



Podiatry Kettering Health
Delineation of Privileges

Applicant's Name:

Instructions:

1. Click the **Request** checkbox to request a group of privileges.
2. **Uncheck** any privileges you do not want to request in that group.
3. Check off any special privileges you want to request.
4. Sign/date form and submit with required documentation
5. 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 and doubts related to qualification of requested privileges.

Clinical Service Chair: 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.

NOTE:

Privileges granted may only be exercised at the site(s) and 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.

NOTE: A grandfather clause for board certification exists for those on staff as of 9/1/2009 or have completed their residency prior to January 1, 2000.

Required Qualifications Podiatry Type I	
Membership	To be eligible to apply for core privileges in podiatry (Type I), the initial applicant must meet the following criteria:
Education/Training	The applicant must demonstrate successful completion of a podiatric residency accredited by the Council on Podiatric Medical Education (CPME).
Certification	Board certification/qualification as outlined in Article 2, Section 2.2, Eligibility - 2.2.2 in the Medical Staff Bylaws and demonstrated competence in the privileges requested.
Clinical Experience (Initial)	Applicants for initial appointment must be able to demonstrate the performance of at least 20 Type I 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.
Clinical Experience (Reappointment)	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 of 20 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.

Additional Qualifications

Podiatrists may admit, perform H & Ps, write orders and prescribe medications within the limits of their licensure and of the Medical Staff Bylaws, Organization Manual, and Credentials Manual. If treatment is not within the scope of practice as determined by state law, at the time of admission or becomes necessary during the course of hospital treatment, such treatment shall be under the supervision of a doctor who is a member of the medical staff with privileges to treat the specified medical condition. It shall be the responsibility of the admitting podiatrist to make arrangements with a doctor who is a member of the medical staff to be responsible for the patient's treatment. Mandatory medical consults are required for admission greater than 24 hours.

AND

Any practitioner may apply for a specific privilege in any of the identified types by documenting training and demonstrated current clinical competence in said procedure.

Professional Practice Evaluation

All new clinical privileges granted are subject to focused professional practice evaluation as follows:

Retrospective medical record review of Five (5) patient encounters.

Type I Podiatric Core Privileges

Request						<i>Request all privileges listed below.</i>
KHMC	KHMB	KHTR	SOIN	KHDO	KHHM	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
						- Currently granted privileges
						Admit (see #1 under Other Requirements above), evaluate and treat patients of all ages with podiatric problems/conditions of the forefoot, and midfoot and non-reconstructive 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.
						Procedures
						I&D forefoot, midfoot, and rearfoot including lower leg extremity
						Implant arthroplasty of the forefoot/1st Ray surgery
						Order and provide preliminary interpretation of diagnostic tests related to podiatric patients, apply or prescribe foot appliances, orthotics, shoe modifications and special footwear
						Soft-tissue surgery involving a nail or plantar wart excision, avulsion of toenail, excision or destruction of nail matrix, removal of superficial foreign body and treatment of corns and calluses
						Write prescriptions for medications commonly used in practice of podiatry

Podiatry Type II (includes those privileges in Type I)

Qualifications

Membership	To be eligible to apply for core privileges in podiatry (Type II), the initial applicant must meet the following criteria:
Education/Training	The applicant must demonstrate successful completion of a podiatric residency accredited by the Council on Podiatric Medical Education (CPME).
Certification	Board certification/qualification as outlined in Article 2, Section 2.2, Eligibility - 2.2.2 in the Medical Staff Bylaws and demonstrated competence in the privileges requested.
Clinical Experience (Initial)	Applicants for initial appointment must be able to demonstrate the performance of at least 50 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.
Clinical Experience (Reappointment)	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 24 Type II 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.

Request						Request all privileges listed below.
KHMC	KHMB	KHTR	SOIN	KHDO	KHHM	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
						- Currently granted privileges
						Admit (see #1 under Other Requirements above), 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 Type II podiatric privileges and procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.
						Procedures (includes those privileges in Type I)
						Anesthesia (topical, local and regional blocks)
						CO2 laser
						Debridement of ulcer
						Digital exostectomy
						Digital fusions
						Digital tendon transfers, lengthening, repair
						Digital/ray amputation
						Excision of benign bone cyst or 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)
						I & D mid and rearfoot forefoot
						Incision of onychia
						Local soft tissue including lower extremity
						Metatarsal excision
						Metatarsal exostectomy
						Metatarsal osteotomy
						Midtarsal and tarsal exostectomy (include posterior calc spur)
						Neurolysis of forefoot nerves
						Onychoplasty
						Open/closed reduction, digital fractures
						Open/closed reduction, metatarsal fractures
						Plantar fasciotomy with or without excision of calc spur
						Removal of foreign body
						Syndactylization of digits
						Tenotomy/capsulotomy, digit
						Tenotomy/capsulotomy, metatarsal, phalangeal joint
						Treatment of deep wound infections, osteomyelitis

Podiatry Type III (includes those privileges in Types I & II)

Qualifications

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

Education/Training

The applicant must demonstrate successful completion of a podiatric surgical residency accredited by the Council on Podiatric Medical Education (CPME) and board certification/qualification as outlined in Article 2, Section 2.2, Eligibility - 2.2.2 in the Medical Staff Bylaws and demonstrated competence in the privileges requested.

