Podiatric medicine and surgery (podiatry)

Background

Podiatrists, also known as doctors of podiatric medicine (DPM), prevent, diagnose, and treat disorders, diseases, and injuries of the foot and ankle. According to the American Podiatric Medical Association (APMA), many podiatrists specialize in a particular area of podiatric medicine, such as surgery, sports medicine, biomechanics, geriatrics, pediatrics, orthopedics, or primary care.

Foot and ankle surgeons provide medical and surgical care for a wide variety of foot and ankle conditions, including complex disorders and injuries. They are also qualified to detect the early stages of diseases (e.g., diabetes, arthritis, and cardiovascular disease) that exhibit warning signs in the lower extremities, as well as other foot conditions that can threaten a patient’s overall health.

According to the APMA, podiatrists spend four years in an accredited podiatric medical school to earn their DPM degree. Podiatrists then complete a hospital-based residency.

According to the American Association of Colleges of Podiatric Medicine (AACPM), there are two types of post-graduation education programs:

- The PM&S-24 program: This program takes 24 to 36 months to complete and leads to foot surgery certification by the American Board of Podiatric Surgery (ABPS), as well as certification by the American Board of Podiatric Orthopedics and Primary Podiatric Medicine (ABPOPPM).
- The PM&S-36 program: This program takes 26 to 48 months to complete and includes training in reconstructive rearfoot and ankle surgery. Successful completion leads to certification in foot surgery and reconstructive rearfoot and ankle surgery by the ABPS and certification by the ABPOPPM.

Core privileges in podiatric medicine and surgery are divided into four types:

- Type I: Co-admit, evaluate, diagnose, provide consultation, order diagnostic studies, and treat the foot by mechanical, medical, or superficial surgical means on patients of all ages.
- Type II: Co-admit, evaluate, and treat patients of all ages with podiatric problems and/or conditions of the forefoot, midfoot, and nonreconstructive hindfoot.

Please replace Clinical Privilege White Paper, Podiatric medicine and surgery (podiatry)—Practice area 163, with this updated version.
Type III: Core privileges include the ability to co-admit, evaluate, diagnose, provide consultation, order diagnostic studies and treat the forefoot, midfoot, rearfoot, reconstructive and nonreconstructive hindfoot, and related structures by medical or surgical means.

Type IV: Core privileges include the ability to co-admit, 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. Privileges also include the ability to assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.

Involved specialties
Podiatrists (podiatric physicians), podiatric surgeons

Position of societies and academies
APMA is the professional organization representing 80% of the nation’s DPMs. The organization’s mission is to advocate for the profession of podiatric medicine and surgery. The Council on Podiatric Medical Education (CPME) is an autonomous, professional accrediting agency designated by the APMA to serve as the accrediting agency in the profession of podiatric medicine and is analogous to the role played by the American Board of Medical Specialties (ABMS).

The CPME requires that the curriculum of the PM&S-24 program must be completed in 36 months, and the PM&S-36 program must be completed within 48 months.

According to Standards and Requirements for Approval of Residencies in Podiatric Medicine and Surgery published by the APMA, residency programs must include:

- An appropriate opportunity to expand the resident’s competencies in the care of diseases, disorders, and injuries of the foot and ankle by medical, biomechanical, and surgical means
- Participation in complete preoperative and postoperative patient care to enhance the resident’s competencies in the perioperative care of diseases, disorders, and injuries of the foot and ankle
- An opportunity to expand the resident’s competencies in the breadth of podiatric and non-podiatric medical and surgical evaluation and management

The curriculum must provide the resident “appropriate and sufficient” experiences in the prevention, diagnosis, and management of diseases, disorders, and injuries of the pediatric and adult lower extremity. Residents are required to:
» Perform, and interpret the findings of, a thorough problem-focused history and physical exam that includes neurologic, vascular, dermatologic, and musculoskeletal examination

» Perform (and/or order) and interpret appropriate diagnostic studies, including:
  – Medical imaging, including plain radiography, radiographic contrast studies, stress radiography, fluoroscopy, nuclear medicine imaging, magnetic resonance imaging (MRI), CT, diagnostic ultrasound, and vascular imaging
  – Laboratory tests in hematology, serology/immunology, toxicology, and microbiology. Tests include blood chemistries, drug screens, coagulation studies, blood gases, synovial fluid analysis, and urinalysis
  – Pathology, including anatomic and cellular pathology
  – Other diagnostic studies, including electrodiagnostic studies, noninvasive vascular studies, bone mineral densitometry studies, and compartment pressure studies

