

PODIATRY CLINICAL PRIVILEGES

Name: _____
Effective from ____/____/____ to ____/____/____ (for MSO staff use only)

All new applicants must meet the following requirements as approved by the governing body.

Effective: _____/_____/_____.

Initial Privileges (Initial Appointment)

Renewal of Privileges (Reappointment)

Applicant: Please check the ***“Requested”*** box for each privilege requested.

Applicants have the burden of producing information and documentation 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.

Department Chair: Check the appropriate box for recommendation on the last page of this form. If not recommended, provide the condition or explanation on the last page of this form.

Other Requirements

- 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 that privileges granted may only be exercised at the site(s) designated by CCRMC and/or setting(s) that have sufficient space, equipment, staffing, and other resources required to support the privilege.

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QUALIFICATIONS FOR PODIATRY (TYPE 1)

Initial Applicants: To be eligible to apply for privileges in Podiatry (type I), the applicant must meet the following criteria:

1. Documentation of successful completion of at least a 24-month (PSR-24) podiatric surgical residency accredited by the Council on Podiatric Medical Education (CPME).

AND

2. Current board certification or board eligibility (leading to board certification within 5 years) in foot surgery by the American Board of Foot and Ankle Surgery (ABFAS) OR current Board certification in the American Board of Podiatric Medicine.

AND

3. Documented current experience: Documentation of at least 50 type I podiatric procedures, reflective of the scope of privileges requested, within the past 24 months, or successful completion of a CPME–accredited podiatric surgery residency within the past 24 months. Please provide clinical activity/procedure log.

Renewal of Privileges: To be eligible to renew privileges in podiatry (type I), the applicant must meet the following criteria:

1. Recertification is required

AND

2. Current documented competence and an adequate volume of experience (50 type I podiatric procedures) with acceptable results, reflective of the scope of privileges requested, within the past 24 months, based on results of ongoing professional practice evaluation and outcomes.

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Core Privileges: Podiatry (Type 1)

- Requested:** Co-admit, evaluate, and treat patients of all ages with podiatric problems/conditions of the forefoot, midfoot, and non-reconstructive hindfoot. The core privileges in this specialty include the procedures on the attached procedures list and such other procedures that are extensions of the same techniques and skills. The core privileges in this specialty include the procedures on the attached procedures list and such other procedures that are extensions of the same techniques and skills, as determined by the department chair.

CORE PROCEDURE/TREATMENT LIST

This is not intended to be an all-encompassing procedures list. It defines the types of activities/procedures/privileges that the majority of practitioners in this specialty perform at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques, as determined by the department chair.

To the Applicant: If you wish to exclude any procedures, due to lack of current competency, please strike through the procedures that you do not wish to request and then initial and date.

Type I—Podiatry

- Anesthesia (topical, local, and regional blocks)
- Debridement of superficial ulcer or wound
- Excision of skin lesion of the foot and ankle
- Incision and drainage/wide debridement of soft tissue infection
- Soft-tissue surgery involving a nail or plantar wart excision, avulsion of toenail, excision or destruction of nail matrix or skin lesion, removal of superficial foreign body, and treatment of corns and calluses
- Tenotomy/capsulotomy, digit, metatarsal and phalangeal joint
- Treatment of deep-wound infections, osteomyelitis of the foot and ankle

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QUALIFICATIONS FOR PODIATRY (TYPE II)

Initial Applicants: To be eligible to apply for privileges in podiatry (type II), the applicant must meet the following criteria:

1. The applicant must document successful completion of at least a 36-month (PSR-36) podiatric surgical residency accredited by the CPME.

AND

2. Current board certification or board eligible leading to certification in foot surgery (and reconstructive rearfoot and ankle surgery) by the ABFAS OR current Board certification by the American Board of Podiatric Medicine.

AND

3. Required documented experience: At least 10 type II podiatric procedures reflective of the scope of privileges requested within the past 24 months, or successful completion of a CPME-accredited podiatric surgery residency within the past 24 months. Please provide clinical activity/procedure log.

Renewal of Privileges: To be eligible to renew privileges in podiatry (type II), the applicant must meet the following criteria:

1. Recertification is required

AND

2. Current documented competence and an adequate volume of experience (10 type II podiatric procedures), reflective of the scope of privileges requested, with acceptable results within the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Core Privileges: Podiatric (Type II)

Requested: Co-admit, evaluate, diagnose, provide consultation to, and order diagnostic studies for patients of all ages and treat the forefoot, midfoot, rearfoot, reconstructive and non-reconstructive hindfoot, and related structures by medical or surgical means. Includes podiatric problems/conditions of the ankle to include procedures involving osteotomies, arthrodesis, and open repair of fractures of the ankle joint.

