

## UNMH Podiatric Clinical Privileges

Name:

Effective Dates: \_\_\_\_\_ To: \_\_\_\_\_

*All new applicants must meet the following requirements as approved by the UNMH Board of Trustees effective: 02/20/2015*

### **INSTRUCTIONS**

**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.

**Department 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.

### **OTHER REQUIREMENTS**

1. Note that privileges granted may only be exercised at UNM Hospitals and clinics 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.
2. This document defines qualifications to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

### ***Qualifications for Podiatry - Type I***

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***Initial Applicant*** - *To be eligible to apply for 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.

AND

Required Current Experience: 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 (Renewal of Privileges) Requirements*** - *To be eligible to renew privileges in*

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*podiatry (Type I), the reapplicant must continue to meet the appointment criteria and 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.

### **CORE PRIVILEGES: *Podiatric Type I***

Consult, 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 type include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

#### **□ Requested**

*Type I Privileges include a sampling of the procedures included in the Type I core. This is not intended to be 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

1. Anesthesia (local or digital blocks)
2. Order and interpret diagnostic tests related to podiatric patients, apply or prescribe foot appliances, orthotics, shoe modifications and special footwear.
3. 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.
4. Write prescriptions for medications commonly used in practice of podiatry.

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### *Qualifications for Podiatry - Type II*

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***Initial Applicant*** - To be eligible to apply for 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 rear foot and ankle surgery] by the American Board of Podiatric Surgery (ABPS) or American Board of Podiatric Medicine (ABPM)

AND

Able to demonstrate competence in the performance of Type II podiatric procedures reflective of the scope of procedures 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 (Renewal of Privileges) Requirements*** - To be eligible to renew privileges in podiatry (Type II), the reapplicant must continue to meet the appointment criteria and 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.

### **CORE PRIVILEGES: Podiatric Type II**

Consult, 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 type 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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*Type II Privileges include a sampling of the procedures included in the Type II cores. This 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

### **Type II – Podiatric**

1. Anesthesia (topical, local, digital and regional blocks [from the ankle below])
2. Debridement of superficial ulcer or wound
3. Digital exostectomy
4. Digital fusions
5. Digital tendon transfers, lengthening, repair
6. Digital/Ray amputation
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 1st metatarsal cuneiform joint)
12. Implant arthroplasty forefoot
13. Incision and drainage /wide debridement of soft tissue infection
14. Incision of onychia
15. Metatarsal excision
16. Metatarsal exostectomy
17. Metatarsal osteotomy
18. Midtarsal and tarsal exostectomy (excluding posterior calc spur)
19. External neurolysis/decompression (excluding tarsal tunnel)
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

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### *Qualifications for Podiatry - Type III*

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***Initial Applicant*** - To be eligible to apply for 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) or American Board of Podiatric Medicine (ABPM)

AND

Able to demonstrate competent performance of 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 (Renewal of Privileges) Requirements*** - To be eligible to renew privileges in podiatry (Type II), the reapplicant must continue to meet the appointment criteria and 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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### **CORE PRIVILEGES: *Podiatric Type III***

Consult, 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 type include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

#### **Requested**

*Type III Privileges include a sampling of the procedures included in the Type III core. This is not intended to be all-encompassing list, but rather is reflective of the categories/types of procedures included in the cores.*

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

#### **Type III – Podiatric**

1. Excision of accessory ossicles, midfoot and rearfoot
2. Polydactylysm revision
3. Syndactylysm revision
4. Tendon lengthening (non-digital and forefoot only)
5. Tendon rupture repair (non-digital and forefoot only)
6. Tenodesis (forefoot only)
7. Traumatic injury of foot and related structures (forefoot only)

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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 Hospitals and clinics, 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 \_\_\_\_\_

**Department Chair recommendation**

I have reviewed the requested clinical privileges with the applicant and the supporting documentation for the above-named applicant and:

- Recommend all requested privileges with the standard professional practice plan
- Recommend privileges with the standard professional practice plan and the following conditions/modifications:
- Do not recommend the following requested privileges:

Privilege Condition/Modification/Explanation

Notes:

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Department Chair Signature \_\_\_\_\_ Date \_\_\_\_\_

Criteria approved by UNMH Board of Trustees on 02/20/2015