» Formulate an appropriate diagnosis and/or differential diagnosis

» Formulate and implement an appropriate plan of management, including:
  – Palliation of keratotic lesions and toenails
  – Manipulation/mobilization of foot/ankle joint to increase range of motion/reduce associated pain of congenital foot deformity
  – Management of closed fractures and dislocations, including pedal fractures and dislocations, and ankle fracture/dislocation
  – Cast management
  – Tape immobilization
  – Orthotic, brace, prosthetic, and custom shoe management
  – Footwear and padding
  – Injections and aspirations
  – Physical therapy
  – Pharmacologic management, including the use of non-steroidal anti-inflammatory drugs (NSAID), antibiotics, antifungals, narcotic analgesics, muscle relaxants, medications for neuropathy, sedatives/hypnotics, peripheral vascular agents, anticoagulants, antihyperuricemic/uricosuric agents, tetanus toxoid/immune globulin, laxatives/cathartics, fluid and electrolyte management, corticosteroids, and antirheumatic medications
– Appropriate surgical management when indicated, including digital surgery, first ray surgery, and other soft tissue foot surgery, etc.
– Osseous foot surgery, reconstructive rearfoot and ankle surgery (PM&S-36 only), etc.
– Appropriate anesthesia management when indicated, including local and general, spinal, epidural, regional, and conscious sedation anesthesia
– Appropriate consultation and/or referrals
– Appropriate lower extremity health promotion and education
➤ Assess the treatment plan and revise it as necessary

In regard to assessing and managing the patient’s general medical status, residents must be able to:
➤ Perform and interpret the findings of a comprehensive medical history and physical examination (including pre-operative history and physical examination) that includes:
– Vital signs
– Physical examination of the head, eyes, ears, nose, and throat, neck, chest/breast, heart, lungs, upper extremities, and abdomen, as well as genitourinary, rectal, and neurologic examinations
➤ Formulate an appropriate differential diagnosis of the patient’s general medical problem(s).
➤ Recognize the need for (and/or order) additional diagnostic studies, when indicated, including:
– Electrocardiogram (EKG)
– Medical imaging, including plain radiography, nuclear medicine imaging, MRI, CT, and diagnostic ultrasound
– Laboratory studies, including hematology, serology/immunology, blood chemistries, toxicology/drug screens, coagulation studies, blood gases, microbiology, synovial fluid analysis, and urinalysis
– Other diagnostic studies
➤ Formulate and implement an appropriate plan of management, when indicated, including appropriate therapeutic intervention, appropriate consultations and/or referrals, and appropriate general medical health promotion and education.

According to the APMA, eight colleges of podiatric medicine in the United States grant the degree of DPM, all of which are accredited through the CPME. The APMA no longer recognizes the American College of Foot and Ankle Surgeons (ACFAS) as its surgical affiliate and is currently creating the American Society
of Podiatric Surgeons (ASPS), to become the organization’s new surgical affiliate. Official APMA recognition of ASPS is expected in spring 2009.

**ACFAS**

ACFAS is a professional society that promotes the art and science of foot, ankle, and related lower extremity surgery, addresses the concerns of foot and ankle surgeons, and advances and improves standards of education and surgical skill.

ACFAS members are DPMs who have completed surgical residency programs lasting up to four years. To become a fellow, physicians must be board-certified by the ABPS (as well as be members of the APMA). ACFAS is no longer an officially recognized affiliate of the APMA. Instead, the APMA is currently creating the ASPS, which will take over as the APMA-recognized surgical affiliate. Official APMA recognition of ASPS is expected in spring 2009.

In its *Credentialing for Podiatric Foot & Ankle Surgeons* position statement, the ACFAS says, “Clinical privileges for a foot and ankle surgeon with a DPM degree should be based on fair objective analysis and follow the same requirements as set forth in evaluating other physician specialists.”

According to the paper, demonstration of current clinical experience in foot, ankle, and leg surgery; scholarly activity; and continuing medical/surgical education are important considerations in evaluating a doctor of podiatric medicine for privileges in foot and ankle surgery. Individual credentialing and surgical privilege delineation are determined by individual qualification and documentation consistent with other specialties and the guidelines of The Joint Commission (formerly JCAHO). Further, specific procedural delineation should be based on individual training and documented experience.

