Inpatient History and Physical Privileges for Podiatric Physicians

Position of the American Podiatric Medical Association

In classrooms and operating rooms, podiatric physicians are trained to perform comprehensive medical history and physicals (H&Ps) and evaluate them to arrive at an appropriate diagnosis and treatment plan. APMA supports the granting of legal authority permitting podiatric physicians to perform in-patient H&Ps. Our position is consistent with CMS and our approach—requiring individual demonstration of education, training, and experience in the privileging process—is also consistent with the Joint Commission. APMA believes that it is only when the legal authority is consistent with our training, education, experience, and demonstrated competency, that our patients and health-care consumers reap the benefit from increased access to quality health care.

Position of the Centers for Medicare & Medicaid Services

The Medicare Hospital Conditions for Participation (CoPs) issued by the Centers for Medicare & Medicaid Services (CMS) were amended in 2006 to specifically recognize doctors of podiatric medicine and other practitioners among the pool of professionals who may perform H&Ps. The CoPs require hospital bylaws to include a requirement that:

...[A] medical history and physical examination be completed no more than 30 days before or 24 hours after admission for each patient by a physician (as defined in section 1861(r) of the Act), an oromaxillofacial surgeon, or other qualified individual in accordance with State law and hospital policy.¹

As noted, a podiatric physician is a “physician” as defined in §1861(r) of the Social Security Act. Thus, a podiatric physician has the same authority as an allopathic or osteopathic physician to perform H&Ps for in-patient admissions at hospitals that participate in the Medicare program. Indeed, the express purpose of the 2006 amendment was to expand H&P eligibility to podiatrists and other practitioners. See preamble discussion at 71 Fed. Reg. at 68677-68678 (in which the CMS agreed with APMA and the podiatric medical community that podiatric physicians are, by education and training, capable of performing a comprehensive H&P for any of their patients).

Position of the Joint Commission

The Joint Commission has long recognized the ability of podiatrists to perform inpatient H&Ps. The 2009 Hospital Accreditation Standards, Standard MS.2.10, Rationale for MS.2.10, explains that “the organized medical staff recommends practitioners for privileges to perform medical history and physical examinations; the governing body approves such privileges. Licensed independent practitioners (that is, physicians, oral and maxillofacial surgeons, dentists, podiatrists and some APRNs), physician assistants, and some APRNs may perform medical history and physical examinations if permitted by law, the medical staff bylaws, and the organization to do so.” Furthermore, the Standards Clarification issued by JCAHO in 2000 states that “[i]t is consistent with MS.6.2.2. [the predecessor to MS. 2.10] for qualified, credentialed and privileged Doctors of Podiatric Medicine to independently perform all or part of the medical history and physical examination, subject to applicable state law and the determination by the medical staff that high risk patients require confirmation or endorsement of the history and physical by a qualified physician.”

¹ 42 CFR § 482.22(c)(5) (2009).
Education, Training, and Experience of Podiatric Physicians

Most often, issues regarding hospital privileges for podiatrists arise because the medical staff may not be familiar with the educational, training, and board certification processes in podiatric medicine. To be sure, podiatrists are subject to a comprehensive and rigorous educational and training process. Similar to allopathic and osteopathic medical school, entrance into one of nine colleges of podiatric medicine is preceded by a four-year undergraduate degree. The course of instruction leading to the DPM degree is four years in length. Subsequently, the doctor must complete a postdoctoral residency program at an accredited hospital or academic health center.

For almost thirty years, the Council on Podiatric Medical Education (CPME), an autonomous accrediting agency for podiatric medical education, has required podiatric medical colleges and residency programs to integrate H&P training in their educational instruction. Colleges of podiatric medicine must provide a curriculum in the clinical sciences that permits the student to perform a complete medical history and physical with the ability to recognize abnormalities that would lead to differential diagnosis and/or additional testing.

Additionally, podiatric residents must perform a minimum of 25 complete H&Ps and be competent to perform H&Ps and interpret findings (including pre-operative H&Ps). As required by CPME, podiatric residents must “develop the ability to utilize information obtained from the history and physical examination and ancillary studies to arrive at an appropriate diagnosis and treatment plan. Documentation of the approach to treatment must reflect adequate investigation, observation, and judgment.”

Conclusion

In the context of hospital privileging and credentialing, APMA supports granting clinical privileges to podiatric physicians based on the individual’s training, education, and experience within the legal scope of practice of the respective jurisdiction. Stringent clinical privileges that do not fully delineate the expertise of podiatric physicians also limit the public’s access to timely and quality health care. On the same note, hospital bylaws governing services provided by podiatric physicians should also reflect the clinical ability and standard of care of podiatric medicine in the jurisdiction in question.

About APMA

Founded in 1912, the American Podiatric Medical Association (APMA), headquartered in Bethesda, Maryland, is the leading resource for foot and ankle health information. Currently, the organization represents a vast majority of the estimated 15,000 podiatrists in the country. In addition to the national headquarters, APMA boasts 53 state component locations throughout the United States and its territories, as well as affiliated societies. For more information, visit www.apma.org.

Facts and Figures

Podiatrists are specialists examined and licensed in all 50 states and DC. Forty states and DC have podiatric licensing boards. In the remaining 10 states, podiatric medicine is regulated by medical licensing boards.

Podiatrists are defined as physicians by the federal government and in most states. In the few states that do not use the term “physician” in the definition, podiatrists are licensed to diagnose and treat the foot, ankle, and lower extremity.

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