

The American Board of Plastic Surgery, Inc.®



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Plastic Surgery Residency Training: A Time for Change?

John A. Persing, M.D., Chair



 On behalf of its diplomates, the Board has been addressing many relevant issues this year. As will be discussed later in this newsletter, we have completed successful litigation against a physician from another specialty who falsely presented himself as an ABPS certified plastic surgeon. We are finalizing the necessary steps to activate Maintenance of Certification in Plastic Surgery (MOC-PS) in January of 2007. We are developing a markedly enhanced, streamlined, interactive website to assist all candidates and diplomates in the certification, and MOC-PS processes. These are but a few of the many initiatives the Board is addressing.

A “core” ABPS issue in my mind, and the major focus of my recent efforts, is examining how we educate plastic surgery residents to be the best they can be, so that they can provide, consistently informed and safe care.

Despite our beginning as an ABMS Board more than 65 years ago, plastic surgery residency education has changed little in this time period. The original format required three years of prerequisite training (internship and two years of general surgery residency), followed by two years of plastic surgery residency. Minor changes in design followed over many years. Subsequently, alternate training pathways were accepted, initially in otolaryngology, orthopaedics, obstetrics-gynecology,

urology, and oral and maxillofacial surgery. Obstetrics-gynecology was later deleted and neurosurgery was added. The integrated format (with residents accepted into plastic surgery residency from medical school) was initiated in the early 1990’s, affording an expanded flexibility in plastic surgery experience, including the granting of independent responsibility of the training program format to the program director of plastic surgery.

This change in format was due in part to recognition that additional clinical experience focusing on learning plastic surgery skills had beneficial value. Both general surgery and plastic surgery have changed dramatically over the past 15-20 years. The scope of plastic surgery practice has significantly expanded in craniofacial, microvascular, hand, breast, and particularly aesthetic surgery in this time period. Alternatively, general surgery’s breadth and techniques, which may be excellent for certain goals of general surgery care, have focused on practices and techniques of lesser relevance to plastic surgery’s current educational requirements. The balance of time between prerequisite general surgery and requisite plastic surgery currently is inappropriately weighted toward skill sets that are less germane to plastic surgery. Although virtually no one would argue that basic perioperative skills and the understanding of the management of critically ill patients are necessary for all plastic surgeons, a refinement of what the most relevant information for a plastic surgeon to possess is needed. This imbalance is being brought into clear focus by the recent change in work hours limitations. If prerequisite rotations for plastic surgery residents are selected by the general surgery program director to meet general surgery service, rather than educational needs, this is not likely to be beneficial for the plastic surgery resident’s education. A greater problem

could exist, if work hours are reduced from the current ACGME-mandated 80 hours/week to the 56 hours mandated in some countries in Europe.

A change in emphasis toward more requisite plastic surgery rotations also has implications for the growth and viability of plastic surgery as a specialty. With greater focus of the resident’s time on plastic surgery, rotations emphasizing innovation and expansion of the corpus of knowledge in plastic surgery could be developed. Although we have prized innovation in plastic surgery, other disciplines such as dermatology, otolaryngology, and orthopaedics have dramatically increased their base knowledge, and, therefore, expertise in oncology (cutaneous and otherwise), hand related problems, rhinoplasty, and aesthetics and skin care. They have done this, in part, by expanding the length of their requisite training programs. Areas previously thought to be the “province of plastic surgery” are clearly being challenged. Invoking historical precedents to define our specialty will undoubtedly fall on deaf ears. What counts is innovation and the expertise of our graduates. Now is the time to enact policies to address these educational goals.

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With this in mind, the Board took a number of initiatives. Eight months ago, following a retreat to focus on the advisability of residency format change by the Association of Academic Chairmen in Plastic Surgery (AACPS), representatives of the Board, and the Accreditation Council of Graduate Medical Education's Residency Review Committee for Plastic Surgery (RRC-PS), met and voted for further exploration of the advisability of format change. The Board coordinated the process to examine in depth the pros and cons of any residency format change. The group addressed basic questions for plastic surgery training, such as: What do we want to achieve? What is the optimal curriculum for educating plastic surgery residents? Should there be one, and only one, format for plastic surgery training? Would funding for an all integrated format be assured for all programs if a change were mandated? What would happen to programs which were unable to receive adequate funding? And, how does resident maturity affect patient care and subsequent performance as a surgeon?

