Department of Veterans Affairs
Veterans Health Administration
Washington, DC 20420

VHA HANDBOOK 1122.1
Transmittal Sheet
December 6, 2001)

PODIATRY SERVICES FOR VETERANS HEALTH ADMINISTRATION MEDICAL FACILITIES

1. REASON FOR ISSUE: This Veterans Health Administration (VHA) Handbook implements policies and procedures for foot and ankle services to veteran beneficiaries.

2. SUMMARY OF MAJOR CHANGES: None.

3. RELATED ISSUES: VHA Directive (pending publication).

4. RESPONSIBLE OFFICE: The Director, VHA Central Office Podiatry Services, is responsible for the contents of this handbook. Questions may be referred to (216) 231-3286.

5. RESCISSION: None.

6. RECERTIFICATION: This VHA Handbook is scheduled for recertification on or before the last working day of December 2006.

S/ Timothy Buckley for
Thomas L. Garthwaite, M.D.
Under Secretary for Health

DISTRIBUTION: CO: E-mailed 12/7/2001
FLD: VISN, MA, DO, OC, OCRO, and 200 – E-mailed 12/7/2001

CONTENTS

PODIATRY SERVICES FOR VETERANS HEALTH ADMINISTRATION MEDICAL FACILITIES

PARAGRAPH **PAGE**

PARAGRAPH **PAGE**

APPENDIX

PODIATRY SERVICES FOR VETERANS HEALTH ADMINISTRATION MEDICAL FACILITIES

1. PURPOSE

This Veterans Health Administration (VHA) Handbook describes procedures for implementation of foot and ankle care programs at VHA facilities. Podiatry services are provided as specified under the statute of Title 38, United States Code (U.S.C.) Section 7306 and Public Law (Pub. L.) 104-262, as amended. The Department of Veterans Affairs (VA) provides full-scope podiatry services for veterans.

2. BACKGROUND

a. The veteran population represents a special cohort of patients with increased needs as compared to the general population. Concurrent systemic diseases such as diabetes, peripheral vascular disease, and arthritis place veteran patients at increased risk for limb-threatening consequences. The ability of patients to walk has a profound influence on their physical and psychological condition and quality of life.

b. The 1970s launched an impressive growth in the number of podiatrists in Federal services. The Veterans Omnibus Health Care Act of 1976 expanded VA podiatric medical programs to include the Department of Medicine and Surgery classification and benefits to VA podiatrists. In addition, this law had significant impact on the development of podiatric health services within VA.

c. At present, there are approximately six hundred full and part-time podiatrists that compose the Podiatric Service nationally. One hundred sixty-seven VHA facilities have Podiatry Services, with the remainder facilities utilizing consultant staff. Additionally, there are one hundred fifty-six podiatric residency positions nationwide, which are placed in forty-six VHA podiatric residency programs.

3. GOALS

VHA podiatry health care goals are to:

a. Deliver the highest quality foot care possible, to the greatest number of veterans in a timely, compassionate, efficient, and cost-effective manner.

b. Provide preventive services as a philosophy of the practice to include patient education and counseling to veterans with limb-threatening foot and ankle complications (i.e., diabetes, peripheral vascular disease, etc.), their families, and/or significant others.

c. Encourage sharing of programs through the provision of support to the Department of Defense (DoD), Native American Health Services, and Public Health Services.

d. Maintain professional collaboration with academic affiliations for ensuring high quality education and continuous improvement in educational programs.

e. Support research in podiatric care that address projected veteran population needs, health care administration, and health care organizations.

f. Support other VHA services in their patient care missions, and

g. Provide a team approach to reduce lower extremity complications of chronic diseases such as diabetes and peripheral vascular disease.

4. RESPONSIBILITIES

a. **Office of Patient Care Services, VHA Central Office.** The Office of Patient Care Services manages VHA Central Office's clinical programs that serve to support the actual delivery of patient care services in the field. It integrates professional knowledge and practice skills into policy, planning and systemwide development of patient care guidelines, critical pathways, and practice parameters. This includes leadership for many of the programs designated as "special emphasis programs" by the Under Secretary for Health.

b. **Office of Primary and Ambulatory Care.** The Office of Primary and Ambulatory Care is the Strategic Healthcare Group (SHG) that manages VHA's primary care and ambulatory specialty programs that support the actual delivery of patient care services in the field. These specialty programs include: optometry, ophthalmology, podiatry, and dentistry.

c. **Director, VHA Podiatry Services.** The primary responsibilities of the Director include the design, development, direction, and overall administration of interdisciplinary systemwide podiatry health care services. This scope of responsibility entails direct involvement with other VHA leadership and administrative elements. The Director reports directly to the Chief Consultant, Primary and Ambulatory Care, and serves as VHA's liaison to the American Podiatric Medical Association (APMA) and the American Association of Colleges of Podiatric Medicine (AACPM).

d. **Veterans Integrated Service Networks (VISN).** VHA is organized into twenty-two VISNs. Each VISN provides administrative leadership to improve the coordination, delivery, and effectiveness of health care services. The VISNs are responsible for the allocation of available resources in accordance with VA and VHA policy to ensure the provision of podiatric health care when appropriate in each VHA medical facility.

