

TRAINING REQUIREMENTS

Introduction

There are 2 approved residency training models for plastic surgery, the **Independent Model** and the **Integrated Model**. A plastic surgery program director may choose to have both training models in a single training institution. In both the Independent and the Integrated models, plastic surgery training is divided into:

1. Prerequisite Training. The acquisition of basic surgical science knowledge with basic principles of surgery through experience in the 8 essential content areas in general surgery.
2. Requisite Training. Plastic surgery principles and practice, which includes advanced knowledge in specific plastic surgery techniques.

In the Independent Model, residents complete prerequisite training outside of the plastic surgery residency program. In the Integrated Model, residents complete all training in the same plastic surgery program.

Medical students desiring to enter plastic surgery training directly after medical school must match into an Integrated program. Otherwise, full training in general surgery sufficient to qualify for certification by the American Board of Surgery (ABS) or one of the other approved prerequisite surgical pathways must be completed for entry into the Independent plastic surgery model.

PREREQUISITE TRAINING REQUIREMENTS

All prerequisite training for entry into an Independent plastic surgery residency must have been accredited by the Accreditation Council for Graduate Medical Education (ACGME) or the American Dental Association (ADA) for Oral and Maxillofacial Surgery residents.

For Physicians with Allopathic or Osteopathic Medicine Degrees granted in the United States or Canada, and for International Medical Graduates, one of the following pathways into plastic surgery residency must be taken:

I. General Surgery Pathway

The Board requires a minimum of **5 progressive years** of clinical training in general surgery sufficient to qualify for certification by the American Board of Surgery (ABS). The satisfactory completion of this training requirement must be verified in writing by the general surgery program director. The resident should request the ABPS Office to submit a Verification Form to the program director at the conclusion of training.

- **Residents who trained in a Canadian General Surgery program:** The Board requires prerequisite training sufficient to qualify for certification by the American Board of Surgery (ABS). Refer to the section on Residents who complete plastic surgery training in Canada.
- **Residents who entered a Combined or Coordinated Program prior to the July 1, 2015 deadline:** July 1, 2015 was the last date to enter an Independent plastic surgery program with only 3 years of general surgery training in the same institution. **NOTE: The combined or coordinated programs have been eliminated.**

Required Clinical Experiences - All residents whether in the Integrated or Independent pathways must receive clinical experience in the following content areas:

1. Abdominal surgery
2. Oncologic/Breast surgery
3. Pediatric surgery
4. Surgical critical care
5. Surgical oncology (non-breast)
6. Transplant
7. Trauma management
8. Vascular surgery

Strongly Suggested Clinical Experiences - The Residency Review Committee for Plastic Surgery (RRC-PS) and the Board strongly suggest that specific clinical experiences are documented in the following six areas before completion of plastic surgery training. These clinical experiences may occur during prerequisite or requisite training, if verified and documented by the plastic surgery program director:

1. Acute burn management
2. Anesthesia
3. Dermatology
4. Oculoplastic surgery or Ophthalmology
5. Oral and Maxillofacial surgery
6. Orthopaedic surgery

II. Alternate Pathway: Prerequisite Training in other ABMS specialties.

Residents will be approved as meeting the Board's prerequisite requirements with the satisfactory completion of a formal training program in the U.S. or Canada, sufficient to qualify for certification, in one of the following ABMS specialties: general surgery (including the Vascular Surgery Board of the American Board of Surgery), neurological surgery, orthopaedic surgery, otolaryngology, thoracic and cardiac surgery, or urology. Prospective candidates, including residents trained in Canadian programs, must meet and comply with the most current requirements in these specialties sufficient to qualify for certification by the respective ABMS board.

III. Alternate Pathway: Prospective candidates with a medical degree (MD) obtained in the United States or internationally combined with a Dental Degree (DMD or DDS) obtained in the United States or internationally

Satisfactory completion of a residency program in Oral and Maxillofacial Surgery approved by the American Dental Association (ADA) is an alternate pathway for prerequisite training prior to plastic surgery residency training. The Oral and Maxillofacial Surgery program director must verify the satisfactory completion of this training in writing. This program may include the integration of a medical school component resulting in a Doctor of Medicine (MD) degree or the Medical Degree may be obtained before or during residency training in Oral and Maxillofacial Surgery.

