

**PODIATRIC MEDICAL AND SURGICAL SERVICES
FOR VETERANS HEALTH ADMINISTRATION MEDICAL FACILITIES**

- 1. REASON FOR ISSUE.** This Veterans Health Administration (VHA) Handbook implements procedures for foot and ankle services to Veteran beneficiaries.
- 2. SUMMARY OF MAJOR CHANGES.** None.
- 3. RELATED ISSUES.** VHA Directive 1122 (pending publication).
- 4. RESPONSIBLE OFFICE.** The Office of Patient Care Services (11) is responsible for the contents of this Handbook. Questions may be referred to the Director of Podiatry Services (111) at (216) 231-3286.
- 5. RESCISSION.** VHA Handbook 1122.1, dated December 6, 2001 and M-2 Part XIV, Chapter 6 dated June 16, 1993 are rescinded.
- 6. RECERTIFICATION.** This VHA Handbook is scheduled for recertification on or before the last working day of November 2014.

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PODIATRIC MEDICAL AND SURGICAL SERVICES FOR VETERANS HEALTH ADMINISTRATION MEDICAL FACILITIES

1. PURPOSE

This Veterans Health Administration (VHA) Handbook describes procedures for management of foot and ankle care programs at VHA facilities. Podiatric medical and surgical services are provided as specified under the statute of Title 38, United States Code (U.S.C.), Sections 1710 and 1701(6)(C), implementing regulations in Title 38, Code of Federal Regulations (CFR) Part 17, and Public Law (Pub. L.) 104-262, as amended.

2. BACKGROUND

a. The Veteran population represents a special cohort of patients with increased needs 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 including quality of life.

b. In the 1970s, there was an impressive growth in the number of podiatrists in Federal services. The Veterans Omnibus Health Care Act of 1976 expanded Department of Veterans Affairs (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 VHA.

c. Nationally, there are approximately five hundred full and part-time podiatrists comprising the Podiatric Medical and Surgical Service. One hundred eighty VHA facilities have Podiatric Medical and Surgical Services with the remaining facilities utilizing consultant staff. Additionally, there are two hundred podiatric trainee positions nationwide, which are placed in forty-six VHA podiatric residency training programs.

3. SCOPE

Podiatric Medical and Surgical Service of the VA Health Care System serves the needs of America's Veterans by providing the highest quality foot and ankle care. To accomplish this mission the Podiatric Medical and Surgical Service needs to:

a. Be fully integrated into the interdisciplinary health care team by providing preventive services as a philosophy of practice to include patient education and counseling to Veterans with limb threatening foot and ankle complications (e.g., diabetes, peripheral vascular disease, etc), as well as their families, caregivers, and significant others.

b. Be an integral component of the National Preservation Amputation Care and Treatment (PACT) team, located throughout VHA's medical facilities. The goal of this team is to identify high-risk diabetic patients for follow up care, and ultimately amputation prevention.

- c. Provide care in the most cost-effective manner while ensuring that access to care is available when the Veteran needs it.
- d. Partner with VHA Office of Academic Affiliations (OAA) academic and professional communities to educate the next generation of health care professionals to ensure high quality education and continuous improvement in educational training programs.
- e. Engage in research oriented towards patient outcomes.
- f. Encourage sharing agreements by providing support to the Department of Defense (DOD), Indian Health Services, and Public Health Services.
- g. Support other VHA services.
- h. Fully implement the principles and strategies of systems redesign in order to effectively foster invention and meaningful continuous improvements in how every operation with Podiatric Medical and Surgical Services is accomplished.
- i. **Scope of Practice.** The scope of practice for podiatric medicine and surgery 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 is to stimulate 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.
- j. **Local Podiatry Policies and Procedures.** As adjunct to this Handbook, each VHA facility shall develop and publish local podiatry policies and procedures, which relate to issues regarding the operation of services provided within the facility, or that require cooperation between Podiatry and other services.
- k. **Eligibility for Services.** To be eligible for podiatry services in VHA, Veterans must meet the eligibility criteria for VA health care.
- l. **Treatment Recommendations.** Podiatric medical and surgical services that are recommended must be of the highest possible quality to meet VA's responsibility of providing Veterans the most efficient and professionally acceptable treatment.

