

**DETROIT MEDICAL CENTER
CLINICAL PRIVILEGES IN PODIATRY**

Name: _____

Page 1 of 4

Qualifications: Current certification or active participation in the examination process leading to certification in podiatric surgery by the American Board of Foot & Ankle Surgery, to be achieved within five years of completion of residency training program is required.

Required Previous Experience: The applicant must be able to demonstrate the performance of at least 50 podiatric procedures during the previous 24 months, or demonstrate successful participation in a CPME accredited residency or special clinical fellowship during which at least 50 cases were performed or assisted by applicant.

Required Documentation: Letter of recommendation from Residency Program Director/Chairman of Fellowship Director (if applicable). Case logs for the past 24 months must be submitted for review.

In addition, if the applicant has been in practice, a minimum of one letter of recommendation from each hospital where active privileges have been held in the past 3 years, preferably from the Chief of Service. Also, supporting documentation of clinical activity for the past 3 years, which may include office records, operative reports, and radiographs.

Observation/Proctoring Requirements: Monitoring through departmental quality assessment and improvement activities.

Reappointment Requirements: Current demonstrated competence and completion of at least 40 surgical cases with acceptable results in the privileges requested over the past 24 months as determined by quality assessment/improvement activities and outcomes. Case logs must be submitted for review.

Those practitioners that do not meet minimum eligibility requirements to hold clinical privileges and/or have insufficient inpatient volume to provide for ongoing professional practice evaluation but wish to maintain a DMC affiliation, may request Membership Only with No Clinical Privileges.

Credentialing Guidelines

Level I privileges will be granted only to those applicants who have completed a Council on Podiatric Medical Education (CPME) approved surgical residency.

Level II privileges will be granted to those applicants who have completed at least a two-year CPME approved surgical residency, or are Board Certified with two or more years of post-graduate experience, or are Board Certified in Foot Surgery by the American Board of Foot & Ankle Surgery.

Level III privileges will be granted to those applicants who have completed a 3 year CPME approved surgical residency or are board certified in foot and ankle surgery by the American Board of Foot and Ankle Surgery.

Level IV privileges are granted based on experience documentation.

Endoscopic, Arthroscopic, ECST, and Laser privileging require pre-existing credentialing at a DMC facility, course certification, or letters of qualification from the Director of Residency Training and observation.

Privileges for specific procedures in levels above those held by the applicant may be granted based on documented experience, proctoring, and/or attending approved course.

Complete History and Physical examinations will be granted for low risk patients (a normal healthy patient or a patient with mild systemic disease—classified as an ASA (American Society of Anesthesiologists) Physical Status I or II. The complete History and Physical for high risk patients (ASA III or greater) must be provided by a member of the Medical Staff on the day of surgery.

Name: _____

Applicant: Place a check mark in the (R) column for each privilege requested. Initial applicants must provide documentation of the number and types of hospital cases during the past 18 months.

(R)=Requested (A)=Recommended (N)=Not Recommended

Note: If recommendations for clinical privileges include a condition, modification, or are not recommended, the specific condition and reason for same must be stated below.

(R) (A) (C) (N)

MEMBERSHIP ONLY, NO CLINICAL PRIVILEGES

(Practitioners that do not meet minimum volume levels) Check 'R' box.

Proceed to page 4, sign and date.

(R) (A) (N) LEVEL I PROCEDURES

Entire Level I

- Complete History and Physical for low risk patients (ASA score of I, II or III)
- Treatment of Nail/Superficial Skin Conditions
- Medical Treatment of Superficial Soft Tissue Infections
- Digital Surgery, Except Amputation
- Syndactylization
- Digital Tendon Transfer
- Partial Metatarsectomy
- Revision of Hyperostosis - Midfoot
- Lesser Metatarsal Osteotomy
- Tibial Sesamoidectomy
- Excision of Accessory Bones - Forefoot
- Metatarsal Head Resection - Lesser Metatarsal
- Fracture Reduction - Digit
- Extension Osteoarthrotomy
- Removal of Foreign Body - Forefoot
- Plantar Fasciotomy with or without Removal of Inferior Calcaneal Spur
- Bunionectomy with or without Distal Metatarsal or Digital Osteotomy

