



Podiatry KHMC & KHMB & KHTR
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), CLOSED for new initial applicants, those seeking reappointment 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.

Type I Podiatric Core Privileges

Request			<i>Request all privileges listed below.</i>
KHMC	KHMB	KHTR	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 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. *Note: This core is closed to new initial applicants*
			Procedures
			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			<i>Request all privileges listed below.</i>
			Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.

KHMC	KHMB	KHTR	
			- 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
			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	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
			Polydactylism revision
			Rearfoot fusion
			Skin graft
			Surgical treatment of neoplasms; soft tissue and osseous
			Syndactylism 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	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
			Arthrodesis
			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 arthrodesis procedures
		Surgical treatment of osteomyelitis of ankle
		Symes amputation

Ankle Implants

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.
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	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
			- Currently granted privileges
			Ankle Implants

Fluoroscopy

Request	<i>Request all privileges listed below.</i>		
KHMC	KHMB	KHTR	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
			- Currently granted privileges
			Must demonstrate competence - initial applicants must complete online quiz; reapplicants must complete annual attestations

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 Main Campus, Kettering Health Miamisburg and Kettering Health Troy 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

