

MIDLAND MEMORIAL HOSPITAL

Delineation of Privileges

PODIATRY



Your home for healthcare

Physician Name: _____

Podiatric Medicine and Surgery (Podiatry) Core Privileges

Qualifications

Minimum threshold criteria for requesting core privileges in podiatry surgery:

- Basic education: DPM
- **Type I:** *Office procedures, does not apply to inpatient*
- **Type II:** The applicant must demonstrate successful completion of a 24-month (PSR-24) podiatric surgical residency accredited by the CPME, board certification/qualification in foot surgery (and reconstructive rearfoot and ankle surgery) by the ABPS, and competence in the privileges requested.
- **Type III:** The applicant must demonstrate successful completion of a 36-month (PSR-36) podiatric surgical residency accredited by the CPME, board certification/qualification in foot surgery (and reconstructive rearfoot and ankle surgery) by the ABPS, and competence in the privileges requested.
- **Type IV:** The applicant must demonstrate successful completion of a 36-month (PSR-36) podiatric surgical residency accredited by the CPME, board certification/qualification in foot surgery and reconstructive rearfoot and ankle surgery by the ABPS, and competence in the privileges requested.
*(*Members of the Staff prior to the adoption of Bylaws 10/2007 are considered grandfathered in and are encouraged but not required to achieve board certification).*

Required previous experience:

- **Type I:** *Office procedures, does not apply to inpatient*
- **Type II:** Applicants for initial appointment must be able to demonstrate the performance of at least 25 Type II 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.
- **Type III:** Applicants for initial appointment must be able to demonstrate the performance of at least 25 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.
- **Type IV:** Applicants for initial appointment must be able to demonstrate the performance of at least 25 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.

References for New Applicants

A letter of reference must come from the director of the applicant's podiatry or podiatric surgery training program. Alternatively, a letter of reference should come from the head of podiatry or podiatric surgery at the institution where the applicant most recently practiced.

Reappointment

Reappointment should be based on unbiased, objective results of care according to the organization's existing quality improvement measures.

Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

- **Type I:** *Office procedures, does not apply to inpatient*
- **Type II:** Current demonstrated competence and an adequate volume of experience (25 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.
- **Type III:** Current demonstrated competence and an adequate volume of experience (10 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.
- **Type IV:** Current demonstrated competence and an adequate volume of experience (5 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.

Please check requested privileges.

Requested <input type="checkbox"/>	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	Core privileges in this category include, but are not limited to:
<p>Type II: Core privileges include the ability to co-admit, evaluate, and treat patients of all ages with podiatric problems/conditions of the forefoot, midfoot, and nonreconstructive hindfoot. The core privileges in this specialty include the procedures in the following list and such other procedures that are extensions of the same techniques and skills. Physicians may also provide care to patients in the intensive care setting in conformity with unit policies.</p>			<ul style="list-style-type: none"> Anesthesia (topical, local, and regional blocks) Debridement of ulcer Digital exostectomy Digital fusions Digital tendon transfers, lengthening, and repair Digital/ray amputation Excision of benign bone cysts and bone tumors, forefoot Excision of sesamoids Excision of skin lesion of foot and ankle Excision of soft tissue mass (neuroma, ganglion, fibroma) Hallux valgus repair, with or without metatarsal osteotomy (including first metatarsal cuneiform joint) Implant arthroplasty forefoot Incision of abscessIncision of onychia Metatarsal excision Metatarsal exostectomy Metatarsal osteotomy Midtarsal and tarsal exostectomy (include posterior calcaneal spur) Neurolysis of forefoot nerves Onychoplasty
Requested <input type="checkbox"/>	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	Core privileges in this category include, but are not limited to:
<p>Type III: Core privileges include the ability to co-admit, evaluate, diagnose, provide consultation, order diagnostic studies, and treat the forefoot, midfoot, rearfoot, and reconstructive and nonreconstructive hindfoot and related structures by medical or surgical means. The core privileges in this specialty include Type II podiatric privileges, procedures included in the following list, and such other procedures that are extensions of the same techniques and skills.</p>			<ul style="list-style-type: none"> Ankle fusion Ankle stabilization procedures Arthrodesis tarsal and ankle joints Arthroplasty, with or without implants, tarsal Excision of accessory ossicles, midfoot, and rearfoot Excision of benign bone cyst or bone tumors, rearfoot Major tendon surgery of the foot and ankle such as tendon transpositionings, recessions, and suspensions Neurolysis of nerves, rearfoot Open/closed reduction of foot fracture other than digital or metatarsal (excluding calcaneal) Open and closed reduction fractures of the ankle Osteotomies of the midfoot and rearfoot Osteotomy, multiple, tarsal bones (e.g., tarsal wedge psteotomies) Polydactylism revision Rearfoot fusion Skin graft Surgical treatment of osteomyelitis of ankle/fibula and talus Syndactylism revision Tarsal coalition repair Tendon lengthening (nondigital) Tendon rupture repair (nondigital) Tendon transfers (nondigital) Tenodesis Traumatic injury of foot and related structures
Requested <input type="checkbox"/>	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	Core privileges in this category include, but are not limited to:
<p>Type IV: Core privileges include the ability to co-admit, 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. Privileges also include the ability to 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, procedures in the following procedure list, and such other procedures that are extensions of the same techniques and skills.</p>			<ul style="list-style-type: none"> Arthroplasty, with or without implants, ankle joints (e.g., subtalar joint arthrodesis) Open and closed reduction fractures of the pilon Osteotomy, tibia, fibula Surgical treatment of osteomyelitis of ankle/tibia
Requested <input type="checkbox"/>	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	Criteria
Refer-and-follow privileges			Privileges include performing outpatient preadmission history and physical, ordering noninvasive outpatient diagnostic tests and

