

PODIATRY

Delineation of Clinical Privileges

Criteria for granting privileges:

Podiatry Core I - Current board certification by the American Board of Podiatric Medicine (ABPM).

Or

Successful completion of a Council on Podiatric Medical Education (CPME)-approved 24 month podiatric medical residency and ABPM board certification within 5 years of program completion.

Podiatry Core II –Surgery of Forefoot and Midfoot– Successful completion of a 24 month CPME-approved podiatric surgical residency and Current board certification in Foot Surgery by the American Board of Foot and Ankle Surgery (ABFAS)

Or

Successful completion of a 24 month CPME-approved podiatric surgical residency and ABFAS Foot Surgery board certification within 5 years of program completion.

Podiatry Core III - Surgery of Forefoot, Midfoot, Rearfoot and Ankle - Successful completion of a 36 month CPME approved podiatric surgical residency and Current ABFAS board certification in Foot Surgery (prerequisite) and in Reconstructive Rearfoot/Ankle (RRA) Surgery

Or

Successful completion of a 36 month CPME approved podiatric surgical residency and ABFAS board certification in Foot Surgery (prerequisite) and RRA Surgery within 5 years of program completion.

Applicants will be requested to provide documentation of practice and current clinical competence as defined on the attached competency grid. Applicants have the burden of producing information deemed adequate by the hospital for a proper evaluation of current clinical competence, and other qualifications and for resolving any doubts.

Current Clinical Competence - MLH

In addition to the required education, experience and/or training specified on each DOP (Delineation of Privilege) form, documentation of current clinical competence is required. Current clinical competence is described as having “performed the privilege recently and performed it well”.

Current clinical competence is assessed prior to granting privileges initially and is reassessed when renewing privileges at reappointment – for maintenance of privileges. Current Clinical Competence (CCC) may be location specific (acute hospital care/surgery center) and/or age specific (adult, pediatric, neonatal).

This should not be confused with Focused Professional Practice Evaluation (FPPE)

- FPPE: an evaluation of clinical competence of all new privileges as performed at the specific licensed MLH facility (MHMH, MHOBH) for which they have been initially granted. This applies to privileges for all new applicants as well as to new/additional privileges for current members.

Both FPPE and current clinical competence assessments are privilege-specific. FPPE is conducted during the period after granting new/additional privileges. FPPE must occur at the MLH facility(ies) where privileges/membership are held. Current clinical competence may be evaluated from case logs provided by non-MLH facilities.

Current Clinical Competence: Requirements for New Applicants

- If applying directly from training, or based on the training received in a formal training program, provider should submit case* logs from the program authenticated by the program director along with their recommendation attesting to the comparable training, experience and qualifications relative to the criteria for the clinical privileges requested.
- If applying more than 1 year after training completion, submit the following:
 - Aggregate data from acute care or surgery center facility for the previous 12 month time period, identifying the top 10 diagnosis codes and the number of patients per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.
 - Procedure list from acute care or surgery center facility for the previous 12 month time period, identifying the top 10 CPT/ICD codes and the number of procedures per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.
 - Case logs (see specifications below) for any special privileges requested that meet the criteria specific for the number of procedures defined for current clinical competence.

Current Clinical Competence: Maintenance of Privileges for Current Practitioners

- Practitioner should submit the following:
 - Aggregate data from acute care or surgery center facility for the previous 12 month time period, identifying the top 10 diagnosis codes and the number of patients per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.
 - Procedure list from acute care or surgery center facility for the previous 12 month time period, identifying the top 10 CPT/ICD codes and the number of procedures per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.
 - Case logs (see specifications below) for any special privileges requested that meet the specific number of procedures defined for current clinical competence.

Case Logs

All required case logs and/or procedure lists must contain the following information at a minimum: Date, patient identifier, CPT/ICD procedure code, diagnosis, complications, and disposition, and the facility name, name/title of the person authenticating the log, signature, date signed, and contact information. If the information requested is not available, please provide an explanation.

