

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Initial privileges (initial appointment)

|  Requested

Renewal of privileges (reappointment)

|  Requested

Expansion of privileges (modification)

|  Requested

**Clinic:** \_\_\_\_\_ **Location:** \_\_\_\_\_

## Instructions

**Applicant:** Check off the “Requested” box for each privilege requested. Applicants have the burden of producing information deemed adequate by the clinic for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

**Medical Director:** 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 UNMMG clinics that have the appropriate equipment, license, staff and other support required to provide the services defined in this document. Site-specific services may be defined in clinic or department policy.
2. This document defines qualification to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

## Policies Governing Scope of Practice

### Medical Record Charting Responsibilities

Clearly, legibly, completely, and in timely fashion describe each service the DOM provides to a patient in the hospital and relevant observations. Standard rules regarding authentication of, necessary content of, and required time frames for preparing and completing the medical record and portions thereof are applicable to all entries made.

### Periodic Competence Assessment

Applicants must also be able to demonstrate they have maintained competence based on unbiased, objective results of care according to the Practice Oversight Committee's existing quality assurance mechanisms and by showing evidence that they have met the continued competence requirements established by the state licensing authority, applicable to the functions for which they are seeking to provide at this clinic. In addition, continuing education related to the specialty area of practice is recommended/required as mandated by licensure.

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

***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

Requested 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 review privileges in 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.

***Continued...***

## **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 same techniques and skills.

*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.*

This list is a sampling of procedures included in the core. This is not intended to be all encompassing list but rather reflective of the categories/types of procedures included in the core.

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

### Requested

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.

## Qualifications for Podiatry Type II

**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 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.

*Continued...*

## **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.

*Type II Privileges include a sampling of 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 these you do not wish to request, then initial date.

### Requested

1. Anesthesia (topical, local, digital and regional blocks [from the ankle below])
2. Debridement of superficial ulcer or wound
3. Excision of skin lesion of foot ankle
4. Incision and drainage/wide debridement of soft tissue infection
5. Incision of onychia
6. Onychoplasty
  - a. Closed reduction, digital fracture
  - b. Closed reduction, metatarsal fractures
  - c. Removal of foreign body

## 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 UNMMG Clinics, and I understand that:

- a. In exercising any clinical privileges granted, I am constrained by UNMMG Clinic and medical staff policies and rules applicable to 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 \_\_\_\_\_

## Signatures

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

- Recommend all requested privileges.
- Recommend privileges with the following conditions/modifications:
- Do not recommend the following requested privileges:

Notes: \_\_\_\_\_

Clinic Medical Director: *(sign & date)* \_\_\_\_\_ Date: \_\_\_\_\_

SOM Department Chair: *(sign & date)* \_\_\_\_\_ Date: \_\_\_\_\_

CMO: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by UNMMG Board of Director's on 12/9/15