(R) (A) (N) LEVEL II PROCEDURES

Entire Level II

- Removal of Foreign Body - Rearfoot
- Digital/Lesser Metatarsal Implants
- Bunionectomy with implant
- Digital Amputation
- Surgical Desyndactylization
- Pan-metatarsectomy (Hoffman)
- Lapidus or Similar Bunionectomy
- Proximal Osteotomies of the 1st Metatarsal
- Excision of Bone Cysts/Tumors of Metatarsal
- Arthrodesis of Forefoot
- Sinus Tarsi Decompression
- Fracture Reduction - Foot - Except Talus, Calcaneus and Ankle
- Haglund's Repair or Removal of Posterior Calcaneal Spur

Name: _____

(R) (A) (N) LEVEL III PROCEDURES

- Entire Level III**
- Plastic Repair of soft tissue Trauma
- Achilles Tendon Lengthening
- Tendon Repair (Achilles, P.T.)
- Amputation - Ray or Transmetatarsal
- Unimalleolar Fracture Reduction
- Fracture Repair Rearfoot (simple, not comminuted)
- Osteotomy - Rearfoot
- Arthrodesis - Midfoot/Rearfoot (not Triple Arthrodesis)
- Subtalar Arthroeresis
- Nerve Decompression - Ankle
- Bone Grafting
- Ankle Arthroplasty (Exostectomies, etc.)
- Lateral Ankle Stabilization
- Tendon Procedures: Hibbs, Kidner, Jones, STATT
- Treatment of Deep Foot Infections

(R) (A) (N) LEVEL IV PROCEDURES

- Entire Level IV**
- Ankle Fractures - Other
- ORIF Comminuted Rearfoot Fractures
- Management of Foot and Leg Compartment Syndromes
- Metatarsus Adductus Correction
- Ankle Arthodesis
- Triple Arthrodesis
- Excision of Bone Tumor - Rearfoot
- TMA or Midfoot Amputation
- Tendon Transfers, Complex
- Electrical Osteogenesis (internal)
- Arthroscopy
- Endoscopic Tendon Releases
- Laser
- Extra Corporal Shockwave Therapy

DETROIT MEDICAL CENTER

CLINICAL AREA: PODIATRY

Page 4 of 4

Name: _____

Acknowledgment of Practitioner

By my signature below, I acknowledge that I have read and understand this privilege delineation form and applicable standards and criteria for privileges.

Applicant

Date

Specialist-in-Chief Recommendations

I certify that I have reviewed and evaluated the applicant's request for clinical privileges, credentials and other supporting documentation, and the recommendation that is made below takes all pertinent factors into consideration:

- Recommend as requested
- Do not recommend
- Recommend with conditions/modifications as listed.

Specialist-in-Chief (or designee), Signature

Date

Joint Conference Committee Approval: _____

Date

DETROIT MEDICAL CENTER

BOARD CERTIFICATION REQUIREMENTS

- Beginning July 1, 2009, all applicants to the DMC Medical Staff shall be Board Certified, or shall achieve Board Certification within five (5) years of completion of formal training. Relative to eligibility for board certification, completion of formal training (residency versus fellowship) is defined by the primary certification body for that specialty.
- Individual clinical department Board certification may be more stringent. If so, the department's requirements supersede the DMC minimum Board certification requirement.
- The Board certification must be in the specialty and specific practice which clinical privileges are requested.
- Board certification must be in a specialty recognized by the American Board of Medical Specialties, American Osteopathic Association, American Dental Association or the American Board of Foot and Ankle Surgery.
- If Board certification is time-limited, the applicant will have a maximum of three (3) years to achieve re-certification, beginning with the expiration date of his/her current Board Certification, or will be voluntarily resigned from the Medical Staff. DMC medical staff members on staff prior to July 1, 2009 with time-limited certification will not be required to recertify.
- DMC medical staff members who obtain certification in specialty and subspecialty categories will be required to recertify in the area(s) of certification required by the certification body
- An extension of the Board certification or re-certification requirement may be granted by the Medical Executive Committee to the applicant who has obtained an extension from the requisite Board for reasons of significant health issues or military service.
- DMC medical staff members on staff prior **to July 1, 2009**, who are not Board certified will not be required to achieve Board certification. Eligibility for the Board certification waiver requires uninterrupted DMC Medical Staff membership since July 1, 2009.
- Under special circumstances, some outstanding applicants brought to the DMC may be ineligible for Board certification. These members will be considered by their departments on an individual case-by-case basis, and review by a subcommittee of the SICs, may be granted privileges without Board certification with a majority vote of the Medical Executive Committee and the Joint Conference Committee.