This combined training must also include a minimum of 2 consecutive years of clinical general surgery residency training with progressive responsibility. If the 2 years of general surgery training are not completed in the same program as the OMFS residency training, then the 2 years of clinical general surgery training must be completed in the same ACGME-approved general surgery residency program, under the direction of the general surgery program director.

The 2 years of general surgery training must be completed after obtaining the MD degree. All rotations during these 2 years must be in General Surgery disciplines. Rotations in Oral Surgery or Plastic Surgery will not be counted towards the 2 consecutive years of general surgery residency training that is required. The 2 years of general surgery training must include the 8 Required Clinical Experiences listed under the General Surgery Pathway.

The Board will not consider rotations in general surgery during medical school, prior to the MD degree, as fulfilling any part of the 2-year minimum requirement. The general surgery program director must verify, in writing, the completion of 2 consecutive years of clinical general surgery residency training, the levels of responsibility held, inclusive dates and the specific month-by-month content of rotations.

Evidence of current admissibility to the examination process of the American Board of Oral and Maxillofacial Surgery must be provided.

Verification of Completion of Prerequisite Training for Independent Plastic Surgery Residents Only

The Board requires a verification letter from the prerequisite training program director verifying completion of all training requirements, including the chief year, sufficient to qualify for certification by the specific ABMS specialty board. Residents should notify the Board Office when prerequisite training is completed.

The Board Office will forward a Verification Form to the prerequisite training program director for completion and return to the Board Office. This step is required to obtain written primary source verification from the program director under which the resident completed prerequisite training. It is the resident's responsibility to determine that the form has been completed and returned to the Board Office.

In lieu of the Verification Form, evidence of current admissibility to the examination process, or certification by, the respective ABMS specialty boards in the United States is acceptable.

Residents must submit the following:

1. Letter from the prerequisite Program Director or Department Chair indicating the resident successfully completed their prerequisite residency training, including exact dates of training and the year levels completed;
2. Clinical rotation schedule;
3. Certificate of completion of training; or
4. A letter from the ABMS specialty board indicating admissibility to the examination and certification process, or documentation of certification.

REQUISITE TRAINING REQUIREMENTS

For requisite training, the Board requires a minimum of 3 years of plastic surgery training in an Independent Program or 6 years of plastic surgery training in an Integrated Program. The Board requires all requisite training to be completed under the supervision of the plastic surgery program director.

To be eligible for certification by the ABPS, training in plastic surgery must be obtained in either the United States or Canada. The Board recognizes training in those programs in the United States that have been approved by the Residency Review Committee for Plastic Surgery (RRC-PS) and accredited by the Accreditation Council for Graduate Medical Education (ACGME) and those programs approved by the Royal College of Physicians and Surgeons of Canada (RCPS). Refer to Canadian Training Requirements.

Content of Requisite Training

Residents must hold positions of increasing responsibility for the care of patients during these years of training. For this reason, major operative experience and senior responsibility are essential to surgical education and training.

An important factor in the development of a surgeon is an opportunity to grow, under guidance and supervision, during progressive stages, until eventually assuming complete responsibility for the surgical care of the patient. Training in plastic surgery must cover the entire spectrum of plastic surgery. It should include experience in the following areas:

1. Congenital defects of the head and neck, including clefts of the lip and palate, and craniofacial surgery
2. Head and neck surgery, including neoplasms of the head, neck and oropharynx
3. Craniomaxillofacial trauma, including fractures
4. Aesthetic (cosmetic) surgery of the head and neck, trunk and extremities
5. Plastic surgery of the breast
6. Surgery of the hand/upper extremity
7. Plastic surgery of the lower extremities
8. Plastic surgery of the trunk and genitalia
9. Burn reconstruction
10. Microsurgical techniques applicable to plastic surgery
11. Reconstruction by tissue transfer, including grafts, flaps and transplantations
12. Surgery of benign and malignant lesions of the skin and soft tissues
13. Gender affirmation surgery

The strongly suggested clinical experiences should be completed during Requisite Plastic Surgery Training if not completed during Prerequisite Training. Sufficient material of a diversified nature should be available to prepare the resident to successfully complete the Board's examinations after the prescribed period of training.

