

TRAINING REQUIREMENTS

Introduction

There are two 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 two parts:

1. The acquisition of **basic surgical science knowledge** and experience with basic principles of surgery either through Prerequisite Training or through experience in the 10 essential content areas in general surgery provided during Integrated Plastic Surgery programs.
2. **Plastic surgery principles and practice**, which includes advanced knowledge in specific plastic surgery techniques (**Requisite Training**).

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.

The combined or coordinated programs have been eliminated. No residents may enter a combined/coordinated program after July 1, 2015.

Medical students desiring to enter plastic surgery training directly after medical school must match into an **Integrated** program. Otherwise, full training in general surgery qualifying for certification by the American Board of Surgery (ABS) must be completed for entry into the Independent plastic surgery model.

PREREQUISITE TRAINING FOR THE INDEPENDENT MODEL

For those residents who entered a Coordinated Program prior to the July 1, 2015 deadline, the Board requires a **minimum of three years** of plastic surgery training in the Independent Model, and the final year must be at the level of senior responsibility. **All three years of an Independent Program must be completed in the same program.**

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

I. General Surgery

The Board requires a minimum of **five 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.

- **July 1, 2015 was the last date to enter three years of prerequisite general surgery training prior to entering an Independent Plastic Surgery program.**
- **July 1, 2018 is the last date to enter an Independent plastic surgery program with only three years of general surgery prerequisite training in the same institution.**
- **Residents entering an Independent plastic surgery residency on July 1, 2019 will be required to complete five years of general surgery residency training sufficient to qualify for certification by the American Board of Surgery (ABS).**

For those residents who complete less than five years of general surgery training but will meet the training requirements and deadlines mentioned above, documentation of the required clinical experience appropriate to plastic surgery education must be provided in the following content areas:

1. Abdominal surgery (Hepatobiliary)
2. Alimentary tract surgery (Colon and Rectal)
3. Oncologic Breast surgery
4. Emergency medicine
5. Pediatric surgery
6. Surgical critical care
7. Surgical oncology (non-breast)
8. Transplant
9. Trauma management
10. Vascular surgery

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 Prerequisite Pathways Accepted

Residents will be approved as meeting the Board's prerequisite requirements with the satisfactory completion of a formal training program, 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 surgery, or urology.

All prerequisite training for entry into a plastic surgery residency must have been accredited by the Accreditation Council for Graduate Medical Education (ACGME) or the

American Dental Association (ADA) at the time of graduation.

Prospective candidates **must** meet and comply with the most current requirements in these specialties sufficient to qualify for certification by the respective ABMS board.

III. For prospective candidates with a medical degree (M.D.) obtained in the United States or Canada combined with a Dental Degree (D.M.D. or D.D.S.)

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 (M.D.) degree **or** the Medical Degree may be obtained before or after residency training in Oral and Maxillofacial Surgery.

This combined training **must** also include a **minimum** of **two years** of **only** clinical general surgery training, including the 10 essential content areas listed in I. General Surgery, with progressive responsibility under the direction of the general surgery program director **after** obtaining the M.D. degree. **The two years** of general surgery training must be devoted only to those rotations in the **10 essential content areas** of general surgery or the six strongly suggested rotations as listed above.

The Board will not consider rotations in general surgery during medical school, prior to the M.D. degree, as fulfilling any part of the two-year minimum requirement. If the general surgery training is completed at an institution other than the sponsoring institution of the Oral and Maxillofacial Surgery residency, then this training must be completed consecutively with both years spent in the same general surgery program which has been approved by the Residency Review Committee (RRC) for Surgery and is accredited by the Accreditation Council for Graduate Medical Education (ACGME) in the United States.

The general surgery program director must verify, in writing, the completion of two years of clinical general surgery training, the levels of responsibility held, inclusive dates and 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 Prerequisite Training

The Board requires a letter from the prerequisite training program director verifying completion of training requirements, including the chief year, for certification by

the specific ABMS specialty board. The candidate may also provide evidence of current admissibility to, or certification by, the respective ABMS specialty board's examination process in the United States.

The Board Office will mail 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. **Residents should notify the Board Office when prerequisite training is completed.** It is the resident's responsibility to determine that the form has been completed and returned to the Board Office.

REQUISITE TRAINING

All residents in either an **Integrated or Independent** program must complete the ABPS Resident Registration and Evaluation of Training Form available on the Board's website. Please refer to the official Resident Registration and Evaluation of Training Form section of this Booklet.

For requisite training, the Board requires a minimum of three years of plastic surgery training in an Independent Program or six years of plastic surgery training in an Integrated Program.

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 (RCPSC). Refer to Canadian Training Requirements.

