

The ABPS encourages all AOA residents to submit an Evaluation of Training Form as early as possible so the resident's exact status can be determined well before the submission deadlines of the SF Match. Reach out to the Board Office at info@abplasticsurgery.org.

1. Resident Registration and Evaluation of Training Form – [online form available on the Board website](#).
2. Evaluation of Training Fee
3. Copy of osteopathic degree (D.O.)
4. Letter from the general surgery program director or Department Chair indicating that the resident successfully completed 5 years of training with at least the last 3 years in an ACGME-accredited general surgery (or alternate surgical) training program, including exact dates of training and the year levels completed.
 - a. Clinical (month-by-month) Rotation Schedule; and
 - b. Certificate of Completion of Training.
5. ACGME letter documenting accreditation of the program

OFFICIAL RESIDENT REGISTRATION AND EVALUATION OF TRAINING

Residents must complete the ABPS Resident Registration and Evaluation of Training Form and receive ABPS approval during their PSY-I year of training.

Submission of the Resident Registration and Evaluation of Training Form is required of all plastic surgery residents. It is the responsibility of the resident to submit this online registration and evaluation of training form to the Board Office. A Board Confirmation Letter will be sent directly to the resident after review and approval of the training registration. The Board Office will also document non-approvals when applicable.

The Board will not issue a Confirmation Letter or allow completion of an Application for Examination and Certification until the Resident Registration and Evaluation of Training Form has been reviewed and approved by the Board. Approval of 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 are available on the Board's website. The completed online Evaluation of Training form, the non-refundable processing fee (payable by credit card only) and a copy 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 3-4 weeks for the processing of the Resident Registration and Evaluation of Training Form and production of the Confirmation Letter by the Board Office.

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

- **Prospective residents for an Independent Plastic Surgery Residency** - An official evaluation of prerequisite training by the Board is required prior to participating in the SF Match for a position in an Independent program.
- **Residents in an Integrated Plastic Surgery Residency** - An official evaluation of training by the Board is required during the first year of plastic surgery residency training (PSY I of VI). This includes Canadian Residents who have matched into plastic surgery residency through CaRMS (PSY I of V).
- **Residents transferring into an Integrated Plastic Surgery Residency.** Evaluation of training with the transfer request must be reviewed and approved by the Board prior to initiating the transfer. If approved, a confirmation letter will be issued by the Board. **Refer to the transfer requirements section in this booklet.**

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

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.sfmitch.org. The PSMP requires residents to provide a copy of the Board's Confirmation Letter for the Match Application. Residents should be aware of the Match Application deadline, usually in the fall.

US & CANADIAN GRADUATING PLASTIC SURGERY RESIDENTS' TIMELINE

Resident Registration and Evaluation of Training Form	Integrated residents: submit during PSY Year 1 of plastic surgery training. Independent residents: submit prior to participating in the PSMP match
Written Examination Application Available	Mid-September of Senior Resident Year
Preliminary Residency Graduation Recommendation	December 31 st – submitted online by Program Director
Written Examination Registration Available	Mid-January
Scheduling Permits Available to register at Prometric Test Centers	March
Written Examination	May
Final Residency Graduation Recommendation and Confirmation	July 1 st – submitted online by Program Director
Results Available	July

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 who desire 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.

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). Oral and Maxillofacial Surgery residents, applying to Plastic Surgery Independent programs must have completed all of their prerequisite training at programs accredited by the American Dental Association (ADA) and the ACGME.

Residents who are completing, or have completed, general surgery residency training or another accepted surgical specialty applying for an **Independent** plastic surgery residency training position:

- Must complete the last three years of general surgery residency training, or training in any other accepted surgical specialty, in the same program, with progressive responsibility.
- If the resident has completed general surgery residency training, or residency training in any other accepted surgical specialty, in three or more institutions, they MUST obtain ABS certification, or certification in the other accepted ABMS surgical specialties. The resident may apply to a plastic surgery residency training position, but the resident must obtain ABS certification, or certification in the other accepted ABMS surgical board, before becoming ABPS eligible.

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 ABPS Office to submit a Verification Form to the program director at the conclusion of training.

- **The combined or coordinated programs (3 GS + 3 PS) were eliminated in 2021.**
- **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 Train in Canada.

Required Clinical Experiences - All residents whether in the Integrated or Independent pathways must receive clinical experience in the following content areas:

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 trauma 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 – head and neck surgery, thoracic and cardiac surgery, or urology. Prospective candidates, including residents who 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: Prerequisite Training in Oral and Maxillofacial Surgery:

Candidates with a dental degree (DMD or DDS) obtained in the United States or Internationally and are pursuing an Oral and Maxillofacial fellowship may be eligible for ABPS certification through an alternate pathway for prerequisite training. Oral and Maxillofacial training must 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. The Oral and Maxillofacial Surgery program director must verify the satisfactory completion of this training in writing.