This period of specialized training should emphasize the relationship of basic science - anatomy, pathology, physiology, biochemistry, and microbiology - to surgical principles fundamental to all branches of surgery and especially to plastic surgery. In addition, the training program must provide in-depth exposure to the following subjects: the care of emergencies, shock, wound healing, blood replacement, fluid and electrolyte balance, pharmacology, anesthetics, and chemotherapy.

INDEPENDENT MODEL MATCHING INTO PLASTIC SURGERY AFTER PREREQUISITE TRAINING

The resident who desires to enter plastic surgery training after completion of general surgery residency or an approved alternate surgical residency pathway may elect to participate in the Plastic Surgery Residency Matching Program (www.sfmatch.org) for entry into an **Independent** Plastic Surgery program. Residents can only begin a 3-year Independent plastic surgery training program (**Requisite Training**) after ABPS issues a Confirmation Letter approving one of the **Prerequisite** pathways. This ABPS Confirmation Letter is provided after completion and approval of the Resident Registration and Evaluation of Training Form verifying the acceptability of the prerequisite training. The form must be submitted and the resident must receive Board approval prior to entry into a plastic surgery residency program. In the Independent Model, only the **Requisite** training is under the supervision of the Residency Review Committee for Plastic Surgery (RRC-PS).

INTEGRATED MODEL MATCHING DIRECTLY FROM MEDICAL SCHOOL

The **Integrated** plastic surgery model begins with a match directly from medical school into a plastic surgery program for at least 6 years under the direction of the plastic surgery program director. The resident who desires to enter plastic surgery training directly from medical school may elect to participate in the National Resident Matching Program (www.nrmp.org)

The training includes the Required Clinical and Strongly Suggested Clinical Experiences listed above. The exact rotations are determined by the Plastic Surgery Program Director and must occur at programs accredited by the RRC-PS. No less than 3 years of the Integrated program must be concentrated in plastic surgery, and the final 12 months must entail senior clinical plastic surgery responsibility. **The last 3 years of Integrated training must be completed in the same program.** The content of training in these 3 plastic surgery years is documented under Requisite Training.

All training programs must be approved by the Accreditation Council for Graduate Medical Education (ACGME) during all years of training completed.

Competency Based Integrated Plastic Surgery Programs

As of July 1, 2018, the Board accepts plastic surgery residents who complete less than 6 years of training in an Integrated Plastic Surgery Competency Based Residency Program approved by the Residency Review Committee for Plastic Surgery (RRC-PS). Programs are required to identify these residents to the Board Office upon acceptance into the program. Residents are required to complete no less than 5 years of plastic surgery residency training.

Should a Competency Based Program receive a “warning” from the RRC-PS, all residents in that pathway are required to move from the Competency Based Program into the standard Integrated program and complete the entire six years. Once the “warning” has been removed and the program status is considered “Continued Full Accreditation”, then only new residents can enter the Competency Based Program and complete 5 years of training. Those residents who had to move into the standard Integrated program must remain there and complete the 6 years. Residents in a Competency Based Program who desire to transfer into another plastic surgery program must transfer into a full 6-year Integrated Program.

5+1 Joint Plastic Surgery and Hand Surgery Accelerated Fellowship

As of July 1, 2022, the Board has established a training pathway through which plastic surgery residents who complete 5 progressive years of plastic surgery training plus 1 year of hand fellowship training in the same ACGME-accredited program will be considered eligible for ABPS certification for both primary certification in Plastic Surgery and Subspecialty certification in Hand Surgery. Only Integrated Plastic Surgery programs with a Hand Fellowship accredited through the Plastic Surgery RC may participate in this pathway. The program must apply to both the Board and the RRC-PS for approval **prior to** designating residents into this pathway. The resident must be identified by PSY 4 year. Plastic Surgery training and hand fellowship training must be completed sequentially and at the same institution in this 5+1 model. Residents who complete this 5+1 Joint Plastic Surgery and Hand Surgery Accelerated Fellowship program are eligible to take the Written Examination in the final year of plastic surgery residency training and prior to the start of the fellowship.

