



## Privileges in Podiatry Service

Name:

### Instructions:

1. Click the **Request** checkbox to request a group of **Core Privileges**.
2. **Uncheck** any privileges you do not want to request in this group.
3. Individually check off any **Special Privileges** you want to request.
4. Sign form electronically and **submit with all required documentation**.

### Required Qualifications

#### Education/Training

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.

**AND**

Current certification or active participation in the examination process leading to certification in podiatry by the American Board of Podiatric Medicine or Podiatric Orthopedics and Primary Podiatric Medicine or foreign equivalent training/board.

**AND**

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.

#### FPPE

FPPE CRITERIA LISTED BELOW. FPPE WILL BE ASSIGNED BY THE SERVICE CHIEF DURING THE APPROVAL PROCESS

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

<b>Request</b>	<b><i>Request all privileges listed below.</i></b> <i>Uncheck any privileges that you do not want to request.</i>	<b>Service Chief Rec</b>
	<b>Additional Request</b>	
	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	

**Assist Only**

<b>Request</b>	<b><i>Request all privileges listed below.</i></b> <i>Uncheck any privileges that you do not want to request.</i>	<b>Service Chief Rec</b>
	Assist Only - Serving as Assist Only [CRITERIA - Initial - must meet initial Education/Training criteria above.	

**Qualifications**

**Additional Information**      No Admitting privileges  
 Must have primary surgeon in attendance for all procedures scheduled

**Renewal**                      Must maintain reappointment activity of 11+ per year  
 Maintain current certification or active participation in the examination process leading to certification in general surgery by the American Board of Surgery or the American Osteopathic Board of Surgery or foreign equivalent training/board.

**FPPE**

Assist Only

**Core Privileges**

<b>Request</b>	<b><i>Request all privileges listed below.</i></b> <i>Uncheck any privileges that you do not want to request.</i>	<b>Service Chief Rec</b>
	<b>Privileges include:</b>	
	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.	
	Joint aspiration	
	Biopsies (soft tissue)	
	Digital surgery of all types plus surgical treatment of superficial neoplasm of the foot	

[applicant]

	Digital tendon surgery	
	Digital amputation	
	Forefoot surgery - includes hallux valgus repair, metatarsophalangeal joint surgery, osteotomy of metatarsal, resection metatarsal and easily accessible tarsal exostoses	

**Qualifications**

**Renewal Criteria**            Minimum 40 Core cases performed at any facility where member of medical staff for past two years  
   Maintain current certification or active participation in the examination process leading to certification in podiatry by the American Board of Podiatric Medicine or Podiatric Orthopedics and Primary Podiatric Medicine or foreign equivalent training/board.

**FPPE**

- Core < 5 years practicing (Chart Review)
- Core < 5 years practicing (Direct Observation)

**Special Privileges**

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

Request	<p align="center"><b>Request all privileges listed below.</b>  <i>Uncheck any privileges that you do not want to request.</i></p>	Service Chief Rec
	Administration of Sedation [CRITERIA - In accordance with Hospital Sedation Policy and completion of the SHC sedation exam taken every 2 years]	
	Use of fluoroscopy equipment (or supervision of other staff using the equipment) [CRITERIA - Valid Radiology Supervisor and Operator Certificate or Fluoroscopy Supervisor and Operator Permit Required]	
	Treatment of patients in outpatient clinics at Stanford Hospital & Clinics [CRITERIA - Teaching appointment through Stanford School of Medicine required.]	
	Admit, treat, evaluate or provide follow-up care for inpatients ages 14 years or younger [CRITERIA - Teaching appointment through Stanford School of Medicine required & qualified for LPCH Core privileges.]	
	Advanced complex rearfoot and ankle surgical procedures [CRITERIA - Initial - 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. Renewal - Minimum 6 cases performed at any facility where member of medical staff required during the past 2 years]	
	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 [CRITERIA - Initial - 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. Renewal - Minimum 6 cases performed at any facility where member of medical staff required during the past 2 years -]	
	Ankle Arthroscopy/Endoscopy [CRITERIA - Initial - 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. Renewal - Minimum 6 cases performed at any facility where member of medical staff required during the past 2 years]	
	Orthotripsy [CRITERIA - Initial - Completed training with a Licensed Program. Renewal - Minimum 2 cases performed at any facility where member of medical staff for past two years]	

**FPPE**

- 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
- Administration of Moderate Sedation

**Acknowledgment of Applicant**

[applicant]

I have requested only those privileges for which, by education, training, current experience and demonstrated performance, I am qualified to perform, and that I wish to exercise at Stanford Hospital & Clinics. I also acknowledge that my professional malpractice insurance extends to all privilege I have requested.

I acknowledge I have met the minimum number of cases required as identified for privileges.

I understand that 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.

By clicking on the "Submit" button below, I have electronically signed, dated and submitted this privilege request \_\_\_\_\_ Date \_\_\_\_\_

**Service Chief Recommendation - Privileges**

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

Privilege	Condition/Modification/Deletion/Explanation

**Service Chief Recommendation - Proctoring Requirements**


Service Chief/Designee - By clicking on the 'Submit' button below, I have electronically signed, dated and approved this privilege request \_\_\_\_\_ Date \_\_\_\_\_