4. RESPONSIBILITIES OF THE DIRECTOR, PODIATRY SERVICES, VA CENTRAL OFFICE

The primary responsibilities of the Director include the overall administration of a system-wide podiatry health care service. This scope of responsibility includes the development and oversight of program policy. The Director reports directly to the Chief Consultant, Medical-Surgical Services, and is VHA's liaison to the American Podiatric Medical Association (APMA), American Association of Colleges of Podiatric Medicine (AACPM), and the Council of Teaching Hospitals (COH).

5. RESPONSIBILITIES OF THE DIRECTOR, VA MEDICAL FACILITY

The medical facility Director is responsible for determining appropriate organizational placement of podiatrists. 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.

6. RESPONSIBILITIES OF THE CHIEF, PODIATRIC MEDICAL AND SURGICAL SERVICE

The Chief, Podiatric Medical and Surgical Service, refers to the podiatrist at the facility level with primary responsibility for the operations of the Podiatric Medical and Surgical Service and the management of related professional and administrative activities. The Chief, must have the qualifications, responsibilities, and authority of the Chief clearly defined in writing. The Chief is responsible for:

- a. Serving as a liaison to professional organizations, Colleges of Podiatric Medicine, and in some cases, Veterans Integrated Service Networks (VISNs).
- b. Ensuring that interpretation of policy or procedures is communicated through appropriate channels to VHA Central Office, Podiatric Medical and Surgical Service (112B) for clarification, when indicated.
- c. Ensuring the quality of the overall affiliated education and residency training program.
- d. Ensuring that the program is in compliance with the policies of the respective accrediting and the certifying body, i.e., the Council on Podiatric Medical Education (CPME).

***NOTE:** Staff podiatrists must be familiar with the content and provisions of this Handbook, and implementing local policies and procedures. Podiatric Medical and Surgical staff are licensed, independent podiatrists who have been formally credentialed and privileged at VHA facilities in accordance with applicable requirements. See VHA Handbook 1100.1.*

7. PODIATRIC CLINICAL FUNCTIONS

The following elements are requirements 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 both physical and human resources; as appropriate, to deliver quality podiatric services.
- b. Staff podiatrists and providers of foot and ankle care must be qualified and individually competent to deliver appropriate services.
- c. Podiatric examinations need to utilize appropriate means that include:

- (1) History and physical examination and documentation in medical record;
- (2) Diagnostic assessment and formulation of treatment plans; and
- (3) Treatment and appropriate management.

d. Podiatric care deals with primary complaints and foot discomfort. The term primary refers to two distinct areas including the:

- (1) Initial visit, and
- (2) Types of services provided.

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

f. Referral processes must be evaluated to ensure that patients are appropriately referred for Podiatry care based on the risk categories defined in VHA policy regarding Management of Pedal Keratosis, Onychomycosis and Other Nail Disorders and VHA policy regarding Preservation Amputation Care and Treatment. Those individual making such referral must use service agreement guidelines developed collaboratively between referring services (e.g. Primary care and podiatry).

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

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

i. The prescribing of appropriate medications must be done in accordance with Drug Enforcement Administration licensure and the local polices and privileges.

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

k. Biopsy and guidelines for follow up of potential malignancies must be considered and provided.

l. Onychial care is to be provided in a suitable manner with consideration of the diagnosis and patient outcome projections. Less complicated procedures can be done in a primary care setting when those professional services are available.

m. High risk patients who have concomitant systemic disease, such as diabetes, peripheral vascular disease, end-stage renal disease, arthritis, visual impairment, etc. need to continue to be regularly followed in Podiatric Medical and Surgical clinics; however, practitioners should employ maximum time intervals on appointments that are based on medical necessity to reduce demand on the clinic schedule.

n. 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.

o. Health education needs to be utilized for individual patients in group educational settings and as a part of a total interdisciplinary approach to preventive care.

p. 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.

q. Those clinics that use 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.

8. OTHER PODIATRIC HEALTH CARE COMPONENTS

a. **Podiatric Medical Emergency Care.** Podiatric Medical emergency care is described as care for conditions that require immediate attention to prevent loss of life or limb; or is required to prevent the progression of a disease process that could lead to loss of life or limb.