RESIDENTS WHO COMPLETE PLASTIC SURGERY TRAINING IN CANADA

The ABPS Resident Registration and Evaluation of Training Form must be completed during the first year of plastic surgery residency. It is the responsibility of residents in plastic surgery to ensure this training is approved by the ABPS. This requirement pertains to all residents applying for admission to The American Board of Plastic Surgery, Inc. examination process. To meet the requirements for admissibility to the Examination and Certification process of the American Board of Plastic Surgery, the following provisos and documentation must be completed by the plastic surgery resident:

1. Must be a graduate of a medical school in the United States or Canada approved by the Liaison Committee for Medical Education (LCME) or by the Committee on Accreditation of Canadian Medical Schools (CACMS). Medical degrees obtained through an international medical school will be accepted **only** if the resident matches directly into a Canadian Plastic Surgery Residency through CaRMS.
2. Must have entered a surgical residency through the Canadian Resident Matching Service (CaRMS). Surgical residencies include General Surgery, Vascular Surgery, Neurological Surgery, Orthopaedic Surgery, Otolaryngology, Plastic Surgery, Thoracic and Cardiac Surgery, or Urology.
3. The residency program must be accredited by the Royal College of Physicians and Surgeons of Canada (RCPSC).
4. Must hold a current, valid, full and unrestricted state, province or international medical license (not required of senior residents).
5. Must successfully obtain certification in plastic surgery by the RCPSC. (ABPS Written Examination results will not be provided until receipt of RCPSC certification).

Canadian residents who have completed Canadian training in general surgery, neurological surgery, orthopedic surgery, otolaryngology, thoracic and cardiac surgery, or urology as an alternate prerequisite pathway into an Independent plastic surgery program or a transfer into the last 3 years of an Integrated program in the United States must have training sufficient to qualify for certification by the respective ABMS surgical board before beginning plastic surgery training. Plastic Surgery Training is not required to be completed in the same institution as the alternate pre-requisite pathway.

NON-APPROVED RESIDENCIES

The Board grants no credit for training, residency and/or experience in disciplines other than those named above. Residencies completed in locations other than the United States or Canada are not acceptable in lieu of those specified under the acceptable pathways. This in no way implies that quality training cannot be acquired elsewhere, but the Board has no method of evaluating the quality of such programs and must be consistent in its requirements.

TRANSFERS DURING RESIDENCY TRAINING

TRANSFERS INTO INTEGRATED PROGRAMS

The following rules apply to residents requesting a transfer from either a U.S. or Canadian training program. The Board will allow residents to transfer from one Integrated program to another Integrated program at or below the beginning of the PSY-IV year. **No transfers will be accepted after the plastic surgery PSY-IV year because the last 3 years of an Integrated residency program must be completed in the same institution.** All transfer requests must be approved by the ABPS **prior** to the resident transferring. Program Directors must request any anticipated transfers in writing and obtain prior approval by the Board 6 months in advance of any proposed transfer in programs.

Residents may not exchange accredited years of training between the 2 different models (i.e., independent and integrated) without prior approval by the Board. It is imperative that residents hold positions of increasing responsibility when obtaining training in more than one institution, and one full year of experience must be at the senior level. Only full training years will be accepted. **The Board does not grant credit for a partial year of training. Residents cannot use rotations completed during prerequisite training towards training to be completed in the Integrated plastic surgery residency training program.**

All resident transfers into a vacant position in an Integrated Program must be approved by the accepting Program Director and The American Board of Plastic Surgery, Inc. The transferring resident must assume the responsibility to request approval from ABPS, and must provide the following to the Board before approval will be considered:

1. Letter from the current program director indicating the exact dates of training and monthly rotations that will be completed at the time of the transfer;
2. Letter from the accepting Integrated plastic surgery program director indicating the application and acceptance of the transferring resident and at what level of training the resident will start; and
3. Completed Resident Registration and Evaluation of Training Form, Evaluation of Training Fee as listed in the Fee Schedule and photocopy of medical school diploma.

The 3 steps above must be completed for ALL transfers.