*A “case” is defined as an episode of care – either cognitive or procedural. For interpretive care, “case” is interpretation of one diagnostic study.

Ongoing Professional Performance Evaluation (OPPE)

OPPE is evaluated periodically (more frequently than annually) in the facility where membership/privileges are held.

To assure OPPE requirements are satisfied, the practitioner must periodically exercise the privileges in the MLH facility(ies) where he/she has membership. OPPE must occur regularly on patient encounters in the MLH facility(ies) where privileges/membership are held.

Specialty/Procedure Delineation of Privilege Form	Education/Training Documentation for Initial Granting	Initial Application (Proof of current clinical competence)	FPPE – Validation of competence after appointment and/or granting of a new or additional privilege (To be completed within one year)	Maintenance Requirements
Podiatry Core I	<p>Current board certification by the American Board of Podiatric Medicine (ABPM).</p> <p>Or</p> <p>Successful completion of a 24 month podiatric medical residency training program and APBM board certification within 5 years of program completion. All post-graduate training must be approved by the CPME.</p>	<p>If applying directly out of training or in less than 24 months after training completion: Case log of at least 50 cases validated by Training Director And Training Director recommendation.</p> <p>If out of training greater than 24 months: Case log documenting management of at least 50 podiatric patients within the previous 24 months.</p>	First five cases.	<p>Case log documenting treatment of 50 podiatric patients within the previous 24 months.</p> <p>MLH Data will be obtained for active members when available, the applicant should supply additional case logs from other facilities' HIM departments, if necessary, to meet the minimum requirement(s) to be considered for the privilege.</p> <p>Courtesy members should supply case logs from other facilities' HIM departments to meet the minimum requirement(s) to be considered for the privilege.</p> <p>Aggregate data submitted should include the top 10 diagnosis codes, with the number of inpatients per code, and procedure lists indicating the top 10 CPT/ICD codes, with the number of procedures per code for the previous 12 months.</p> <p>Any complications/poor outcomes should be delineated and accompanied by an explanation.</p> <p>Department chair recommendation will be obtained from primary practice facility.</p>
Podiatry Core II –Surgery of Forefoot and Midfoot - Inclusive of Core I privileges	<p>Successful completion of a 24 month CPME-approved podiatric surgical residency and Current board certification in Foot Surgery by the American Board of Foot and Ankle Surgery (ABFAS)</p> <p>Or</p> <p>Successful completion of a 24 month CPME-approved podiatric surgical residency and Foot Surgery board certification within 5 years of program completion.</p>	<p>If applying directly out of training or in less than 24 months after training completion: Case log of at least 50 forefoot and midfoot procedures validated by the Training Director And Training Director recommendation.</p> <p>If out of Training Greater than 24 months:</p>	First 5 cases – to include at least one bunionectomy with tendon transfer and one midfoot procedure – from the procedures specific to this class of privileges	Case log documenting at least 50 forefoot and midfoot procedures performed within the previous 24 months.