			services, visiting patients in the hospital, reviewing medical records, consulting with the attending physician, and observing diagnostic or surgical procedures with the approval of the attending physician or surgeon.	
Requested <input type="checkbox"/>	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	Procedure	Criteria
Non-Core Privileges: For each special request, threshold criteria (i.e., additional training or completion of a recognized course and required experience) must be established. Special requests for podiatry include.			<input type="checkbox"/> Othotripsy <input type="checkbox"/> Ankle Othotripsy	New Applicant: Applicants must have completed an ACGME/AOA-accredited training program in orthopedic surgery or a CPME-accredited training program in podiatric surgery. <ul style="list-style-type: none"> Applicants must have also completed an orthotripsy course that included shock wave machine training and observed cases. Applicants must be able to demonstrate that they have performed at least 5 orthotripsy procedures in the past 12 months. A letter of reference should come from the director of the applicant's orthotripsy training program. Reappointment: Applicants must be able to demonstrate that they have maintained competence by showing evidence that they have performed at least 5 orthotripsy procedures in 24 months. <i>*The requirements are the same for ankle othotripsy.</i>
			<input type="checkbox"/> Moderate Sedation	Meet the criteria set forth by the Rules and Regulations for Anesthesia Services and complete "Requirements for Moderate Sedation Privileges" form.
Requested <input type="checkbox"/>	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	Privilege/Criteria	
Current Privileges: List any current privileges not listed above in core or non-core. These privileges will remain in effect until the end of the current appointment period and then will be moved up to the appropriate core/non-core section. Please provide criteria and supporting documentation to medical staff office for any non-core privileges listed.			Core <input type="checkbox"/> <hr/> <input type="checkbox"/> <hr/> <input type="checkbox"/> <hr/> <input type="checkbox"/> <hr/>	
			Non-Core <input type="checkbox"/> <hr/> <input type="checkbox"/> <hr/> <input type="checkbox"/> <hr/> <input type="checkbox"/> <hr/>	

To the applicant: If you wish to exclude any privileges, please strike through the privileges that you do not wish to request and then initial.

I understand that by making this request, I am bound by the applicable bylaws or policies of the hospital, and hereby stipulate that I meet the minimum threshold criteria for this request. 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 Midland Memorial Hospital. I also acknowledge that my professional malpractice insurance extends to all privileges I have requested 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) Applicants have the burden of producing information deemed adequate by Midland Memorial Hospital for a proper evaluation of current competence, other qualifications and for resolving any doubts.

(c) I will request consultation if a patient needs service beyond my expertise.

Physician's Signature/Printed Name

Date

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

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

Privilege Condition/modification/explanation

Notes:

Department Chair/Chief Signature

Date