ORAL EXAMINATION
NOVEMBER 11, 12, 13, 2021

Prior to becoming admissible to the Oral Examination, candidates must have successfully passed the Written Examination.

Candidates admissible to the Oral Examination and those scheduled to take the Written Examination will be mailed Oral Examination Information materials on or about July 1st.

Candidates should contact the Board Office by email to oral@abplasticsurgery.org, if an Information Letter has not been received by the end of July 2020. This information is also posted in the Oral Exam tab of the Board's website.

ORAL EXAMINATION REQUIREMENTS

1. Professionalism. Candidates must adhere to the Board's Advertising and Marketing Requirements, as well as the Code of Ethics.

   The Board reserves the right to defer a candidate from the examination process for consideration of ethical or other similar issues. The candidate is urged to refer to the Advertising Requirements and the Board's Code of Ethics located on the Board's website under Policies.

   Peer Evaluations are required. Candidates will provide peer names and e-mail addresses on or around April 1st prior to the Case List submission deadline. The Board Office will then e-mail evaluations to the peers. Evaluations are required from each of the following categories from the primary hospital where the majority of cases are performed: Chief of Surgery or Plastic Surgery, Chief of Staff, Chief of Anesthesiology, O.R. Nursing Supervisor, Former Fellowship Director (if applicable). The candidate will also list an ABPS Board Certified Plastic Surgeon. In addition, the Board Office will solicit a second ABPS Board Certified Plastic Surgeon within a proximal geographic location of the candidate.

   The Board prefers peer evaluations from hospital personnel, but understands that not all candidates operate regularly at a hospital. The Board may accept evaluations from surgery center personnel to fulfill this requirement.

   Candidates will be notified by email by the end of April if required evaluations were not received. Site visits and/or Ethics Committee Review may be required if peer evaluations identify areas of concern. Candidates will be notified in early July if a site visit is required. Current Directors of the Board and Public Members of the Board will conduct the site visit and evaluation.

2. Unrestricted State Medical License. Candidates must have a current, valid, full and unrestricted medical license to practice medicine in all state(s) or country where they practice plastic surgery.

   The license must include an expiration date valid through the Oral Examination. Candidates must report any restrictions or sanctions to any medical license within 30 days of the restriction. Details of license restrictions are listed in this booklet under Restrictions to State Medical Licensure. Restrictions will delay the candidate's progress through the examination process.

   Commissioned officers of the medical service of the armed forces of the United States or Canada on active duty need not present evidence of current licensure, but must provide appropriate documentation regarding their current military status.

   Restrictions to State Medical Licensure

   It is the candidate's responsibility to report to the Board, within 30 days, all disciplinary actions to medical licenses from any and all state, province or international medical licensing boards where the candidate holds a license. The following sanctions are considered a restricted license and will delay a candidate's admissibility to the examination process:

   1. Limitation on practice or parts of practice
   2. Probation
   3. Probation with monitoring
   4. Probation with supervision
   5. Suspension
   6. Revocation

   Other sanctions, investigations or accusations to a candidate's state medical license such as reprimands, fines, citations, community service, stayed suspension or revocation must also be reported to the Board and will be considered by the Credentials and Requirements Committee before a candidate is admissible to the Written or Oral Examinations.

3. Active Practice. Candidates must be actively engaged primarily in the practice of plastic surgery before, during and after the case collection period and throughout the examination process.

Case collection may not occur during fellowship training. A fellowship, approved or not approved by the ACGME, is not considered independent practice. This includes any and all cases performed during the dates encompassing the fellowship, whether in the institution of the fellowship or outside the institution.

4. Hospital Privileges. Candidates must hold active inpatient hospital admitting privileges in plastic surgery in the United States, Canada, or internationally where the candidate practices plastic surgery. Hospital privileges are required for the certification process and continued certification.
    - Candidates must obtain privileges in at least one hospital at the start of clinical surgical practice. The Board requires inpatient admitting privileges at an accredited hospital so that the candidate can admit and care for operative patients after procedures performed in an outpatient facility should the need arise.
    - Privileges held exclusively in outpatient facilities are not acceptable. Candidates must have privileges to admit patients at a hospital during the case collection period, throughout the examination process and throughout the continuous certification process.
    - At least one medical staff office must provide verification of hospital privileges in plastic surgery with the Case List submission. The date of the start of privileges must correspond to the start of the candidate's clinical surgical practice. The expiration date of privileges must also be listed. If an expiration/reappointment date is not listed, the letter must be dated in the current year.
    - The Board requires verification of plastic surgery privileges from all hospitals in which procedures are performed with the Registration Form submission.
    - Candidates may hold hospital privileges solely at a Veterans Affairs (VA) or armed services hospital, only if the candidate does not perform surgical cases at a free-standing surgical center for non-VA or armed services patients. Inpatient admitting privileges are required at a hospital other than a VA or armed services hospital if the candidate operates in a free-standing center for patients who are not veterans or active duty.

5. Outpatient Center Accreditation. The Board requires that cases performed under IV sedation or a general anesthetic be done in accredited facilities (e.g. AAAASF; AAAHC; Medicare Certification; State Licensure; Other). Cases performed in non-accredited surgical facilities must be included in the case list.

CASE LIST REQUIREMENTS

July 1, 2020 through March 31, 2021

Candidates for the 2021 Oral Examination are required to provide the Board with a compilation of all operative cases and hospitalized patients during the 9-month period beginning July 1, 2020 through March 31, 2021. Surgical practice submissions of less than 9 months are acceptable only if they meet the criteria of sufficient quality, complexity and variety of cases to allow for an adequate case report examination.

Minimum of 50 Major Operative Cases as Defined by the Board. A candidate must perform a minimum of 50 major operative cases of sufficient quality, complexity and variety during the collection period in order to finalize the list. Candidates must enter all cases performed, as outlined, not just 50 cases. Minor cases should be entered but will not count towards meeting the 50 case minimum.

Photographic Documentation

The Board advises candidates who have not acquired the habit of routine photographic documentation of all patients to do so immediately. Any case from the collection period may be selected for examination and all must have photographic documentation, including; minor cases, office procedures, emergency room procedures, and all hand cases (i.e. carpal tunnel cases, etc.).

It is strongly recommended that candidates thoroughly review all requirements for case list compilation and case report preparation before beginning the case collection process.

The case list compilation program is a web-based application on the Board's website, in the Oral Exam tab at https://www.abplasticsurgery.org. The Clinical Case Log data collection program used by the Board provides a standardized case list format that facilitates the Board's review. The data submitted to the Board is strictly confidential and will not be shared.

INSTRUCTIONS FOR DATA COMPILATION

The Board recommends that candidates enter cases on a weekly or monthly basis, rather than waiting until the last month of the case list collection period to begin data entry into the Clinical Case Log data collection program. The case log screen (cases viewed as a list) will assist in reviewing the cases. Candidates can sort by all headings on the Case Log screen. The Add Case Screen highlights all required fields with a red asterisk and indicates incomplete required fields in red. A trial printing well in advance of the deadline will also help in troubleshooting problems. Do not underestimate the magnitude of the data collection task. You must use Adobe Reader or Adobe Acrobat Pro to download/print the finalized case list.