(1) Emergency podiatric needs can be addressed through the Podiatric Medical and Surgical Service in an ambulatory setting, ward consultation, or emergency room if appropriate resources are available.

(2) Emergencies that occur after administrative hours need to be addressed through medical facility podiatry on-call policies.

(3) Podiatric residents, assisted by medical center personnel (consistent with the informed consent provisions of VHA Handbook 1400.1) are permitted to do everything possible to save the life of a patient and save the patient from serious harm. Should such a situation occur; the resident must contact the appropriate staff practitioner as soon as possible to apprise this staff practitioner of the situation. The nature of this discussion must be documented in the patient's medical record.

b. **Preventive Health Services.** Pub. L. 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 podiatric health promotion and disease prevention and provide screening and other clinical services for podiatric conditions.

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.** 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 medical and surgical services. (*See VHA Handbook 1660.04*) Since prospective agreements may impact health care resources

within a VISN, VHA medical centers need to consult with their VISN before submitting these agreements to the Medical Sharing Office (10B7A2) for approval. Many VHA medical facilities utilize these agreements for the provision of podiatric services to the DOD, 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.

9. VHA SPECIAL EMPHASIS PROGRAM

VHA's mission is to serve the needs of America's Veterans. VHA does this by providing specialized care, primary care, and related medical and support services. It is VHA 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.** VHA's PACT program was established in 1993, to meet the changing needs of the Veteran population, i.e., more amputations due to neuropathic and vascular conditions and fewer traumatic amputations. It represents a model of care developed to prevent or delay amputation through proactive early identification of patients that are at risk of limb loss.

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. Podiatric Medical and Surgical Services and Prosthetics Services, along with other interdisciplinary health care professionals, 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 need to be fabricated by a VA Prosthetic and 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, 1173.9, and 1173.10.

c. **Geriatric and Longterm Care Program.** Podiatric Medical and Surgical 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.** Podiatric Medical and Surgical services provide medical and surgical management of foot pathology to achieve the highest possible functional capacity for spinal cord injury patients and thereby improve the quality of life.

10. RECRUITMENT, APPOINTMENT, AND PROMOTION

a. **Recruitment.** Podiatric physicians are recruited in accordance with the stated strategies and sources suggested in VA Handbook 5005, Part I, and Chapter 1. When individual VHA medical facilities have been unsuccessful in recruiting for funded positions, they may request assistance from the Chief, Podiatric Medical and Surgical Services and VA Central Office (VACO). Requests need to contain all pertinent information on the vacant position, (i.e., specialty, required qualifications, and intended assignment).

b. **Podiatry Professional Standards Board.** The Podiatry Professional Standards Board is composed of the Chairperson and two podiatrists. A representative from Human Resource Management will serve as the technical representative to the Podiatry Professional Standards Board. 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 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. sections 7401(1) and 7403(a)(1)-(2) authorizes the approval of the qualifications and appointment of all podiatric physicians and surgeons. Qualification standards and procedures for appointing podiatrists are defined in VA Handbook 5005. Basic requirements include:

(1) United States citizenship.

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

(3) An unrestricted license to practice podiatric medicine or surgery in a State, Territory, or Commonwealth of the United States.

(4) Being physically able.

(5) Being proficient in spoken and written English.

d. **Restrictions to Appointment.** A podiatric physician may not be employed in such position if the person is or has been licensed (as applicable to the position), in more than one State and either:

(1) Any of those States has terminated such license for reasons of professional misconduct, professional incompetence or substandard care, or

(2) The person has voluntarily surrendered such license in any of those States after being notified in writing by that State of potential termination for reasons of professional misconduct, professional incompetency or substandard care, unless the revoked or surrendered license is fully restored. The effective date of VA's licensure requirement for podiatrists is November 8, 1966.

NOTE: Podiatric physicians who were appointed before November 30, 1999, and have maintained continuous appointment since that date, are not disqualified for continuous appointment since that date, are not disqualified for employment by any license revocations or voluntary surrenders that predate November 30, 1999, provided they possess one full and unrestricted license as applicable to the position. See 38 U.S.C. section 7402(f); VHA Handbook 1100.19.

