



POLICY: CREDENTIALLING OF PODIATRIC SURGEONS

1. PURPOSE AND SCOPE

This document is based on **The Standard for Credentialing and Defining the Scope of Practice (2004)** by Australian Commission on Safety and Quality in Health Care (ACSQHC). The Standard currently forms the basis for the credentialing of health care practitioners in every mainland State (Appendix 1). As described in the preface of the 2004 document, the standard applies to credentialing and defining the scope of clinical practice of all health care professionals in a broad range of clinical settings.

2. BACKGROUND

The Australian Health Workforce Ministerial Council under the *Health Practitioner Regulation National Law Act 2009* has recognised podiatric surgery as a specialty.

Since 1976, The Australasian College of Podiatric Surgeons (“ACPS”) has been responsible for the development and training of podiatric surgeons in Australia.

The ACPS sets rigorous criteria in podiatric surgery. On completion of exit examinations, Fellows of the ACPS are extensively trained to deal with the diagnosis, surgical and adjunctive treatment of disease, injuries and defects of the human foot and ankle and associated structures.

All Fellows of the ACPS must maintain an accredited status through participation in continuing professional development, peer review and surgical audit.

It is the position of the ACPS that 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. This should occur regardless of medical degree. These privileges should be based on the completion of training that is duly accredited by the surgeons’ registration board and surgical college. In addition, the privileging process should evaluate specialised foot and ankle post-Fellowship documentation, surgical training logs, and/or demonstration of current clinical experience at other facilities, continuing education, and accreditation, along with Fellowship qualification.

Credentialing should be based on specialty-specific foot and ankle training.

3. BODY OF POLICY

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.

Privileging

The granting of clinical privileges for a foot and ankle surgeon with a Fellowship of the ACPS should be based on fair and objective analysis that follows the same National Standard requirements as set forth in evaluating other specialists and physicians consistent with the Australian Commission on Safety and Quality in Health Care (“ACSQHC”) and/or individual State standards.

The ACSQHC Standard specifies 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.

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 ACSQHC. These key elements allow for measurable and uniform objective criteria to be applied in evaluating a podiatric surgeon 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 ACSQHC standards.

All Fellows of the ACPS have comprehensive exposure and training to practice the diagnosis, surgical and adjunctive treatment of disease, injuries and defects of the human foot and ankle and associated structures.

It is accepted that post Fellowship individual training expertise will develop in specific techniques or procedures.

Defining scope for individual podiatric surgeons

Using the ACSQHC standard (Page 46), the ACPS supports an approach combining a *standardised checklist* and *descriptive narrative*.

Each institution should consider the following criteria in making decisions:

Checklist

The attached checklist provides a guide to the procedures that podiatric surgeons (Fellows of the ACPS) have been trained in (Appendix 2)

Descriptive Narrative

Each Fellow of the ACPS should supply a written outline of the scope of work that the individual intends to perform at the facility. This may simply be a reference to the whole list.

ACPS Accreditation

Each Fellow of the ACPS should be able to supply a certificate from the ACPS confirming currency in respect to clinical audit, peer review and continuing professional development.

ACPS advice

The ACPS is able to verify the accreditation status of a podiatric surgeon.

Podiatry Board of Australia

The credentialing committee should verify current registration as a specialist podiatric surgeon through the Podiatry Board of Australia website (<http://www.ahpra.gov.au/Registration/Registers-of-Practitioners.aspx>)

RELEVANT DOCUMENTS

ACPS training document and relevant policies of the ACPS available from podiatric.surgeons@rsmi.com.au

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VERSION CONTROL	
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Appendix 1

State credentialing and scope of practice documents referencing. The Standard for Credentialing and Defining the Scope of Practice(2004).

1. **NSW**
Available from:
http://www.hnehealth.nsw.gov.au/cg2/professional_practice/credentialing_and_scope_of_practice
2. **Vic**
Available from:
<http://www.health.vic.gov.au/clinicalengagement/>
3. **WA**
Available from: <http://www.safetyandquality.health.wa.gov.au/initiatives/credentialling.cfm>
4. **SA**
Available from:
http://www.health.sa.gov.au/DesktopModules/SSSA_Documents/LinkClick.aspx?tabid=46&table=SSSA_Documents&field=ItemID&id=842&link=T%3A%5C_Online+Services%5CWeb+Admin%5CIndividual_site_correspondence%5CProject+Correspondence%5CClinical+Practic
5. **ACT**
Available from:
<http://www.health.act.gov.au/c/health?a=dlpubpoldoc&document=862>
6. **QLD**
Available from:
http://www.health.qld.gov.au/cpic/documents/cred_scp_clncl_prctc.pdf

Appendix 2

Podiatric Surgery Billing Codes December 2010

Notes:

- This guide is confined to professional attendance and procedural services.
- The list is meant as a guide to assist the health insurance industry and consumers. The list is not exclusive nor a scope of practice statement.
- Codes prefaced by "F" relate to the podiatry billing code (Australasian Podiatry Council).
- The 5 digit MBS codes relate to the Medicare Benefits Schedule of services.
- Whilst a Medicare rebate does not exist for podiatric procedures, these codes demonstrate equivalent procedures. They are used as descriptors to assist the hospital and private insurance industry to establish appropriate hospital cost and rebates.

