

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 ACGME (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.

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 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.

Residents with osteopathic degrees may apply to ACGME-accredited Independent Plastic Surgery training programs only if they have successfully completed a surgical residency in General Surgery, Vascular Surgery, Neurological Surgery, Orthopaedic Surgery, Urology or Thoracic Surgery sufficient to qualify for certification by the corresponding ABMS surgical board.

Residents in an AOA general surgery residency training program that receives accreditation by the ACGME may meet the ABPS prerequisite training requirements for entry into an ACGME-accredited Independent plastic surgery program only if they are able to present evidence of their admissibility to the American Board of Surgery (ABS) Examination process. AOA residents must apply to the ABPS by sending the following to the Board Office:

1. Resident Registration and Evaluation of Training Form
2. Copy of osteopathic degree (D.O.)
3. Evaluation of Training Fee
4. Letter from the ABS verifying eligibility to apply to the ABS examination and certification process

Medical or Osteopathic Medical Education

Before prerequisite training, residents must have graduated from a medical school in a state or jurisdiction of the United States which is accredited at the date of graduation by the Liaison Committee for Medical Education (LCME), a Canadian Medical School accredited by the Committee on Accreditation of Canadian Medical Schools (CACMS), or from a United States school of osteopathic medicine accredited by the American Osteopathic Association (AOA).

Graduates of medical schools located outside the jurisdiction of the United States and Canada, matriculating into an ACGME approved plastic surgery residency, must possess a current valid standard certificate from the Educational Commission for Foreign Medical Graduates (ECFMG). Graduates of medical schools located outside the jurisdiction of the United States and Canada matriculating into a Canadian Plastic Surgery Residency must match directly into a Plastic Surgery Residency through The Canadian Resident Matching Service (CaRMS).

OFFICIAL RESIDENT REGISTRATION AND EVALUATION OF TRAINING

A Resident Registration and Evaluation of Training Form is required of all plastic surgery residents. It is the responsibility of the resident to submit to the Board Office and obtain this evaluation. A Board Confirmation Letter will be sent directly to the resident after review and approval of the prerequisite training registration.

The Board will not issue a Confirmation Letter or an Application for Examination and Certification until the Resident Registration and Evaluation of Training Form has been received and approved by the Board. Approval for residency training in plastic surgery will be provided to those residents who meet the Board's established prerequisite training requirements.

The Evaluation of Training Form and instruction letter should be downloaded from the Board's website. The completed form, the non-refundable processing fee (made payable to The American Board of Plastic Surgery, Inc. in U.S. funds by check or money order only) and a photocopy of the Medical School Diploma are required upon submission. Forms submitted without all required materials or with incorrect items may be subject to a Missing Items Fee or an Administrative Fee. Please allow at least 3 weeks for the processing of the Resident Registration and Evaluation of Training Form and mailing of the Confirmation Letter from the Board Office.

Submission of the Resident Registration and Evaluation of Training Form is required of:

- **Prospective residents for the Independent Model programs in plastic surgery.** An official evaluation of prerequisite training by the Board is required prior to beginning training in plastic surgery.
- **Residents in the Integrated Model.** An official evaluation of training by the Board is required during the first year of training (PSY I of VI).
- **Residents transferring into an Integrated plastic surgery residency.** Evaluation of training with the transfer request must be reviewed by the Board prior to initiating the transfer into plastic surgery training. If approved, a confirmation letter will be issued by the Board. Refer to transfer requirements section in this booklet.

Program Directors of accredited plastic surgery training programs must require prospective residents to have a letter from the Board approving each resident's prerequisite training, including residents in Integrated plastic surgery programs.

For residents beginning an Independent program or for residents transferring into an Integrated program, this Evaluation of Training must be approved by the Board prior to starting plastic surgery training. A Board Confirmation Letter must be on file for each resident.

Matching Services

The Residency and Fellowship Matching Services require residents to provide a photocopy of the Board's Confirmation Letter for the Match Application. Residents should be aware of the Match Application deadline, usually in the fall.

Most plastic surgery residencies participate in either the National Resident Matching Program (NRMP), www.nrmp.org or the Plastic Surgery Residency Matching Program (PSMP), www.sfmatch.org.

CREDENTIALS & REQUIREMENTS COMMITTEE – SPECIAL CONSIDERATION REQUESTS

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.

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

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

TRAINING REQUIREMENTS

Introduction

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

In both the Independent and the Integrated models, plastic surgery training is divided into:

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

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

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

NOTE: The combined or coordinated programs have been eliminated. No resident may enter a combined or coordinated program after July 1, 2015.

PREREQUISITE TRAINING REQUIREMENTS

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

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

I. General Surgery Pathway

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

- **Residents who trained in a Canadian General Surgery program:** The Board requires prerequisite training sufficient to qualify for certification by the American Board of Surgery (ABS). Refer to the section on Residents who complete plastic surgery training in Canada.
- **Residents who entered a Combined or Coordinated Program prior to the July 1, 2015 deadline:** July 1, 2018 was the last date to enter an Independent plastic surgery program with only 3 years of general surgery training in the same institution.

