LEVEL I CORE PRIVILEGES

Minimum Training and Experience
All current and new staff: Must be a graduate of an approved three year school of podiatry, have completed an accredited residency program of at least 12 months, and be fully licensed. To maintain privileges, a minimum of 24 patients must be seen per year.

All new staff: Must be board certified or eligible by the American Board of Podiatric Orthopedics and Primary Podiatric Medicine or the American Board of Podiatric Surgery. If board eligible, a new residency graduate must become board certified within 3 years of eligibility to sit for the oral exam.

To maintain privileges, CME credits must be obtained according to Podiatric licensing board requirements.

Overall quality assurance will be the joint responsibility of the Service Chiefs of Endocrinology and Orthopaedics, with Orthopaedics providing expertise on issues involving podiatric procedures.

Scope of Practice/Privileges
The podiatrist is authorized to conduct that portion of the History and Physical examination related to the podiatrist activity. Procedures performed by staff must be appropriately limited in extent, duration, fluid shifts and pain to allow the expectation with reasonable certainty that the patient will be ready for home discharge within two (2) hours after completion.

- Excision/biopsy lesion - foot
- Avulsion of toenail plate
- Fulguration, curettage or excision of verrucae
<table>
<thead>
<tr>
<th>Procedure</th>
<th>Requested (Applicant)</th>
<th>Recommended approval (Service Chief/Chair)</th>
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<tbody>
<tr>
<td>Repair of cutaneous and subcutaneous laceration/wound</td>
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<td>Cast/splints/strapping applications – foot pathology</td>
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<td>Removal of cutaneous foreign body - foot</td>
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<td>Debridement of skin: partial thickness, full thickness or subcutaneous tissue</td>
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<td>Arthrocentesis, aspiration and/or injection of small/intermediate joint, bursa or ganglion cyst</td>
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<td>Shaving of epidermal or dermal foot lesions</td>
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<td>Incision and drainage of onychia</td>
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<td>Excision of nail/nail matrix - partial or complete permanent or temporary</td>
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<td>Injection of anesthetic agent (peripheral nerve)</td>
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<td>Closed reduction of fracture: metatarsal, phalanges with or without manipulation</td>
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<td>I &amp; D of hematoma</td>
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<td>Aspiration of abscess</td>
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<tr>
<td>Bilaminate skin procedure: e.g., application of Dermagraft, Apligraft</td>
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LEVEL II

Minimum Training and Experience

In addition to the requirements for Level I privileges, the following criteria must be met for Level II privileges.

New faculty: Must present an attestation of their training program director or chief(s) of service of current institution(s) as to clinical competence in requested procedures (selected from the list of procedures permitted).

Must complete five operative cases with acceptable quality of care, proctored by an Orthopaedic Surgery faculty member with training in foot and ankle surgery, or other faculty member designated by the Orthopaedic Department Chair.

Current Faculty: Continuing medical education consisting of 12 hours of AMA credits and privileges for comparable open procedures in Orthopaedic Surgery. Continued quality of care as documented by acceptable performance of a minimum of 5 relevant cases in the previous credentialing period as attested to by the Orthopaedic Department Foot and Ankle Service Chief (or other faculty member designated by the Orthopaedic Department Chair).

If volume requirement is not met: The faculty must complete five operative cases with acceptable quality of care, proctored by an Orthopaedic Surgery faculty member with training in Foot and Ankle surgery or other faculty member designated by the Orthopaedic Department Chair.

Scope of Level II Practice/Privileges: Limited to the forefoot, defined as distal to the tarsometatarsal joint.

Hammer/Claw Toe Surgery
- Tenotomy flexor and extensor of toe
- Hammertoe operation
- Metatarsal osteotomy – (NOT including the 1st metatarsal)
  □ Requested (Applicant) □ Recommended approval (Service Chief/Chair)

Hallux Rigidus
- Cheilectomy, debridement and capsular release
  □ Requested (Applicant) □ Recommended approval (Service Chief/Chair)

Tailor's bunion/bunionette
- Tailor’s bunion/bunionette correction
  □ Requested (Applicant) □ Recommended approval (Service Chief/Chair)

Nail
- Excision of nail and nail matrix, partial or complete, with amputation of tuft of distal phalanx
  □ Requested (Applicant) □ Recommended approval (Service Chief/Chair)

Debridement
- Skin – subcutaneous, muscle and bone
  □ Requested (Applicant) □ Recommended approval (Service Chief/Chair)

Additional Procedures
- Neuroma resection
  □ Requested (Applicant) □ Recommended approval (Service Chief/Chair)

- Reconstruction of soft tissue and bone distal to tarsal-metatarsal joint (e.g., polydactyly and syndactyly)
  □ Requested (Applicant) □ Recommended approval (Service Chief/Chair)

- Amputation; distal to the tarsal-metatarsal joint
  □ Requested (Applicant) □ Recommended approval (Service Chief/Chair)
SPECIAL PRIVILEGES

A separate application is required to APPLY or REAPPLY for the following Special Privileges:
► FLUOROSCOPY
► LASER
► ROBOTIC SURGICAL PLATFORM
► SEDATION PRIVILEGES FOR A NON-ANESTHESIOLOGIST

PLEASE go to URL: www.med.umich.edu/i/oca for instructions, or contact your Clinical Department Representative.

TO BE COMPLETED BY APPLICANT:

I authorize and release from liability, any hospital, licensing board, certification board, individual or institution who in good faith and without malice, provides necessary information for the verification of my professional credentials for membership to the Medical Staff of The University of Michigan Health System.

Applicant Signature: ___________________________ Date: ______________

DEPARTMENT ACTION:

Approval: _____As Requested _____As Modified, explain ____________________________________________

I have reviewed and/or discussed the privileges requested and find them to be commensurate with the applicant’s training and experience, and recommend that his/her application proceed.

Justification for approval is based on careful review of the applicant’s education, postgraduate clinical training, demonstrated clinical proficiency and National Certification or qualifications to sit for the Certification.

METABOLISM, ENDOCRINOLOGY AND DIABETES:

Division Chief: _______________ Date ______ Service Chief: _______________ Date ______

INTERNAL MEDICINE:

Department of Internal Medicine Chair: ___________________________ Date ______
CREDENTIALS COMMITTEE ACTION:
Approval: As Requested Disapproved, ___ explain
Credentials Committee Member: __________________________ Date ________

EXECUTIVE COMMITTEE ON CLINICAL AFFAIRS ACTION:
Approval: As Requested Disapproved, ___ explain
Executive Committee On Clinical Affairs Member: __________________________ Date ________