



Credentialing of Podiatric Foot and Ankle Surgeons and Guidelines for Surgical Delineation of Privileges

Approved by the ACFAS Board of Directors, July 16, 2011

Background

The American College of Foot and Ankle Surgeons (ACFAS) is a medical specialty society of more than 6,300 foot and ankle surgeons. Founded in 1942, ACFAS seeks to promote the art and science of foot, ankle, and related lower extremity surgery; address the concerns of foot and ankle surgeons; and advance and improve standards of education and surgical skill.

Foot and ankle surgery is a subspecialty of podiatric medicine (Doctors of Podiatric Medicine or DPM). Podiatric foot and ankle surgeons conduct medical history and physical examinations, diagnose, and perform medical and surgical management of all diseases, deformities, injuries and defects of the foot, ankle and related lower extremities, as governed by appropriate state statute(s).

The Council on Podiatric Medical Education (CPME) sets rigorous criteria for residencies in podiatric medicine and surgery. ACFAS members have had extensive training in foot, ankle and related lower extremity surgery and are examined and board certified (or board qualified) in foot and ankle surgery by the American Board of Podiatric Surgery (ABPS). Additionally, medical staff privileges in acute and ambulatory settings are held by most ACFAS podiatric surgeons.

The ACFAS position is that the credentialing processes for granting privileges for the specialty of foot and ankle surgery should be uniformly applied to all surgeons seeking foot and ankle surgery privileges, regardless of medical degree. These privileges should be based on the completion of a residency that is duly accredited by the surgeons' official medical and surgical associations, with a focus on foot and ankle surgical training. In addition, the privileging process should evaluate specialized foot and ankle fellowship documentation, surgical residency training logs, and/or demonstration of current clinical experience at other facilities, continuing education, and accreditation, along with board certification or qualification.

Allopathic (MD) and osteopathic (DO) physicians are not certified in specialty foot and ankle surgery, nor do they presently function under the quality assurance tool of a certificate of added qualifications for the same within their respective specialties. Any credentialing comparisons between MD and DO colleagues and podiatric foot and ankle surgeons should be based on specialty-specific foot and ankle training, not generalized years of training.

Application

Podiatric foot and ankle surgeons should complete the same application process as all other surgeons seeking staff appointments. Equal processing standards consistent with the acute and ambulatory settings' bylaws, rules and regulations that govern all surgical specialties should be fairly applied to all surgeons seeking appointment.



Privileging

Foot and ankle surgery is a subspecialty practiced mainly by podiatric foot and ankle surgeons and orthopedists that may have specialized training and/or fellowship training in foot and ankle surgery. The granting of clinical privileges for a foot and ankle surgeon with a DPM degree should be based on fair and objective analysis that follows the same requirements as set forth in evaluating other physician and dental specialists consistent with The Joint Commission (TJC) standards and/or Medicare Conditions of Participation (CoP).

TJC standards specify that evidence of current license, competence, relevant training and ability to perform the procedures that the privileges request should form the basis of privilege delineation. The available clinical privileges in an acute or ambulatory setting should represent the scope of practice as defined by state law.

Credentialing for Podiatric Foot and Ankle Surgeons

Foot and ankle surgical training, demonstration of current clinical experience in foot, ankle and related lower extremity surgery, and continuing medical/surgical education are also important credentialing elements recognized by TJC. These key elements allow for measurable and uniform objective criteria to be applied in evaluating a DPM for privileges in foot and ankle surgery. In addition, consideration of scholarly and academic achievements may be factored into the decision-making process.

Individual credentialing and surgical privilege delineation is determined by an individual's qualifications and documentation consistent with other specialties and TJC standards or CoPs.

Delineations

Specific procedural delineation is based on individual training and documented experience. Two core categories of surgical delineation are defined by ACFAS:

- Foot and ankle
- Complex rearfoot, ankle, and related lower extremity structures

A "special procedures" category is also defined for specialized and evolving technologies and procedures.

Criteria

- ABPS Certification or Qualification in Podiatric Surgery.
- Demonstration of training and achieved competency in specific procedures for which the DPM is requesting privileges, such as:
 - Current clinical experience
 - Documented surgical logs or operative reports
 - Post-graduate continuing medical education
 - Fellowship documentation (if applicable)
 - Letters of documentation from training directors
 - Verification and documentation from collateral sources



American College of Foot and Ankle Surgeons Guidelines for Surgical Delineation of Privileges

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Applicant's Name: _____ Date: _____

Type: () New Applicant () Supplemental Upgrade

Core Level 1 Privileges: Foot and Ankle

Privileges to admit as qualified, evaluate, diagnose, provide consultation, order diagnostic studies and perform surgical and non-surgical procedures of the foot and ankle and lower leg using any necessary method within the standard of care.

1. Soft tissue procedures of the foot and ankle and lower leg including: incision and drainage; lesion and mass excision; ligament and tendon repair; adjunctive tendon lengthening of the related lower leg; skin grafts, tarsal tunnel decompression.
2. Osseous procedures including osteotomies of the foot; ostectomies of the foot and ankle; open and closed reduction of the forefoot and lesser tarsal fractures/dislocations; osseous fusions of the foot (excluding triple arthrodesis).
3. Amputations of portions of the foot.
4. Extracorporeal shock wave therapy.
5. CO2 laser use.

Core Level 2 Privileges: Complex Rearfoot, Ankle, and Related Lower Extremity Structures *

Privileges to include performance of complex rearfoot, ankle, and related lower extremity structures using any method within the standard of care.

1. Osteotomy of the ankle and related lower leg; arthrodesis of the ankle (open and arthroscopic).
2. Tendon reconstruction and transfers of the ankle and related lower leg.
3. Fracture management: closed and open repair of major foot and ankle fractures (os calcis and talus), ankle, and related lower leg structures; and osteoarticular cartilage grafts.
4. Osseous fusions of the hindfoot and ankle.
5. Arthroscopy of the foot and ankle.

*Isolated procedures from Core 2 may be granted with proper documentation as defined within this document.



Special Procedures *

1. Total ankle replacement
2. Management of pilon fractures
3. Other:

*Credentialing for “Special Procedures” requires additional documentation of training, qualification and post graduate training courses specific to the procedures or technologies.

Chair, Department or Section

Chair, Credentials Committee

Date of Review

Comments: _____

