

## Privileges in Podiatry

**Applicant's 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**.
5. To have **Administration of Sedation** privileges you must complete LPCH Sedation Privilege form (contact your medical staff coordinator for the form)

Required Qualifications	
<b>Initial Core Criteria Education/Training</b>	<p>Required - Successful completion of a CPME approved 1 year Surgical Residency, a 1 year Postgraduate Training Program in Podiatric Orthopedics, or a 1 year Postgraduate Training Program in Primary in Podiatric Medicine or foreign equivalent training</p> <p style="text-align: center;"><b>AND</b></p> <p>Either - Current certification or active participation in the examination process leading to certification in Podiatry by the American Board of Podiatric Surgery or Podiatric Orthopedics and Primary Podiatric Medicine or foreign equivalent training/board.</p> <p style="text-align: center;"><b>OR</b></p> <p>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), required during the past 2 years.</p>
<b>FPPE Chart Reviews</b>	<p>FPPE CRITERIA LISTED BELOW. FPPE WILL BE ASSIGNED BY THE SERVICE CHIEF DURING THE APPROVAL PROCESS</p>

## 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>	Dept Chair Rec
	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	
	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 2 years  
(Please be prepared to provide a list of cases performed at facilities other than LPCH if requested)

### FPPE

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

## 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>	Dept Chair Rec
	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 Lucile Packard Children's Hospital [Criteria - Teaching appointment required]	
	Advanced complex rearfoot and ankle surgical procedures [Initial Criteria - Board Certification in rearfoot surgery by ABPS or completion of a 2 year podiatry residency. Documentation of performance of at least 20 Advanced procedures. Ankle certification by MBC required. Renewal Criteria - Minimum 6 cases performed at any facility where member of medical staff for past two years.]	
	Advanced specialized surgery, partial amputation, reconstructive surgery of forefoot, rearfoot and ankle, trauma of foot and ankle, Tendon-Achilles lengthening, All pedal tendon transfer procedures, Young flatfoot suspension, Tibiotalar arthrodesis, Ankle stabilization procedures, Pantalar arthrodesis, Ligamentous repair tarsus and ankle, Primary repair of Achilles tendon ruptures [Initial Criteria - Documentation of performance of at least 8 advanced specialized surgery procedures - must submit documentation log. Renewal Criteria - Minimum 6 cases performed at any facility where member of medical staff for past two years]	
	Ankle Arthroscopy/Endoscopy [Initial Criteria - Must also have Advanced Procedure privileges. Ankle certification by MBC required Documentation and completion of ACFAS or AOFAS 2-day course. 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 Criteria - Minimum 6 cases performed at any facility where member of medical staff for past two years.]	
	Orthotripsy [Initial Criteria - Completed training with a Licensed Program. Renewal Criteria - Minimum 2 cases performed at any facility where member of medical staff for past two years.]	

### FPPE

Advanced complex rearfoot and ankle surgical procedures - (ABPS certified)

Advanced complex rearfoot and ankle surgical procedures - <5 years practicing - (Direct Observation)

Advanced complex rearfoot and ankle surgical procedures - >5 years practicing - (Direct Observation)

Advanced complex rearfoot and ankle surgical procedures - >5 years practicing - (Chart Reviews)

Advanced specialized surgery, partial amputation, reconstructive surgery of forefoot, rearfoot and ankle, trauma of foot and ankle, Tendon-Achilles lengthening, All pedal tendon transfer procedures, Young flatfoot suspension, Tibiotalar arthrodesis, Ankle stabilization procedures, Pantalar arthrodesis, Ligamentous repair tarsus and ankle, Primary repair of Achilles tendon ruptures

Ankle Arthroscopy/Endoscopy

Orthotripsy

## Acknowledgment of 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 Children's Health. 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 - FPPE Requirements**


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