

**SCOTLAND HEALTH CARE SYSTEM**  
**Authorization to Provide Clinical Services**  
**Specialty: PODIATRY**

PHYSICIAN NAME: \_\_\_\_\_

I. **Special Requirements:**

- A. A podiatrist must have the concurrence of a physician member of the Medical Staff in order to initiate the procedure for admitting a patient.
- B. The attending physician shall be responsible for the care of any medical problem that may be present on admission or that may arise during the hospitalization of a podiatric patient and shall be responsible for the overall care of the patient, including the medical history and physical examination.
- C. The podiatrist shall be responsible for that portion of the history and physical examination specific to the patient's podiatric problem. The podiatrist shall also be responsible for documenting visits and procedures performed in the physician's progress notes. Podiatrists may write orders and prescribe medications within the limits of their licensure.
- D. The nature and degree of supervision of the podiatrist by the attending physician shall, in each instance, be a matter for the professional judgment of the physician.

2. **Requirements for Granting Privileges**

In order to be granted clinical privileges in Podiatry, the applicant must demonstrate:

- A. Graduation from an approved school of podiatric medicine; and
- B. Certification, or eligibility for certification, by the American Board of Podiatric Surgery.

Additionally, the following requirements concerning residency are established for each level of privileges:

**Category 1:** Completion of at least one year of an approved podiatric residency program.

**Category 2:** Completion of at least two years of an approved podiatric residency program.

**Category 3:** Completion of at least three years of an approved podiatric residency program.

**Category 1 Privileges**

<b>Privilege</b>	<b>Requested</b>
Fulguration of verrucae	
Currettage of verrucae	
Excision of verrucae	
Avulsion of toenail	
Onychoplasty	
Onychotripsy	
Subungual exostosectomy	
I&D of superficial abscess	
Plantar lesion - skin	
Tenotomy - digital tendon (extensor flexor)	
Tendon slide (digital)	
Capsulotomy - forefoot	
Arthroplasty	
Phalangectomy	
Closed reduction (digital)	
Open reduction (digital)	
Tendon lengthening - digital	
Soft tissue tumors - rear foot	
Osteoclasis	
Foreign bodies - forefoot	
Excision of accessory ossicles	
Metahead resection (partial or complete)	
Resection of metatarsal exotosis	
Closed reduction (metatarsal)	
Terminal Syme (lesser digits)	
Excision of nevi	
Soft tissue tumors – forefoot	

**Category 2 Privileges**

<b>Privilege</b>	<b>Requested</b>
Terminal Syme (hallux)	
Excision of hemangioma	
Plastic repair of skin - rear foot	
Repair of ruptured leg - forefoot	
Plantar fasciotomy and heel spurs	
Excision of plantar fibromatosis	

**Category 2 Privileges** (continued)

<b>Privilege</b>	<b>Requested</b>
Syndactylization	
First metahead resection (partial or complete)	
Hallux valgus repair (first MP only)	
Partial resection of hypertrophied tarsal bone	
Dorsiflexotory wedge osteotomy (2-5)	

**Category 3 Privileges**

<b>Privilege</b>	<b>Requested</b>
Aneurysm	
Tendon transfer (digital)	
Tendon transfer (other)	
Tendo-Achilles lengthening	
Repair of ruptured tendon	
Tenodesis	
Tendon transplant	
Capsulotomy - rear foot	
Repair of Syndactylism	
Repair of polydactylism	
Amputation (digital)	
Panmetahead resection	
Extension arthroosteotomy	
Excision of metatarsal	
Excision of trigonum	
Excision of tarsal bone	
Closed reduction (rear foot)	
Open reduction (other)	
Digital fusions (IP Joints)	
Metatarsal tarsal fusions	
Arthrodesis of tarsus	
Use of K wires - staples	
Implants - wire for fixation	
Skin graft	

**Category 3 Privileges (Continued)**

<b>Privilege</b>	<b>Requested</b>
Repair of osteomyelitis	
Done cysts and tumors	
Osteotomies with fusion (digits, metahead, tarsal)	
Implants - forefoot and digital	
Cavus foot correction	
Flatfoot correction	
Metatarsal adductus correction	
Dorsiflectomy wedge osteotomy	
Reconstruction of anomaly	

I request the clinical privileges indicated above and certify that I meet all of the training requirements set forth for the granting of each level of clinical privileges.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date