e. **Director, VHA Medical Facility.** The medical center Director has the responsibility of determining appropriate organizational mechanisms. In VA medical facilities, the podiatrist may be assigned to Surgical Service, Ambulatory Care Service, or the Chief of Staff, with the exception of VHA domiciliaries where the podiatrist may be assigned to the Chief of Staff, or consulting surgeon. Each facility is responsible for publishing a local policy that states the criteria outlined in existing VHA policy and the pertinent accrediting body standards. ***NOTE:***

When possible, the local policy should be consistent with the policies of the affiliated universities.

f. **Chief, Podiatry Service.** Chief, Podiatry Service, refers to the podiatrist at the facility level with primary responsibility for the operations of the Podiatry Service and the management of related professional and administrative activities. The Chief, Podiatry Service:

(1) Must have the qualifications, responsibilities, and authority of the Chief, Podiatry Service, clearly defined in writing.

(2) May serve as a liaison to professional organizations, Colleges of Podiatric Medicine, and in some cases, VISNs.

(3) Ensure that interpretation of policy or procedures is communicated through appropriate channels to VHA Central Office, Podiatry Service (112B) for clarification, when indicated.

(4) Is responsible for the quality of the overall affiliated education and residency training program, and for ensuring that the program is in compliance with the policies of the respective accrediting and/or the certifying body, i.e., the Council on Podiatric Medical Education (CPME). ***NOTE:*** *Podiatry Service staff are licensed, independent podiatrists who have been formally credentialed and privileged at VHA facilities in accordance with applicable requirements. It is expected that staff podiatrists are to be familiar with the content and provisions of this handbook, local policies and procedures, and to conduct their practice in accordance with those provisions.*

5. SCOPE

The scope of practice for podiatric medicine employs accepted measures and methods for the diagnosis, medical, mechanical, and surgical treatment, prevention, and control of foot, ankle, and related conditions. An integral component of the delivery of podiatric health care is the promotion of health education, the objective being to stimulate public interest in early detection and care for the identification of common foot problems and complications of systemic diseases, and to prevent deformity, disability, and complications.

a. **Local Podiatry Policies and Procedures.** As adjunct to this handbook, each VHA facility is to develop and publish local podiatry policies and procedures, which relate to issues regarding the operations of individuals or services provided within the facility, or that require cooperation between Podiatry and other services.

b. **Eligibility for Services.** To be eligible for podiatry services in VA ‘s health care system, most veterans are required to be enrolled except for veterans:

(1) Requiring care for service-connected conditions.

(2) Serviced-connected at 50 percent or more.

(3) Discharged from active duty following the first 12 months, if the discharge was for a disability incurred or aggravated in the line of duty.

c. **Treatment Recommendations.** The Secretary of Veterans Affairs, in accordance with the provisions of existing legislation and regulations, (Pub. L. 104-262) is authorized to provide inpatient hospital and outpatient health care, and nursing home care to veterans. Podiatry services that are recommended must be of the highest possible quality to meet VA's responsibility of providing veterans satisfactory and professionally acceptable treatment.

6. PODIATRIC CLINICAL FUNCTIONS

The following elements are suggested as areas of consideration for the delivery of podiatric care in an ambulatory setting (Podiatric Medicine and Public Health: Qualifications for Podiatrists in Public Health, Commission Report, Arthur E. Helfand, DPM, May 15, 1997):

a. The VHA facility needs to supply adequate resources to deliver quality podiatric services. Not only does this refer to the physical structure, but to the equipment available to podiatrists and providers for diagnosis and treatment.

b. Staff podiatrists and providers of foot and ankle care must be qualified and individually competent to deliver appropriate services.

c. The standards of care will be consistent with established norms and criteria. The quality of care should consider the major elements of:

(1) History, examination and medical records,

(2) Diagnostic management, and

(3) Treatment and follow-up.

d. Care provided to patients is to be consistent with the appropriate scope of practice and the delineation for each individual practitioner, which are practitioner-specific and related to monitors for quality assurance. The training, education, judgment and ability of each individual practitioner are reflected in the proficiencies that determine individual delineation for clinical privileges and relate directly to patient care services.

e. Podiatric examinations need to utilize appropriate means that include:

(1) History,

(2) Physical exam,

(3) Radiographs,

(4) Laboratory studies, and

(5) Other special diagnostic tests, such as those in biomechanics and vascular analysis.

f. Primary podiatric care deals with primary complaints and foot discomfort. The term primary refers to two distinct areas, the:

(1) Initial visit, and

(2) Types of services provided.

g. Pain should be explored to its fullest extent with all appropriate diagnostic modalities utilized.

h. Appropriate, specialized medical consultation is to be employed when indicated. When the diagnosis is in doubt, systemic disease is present and contributing as a complicating factor, then clinical care should be interdisciplinary in approach and based on total patient need.

i. Appropriate diagnostic tests should be available and employed when indicated.

j. Debridement, pathomechanical, foot orthopedic, biomechanical, radiographic, orthotic, dermatological, and surgical procedures must be applied as elements of total patient care.

k. Appropriate pharmacology must be utilized in accordance to local polices and privileges, and the provisions and Drug Enforcement Administration (DEA).

l. Corrected footwear and orthotics are to be program components.

m. Biopsy and guidelines for followup of potential malignancies must be considered and provided.