Representatives of the Board, the RRC for plastic surgery, and AACPS subsequently presented their findings to a Tripartite Retreat in September 2005. All program directors (as well as the representatives to the RRC-PS and the Board) were invited to participate in this retreat, and an active and lengthy discussion followed.

Consensus was achieved on the basic principles for change; 1) further consideration should be given to revision in educational format; 2) more resident education time in plastic surgery is desirable; 3) less time in general surgery is also desirable; 4) diversity in training backgrounds (orthopaedics, otolaryngology, oral and maxillofacial surgery, neurological surgery, urology, in addition to general surgery) should be maintained.

Further review of the status of residents undergoing prerequisite training in general surgery, which did not include a chief residency, was presented. Preliminary information indicated that these residents did not do as well (i.e., lower pass rates on the Board's Written and Oral examinations) as those who had completed a chief residency in general surgery (or another discipline such as orthopaedics, otolaryngology, and oral and maxillofacial surgery). Neurosurgery and urology data were not available because too few Board candidates trained in these prerequisite pathways. The question arose as to whether the prerequisite three, four, and five year general surgery residency programs, which did not culminate in a chief residency, should be deleted as appropriate educational pathways. The rationale for this question was due, in part, to the recognition that the maturing

experience of a chief residency was valuable.

Also, training programs in dissimilar locations (i.e., general surgery training at one institution and plastic surgery at another) were not affording the resident the optimal longitudinal oversight of their development, nor advocacy for their education. At the November 2005 Semi-Annual Meeting of the Directors, the Board recognized that maturation of clinical skills occurs in different time frames in different individuals. Therefore, it concluded that three, four and five year general surgery prerequisite programs should be maintained. However, this training must be done in the same institution as the requisite plastic surgery residency in order to ensure appropriate oversight and guardianship of the residents' education.

We look forward to input from our Diplomates into this process, as the Board strives to give our future graduates, and the specialty of plastic surgery, enhancement of the high level of expertise that we currently enjoy, and moreover, which the public both demands and deserves. Further investigations, including experimental residency education formats, are ongoing, to assist understanding in this process, and will be reported on later in the year.

2005 – 2006 Advisory Council Members

The Advisory Councils were established in May 2000. The members listed below were nominated from the American Association of Plastic Surgeons (AAPS), the American Society of Plastic Surgeons (ASPS), the American Society for Aesthetic Plastic Surgery (ASAPS), the American Association for Hand Surgery (AAHS), the American Society for Surgery of the Hand (ASSH) and the American Society of Maxillofacial Surgeons (ASMFS). The Board acknowledges the significant contributions of each of the following Advisory Council Members:

Comprehensive Plastic Surgery:

Mimis N. Cohen, M.D. (AAPS)
Walter L. Erhardt, Jr., M.D. (ABPS), Chair
Robert A. Hardesty, M.D. (AAPS)
Donald H. Lalonde, M.D. (ABPS)
James H. Wells, M.D. (ASPS)

Cosmetic Surgery:

Franklin L. DiSpaltro, M.D. (ASAPS)
Foad Nahai, M.D. (ABPS)
James M. Stuzin, M.D. (ABPS), Chair
Charles H. M. Thorne, M.D. (ASPS)
Vernon Leroy Young, M.D. (ASAPS)

Craniomaxillofacial Surgery:

Arun K. Gosain, M.D. (ASMS)
Bahman Guyuron, M.D. (ABPS)
Robert J. Havlik, M.D. (ASPS)
A. Michael Sadove, M.D. (ABPS), Chair
Seth R. Thaller, M.D. (ASMS)

Hand Surgery:

Keith E. Brandt, M.D. (ASPS)
Kevin C. Chung, M.D. (ASSH)
Vincent R. Hentz, M.D. (ABPS), Chair
W. P. Andrew Lee, M.D. (AAHS)
Nicholas B. Vedder, M.D. (ABPS)

From The Executive Director

R. Barrett Noone, M.D.



Following its mission to promote safe, ethical, efficacious plastic surgery to the public, The American Board of Plastic Surgery has had an active and productive year.