*Editor’s note:* The previous 2008 statement is an updated version of the 2004 position statement that included a list of procedures. The new ACFAS position is that hospitals should base their privileging decisions on evidence of current licensure, current competence, relevant training, and the ability to perform the privileges requested.

**ACFAOM**

The American College of Foot & Ankle Orthopedics & Medicine (ACFAOM) supports scientific study and research to enhance the field of foot orthopedics and related matters in podiatric medicine. It is the largest APMA-affiliated specialty college.
In its *Criteria for Evaluating Podiatrists for Hospital Privileges*, ACFAOM confirms that the training of podiatrists includes at least three years of undergraduate education, four years of podiatric medical education, and a minimum of two years of postgraduate residency training. This training and experience can lead to board certification by the ABPOPPM and/or the ABPS.

ACFAOM states that health facilities should apply current residency and certification standards to new graduates. Current staff privileges should be renewed in the normal review process based on continuing competence. Approval of surgical privileges should be based upon the applicant’s experience with the same or similar case types, which can be verified by resident surgical logs, residency director validation, operative reports, demonstrated clinical experience at other institutional facilities, workshops/symposia/fellowships, continuing education, scholarly achievement, and verification from collateral sources.

According to ACFAOM, podiatrists who complete a CPME-approved residency program will presumptively be granted the following privileges:

- Consultations
- Wound care
- Podopediatrics
- Capsulotomy (forefoot)
- Closed reduction of metatarsal fracture
- Excision of verruca
- Matrixectomy
- Tenotomy (forefoot)
- History and physicals
- Orthotics/pedorthics
- Avulsion of toenail
- Closed reduction of digital fracture
- Excision/biopsy of cutaneous lesion
- Incision and drainage (soft tissue)
- Repair of simple laceration

ACFAOM also states that podiatrists who have completed a comprehensive CPME-approved residency program would likely be granted the following privileges based on documented experience and training:

- Amputation (digital)
- Arthrodesis (digital)
- Arthroplasty (digital)
Arthroplasty (metatarsophalangeal joint)
> Bone biopsy (forefoot)
> Excision of sesamoid
> Exostectomy (digital)
> Exostectomy (metatarsal)
> Exostectomy (lesser tarsus)
> Exostectomy (tarsus)
> Condylectomy
> Excision accessory ossicles (forefoot)
> Excision intermetatarsal neuroma
> Excision plantar fibromatosis
> Excision soft tissue tumors
> Excision of metatarsal
> Joint implant (forefoot)
> Open reduction internal fixation (ORIF) of phalanges and metatarsals
> Metatarsal head resection
> Phalangectomy
> Plantar fasciotomy
> Repair/transfer of tendon (forefoot)
> Bunionectomy
> Tendon lengthening (forefoot)

Podiatrists possessing documentation of additional training and experience may request additional privileges, which may include:
> Amputation—foot (except entire)
> Arthrodesis (midfoot)
> Bone grafts
> Capsulotomy (rearfoot)
> Capsulotomy (ankle)
> Closed reduction rearfoot fracture
> Closed reduction ankle fracture
> Excision of tarsal bones
> ORIF of fractures and dislocations of tarsal bones or ankle
> Pan metatarsal head resection
> Resection of tarsal coalition
> Repair of clubfoot
> Skin graft
> Tarsal tunnel release
> Tendo-Achilles lengthening/repair
> Tendon transfer
> Tendon transplant
> Triple arthrodesis
According to the college, all higher-level privileging should include the preceding lower-level privileges, if requested.

**ACS**
The American College of Surgeons (ACS) is a nonprofit scientific and educational association of surgeons.

The ACS *Statement of Principles* states that “in many hospitals, licensed podiatrists may admit patients in collaboration with physicians who will assume responsibility for the overall care of the patient. Such an arrangement must be under the supervision of the collaborating physician, with the type and extent of their operative procedures determined by the institution’s credentialing process.”

**Positions of other interested parties**

**ABPOPPM**
The ABPOPPM, a specialty certifying board recognized by the APMA, offers board certification in podiatric medicine and orthopedics.

To become certified by the ABPOPPM, candidates must complete at least two years of CPME-approved postgraduate training in primary podiatric medicine, podiatric orthopedics, or podiatric medicine and surgery. Board certification lasts ten years.