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

(1) Current proficiency rating of "satisfactory."

(2) Served the required time-in-grade as stipulated in VA Handbook 5005. *NOTE: Podiatrists must meet the same grade requirements, including the specified demonstrated accomplishments as for appointment.*

f. **Special Advancement for Achievement.** A special advancement of one to five steps within the grade may be awarded to podiatric physicians who have achieved exceptional and recognized professional attainment.

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

(2) Approval of such advancement shall be based on the findings 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.

g. **Special Advancement for Performance.** Podiatric physicians who have demonstrated a sustained high level of 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 podiatric physicians meet established criteria.

(2) An advancement of three steps, two steps if a podiatric physician 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.

11. CREDENTIALING AND PRIVILEGING

a. 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.

b. Privileges are facility and provider specific. Professional Practice Evaluation is a process whereby the facility evaluates the privilege-specific competence of the practitioner. At the time of initial granting of a privilege(s), a time-limited Focused Professional Practice Evaluation (FPPE) is implemented to document evidence of competently performing the requested privileges granted by the facility. Subsequent to the FPPE, on-going monitoring of privileges allows the facility to monitor the quality of care delivered by the practitioner, and identify professional practice trends that impact positively or negatively the quality of care and patient safety. *See VHA Handbook 1100.19.*

12. EDUCATION AND TRAINING

a. VHA conducts the largest coordinated education and training effort for health care professionals in the Nation. OAA leads VHA's health professions education mission that enables VHA to provide excellent care to Veterans; to attract and retain high quality professional staff; and to enhance the learning environment. VHA partners with academic and professional communities to educate the next generation of health care professionals for the benefit of VA and the Nation. *See VHA Directive 1400.*

b. Roles And Responsibilities

(1) **Chief Academic Affiliation Officer.** The Chief Academic Affiliations Officer is the National leader of VHA's teaching mission. The Under Secretary for Health appoints the Chief of OAA, VHA, Washington, DC. The Chief Academic Affiliations Officer is responsible for the coordinated education and training effort for VHA health care professionals in the Nation.

(2) **VA Designated Education Officer (DEO).** The DEO is the designated VA employee who has oversight responsibility for all clinical training at each VA facility that either sponsors or participates in accredited training programs. The title for this education leader may be the Associated Chief of Staff for Education, Director of Education, Chief Education Service Line, or similar title.

NOTE: The DEO describes a functional assignment and not an organizational title. Each facility involved with residency programs must appoint a DEO for coordination of local graduate medical education and other education activities as assigned. See VHA Handbook 1400.1.

(3) **Associated Chief of Staff for Education (ACOS for E).** The ACOS for E is a designated educational leader with expertise in Graduate Medical Education (GME) and health professions education. *NOTE: ACOS for E is the preferred organizational title for individuals assigned the responsibility of the DEO.*

(4) **Residency Program Director.** The Residency Program Director is the education leader with full authority and responsibility for the administration of a residency program in a specialty or subspecialty. The Residency Program Director is responsible for full compliance with standards of accrediting and certifying bodies.

(5) **Supervising Practitioners.** Supervising practitioners are licensed, independent podiatric physicians who have been credentialed and privileged at VA facilities in accordance with applicable requirements. The practitioner may provide care, and will exercise authority and responsibility over the care delivered to patients by the resident.

(6) **Podiatry Student.** Clinical experience may be offered to podiatric medical students in doctoral programs approved by the CPME. Training provides students with exposure to the podiatric and non-podiatric clinical practice in a patient care setting under the direct supervision of supervising practitioners.

(7) **Podiatric Medical and Surgical Resident.** Residents are individuals who are engaged in an approved graduate training program in podiatric medicine or podiatric surgery, and participate in patient care under the direct supervision of supervising practitioners. Such training is usually provided for a period of 2 to 4 years in a program approved by CPME.

(8) **Podiatric Medical and Surgical Fellows.** Fellows are individuals that have completed an approved specialty residency program. Podiatric fellowship education is a component in the continuum of the educational process.