n. Onychial care is to be provided in a suitable manner with consideration of the diagnosis and patient outcome projections.

o. At-risk patients who have concomitant systemic disease, such as diabetes, are to receive patient instruction and education as part of the patient education programs.

p. Appropriate physical modalities and procedures for primary inflammation of the foot are to be available, and a component of patient management to complement mechanical and orthotic procedures.

q. Health education should be utilized for individual patients, in-group educational settings, and as a part of a total interdisciplinary approach to preventive care.

r. Podiatric surgical care is to be in accordance to individual delineation, local facility admitting privileges, and performed in the appropriate setting, utilizing suitable anesthesia services for patient care.

s. Those clinics that utilize non-physician providers (i.e., Nurse Practitioners, registered Nurses, Physician Assistants, etc.) for the provision of routine foot care must have appropriate staff supervision by physicians or podiatrists according to their scope of granted privileges. ***NOTE:*** *VHA Handbook 1100.19, 6. Privileging (3) Clinical privileging is the process by which a practitioner is granted permission by the institution to independently provide medical or other patient care services, within the scope of the practitioner's license, based on an individual's clinical competence as determined by peer references, professional experience, health status (as it relates to the individual's ability to perform the requested clinical privileges) education, training, and licensure and registration.*

7. OTHER PODIATRIC HEALTH CARE COMPONENTS

a. **Emergency and Crisis Intervention.** Emergency podiatric needs can be addressed through the Podiatry Service in an ambulatory setting, ward consultation, and emergency room. Emergencies that occur after administrative hours will be addressed through medical facility podiatry on-call policies. Podiatric residents, assisted by medical center personnel are permitted to do everything possible to save the life of a patient and/or save the patient from serious harm. Should such a situation occur, as soon as possible, the resident must contact the appropriate staff practitioner to apprise this staff practitioner of the situation. The nature of this discussion must be documented in the patient's medical record (see VHA Handbook 1400.1).

b. **Preventive Health Services.** Pub. Law 102-585 authorized the provision of preventive health services to any veteran under care at VHA facilities. Each facility must have a program to educate veterans with respect to health promotion and disease prevention and provide screening and other clinical services.

c. **Employee Health.** Podiatric services may be provided for employees with on-the-job foot and ankle disorders and injuries as outlined in each facility's employee health policy.

d. **VA and Department Of Defense (DoD) Sharing Agreements (VHA) Handbook 1660.1.** The VA-DoD sharing law gives VHA medical facilities the flexibility to negotiate sharing agreements covering the broad spectrum of health related activities, to include podiatric services. Since prospective agreements may impact on health care resources within a VISN, VHA medical centers may consult with VISNs before submitting these agreements to the Medical Sharing Office (176) for approval. Approximately, forty VHA medical facilities utilize this agreement for the provision of podiatric services to the Department of Defense, Native American Health Services, and Public Health Services. Specialized health care agreements are generally initiated at the VA facility level, but are subject to VHA and VISN review and approval.

8. VHA SPECIAL EMPHASIS PROGRAM

VHA's mission is to serve the needs of America's veterans. It does this by providing specialized care, primary care, and related medical and support services. It is VHA's policy that

the Special Emphasis Programs are an essential and critical part of VHA, and are assessed, utilizing performance measures to ensure the ongoing successful functioning of these programs.

a. **Preservation-Amputation Care and Treatment (PACT) Program.** The PACT program is an interdisciplinary program of care and treatment that was established to reduce the incidents of amputation and other lower extremity complications resulting from diabetic foot ulcers and peripheral vascular disease. PACT patients are those with amputations and those patients identified as "at-risk" for limb loss. All patients are assessed for their degree of risk to limb loss, and PACT preservation efforts are focused.

b. **Prosthetic and Sensory Aids Service (PSAS).** PSAS provides medically prescribed prosthetic and sensory aids, devices, and repairs to eligible disabled veterans to facilitate the treatment of their medical condition(s). Prosthetic appliances include all aids, appliances, parts or accessories which are required to replace, support, or substitute for a deformed, weakened, or missing anatomical portion of the body. Podiatry and Prosthetics Services interact, along with other interdisciplinary health care professionals, to provide care and treatment to amputee veterans, veterans at risk of amputation, and veterans with foot deformities. The PACT Program and the Amputee Clinic Team, for example, are modalities to provide such care. All medically prescribed orthopedic footwear, modifications, and functional foot orthotics should be fabricated by a VA Prosthetic and/or Orthotic Laboratory whenever practical; however, local commercial sources may be used when cost-effective to avoid hardship on the veteran. National policy, procedures, and eligibility criteria for the provision of prosthetic and sensory aids services can be found in VHA handbooks 1173.1 (Eligibility), 1173.9 (Footwear and Shoe Modifications), and 1173.10 (Orthopedic Orthosis and Supports).

c. **Geriatric and Long-term Care Program.** Podiatry services provide medical and surgical management of foot pathology seeking to improve the functional capacity of geriatric patients by keeping them ambulatory longer, reducing pain and discomfort, and thereby improving the quality of life. ***NOTE:*** *Medical centers that have established Geriatric Research Education and Clinical Centers (GRECC) may offer education and training in the care of elderly veterans by co-sponsoring Podiatric-Geriatric residency fellowships.*

d. **Spinal Cord Consultation.** Podiatry services provide medical and surgical management of foot pathology to achieve the highest possible functional capacity for this patient group and thereby improve the quality of life.