The Oral and Maxillofacial training must also include a minimum of 2 years of clinical general surgery residency training with progressive responsibility. If the 2 years of general surgery residency training are not completed in the same institution as the OMFS residency training, then the 2 years of clinical general surgery residency 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 towards the 2 years of general surgery residency training. No more than one month of anesthesia training will be counted towards the 2 years of general surgery training. 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, or 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 progressive 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. While the Oral Maxillofacial Surgery Graduate may apply for an Independent Plastic Surgery training position, they will not be considered ABPS eligible until they obtain ABOMS certification.

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 surgical specialty board or the ABOMS. Residents should notify the ABPS 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 surgical specialty board in the United States is acceptable.

Residents must submit the following:

1. Letter from the prerequisite Program Director or Department Chair indicating the resident successfully completed prerequisite residency training, including exact dates of training and the year levels completed
2. Clinical rotation schedule
3. Certificate of completion of training; or a letter from the ABMS surgical specialty board indicating admissibility to the examination and certification process, or documentation of certification.

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. A minimum of 48 clinical weeks per year is required and may be averaged over the length of training. The Board requires all requisite training to be completed under the supervision of the plastic surgery program director. Residents who transfer from prerequisite training into a plastic surgery residency training program and are considered off-cycle (starting plastic surgery after July 1st) will not be permitted to supplement with previously completed prerequisite rotations to offset the standard 48 clinical weeks of required requisite training per year.

To be eligible for certification by the ABPS, training in plastic surgery must be obtained in either the United States or Canada. The Board only accepts training from 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, including lymphedema management
11. Reconstruction by tissue transfer, including grafts, flaps and transplantations
12. Surgery of benign and malignant lesions of the skin and soft tissues
13. Gender affirmation surgery

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 only participate in the match for a 3-year Independent plastic surgery training program after the ABPS issues a Confirmation Letter approving the candidate's prerequisite training. This ABPS Confirmation Letter is provided after completion and approval of the Resident Registration and Evaluation of Training Form verifying the acceptability of the prerequisite training. The form must be submitted and the resident must receive Board approval prior to participating in the Plastic Surgery Residency Matching Program. In the Independent Model, only the **Requisite** Plastic Surgery 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 by matching directly from medical school into a plastic surgery program for 6 years under the direction of the plastic surgery program director. The resident who desires to enter plastic surgery training directly from medical school may should 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 ACGME. No less than 3 years of the Integrated program must be concentrated in plastic surgery, and the final 12 months must include senior clinical plastic surgery responsibility. **The last 3 years of Integrated training must be completed in the same program.** The required content of training in these 3 plastic surgery years is documented under Requisite Training. **All training programs must be accredited 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 no less than 5 full academic years of training in an Integrated Plastic Surgery Competency Based Residency Program approved for the Competency Based Time Variable Training Pilot, by the Residency Review Committee for Plastic Surgery (RRC-PS) and the ABPS. Programs are required to identify all residents to the Board Office upon acceptance into the program, but no later than the beginning of PSY-IV year. Residents completing the Competency-Based training pathway are required to complete 5 full academic years of plastic surgery residency training with progressive responsibility.

The Board will require PSOLs from all residents in the program, both integrated and competency based, during the competency based residents' PSY-IV and PSY-V years. Submission of milestones are also required from competency based residents at the end of the PSY-IV and PSY-V years. Should a Competency Based Program receive a "warning" from the ACGME RRC-PS, all residents in that pathway are required to move from the Competency Based Program into the standard Integrated program and complete the entire 6 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 to potentially complete training in five years. Those residents who are required to move into the standard Integrated program must remain there and complete the 6 years. Residents in a Competency Based Program who desire to transfer into another plastic surgery program must transfer into a full 6-year Integrated Program. If a resident in a Competency Based Program must repeat a plastic surgery year, or training is extended for any reason, the resident will no longer qualify for the Competency Based pathway. The resident must then move into the standard 6-year Integrated Program, and complete the entire PSY-VI year of training.