To achieve board certification, candidates must:
- Have completed the requisite residency training
- Provide documentation of a minimum of 42 months of clinical experience and/or education, inclusive of residency training (podiatric medicine and surgery candidates who completed residency in 2008 and applied while in residency are not required to meet the 42-month minimum clinical experience requirement for admission to the certification examination)
- Pass the case documentation process
- Pass written and oral examinations

**ABPS**
The ABPS offers certification in foot surgery, as well as in reconstructive rearfoot/ankle surgery. Prior to 1991, ABPS had a single certification in foot and ankle surgery. In 2004, the ABPS began allowing diplomates certified in foot and ankle surgery to convert to certifications in foot surgery, as well as reconstructive rearfoot/ankle surgery.

Requirements for certification in foot surgery include:
- Completion of four-year doctoral training at a CPME-accredited podiatric medical school
- Completion of residency training program approved by the CPME
- Submission of a case list demonstrating a diversity of surgical experience in foot surgery
- Approval of foot surgery cases selected by ABPS for a detailed review by the ABPS credentials committee
- Passing written and oral examinations in foot surgery

Requirements for certification in reconstructive rearfoot/ankle surgery include:
- Completion of a four-year doctoral training program at a CPME-accredited podiatric medical school
- ABPS certification in foot surgery
- Completion of the residency training required for reconstructive rearfoot/ankle surgery certification at a program approved by the CPME
- Submission of a case list demonstrating a diversity of surgical experience in reconstructive rearfoot/ankle surgery
- Approval of reconstructive rearfoot/ankle surgery cases selected by ABPS for a detailed review by the ABPS credentials committee
- Passing the written and oral examination in reconstructive rearfoot/ankle surgery

Physicians certified in either foot surgery or reconstructive rearfoot/ankle surgery must recertify every ten years.

The Joint Commission

The Joint Commission has no formal position concerning the delineation of privileges for podiatric medicine and surgery. However, in its Comprehensive Accreditation Manual for Hospitals, the Joint Commission states (MS.06.01.03), “The hospital collects information regarding each practitioner’s current license status, training, experience, competence, and ability to perform the requested privilege.”

In the rationale for MS.06.01.03, The Joint Commission states there must be a reliable and consistent system in place to process applications and verify credentials. The organized medical staff must then review and evaluate the data collected. The resultant privilege recommendations to the governing body are based on the assessment of the data.

The Joint Commission further states (MS.06.01.07): “The organized medical staff reviews and analyzes information regarding each requesting practitioner’s current licensure status, training,
experience, current competence, and ability to perform the requested privilege.”

In the EP for standard MS.06.01.07, The Joint Commission says the information review and analysis process is clearly defined. The organization, based on recommendations by the organized medical staff and approval by the governing body, develops criteria that will be considered in the decision to grant, limit, or deny a request for privileges.

The Joint Commission further states (MS.08.01.03): “Ongoing professional practice evaluation information is factored into the decision to maintain existing privilege(s), to revise existing privileges, or to revoke an existing privilege prior to or at the time of renewal.”

In the EP for MS.08.01.03, The Joint Commission states there is a clearly defined process facilitating the evaluation of each practitioner’s professional practice, in which the type of information collected is determined by individual departments and approved by the organized medical staff. Information resulting from the ongoing professional practice evaluation is used to determine whether to continue, limit, or revoke any existing privilege.

CRC draft criteria

The following draft criteria are intended to serve solely as a starting point for the development of an institution’s policy regarding this practice area.

**Basic education:** DPM

**Minimum formal training:**

Type I: The applicant must demonstrate successful completion of a CPME-accredited training program and competence reflective of the scope of privileges requested.

Type II: The applicant must demonstrate successful completion of a 24-month (PM&S-24) podiatric surgical residency accredited by the CPME, board certification/qualification in foot surgery (and reconstructive rearfoot and ankle surgery) by the ABPS, and competence in the privileges requested.

Type III: The applicant must demonstrate successful completion of a 36-month (PM&S-36) podiatric surgical residency accredited by the CPME, board certification/qualification in foot surgery (and reconstructive rearfoot and ankle surgery) by the ABPS, and competence in the privileges requested.
Type IV: The applicant must demonstrate successful completion of a 36-month (PSR-36) podiatric surgical residency accredited by the CPME, board certification/qualification in foot surgery and reconstructive rearfoot and ankle surgery by the ABPS, and competence in the privileges requested.

Required previous experience:
Type I: Applicants for initial appointment must be able to demonstrate the performance of at least [n] 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.