SUCCESSFUL LITIGATION TO PROTECT THE ABPS CERTIFICATE

For the first time in its history, the Board instituted litigation against a physician who was falsely advertising certification by The American Board of Plastic Surgery. Based in the Pittsburgh, Pennsylvania area, Dr. Dominic A. Brandy had repeatedly used the registered name of The American Board of Plastic Surgery in his advertisements. The ads, including website designations, were noted in Western Pennsylvania and Ohio, prompting concerns from ABPS diplomates residing and practicing in those areas. Despite warnings by the Board, dating as early as 2000, Dr. Brandy again misrepresented his certification in July 2005.

Given the recalcitrance of Dr. Brandy and his practice, The Center for Cosmetic Surgery, the Board filed a complaint in August 2005, asserting claims of service mark infringement and false designation of origin under the Copyright Act. The Board's complaint also asserted a claim of intentional misrepresentation, fraud and deceit based on the false statement to the Board that Dr. Brandy and The Center would cease further misrepresentation. After the Board defeated a motion to change venue, Dr. Brandy and The Center agreed to settle on terms demanded by the Board. Under the terms of the publicly-filed Consent Decree, Dr. Brandy and the Center:

- (1) admitted their infringement of the Board's service mark,
- (2) agreed (under penalty of contempt) to refrain from further misrepresentations,
- (3) agreed to produce all offending materials to the Board for destruction,
- (4) agreed to notify state licensing

authorities and certifying bodies of the Consent Decree,

- (5) agreed to post a notice on their Internet site that Dr. Brandy is not certified by our Board, and
- (6) agreed to a monetary settlement for partial payment of the Board's legal fees.

Although litigation is a remedy to approach only after deliberate consideration, the Board felt strongly that its responsibilities to the public and to the protection of the Board's certificate were absolutely necessary to exercise in this case. Because the settlement covered only part of our legal fees, the resources available to the Board through the generous contributions of our diplomates were put to excellent use as we worked through this process. Based on this precedent, the Board has proclaimed its intent to aggressively pursue any and all violations of our registered trademark in the future. We appreciate the outstanding assistance of our legal counsel, Gabriel L. I. Bevilacqua, Esq., of the Saul Ewing Law firm in Philadelphia, PA.

MAINTENANCE OF CERTIFICATION (MOC-PS)

The Recertification Program of the Board will transition to Maintenance of Certification (MOC-PS) in 2007, with all diplomates certified in 1995 or later required to participate. As has been published previously, (MOC-PS) will not only be an isolated examination every 10 years, but will be a continuing educational program directed by the Board to enable the diplomate to evaluate performance in practice and to compare practice patterns and outcomes to performances of peers. A focus of the program will be practice assessment modules to be completed every three years on the Board's website. The diplomate will select one of 20 procedures, review 10 consecutive patient records from the topic selected, enter data on the website specific to that procedure, be directed to educational programs on the topic, be guided through CME articles in the journal, and answer questions about the article. When the exercise is completed, recognition will be registered on the website. These practice assessment modules will be supplemented in the same year by the requirements of professionalism, including submission of a valid license, verification of hospital privileges and recommendation by peers. The secure examination, preceded by case list submission, will be required once in the ten-year period. At its meeting in November 2005, the Board decided to

eliminate the submission of malpractice claims information as part of the application process.

Leadership Takes A Role

The majority of Directors of the Board, its Advisory Council Members, and Oral Examiners were certified before 1995 and to date have not been required to participate in MOC-PS. Because the Directors of the Board believe firmly in the educational and practice improvement values of the MOC-PS process, all Directors, Members of the Advisory Councils, and every Oral Examiner will participate in the program beginning in 2007, along with those certified in 1995 or later. Although the Board cannot mandate other "grandfathers" to participate in MOC-PS, we hope that many of our diplomates will take the opportunity to join in the program on an elective basis.

Recognition Of Our MOC-PS Program

The MOC-PS program has received national recognition and is considered a leader among many of the surgical boards, especially because of the case list requirement of data gathering and the ability of our diplomates to receive feedback from benchmarking against peer group standards through the TOPS program. Such recognition was paramount at a conference sponsored by the American Board of Internal Medicine in August 2005 in Sun River, Oregon. The conference was titled, "Bridging Professionalism and Market/Regulatory Approaches to Furthering Physician Accountability." The ABPS MOC-PS program was featured, along with those of the American Board of Radiology and the American Board of Internal Medicine. The conference was convened to have an in-depth discussion with 100 leaders from certifying boards and societies, consumer groups, quality organizations, health plans, employers and the public sector to demonstrate a richer understanding of what certifying boards are doing to enhance certification programs and to discuss how certification coordinates with other approaches to insuring accountability, including performance reporting and "pay for performance." The Pay for Performance (P4P) initiative has grown from the private sector and is being embraced by the centers for Medicare and Medicaid services. Most participants at the sessions agreed that linking certification and its maintenance and P4P in a partnership sense would reduce redundancy in measurements, enhance the value of certification for physicians, and assist in developing a