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

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

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

1. Acute burn management
2. Anesthesia
3. Dermatology

4. Oculoplastic surgery or Ophthalmology
5. Oral and Maxillofacial surgery
6. Orthopaedic surgery

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

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

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

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

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

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

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

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

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

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

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

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

REQUISITE TRAINING REQUIREMENTS

For requisite training, the Board requires a minimum of 3 years of plastic surgery training in an Independent Program or 6 years of plastic surgery training in an Integrated Program. 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 Requisite Training

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

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

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

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

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

INDEPENDENT MODEL MATCHING INTO PLASTIC SURGERY AFTER PREREQUISITE TRAINING

The resident who desires to enter plastic surgery training after completion of general surgery residency or an approved alternate surgical residency pathway may elect to participate in the Plastic Surgery Residency Matching Program (www.sfmatch.org) for entry into an Independent Plastic Surgery program.

Residents can officially begin a 3-year 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).

INTEGRATED MODEL MATCHING DIRECTLY FROM MEDICAL SCHOOL

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

The training includes the Required Clinical and Strongly Suggested Clinical Experiences listed above. The exact rotations are determined by the Plastic Surgery Program Director and must occur at programs accredited by the RRC-PS. No less than 3 years of the Integrated program must be concentrated in

plastic surgery, and the final 12 months must entail senior clinical plastic surgery responsibility. The last 3 years of Integrated training must be completed in the same program. The content of training in these 3 plastic surgery years is documented under Requisite Training.

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

Competency Based Integrated Plastic Surgery Programs

As of July 1, 2018, the Board accepts plastic surgery residents who complete less than 6 years of training in an Integrated Plastic Surgery Competency Based Residency Program approved by the Residency Review Committee for Plastic Surgery (RRC-PS).

Programs are required to identify these residents to the Board Office upon acceptance into the program. Residents are required to complete no less than 5 years of plastic surgery residency training.

Should a Competency Based program receive a “warning” from the RRC-PS, all residents in that pathway are required to move from the Competency Based Program into the Integrated program and complete the entire six years. Once the “warning” has been removed and the program status is considered “Continued Full Accreditation”, then only new residents can enter the Competency Based program and complete 5 years of training.

RESIDENTS WHO COMPLETE PLASTIC SURGERY TRAINING IN CANADA

The ABPS Resident Registration and Evaluation of Training Form must be completed and it is the responsibility of residents in plastic surgery to ensure this training is approved by the Board. This requirement pertains to all those applying for admission to The American Board of Plastic Surgery, Inc. examination process.

To meet the requirements for admissibility to the Examination and Certification process of the American Board of Plastic Surgery, the following provisos and documentation must be completed by the plastic surgery resident:

1. Must be a graduate of a medical school in the United States or Canada approved by the Liaison Committee for Medical Education (LCME) or by the Committee on Accreditation of Canadian Medical Schools (CACMS). Medical degrees obtained through an international medical school will be accepted only if the resident matches directly into a Canadian Plastic Surgery Residency through CaRMS.
2. Must have entered a surgical residency through the Canadian Resident Matching Service (CaRMS). Surgical residency includes: General Surgery, Vascular Surgery, Neurological Surgery, Orthopaedic Surgery, Otolaryngology, Plastic Surgery, Thoracic and Cardiac Surgery, or Urology.
3. The residency program must be accredited by the Royal College of Physicians and Surgeons of Canada (RCPSC).
4. Must hold a current, valid, full and unrestricted state, province or international medical license.
5. Must have successfully obtained certification in plastic surgery by the RCPSC.

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

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

Canadian residents certified by the RCPSC prior to 2007 must be reviewed by the Board’s Credentials and Requirements Committee. Additionally, they must complete the Professional Standing Requirements of the Board’s Continuous Certification in Plastic Surgery (CC-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. ABPS Peer Review Evaluations (at least one must be from a Chief of Surgery, Chief of Staff or Chief of Plastic Surgery at one of the hospitals where privileges are held. Two additional forms from any of the following categories: ABPS certified plastic surgeon, anesthesiologist, nursing supervisor, or Chiefs of Staff, Surgery, Plastic Surgery);
4. Accreditation Certificates for Outpatient Surgical Facilities, if applicable; and
5. Confirmation of completion of plastic surgery residency training and recommendation to the Board’s examination process by the plastic surgery program director.

NON-APPROVED RESIDENCIES

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

TRANSFERS DURING RESIDENCY TRAINING

TRANSFERS INTO INTEGRATED PROGRAMS

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

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. 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. The transferring resident must assume the responsibility to request approval from ABPS, and must provide the following to the Board before approval will be considered:

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

The 3 steps above must be completed for ALL transfers.