(9) **Educational Affiliation Agreements.** An affiliation agreement must be in place before trainees in non-Department of VA education programs receive clinical training at VA facilities and before trainees in VA-sponsored programs receive training at non-VA facilities. The affiliation agreement delineates the duties of VA, the other institution, and trainees with respect to the clinical education of the trainee. Appropriate VA and partner institution officials must sign each affiliation agreement. *NOTE: In the past, institutions sending trainees to VA facilities for fewer than 40 hours per year or for observation only were exempt from requiring an affiliation agreement; these exemptions no longer exist.*

c. **Types Of Postdoctoral Residency Programs.** In July 2003, the American Podiatric Medical Association House of Delegates approved a new residency training format.

(1) **Podiatric Medicine and Surgery 24 (PM&S-24) or Podiatric Medicine and Surgery-36 (PM&S-36):** Either program is a resource-based, competency-driven, assessment-validated program that consists of post graduate training in inpatient and outpatient medical and surgical management. The program provides training resources that facilitate the resident's sequential and progressive achievement of specific competencies.

(a) Resident completion of a PM&S-24 leads to the foot surgery certification pathway of the American Board of Podiatric Surgery (ABPS) and the certification pathway of the American Board of Podiatric Orthopedics and Primary Podiatric Medicine (ABPOPPM). The curriculum of a PM&S-24 must be completed within 36 months

(b) Resident completion of a PM&S-36 leads to the foot surgery certification and reconstructive rearfoot and ankle surgery certification pathways of the ABPS and the certification pathway of the ABPOPPM. The curriculum of a PM&S-36 must be completed within 48 months.

(2) **Podiatric Medical and Surgical Fellowship:** A podiatric medical and surgical fellowship is a post-residency educational program that provides advanced knowledge, experience, and training in a specific content area within podiatric medical practice. Fellowships, by nature of their specific content concentration, seek to add to the body of knowledge through research and other collaborative scholarly activities.

d. **Approval of Post Doctoral Residency Programs**

(1) **Council on Podiatric Medical Education (CPME).** The CPME is an autonomous accrediting agency for podiatric medical education. The Council has been authorized by the APMA to approve institutions that sponsor residency training programs that demonstrate and maintain compliance with the standards and requirements of the CPME. The Council has final authority for the accreditation of colleges of podiatric medicine and the recognition of specialty certifying boards for podiatric medical practice. The Council is recognized by the Council on Higher Education Accreditation (CHEA) and the United States Secretary of Education as the accrediting agency for first professional degree programs in podiatric medicine.

(2) **The Joint Residency Review Committee (JRRC).** JRRC is responsible for determining candidate status of new training programs and authorization of requests for additional trainee positions, and recommending approval of postgraduate 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:

- (a) American Board of Podiatric Orthopedics and Primary Podiatric Medicine.
- (b) American Board of Podiatric Surgery.
- (c) American College of Foot and Ankle Surgeons.
- (d) American College of Foot and Ankle Orthopedic and Medicine.

e. **Appointment of Podiatric Residents, Fellows, and Students**

(1) Podiatric residents and fellows may be appointed on a not-to-exceed 3 year basis; or on a without compensation (WOC) basis.

(2) Podiatry students are only appointed on a WOC basis.

(3) Residents and fellows must meet the requirements that are stated within the scope of the training program.

(4) VHA Podiatric Medical and Surgical Training Programs will not receive trainee stipend support unless they are approved by CPME. Those VHA facilities with training programs must document to VHA OAA (143), appropriate and timely plans to seek approval and re-approval.

f. Supervision of Podiatry Residents and Determination of Levels of Responsibility

Supervision refers to the authority and responsibility that supervising 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 supervising practitioner to the resident. VHA 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.

(1) Progressive responsibility may be given to residents as part of their training program. *See VHA Handbook 1400.1.*

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

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

g. Evaluation of Podiatric Residents

(1) Residents and fellows 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.

(2) If at any time a resident or fellow's performance is judged to be detrimental to the care of a patient(s), action must be taken immediately to ensure the safety of the patient(s). The Training Program director must promptly provide written notification to the affiliate program director or the department or division chairperson of the resident or fellow's unacceptable performance or conduct. **NOTE:** *Due process for residents will be provided in accordance with VA Handbook 5021 and local policies and procedures. (See VHA Handbook 1400.1).*

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

(4) All written evaluations of residents, fellows and staff practitioners must be kept on file in a location in accordance with local facility policy.