To comply with HIPAA regulations, the Board and candidates must agree to a Business Associate Agreement (BAA). This BAA will only appear after initial access to the Clinical Case Log. A sample of this BAA will be posted on the Board's website in the candidate's Oral Exam tab. The sample form does not require a signature and should not be returned to the Board Office.

THE CASE LIST MUST INCLUDE:

- All operative procedures whether inpatient, outpatient, or office-based surgery
- All patients hospitalized by the candidate as the admitting physician, even if the patient is managed non-operatively
- All emergency room patients who require a procedure and therefore a procedure note
- Patients with multiple operative procedures performed on different days within the case collection period. This inclusion allows automatic cross-referencing by the computer program. However, hospital numbers or other identifying numbers and patient initials must be consistent for the patient with multiple procedures (e.g. if a patient is listed at more than one institution, the same identifying number must be used to identify the patient). Do not use the full social security number (SSN) as an identifier to protect patient confidentiality. For the purposes of the case list, candidates should use only the last four digits, which should allow the medical record administrator to identify and verify the cases with the patient initials
- Co-Surgeon cases only if the candidate is the surgeon of record providing preoperative assessment and postoperative care to the patient
- Cases performed by a resident with the candidate as responsible attending surgeon and listed on the operative record as such
- Procedures for patients participating in research protocols should be entered and coded appropriately. Documentation must be available for proper protections for human-subject research, including Institutional Review Board (IRB) approval and patient consent to participation
- Procedures performed during military deployment may be entered by the candidate if applicable
- Office-based surgery, e.g. skin lesion excisions, cysts, lipomas, keloid and laceration repairs, chemical peels
- Skin Resurfacing Procedures of the head and neck will be considered major under the following conditions:
    - Skin resurfacing of the head and neck using laser or chemical peel must:
    - include the full face
    - reach depths of the reticular dermis if chemical peel (35% or greater TCA or croton oil phenol peel)
    - reach 80 microns if ablative laser
- Dermabrasion must:
    - treat an area of at least 20 cm^2, including upper and lower lip dermabrasion
    - Laser treatment of congenital malformations such as hemangioma must be greater than 5 cm^2
    - Laser treatment of port wine stain must be greater than 100 cm^2 and can be elsewhere on the body

DO NOT INCLUDE THE FOLLOWING:

- Voluntary surgical activity in developing countries. Cases performed during such service are not to be included in case compilation because of the lack of continuum of care
- Inpatient consultations on patients admitted by physicians on other services that did not culminate in a surgical procedure
- Assistant Surgeon cases billed by the candidate as an assistant surgeon
- Co-Surgeon cases in which the candidate is not the surgeon of record, and where the candidate did not provide a continuum of care from preoperative planning to postoperative patient care
- Procedures for injectables and fillers such as Botox, Restylane, Sculptra, Radiesse or other dermafillers
- Laser procedures for hair or tattoo removal
- Miradry
- CoolSculpting
- Ultherapy
- Cellfina for cellulite
- Skin facials
- Steroid injections
- Micro-Needling
- Thermi/Thermage
- Microdermabrasion
- Office skin biopsy
- Epifx (amniotic membrane) for wound care
- Ear molding

DATA ENTRY ON THE CLINICAL CASE LOG

The case list includes: patient initials, hospital (or other) identifying number, age in years calculated from date of birth, gender, date of operation, anesthesia type, diagnosis, procedure(s) performed (if any), CPT codes plus modifiers (identical to those used for billing on that case), outcome (including adverse events), site of operation (i.e. inpatient vs. outpatient facility) and duration of procedure in hours and minutes. For non-operative cases, list "0" minutes. The case list can be finalized ONLY if all required fields are completed.

1. Enter patient name or initials, first and last (middle initial if available). At least 2 initials must be entered. Candidates can see full name but initials only are printed. For added confidentiality, use only initials.

2. Enter a patient number in the medical record # field. Use the same patient number for all procedures for the same patient during the case collection period regardless of the date or location (e.g. office, outpatient facility, hospital) to allow for cross-referencing. Do not use full social security numbers to protect patient confidentiality. Follow institutional, state and HIPAA requirements to protect patient confidentiality.

3. Enter patient date of birth as mm/dd/yyyy. This DOB will not be displayed on the finalized case list. Only age in years (*years/months/days*) will be displayed on the printed list. Do not leave spaces in the DOB fields as this may cause errors with the age on the printed case list.

4. Enter patient gender. Gender is reported on the printed case list.

5. Enter hospital facility name. Click on the link *Click here to add a facility to add/edit the name of a facility. Candidates can enter facilities during initial setup or any time during the case collection period. An outpatient designation here will create a default entry in the admission status field during data entry. Facilities with no cases can be deleted.

6. Enter the admission status as inpatient or outpatient. An inpatient admission is defined as an overnight stay of one or more nights. Some hospitals define outpatient admissions as 23 hours or less even with an overnight stay. For the purposes of the case collection, list any overnight stay as an inpatient admission.

7. Enter date of procedure. Enter multiple procedures on the same patient, on the same date during the same OR session, as one case. Use the date of admission for non-operative inpatient admissions.

8. Enter duration of procedure. Duration is defined as skin to skin excluding anesthesia time. Enter approximate duration of the surgical procedure in hours and minutes. For non-operative cases, list "0" minutes.

9. Anesthesia Type. Enter the type of anesthesia used; Local only (including nerve block), IV sedation, General Anesthesia, none.

10. Enter the diagnosis description in the free text box. Providing accurate diagnosis information is essential. Comments about follow-up, subsequent planned procedures or other notes should be entered here. For non-operative cases, include a discharge summary diagnosis. Be concise and use professional judgment on the details/comments listed in the free text field. The Board does not require ICD-9 or ICD-10 Codes.

11. Describe the procedure in the free text box. From the operative notes, give an accurate description of the operative procedure(s). CPT code descriptors should not replace the free text procedure description. For non-operative cases, enter a description of the care provided. Be concise and use professional judgment on the details/comments listed in the free text field.

12. Include all CPT codes plus modifiers used for billing purposes. CPT codes must be assigned for all cosmetic cases. CPT codes starting with 99 (evaluation and management codes for office visits, consultations, etc.) are not required. For non-surgical admissions, E&M CPT codes can be used. Bilateral procedures should be entered using only one CPT code with a -50 modifier (e.g., bilateral breast reduction should be entered as 19318-50).

    To provide an equitable examination for all candidates, no candidate will be exempt from CPT coding. Candidates practicing in Managed Care Institutions, Military, Veterans Affairs, Kaiser Permanente, Shriners Hospitals, Canada and international countries must also include CPT codes for all cases.

    The automatic CPT code descriptors, which appear when a CPT code is entered, are the copyright of the American Medical Association (AMA). A CPT code frequency field is included so that a CPT code may be entered once with the number of times the procedure was performed (e.g. X2, X3, etc. for multiple skin grafting procedures) during that case.

    Cases will be automatically designated as Major, Minor, or non-Plastic Surgery based on CPT codes when entered in the Clinical Case Log Program. 50 Major Cases are required to finalize.