Transfers into Integrated programs will only be allowed as follows:

1. **Plastic Surgery Year (PSY) I or II:** residents may transfer into a Plastic Surgery Integrated PSY I or II position, after completion of a PGY I year in a surgical residency with the status of ACGME or RCPSC accreditation (not pre-accreditation). Approved surgical residencies include: General Surgery, Vascular Surgery, Neurological Surgery, Orthopaedic Surgery, Otolaryngology, Thoracic and Cardiac Surgery, Urology or another ACGME or RCPSC accredited Integrated Plastic Surgery residency program.
2. **Plastic Surgery Year (PSY) III:** residents may transfer into the start of Integrated PSY III position only if they have completed at least 2 progressive years in an approved surgical residency as listed in #1 above or another ACGME or RCPSC accredited Integrated Plastic Surgery residency program. Both years of residency training must have been completed in a surgical residency with the status of ACGME or RCPSC accreditation (not pre-accreditation). Prior surgical training must be completed within the same ACGME- or RCPSC-accredited surgical residency program. These years do not need to be completed in the same institution as the accepting Plastic Surgery Program.
3. **Plastic Surgery Year (PSY) IV:**
 - a. Residents may transfer from one Integrated Program to another Integrated Program up to the beginning of the PSY-IV year. **Transfers from one Integrated program to another are not allowed after the PSY-IV year.**
 - b. Residents may transfer into an Integrated residency at the beginning of the PSY-IV level if they have completed full residency training in General Surgery, Vascular Surgery, Neurological Surgery, Orthopaedic Surgery, Otolaryngology, Thoracic and Cardiac Surgery, or Urology, sufficient to qualify for certification by the corresponding ABMS Board. This is to ensure that all of the requirements have been met to allow the resident to enter the ABPS certification process. **These years do not need to be completed in the same institution as the accepting Plastic Surgery Program.**
 - c. Residents who have completed an Oral and Maxillofacial Residency sufficient to qualify for certification with the American Board of Oral and Maxillofacial Surgery, including two consecutive (progressive) years of general surgery training after receiving an MD degree, may transfer into an Integrated program at the PSY IV level and complete at least 3 years of plastic surgery residency training. For requirements see - Prospective candidates with a MD obtained in the United States or Internationally combined with a Dental Degree (DMD or DDS).

TRANSFERS FROM COMPETENCY-BASED PROGRAMS

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

TRANSFERS INTO INDEPENDENT PROGRAMS

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

CLINICAL TIME REQUIREMENTS DURING RESIDENCY TRAINING

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

Personal Leave

The American Board of Plastic Surgery (ABPS) (Board) has established an **optional** 12 weeks of Personal Leave that is available to residents in both **Integrated and Independent** plastic surgery residency training programs.

The 12 weeks of Personal Leave may be used by residents for maternity leave, paternity leave, medical leave, foster care, adoption, or family leave or elective rotations both international and domestic. Personal Leave can be used exclusively for leave, exclusively for rotations or any combination of both. These 12 weeks of Personal Leave replace the previous 12 week block of elective rotations. Personal Leave is not required to be taken as a single block, but can be distributed throughout the entire residency as the training program allows. To monitor resident safety, all maternity leave, paternity leave, medical leave, foster care, adoption, or family leave and all international rotations, whether full clinical or observational, must be approved by the Program Director and the ABPS. In addition, all international rotations must be approved by the Plastic Surgery Residency Review Committee (RRC-PS). Refer to the Board's requirements for international rotations. Domestic elective rotations do not require Board approval.

Once the 12 weeks of Personal Leave are exhausted, any additional leave must come from the 4 non-clinical weeks per year currently allowed by the Board. The 4 non-clinical weeks may be averaged over the length of the residency. The resident does not have to utilize all available non-clinical weeks before becoming eligible for this Personal Leave.

Personal Leave is considered independent of research time (6 weeks for Independent and 12 weeks for Integrated). Residents may not use research time for Personal Leave.

If any Personal Leave is taken the Program Director will need to provide details and explain how the combination of Personal Leave and non-clinical weeks still accomplishes the 48 clinical weeks per year that the Board requires. The 12 weeks of Personal Leave, whether used for maternity, paternity, Medical, family leave, foster care, adoption or elective rotations will count towards the 48 weeks required per year. The 4 non-clinical weeks per year **do not** count towards the 48 weeks per year. Personal Leave taken beyond the combination of 12 weeks of personal leave and the 4 non-clinical weeks per year, averaged over the residency, would result in extended plastic surgery residency training.

Program Directors are required to attest that the resident satisfactorily completed all Plastic Surgery Milestones. This attestation will be completed by the Program Director at the time the Residency Graduation Form is requested by the Board and the Program Director officially "signs off" on the graduating resident.

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

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

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 or medical leave as determined by the local institution and/or program.

International Rotations: Full Clinical and Observational

For residents to receive credit for international rotations, the rotation(s) must be approved by the Board, the Residency Review Committee for Plastic Surgery (RRC-PS) and the Designated Institutional Officer (DIO). The request for approval for the rotation must be received in the Board Office at least 90 days before

the start of the rotation. Failure to meet this deadline may result in the rotation not being accepted as part of the 48 weeks of clinical experience required per year.

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

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

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

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

Research Rotations

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

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

Military Leave

Partial years of training will be accepted toward the minimum clinical time requirements for residents who serve in the military, however, the resident must make up the time away from residency just as any other leave. Residents do not receive credit for the time served during deployment.

Program Directors must send the Board a letter documenting the leave as military deployment and outlining how the resident will make up that time before the end of residency.