13. RESEARCH AND DEVELOPMENT

Research and development is an essential component of the Podiatric Medical and Surgical 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.

14. QUALITY IMPROVEMENT

It is the responsibility of the Chief, Podiatric Medical and Surgical Service, or designee, to:

- a. Actively participate in system-wide efforts to ensure prompt access to quality care.
- b. Critically review and continuously improve all operations within Podiatric Medical and Surgical Services to enhance quality of services and outcomes of services provided.
- c. Integrate contingency plans for:
 - (1) Short and long-term loss of supply (resources);
 - (2) Variations of demand for Podiatric Medical and Surgical Services; and
 - (3) Unusual, but predictable events.
- c. Develop and design medical necessity guidelines that improve access for quality care that are based on guidelines that may be published by organizations such as: VHA, The Joint Commission (TJC), 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 Podiatric Medical and Surgical Services.
- d. Assess the quality of health care delivery within the service, as delegated by or through the VISN Director, medical center Director, 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 38 U.S.C. Section 3305. Physician confidentiality is to be maintained through the use of provider identification numbers. *NOTE: The Director Podiatry VA Central Office Service provides general guidance and nationwide coordination of the Podiatric Medical and Surgical Strategic Plan.*

15. FIELD ADVISORY COMMITTEE (FAC)

a. The Podiatry Services Field Advisory Committee (FAC) provides advice and recommendations in their areas of expertise regarding program development, new clinical techniques and procedures, clinical policy, and program performance. This committee also provides feedback to the Medical Surgical Service, a component of the Office of Patient Care Services located in VA Central Office on matters of importance to field-based practitioners.

b. The FAC is composed of four to eight field-based VA employees who serve for 3 years. The Director, Podiatry Services VACO serves as the FAC manager, and is responsible for appointing the FAC chairperson with the concurrence of the Chief Consultant, Medical Surgical Service. The Chairpersons may be reappointed at the end of their term.

(1) Education and Training Advisory Committee

(a) Mission. The mission of the Education and Training Advisory Committee is to advise the FAC manager on issues relating to residency and student training within the service of podiatric medicine. To accomplish its mission, the FAC provides for accountability and excellence in education through program development, curricular standards, valid clinical and didactic assessment methods, and defining Directors of Training programs roles and responsibilities.

(b) Responsibilities. The responsibilities of the Education and Training Advisory Committee are to assess the education and training needs of the service through surveys of field podiatrists, review requirements for training program approval, and evaluate 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 FAC manager.

(c) Principal Issues

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 matters of education and training.

(2) Research Advisory Committee

(a) Mission. The mission of the Research Advisory Committee is to advise the FAC manager on issues relating to research within the service of podiatric medicine and surgery. To accomplish its mission, the FAC 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 Podiatric Medical and Surgical Service through surveys of field

podiatrists, review requirements for research funding, and evaluate 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 FAC manager.

(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 (Education) Advisory Committee is to advise the FAC manager on issues relating to professional development, and to serve as a liaison to the sponsors of continuing education for podiatry. To accomplish its mission, the FAC will:

1. Provide excellence in education of professional practice by developing active learning events.
2. Encourage the use of innovative methods for information delivery and assessment.

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

1. Assess the professional development needs of Podiatric Medical and Surgical Service through surveys of field podiatrists and post-program surveys, review for approval the requirements for sponsors of podiatric continuing medical education, and evaluate 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;
3. Assist in the development of learning goals and objectives of educational activities;
4. Recommend the most effective methods of information delivery. Interactive methods will be preferred over passive methods;

5. Develop post-program surveys when appropriate; and

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 Quality Assurance Advisory Committee advises the FAC manager on issues relating to quality assurance within the service of podiatric medicine and surgery. To accomplish its mission, the Committee develops action plans that implement changes, to ensure exceptional accountability in the delivery of podiatric health care and improve clinical access using principles of Systems of Clinical Redesign.

(b) Responsibilities. The Quality Assurance Advisory Committee assesses the needs of the service through surveys of the field podiatrists, peer review, examination of VHA policies pertaining to quality assurance, TJC 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 must be submitted to the FAC manager.