Transfers into Integrated programs will only be allowed as follows:

1. Plastic Surgery Year (PSY) I or II:

Residents may transfer into a Plastic Surgery Integrated PSY I or II position, after completion of a PGY I year in a surgical residency with the status of ACGME or RCPSA accreditation (not pre-accreditation). Approved surgical residencies include: General Surgery, Vascular Surgery, Neurological Surgery, Orthopaedic Surgery, Otolaryngology, Thoracic and Cardiac Surgery, Urology or another ACGME or RCPSA accredited Integrated Plastic Surgery residency program.

2. Plastic Surgery Year (PSY) III:

Residents may transfer into the start of Integrated PSY III position only if they have completed at least 2 progressive years in an approved surgical residency as listed in #1 above or another ACGME or RCPSA accredited Integrated Plastic Surgery residency program. Both years of residency training must have been completed in a surgical residency with the status of ACGME or RCPSA accreditation (not pre-accreditation). **Prior surgical training must be completed within the same ACGME- or RCPSA-accredited surgical residency program. These years do not need to be completed in the same institution as the accepting Plastic Surgery Program.**

3. Plastic Surgery Year (PSY) IV:

- a. Residents may transfer from one Integrated Program to another Integrated Program up to the beginning of the PSY-IV year. **Transfers from one Integrated program to another are not allowed after the PSY-IV year.**
- b. Residents may transfer into an Integrated residency at the beginning of the PSY-IV level if they have completed full residency training in General Surgery, Vascular Surgery, Neurological Surgery, Orthopaedic Surgery, Otolaryngology, Thoracic and Cardiac Surgery, or Urology, sufficient to qualify for certification by the corresponding ABMS Board. This is to ensure that all of the requirements have been met to allow the resident to enter the ABPS certification process. **These years do not need to be completed in the same institution as the accepting Plastic Surgery Program.**
- c. Residents who have completed an Oral and Maxillofacial Residency sufficient to qualify for certification with the American Board of Oral and Maxillofacial Surgery, including two consecutive (progressive) years of general surgery training after receiving an MD degree, may transfer into an Integrated program at the PSY IV level and complete at least 3 years of plastic surgery residency training. For requirements see - Prospective candidates with a MD obtained in the United States or internationally combined with a Dental Degree (DMD or DDS).

TRANSFERS FROM COMPETENCY-BASED PROGRAMS

Residents can transfer from a Competency Based Program (5-year program) to a Non-Competency Based Program (6-year program). The transferring resident must complete 6 years of integrated training. Transfers will not be allowed after the beginning of the PSY-IV year. Residents **cannot** transfer from a Non-Competency Based Program (6-year program) to a Competency Based Program (5-year program). Residents may not transfer from one Competency Based Program to another Competency Based Program.

TRANSFERS INTO INDEPENDENT PROGRAMS

No transfers are allowed into Independent Plastic Surgery programs. Residents must complete all 3 years of Independent Plastic Surgery Training at the same institution. All training must commence at the beginning of the Independent Plastic Surgery program. As of July 1, 2015, the Board eliminated the 3-year combined/coordinated pathway into plastic surgery residency training.

CLINICAL TIME REQUIREMENTS DURING RESIDENCY TRAINING

The Board considers a residency in plastic surgery to be a full-time endeavor and looks with disfavor upon any other arrangement. The minimum acceptable residency year, for both prerequisite and requisite training, must include at least 48 weeks of full-time training experience per year. The 48 weeks per year may be averaged over the length of the training program to accommodate unexpected extended leaves of absence.

Academic conferences/educational meetings are considered part of the 48 clinical weeks of residency training. Residents must utilize their non-clinical weeks for interviews.

Personal Leave

The American Board of Plastic Surgery has established an **optional** 12 weeks of Personal Leave that is available to residents in **Independent, Integrated and Competency-Based** plastic surgery residency training programs. The Personal Leave Policy went into effect beginning with the 2019-2020 academic year.