5+1 Joint Plastic Surgery and Hand Surgery Accelerated Fellowship

As of July 1, 2022, the Board has established a training pathway through which plastic surgery residents who complete 5 progressive years of plastic surgery training plus 1 year of a hand fellowship accredited by the ACGME RRC-PS in the same institution, will be considered eligible for both ABPS primary certification in Plastic Surgery and Subspecialty Certification in Hand Surgery. Only Integrated Plastic Surgery programs with a Hand Fellowship accredited through the ACGME RRC-PS may participate in this pathway. The program must apply to both the Board and the RRC-PS for approval **prior to** designating residents into this pathway. The resident must be identified by PSY-IV year and must complete all plastic surgery requisite requirements and graduate from plastic surgery training at the end of their PSY-V year. Plastic surgery training and hand fellowship training must be completed sequentially, at the same institution in this 5+1 model. Residents who complete this 5+1 Joint Plastic Surgery and Hand Surgery Accelerated Fellowship program are eligible to take the ABPS Plastic Surgery Written Examination in the final year of plastic surgery residency training (year 5) and prior to the start of the hand fellowship. Once successful on the ABPS Written Examination, the resident has the opportunity to sit for the Hand Surgery Examination following hand surgery fellowship graduation and prior to the ABPS Oral Examination.

RESIDENTS WHO TRAIN IN CANADA

It is the responsibility of residents in Canada to ensure their training is approved by the ABPS. The Resident Registration and Evaluation of Training Form must be submitted for review. If approved, the ABPS will issue a Preliminary Confirmation of Approval Letter. This initial evaluation of training is required and pertains to all residents applying for admission to The American Board of Plastic Surgery, Inc. certification process. To be eligible for entry into a United States ACGME-accredited Plastic Surgery Residency Training Program, the following provisos and documentation must be completed:

I. Canadian Surgical Residents who complete an alternate prerequisite pathway and intend to apply to an ACGME-accredited Independent Plastic Surgery Training Program in the US:

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 (IMGs) will be accepted only if the resident matches directly into a Canadian Surgical Residency through CaRMS (Canadian Residency Matching System), completing prerequisite training in one of the below accepted surgical specialties in Canada.
2. Must have entered an ABPS approved surgical residency through the Canadian Resident Matching Service (CaRMS). The only surgical residencies approved are: General Surgery, Vascular Surgery, Neurological Surgery, Orthopaedic Surgery, Otolaryngology-Head and Neck Surgery, Thoracic and Cardiac Surgery, and Urology.

3. Prerequisite training must be completed in no more than two residency training programs. Residents who are completing, or have completed, general surgery residency training (or one of the other approved surgical specialties) and applying for an **Independent** plastic surgery residency training position must:
 - complete the last three years of general surgery residency training, or training in the approved surgical specialty, in the same program, with progressive responsibility.
 - provide a letter from the prerequisite surgical residency training Program Director or Department Chair attesting to the resident completing their prerequisite surgical residency training, including exact dates of training, the year levels completed/to be completed, a complete clinical month by month rotation schedule, and a certificate of completion. The letter must also confirm the resident is in good standing.
 - obtain primary certification in the approved surgical specialty by the Royal College of Physicians and Surgeons of Canada (RCPSC).
 - obtain eligibility to the examination and certification process in the same surgical specialty from the United States ABMS surgical member board.
4. Complete 48 weeks of clinical training per year, averaged over the length of the training.
5. Have no more than 3 months of non-clinical or non-surgical training during the residency.
6. Have no more than 12 months of rotations outside of the primary specialty residency training.
7. Train in a residency program accredited by the Royal College of Physicians and Surgeons of Canada (RCPSC) for the entire length of residency training.

Residents will be approved as meeting the ABPS prerequisite training requirements after the satisfactory completion of a formal surgical training program in 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-head and neck surgery, 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.

Plastic surgery training is not required to be completed in the same institution as the alternate prerequisite pathway.

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 considering plastic surgery training in the United States should notify the ABPS two years prior to the expected completion of their Canadian surgical training. The Board Office will forward an ABPS Verification Form to the Canadian surgical training program director for completion. This step is required to obtain written primary source verification from the program director to the completion of training and an evaluation of performance. It is the resident's responsibility to determine that the form has been completed and returned to the ABPS office. In lieu of the ABPS Verification Form, evidence of current admissibility to the examination process, or certification by, the respective ABMS specialty boards in the United States is acceptable.

II. Canadian Plastic Surgery Residents who desire to Transfer into an ACGME-accredited Integrated Plastic Surgery Residency Program in the U.S.:

See the section on **TRANSFERS INTO INTEGRATED PROGRAMS**. No transfers are allowed into Independent Plastic Surgery programs.