Procedural services		
F Codes	MBS Codes	Service Description
F429	30064	Foreign body removal (subcutaneous)
F430	30068	Foreign body removal (deep)
F440	47906	Avulsion of toenail
F445	31230 31205 31210	Excision, benign lesion - toes Excision, benign lesion - < 10 mm Excision, benign lesion - > 10 mm
F474	47915	Excision Nail/matrix partial for permanent removal
F475	47918	Excision Nail/matrix complete for permanent removal
F476	31230	Excision or plastic correction of peri-ungual tissue
F492	30029	Linear repair
F502	45200 50345	Adjacent tissue transfer Skin plasty example: V toY

F504	45200	Digital Syndactylism
F541	30185	Electrocautery, chemical, cryocautery of benign or quiescent lesion or verrucae with or without curettage
F546	47916	Nail root and matrix resection with matrix sterilization (single edge)
F547	47918	Nail root and matrix resection with matrix sterilization (Total nail)
F561	30219	Incision of soft tissue abscess (superficial)
F562	30223	Incision of soft tissue abscess (deep)
F678	49806	Percutaneous tenotomy
F687	49809	Open Tenotomy
F689	50103 49706	Capsulotomy or arthrotomy (exploration, drainage or reduction) Ankle
F692	50106	Ligament/ capsule repair (digital)
F694	50106 49709	Ligament/ capsule repair (midfoot/rearfoot) Ligament/ capsule repair (ankle)
F698	49854	Plantar fasciotomy
F699	49854	Plantar fasciectomy
F702	49866	Neurectomy of peripheral nerve
F703	39330	Neurolysis of peripheral nerve
F704	30107	Excision of cyst or small ganglion
F705	47969	Tenosynovectomy
F750	47966	Tendon transfer or transplant (forefoot insertion)

F752	50339 50342	Tendon transfer or transplant (rear foot insertion – Tibialis Anterior) Tendon transfer or transplant (rear foot insertion – Tibialis Posterior)
F755	49809	Tenoplasty (digital insertion- includes repair of tear or rupture)
F757	49718	Tenoplasty (midfoot- includes repair of tear or rupture)
F759	49724 49727	Tenoplasty (rear foot- repair of tear or rupture) Tenoplasty (rear foot- lengthen)
F712	48400	Excision or curettage of bone cyst or benign tumour (forefoot)
F713	48406	Excision or curettage of bone cyst or benign tumour (rearfoot)
F715	48400	Primary metatarsal ostectomy
F716	48400	Lesser metatarsal ostectomy
F720	48406	Lesser tarsal ostectomy
F721	48406 49818	Tarsal ostectomy Calcaneal spur resection
F722	48418	Tibial ostectomy
F723	48406	Fibular ostectomy
F725	48400	Phalangeal ostectomy
F728	44338 44342 44358	Digital resection (amputation) If multiple amputation Amputation includes metatarsal
F731	48400	Phalangectomy
F732	44358	Metatarsal resection (supernumerary or other)
F733	48406	Tarsal resection

F736	48400	Excision of accessory ossicle (partial or total)
F739	49848	Digital arthroplasty
F742	49821 49824 49827 49830 48400	1 st metatarsophalangeal arthroplasty - unilateral 1 st metatarsophalangeal arthroplasty - bilateral 1 st metatarsophalangeal arthroplasty - adductor transfer 1 st metatarsophalangeal arthroplasty - adductor transfer (bilateral) Lesser metatarsophalangeal arthroplasty – adductor transfer
F744	50127	Tarsal arthroplasty
F746	50127	Ankle arthroplasty
F791	50333	Excision of tarsal coalition
F782	48403 49833 48836	Primary metatarsal Osteotomy (distal) Hallux valgus osteotomy (unilateral) Hallux valgus osteotomy (bilateral)
F783	48403	Primary metatarsal Osteotomy (proximal)
F784	48403	Lesser metatarsal Osteotomy (distal)
F785	48403	Lesser metatarsal Osteotomy (proximal)
F786	48403	Phalangeal Osteotomy
F787	48409	Tarsal osteotomy
F788	48421	Tibial osteotomy
F789	48409	Fibular osteotomy
F793	47921	Insertion of internal fixation
F794	47927	Removal of buried wire or screw
F795	47930	Removal of buried plate or rod
F852	49845	Metatarsophalangeal arthrodesis
F854	50109	Tarso-metatarsal arthrodesis

F856	49851	Interphalangeal arthrodesis
F857	49815 50109 50118	Tarsal arthrodesis - Triple Tarsal arthrodesis – other Tarsal arthrodesis – Sub talar joint
F858	49712	Ankle arthrodesis
F860	50127	Subtalar arthroereisis
F862	47726	Bone graft harvest
F863	48239 48242	Bone graft insertion Bone graft with internal fixation
F872	50130 47948 50300	External fixation device for distraction, rotation or angular osteotomy - application Removal of device All inclusive description
F873	47639 47666 47672	Open reduction internal fixation forefoot - metatarsal Open reduction internal fixation forefoot - hallux Open reduction internal fixation forefoot - phalanx
F874	47630 47615 47618	Open reduction internal fixation rearfoot (Midtarsal region) Open reduction internal fixation rearfoot (Other) Open reduction internal fixation rearfoot (Intra articular)
F884	49700 49703 50102	Arthroscopy for diagnosis Arthroscopy Ankle Arthroscopy other joints
F875	47600 47603	Open reduction & internal fixation tibia or fibula - malleolus Open reduction & internal fixation tibia or fibula - multiple