13. Case classification fields. The Anatomy Classification relates to the anatomical location of the procedure. The Category Classification relates to the nature or origin of the defect. Pick one option in each column for every CPT code listed. The options include:

ANATOMY
1. Breast
2. Hand/Upper Extremity
3. Head & Neck
4. Lower Extremity
5. Trunk/Genitalia

CATEGORY
1. Congenital
2. Cosmetic
3. General Reconstructive
4. Hand*
5. Skin (including skin cancer)
6. Trauma
7. Nonoperative/Other

Case	Anatomy	Category
Abdominoplasty	Trunk	Cosmetic
Abdominoplasty & Abdominal Hernia Repair	Trunk	Cosmetic; General Reconstructive
Flexor Tendon Repair	Hand	Hand
Carpal Tunnel Release	Hand	Hand
Reduction Mammaplasty	Breast	General Reconstructive or Cosmetic
Breast Reconstruction	Breast	General Reconstructive
Cellulitis/in patient admission	Lower Extremity	Skin

*Hand Subcategories of Bone/Joint; Tendon/Muscle; Contracture & Joint Stiffness; Microsurgery, Vascular; Congenital; Nerve; Skin & Wound Problems; Tumor and Non-Operative will appear for the Hand Category Classification and may be used for the Hand Surgery Examination case collection.

The Board Office Staff cannot advise candidates on how to classify a case. Candidates should make the most reasonable selection for each case. Candidates should use their professional judgment when more than one category applies to a case. If the case involves microsurgery, be sure to indicate this in the procedure description.

14. Outcomes. A complications menu appears if "#3 Adverse Events" is selected. All cases do not "heal without complications." Examples of complications that candidates should include and not dismiss are: "necrosis of tip of flap" or "normal sensation returned, but index finger stiff after tendon repair."

Adverse Events are displayed on the case list as a Minor, Moderate or Major Adverse Event. Narrative statements to clarify the outcome should be concise and included in the "Describe all Adverse Events" text box. Notes entered will display on the printed case list.

The outcome categories are as follows:
#1 - No Adverse Events: No complication or complication so trivial that no intervention is required.
#2 - Outcome Unknown: This includes patients lost to follow-up and is displayed that way on the case list.
#3 - Adverse Events: Check all that apply including delayed healing, infection, unplanned consultation with other specialists, puncture or laceration to other body organ or structure, adverse event such as DVT, MI, PE, CVA, Flap loss, drainage, or unplanned re-operation, unplanned hospital stay or other adverse event. Concisely describe all adverse events in the text field provided.

15. Complete the "Mortality within 30 days of procedure" field. This is treated as a required field.

PROOF AND FINALIZE THE CASE LIST.

Once all data is entered, proof the case list and then finalize. The "Finalize Case List" function produces the following for printing: 9-month case list, Candidate Affidavit, Case Statistics Summary Report and Medical Records Administration Affidavit Sheets.

This is the only version that is accepted. Use the Clinical Case Log screen or the Oral Exam tab to view the case lists by institution. Carefully proofread for accuracy. Handwritten information is not accepted.

Online credit card payment according to the fee schedule is required. The payment screen will appear upon finalization.

Once the Case List is Finalized, Print for Submission to the Board Office

It is the candidate's responsibility to insure that all materials have been proofread, placed in numerical order and properly collated. The Board Office does not supply copies. Candidates should save an electronic copy from the Clinical Case Log for reference purposes. The finalized case list documents are available in each candidate's Oral Exam tab. Candidates often use this list for application to the American College of Surgeons (ACS).

It is recommended that candidates use Adobe Acrobat Reader DC for printing the case list, affidavits and statistics sheets for submission. Adobe Acrobat Reader DC must be downloaded on the computer from which the case list and affidavits will be printed. Adobe Acrobat Reader DC can be downloaded without charge, to view and print the PDF files at http://get.adobe.com/reader/.

Data entry, proofing, editing and notarizations must be completed, in most cases, by April 21st in order to meet the deadline of April 22nd, for the case list to be physically received in the Board Office using a service that guarantees delivery date.

The Clinical Case Log program will not allow changes in the case list data after finalization. If you discover an error after finalization, please contact the Board Office.

ORAL EXAMINATION DOCUMENTATION REQUIREMENTS TO BE SUBMITTED WITH THE CASE LIST

1. Peer Evaluations – Candidates will provide peer names and contact information on or around April 1st prior to the Case List submission deadline. The Board Office will then e-mail evaluations to the peers.

2. Candidate Affidavit – The Candidate Affidavit, printed as a separate document from the Oral Exam Tab, attests that the case list contains all cases performed during the 9-month period.

   The Candidate Affidavit reads, "I attest that the patients listed on the attached pages are ALL of my cases. I understand that a minimum of 50 major cases is required by ABPS during the period July 1, 2020 to March 31, 2021. The CPT codes listed are an exact representation of those submitted for billing purposes. I understand that CPT codes for cases which were not billed to a third party were entered for classification purposes."

3. Case List with Medical Records Affidavit(s) and Statistics Sheets. Original 9-month case list, July 1, 2020 to March 31, 2021 printed from the clinical case log, including statistics sheets and the signed and notarized affidavit per facility. Minimum of 50 major operative cases are required. The case list will print in chronological order for each institution (hospital, office-based surgery, etc.). The Medical Records Administration Affidavit for each hospital/facility will automatically print out as the last page of each institution's case list once the collection is finalized. A notarized affidavit is required per facility.

   To attest that the cases listed for the institution represent all cases performed by the candidate at the facility, the finalized lists must be signed by the medical record administrator of each institution (hospital, ambulatory surgery center, etc.). The medical record administrator's signature must then be notarized. Only the affidavits generated by the "Finalize Case List" step can be used to obtain the notarized affidavits.

   The medical records administrator's signature attests that the cases listed represent all cases performed by the candidate at that institution. The notary's signature verifies the identity of the signee. Both signatures must be dated on the same day.

   Operations performed by the candidate in the office must be listed and signed as well as notarized by the appropriate office personnel who can attest to the completeness of the cases listed.

   The Board recommends that the candidates contact the medical records department well in advance of the case list submission date to schedule the review and notarization process. Clearly, prompt completion of the case list in early April will be necessary to accomplish the tasks required for submission.

   If inconsistencies are identified by the medical records office administrator, then the candidate is responsible for correcting the information. Candidates must contact the Board Office to unfinalize the case list, make corrections, and refinalize for printing and notarization of the corrected copy.

4. Case List Review Fee. Non-refundable fee paid by credit card upon finalization of the clinical case log.

5. Hospital Privileges. The candidate must provide one currently dated letter from the medical staff office verifying active, admitting hospital privileges in plastic surgery. One letter is required with the Case List. However, all hospital privilege letters will be required at the time of the Exam Registration.

6. Accreditation certificate(s). The candidate must provide an accreditation certificate (e.g. AAAASF; AAAHC; Medicare Certification; State Licensure; Other) or a currently dated letter from the accrediting body documenting that certification is in process for ALL non-hospital surgical facilities. This includes all office-based surgery centers, where the candidate operates (if applicable). The name of the facility listed on the Clinical Case Log "add facility" function must match the facility name on the certificate or letter. Hospital-based surgical centers accredited by The Joint Commission do not require documentation but the name of the affiliated hospital should be entered on the Clinical Case Log "Add Facility" function (e.g. New Age Surgery Center-*Bryn Mawr Hospital*). Candidates must include an explanation for non-accredited surgical facilities stating the reason for lack of accreditation in the text box provided on the Clinical Case Log (e.g. only local procedures performed without intra-venous sedation at the location).