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

1. Medical necessity assessment;
2. Implementation of Systems Redesign; and
3. Peer review.

(5) The Podiatric Practice Advisory Committee

(a) Mission. The mission of the Podiatric Practice Advisory Committee is to advise the FAC manager on issues relating to the most effective and efficient delivery of podiatric medical and surgical care.

(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 state requirements for licensure, evaluate VHA policies which relate to credentialing and privileging, and analyze 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 FAC manager.

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

1. Uniform privileges and scope of practice;
2. Compensation parity;
3. Qualifications standards; and
4. Creation of Service Agreements between Primary Care and Podiatric Medical and Surgical Services that address criteria for consultation and referral to Podiatric Medical and

Surgical Services and provisions for return of ongoing patient care back to Primary Care on completion of Podiatric Medical and Surgical Services.

16. FACILITY RESOURCES

As the demand for Podiatric Medical and Surgical services increases the process for managing patient needs must be based on sound medical decisions. Resources to meet those demands may vary at each medical facility; therefore, each facility must use both physical and human resources as efficiently as possible.

a. **Optimization of Space and Equipment.** Common equipment must be stored, utilized and supplied in an efficient and prudent manner, including the following:

- (1) Treatment chair specifically designed 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) An orthotic grinder for the adjustment of orthotic devices;
- (4) Hood for ventilation of areas where flammable chemicals exist (e.g., orthotic lab);
- (5) A provider stool;
- (6) A desk with computer workstation that has access the Veterans Health Information System and Technology Architecture (VistA) patient database;
- (7) A supply of podiatric instruments that is individually wrapped and sterilized for use with each patient. This supply of instruments needs to serve the patient population that is being treated, with a surplus to accommodate an extra clinic day in reserve;
- (8) A “sharps” container and biohazard waste containers;
- (9) A sink for hand washing;
- (10) Safety equipment such as gloves, masks, eye shields or face guards;
- (11) Barrier and drape and gowns;
- (12) A hand held Doppler;
- (13) Access to blood pressure cuff;
- (14) Access to an emergency “crash cart;” and

(15) Other equipment required by Occupational Safety and Health Administration (OSHA) and TJC.

b. **Space Recommendations.** Space recommendations include:

(1) **Standardized Examination Rooms**

(a) Instruments and supplies need to be available in the same locations in all examination rooms to ensure providers can move from one room to another with efficiency.

(b) Examination rooms must be a minimum size of 10' x 12' room, be wheel chair and gurney accessible, and have adequate ventilation. *NOTE: The number of examination rooms needs to be determined by a review of needs and functions.*

(2) **Administrative Space**

(a) An office for the full-time Chief Podiatrist must be provided.

(b) Although dependent on facility resources, staff podiatrists need to have individual or shared office space.

c. An office for the Training Program Director, should that individual be someone other than the Chief, Podiatric Medical and Surgical Service, must be provided.

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

(4) **Additional Space Requirements.** Often in ambulatory settings, the following space is shared with other clinics:

(a) Reception area to include space for clerical and administrative support;

(b) Waiting area;

(c) Consultation or physician conference rooms;

(d) Medication dispensing area;

(e) Equipment and supply storage area;

(f) Clean utility room; and

(g) Soiled utility room.

17. REFERENCES

- a. Public Law (Pub. L.) 104-262, as amended.
- b. Title 38, United States Code (U.S.C.), Sections 1710 and 1701(6)(C).
- c. Title 38, Code of Federal Regulations (CFR) Part 17.
- c. Title 38 United States Code (U. S. C). Sections 7401(1) and 7403(a)(1)-(2).
- d. Title 38 United States Code 38 U.S.C. Section 7402(f).
- e. VA Handbook 5005.
- f. VHA Directive 1400.
- g. VHA Handbook 1400.1
- h. VHA Handbook 1660.04
- i. VHA Handbook 1100.19.
- j. VHA Handbooks 1173.1
- k. VHA Handbooks 1173.9
- l. VHA Handbooks 1173.10.
- m. Helfand, Arthur E. "Podiatric Medicine and Public Health: Qualifications for Podiatrists in Public Health, Commission Report". DPM, May 15, 1997.