Type II: Applicants for initial appointment must be able to demonstrate the performance of at least [n] 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.

Type III: Applicants for initial appointment must be able to demonstrate the performance of at least [n] 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.

Type IV: Applicants for initial appointment must be able to demonstrate the performance of at least (n) 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.

A letter of reference must come from the director of the applicant’s podiatry or podiatric surgery training program. Alternatively, a letter of reference should come from the head of podiatry or podiatric surgery at the institution where the applicant most recently practiced.

Type 1: Core privileges include the ability to co-admit, evaluate, diagnose, provide consultation, order diagnostic studies, and treat the foot by mechanical, medical, or superficial surgical means on patients of all ages. Core privileges in this category include, but are not limited to:
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- 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
- Order and interpret diagnostic tests related to podiatric patients; apply or prescribe foot appliances, orthotics, shoe modifications, and special footwear
- Write prescriptions for medications commonly used in practice of podiatry

Note: It is a decision point for hospitals whether to close this core to new initial applicants due to its limited scope.

Type II: Core privileges include the ability to co-admit, evaluate, and treat patients of all ages with podiatric problems/conditions of the forefoot, midfoot, and nonreconstructive hindfoot. The core privileges in this specialty include the procedures in the following list and such other procedures that are extensions of the same techniques and skills. Core privileges in this category include, but are not limited to:

- Anesthesia (topical, local, and regional blocks)
- Debridement of ulcer
- Digital exostectomy
- Digital fusions
- Digital tendon transfers, lengthening, and repair
- Digital/ray amputation
- Excision of benign bone cysts and 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)
- Implant arthroplasty forefoot
- Incision of abscess
- Incision of onychia
- Metatarsal excision
- Metatarsal exostectomy
- Metatarsal osteotomy
- Midtarsal and tarsal exostectomy (include posterior calcaneal spur)
- Neurolysis of forefoot nerves
- Onychoplasty
- Open/closed reduction, digital fracture
- Open/closed reduction, metatarsal fractures
- Plantar fasciotomy, with or without excision of calcaneal spur
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- Removal of foreign body
- Syndactylization of digits
- Tenotomy/capsulotomy, digit
- Tenotomy/capsulotomy, metatarsal, phalangeal joint
- Treatment of deep wound infections, osteomyelitis

Type III: Core privileges include the ability to co-admit, evaluate, diagnose, provide consultation, order diagnostic studies, and treat the forefoot, midfoot, rearfoot, and reconstructive and nonreconstructive hindfoot and related structures by medical or surgical means. The core privileges in this specialty include Type II podiatric privileges, procedures included in the following list, and such other procedures that are extensions of the same techniques and skills. Core privileges in this category include, but are not limited to:
- Excision of accessory ossicles, midfoot, and rearfoot
- Excision of benign bone cyst or bone tumors, rearfoot
- Neurolysis of nerves, rearfoot
- Open/closed reduction of foot fracture other than digital or metatarsal (excluding calcaneal)
- Osteotomies of the midfoot and rearfoot
- Polydactylism revision
- Rearfoot fusion
- Skin graft
- Syndactylism revision
- Tarsal coalition repair
- Tendon lengthening (nondigital)
- Tendon rupture repair (nondigital)
- Tendon transfers (nondigital)
- Tenodesis
- Traumatic injury of foot and related structures

Type IV: Core privileges include the ability to co-admit, 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. Privileges also include the ability to 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, procedures in the following procedure list, and such other procedures that are extensions of the same techniques and skills. Core privileges in this category include, but are not limited to:
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- Ankle fusion
- Ankle stabilization procedures
- 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, and suspensions
- Open and closed reduction fractures of the ankle
- Osteotomy, multiple, tarsal bones (e.g., tarsal wedge osteotomies)
- Osteotomy, tibia, fibula
- Surgical treatment of osteomyelitis of ankle

For each special request, threshold criteria (e.g., additional training or completion of a recognized course and required experience) must be established.

Reappointment

Reappointment should be based on unbiased, objective results of care according to a hospital’s quality assurance mechanism.

Reappointment of privileges in podiatric medicine and surgery fall into four types:

Type I: Current demonstrated competence and an adequate volume of experience ([n] 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 for renewal of privileges.

Type II: Current demonstrated competence and an adequate volume of experience ([n] 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.
Type III: Current demonstrated competence and an adequate volume of experience ([n] 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.

Type IV: Current demonstrated competence and an adequate volume of experience ([n] 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.