9. RECRUITMENT, APPOINTMENT, AND PROMOTION

a. **Recruitment.** Podiatrists are recruited in accordance with the stated strategies and sources suggested in MP-5, Part II, Chapter 2. When individual VHA medical facilities have been unsuccessful in recruiting for funded positions, they may request assistance from the Chief, VHA Central Office, Podiatry Service. Requests should contain all pertinent information on the vacant position, (i.e., specialty, required qualifications, and intended assignment).

b. **Professional Standards Review Board.** The Professional Standards Review Board is composed of one physician (the Chairperson) and two podiatrists. The primary functions of this board are to:

(1) Review and act on employment applications to determine whether the applicant meets the requirements set forth in VHA qualification standards.

(2) Review completely all applicant qualifications for advancement by examining the Official Personnel Folder, proficiency reports, and other pertinent documentation, and to make appropriate recommendations based on findings.

(3) Execute VA Form 10-2543, Board Action.

c. **Appointment.** Title 38 U. S. C. 4114 authorizes the approval of the qualifications and selection of all podiatrists. Qualification standards are defined in MP-5, Part II, Chapter 2, Appendix D. Basic requirements include:

(1) United States citizenship.

(2) A degree of Doctor of Podiatric Medicine, or its equivalent, from a school of podiatric medicine approved by the Secretary of Veterans Affairs and CPME.

(3) Licensure to practice podiatry in a State, Territory, or Commonwealth of the United States. Podiatrists are required to possess full and unrestricted licensure and to maintain a current registration in their State of licensure.

(4) Being physically able.

(5) Being proficient in spoken and written English, if appointed to a direct patient care position.

d. **Promotion of Podiatrists.** Except for those in Chief grade, podiatrists will become eligible for periodic consideration for promotion to the next higher grade after they fully meet all the requirements:

(1) Current proficiency rate of "satisfactory."

(2) Served the required time-in-grade as stipulated in MP-5, Part II Chapter 5, paragraph 6f. ***NOTE:*** *Podiatrists must meet the same grade requirements, including the specified demonstrated accomplishments as for appointment.*

e. **Special Advancement for Achievement.** A Special Advancement of one to five steps within the grade may be awarded to podiatrists who have achieved exceptional and recognized professional attainment.

(1) Recommendation will be made to by the appropriate officials to the VHA Central Office Professional Standards Board when a podiatrist has attained sufficient achievement under established criteria.

(2) Approval of such advancement shall be based on the finding and recommendations of the VHA Professional Standard Board.

(3) The effective date of special advancements is the first day of the pay period following administrative approval by the appropriate authority.

(4) Such advancements must not be regarded as an equivalent increase in compensation for pay purposes.

f. **Special Advancement for Performance.** Podiatrists who have demonstrated a sustained high level performance and professional competence over and above that normally expected of employees in the particular grade or profession; or who have made noted contributions in some phase of their profession, may be considered for a special advancement for performance.

(1) Approval of such advancement shall be based on the findings and recommendations of the VHA Professional Standards Board, as applicable, that podiatrists meet established criteria.

(2) An advancement of three steps, two steps if Podiatrist is at Step 8, not to exceed the maximum grade, may be granted in lieu of and on the same due date established for a periodic step increase.

(3) The advancement shall be regarded as an equivalent increase.

(4) No two such advancements may be granted in succession within the grade.

10. CREDENTIALING AND PRIVILEGING

Clinical privileging is defined as the process by which a licensed practitioner is permitted by law, and the facility to practice independently, to provide medical or other patient care services within the scope of the individual's license, based on the individual's clinical competence as determined by peer references, professional experience, health status, education, training and licensure. It is required to ensure that an applicant has the required education, training, experience, physical and mental health, and skills to fulfill the requirements of the position and to support the requested clinical privileges. Fully-licensed podiatric physicians are permitted by state law and the VHA facility to provide patient care services independently. They must be properly credentialed and privileged based on VHA policy and state law.

11. EDUCATION AND TRAINING

a. VHA's educational objective is to ensure that its educational offerings emphasize areas of the greatest societal need and are responsive to the needs of veterans, today and in the future. VHA Postdoctoral Podiatric Residency program meets this objective in two capacities:

(1) **Podiatric Resident Education.** Podiatric resident education refers to the postdoctoral training programs which provide structured learning experiences for podiatric medical graduates in medical patient management, with training in the diagnosis and care of podiatric pathology.

(2) **Podiatric Medical Student Education.** Podiatric medical student education is the clinical experience offered to podiatry students in the fourth year of a doctoral program accredited by CPME. This training provides students with exposure to podiatric clinical practice in a patient care setting under the direct supervision of staff podiatric practitioners.

b. **Primary Care Education Program for Medical Residents and Associated Health Trainees (PRIME).** The PRIME program provides an essential opportunity to educate interdisciplinary health care teams in the delivery of comprehensive, longitudinal, patient-centered care to veterans. Interdisciplinary training not only provides opportunities for health care professionals to learn about other disciplines, but also it provides a collegial environment that fosters cooperation.

