Privileging Guidelines – Total Ankle Replacement Surgery

Approved by ACFAS Board of Directors, December 2016

The American College of Foot and Ankle Surgeons (ACFAS) is a surgical specialty society of more than 7,400 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; and advance and advocate for the highest standards of patient care and safety. 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 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 physicians consistent with The Joint Commission (TJC) standards and/or Medicare Conditions or Participation (CoP).

ACFAS members perform complex reconstructive foot and ankle procedures including Total Ankle joint Replacement (TAR). Prosthetic joint replacement of the ankle, much like other joints in the body, is a highly complex and technically demanding surgery that requires specialized training to perform well. To that end, it is recommended that TAR privileges be granted to those who meet the following criteria:

Board Certified Applicants:

1. Must be Board Certified in “Reconstructive Rearfoot/Ankle (RRA) Surgery” or in “Foot and Ankle Surgery” if Certified prior to 1991 by the American Board of Foot and Ankle Surgery.

2. Must be actively credentialed to perform ankle surgical procedures at the institution.

3. Must have completed a formal cadaver based surgical skills training course with a certificate of completion for a United States Food and Drug Administration approved/cleared TAR system.

4. Must have performed at least ten (10) ankle fusions, tibio-talo-calcaneal fusions, or complex osseous ankle procedures determined to be of equal complexity by the hospitals credentials committee (at any institution) in the previous three (3) calendar years indicating the applicant as the primary surgeon of record.

OR

Must have performed at least ten (10) TAR performed in the previous three (3) calendar years (at any institution) indicating the applicant as the primary surgeon of record.

Board Qualified Applicants:

1. Must be Board Qualified in “Reconstructive Rearfoot/Ankle (RRA) Surgery” by the American Board of Foot and Ankle Surgery.
2. Must be actively credentialed to perform ankle surgical procedures at the institution.

3. Must have completed a formal cadaver based surgical skills training course with a certificate of completion for a United States Food and Drug Administration approved/cleared TAR system.

4. Must provide a letter of endorsement of competence in performing TAR from the applicants Residency/Fellowship Director.

5. Must provide a letter of endorsement of competence in performing TAR from the attending surgeon responsible for TAR training (if different from Residency/Fellowship Director).

6. Must have performed at least ten (10) ankle fusions, tibio-talo-calcaneal fusions, or complex osseous ankle procedures determined to be of equal complexity by the hospitals credentials committee (at any institution) prior to delineation of TAR privileges in the previous three (3) calendar years.

When applying for new surgical privileges to perform TAR, it is recommended that applicants be proctored in accordance with the individual hospital’s established surgeon proctoring protocol. Non-industry sponsored proctoring surgeons should be involved when possible. The proctoring surgeon should be available for peri-operative patient care when feasible.

The American College of Foot and Ankle Surgeons strongly recommends that these guidelines, or their equivalence, be utilized for all surgeons performing TAR procedures at all institutions.