7. Advertising and Marketing. The candidate is required to submit all material from the last 12 months including selected web pages and social media pages. Documents must be translated to English. Candidates are required to submit photocopies of all advertising materials to the Board during the Oral Examination process from the last 12 months (April 2020 – April 2021). Examples include, but are not limited to: business cards, letterhead, brochures, Curriculum Vitae, proof copy of billboard images, flyers, magazine and newspaper advertisements, articles, and other practice advertisements.

Candidates must also submit selected website content: the candidate's and the practice's homepage, the candidate profile (About the Doctor) page, any page with candidate qualifications and credentials, any page that includes any Board or society emblem for the practice or the candidate and any page with references to Board Certification for the practice.

For social media sites, do not submit every post or blog from the last 12 months. Profile pages are sufficient. This includes practice profile pages for Facebook, Snap Chat, Twitter or other social media sites, and/or a list of videos from your practice posted to YouTube. Candidates should not include multiple procedure information pages with photos. Audiovisual ads are not required to be submitted at this time.

Also required are copies of third party physician search sites such as, but not limited to: LinkedIn, Realself, Yelp, Healthgrades, Doximity, etc.

The Board recommends that candidates perform a web-based search to identify any instances of internet advertising before submission of materials. The candidate is responsible for all instances of advertising, including websites of third party physician search sites or physician rating websites.

ASSEMBLY OF THE PRINTED MATERIAL FOR SUBMISSION OF CASE LIST TO THE BOARD OFFICE

Improperly assembled case lists delay processing and review of the submissions and may result in a Missing Items Fee or an Administrative Fee, as listed on the Fee Schedule. All documentation submitted to the Board Office must be in English. Do not place this material in binders, folders, notebooks or sheet protectors. Follow these instructions carefully:

1. The Candidate Affidavit should be the first page. Staple the "Candidate Affidavit" to the top left-hand corner of the first facility's case list.

2. Arrange the 9-month case list per facility, including the signed and notarized affidavits.
    a. First: Candidate Affidavit stapled to first institution's case list only.
    b. Second: Facility #1 Case List (with Candidate Affidavit as first page) with the pages in numerical order and stapled together at the top left-hand corner. The last page of each facility's case list is the Medical Records Administration Affidavit, which includes the candidate name, the six-digit Board ID number, finalized date, hospital name, number of pages and the notarized affidavit signed by the appropriate hospital or outpatient center official.
    c. Third: Facility #2 Case List. As above, in numerical order with the last page as the notarized Medical Records Administration Affidavit. Do NOT include the Candidate Affidavit with the remaining facility case lists. Only one Candidate Affidavit is required.
    d. Fourth: Facility #3 as above.

3. After last Facility: Statistics Summary Report stapled together (2-3 pages).

4. Hospital Privilege Letter.

5. Accreditation Certificate(s).

6. Candidate Advertising Material from the last 12 months and copy of Curriculum Vitae.

DEADLINE FOR SUBMITTING CASE LIST MATERIAL – APRIL 22, 2021

The deadline date for submission of case list materials is the close of the business day. No additions, deletions or modifications can be made after the late deadline date.

The Board strongly recommends that candidates send materials by a service that guarantees a delivery date, included but not limited to Fed Ex, DHL or UPS, thus providing assurance and receipt of delivery. The Board cannot confirm receipt of case lists due to the number of submissions received. Use of a guaranteed delivery service, which often can confirm receipt of delivery within 30 minutes is recommended. Certified mail service from the U.S. Postal Service does not provide a guaranteed delivery date.

The Board must receive the following items in the Board Office on or before the close of the business day on April 22, 2021, for prospective candidates to be considered for admission to the November 2021 Oral Examination:

- Candidate Affidavit.
- One original case list printed by facility with medical records affidavits per institution.
- Statistics Summary Report.
- Hospital Privilege Letter from one medical staff office.
- Accreditation certificates.
- Advertising Material with CV.

Submit all material to the Board Office:
1635 Market Street, Suite 400, Philadelphia, PA 19103

Late Fee and Administrative Fees

The late fee is charged automatically by credit card payment for case lists finalized from April 23rd up to and including April 27th. If a case list is finalized by the deadline but received in the Board Office during the late period from April 23rd to April 27th, a check for the Late Fee must accompany the Case List materials and advertising documents. The check should be made payable to ABPS in the amount listed on the Fee Schedule. No case lists will be accepted after the late period from April 23rd to April 27th. Case lists that are incomplete or incorrectly submitted will be subject to a Missing Items Fee or an Administrative Fee as listed on the Fee Schedule. This fee is required when additional work is required to process or organize submissions. Help the Board avoid charging this fee!

BOARD REVIEW AND SELECTION PROCESS

The Board reviews the candidate's 9-month case list and the Statistical Summary Report to determine if the candidate's operative list reflects sufficient diversity, complexity and volume of plastic surgery procedures to permit construction of a reasonable examination of the candidate for certification.

The Board selects 5 cases from the candidate's case list and the candidate is required to prepare case reports for these selected cases. The Case Reports will be prepared online utilizing the Board's program. This will allow review of the case reports for completeness, by the Oral Examination Committee prior to traveling to the Oral Examination. Candidates will be notified by e-mail of missing items. There will be a limited time window during which the candidate may submit missing items.

Candidates for the Oral Examination will be notified by email of any process changes which may occur after the publication date of this booklet.

In the event that the case list submitted is not adequate to allow for selection of cases, the candidate will not be admissible to the Oral Examination. This will not count as an unsatisfactory performance.

Candidates with inadequate case lists must submit another case list for the following year. Candidates are notified in writing regarding case lists that the Board has found to be inadequate. This decision is final and not subject to appeal.

ORAL EXAM REGISTRATION AND NOTIFICATION OF BOARD SELECTED CASES

An email notification will be sent once the following documents are available by logging in to the Board website: Announcement Letter, the 5 Board-selected cases for preparation of Case Reports, Exam Registration, and Travel Information. Candidates whose case lists are denied will receive an email notification as well.

REGISTRATION FORM AND EXAMINATION FEE

Candidates must signify their intent to take the Oral Examination by completing the Registration Form.

Required documents for Registration:

1. All state medical licenses bearing expiration date valid at the time of the examination.
2. All medical staff hospital appointment/reappointment letters held during the case collection and examination process. The letters must verify active inpatient admitting privileges in plastic surgery and identify the dates the privileges were in effect. Hospitals may be in the United States, Canada or country where the candidate practices plastic surgery.
3. Accreditation certificates. The candidate must provide an accreditation certificate for ALL non-hospital surgical facilities.
4. Examination Fee according to the current Fee Schedule.

Registration forms that are incomplete or incorrectly submitted will be subject to a Missing Items Fee. The Board automatically applies an additional Late Fee if the Registration Form is finalized during the late period. Candidates cannot finalize the Registration Form after the late deadline.