Content of Training

As previously noted, 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.**

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, by progressive and succeeding stages to eventually assume 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 flaps and grafts
12. Surgery of benign and malignant lesions of the skin and soft tissues

The strongly suggested experiences listed previously in section I, General Surgery (#1 acute burn through #6 orthopaedic surgery), 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.

CLINICAL TIME REQUIREMENTS **DURING RESIDENCY TRAINING**

Leave of Absence

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 extended leaves of absence.** To accommodate extended leaves of absence near the end of training, the Board will accept 94 weeks of training averaged over the final two years of training in both the Integrated and Independent training pathways.

The Board does not define the remaining four weeks per year and therefore those weeks may be used for vacation, meeting attendance or medical leave as determined by the local institution and/or program.

Plastic Surgery Program Directors must contact the Board in writing, for approval of any leave of absence that extends beyond 4 weeks per year and the additional 2 weeks in the final two years of training. Written requests must include details on the total leave of absence expected and the program's plan to make up the deficit.

GRADUATE EDUCATION IN PLASTIC SURGERY

INDEPENDENT MODEL **MATCHING INTO PLASTIC SURGERY** **AFTER PREREQUISITE TRAINING**

The resident who desires to enter plastic surgery training after completion of a prerequisite pathway may elect to participate in the Plastic Surgery Residency and Fellowship Matching Program (www.sfmarch.org) for entry into an **Independent** Plastic Surgery program.

For those residents who started a Coordinated program prior to July 1, 2015 deadline, the Board requires a **minimum of three years** of plastic surgery training, and the final year must be at the level of senior responsibility. **All three years of an Independent Program must be completed in the same program.**

The independent model includes programs with three years of plastic surgery training.

July 1, 2018 will be the last date a resident may begin plastic surgery training in the same institution with less than five years of general surgery prerequisite training. Residents must have completed three years of general surgery training, any research time and any make-up time for a leave of absence **prior to July 1, 2018**. Residents beginning plastic surgery in an Independent program after July 1, 2018 must complete five years of general surgery training or full training in an alternate accepted Prerequisite pathway.

Residents can officially begin a plastic surgery training program (**Requisite Training**) after completion of any of the **Prerequisite** options, which all require confirmation by the Board. This confirmation is provided after completion of the Resident Registration and Evaluation of Training Form and receipt of the Board's Confirmation Letter regarding the acceptability of the prerequisite training for 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). The Independent Model has two Prerequisite Options.

Option 1. General Surgery. Five years of ACGME-approved clinical general surgery residency training with progressive responsibility sufficient to qualify for certification by the American Board of Surgery (ABS) is required. The five years of

general surgery training must be completed **before** the resident enters a plastic surgery residency.

Option 2. Alternate Prerequisite Pathways Accepted. Refer to alternate pathways listed under prerequisite training.

INTEGRATED MODEL **MATCHING DIRECTLY FROM MEDICAL SCHOOL**

The **Integrated** plastic surgery model begins with a match directly after medical school into a plastic surgery program for at least six years under the direction of the plastic surgery program director. All training is completed in the same program.

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

The curriculum includes the essential content areas in clinical general surgery and is determined by the plastic surgery program director and accredited by the RRC-PS. No less than three years of this program must be concentrated in plastic surgery, and the final 12 months must entail senior clinical plastic surgery responsibility. **The last three years of training must be completed in the same program.** The content of training in these three plastic surgery years is documented on the following pages.

During the six years of Integrated program training, clinical experiences appropriate to plastic surgery education should be provided in: alimentary tract surgery, abdominal surgery, breast surgery, emergency medicine, pediatric surgery, surgical critical care, surgical oncology, transplant, trauma management, and vascular surgery.

As previously outlined, 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.

1. Acute Burn Management
2. Anesthesia
3. Dermatology
4. Oculoplastic Surgery or Ophthalmology
5. Oral and Maxillofacial Surgery
6. Orthopaedic Surgery

International Medical School Training

Graduates of medical schools from countries other than the United States or Canada who are applying for the Integrated Pathway must present evidence of final certification by the Education Commission for Foreign Medical Graduates (ECFMG). For information, contact ECFMG, 3624 Market Street, Philadelphia, Pennsylvania 19104-2688; (215) 386-5900; www.ecfm.org.

Research Rotations during Plastic Surgery Training

For research rotations during training, **the Board will allow a total of 12 weeks of research during a six-year program and allow a total of 6 weeks of research during a three-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.**

International Rotations during Plastic Surgery Training

For clinical international rotations during training, the Board will allow a total of 12 weeks of international rotations during a six year Integrated Plastic Surgery Residency; 6 weeks during a three year Independent Plastic Surgery Residency; and 4 weeks during a craniofacial or hand surgery fellowship.

