



## Privileges in Podiatry Service

SAMPLE



### Required Qualifications

<b>Education/Training</b>	Successful completion of a CPME approved one-year surgical residency, a one-year postgraduate training program in podiatric orthopedics, or a one-year postgraduate training program in primary in podiatric medicine or foreign equivalent training. <b>AND</b> Current certification or active participation in the examination process leading to certification in podiatry by the American Board of Podiatric Surgery or Podiatric Orthopedics and Primary Podiatric Medicine or foreign equivalent training/board. <b>OR</b> Documentation or attestation of the management of podiatric problems and/or the performance of podiatric surgical procedures for at least 50 inpatients or outpatients as the attending physician (or senior resident), at an accredited facility, during the past two years.
<b>Additional Credentialing Criteria (Initial and Reappointment)</b>	In accordance with Hospital Sedation Policy and completion of the SHC sedation exam taken every 2 years Use of Fluoroscopy Equipment- Valid Radiology Supervisor and Operator Certificate or Fluoroscopy Supervisor and Operator Permit Required Teaching appointment to work in SHC outpatient clinics Membership and privileges at LPCH to admit, treat patients 14 years old and younger
<b>Clinical Experience (Initial)</b>	.
<b>Advanced complex rearfoot and ankle surgical procedures</b>	Board Certification in rearfoot/ankle surgery by ABPS or board qualified or completion of a 2 year podiatry residency. Documentation of performance of at least 20 Advanced procedures. Ankle certification by MBC required.
<b>Advanced specialized surgery, partial amputation, reconstructive surgery of forefoot, trauma of foot and ankle, Tendon-Achilles lengthening, All pedal tendon transfer procedures, Young flatfoot suspension, procedures, Pantalar arthrodesis, Ligamentous</b>	Board Certification in rearfoot/ankle surgery by ABPS or board qualified or completion of a 2 year podiatry residency. Documentation of performance of at least 8 Advanced specialized surgery procedures - must submit documentation log.

**repair tarsus**

**Ankle  
Arthroscopy/Endoscopy**

Must also have Advanced Procedure privileges. Ankle certification by MBC required; Documentation and completion a suitable two day course i.e., ACFAS or AOFAS. If Board Certified in Rearfoot Ankle and hold privileges at another facility with a minimum of 12 cases in the past two years - please provide documentation log.

**Orthotripsy**

Completed training with a Licensed Program.

**Clinical Experience  
(Reappointment)**

Minimum 40 Core cases performed at any facility where member of medical staff for past two years  
Minimum 6 cases performed at any facility where member of medical staff required during the past 2 years - Advanced complex rearfoot and ankle surgical proceduresRenewal; Advanced specialized surgery, partial amputation, reconstructive surgery of forefoot, trauma of foot and ankle, Tendon-Achilles lengthening, All pedal tendon transfer procedures, Young flatfoot suspension, procedures, Pantalar arthrodesis, Ligamentous repair tarsus; Ankle Arthroscopy/Endoscopy  
Minimum 2 cases performed at any facility where member of medical staff for past two years - Orthotripsy

**FPPE Chart Review**

FPPE CRITERIA LISTED BELOW. FPPE WILL BE ASSIGNED BY THE SERVICE CHIEF DURING THE APPROVAL PROCESS  
5 Chart Reviews - Core > 5 years practicing; ABPS certified > 5 years practicing - Advanced complex rearfoot and ankle surgical procedures; ABPS certified - Advanced complex rearfoot and ankle surgical procedures; Advanced specialized surgery, partial amputation, reconstructive surgery of forefoot, trauma of foot and ankle, Tendon-Achilles lengthening, All pedal tendon transfer procedures, Young flatfoot suspension, procedures, Pantalar arthrodesis, Ligamentous repair tarsus; Ankle Arthroscopy/Endoscopy; Orthotripsy  
3 chart reviews - Administration of Moderate Sedation

**FPPE Observations**

10 observations - Core<5 years practicing; <5 years practicing - Advanced complex rearfoot and ankle surgical procedures  
5 observations - > 5 years practicing Core; > 5 years practicing - Advanced complex rearfoot and ankle surgical procedures

**Provide care on LPCH patients in specific areas of SHC**

Request  <input type="checkbox"/>	<b>Request all privileges listed below.</b> <i>Uncheck any privileges that you do not want to request.</i>	Service Chief Rec <input type="checkbox"/>
	<b>Additional Request</b>	
<input type="checkbox"/>	ONLY provide care of patients in the SHC Emergency Department, ASC, Cath Lab, Cancer Center or Endo Unit - requires Active or Courtesy Status at LPCH	<input type="checkbox"/>

**Core Privileges**

Request  <input type="checkbox"/>	<b>Request all privileges listed below.</b> <i>Uncheck any privileges that you do not want to request.</i>	Service Chief Rec <input type="checkbox"/>
	<b>Privileges include:</b>	
<input type="checkbox"/>	Privileges to admit, evaluate, diagnose, consult, provide treatment, and perform surgical or non-surgical podiatric procedures on the toes and forefoot and perform simple rearfoot surgical procedures on patients presenting with injuries or diseases of the foot and ankle.	<input type="checkbox"/>
<input type="checkbox"/>	Joint aspiration	<input type="checkbox"/>
<input type="checkbox"/>	Biopsies (soft tissue)	<input type="checkbox"/>
<input type="checkbox"/>	Digital surgery of all types plus surgical treatment of superficial neoplasm of the foot	<input type="checkbox"/>
<input type="checkbox"/>	Digital tendon surgery	<input type="checkbox"/>
<input type="checkbox"/>	Digital amputation	<input type="checkbox"/>
<input type="checkbox"/>	Forefoot surgery - includes hallux valgus repair, metatarsophalangeal joint surgery, osteotomy of metatarsal, resection metatarsal and easily accessible tarsal exostoses	<input type="checkbox"/>

**FPPE**

- <5 years practicing = 10 observations - Core
- > 5 years practicing = 5 observations - Core
- > 5 years practicing = 5 Chart Reviews - Core
- If ABPS certified = 5 chart reviews only - Core

**Special Privileges**

**Description:** Must also meet Required Qualifications for Core Privileges

Request  <input type="checkbox"/>	<b>Request all privileges listed below.</b> <i>Uncheck any privileges that you do not want to request.</i>	Service Chief Rec <input type="checkbox"/>
<input type="checkbox"/>	Administration of Sedation	<input type="checkbox"/>
<input type="checkbox"/>	Use of fluoroscopy equipment (or supervision of other staff using the equipment)	<input type="checkbox"/>
<input type="checkbox"/>	Treatment of patients in outpatient clinics at Stanford Hospital & Clinics	<input type="checkbox"/>
<input type="checkbox"/>	Admit, treat, evaluate or provide follow-up care for inpatients ages 14 years or younger	<input type="checkbox"/>
<input type="checkbox"/>	Advanced complex rearfoot and ankle surgical proceduresRenewal	<input type="checkbox"/>
<input type="checkbox"/>	Advanced specialized surgery, partial amputation, reconstructive surgery of forefoot, trauma of foot and ankle, Tendon-Achilles lengthening, All pedal tendon transfer procedures, Young flatfoot suspension, procedures, Pantalar arthrodesis, Ligamentous repair tarsus	<input type="checkbox"/>
<input type="checkbox"/>	Ankle Arthroscopy/Endoscopy	<input type="checkbox"/>
<input type="checkbox"/>	Orthotripsy	<input type="checkbox"/>



<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	