The core privileges in this specialty include the type I podiatric privileges and procedures on

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the attached procedures list and such other procedures that are extensions of the same techniques and skills.

CORE PROCEDURE/TREATMENT LIST

This is not intended to be an all-encompassing procedures list. It defines the types of activities/procedures/privileges that the majority of practitioners in this specialty perform at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques, as determined by the department chair.

To the Applicant: If you wish to exclude any procedures, due to lack of current competency, please strike through the procedures that you do not wish to request and then initial and date.

Type II—Podiatry

- Digital exostectomy
- Digital fusions, arthroplasty, hammertoe repair
- Digital tendon transfers, lengthening, and repair
- Digital/ray amputation
- Excision of sesamoids
- Excision of soft tissue mass (neuroma, ganglion, and fibroma)
- External neurolysis/decompression (including tarsal tunnel)
- Hallux valgus repair with or without metatarsal osteotomy (including the first metatarsal cuneiform joint)
- Metatarsal exostectomy, resection, osteotomy.
- Midtarsal and tarsal exostectomy (including posterior calc spur)
- Osteotomies of the midfoot and rearfoot
- Open/closed reduction with internal fixation, digital and metatarsal fractures
- Open/closed reduction with internal fixation of midfoot and rearfoot fractures
- Plantar fasciotomy with or without excision of calc spur
- Removal of foreign body
- Syndactylization of digits
- Tendon lengthening, rupture repair, transfers (nondigital)
- Plastic surgery techniques involving midfoot, rearfoot, or ankle
- Excision of soft tissue tumor or cyst of ankle
- Major tendon surgery of the foot and ankle, such as tendon transpositions, recessions, suspensions, and release
- Ankle arthroscopy

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- Ankle stabilization procedures
- Arthrodesis tarsal and ankle joints
- Arthroplasty, with or without implants, tarsal and ankle joints (e.g., subtalar joint arthrodesis)

Special Non-Core Privileges (See Specific Criteria)
 Non-core privileges are requested individually in addition to requesting the core. Each practitioner requesting non-core privileges must meet the specific threshold criteria as applicable to the applicant.

Non-Core Privileges: Fluoroscopy

Fluoroscopy

Privilege to operate and/or supervise operation of fluoroscopy equipment.

Requirement: Current Fluoroscopy or Radiology X-Ray Supervisor and Operator Permit from CDPH.

**FOCUSED PROFESSIONAL PRACTICE EVALUATION (FPPE)
for initial applicants**

1. Retrospective or concurrent proctoring (chart review or direct observation) of at least 9 podiatry patients in the care of whom the applicant significantly participated. FPPE/proctoring must be representative of the provider’s scope of practice.
2. Concurrent proctoring (direct observation) of at least 3 different procedures that are representative of procedures regularly performed in the department. FPPE/proctoring must be representative of the provider’s scope of practice.
3. FPPE should be concluded as soon as possible (i.e. within the first 3-4 months after starting work at CCRMC).
4. Completed FPPE forms must be submitted to the Credentialing Office.
5. It is the applicant’s ultimate responsibility to make sure that FPPE and submission of all required paperwork to the Credentialing Office takes place in a timely manner. Failure to

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do so may result in loss or limitation of privileges.

- 6. **For low volume providers: please see separate FPPE/proctoring guidelines.**
- 7. **For more detailed information, please see separate FPPE/proctoring guidelines.**

ACKNOWLEDGMENT OF PRACTITIONER

I have requested only those privileges for which by education, training, current experience, and documented performance I am qualified to perform and for which I wish to exercise at Contra Costa Regional Medical Center and I understand that:

- a. In exercising any clinical privileges granted, I will adhere 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** _____

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DEPARTMENT / DIVISION CHAIR'S RECOMMENDATION

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] Signature: _____ **Date:** _____

FOR MEDICAL STAFF SERVICES DEPARTMENT USE ONLY

Credentials Committee Approval	Date _____
Temporary Privileges	Date _____
Medical Executive Committee Approval	Date _____
Board of Supervisors Approval	Date _____