

The American Board of Plastic Surgery, Inc.



Guidelines for Diplomates and Candidates on Re-entry to Surgical Practice

The American Board of Plastic Surgery (ABPS) supports the re-entry of surgeons to active surgical practice after a significant leave of absence and endorses the following guidelines for surgeons seeking to re-establish their clinical careers. Currently diplomates who are inactive in surgical practice may continue to participate in the Continuous Certification program under the Physicians with Special Circumstances Policy. This will address the maintenance of medical knowledge and professionalism, however it does not insure maintenance of surgical skills. Accordingly the ABPS has developed the following Guidelines for Re-entry to Surgical Practice to assess the skill set of a returning physician and assist with their assimilation back into clinical practice. A re-entry pathway is warranted after being away from clinical practice for **two or more years**. This policy also applies to candidates in the certification process.

Most surgeons who have stopped practicing clinically fall under one of three categories, which may impact how a specific re-entry pathway is constructed:

1. Voluntary withdrawal from clinical practice and/or acceptance of an administrative/teaching/research position, etc.
2. Involuntary withdrawal from clinical practice due to medical issues.
3. Involuntary withdrawal from clinical practice for performance or professionalism issues.

Candidates who desire entry into the certification process

Candidates who are eligible or who are applying to the certification examination process must inform the Board if they are not actively practicing plastic surgery or if there is a gap in active practice for any period of time. For those who are clinically inactive for two or more years, the Re-entry Program requirements will apply.

Diplomates with Life-Time Certificates

Diplomates with undated Life-Time Certificates who are not active in clinical practice are still considered certified by the American Board of Plastic Surgery. Therefore there is no specific requirement for re-entry after a period of clinical inactivity. The Board, however, considers a re-entry program to be of significant value for any diplomate who has been clinically inactive for more than two years. This exercise will identify gaps in knowledge and allow an opportunity to re-establish surgical skills. The Board strongly encourages all diplomates to participate in a re-entry program.

Diplomates with Time-Limited Certificates

Diplomates with Time-Limited Certificates are strongly encouraged to maintain status with the Board by participating in the Continuous Certification program under the Board's policy of Physicians with Special Circumstances. This allows maintenance of knowledge regarding the diplomate's selected area of focus and relationships with hospital administrative and leadership personnel. In addition to participation in Continuous Certification, any diplomate who is clinically inactive for more than two years must go through the re-entry process in partnership with their local institution. The components of the re-entry program are described below.

Re-entry Program

1. Assessment of status of practice at departure

The diplomate should provide reference letters from the following:

- a) Chief of Plastic Surgery at the primary location (hospital) of the surgeon at the time of his or her departure from practice; and
 - b) Chair of the Credentials Committee at the primary practice location (hospital) of the surgeon at the time of his or her departure from practice. Surgical practice conducted exclusively in other than an inpatient facility will be evaluated on a case by case basis.
- The reference letters must specifically address any issues relevant to surgical practice such as malpractice history, professionalism or patient care issues. A template may be provided.

2. Proctoring Plan

- All pathways must include a proctoring plan. The duration of proctoring will be individualized based on factors such as complexity of anticipated clinical practice, length of time clinically inactive, diplomate's personal health, prior fellowship training etc. A local proctor who is a diplomate of the ABPS must be identified and agree to serve in this role for the duration of the trial period. The proctor name should be submitted to the Board along with his/her Curriculum Vitae for approval by the Board. The proctor will provide a final assessment based on the six core competencies. The proctor should also indicate if certain privileges should be withheld.
- The ABPS Credentials and Requirements Committee will review and approve the re-entry plan prior to implementation. The ABPS will also track the outcome of all re-entry plans quarterly and more frequently if necessary.
- Individuals seeking to re-enter clinical practice should consult with the ABPS regarding their situation prior to developing a re-entry plan.
- Participation in the institution's Mortality/Morbidity conferences and or quality monitoring initiatives is mandatory and must be documented.

- At least 60 of the 150 required CME hours must be focused on the diplomate's predicted practice focus (e.g. general plastic surgery, hand, craniofacial, cosmetic surgery, etc).
- All delinquent Continuous Certification activities must be brought up to date. If not currently enrolled in Continuous Certification then an application is required.
- Personal Health assessment by primary physician and specialists may be indicated. For addiction situations, assessments by state licensing boards will be reviewed and if warranted additional evaluation may be requested by the ABPS.

3. Re-entry pathway constructed by the local proctor

- Specifics of the re-entry pathway should be constructed by the local proctor and include assessment of the six core competencies: medical knowledge; patient care; professionalism; communication skills; practice-based learning; and systems-based practice.
 - Medical Knowledge: it is recommended that the diplomate complete the Continuous Certification Examination study guide in the module of their focused practice for credit and scoring. This will identify areas of deficiency that should be corrected by the CME requirement mentioned above.
 - Patient Care: must include Evaluation and Management skills as well as surgical skills. Frequency of procedure evaluations will be determined by the ABPS. A complete case log must be maintained for at least the first year.
 - Professionalism: see ***Assessment of status of practice at departure*** above. Diplomate must comply with all requirements mandated by state licensing authorities and remain current with Continuous Certification activities.
 - Communication Skills: after having returned to practice for three months, the diplomate must participate in a 360 evaluation, including nursing personnel, office staff, peers and superiors. A minimum of 12 evaluations are required.
 - Practice-Based Learning: diplomate should complete a Tracer Procedure activity after 12 months in practice.
 - Systems-Based Practice: diplomate should volunteer for at least one hospital/institutional committee. Quality Improvement oriented committees are recommended.

4. Outcomes Assessment

- The hospital where the diplomate is applying for hospital privileges should complete a Focused Professional Practice Evaluation (FPPE) per Joint Commission guidelines within six months of beginning independent practice. The diplomate must specify that a copy of the FPPE be sent to the ABPS. The FPPE form is provided by the Joint Commission.

5. Continuous Certification

- The diplomate will be required to be in compliance with the ABPS Continuous Certification program, and must meet all requirements as needed based on his/her individual situation.

6. Material to be submitted to the Board Office to approve a Re-entry plan

- Initial Credentials Committee Review Fee
- Reference Letters from the Chief of Plastic Surgery and the Chair of the Credentials Committee at the former primary practice location (hospital)
- Letter from current hospital outlining current privilege status and willingness to participate in re-entry process
 - ◆ Correspondence regarding an application for renewed hospital privileges will be considered once a proctoring plan is approved. Surgical practice exclusively in an outpatient surgical facility will be evaluated on a case by case basis
- Proctor's Curriculum Vitae and letter agreeing to proctor diplomate for the duration of the re-entry plan
- Update to current status all ABPS Continuous Certification requirements or application to initiate participation in Continuous Certification program
- A lifetime certificate diplomate may be required to enter the ABPS Continuous Certification program as determined by the Credentials and Requirements Committee

7. Materials to be submitted to the Board Office at completion of Re-entry program

- Documentation of status of current state license
- Documentation of status of current hospital privileges
- Current CME report
- Case log for the re-entry time period
- Current letter of recommendation from Chief of Plastic Surgery or Chief of Surgery and Chair of Credentials Committee
- Final evaluation from proctor
- Current personal health assessment if greater than 6 months from previously submitted report
- Report from Chair of Hospital/Institutional committee where the diplomate volunteered
- Report of 360 degree evaluation
- Additional materials as requested by the Board based on individual situations
- Final Credentials Committee Review fee

NOTE: Materials must be received in the Board Office by February 1st for the spring meeting and by September 1st for the fall meeting for review by the ABPS Credentials and Requirements Committee.