Specialty/Procedure Delineation of Privilege Form	Education/Training Documentation for Initial Granting	Initial Application (Proof of current clinical competence)	FPPE – Validation of competence after appointment and/or granting of a new or additional privilege (To be completed within one year)	Maintenance Requirements
		Case log documenting at least 50 forefoot and midfoot procedures performed within the previous 24 months.		
Podiatry Core III - Surgery of Forefoot, Midfoot, Rearfoot and Ankle - Inclusive of Cores I and II	<p>Successful completion of a 36 month CPME-approved podiatric surgical residency and Current ABFAS board certification in Foot Surgery (prerequisite) and in Reconstructive Rearfoot/Ankle Surgery.</p> <p>Or</p> <p>Successful completion of a 36 month CPME approved podiatric surgical residency and ABFAS board certification in Foot Surgery (prerequisite) and RRA Surgery within 5 years of program completion.</p>	<p>If applying in 24 months or less after training completion: Case log of at least 50 reconstructive rearfoot/ankle procedures validated by the Training Director And Training Director recommendation.</p> <p>If out of Training greater than 24 months: Case log documenting at least 50 reconstructive rearfoot/ankle procedures performed within the previous 24 months.</p>	First 5 cases - to include at least one rearfoot/ankle arthrodesis - from the procedures specific to this class of privileges	Case log documenting at least 50 reconstructive rearfoot/ankle procedures performed within the previous 24 months.
<i>Arthroplasty with or without Prosthesis</i>	Current ABFAS board certification in Foot Surgery (prerequisite) and in Reconstructive Rearfoot/Ankle Surgery.	Case log documenting 5 procedures within the previous 24 months.	First 3 cases	Case log documenting at least 5 procedures within the previous 24 months.
<i>Achilles Tendon Repair</i>	Current ABFAS board certification in Foot Surgery (prerequisite) and in Reconstructive Rearfoot/Ankle Surgery.	Case log documenting 5 procedures within the previous 24 months.	First 3 cases	Case log documenting at least 5 procedures within the previous 24 months.
<i>Ankle or Subtalar Arthroscopy</i>	Current ABFAS board certification in Foot Surgery (prerequisite) and in Reconstructive Rearfoot/Ankle Surgery	Case log documenting 10 procedures within the previous 24 months.	First 3 cases	Case log documenting at least 5 procedures within the previous 24 months.

Admission of a patient for podiatric services shall be the responsibility of a member of the Medical Staff with admitting privileges. The patient shall receive the same basic medical appraisal as patients admitted for other services, and shall be the combined responsibility of the admitting physician member and podiatrist. Pre-op clearance shall be completed prior to admission.

The podiatrist's responsibilities include:

- Podiatric history
- Record of podiatric examination
- Pre-operative diagnosis
- Operative report describing the findings and operative procedure. Any tissue removed shall be submitted for pathological examination.
- Progress notes related to podiatric care
- Summary of hospital course and post-hospitalization plan of care

The admitting physician's responsibilities include:

- General medical history
- Physical examination with emphasis on the general medical condition of the patient and suitability for anesthesia and surgery
- General medical care during hospitalization
- Discharge order
- Discharge summary

Inpatient consultations may be answered by a podiatrist, and, if appropriate, the requesting physician will assume the responsibilities outlined above.

Podiatry Core I Privileges:

Privileges include evaluation, diagnosis, and provision of non-surgical care to patients with injuries and disorders of the foot and ankle including soft tissues below the tibial tuberosity. Podiatrists shall not be the primary physician for the management of medical problems.

Privileges include:

- Bandaging of foot
- Trimming of toenails
- Massaging of feet.

Podiatry Core II –Surgery of Forefoot and Midfoot:

Privileges include evaluation, diagnosis and treatment of podiatric patients requiring forefoot and midfoot procedures.

Privileges include:

- Core I privileges
- Amputation, ray (metatarsal and toe)
- Amputation, transmetatarsal (forefoot)
- Avulsion of Nail-plate (partial or complete)
- Arthrodesis, Interphalangeal Joints with Fixation
- Arthrodesis of first metatarsophalangeal joint (great toe)
- Incision and Drainage (I&D) of Superficial Abscess
- Debridement of Foot Ulcer
- Removal of Foreign Body of Digit or foot
- Tendon Lengthening of Metatarsal Phalangeal Joint