The 12 weeks of Personal Leave may only be used for maternity leave, paternity leave, medical leave, foster care, adoption, family leave or elective rotations (both international and domestic*). Personal Leave can be used exclusively for leave as defined by the Board, exclusively for rotations or any combination of both. **These 12 weeks of Personal Leave replaced the previous 12-week block of elective rotations.** Personal Leave is not required to be taken as a single block, but can be distributed throughout the entire residency as the training program allows. **Effective July 1, 2021, no more than 4 weeks of personal leave can be taken during the last 3 months of plastic surgery residency training.** Personal Leave is not to be used for travel and moving activities related to transition to a new residency position, fellowship training, new practice or interviews. Residents must use the 4 non-clinical weeks allotted per year for moving activities and interviews.

Personal Leave is not to be used for isolated/single scheduled medical appointments or sick days. Its intention is to cover unexpected or planned extended medical or family leave related to significant medical or family events. It is not the intention of the Board to monitor and approve every sick day during the resident's training. The ABPS Personal Leave Policy was designed to help those residents who have significant medical episodes that might cause them to extend their plastic surgery residency training.

Program Directors should inform the Board as soon as they learn that Personal Leave will be required. Because of the large number of weeks requested, maternity/paternity/medical/other personal leave should be requested in a timely manner. International and domestic rotations should be requested 90 days prior to the scheduled rotation. Approval by the Board prior to the event, will hopefully prevent extended training by confirming that the proposed leave is allowed.

Once the 12 weeks of Personal Leave are exhausted, any additional leave must come from the 4 non-clinical weeks per year currently allowed by the Board. The 4 non-clinical weeks may be averaged over the length of the residency. The resident does not have to utilize all available non-clinical weeks before becoming eligible for this Personal Leave. Personal Leave is considered independent of research time (6 weeks for Independent and 12 weeks for Integrated). **Residents may not use research time for Personal Leave.**

To receive approval for Personal Leave, the Program Director must provide details regarding the leave request in a timely manner and explain how the combination of Personal Leave and non-clinical weeks still allows the resident to accomplish the 48 clinical weeks per year that the Board requires. The 12 weeks of Personal Leave, whether used for maternity, paternity, medical, family, foster care, adoption or elective rotations will count towards the 48 clinical weeks required per year. The 4 non-clinical weeks per year **do not** count towards the 48 clinical weeks per year. The Board does not define the remaining 4 weeks per year beyond the 48 weeks of required clinical training and therefore those weeks may be used for vacation, medical leave, rotations or any activity as determined by the local institution and/or program. Personal Leave taken beyond the combination of 12 weeks of personal leave and the 4 non-clinical weeks per year, averaged over the residency, would result in extended plastic surgery residency training.

Program Directors (**not residents**) must contact the Board in writing for approval of any Personal Leave. The Program Director must send a letter to the Board Office via email to info@abplasticsurgery.org detailing the following:

1. Name of resident;
2. Reason for personal leave;
3. Exact dates of expected personal leave;
4. Number of weeks of any previously used and ABPS approved personal leave;
5. Number of clinical weeks worked and expected for each year of the resident's training;
6. PSY level of training that personal leave will be taken.

Domestic and International Rotations: Full Clinical and Observational

To monitor resident safety, all international and individual domestic* rotations, whether full clinical or observational, must be approved by the Program Director and the ABPS. In addition, all international rotations must be approved by the Plastic Surgery Residency Review Committee (RRC-PS).

***Domestic rotations** that are a standard part of the program's curriculum (all residents in the program will complete that rotation and the training program has a Program Letter of Agreement (PLA) for that rotation) do not require Board approval. Domestic rotations that are specific to an individual will require Board approval under the Personal Leave Policy if not all residents will complete that rotation during training.

For residents to receive credit for **international rotations**, the rotation(s) must be approved by the Board, the Residency Review Committee for Plastic Surgery (RRC-PS) and the Designated Institutional Officer (DIO). The request for approval for the rotation must be received in the Board Office at least 90 days before the start of the rotation. Failure to meet this deadline may result in the rotation not being accepted as part of the 48 weeks of clinical experience required per year.

The Program Director is required to submit the following to the Board Office for approval:

1. Copy of RRC-PS Application/Letter sent to the RRC-PS
2. Copy of RRC-PS Approval Letter
3. Letter of request addressed to the Board's Executive Director requesting approval. Letter must include the resident's name, PSY level, dates of rotation, duration, location, and faculty member accompanying the resident, if applicable

The Board has worked with the RRC-PS to establish criteria for international rotations that insure the educational component of the rotation and the safety of the resident. Interested residents are referred to the Plastic Surgery section of the ACGME website (<http://www.acgme.org>) for details.