12. ROLES AND RESPONIBILITIES

a. **Chief of Staff.** The Chief of Staff is responsible for the quality of both the residency-training program and the care provided by staff practitioners and residents. This responsibility may be shared with the Associate Chief of Staff for Education, or similar position.

b. **Program Director.** The residency program director is responsible for the quality of the affiliated educational and training program, and for ensuring that the program is in compliance with the policies of the respective accrediting and/or certifying body.

c. **Staff Practitioners.** Staff practitioners are licensed, independent podiatrists who have been formally credentialed and privileged at VHA facilities in accordance with applicable requirements. The practitioner may provide care, and will exercise authority and responsibility over the care delivered to patients by residents.

d. **Podiatry Resident.** Residents are individuals who are engaged in an approved graduate training program in podiatric medicine and participate in patient care under the direct supervision of staff practitioners. Such training is usually provided for a period of 1 or 2 years in a program approved by CPME.

e. **Podiatry Student.** Clinical experience is offered to podiatry students in doctoral programs accredited by the CPME. Training provides students with exposure to the podiatric clinical practice in a patient care setting under the direct supervision of staff podiatric practitioners.

13. TYPES OF POSTDOCTORAL RESIDENCY PROGRAMS

In 1993, the APMA House of Delegates adopted revised accreditation standards for residencies in Podiatric Medicine (CPME: 320). These requirements recognized the following basic types of postdoctoral teaching programs:

a. **Rotating Podiatric Residency (RPR).** This program provides the graduate with a well-rounded exposure to a hospital environment in preparation for management of podiatric conditions and diseases as they are related to systemic diseases.

b. **Podiatric Primary Medicine Residency.** This program provides the graduate with clinical experience in primary medicine with an emphasis on disease prevention and health promotion, community medicine, and behavioral science.

c. **Podiatric Orthopedic Residency (POR).** This program develops the graduate in the art and science of preventing and controlling podiatric conditions and diseases, and promoting foot health through principally mechanical and rehabilitative methods.

d. **Podiatric Surgical Residency (PSR-12).** This program provides the graduate with clinical experience necessary to become competent in the most common types of foot surgery.

e. **Podiatric Surgical Residency (PSR-24).** This is a 24-month (or more) program that provides the graduate with clinical experience necessary to become competent in the full scope of advanced podiatric surgery.

14. ACCREDITATION OF POST DOCTORAL RESIDENCY PROGRAMS

a. **CPME.** CPME is responsible for accreditation of podiatric education programs. This organization conducts on site evaluations and reviews of programs. Approval by the CPME is the recognition afforded programs that meet the educational standards established by the profession. The primary objective for approval is to promote and assure high quality education and continuous improvement in educational programs. Residency programs affiliated with VHA facilities must be accredited by the CPME.

b. **The Joint Residency Review Committee (JRRC).** JRRC is responsible for determining candidate status of new residency programs and authorization of requests for additional residency positions, and recommending approval of postgraduate residency training programs to CPME. Membership of the JRRC is comprised of trained residency evaluators selected and trained by the following organizations that are recognized by VHA:

(1) American Board of Podiatric Orthopedics and Primary Podiatric Medicine.

(2) American Board of Podiatric Surgery.

(3) American College of Foot and Ankle Surgeons.

(4) American College of Foot and Ankle Orthopedic and Medicine.

15. APPOINTMENT OF PODIATRIC RESIDENTS AND STUDENTS

a. Podiatric residents may be appointed on a per annum or on a without compensation (WOC) basis. Paid appointments are usually limited to 1 year for residents. In certain circumstances, approval by VHA, Office of Academic Affiliations, for a second funded year may be granted pending successful completion of the first year.

b. Podiatry students are only appointed on a WOC basis.

c. Residents must meet the licensure requirements in the appropriate VHA qualification standards.

d. VHA podiatry residency programs will not receive trainee support unless they are accredited by CPME. Those VHA facilities with emerging residency programs must document to VHA, Office of Academic Affiliations (143), appropriate and timely plans to seek accreditation (e.g., candidacy status from CPME).

16. SUPERVISION OF PODIATRY RESIDENTS AND DETERMINATION OF LEVELS OF RESPONSIBILITY

a. Supervision refers to the authority and responsibility that staff practitioners exercise over the care delivered to patients by residents. Such authority is applied by observation, consultation and direction, and includes the imparting of knowledge, skills, and attitudes by the practitioner to the resident. VHA residency training programs must ensure adequate supervision is provided for residents at all times, and that the supervision is documented as described in VHA Handbook 1400.1 (http//www.va.gov/oaa/).

b. **Levels of Responsibility.** Progressive responsibility may be given to residents as part of their training program (see VHA Handbook 1400.1).

(1) The determination of a resident's ability to accept responsibility for performing procedures or activities without a staff practitioner present will be based on documented evidence of the resident's clinical experience, judgment, knowledge and technical skills. Such evidence may be obtained from the affiliated university, evaluations by staff practitioners or program coordinator, and/or other clinical practice information.

(2) Documentation of levels of responsibility must be filed in the resident's record or folder that is maintained in the office of the residency program director, Chief of Staff, or program coordinator, and will include all applicable information.

