

UNM SRMC

PODIATRY CLINICAL PRIVILEGES

Name:

Effective Dates: _____ To: _____

- Initial privileges (initial appointment)
- Renewal of privileges (reappointment)
- Expansion of privileges (modification)

INSTRUCTIONS

All new applicants must meet the following requirements as approved by the UNM SRMC Board of Directors effective: 03/21/2012

Applicant: Check off the "Requested" box for each privilege requested. Applicants have the burden of producing information 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.

Clinical Service Chief: Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

Other requirements:

Note that privileges granted may be exercised only at UNM SRMC and in 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.

UNM SRMC

PODIATRY CLINICAL PRIVILEGES

Name: _____
Effective Dates: _____ To: _____

QUALIFICATIONS FOR PODIATRY – TYPE I

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

The applicant must demonstrate successful completion of a Council on Podiatric Medical Education (CPME)–accredited training program and demonstrated competence reflective of the scope of privileges requested.

Required previous experience: Applicants for initial appointment must be able to demonstrate the performance of podiatric Type I podiatric procedures reflective of the scope of privileges requested during the past 12 months or demonstrate successful completion of an accredited training program or research in a clinical setting within the past 12 months.

Reappointment requirements: To be eligible to renew core privileges in podiatry (Type I), the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience Type I 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 I PODIATRIC CORE PRIVILEGES

[Coadmit], 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 on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

Requested

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QUALIFICATIONS FOR PODIATRY – TYPE II

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

The applicant must demonstrate successful completion of a 24-month (PSR-24) podiatric surgical residency accredited by the Council on Podiatric Medical Education (CPME) and board certification/qualification in foot surgery [and reconstructive rearfoot and ankle surgery] by the American Board of Podiatric Surgery (ABPS) and demonstrated competence in the privileges requested.

Required previous experience: Applicants for initial appointment must be able to demonstrate the performance of Type II podiatric procedures reflective of the scope of 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.

Reappointment requirements: To be eligible to renew core privileges in Podiatry (Type II), the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience 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 II PODIATRIC CORE PRIVILEGES

[Coadmit], evaluate, and treat patients of all ages with podiatric problems/conditions of the forefoot, and midfoot and nonreconstructive hindfoot. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

Requested

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Name: _____
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QUALIFICATIONS FOR PODIATRY – TYPE III

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

The applicant must demonstrate successful completion of a 36-month (PSR-36) podiatric surgical residency accredited by the Council on Podiatric Medical Education (CPME) and board certification/qualification in foot surgery [and reconstructive rearfoot and ankle surgery] by the American Board of Podiatric Surgery (ABPS) and demonstrated competence in the privileges requested.

Notwithstanding the foregoing, applicants for clinical privileges may seek an exception to this Board Certification requirement under Section 2.004 of the Bylaws of the Medical Staff of UNM Sandoval Regional Medical Center (the "Medical Staff Bylaws") and may be granted clinical privileges if such applicant is determined, in accordance with Section 2.004 of the Medical Staff Bylaws, to have qualified for one or more of these exceptions.

Required previous experience: Applicants for initial appointment must be able to demonstrate the performance of at 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.

Reappointment requirements: To be eligible to renew core privileges in podiatry (Type III), the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience 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.

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TYPE III PODIATRIC CORE PRIVILEGES

[Coadmit], evaluate, diagnose, provide consultation, order diagnostic studies, and treat the forefoot, midfoot, rearfoot, and reconstructive and nonreconstructive hind foot and related structures by medical or surgical means. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

Requested

SPECIAL NON CORE PRIVILEGES(See Specific Criteria)

If desired, noncore privileges are requested individually in addition to requesting the core. Each individual requesting noncore privileges must meet the specific threshold criteria governing the exercise of the privilege requested including training, required previous experience, and for maintenance of clinical competence.

QUALIFICATIONS FOR 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 machine training and observed cases.

Required previous experience: Demonstrated current competence and evidence of the performance of orthotripsy procedures in the past 12 months.