International rotations must be approved by the Board, the Plastic Surgery Residency Review Committee (RRC) and the Institution DIO. The request for approval for the international 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 Board has worked with the Plastic Surgery RRC 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.

TRANSFERS INTO INTEGRATED PROGRAMS

Residents **may not** exchange accredited years of training between the two different models (i.e., independent and integrated) without prior approval by the American Board of Plastic Surgery, Inc. Program Directors must request any anticipated transfers in writing and obtain prior approval by the Board well in advance of the proposed change in programs.

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. The full training year for the program must be completed. The Board **does not** grant credit for a partial year of training.

All resident transfers into a vacant position in an Integrated Program must be approved by the Program Director and The American Board of Plastic Surgery, Inc. **Only transfers** at or below the **PGY IV** level can be considered. The transferring resident must assume the responsibility to request approval from ABPS, and must provide the following to the Board before approval will be granted:

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

The three steps above must be completed for ALL transfers. **Transfers into Integrated programs will only be allowed as follows:**

1. **Beginning Plastic Surgery Year, PSY I or PSY II:** residents may transfer after completion of PGY I year in a surgical residency with the status of ACGME accreditation (not pre-accredited). Approved surgical residencies include: General Surgery Vascular Surgery, Neurological Surgery, Orthopaedic Surgery, Otolaryngology, Thoracic Surgery or Urology or another ACGME accredited integrated plastic surgery residency program.
2. **Beginning Plastic Surgery Year, PSY III:** residents may transfer only if they have completed at least two progressive years of an approved surgical residency as listed in #1 above or another ACGME accredited integrated plastic surgery residency program.
3. **Beginning Plastic Surgery Year, PSY IV:** residents may transfer **only** if they have completed full training sufficient to qualify for certification in one of the ACGME accredited surgical residencies listed in #1 above. Transfers from one Integrated program to another are not allowed after the PSY III year.
4. **No transfers will be accepted after the beginning of plastic surgery PSY IV because the last three years of Integrated Program training must be completed in the same institution.**

ACCREDITED RESIDENCY PROGRAMS

Information concerning accredited training programs may be found in the *Graduate Medical Education Directory* published by the American Medical Association (www.ama-assn.org) under the aegis of the Accreditation Council for Graduate Medical Education (ACGME). The website of the Accreditation Council for Graduate Medical Education (www.acgme.org) also lists approved plastic surgery training programs.

The Board does not review or approve residencies. The ACGME Residency Review Committee for Plastic Surgery (RRC-PS) inspects and makes recommendations for or against accreditation of residency training programs in plastic surgery. For information, contact the RRC-PS at (312) 755-5000; www.acgme.org.

The RRC-PS consists of nine members, three representatives from

each of the following: The American Board of Plastic Surgery, Inc., the American College of Surgeons, and the American Medical Association.

The Directors of the Board cannot be responsible for the placement of residents for training. The Board does *not* maintain a list of available openings in programs. Residents seeking accredited training in plastic surgery should correspond directly with the program directors of those training programs in which they are interested.

Most plastic surgery residencies participate in either the National Resident Matching Program (NRMP), www.nrmp.org or the Plastic Surgery Residency and Fellowship Matching Services. For information, contact the San Francisco (Plastic Surgery) Match Program, 655 Beach St., San Francisco, California 94109; (415) 447-0350; www.sfmatch.org.

RESIDENTS WHO COMPLETE PLASTIC SURGERY TRAINING IN CANADA

The ABPS Resident Registration and Evaluation of Training Form must be completed and it is the responsibility of residents in plastic surgery to ensure this training is approved by the Board.

This requirement pertains to all those 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:

1. The plastic surgery resident must be a graduate of a medical school in the United States or Canada approved by the Liaison Committee for Medical Education (LCME).
2. The plastic surgeon must have entered plastic surgery residency through the **Canadian Residency Match Program (CaRMS)**; or must have transferred into a PSY-I position in a Canadian Independent program after completing five years of an ACGME approved residency in general surgery in the United States.
3. The residency program must be accredited by the Royal College of Physicians and Surgeons of Canada (RCPSC).
4. The plastic surgeon must hold a current, valid, full and unrestricted state, province or international medical license.
5. The plastic surgeon must have successfully obtained certification in plastic surgery by the RCPSC.

The policy above will apply to those residents obtaining certification by the Royal College of Physicians and Surgeons of Canada (RCPSC) in 2007 or later.

Candidates 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 Maintenance of Certification in Plastic Surgery (~~ABOC-PS~~[®]) Program prior to being approved.