17. EVALUATION OF PODIATRIC RESIDENTS

a. Residents are evaluated on the basis of clinical judgment, knowledge, technical skills, humanistic qualities, professional attitudes, behavior, and overall ability to manage the care of

patients. Evaluation of the resident's performance in ongoing rotations is to be conducted at least quarterly.

b. If at any time a resident's performance is judged to be detrimental to the care of a patient(s), action will be taken immediately to ensure the safety of the patient(s). The residency program director must promptly provide written notification to the affiliate program director or the department or division chairperson of the resident's unacceptable performance or conduct. ***NOTE:*** *Due process for residents will be provided in accordance to local policies and procedures.*

c. Each resident is given the opportunity to complete a confidential written evaluation of staff practitioners and the quality of the resident's training. Such evaluations are to include the adequacy of clinical supervision by the staff practitioner.

d. All written evaluations of residents and staff practitioners must be kept on file in a location in accordance with local facility policy.

18. MEDICARE BILLING REQUIREMENTS FOR RESIDENCY TRAINING PROGRAMS

It is VHA policy that, within the environment of reasonable charges, VHA is committed to meeting Medicare standards when billing Medigap, Medicare supplemental insurance plans, plans coordinating benefits with Medicare, and other insurers applying Medicare guidelines that require the presence of a Teaching Physician (in VHA practice, the Attending Physician) while the resident provides care to a patient. ***NOTE:*** *In these cases, to bill for care provided by the resident under the Teaching Physician's name and credentials, the medical record documentation must meet Medicare's requirements.*

19. RESEARCH AND DEVELOPMENT

Research and development is an essential component of the Podiatry Service. It has been estimated that 90 percent of veterans over the age of 65 suffer from some type of painful foot condition, severe enough to limit ambulation. This veteran population represents a special cohort of patients with increased needs as compared to the general population. Podiatric research must consider the epidemiological characteristics of foot conditions and in particular, those related to chronic disease and aging. Specific areas of priority should include:

a. The role of podiatric personnel in the interdisciplinary team care of patients treated for chronic diseases, particularly those patients at risk for limb loss.

b. Comprehensive foot care for populations at risk in relation to disability.

c. Effectiveness of treatment and clinical management of diabetic patients.

4. Education of podiatrists with current issues of health care systems.

20. QUALITY IMPROVEMENT

It is the responsibility of the Chief, Podiatry Service, or designee, to:

a. Ensure the quality of the services provided to its veteran population, through the development and implementation of monitors, which evaluate the program's activities, functions, and utilization of resources. This includes the development of a systematic approach to the medical center's integrated process for designing, measuring, and assessing the performance of staff podiatrists.

b. Integrate a method of monitoring, evaluation of programs, podiatric activities, and functions into its improvement plan to effect change, and the efficient utilization of resources.

c. Develop and design clinical monitors based on clinical practice guidelines that may be published by organizations such as: Joint Commission on Accreditation of Healthcare Organizations (JCAHO), American College of Foot and Ankle Surgeons, and the American College of Foot and Ankle Orthopedics and Medicine, all of which have documented standards of care applicable to the practice of Podiatry.

d. Assess the quality of health care delivery within the service, as delegated by or through the VISN Director, medical center Director, and/or the Chief of Staff. All minutes and items brought forth that pertain to the Quality Improvement program activities shall remain confidential under VA Regulation Title 38 United States Code Section 3305. Physician confidentiality is to be maintained through the use of provider identification numbers. ***NOTE:*** *The Director, VHA Central Office Podiatry Service will provide general guidance and nationwide coordination of the Podiatry Quality Improvement Plan.*

21. FIELD ADVISORY COMMITTEES

a. The Chairpersons of the five facility Field Advisory committees comprise the membership of the VHA Director, Podiatry Service's Field Advisory Group. The facility Field Advisory committees function to assist the Director with issues of concern regarding research, training and education, professional development (education), professional practice, and quality assurance. The committees meet via conference call quarterly, and meet in person at the annual APMA meeting, if resources are available.

b. The Director, VHA Podiatry Service, appoints field podiatrists as members of the facility Field Advisory committees. In addition, the Director, VHA Podiatry Service appoints the Chairperson of each facility Field Advisory committee who has demonstrated experience and expertise in the Field Advisory discipline. Each of the appointed Chairpersons serves on the Director's Field Advisory Group. The five facility field Advisory committees are as follows:

(1) **The Residency Training Advisory Committee**

(a) Mission. The mission of the Residency Training Advisory committee is to advise the Director, VHA Central Office Podiatry Service on issues relating to residency and student

training within the service of podiatric medicine. To accomplish its mission, the advisory committee provides for accountability and excellence in education through program development, curricular standards, valid clinical and didactic assessment methods, and defining Directors of Residency Training programs roles and responsibilities.

(b) Responsibilities. The responsibilities of the Residency Training Committee are to assess the residency needs of the service through surveys of field podiatrists, and review of requirements for residency program approval, and any other data that is considered appropriate for this purpose. Such assessments will be ongoing by the Committee and an annual report of findings and recommendations will be submitted to the Director, Podiatry Service.