The Board will allow 4 weeks of international training during a craniofacial or hand surgery fellowship.

Research Rotations

The Board will allow a total of 6 weeks of research during a three-year program and 12 weeks of research during a six-year program.

These research weeks can be considered as a part of the required 48 weeks of training per training year. All training requirements must be completed for a 48-week full-time residency training year.

Military Leave

Partial years of training will be accepted towards the minimum clinical time requirements for residents who serve in the military, however, residents must complete 48 weeks of clinical training for each year of their plastic surgery residency. Training weeks may be averaged over the length of the residency. Residents do not receive credit for the time served during deployment.

Program Directors must send the Board a letter documenting the leave as military deployment and outlining how the resident will complete 48 weeks of clinical training for each year of residency.

CREDENTIALS & REQUIREMENTS COMMITTEE – SPECIAL CONSIDERATION REQUESTS

Residents who do not meet the Board's established prerequisite or requisite training requirements may request special consideration by the Board. The Credentials and Requirements Committee will review and make official evaluations. **Individual Officers or Directors of the Board cannot and will not make such estimates or rulings.** It should be emphasized that answers to questions may require a decision by one or more committees of the Board. Individual committee decisions are referred to the entire Board for approval at the next scheduled Board Meeting.

Individuals requesting special consideration must submit a detailed letter indicating their request, supporting documentation, Curriculum Vitae and the Credential Review Fee for consideration by the Credentials and Requirements Committee.

Materials must be received in the Board Office by February 1st for the Spring Meeting and by September 1st for the Fall Meeting. The process of reaching a final decision may require several months, since the full Board meets only twice annually. The Board will provide a written decision of the request within 60 days of the Board Meeting.

CERTIFICATION ADMISSIBILITY LIMITS

Candidates must successfully complete both the Written and Oral Examinations within 8 years after completion of plastic surgery residency training to achieve certification. Fellowship training is included in the 8 years available to complete certification. Reapplication is required 5 years after the completion of plastic surgery residency training to reconfirm the professional standing of the candidate.

Candidates are advised to utilize every opportunity (i.e. examination administration years) to complete the Written and Oral Examinations to achieve certification. That focus will help candidates avoid reaching the maximum admissibility limits and being subject to the additional Reapplication requirements after 5 years of admissibility.

Fellowship training does not affect admissibility to the Written Examination but will delay admissibility to the Oral Examination because cases performed during fellowships, whether part of the fellowship or not and regardless of the ability to perform cases independently, may not be included in the Oral Examination clinical case log.

If the candidate fails to successfully complete both the Written and Oral Examinations by 8 years after residency graduation, and the candidate still wishes to pursue certification, an Extended Admissibility Application process is required.

Reapplication and Extended Admissibility requirements are detailed in the Admissibility Policy posted on the Board's website under the [About Us Policies](#) section.

Canadian residents who obtain certification by the Royal College of Physicians and Surgeons of Canada prior to 2007

Canadian residents certified by the RCPSC prior to 2007 must be reviewed by the Board's Credentials and Requirements Committee. Additionally, they must complete the Professional Standing Requirements of the Board's Continuous Certification in Plastic Surgery Program prior to being approved for application to the Board. The Professional Standing requirements must be supported with documentation and must include:

1. Current, valid, full and unrestricted state, province or international medical license;
2. Verification of active, hospital inpatient admitting privileges in plastic surgery;
3. ABPS Peer Review Evaluations (at least one must be from a Chief of Surgery, Chief of Staff or Chief of Plastic Surgery at one of the hospitals where privileges are held. Two additional forms from any of the following categories: ABPS certified plastic surgeon, anesthesiologist, nursing supervisor, or Chiefs of Staff, Surgery, Plastic Surgery);
4. Accreditation Certificates for Outpatient Surgical Facilities, if applicable; and
5. Confirmation of completion of plastic surgery residency training and recommendation to the Board's examination process by the plastic surgery program director.