In addition, continuing medical education related to podiatric medicine and surgery should be required for all categories.

**For more information**

American Association of Colleges of Podiatric Medicine  
15850 Crabbs Branch Way, Suite 320  
Rockville, MD 20855  
Telephone: 301/948-9760  
Fax: 301/948-1928  
Web site: [www.aacpm.org](http://www.aacpm.org)

American Board of Medical Specialties  
1007 Church Street, Suite 404  
Evanston, IL 60201-5913  
Telephone: 847/491-9091 or 800/776-2378  
Fax: 847/328-3596  
Web site: [www.abms.org](http://www.abms.org)

American Board of Podiatric Orthopedics and Primary Podiatric Medicine  
3812 Sepulveda Boulevard, Suite 530  
Torrance, CA 90505  
Telephone: 310/375-0700  
Fax: 310/375-1386  
Web site: [www.abpoppm.org](http://www.abpoppm.org)

American Board of Podiatric Surgery  
445 Fillmore Street  
San Francisco, CA 94117-3404
Podiatric medicine and surgery (podiatry)  
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Telephone: 415/553-7800  
Fax: 415/553-7801  
Web site: www.abps.org

American College of Foot and Ankle Surgeons  
8725 West Higgins Road, Suite 555  
Chicago, IL 60631  
Telephone: 773/693-9300  
Fax: 773/693-9304  
Web site: www.acfas.org

The American College of Foot & Ankle Orthopedics & Medicine  
5272 River Road, Suite 630  
Bethesda, MD 20816  
Telephone: 800/265-8263  
Fax: 301/656-0989  
Web site: www.acfaom.org

American College of Surgeons  
633 North Saint Clair Street  
Chicago, IL 60611-3211  
Telephone: 800/621-4111  
Fax: 312/202-5001  
Web site: www.facs.org

American Podiatric Medical Association  
9312 Old Georgetown Road  
Bethesda, MD 20814-1621  
Telephone: 301/581-9200  
Fax: 301/530-2752  
Web site: www.apma.org

Council on Podiatric Medical Education  
9312 Old Georgetown Road  
Bethesda, MD 20814-1621  
Telephone: 301/581-9200  
Fax: 301/571-4903  
Web site: www.cpme.org

The Joint Commission  
One Renaissance Boulevard  
Oakbrook Terrace, IL 60181  
Telephone: 630/792-5000  
Fax: 630/792-5005  
Web site: www.jointcommission.org
Privilege request form
Podiatric medicine and surgery (podiatry)

To be eligible to request clinical privileges in podiatric medicine and surgery, an applicant must meet the following minimum threshold criteria:

- Basic education: DPM

- Minimum formal training:
  Type I: The applicant must demonstrate successful completion of a CPME-accredited training program and competence reflective of the scope of privileges requested.

  Type II: The applicant must demonstrate successful completion of a 24-month (PM&³S-24) podiatric surgical residency accredited by the CPME, board certification/qualification in foot surgery and reconstructive rearfoot and ankle surgery by the ABPS, and competence in the privileges requested.

  Type III: The applicant must demonstrate successful completion of a 36-month (PM&³S-36) podiatric surgical residency accredited by the CPME, board certification/qualification in foot surgery and reconstructive rearfoot and ankle surgery by the ABPS, and competence in the privileges requested.

  Type IV: The applicant must demonstrate successful completion of a 36-month (PM&³S-36) podiatric surgical residency accredited by the CPME, board certification/qualification in foot surgery and reconstructive rearfoot and ankle surgery by the ABPS, and competence in the privileges requested.

- Required previous experience:
  Type I: Applicants for initial appointment must be able to demonstrate the performance of at least [n] 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.

  Type II: Applicants for initial appointment must be able to demonstrate the performance of at least [n] 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.

  Type III: Applicants for initial appointment must be able to demonstrate the performance of at least [n] 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.
Type IV: Applicants for initial appointment must be able to demonstrate the performance of at least (n) 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.

References: A letter of reference must come from the director of the applicant’s podiatry or podiatric surgery training program. Alternatively, a letter of reference should come from the head of podiatry or podiatric surgery at the institution where the applicant most recently practiced.

Core privileges in podiatric medicine and surgery:
Type I: Core privileges include the ability to co-admit, 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 include the procedures in the following list and such other procedures that are extensions of the same techniques and skills. Core privileges in this category include, but are not limited to:
- 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
- Order and interpret diagnostic tests related to podiatric patients; apply or prescribe foot appliances, orthotics, shoe modifications, and special footwear
- Write prescriptions for medications commonly used in practice of podiatry
Note: It is a decision point for hospitals whether to close this core to new initial applicants due to its limited scope.