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higher performing health system. The Board is proud that our Maintenance of Certification Program was recognized by the prestigious attendees at the ABIM forum.

WEBSITE DEVELOPMENT

In order for the Board to keep pace with the rapid developments in information technology and to provide a user-friendly vehicle for its candidates and diplomates to participate in the varying certification programs of the Board, a considerable amount of effort was expended during the 2005 year to research, develop criteria, and select a vendor for revamping the Board's website. We desire to provide an updated information system that will contain biographical data on all candidates and diplomates, allow private access by the candidate and diplomate to his or her information through secure passwords, provide a vehicle for online applications for examinations, allow payment for examination fees with credit cards, produce interactive programs such as the Practice Assessment Modules for **MOC-PS**, allow electronic communications between our website and other entities, such as the American Board of Medical Specialties (ABMS), the Societies in Plastic Surgery, and the journals; and provide a help desk for technical issues to our candidates and diplomates who are participating in the examination processes. The method for submitting case lists for initial certification and recertification will continue as in the past, and the vendor selected for revamping the website will be the company currently operating the case list submission programs.

The new website will benefit all involved in the certification process in plastic surgery, including the Directors of the Board, candidates, and diplomates. It is an expensive, expansive, but very necessary project that will occupy a considerable amount of cost, time and energy during the 2006 development year. The target date for "going live" with implementation of the site is January 2007, with the goal of online receipt of **MOC-PS** applications during the year 2007 for the **MOC-PS** examination in April 2008, and the professionalism and practice assessment module pieces in 2008. Once again, the generosity of our diplomates in submitting dues to the Board cannot be underestimated. The development of this ambitious website project would not be possible without such support.

CHANGES IN TRAINING REQUIREMENTS

Earlier in this newsletter, Dr. Persing indicated that when the Board, at its

November 2005 meeting, evaluated the details from the tripartite retreat sessions including performance in examinations over the last 15 years, it became evident that limited training in general surgery in institutions other than those in which plastic surgery residency was completed, was not sufficient for prerequisite education of a plastic surgery resident. Accordingly, the Board voted to allow less than complete training in general surgery only if this training is done in institutions that have plastic surgery residencies, and if the plastic surgery residency is completed in the same institution. Therefore, beginning with the resident match program during 2007, for residents entering Independent plastic surgery programs in 2008, training in a full categorical program in general surgery will be required if the resident desires to change institutions for plastic surgery residency. The Combined programs in plastic surgery, in which a resident matches directly out of medical school into a general surgery program for a minimum of three years (or perhaps more) in the same institution as the plastic surgery residency, will remain in effect. Likewise, the Integrated format will remain unchanged. In summary, acceptable prerequisite training will now include:

1. Five years categorical general surgery training.
2. Three years of general surgery training, (minimum) with progression to plastic surgery residency in the same institution only.
3. Complete ACGME residency training in neurological surgery orthopaedic surgery, otolaryngology, and urology. Oral and maxillofacial surgery requirements will remain unchanged.

THE VALUE OF THE BOARD'S ADVISORY COUNCILS

In 1999, in an effort to recognize subspecialty interests in plastic surgery, the Board developed Advisory Councils that have proved invaluable to the Board, especially in assisting with the Recertification and **MOC-PS** programs. They have especially helped in defining the modules of subspecialization which have been available for the recertification examinations to allow diplomates to take the examination in areas of subspecialty practice and interest. Proceeding from that base, the councils have assisted the Board in the development of the inclusion criteria for practice assessment modules for **MOC-PS**. Future directions for the Advisory Council members will include an interface between the Board and the specialty societies for the development of the educational programs

needed for **MOC-PS** and the production of CME articles in the journal specific to the operations designated in the practice assessment modules. The Board gratefully acknowledges the dedicated involvement of the Advisory Council members over the past five years and looks forward to future collaboration with this outstanding group.