(c) Principal Issues. Principal issues are to maintain professional relationships with affiliated universities and medical schools for the purpose of:

1. Assessing the current status of academic affiliations within the profession,

2. Establishing a resource network using current successful models,

3. Working with the colleges of podiatric medicine to establish affiliation mechanisms, and

4. Providing assistance to field podiatrists in obtaining faculty status.

(2) **The Research Advisory Committee**

(a) Mission. The mission of the Research Advisory Committee is to advise the Director, Podiatry Service, on issues relating to research within the service of podiatric medicine. To accomplish its mission, the Advisory Committee develops action plans to implement change that will provide for excellence in research, especially as it relates to health care value and service.

(b) Responsibilities. The responsibilities of the Research Advisory Committee are to assess the research needs of the Podiatry Service through surveys of field podiatrists, review requirements for research funding, and any other data that is considered appropriate for this purpose. These assessments are to be ongoing, and an annual report of findings and recommendations will be submitted to the Director, Podiatry Service.

(c) Principal Issues. Principal issues include , but are not limited to:

1. Outcome research,

2. Research programs, and

3. Funding of research programs.

(3) **The Professional Development (Education) Advisory Committee**

(a) Mission. The mission of the Professional Development Advisory Committee is to advise the Director, Podiatry Service, on issues relating to professional development of the profession, and to serve as a liaison to the sponsors of continuing education for podiatry. To accomplish its mission, the Advisory Committee will:

1. Provide excellence in education of professional practice by developing active learning events rather than passive ones.

2. Encourage the use of innovative methods for information delivery and assessment.

(b) Responsibilities. The responsibilities of the Professional Development Advisory Committee are to:

1. Assess the professional development needs of Podiatry Service and practice through surveys of field podiatrists, post-program surveys, review of requirements for accreditation for sponsors of podiatric continuing medical education, and any other data that is considered appropriate for this purpose. ***NOTE:*** *Such assessments should be ongoing by this group and an annual planning session for upcoming programs will be held.*

2. Plan for educational activities based on need assessments and available resources. Once the content has been established, the Professional Development Committee determines the program faculty or authors of educational modules. The Committee assesses the curriculum vitae of each faculty member and determines the qualifications. The Committee will establish the program and/or module topics, learning goals and objectives for each component, and will be in consultation with the faculty.

3. Publish program goals and objectives in the all program materials.

4. Recommend the most effective methods of information delivery. Interactive methods will be preferred over passive methods.

5. Develop post-program surveys.

6. Approve content assessment methods (i.e., pre-tests, post-tests, and module examinations which are to be designed by the faculty) to provide outcome data concerning the effectiveness of the program.

(4) **The Quality Assurance Advisory Committee**

(a) Mission. The mission of the Quality Assurance Advisory Committee is to advise the Director, Podiatry Service, on issues relating to quality assurance within the service of podiatric medicine. To accomplish its mission, the Advisory Committee will develop action plans to implement changes, which will provide a plan to insure exceptional accountability in the delivery of podiatric health care.

(b) Responsibilities. The responsibilities of the Quality Assurance Advisory Committee are to assess the quality assurance needs of the service through surveys of the field podiatrists, peer review, examination of VHA policies pertaining to quality assurance, JCAHO requirements, and any other data this is considered appropriate for this purpose. Assessments are to be ongoing, and an annual report of findings and recommendations will be submitted to the Director, Podiatry Service.

(c) Principal Issues. Principal issues will include, but are not limited to:

1. Preferred practice guidelines,

2. Clinical monitors, and

3. Peer review.

(5) **The Podiatric Practice Advisory Committee**

(a) Mission. The mission of the Podiatric Practice Advisory Committee is to advise the Director, Podiatry Service, on issues relating to the most effective and efficient practice of podiatric medicine.

(b) Responsibilities. The responsibilities of the Podiatric Practice Advisory Committee are to assess the practice needs of the service through surveys of field podiatrists, review of state requirements for licensure, VHA policies which relate to credentialing and privileging, and any other data that is considered appropriate for this purpose. Assessments are to be ongoing by the Committee and an annual report of findings and recommendations will be submitted to the Director.

(c) Principal Issues. Principal issues will include, but are not limited to:

1. Uniform privileges and/or scope of practice,

2. Compensation parity,

3. Qualifications standards, and

4. Clinical concerns.

22. FACILITY RESOURCES

The needs and requirements of the Podiatry Service may vary at each medical facility; therefore, each facility is to best determine its needs and how best to provide a podiatry clinic. Definitions of facility resources include the following:

a. **Clinical Space and Equipment.** There is common equipment used in podiatric care, including the following:

(1) Treatment table and/or chair appropriate for the positioning of patients for foot and ankle treatment.

(2) Treatment cabinet with a lock for the storage of commonly used instruments, supplies, and medications.

(3) Power drills, which are used for the debridement and rasping of nails and callused skin.

(4) A dust evacuation system for removing air-born particles.

(5) An orthotic grinder for the adjustment of orthotic devices.

(6) A provider stool.

(7) A desk with computer workstation that has access the Veterans Health Information System and Technology Architecture (VistA) patient database.

(8) A supply of podiatric instruments that is individually wrapped and sterilized for use with each patient. This supply of instruments should serve the patient population that is being treated, with a surplus to accommodate an extra clinic day in reserve.

(9) A "sharps" container and/or biohazard waste containers.

(10) A sink for hand washing.

(11) Safety equipment such as gloves, masks, eye shields or face guards.