Type II: Core privileges include the ability to co-admit, evaluate and treat patients of all ages with podiatric problems/conditions of the forefoot, midfoot, and nonreconstructive hindfoot. The core privileges in this specialty include the procedures in the following list and such other procedures that are extensions of the same techniques and skills. Core privileges in this category include, but are not limited to:
- Anesthesia (topical, local, and regional blocks)
- Debridement of ulcer
- Digital exostectomy
- Digital fusions
- Digital tendon transfers, lengthening, and repair
- Digital/ray amputation
- Excision of benign bone cysts and 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)
- Implant arthroplasty forefoot
- Incision of abscess
– Incision of onychia
– Metatarsal excision
– Metatarsal exostectomy
– Metatarsal osteotomy
– Midtarsal and tarsal exostectomy (include posterior calcaneal spur)
– Neurolysis of forefoot nerves
– Onychoplasty
– Open/closed reduction, digital fracture
– Open/closed reduction, metatarsal fractures
– Plantar fasciotomy, with or without excision of calcaneal spur
– Removal of foreign body
– Syndactylization of digits
– Tenotomy/capsulotomy, digit
– Tenotomy/capsulotomy, metatarsal, phalangeal joint
– Treatment of deep wound infections, osteomyelitis

Type III: Core privileges include the ability to co-admit, evaluate, diagnose, provide consultation, order diagnostic studies, and treat the forefoot, midfoot, rearfoot, and reconstructive and nonreconstructive hindfoot and related structures by medical or surgical means. The core privileges in this specialty include Type II podiatric privileges, procedures included in the following list, and such other procedures that are extensions of the same techniques and skills. Core privileges in this category include, but are not limited to:

– Excision of accessory ossicles, midfoot, and rearfoot
– Excision of benign bone cyst or bone tumors, rearfoot
– Neurolysis of nerves, rearfoot
– Open/closed reduction of foot fracture other than digital or metatarsal (excluding calcaneal)
– Osteotomies of the midfoot and rearfoot
– Polydactylism revision
– Rearfoot fusion
– Skin graft
– Syndactylism revision
– Tarsal coalition repair
– Tendon lengthening (nondigital)
– Tendon rupture repair (nondigital)
– Tendon transfers (nondigital)
– Tenodesis
– Traumatic injury of foot and related structures

Type IV: Core privileges include the ability to co-admit, 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. Privileges also include the ability to 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 in the following procedure list, and such other procedures that are extensions of the same techniques and skills. Core privileges in this category include, but are not limited to:

- Ankle fusion
- Ankle stabilization procedures
- 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 (e.g., tendon transpositionings, recessions, and suspensions)
- Open and closed reduction fractures of the ankle
- Osteotomy, multiple, tarsal bones (e.g., tarsal wedge osteotomies)
- Osteotomy, tibia, fibula
- Surgical treatment of osteomyelitis of ankle

➤ Reappointment: Reappointment should be based on unbiased, objective results of care, according to the hospital’s existing quality assurance mechanisms.

Reappointment of privileges in podiatric medicine and surgery fall into four types:

Type I: Current demonstrated competence and an adequate volume of experience ([n] 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.

Type II: Current demonstrated competence and an adequate volume of experience ([n] 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.

Type III: Current demonstrated competence and an adequate volume of experience ([n] 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.

Type IV: Current demonstrated competence and an adequate volume of experience ([n] 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.
In addition, continuing medical education related to podiatric medicine and surgery should be required for all categories.

I understand that by making this request, I am bound by the applicable bylaws or policies of the hospital, and hereby stipulate that I meet the minimum threshold criteria for this request.

Physician’s signature: _______________________________________________________

Typed or printed name: _____________________________________________________

Date: _____________________________________________________________________
The information contained in this document is general. It has been designed and intended for use by hospitals and their credentialing committees in developing their own local approaches and policies for various credentialing issues. This information, including the materials, opinions, and draft criteria set forth herein, should not be adopted for use without careful consideration, discussion, additional research by physicians and counsel in local settings, and adaptation to local needs. The Credentialing Resource Center does not provide legal or clinical advice; for such advice, the counsel of competent individuals in these fields must be obtained.

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