Reappointment requirements: Demonstrated current competence with evidence of the performance of orthotripsy procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Requested

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QUALIFICATIONS FOR ANKLE ARTHROSCOPY

Criteria: Qualify for and be granted Type IV podiatry privileges. Accredited surgical residency must include evidence of training in and performance of amputation.

Required previous experience: Demonstrated current competence and evidence of the performance of procedures in the past 12 months.

Maintenance of privilege: Demonstrated current competence with evidence of the performance of procedures in the past 24 months based on the results of ongoing professional practice evaluation and outcomes.

Requested

Administration of Sedation and Analgesia privileges

See hospital policy for sedation and analgesia by non-anesthesiologists.

Check here to request Moderate Sedation privileges form (Separate form)

Limited Ultrasound for Guided Procedure

Check here to request Limited Ultrasound Guided Procedure privileges form (Separate form)

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Name: _____
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CORE PROCEDURES TYPE I PODIATRY

This list is a sampling of procedures included in the core. It is not intended to be an all-encompassing list, but rather is reflective of the categories/types of procedures included in the core.

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

Core Procedures – Type I Podiatry

1. Soft-tissue surgery involving a nail or plantar wart excision, avulsion of toenail, excision or destruction of nail matrix; removal of superficial foreign body; treatment of corns and calluses
2. Order and interpret diagnostic tests related to podiatric patients; apply or prescribe foot appliances, orthotics, shoe modifications, and special footwear
3. Write prescriptions for medications commonly used in practice of podiatry

CORE PROCEDURES TYPE II PODIATRY

This list is a sampling of procedures included in the core. It is not intended to be an all-encompassing list, but rather is reflective of the categories/types of procedures included in the core.

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

Core Procedures – Type II Podiatry

1. Anesthesia (topical, local and regional blocks)
2. Debridement of ulcer
3. Digital exostectomy
4. Digital fusions
5. Digital tendon transfers, lengthening, repair
6. Digital/ray amputation

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Name:

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7. Excision of benign bone cysts and bone tumors, forefoot
8. Excision of sesamoids
9. Excision of skin lesion of foot and ankle
10. Excision of soft tissue mass (neuroma, ganglion, fibroma)
11. Hallux valgus repair with or without metatarsal osteotomy (including first metatarsal cuneiform joint)
12. Implant arthroplasty forefoot
13. Incision of abscess
14. Incision of onychia
15. Metatarsal excision
16. Metatarsal exostectomy
17. Metatarsal osteotomy
18. Midtarsal and tarsal exostectomy (include posterior calc spur)
19. Neurolysis of forefoot nerves
20. Onychoplasty
21. Open/closed reduction, digital fracture
22. Open/closed reduction, metatarsal fractures
23. Plantar fasciotomy with or without excision of calc spur
24. Removal of foreign body
25. Syndactylization of digits
26. Tenotomy/capsulotomy, digit
27. Tenotomy/capsulotomy, metatarsal, phalangeal joint
28. Treatment of deep wound infections, osteomyelitis

CORE PROCEDURES TYPE III PODIATRY

This list is a sampling of procedures included in the core. It is not intended to be an all-encompassing list, but rather is reflective of the categories/types of procedures included in the core.

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

Core Procedures – Type III Podiatry

1. Excision of accessory ossicles, midfoot and rearfoot
2. Excision of benign bone cyst or bone tumors, rearfoot
3. Neurolysis of nerves, rearfoot

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4. Open/closed reduction of foot fracture other than digital or metatarsal excluding calcaneal
5. Osteotomies of the midfoot and rearfoot
6. Polydactylism revision
7. Rearfoot fusion
8. Skin graft
9. Syndactylism revision
10. Tarsal coalition repair
11. Tendon lengthening (nondigital)
12. Tendon rupture repair (nondigital)
13. Tendon transfers (nondigital)
14. Tenodesis
15. Traumatic injury of foot and related structures

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Acknowledgment 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 UNM SRMC, 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 _____

Clinical Service Chief's Recommendation

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

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

Privilege

Condition/Modification/Explanation

1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Notes:

Print Name

Signature

Date

Clinical Service Chief or Designee Signature