BOARD SELECTED CASES

The Board advises candidates to:

- Review case files of the 5 selected cases for photographs, patient consent signatures and required documentation as soon as possible after the notification is posted on the Board's website.
- Detailed instructions on how to upload case reports will be sent to the candidates along with the 5 selected cases.
- Carefully read the instructions on case preparation. Failure to submit the cases according to the specific instructions may lead to disqualification. The ABPS website also includes a case report webinar that goes through the steps required to prepare the 5 selected cases.
- Notify the Board Office of insufficient case materials by August 1st. Direct all questions regarding insufficient case data, especially photographs, by email to oral@abplasticsurgery.org before 5:00 pm ET on August 1st. This is a firm deadline for candidates to identify to the Board any deficiencies

in the documentation needed for complete case report preparation. After Board Office review, additional cases for preparation may be assigned if the candidate has insufficient material for the selected cases.

SELECTED CASES UPLOADED FOR EXAMINER REVIEW

The Board uses an online Case Report upload program. This program benefits candidates by providing organized platforms to construct each case report. An additional benefit is the online review of each case report by the examining teams to insure adequate materials to conduct the exam prior to traveling to the examination.

Once the case reports have been uploaded to the Board's website and finalized by the candidate, the Board Office will combine materials into a single PDF file for each case and distribute to examiner teams. These files will be reviewed by the examiner teams and cleared as adequate to conduct an examination. The candidates will be notified by email in late September to mid-October that their cases have been cleared.

The Board reserves the right to independently corroborate medical records in case report submissions for the Board-selected cases and to review issues related to informed consent. The Board Case Report upload site provides fields for all of the materials that need to be submitted for the 5 selected cases. The Case Report upload process cannot be finalized until all repositories have been filled.

PHOTOGRAPHIC DOCUMENTATION-CONSENT

The Board places particular emphasis on the necessity of photographic documentation. Preoperative and postoperative photographs are mandatory for all cases selected for case reports. Intraoperative photographs may aid in further illustration of the clinical problem. The candidate must provide a signed, notarized affidavit attesting that all submitted photographs are the original and unaltered documentation of the 5 selected patient cases presented for the Oral Examination. The Board provides this form. Cropping photographs without impinging upon or changing the patient image is permissible. The Board accepts the addition of anatomic labels that do not distort the patient image. It is preferable to black out the tattoos (identifiers) as long as it does not alter the surgical result.

It is the candidate's responsibility to maintain patient confidentiality and to follow HIPAA requirements and state law requirements as appropriate. For all cases, the candidate must obtain a signed consent/release form for use of illustrations, photographs or imaging records for examination, testing, credentialing and/or certification purposes by The American Board of Plastic Surgery, Inc. If your institution has a standard required photographic consent, the ABPS recommends that you have the patient agree and sign both the ABPS consent and your institution's consent. If you intend to create a consent form, the following language must be included:

"I hereby grant permission for the use of any of my medical records including illustrations, photographs or other imaging records created in my case, for use in examination, testing, credentialing and/or certifying purposes by The American Board of Plastic Surgery, Inc."

_____Patient Signature
_____Witness Signature
_____Date

CASE REPORT REQUIRED MATERIAL

The following is a list of required materials that will need to be uploaded for Examiner review. All materials for each repository tab/section will need to be combined into a single PDF file. Only one file may be uploaded per tab/section. Uploading the 5 selected cases will proceed smoothly if all necessary PDF files are prepared before beginning the process.

These guidelines are provided to help standardize the case collection and case report materials for an equitable examination. The Board expects candidates to use professional judgment in executing these requirements. Prepare each case report in a clear and concise manner to illustrate the case. Detail is provided here to answer the most common questions received rather than to dictate every component of the content. Refer to the detailed explanation of the requirements for each section below. The candidate is encouraged to read this section carefully.

Note: Patient identifiers should be de-identified using either the redaction tool available with Adobe Acrobat Pro (30-day subscription or 7-day trial version available) or by blanking out all identifiers prior to scanning.

All documentation submitted to the Board Office must be in English. If the medical record is in a language other than English, an English translation must be included next to the original language.

PHOTOGRAPHIC AFFIDAVIT, ELECTRONIC MEDICAL RECORDS ATTESTATION AND ADVERTISING

Required Candidate Documents:

1. Candidate Photographic Affidavit
2. Candidate Attestation for Electronic Medical Records (EMR)
3. Candidate Advertising Documents

The forms for the Photographic Affidavit and the EMR Attestation are available on the website to download and sign. The forms must then be scanned and uploaded into the appropriate tabs.

Notarized Candidate Photographic Affidavit.

The Photographic Affidavit Sheet, must be signed, notarized, and uploaded in the appropriate tab. This form is available for download from the Board Case Report Upload site. The Photographic Affidavit must be signed and properly notarized attesting that all photographs are original and unaltered documentation of patient cases presented for the Oral Examination.

Electronic Medical Records Attestation.

This form will be available for download from the Board's website. The Board may request to review the revision history of any notes in the case reports. List all edits to medical records.

Candidate Advertising.

Upload a copy of the advertising that was submitted with your case list to the Board Office. Exclude Curriculum Vitae (CV). In the advertising documents, block out any areas that contain residency and/or fellowship training locations as the exam teams will access these documents. Refer to the Advertising Requirements section of this Booklet.

Candidate Photographic Affidavit

ATTEST: The photographs included in my Case Reports contain original and unaltered documentation of the patient cases presented for The American Board of Plastic Surgery, Inc. Oral Examination.

I understand that cropping the photograph or blocking identifiers such as tattoos without impinging upon or changing the patient image and/or adding anatomic labels is permissible. I understand that descriptive legends and dates of the photographs must be placed adjacent to or below each photograph.

Candidate Signature: _____

Print Name: _____

Date: _____

WITNESS: As witness to the above signature I hereunto set my hand and affix my seal.

Notary Signature: _____
Notary commission expires: _____

Electronic Medical Records Attestation

I am aware of my pledge of Ethical Behavior signed at the time of application for Examination and Certification by The American Board of Plastic Surgery.

I now attest that, subsequent to the date I was notified of the cases selected for my Case Report examination, I have edited or appended notes in these medical records (circle one): YES - or - NO

I further attest that all alterations to the medical records in my Case Reports that were made subsequent to notification of my selected cases are accurately reported below. I understand that the Board may request to review the revision history of any notes in my Case Reports.

Candidate Signature _____

CASE REPORT UPLOAD PROCESS

These guidelines are provided to help standardize the case report materials and are also provided on the online upload screen for each tab/section.

The Board expects candidates to use professional judgment in executing these requirements. Prepare each case report in a clear and concise manner to illustrate the case. Detail is provided here to answer the most common questions received rather than to proscribe every component of the content. Divider pages may be used to organize documents.

NOTE: If the medical record is in a language other than English, an accurate, complete and concurrent English translation must be included next to the original language.

Additional Procedures Related to the Selected Case

In the event that more than one procedure is performed on the patient during the 9-month case list collection period, all procedures and hospitalization(s) that fall within the 9-month collection period must be included in the Case Report Submission.

Candidates are not required to document procedures that fall prior to or after the 9-month case collection period. However, if these procedures increase the understanding of the case, they should be included at the candidate's discretion. Documentation for procedures falling outside the 9-month case collection period does not have to be completed – the candidate may be selective.

