Residents who do not meet the Board’s established prerequisite 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 of the committees of the Board. Decisions are referred to the entire Board at the next scheduled Board Meeting.

<table>
<thead>
<tr>
<th>WRITTEN REQUESTS FOR SPECIAL CONSIDERATION</th>
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<tr>
<td>CREDENTIALS AND REQUIREMENTS &amp; ETHICS COMMITTEES</td>
</tr>
<tr>
<td>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 or the Ethics Committee by the dates listed below.</td>
</tr>
<tr>
<td>Materials must be received in the Board Office by February 1st for the Spring Meeting of the Board and by September 1st for the Fall Meeting.</td>
</tr>
<tr>
<td>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.</td>
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<tr>
<th>TRAINING REQUIREMENTS</th>
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<tbody>
<tr>
<td>Introduction</td>
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<tr>
<td>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 2 parts:</td>
</tr>
<tr>
<td>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 residency.</td>
</tr>
<tr>
<td>2. Plastic surgery principles and practice, which includes advanced knowledge in specific plastic surgery techniques (Requisite Training).</td>
</tr>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>
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 sufficient to qualify for certification by the American Board of Surgery (ABS) and must be completed for entry into the Independent plastic surgery model.

PREREQUISITE TRAINING

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 must be taken:

I. General Surgery

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 a Verification Form be sent to the program director.

- Residents trained in a Canadian General Surgery program must complete 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.

For those residents who entered a Coordinated Program prior to the July 1, 2015 deadline, the Board requires a minimum of 3 years of plastic surgery training in the independent Model, and the final year must be at the level of senior responsibility. All 3 years of an Independent Program must be completed in the same program.

- July 1, 2015 was the last date to enter 3 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 3 years of general surgery prerequisite training in the same institution.

All residents whether in the Integrated, Independent or Coordinated pathways must receive clinical experience in the content areas listed below.

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. Oculoplasticsurgery 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 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 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, 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. 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 2 years of clinical general surgery training only, and include the 10 essential content areas listed in I. General Surgery, with progressive responsibility under the direction of the general surgery program director. The 2 years of general surgery training must be completed after obtaining the M.D. degree and 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 2-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 2 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 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. The candidate may also provide evidence of current admissibility to the examination process, or certification by, the respective ABMS specialty boards 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.

GRADUATE EDUCATION IN PLASTIC SURGERY

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 3 years of this 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.

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 (non-breast), transplant, trauma management, and 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.

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

TRANSFERS INTO INTEGRATED PROGRAMS

Residents may not exchange accredited years of training between the 2 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 6 months in advance of any proposed transfer 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. When transferring, only full training years will be accepted. 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 accepting Program Director and The American Board of Plastic Surgery, Inc. Only transfers at or below the PSY 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 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 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 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 after completion of PGY I year in a surgical residency with the status of ACGME accreditation (not pre-accreditation). 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. **Plastic Surgery Year, PSY III**: residents may transfer only if they have completed at least 2 progressive years of an approved surgical residency as listed in #1 above or another ACGME accredited Integrated Plastic Surgery residency program. Both years of residency training must have been completed in a surgical residency with the status of ACGME accreditation (not pre-accreditation).

   **Transfers from one integrated program to another are not allowed after the PSY III year.**

3. **Plastic Surgery Year, PSY IV**: residents may transfer only if they have completed full training sufficient to qualify for certification by the related ABMS board in one of the ACGME accredited surgical residencies listed in #1 above.

Residents who have completed an Oral and Maxillofacial Residency sufficient to qualify for certification with the American Board of Oral and Maxillofacial Surgery 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 medical degree (M.D.) obtained in the United States or Canada combined with a Dental Degree (D.M.D. or D.D.S.).

Prerequisite training from another institution will be accepted as long as all the other transfer requirements above are accomplished.
No transfers will be accepted after the plastic surgery PSY IV year because the last 3 years of an Integrated residency program training must be completed in the same institution.

