I. DEFINITION

The Podiatry Section is part of the Department of Surgery and is governed by the rules and regulations of the Department of Surgery. The podiatry affiliate status is covered by the Bylaws of the Medical Staff.

II. PURPOSE

The Podiatry Section is organized for the purpose of providing professional services to the public in accordance with the highest standards of patient care. This section will direct and supervise the professional activities of its members who attend patients at SGAH.

III. ORGANIZATION

A. All rules and regulations of this section will conform to the Bylaws of the Medical Staff and the rules and regulations of the Department of Surgery.
B. This section will operate as a section of the Department of Surgery and will provide an organizational relationship between its members and the Department of Surgery.
C. For administrative purposes, the Podiatry Section within the affiliate staff status, will be divided into the following categories:

   1. Affiliate Active
   2. Affiliate Provisional
   3. Affiliate Courtesy

IV. ELIGIBILITY

Eligibility and appointments to the Podiatry Section will conform to the Bylaws of the Medical Staff and rules and regulations of the Department of Surgery.

V. OFFICERS

Officers of the Podiatry Section will be elected annually by the members of the active staff of the section according to the rules and regulations of the Medical Staff Bylaws.

VI. PRIVILEGES

A. The officers shall consist of a Chair and secretary. All privileges will be granted in accordance with the Medical Staff Bylaws regarding the Podiatry Affiliate Staff.

B. All privileges will be granted upon review and approval of the candidates' professional credentials by the Podiatry Credentials Committee, the Credentials Committee, the Chair of the Podiatry Section and the Chair of the Department of Surgery.

C. All privileges will be granted in accordance to the areas of proficiency of the individual member in regards to the delineation of various privileges.

D. Podiatrists who are not members of the staff may be granted temporary privileges for nonoperative podiatry at the patient's bedside on request from a member of the medical staff in accordance with the Medical Staff Bylaws pertaining to this issue.
E. Any other operating room privileges will be considered on an individual basis, based on experience and recognized advanced hospital training.

VII. MEETINGS

There shall be an annual meeting of the section with a regular agenda, including quality assurance case presentations.

The Chair may call special meetings for the purpose of transacting any business.

VIII. PROMOTION AND MAINTENANCE OF PRIVILEGES

Promotion within the categories of affiliate staff as defined in Section III C. shall be done in conformity with the requirements for promotion within the same categories as defined in the Bylaws of the Medical Staff. In order to be promoted to the affiliate active or affiliate levels, each individual must meet the following requirements:

A. Demonstrate adequate use of the hospital with a minimum of 25 patient contacts for Active status.

B. Board Certification Status: Effective May 21, 2000, new MD, DO, DPM, and DMD/DDS (Oral Surgeons only) applicants to the medical and affiliate staff must be board certified or board admissible. Effective June 27, 2005, all MD, DO, DPM, and DMD/DDS (Oral Surgeons Only) applicants who completed their residency program after January 1, 1990 must be board certified or board admissible by the appropriate Board recognized by the American Board of Medical Specialties or by the American Board of Oral and Maxillofacial Surgery or by the American Board of Podiatric Surgery pertinent to their field of expertise and request for privileges. Effective August 30, 2006, the American Osteopathic Association Boards (AOA) are considered equivalent to the American Board of Medical Specialties (AMBS) Boards for the purposes of credentialing and are accepted for membership and privileges. In the case of new applicants who are graduates from residency/fellowship programs and are board admissible, board certifications must be achieved within 5 years of completion of their residency/fellowship. Failure to achieve certification within the 5-year grace period will result in automatic termination of medical staff membership and clinical privileges at reappointment anniversary.

Board Recertification: Effective January 1, 2006, all new applicants who have completed residency in the year 2005 or after must comply with the re-certification requirements of their Board in their primary area of practice.

IX. ANNUAL/BIANNUAL MEDICAL STAFF DUES

All medical staff members are required to pay annual/biannual medical staff dues (with the exception of Emeritus Status members). Please note there is no refund of medical staff dues.