III. Canadian Integrated plastic surgery residents who graduated from residency and are applying for ABPS eligibility:

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).
2. Medical degrees obtained through a non-Canadian international medical school will be accepted only if the resident matches directly into a Canadian Plastic Surgery Residency through CaRMS.
3. Must have entered Canadian Plastic Surgery Training through the Canadian Resident Matching Service (CaRMS).
4. Complete 48 weeks of clinical training per year, averaged over the length of the training.
5. Train in a residency program accredited by the Royal College of Physicians and Surgeons of Canada (RCPSC) for the entire length of residency training.
6. Must successfully obtain certification in plastic surgery by the RCPSC. (ABPS Written Examination results will not be provided until receipt of RCPSC certification).
7. ABPS Certification must be achieved within eight years after successful completion of plastic surgery residency training. Refer to the ABPS Admissibility Policy for details.

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

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 Program prior to being approved for application to the Board. 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 the approved surgical specialties 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. Program Directors must request any anticipated transfers in writing and obtain prior approval by the Board 6 months in advance of any proposed transfers.

Residents may not exchange accredited years of training between the 2 different models (i.e., independent and integrated) without prior approval by the Board. 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. Residents cannot use rotations completed during prerequisite training towards training to be completed in the Integrated plastic surgery residency training program.**

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 acknowledging the transfer request, indicating acceptance of the transferring resident and confirming 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 the same 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-Head and Neck Surgery, 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 consecutive, progressive years in the same accredited 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). At least 2 consecutive, progressive years of **prior surgical training must have been completed within the same ACGME- or RCPSC-accredited surgical residency program. Prior surgical training does 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 start of 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-Head and Neck Surgery, 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. **Prior surgical training does 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 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 progressive plastic surgery residency training. For requirements see - **Prerequisite Training in Oral and Maxillofacial Surgery**

TRANSFERS FROM COMPETENCY-BASED PROGRAMS

Residents can transfer from a Competency Based Program (potential 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 (potential 5-year program). Residents may not transfer from one Competency Based Program to another Competency Based 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 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 per academic year of full-time clinical training experience with progressive responsibility. The 48 clinical weeks per year may be averaged over the length of the training program to accommodate unexpected extended leaves of absence. For example, integrated residents are required to complete a total of 288 weeks over the 6 years of their clinical plastic surgery training.

Academic conferences/educational meetings are considered part of the 48 clinical weeks of residency training. Residents must utilize their non-clinical weeks for interviews.

Personal Leave

The American Board of Plastic Surgery has established an **optional** 12 weeks of Personal Leave that is available to residents in **Independent, Integrated and Competency-Based** plastic surgery residency training programs. The Personal Leave Policy went into effect beginning with the 2019-2020 academic year. The current policy is available on the [Board's website](#).

The 12 weeks of Personal Leave may only be used for maternity leave, paternity leave, medical leave, foster care, adoption, family leave or elective rotations, both international and domestic*, for a minimum of 5 consecutive days (one week) or more. Personal Leave can be used exclusively for medical/family leave, as defined by the Board, 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.

Personal Leave may not be used for short term required Military trips associated with Reservist or National Guard requirements. The decision to enlist as a Reservist or with the National Guard was a conscious decision and the required activities were a known requirement. The ABPS Personal Leave Policy may not be used for deployment associated active-duty military. Currently the ABPS does not allow partial years of training. For long term deployments, greater than 3 months, as active duty, National Guard or Reservist, the resident may request from the Board to consider a waiver of the partial year of training requirement.

Effective July 1, 2021, no more than 4 weeks of personal leave can be taken during the last 3 months of plastic surgery residency training. Personal Leave is not to be used for travel and moving activities related to transition to a new residency position, fellowship training, new practice or interviews. Residents must use the 4 non-clinical weeks allotted per year for moving activities and interviews. Academic conferences/educational meetings are considered part of the 48 clinical weeks of residency training.

Personal Leave is not to be used for isolated/single scheduled medical appointments or sick days. The intention of the Personal Leave Policy is to cover unexpected or planned extended medical or family leave related to significant medical or family events. It is not the intention of the Board to monitor and approve every sick day during the resident's training. The Personal Leave Policy was designed to help those residents who have significant medical episodes that might cause them to extend their plastic surgery residency training.

Program Directors should inform the Board as soon as they learn that Personal Leave will be required. Because of the large number of weeks requested, maternity/paternity/medical/other personal leave should be requested in a timely manner. International and domestic rotations should be requested 90 days prior to the scheduled rotation. Approval by the Board prior to the event, will hopefully prevent extended training by confirming that the proposed leave is allowed.

To monitor resident safety and completion of training, all personal leave and all international and individual domestic* 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 rotations that are a standard part of the program's curriculum (all residents in the program will complete that rotation and the training program has a Program Letter of Agreement (PLA) for that rotation) **do not** require Board approval. Domestic rotations that are specific to an individual and are not completed by all residents at that program, will require Board approval under the Personal Leave Policy.