**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 residency may elect to participate in the Plastic Surgery Residency Matching Program (www.sfmatch.org) for entry into an Independent Plastic Surgery program.

Residents can officially begin an Independent 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 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). The Independent Model has 2 Prerequisite Options.

**Option 1. General Surgery.** 5 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 5 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.

**Coordinated Program**

For those residents who started a Coordinated program prior to the July 1, 2015 deadline, the Board requires a minimum of 3 years of plastic surgery training, and the final year must be at the level of senior responsibility. All 3 years of an Independent Plastic Surgery program must be completed in the same program.

July 1, 2018 will be the last date a resident may begin plastic surgery training in the same institution with less than 5 years of general surgery prerequisite training. Residents must have completed 3 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 5 years of general surgery training sufficient to qualify for certification by the American Board of Surgery (ABS) or full training in an alternate accepted Prerequisite pathway sufficient to qualify for certification by the respective ABMS surgical board.
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 3 years of plastic surgery training in an Independent Program or 6 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

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
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 unexpected extended leaves of absence.

To accommodate unexpected extended leaves of absence that occur in the last 2 years of plastic surgery training, the Board will accept only 94 weeks of training averaged over the final 2 years of training in both the Integrated and Independent training pathways. Board approval is required for the exception of 94 weeks rather than 96 weeks of training. The exception of 2 less weeks of training is intended to limit hardship to residents requiring extended leave in the last 2 years of training. It is expected that very few residents will require this exception.

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, 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 2 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 only for those residents who require extended medical or family leave.
Research Rotations during Plastic Surgery Training

For research rotations during training, the Board will allow a total of 12 weeks of research during a 6-year program and allow a total of 6 weeks of research during a 3-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 3-year Independent Plastic Surgery Residency; and 4 weeks during a craniofacial or hand surgery fellowship.

To receive credit, the International 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 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 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.

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 www.acgme.org.

The RRC-PS consists of 9 members, 3 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; 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 provisions 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) or by the Committee on Accreditation of Canadian Medical Schools (CACMS). Medical degrees obtained through an international medical school will be accepted if the resident matches into a Canadian Plastic Surgery Residency through CaRMS.

2. The plastic surgeon must have entered plastic surgery residency through the **Canadian Resident Matching Service (CaRMS)**. Full training must be completed in the same institution.

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.

Canadian residents who have completed Canadian training in general surgery, neurological surgery, orthopaedic surgery, otolaryngology, thoracic surgery or urology as an alternate prerequisite pathway into an independent plastic surgery program or into the last 3 years of an Integrated program in the United States must be sufficient to qualify for certification by the respective ABMS surgical board before beginning plastic surgery training.

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 (MOC-PS™) Program prior to being approved.

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. 3 Peer Review Evaluations (at least one must be from a Chief of Surgery or Chief of Staff or Chief of Plastic Surgery);
4. Accreditation Certificates for Outpatient Surgical Facilities, if applicable; and
5. Residency Graduation confirmation of plastic surgery training and recommendation to the Board’s examination process by the plastic surgery program director.

Non-Approved Residencies

Residencies completed in locations other than the United States or Canada are not acceptable in lieu of those specified above. 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.

The Board grants no credit for training, residency and/or experience in disciplines other than those named above.

American Osteopathic (AOA) Training Programs seeking ACGME Accreditation for the Single Accreditation System

Residents in Osteopathic Training programs which have received ACGME Accreditation may meet ABPS training requirements. Refer to the ACGME website for additional details regarding specific AOA training programs.

The Board allows graduates who hold an osteopathic degree granted in the United States or Canada by the American Osteopathic Association (AOA) to apply for positions in ACGME accredited Integrated plastic surgery training programs. Upon successful completion of the complete Integrated program the individual would be eligible to apply for the ABPS certification process.

Transfers into ACGME accredited Integrated residency training programs are allowed as listed in the Transfer into Integrated Programs section.