Arthroplasty - MPJ	_____	_____
Bone Biopsy - Forefoot	_____	_____
Condylectomy	_____	_____
Excision Accessory Ossicles - Forefoot	_____	_____
Excision Intermetatarsal Neuroma	_____	_____
Excision Plantar Fibromatosis	_____	_____
Excision Soft Tissue Tumors	_____	_____
Excision of Metatarsal	_____	_____
Excision of Sesamoid	_____	_____
Exostectomy - Digital	_____	_____
Exostectomy - Metatarsal	_____	_____
Exostectomy - Lesser Tarsus	_____	_____
Exostectomy - Tarsus	_____	_____
Joint Implant - Forefoot	_____	_____
ORIF Phalanges and Metatarsals	_____	_____
Metatarsal Head Resection	_____	_____

Phalangectomy	_____	_____
Plantar Fasciotomy	_____	_____
Repair/Transfer of Tendon - Forefoot	_____	_____
Bunionectomy	_____	_____
Tendon Lengthening - Forefoot	_____	_____

Class III

Amputation - Foot (Except Entire)	_____	_____
Arthrodesis-Midfoot	_____	_____
Bone Grafts	_____	_____
Capsulotomy - Rearfoot	_____	_____
Capsulotomy - Ankle	_____	_____
Closed Reduction Rearfoot Fracture	_____	_____
Closed Reduction Ankle Fracture	_____	_____
Excision of Tarsal Bones	_____	_____
ORIF of Fractures and Dislocations:		
1) Tarsal Bones	_____	_____
2) Ankle	_____	_____
Pan Metatarsal Head Resection	_____	_____
Resection of Tarsal Coalition	_____	_____
Repair of Clubfoot	_____	_____
Skin Graft	_____	_____
Tarsal Tunnel Release	_____	_____
Tendo-Achilles Lengthening/Repair	_____	_____
Tendon Transfer	_____	_____
Tendon Transplant	_____	_____
Triple Arthrodesis	_____	_____

Please list any additional procedures you feel qualified to perform and provide supporting documentation.

.....	_____	_____
.....	_____	_____
.....	_____	_____

_____ Date
 Chair, Department or Section

_____ Date
 Chair, Credentials Committee

Comments:
