



HARRIS METHODIST SOUTHLAKE Center for Diagnostics & Surgery

Core Privileges in Podiatry

Name: _____

Please indicate with a check mark the privileges requested.

Qualifications

To be eligible for core privileges in podiatry, the applicant must meet the following qualifications:

- Documentation of the performance of at least 50 podiatric surgical procedures in the past two years;
- And**
- Graduated from an accredited four-year podiatric medical college and completed a minimum one-year podiatric CPME-approved residency program and has passed:

National Podiatric Boards (Part I and Part II, & Part III)

T.S.B.P.M.E. (The Texas State Board of Podiatric Medical Examiners) Jurisprudence Examination

*The Texas State Board of Podiatric Medical Examiners (T.S.B.P.M.E.) is charged by the State Legislature with licensing and regulating podiatric medicine in Texas.

Board Rule §378.1(a) "Continuing Education Requirement" provides that: "Each person licensed to practice podiatric medicine in the State of Texas is required to have 50 hours of continuing education every two years for the renewal of the license to practice podiatric medicine. Two hours of the required 50 hours of biennial continuing education (CME) shall be a course, class, seminar, or workshop in: Ethics in the Delivery of Health Care Services and/or Rules and Regulations pertaining to Podiatric Medicine in Texas. Topics on Healthcare Fraud, Professional Boundaries, Practice Risk Management or Podiatric Medicine related Ethics or Jurisprudence courses, including those sponsored by an entity approved by CPME, APMA, APMA affiliated organizations or governmental entities, are acceptable towards fulfilling this 2 hour requirement."

Section 375.1(2) of the Texas Administrative Code (Rules) states: "*Foot*"--*The foot is the tibia and fibula in their articulation with the talus, and all bones to the toes, inclusive of all soft tissues (muscles, nerves, vascular structures, tendons, ligaments and any other anatomical structures) that insert into the tibia and fibula in their articulation with the talus and all bones to the toes.*

_____ Privileges included in the core:

Privileges to admit; evaluate; perform the part of the history and physical examination related to any podiatric problem justifying the reason for admission; diagnose; provide consultation, order diagnostic studies, and provide pre-, intra-, and postoperative podiatric treatment and surgical management to patients of all ages—except where specifically excluded from practice and except for those special procedure privileges listed below—to correct or treat various conditions, and injuries of the foot. Privileges include, but are not limited to, procedures to nail matrix, metatarsals, tarsals, fascia, tendons of forefoot, soft tissue and bunions.

- ❖ Soft Tissue Surgery
 - Incision of skin and subcutaneous lesions
 - Excision of skin and subcutaneous lesions
 - Destruction of skin or nail lesions
- ❖ 2nd-5th Metatarsal and Phalanges Surgery (Osseus and Soft Tissue Surgery)

- Repair including plasties and grafting (If skin or bone grafts are to be retrieved from other portions of the body, a Medical Staff appointee with surgical privileges is required to perform this.)
- Incision
- Excision
- Manipulation of fractures: Close reduction, Open reduction, Open fractures
- Amputation through MTP (metatarsal phalangeal) joint or distal
- ❖ First Metatarsal and Phalanx Surgery (Osseous and Soft Tissue Surgery)
 - Repair including plasties and grafting (If skin or bone grafts are to be retrieved from other portions of the body, a Medical Staff appointee with surgical privileges is required to perform this.)
 - Incision
 - Excision
 - Manipulation of fractures: Close reduction, Open reduction, Open fractures
 - Amputation through MTP (metatarsal phalangeal) joint or distal
 - Bunionectomy: With or without first metatarsal osteotomy
- ❖ Hindfoot Surgery
 - Resection of Haglund's deformity
 - Excision of heel spur
 - Plantar fascial release
- ❖ Infections
 - Deridement (Antibiotic therapy requires consult with a physician Medical Staff member if the patient does not respond in a timely manner.)
- ❖ Operate X-ray equipment
- ❖ Read own x-rays, note findings in operative report

Special procedures privileges

To be eligible to apply for a special procedure privilege listed below, the applicant must be Board Qualified status in Reconstructive Rearfoot/Ankle Surgery (RRA) Surgery or by the American Board of Podiatric Orthopedics and Primary Podiatric Medicine (ABPOPPM) ;

Or

Demonstrate successful completion of a CPME-approved Reconstructive Rearfoot/Ankle Surgery program (PSR-24 or greater) or a CPME-approved Residency in Podiatric Medicine and Surgery-36;

Or

Demonstrate successful completion of an approved and recognized course or acceptable supervised training in residency, fellowship, or other acceptable experience;

And

Provide documentation of competence in performing that procedure within the last 2 years consistent with the criteria set forth here.

Procedure	Criteria	Requested	Recom- mended	Not Recom- mended
Group A*	6 cases from this group			
Open repair of fracture, ankle	6 cases			
Repair of clubfoot	10 cases			
Tendon transfer or redirection of mid-tarsus, rearfoot	6 cases			
Ankle Scope	10 cases			

Endoscopic Plantar Fasciotomy	10 cases			
Extracorporeal Shockwave Orthotripsy	Additional training/case list required **See below			

***Group A:**

- ❖ Malignancy
 - Soft tissue, excision and biopsy
 - Bone, excision and biopsy limited to the forefoot
- ❖ Implants
 - Implant in 1st – 5th metatarsal phalangeal joint
- ❖ Amputations
 - Forefoot (Chopart or Lisfranc or trans-metatarsal)
- ❖ Hindfoot
 - Subtalar fusion
 - Triple arthrodesis

****Extracorporeal Shockwave Orthotripsy:**

Board Certification or Board Eligibility by the ABPS or BOS in Orthopedics or documentation of equivalent training, and;
 Documentation of training in ESWO and;
 Documentation of Orthotripsy equipment training OR
 Documentation of 12 cases performed in the last two years.

Acknowledgement of practitioner

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 **Harris Methodist Southlake**, and I understand that:

- (a) 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.
- (b) Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such a situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Signed: _____

Date: _____

Credentials Committee Recommendations: _____ Recommend _____ Deny

I have reviewed the requested clinical privileges and supportive documentation for the above named applicant and recommend action on the privileges as noted above.

Signed: _____

Date: _____

Recommended/Not recommended with the following modification(s) and reason(s):