Required Case Report Documents per Case:

1. Title Page. One for each case.
2. Narrative Summary. A narrative summary of the preoperative, operative, and postoperative course of the patient is required. A separate paragraph detailing the outcome is also required.
3. Initial Evaluation. Include notes that list the risks, alternatives, and benefits explained to the patient if not in initial evaluation.
4. Photographs and Patient Photographic Consent Forms. Consent forms from the candidate's office should be included in this section of the case report. Patient names, except patient first and last name initials, should be blanked out.
5. Operative Reports. Operative notes, operative consent.
6. Anesthetic Report. PDF file of the anesthesia records.
7. Laboratory Data. Pertinent laboratory data.
8. Pathology. Pertinent pathology reports.
9. Radiology. Pertinent radiographs.
10. Hospital Progress Notes and Outpatient Clinic Notes. The Hospital Discharge Summary should be the first document in this section.
11. Billing. Photocopies of the actual billing statement submitted, including CPT codes and procedures, with a notarized statement confirming the authenticity of the billing statement. Candidates working in a VA or military hospital, Kaiser, or Canada must provide CPT codes for the procedures performed.

EXPLANATION OF SECTION REQUIREMENTS FOR PREPARATION OF EACH SELECTED CASE REPORT

1. Title Page

Each Title Page must be typed or reproduced on standard, letter-sized (8½" X 11") white paper with the candidate's full name, six-digit Board ID number, and the Board selected case number. The Board selected case number is found on the Notification of Selected Cases document, #1, 2, 3, 4, or 5. Do not include the number from the Clinical Case Log compilation. Additional cases due to missing documentation should be numbered 6, 7, & 8 if applicable.

Classify Case: Categorize cases exactly as was done on the 9-month case list compilation (Category & Anatomy).

The hospital patient number or other identifying number should NOT be noted. Do not use the patient's full social security number.

The principal diagnosis and the primary operation(s) must also be listed on the title page. If more than one operation was performed for the selected patient, each operation should be listed. Candidates may elect to add a second title page to list each procedure and each case. Use professional judgement to best present the Title Page.

SAMPLE TITLE PAGE – one per case

John L. Candidate, MD
Candidate Board ID # 999999

I. Board Case # (1, 2, 3, 4, or 5)

II. Category Anatomy
General Reconstructive Breast

III. Diagnosis–include all.

IV. Procedure(s) performed by the candidate.

If more than one operation was performed for the selected patient, each operation should be listed. Candidates may elect to add a second title page to list each procedure and each case. Candidates should use their professional judgement about how best to clearly present the Title Page.

Do not list the hospital patient number.

2. Narrative Summary

A narrative summary of the preoperative, operative, and postoperative course of the patient is required.

The Board has dramatically reduced the amount of documentation required in the hospital and office note section (see below). Accordingly the Board is requesting greater detail in the Narrative Summary. Details such as prolonged dressing changes, erythema requiring oral antibiotics, prolonged physical therapy, the need for outside consultants and more serious adverse events should be described. The descriptions should be concise, but the candidate should err on being inclusive of issues and events.

Concisely describe issues that occurred in the inpatient or outpatient setting that required a more than normal amount of management.

NOTE: Additional operative procedures performed on this patient within or outside of the 9-month case collection period should be mentioned here as well.

A final separate paragraph entitled "outcome" must be included. The outcome of the treatment and the final condition of the patient must be indicated.

SAMPLE NARRATIVE SUMMARY – one per case

John L. Candidate, MD
Candidate's Board ID #: 999999

Patient Initials: BMJ
Board Selected Case Number: (#1, 2, 3, 4, 5)
Clinical Case Log Number: #152 (per facility)

Case Summary
BMJ presented for delayed reconstruction of the right breast following mastectomy, chemotherapy and radiotherapy.

A left muscle sparring microvascular TRAM flap was performed for reconstruction. In the postoperative period, fat necrosis of the lateral flap developed, which required three in-office debridements to achieve final healing.

Three months after final healing and outside the case collection period, the patient underwent a mastopexy of the opposite breast for symmetry, scar revision of the area of previous fat necrosis and construction of a nipple.

Outcome
The final outcome was an equal volume for each breast so the patient was symmetric in clothing. The appearance of the reconstructed breast however was more uplifted because of the tighter surrounding irradiated breast skin.

3. Initial Evaluation

Initial history and physical or consultation performed by the candidate. Include notes from all preoperative visits by the candidate whether as an outpatient or inpatient. Include notes that list the risks, alternatives, and benefits explained to the patient if not in initial evaluation. If other consultants were involved in the preoperative assessment of the patient, include their reports here as well.

4. Patient Photographic Consent Forms with Photographs

Patient Consent or Release Forms must be placed first in this section and include each patient's permission for use of illustrations, photographs or imaging records for examination, testing, credentialing and/or certification purposes by the Board.

- Note: the Candidate Photographic Affidavit was uploaded separately and applies to all submitted photographs.

Patient names must be de-identified with the exception of the initials, on the consent form and on all materials to protect patient confidentiality. The signature on the patient consent must be blanked out except for first and last name initials. Candidates retain the original. Refer to HIPAA Guidelines at https://hipaa-101.com/

A critical element is photographic documentation of all cases (including hand cases) **= preoperative and postoperative photos.** Hand cases should focus on demonstrating return of function. Photos, legends and labels can easily be organized in a PowerPoint presentation. The presentation, including the scanned Consent Form and Case Photos, can then be saved as one PDF file for uploading to the case report system.

Organize photos chronologically. Multiple photos per page are acceptable. Label photos with date and clinical information (preop, intra-op, post-op) below photos or to the side. Anatomic labels may be placed for clarification. Photos may be cropped and scaled but otherwise not altered. Clothing must not obscure key areas. If there is a tattoo visible in the photo, it may be blacked out to protect patient identity.

NEW 2020 – In addition to preoperative photos, preoperative images from any software used to demonstrate results to the patient must be included for all applicable selected cases (e.g. TouchMD, Crisalix).

Postoperative photos must be taken ≥ 3 months after the procedure. **Post-operative photos of upper extremity cases should demonstrate functional restoration in addition to wound healing.**

The Board strongly recommends intraoperative photographs when they provide clarifying information. Intraoperative photos and markings are encouraged for more complex cases. Diagrams or simple drawings may be substituted for intraoperative photographs only. Descriptive legends and dates of the photographs must be placed adjacent to or below each photograph.

5. Operative Notes and Operative Consent

The operative consent form must precede each Operative Report. It is expected that statements supporting a review of risks, alternatives, benefits and patient education is documented in the progress notes. Highlight these areas in the progress notes.

Copies of all operative reports of procedures performed by the candidate on each specific patient during the 9-month collection period are required. This includes operative reports of minor procedures performed by the candidate in the office during the 9-month collection period. Place reports in chronological order, with relevant operative consent preceding each report.

Candidates may include copies of the operative reports of procedures performed outside the 9-month collection period or that another surgeon performed if they clarify the patient's course.

6. Anesthetic Reports

Anesthetic records are required. This should include all anesthetic records for procedures performed by the candidate during the 9-month collection period arranged in chronological order.

Candidates may include the anesthetic reports of procedures performed outside the 9-month collection period or that another surgeon performed if they clarify the patient's course.

7. Pertinent Laboratory Data

Pertinent laboratory data are required. These should also be grouped together in chronological order. Candidates are encouraged to use their judgment when determining how much detail to include. Please refrain from including huge files of normal lab values. Consider the patient's medical condition(s) and current medications, then provide appropriate lab work. Because the exam teams will review the files weeks in advance of the exam, they will have the opportunity to request additional select labs if indicated.