(12) A barrier and/or drape and gowns.

(13) Access to blood pressure cuff.

(14) Access to an emergency "crash cart."

(15) Other Occupational Safety and Health Administration (OSHA) and JCAHO requirements.

b. **Space Recommendations**

(1) **Examination Rooms.** An 8' x 10' room with adequate ventilation. ***NOTE:*** *The number of exam rooms per practitioner will be determined as appropriate for patient population and clinical staff.*

(2) **Administrative Space.** An office for the full-time Chief Podiatrist. ***NOTE:*** *Although dependent on facility resources, it is ideal that staff podiatrists have individual or shared office*

space. In addition, it is highly recommended that the Residency Program Director have an individual office.

(3) **Utility Room.** A utility room with ventilation hood for orthotic grinding and handling volatile reagents.

c. **Additional Space Recommendations.** Often in ambulatory settings, the following space is shared with other clinics.

(1) Reception area to include space for clerical and administrative support.

(2) Waiting area.

(3) Consultation and/or physician conference rooms.

(4) Medication dispensing area

(5) Equipment and supply storage area.

(6) Clean utility room

(7) Soiled utility room.

TELEPHONE TRIAGE GUIDELINES: FOOT AND ANKLE PROBLEMS

1. CHARACTERISTICS

a. **Anatomical.** To include: ingrown nails, deformed, thick, painful, and/or dystrophic toenails.

b. **Skin** To include: painful corns and calluses, infections, ulcers, abscesses, trauma and lacerations**.**

c. **Bone and/or Deformities.** To include: claw, mallet, hammer toes; and bunions.

2. ASSESS COMPLAINT

a. What kinds of problems are you having?

b. When did these symptoms begin? How long have they been going on?

c. Are there signs of infections? Is the foot red? Is it hot? Is it swollen and/or is pus present?

d. Do you have a fever?

e. Have you had this problem before? If so, how was it treated? If professionally, by whom? Did you treat it your self? How?

f. Do you have a history of diabetes? Peripheral Vascular Disease? Hypertension and/or liver problems?

g. What types of medications are you taking? Prescribed? Over the counter medications?

3. CATEGORIZE ACUITY

a. **Emergent.** The patient states that there are signs of infection present. Call or page house officer (if available). Patient should be seen in the Emergency Room (ER).

(1) Limb threatening.

(2) Intractable pain.

(3) Unstable wound and/or infection.

(4) Fever >101.5.

(5) Diabetic.

(6) Recent trauma.

b. **Acute.** The patient should be seen in a Podiatry clinic within 24 to 48 hours.

(1) Non-infected ulcer.

(2) Stable wound.

(3) Ingrown toenail (non-diabetic).

(4) Acute gout attack (Complete Blood Count (CBC), Sedimentation rate, urinalysis.

(5) Painful nails or keratosis (diabetic).

(6) History of trauma.

(7) Suspected osteomyelitis.

c. **Sub-acute.** The patient should be seen in Podiatry clinic within 1 to 2 weeks.

(1) Heel pain (non-traumatic). Order: CBC, Sed rate, and x-ray.

(2) Forefoot pain.

(3) Painful nails. Keratosis and/or Peripheral Vascular Disease (PVD).

d. **Chronic.** The patient should be seen in Podiatry clinic, next available appointment.
NOTE: *Depend on the nurse's judgment.*

CERTIFYING ORGANIZATIONS

1. Verifying Board Certification. The American Podiatric Medical Association House of Delegates, the Council on Podiatric Medical Education, and the Veterans Health Administration (VHA) currently recognize three specialty areas. They are:

a. American Board Podiatric Orthopedics and Podiatric Primary Medicine,

b. American Board of Podiatric Surgery, and

c. American Board of Podiatric Public Health

2. **Council on Podiatric Medical Education (CPME).** CPME is the nationally recognized approving organization for post-doctoral training. Members of the preceding specialty boards collaborate with the CPME in the evaluation of residency training programs that emphasize podiatric orthopedics, primary podiatric medicine, and podiatric surgery.

3. American Podiatric Medical Association (APMA). APMA is the premier professional organization representing the nation's podiatrists. APMA began in 1912 as the National Association of Chiropodists. However, it traces its roots to the New York Pedic Society, which began in 1895. APMA represents approximately 80 percent of the podiatrists in this country.

4. American Association of Colleges of Podiatric Medicine (AACPM). The AACPM is a national not-for-profit educational association whose members include seven colleges of podiatric medicine and approximately one hundred sixty hospitals and other types of institutions that offer graduate or postdoctoral training in podiatric medicine.

5. American Board of Podiatric Orthopedics and Primary Podiatric Medicine (ABPOPPM). ABPOPPM is the certifying board for podiatric orthopedics and primary podiatric medicine that is recognized by the CPME of APMA and VHA.

6. American College of Foot and Ankle Orthopedics and Medicine. The American College of Foot and Ankle Orthopedics and Medicine focuses on the educational and research components of podiatric orthopedics and primary podiatric medicine.

7. American Board of Podiatric Surgery (ABPS). ABPS is the certifying board in podiatric surgery recognized by CPME and VHA.

8. American College of Foot and Ankle Surgeons. The American College of Foot and Ankle Surgeons' focus is the educational and research components of podiatric surgical practice.