- Capsulotomy, Interphalangeal Joint
- Excision or Biopsy of Soft Tissue Lesions
- Excision of Lesions of Tendon Sheath, Capsule Cyst, or Ganglion
- Phalangectomy (partial or complete)
- Excision of Exostasis
- Osteotomy of Phalanx
- Excision of Interphalangeal Sesamoid
- Open and Closed Reduction of Digital Fracture
- Metatarsal Head Resection, Partial or Complete (plantar lesions/ulcers)
- Osteotomy of Lesser Metatarsal, with or without Internal/External Fixation (plantar lesions/ulcers)
- Osteotomy of First Metatarsal, with or without Internal/External Fixation (bunions)
- Excision of Accessory Bones
- Fifth Metatarsal Head Resection, Partial or Complete (tailor's bunion)
- Arthrotomy and Capsulotomy Forefoot (joint cleanouts)
- Open or Closed Reduction Metatarsal Fracture
- Excision of Ganglion of Forefoot, Intermetatarsal Neuroma, Perineurofibrosis of Forefoot
- Correction of Hallux Valgus and Hallux Varus
- Bunionectomy with Osteotomy
- Bunionectomy with Tendon Transfer, with or without Osteotomy
- Repair Syndactyly
- Repair Polydactyly
- Midfoot Procedures Distal to, but not including, the Transverse Tarsal Joint: Midfoot Arthrodesis, Exostectomy Midtarsal Bone
- Open and Closed Reduction of Lisfranc Joint Fracture
- Osteotomy/Resection of Tarsal bone
- Osteomyelitis Management - Forefoot

Podiatry Core III - Surgery of Forefoot, Midfoot, Rearfoot and Ankle:

Privileges include evaluation, diagnosis and treatment of podiatric patients requiring forefoot, midfoot, rearfoot and ankle procedures.

Privileges include:

- Core I privileges
- Core II privileges
- Ligamentoplasty Repair or Ankle Stabilization
- Arthroereisis with Implants, Rearfoot and Ankle
- Major Rearfoot Arthrodesis – Triple, Subtalar
- Fractures of the Rearfoot – Tarsals, ORIF or Closed Reduction

- Ankle fractures – ORIF or Closed Reduction or external fixation **NO** higher than the distal tibial metaphyseal flare - NOT including Pilon fractures
- Ankle Arthrodesis
- Osteomyelitis management – Rearfoot and Ankle
- Flap/skin Grafts
- Plastic Repair of Rearfoot skin
- I&D, Debridement of Foot/Ankle Infections
- Neurolysis and Neurectomy of the Ankle
- Excision of Soft Tissue Neoplasms of the Ankle
- Clubfoot and Vertical Talus Release/Reconstruction
- Rearfoot and Ankle Osteotomies and Cartilage Repair
- Bone Graft Harvest – Rearfoot or Distal Medial Malleolus
- Excision of Malignant Neoplasms of the Foot and Ankle
- Osteotomy of the Ankle, to extend **NO** higher than the distal tibial metaphyseal flare

Special privileges: The physician requesting special privileges must meet the minimum criteria for the specialty core and demonstrate the appropriate post graduate training and/or demonstrate successful completion of an approved, recognized course when such exists, or other acceptable experience.

Podiatry Clinical Privileges

Check below the particular privileges desired in Podiatry for each facility:

Please check (✓) applicable age categories for each privilege requested.

Privilege Description	Methodist Healthcare – Memphis Hospitals (MHMH) Germantown, Le Bonheur Children’s Hospital, North, South & University, Outpatient Clinics & Diagnostic Facilities *				Methodist Healthcare – Olive Branch Hospital (MHOBH)	
	Neonates (0-28 days)	Infants (29 days– 2 Years)	Children & Adolescents (2-18 years)	Adults & Adolescents (13-& Above)	Children & Adolescents (2 -18 years)	Adults & Adolescents (13 & above)
Podiatry Core I						
Podiatry Core II –Surgery of Forefoot and Midfoot						
Podiatry Core III - Surgery of Forefoot, Midfoot, Rearfoot and Ankle						
<i>Podiatry Core III – special Privileges</i>						
<i>Achilles Tendon Repair</i>						
<i>Arthroplasty with or without Prosthesis</i>						
<i>Ankle or Subtalar Arthroscopy</i>						
Limitations	Clinical privileges are granted only to the extent privileges are available at each facility.					
Darkly shaded areas represent privileges not available to any practitioner due to the privilege not being offered by the facility.						

* Podiatry Core II, III and Special Privileges are excluded at Methodist University Hospital and Le Bonheur Children’s Hospital.

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 the facilities indicated above, to the extent services are available at each facility, and I understand that:

(a) in exercising any clinical privileges granted, I am constrained by facility 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

Physician's Signature

Date

Printed Name