8. Pathology Reports

Pertinent pathology reports are required. All pathology reports should be organized in chronological order. Highlight key areas.

9. Pertinent Radiology

Reproductions of pertinent x-rays or scans are required. Each x-ray or scan must be dated in a manner that is easily visible. Include in this section photocopies of corresponding reports from the radiologist for each imaging study. This material should be organized in chronological order, with reports placed adjacent to the corresponding reproduction of the imaging study. Mammography reports without images are sufficient. For studies with numerous images the candidate must use their best judgement in determining the critical images that are needed to convey the pertinent findings.

10. Progress Notes: Hospital Progress Notes and Office/Clinic Notes
Two separate PDF files for Hospital Progress Notes and Outpatient Clinic Notes will need to be created as outlined below:

Hospital Progress Notes
- Discharge Summary (first item in this section)
- All post-surgical Consultant Reports
- Any transfer reports (to/from ICU, transfer to outside hospital, transfer to a different service, etc.)
- Notes documenting any adverse events (return to OR, flap debridement, pulmonary embolism, etc.)

Outpatient Clinic Notes
- Immediate postoperative visit note
- Notes documenting any adverse event (infections, debridement, return to OR, etc.)
- Any hospital re-admission notes
- Final or most recent note

Initial History and Physical and all preoperative visit notes should be placed in the Initial Evaluation section.

If the patient has prior surgical procedures relative to this case, either before or within the case collection period, include only the most relevant office notes for that procedure. Include the Operative Reports for those other procedures in the Operative Report section.

11. Billing - including CPT Codes – Notarization Required.
All CPT codes as listed on the case list must be included. Each case must include a copy of the actual bill submitted for the procedure(s) with the dollar amount deleted. Billing for Office visits need not be included. These bills include, but are not limited to:
- Health Insurance Claim Forms (HICFA)
- Electronically generated bills
- Bills to patients not submitted to third party payers
- Cosmetic procedures when no bill was sent
- Procedures performed gratis or for charity
- A computer generated replacement copy for a missing bill

Notarization. The individual responsible for generation of the bill must provide a notarized signature on each bill. This could be a billing company representative, hospital billing clerk or a candidate's office manager. The signature should attest that the bill represents a copy of the actual bill sent to the patient or third party payer or that a bill was not submitted. The notary verifies the identity of the person providing the signature.

If coding was not generated for a procedure, the affidavit should attest that no coding or billing was required. However, the CPT codes as listed on the case list should be included on the affidavit or on a separate page.

To facilitate review by examiners, CPT code descriptors must be included on the billing statement even though it may not be a part of the original bill.

For candidates who work in Veterans Administration Hospitals, Armed Services Hospitals, Shriners Hospitals, Kaiser Permanente, other self-insured health systems or who practice in Canada, or internationally, CPT codes are required for all procedures performed on the 5 selected cases. This is required so that all candidates are evaluated equally across all exams. Services performed gratis should be coded exactly as any other case.

Include the following in the appropriate tab above in chronological order: pertinent Operative Reports, consultations, lab, imaging, etc. that were associated with relevant procedures before or after the selected procedure. This can include materials from outside the case collection period. A divider sheet with date or other information can also be inserted in each section.

EXAMINER REQUESTED ADDITIONAL DOCUMENTATION

Examination teams will review the files weeks in advance of the examination. The examiners will have the opportunity to request additional documentation if needed. The candidate is reminded of the Code of Ethics and the honor system. Any attempt to conceal questionable management will impact the evaluation of professionalism.

The Additional Documentation tab/section only appears when the Examining Team requests additional documentation during their review in September-October. Candidates must respond in a timely manner and will be contacted via e-mail. The Additional Documentation will become a supplement to the combined PDF of the 5 Board selected cases.

DISQUALIFICATION OF CASE REPORTS

If a candidate is disqualified from the examination process because the Case Reports are judged unacceptable, because of insufficient volume, diversity, complexity, inadequate compilation or any other reason, the candidate will not be allowed to participate in the Oral Examination. This situation will not be

recorded as a failure, however, because the Board has incurred expenses to provide a candidate with an examination, a partial refund, the Examination Fee less the processing charge, will be sent to the candidate.

ADMISSION TO THE ORAL EXAMINATION - CLEARED CASE REPORT NOTIFICATION

Once the Registration Form is approved and the Examiner Team clears the candidate's case reports, the candidate will be scheduled for the examination.

An Admission Form will be available by logging in to the Board's website, approximately 4 weeks before the examination. An email will be sent when the Admission Form is available. The candidate is then cleared for the examination. The Admission Form includes the candidate's name, current address, Board ID number, date and location of the examination, and the general examination schedule. Individual examination session schedules are provided onsite at registration.

ATTENDING THE ORAL EXAMINATION

The Oral Examination will be conducted once each fall or at such time as deemed suitable by the Board. The examination will be given on the dates and at the times specified. No exceptions will be made. Candidates are responsible for their own travel, hotel accommodations, and expenses.

The Oral Examination will occupy 2 ½ days. A detailed schedule is included in the Announcement Letter available in July. Candidates are required to be present for each day of the examination at the times listed in the Announcement Letter. Late arrival may result in denial of admission to the examination. To avoid transportation delays the Board recommends utilization of the reserved room block at the examination hotel.

Attire at the Examination

The Board has established a practice of relative anonymity at the Oral Examination with respect to training, practice type, practice location, or special circumstances. The Board requests that no uniforms or other garments reflecting any institutional affiliation, including military service, be worn during the examination. Candidates are not permitted to have cell phones, recording, or electronic devices on their person during the examination sessions.

PRESENTATION OF CASE REPORTS TO EXAMINERS DURING THE ORAL EXAMINATION

During the 45-minute Case Report examination session, the candidate must be prepared to do the following:

1. Discuss patient evaluation and workup.
2. Discuss choice of and execution of the operation(s).
3. Present alternate treatment plans considered.
4. Evaluate outcome.
5. Discuss ethical or economic issues related to the case.

Hospital and office records must clearly identify the candidate as the attending physician and surgeon; however, the candidate need not necessarily be the admitting physician, so long as he/she is clearly the attending plastic surgeon. Cases performed by a resident under the candidate's supervision may be chosen by the Board and will be considered in the same way as cases done personally by the candidate.

The Board regards the Case Reports submitted as important evidence of the candidate's basic ability to carry out plastic surgery procedures and to organize and present information in a succinct and complete fashion. Improper or disorganized submission of this material or evidence that the photographs or records have been altered will be sufficient cause to disqualify a candidate from continued examination.

INSTRUCTIONS AND PROCEDURES

Candidates will receive instructions for the examination including a schedule for the Registration and Orientation Sessions at the examination site. Candidates also receive a schedule indicating the time and the rooms for the 1 Case Report Session and the 2 Theory and Practice Sessions of the examination. The Examiner team names are listed on the candidate schedule. Failure to appear on time for any session of the examination will lead to a grade of *FAIL* on that section.

Candidates should be outside the examination room 10 minutes before the scheduled time for the Theory and Practice Sessions and 5 minutes before the Case Report Session. Candidates will be allowed to review the Theory and Practice cases for 10 minutes prior to the start of the exam. It is not necessary for candidates to announce their presence. However, if a candidate has not been invited into the examination room by the examiners by 5 minutes after the scheduled examination time, candidates should notify the temporary Board Office at the hotel immediately.