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.**

To receive approval for Personal Leave, the Program Director must provide details regarding the leave request in a timely manner and explain how the combination of Personal Leave and non-clinical weeks still allows the resident to accomplish the 48 clinical weeks per year that the Board requires. The 12 weeks of Personal Leave, whether used for maternity, paternity, medical, family, foster care, adoption or elective rotations will count towards the 48 clinical weeks required per year. The 4 non-clinical weeks per year **do not** count towards the 48 clinical weeks per year. The Board does not define the 4 non-clinical weeks per year and therefore those weeks may be used for vacation, medical leave, rotations or any activity as determined by the local institution and/or program. 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 (**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. Full name of resident;
2. Reason for personal leave;
3. Exact dates of expected personal leave;
4. Number of weeks of any previously used and ABPS approved personal leave;
5. Number of clinical weeks worked and expected for each year of the resident's training;
6. PSY level of training that personal leave will be taken.

Hand Surgery Fellows – Personal Leave:

Hand surgery fellows are required to complete 48 clinical weeks of training per year. Effective November 2021, if requested by the fellowship program director and approved by the Board, the fellow may take up to 4 weeks of personal leave during the 48 clinical weeks. Refer to the [ABPS Hand Fellowship Personal Leave Policy](#) posted on the Board's website for more detailed information.

Domestic and International Rotations: Full Clinical and Observational

To monitor resident safety, all international and individual domestic* 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).

*Domestic rotations that are a standard part of the program's curriculum (all residents in the program will complete that rotation and the training program has a Program Letter of Agreement (PLA) for that rotation) do not require Board approval. Domestic rotations that are specific to an individual will require Board approval under the Personal Leave Policy if not all residents will complete that rotation during training.

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 ensure 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 ABPS will allow a total of 6 weeks during a 3-year Independent program and 12 weeks during a 6-year Integrated program for research. These research weeks can be considered as part of the 48 clinical weeks of clinical training required each academic year. The weeks do not have to be successive but should not be divided into more than: 3 blocks for integrated residents, and 2 blocks for independent residents. This research time must be devoted exclusively to research and should not be utilized for personal leave or elective domestic or international away rotations.

To utilize the research time effectively, a project should be submitted to the Program Director or their designee at least 90 days before the research time is scheduled to begin. The Program Director must approve the project and assign a faculty mentor who will supervise the resident. A written report summarizing the results of the research project must be submitted to the Program Director at the conclusion of the research time. Research rotations do not have to be approved by the Board and the final report does not have to be submitted to the Board Office.

Military Leave

Residents serving in the military that are deployed for more than 3 months may request the ABPS to consider a waiver of the requirement that partial years of training will not be accepted. Residents must complete 48 weeks of clinical training for each year of their plastic surgery residency. Training weeks may be averaged over the length of the residency. Residents do not receive clinical training credit for the time served during deployment, regardless of the activities performed.

Program Directors must send the Board a letter documenting the time spent as military deployment and outlining how the resident will eventually complete 48 weeks of clinical training for each year of residency.

CREDENTIALS & REQUIREMENTS COMMITTEE – SPECIAL CONSIDERATION REQUESTS

Residents who do not meet the Board's established prerequisite or requisite 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 about eligibility, may require a decision by one or more committees of the Board. Committee decisions are referred to the entire Board for approval at the next scheduled Board Meeting.

Individuals requesting special consideration must submit a detailed letter indicating their request, supporting documentation, Curriculum Vitae and the 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.

CERTIFICATION ADMISSIBILITY LIMITS

Candidates must successfully complete both the Written and Oral Examinations within 8 years after completion of plastic surgery residency training to achieve certification. Fellowship training is included in the 8 years available to complete certification. Reapplication is required 5 years after the completion of plastic surgery residency training to reconfirm the professional standing of the candidate. Candidates are advised to utilize every opportunity (i.e. examination administration years) to complete the Written and Oral Examinations to achieve certification. That focus will help candidates avoid reaching the maximum admissibility limits and being subject to the additional Reapplication requirements after 8 years of admissibility.

Fellowship training does not affect admissibility to the Written Examination but will delay admissibility to the Oral Examination because cases performed during fellowships, whether part of the fellowship or not and regardless of the ability to perform cases independently, may not be included in the Oral Examination clinical case log.

If the candidate fails to successfully complete both the Written and Oral Examinations by 8 years after residency graduation, and the candidate still wishes to pursue certification, an Extended Admissibility Application process is required. Reapplication and Extended Admissibility requirements are detailed in the Admissibility Policy posted on the Board's website under the [About Us -Policies](#) section.