Certification

Board certification/qualification as outlined in Article 2, Section 2.2, Eligibility - 2.2.2 in the Medical Staff Bylaws and demonstrated competence in the privileges requested.

Clinical Experience (Initial)

Applicants for initial appointment must be able to demonstrate the performance of at least 50 Type III 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.

Clinical Experience (Reappointment)

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 24 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.

Request						<i>Request all privileges listed below.</i>
KHMC	KHMB	KHTR	SOIN	KHDO	KHHM	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
						- Currently granted privileges
						Admit (see #1 under Other Requirements above), 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. 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 and procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.
						Procedures (includes those privileges in Types I & II)
						Chopart amputation
						Excision of accessory ossicles, midfoot and rearfoot
						Excision of benign bone cyst or bone tumors, rearfoot
						Local soft tissue transfer
						Neurolysis of nerves, rearfoot, ankle and distal leg
						Open/closed reduction of foot fracture other than digital or metatarsal excluding calcaneal
						Osteotomies of the midfoot and rearfoot
						Peroneal nerve decompression
						Polydactylysm revision
						Rearfoot fusion
						Skin graft including harvest from thigh
						Surgical treatment of neoplasms; soft tissue and osseous
						Syndactylysm revision
						Tarsal coalition repair

						Tendon lengthening (nondigital)
						Tendon rupture repair (nondigital)
						Tendon transfers (nondigital)
						Tenodesis
						Transmetatarsal amputation
						Traumatic injury or foot and related structures

Podiatry Type IV (includes those privileges in Types I, II & III)

Qualifications

- Membership** To be eligible to apply for core privileges in podiatry (Type IV), the initial applicant must meet the following criteria:
- Education/Training** The applicant must demonstrate successful completion of a 24 (PSR-24) month podiatric surgical residency accredited by the Council of Podiatric Medical Education (CPME).
- Certification** Board certification/qualification as outlined in Article 2, Section 2.2, Eligibility - 2.2.2 in the Medical Staff Bylaws and demonstrated competence in the privileges requested.
- Clinical Experience (Initial)** Applicants for initial appointment must be able to demonstrate the performance of at least 50 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.
- Clinical Experience (Reappointment)** To be eligible to renew core privileges in podiatry (Type IV), the applicant must meet the following maintenance of privilege criteria: Current demonstrated competence and an adequate volume of experience 24 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.
- Additional Qualifications** NOTE: Any practitioner may apply for a specific privilege in any of the identified types by documenting training and demonstrated current clinical competence in said procedure.

Request						<i>Request all privileges listed below.</i>
KHMC	KHMB	KHTR	SOIN	KHDO	KHHM	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
						- Currently granted privileges
						Admit (see #1 under Other Requirements above), 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. 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 and procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.
						Ankle arthroscopy
						Ankle fusion

						Ankle stabilization procedures
						Arthroesis
						Arthrodesis tarsal and ankle joints
						Arthroplasty, with or without implants, tarsal and ankle joints, e.g. subtalar joint arthrodesis
						Major tendon surgery of the foot and ankle such as tendon transpositionings, recessions, suspensions
						Open and closed reduction fractures of the ankle
						Open/closed reduction of foot fracture of the ankle
						Osteotomy, multiple, tarsal bones (e.g. tarsal wedge osteotomies)
						Osteotomy, tibia, fibula
						Repair of talar dome lesions; osteochondral fractures/fragment
						Subtalar joint arthroesis procedures
						Surgical treatment of osteomyelitis of ankle
						Symes amputation

Ankle Implants/Total Replacement Arthroplasty

Qualifications

Membership Qualify for and be granted privileges in Type IV Podiatry. Accredited surgical residency must include evidence of training and performance of the procedure.

Education/Training Accredited surgical residency must include evidence of training and performance of the procedure.
AND
 Provide documentation of 5 cases as primary surgeon within the last two years.
OR
 Provide documentation of 5 cases proctored with an orthopedic surgeon or podiatrist already approved.

Clinical Experience (Initial) Demonstrated current competence and evidence of the performance of at least 5 procedures in the past 12 months.

Clinical Experience (Reappointment) Demonstrated current competence with evidence of the performance of at least 2 procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Request						<i>Request all privileges listed below.</i>
KHMC	KHMB	KHTR	SOIN	KHDO	KHHM	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
						- Currently granted privileges
						Ankle Implants/Total Replacement Arthroplasty

Fluoroscopy

Description: Must demonstrate competence - initial applicants must complete online quiz; reapplicants must complete annual attestations

Request						Request all privileges listed below.
KHMC	KHMB	KHTR	SOIN	KHDO	KHHM	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
						- Currently granted privileges
						Fluoroscopy

Acknowledgment of Applicant

I have requested only those privileges for which by education, training, current experience, and demonstrated competency I believe that I am competent to perform and that I wish to exercise at Kettering Health hospital(s), and I understand that:

A. In exercising any clinical privileges granted, I am constrained by applicable 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.

Practitioner's Signature _____

Date _____

Clinical Service Chair Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and make the following recommendation(s):

<input type="checkbox"/>	Recommend all requested privileges
<input type="checkbox"/>	Do not recommend any of the requested privileges
<input type="checkbox"/>	Recommend privileges with the following conditions/modifications/deletions (listed below)

Privilege	Condition/Modification/Deletion/Explanation

Clinical Service Chair Recommendation - Additional Comments

Clinical Service Chair Signature

Date