The Board makes every effort to assign candidates to examiners whose knowledge of the candidate's background would not bias their evaluation of the candidate's performance. Candidates must notify the Board Staff immediately of any examiner conflicts during Registration. Conflicts may include an examiner who played a role in the candidate's training, is a friend or relative, is a professional associate, interviewed the candidate for a faculty position or has examined the candidate previously. Unless conflicts are identified in advance of the actual examination with the completion of the Registration Form, the Board will assume the candidate is agreeable to all examiners.

DESCRIPTION OF THE EXAMINATION

The examination consists of 1 Case Report Session and 2 Theory and Practice Sessions. Each session is 45 minutes in duration. For any given case, one of the examiners may take the lead but each of the examiners will ask questions of the candidates.

The Case Report and Theory and Practice Sessions are considered as one total examination. Candidates will pass or fail on the strength of their combined performance on all 3 sessions of the Oral Examination.

Each Theory and Practice examination session is designed to evaluate the candidate's breadth and depth of knowledge, the ability to apply that knowledge in the solution of a wide range of clinical problems, and the candidate's ability to assess matters related to ethics. For each session, the examiners are given scripted questions and response guidelines to follow. This approach facilitates a consistent exam among all candidates and uniform scoring.

The guidelines below are offered to candidates regarding the conduct of the Oral Examination:

1. Repeat candidates are not identified to examiners.
2. Responses should reflect the candidate's approach to the problem presented, not what the candidate thinks examiners would do.
3. Answer questions thoughtfully, demonstrating concern for patient safety.
4. Commit to a single management plan of your choosing. Be able to explain your choice. Be prepared with a back-up plan if the original choice fails. Demonstrate mastery of problems without wasting time on questions that you cannot answer.
5. Demonstrate competence, safety, and ethics.
6. Examiners are interested in the plastic surgery aspects of cases, not necessarily irrelevant lab data, extensive testing, etc.
7. Examiners take notes during the exam and may rapidly move to a new topic in the interest of time constraints. An equal amount of time will be spent on each question.
8. Examiners will not lead, clue, or reinforce answers.

Performance Evaluation

The following criteria are provided to the examiners as guidelines. The candidate is rated on the following:

1. Diagnosis/Planning: identifies general problem(s), notes key problem(s) and evaluates patient.
2. Management/Treatment: surgical indications, operative procedure, and appropriate anesthesia.
3. Complications/Outcome: unexpected problems, alternative plans and approaches.
4. Clinical Judgment/Limitations: reasoning ability, problem solving, risks and benefits. This scoring item only applies to Theory & Practice Sessions.

In the Case Report Sessions, the clinical judgment scoring item will be addressed by separate grades in:

1. Safety: practices within acceptable standards; avoids excessive risks.
2. Ethics/Professionalism: honest, ethical and professional in the practice and business of plastic surgery.
3. Case Report Preparation/Organization: clarity, completion, detail, and honesty/integrity.

Ratings for each of the skills are provided using the following criteria:

1. Unsatisfactory (Incapable): demonstrates minimal understanding, undeveloped or inappropriate application of process or analytic skills and limited ability to evaluate information.
2. Marginal (Some capability): demonstrates basic understanding, some deficiencies in application of process or analytic skills, some ability to evaluate information.
3. Satisfactory (Proficient): demonstrates broad understanding, effective application of process and analytic skills, evaluates information appropriately.
4. Excellent (Distinguished): demonstrates extensive understanding, consistent, effective application of process or analytic skills to solve problems and extensive ability to evaluate information. A rating of 4 is not available for safety and ethics/professionalism skills for Case Report Sessions.

A passing performance requires the following criteria:

1. A reasonable analysis of the problem.
2. An acceptable plan of treatment that has a reasonable chance of success.
    a. The plan must include a clear, single, initial approach and not simply provide a textbook list of the possible solutions. If challenged or questioned on the approach chosen, the candidate must be able to explain his/her choice.
    b. The plan of action must be safe, that is, would not expose the patient to undue risk.
3. Recognition of possible complications of the initial plan with understanding of methods to avoid and treat such complications.
4. Knowledge of a "back-up" plan should the first plan fail.

A failing performance is characterized by one or more of the following four elements:

1. Ineffective analysis or lack of understanding of the problem.
2. Inability to develop a plan that would treat the problem, or presentation of a plan that is considered unsafe or dangerous.
3. Unclear or ambiguous presentation of plan.
4. Evidence of unethical behavior, for example, performing unnecessary procedures on patients, abandonment of patient with complications, clear and intentional coding deception on case reports.

EXAMINERS AND EVALUATORS

All examiners are diplomates of The American Board of Plastic Surgery, Inc., and are active in the practice and/or teaching of plastic surgery. They have been certified by the Board for a minimum of 7 years, and are participating and current in the Continuous Certification Program. They are respected members of the profession and are known for their surgical knowledge, expertise, and scientific contributions. They have been formally instructed in the technique and purposes of the examination process. Each team includes a Senior Examiner, who is either a present or former Board Director or who has examined multiple times, and a Guest Examiner.

Evaluators will review the performance of the examining teams during the examination sessions. The Evaluators are current or past Directors of the Board and do not participate in evaluation or grading of the candidate's performance during the session observed.

Each candidate will be examined by 3 teams of 2 examiners. The Board's psychometricians utilize an analytic scoring method with a multi-facet analysis method to determine the data used by the Board for the final pass-fail analysis and provide statistical correction for examiner severity. It is possible for all candidates to pass the oral examination and, conversely, it is possible for all candidates to fail. This is not a norm-referenced examination.

The Board is committed to the standard that the examination shall be as comprehensive and objective as can be practically offered. The intention is that every candidate be provided an equal opportunity to become Board Certified.

DEBRIEFING SESSION

On the evening of the last examination day, there will be a voluntary debriefing session, which the Board encourages candidates to attend, for the purpose of evaluating the examination and providing constructive feedback. Following the debriefing, there will be a candidate and examiner reception.

RESULTS OF THE EXAMINATION

The Board uses a psychometric evaluation method for performance assessment, as noted above. The result letters and performance reports will be posted online.

Each candidate will receive a report which will include information on his/her overall performance for the grading criteria as compared to the candidate group. The Board will send an email notification when the results are available. Program Directors are provided with performance reports for all former residents.

Reapplication requirements, should it be necessary, are explained in the Policy Section of this Booklet and are posted on the Board's website.

CHANGE OF ADDRESS AND NAME ON CERTIFICATE

If a candidate's address, as it appears on the Admission Form, is incorrect, the corrected or new address must be submitted on the physician profile via the Board's website. This Admission Form is required at registration for the Oral Examination. The candidate name as it appears on the Admission Form will be used for production of the certificate. Candidates must email the Board Office to request any changes to the certificate by the end of December.

CANCELLATION OF EXAMINATION

Should The American Board of Plastic Surgery, Inc., in its sole discretion, cancel the Oral Examination, or as a result of events beyond its control be unable to administer the Oral Examination at the appointed date, time and location, or should the Board fail to conclude a candidate's Oral Examination, the Board is not responsible for any expense the candidate may have incurred in connection with the canceled Oral Examination, nor for any expense the candidate may incur for any subsequent Oral Examination.