WRITTEN EXAMINATION AND THE HAND SUBSPECIALTY EXAMINATION

The Board acknowledges the ongoing quality improvement work of the Written Examination Committee and Advisory Council Members, evidenced by their investment in item writing and question vetting. Both the Written Examination and the Hand Examination Committee members are addressing concerns expressed by candidates and diplomates regarding experiences at some Prometric Test Centers when taking the computer based tests. The Board appreciates the feedback from our candidates and diplomates as it strives toward continual improvement of the examination processes.

ORAL EXAMINATIONS TO REMAIN IN PHOENIX

Because of the popularity and positive functional characteristics of the location of the Oral Examination at the Pointe Hilton at Tapatio Cliffs Resort and Hotel in Phoenix, Arizona, the Board has elected to return to that site for the Oral Examinations from 2006 through 2009.

RECERTIFICATION RESULTS

The Recertification Examination has now been produced for three years, and we congratulate our Diplomates for their obvious study investment which has been evident in the results of the Computer Based Test. Although the pass rate dropped slightly in 2005 to 95 percent, from a previous high of 97 percent, the Board believes that the modular concept of producing the examination is valid and will be continued in the future. The cosmetic module produced a slightly higher failure rate in 2005 than it had in the past.

YOUR DUES AT WORK

The Board was gratified to receive record-breaking contributions in dues payments in 2005. A total of 77% of the diplomates submitted dues payments. This funding is absolutely essential for the Board to carry out its mission, and much of the funding is directed toward covering legal costs, website development, test improvement and validation, and administrative overhead. The Board asked me to publicly recognize those of you who have participated in this request.



News From The Secretary-Treasurer . . .

RONALD E. IVERSON, M.D.

Special Recognition

The American Board of Plastic Surgery, Inc. wishes to express appreciation to the following Directors for their dedicated service to the Board:

Gustavo A. Colon, M.D., New Orleans, LA.....	1999-2005
Lawrence L. Ketch, M.D., Denver, CO	1998-2005
Chair of the Board.....	2004-2005
Chair-Elect	2003-2004
Vice-Chair	2002-2003
Chair, Oral Examination Committee	May 2001-April 2002
Dennis J. Lynch, M.D., Temple, TX.....	1999-2005
Chair, Advisory Councils	May 2000-May 2005
Representative, American Board of Medical Specialties.....	May 2000-May 2005
Peter W. McKinney, M.D., Chicago, IL.....	1999-2005
Chair, Credentials and Requirements Committee	November 2000-May 2005
Historian.....	May 2001-May 2005

In Recognition

The American Board of Plastic Surgery, Inc. gratefully acknowledges the contributions and commitment of those plastic surgeons who served as Question Writers for the Written Examination and Hand Examination and those who served as Examiners and Evaluators for the Oral Examination.

2005 WRITTEN EXAMINATION QUESTION WRITERS

Scott P. Bartlett	Gregory R. D. Evans	Donald H. Lalonde	Thomas A. Mustoe	Robert L. Walton, Jr.
Michael L. Bentz	Roxanne J. Guy	Walter T. Lawrence	David T. Netscher	James H. Wells
Keith E. Brandt	Bahman Guyuron	L. Scott Levin	William C. Pederson	S. Anthony Wolfe
Fernando D. Burstein	William Y. Hoffman	N. Bradley Meland	D. Kimit Rai	Vernon Leroy Young
Franklin L. DiSpaltro	Mark L. Jewell	Louis Morales, Jr.	Robert Singer	

2005 HAND EXAMINATION CONSULTANTS

Kevin C. Chung	William W. Dzwierzynski	Vincent R. Hentz	David C. Kim
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2005 ORAL EXAMINATION EXAMINERS AND EVALUATORS

Bernard S. Alpert	Walter L. Erhardt, Jr.	Perry J. Johnson	Francis A. Papay	David J. Smith, Jr.
Deborah S. Bash	Elof Eriksson	Debbie A. Kennedy	John A. Persing	Thomas R. Stevenson
Michael L. Bentz	Gregory R. D. Evans	Carolyn L. Kerrigan	Linda G. Phillips	James M. Stuzin
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Robert G. Brown	Warren L. Garner	Edward A. Luce	Geoffrey L. Robb	Andrew M. VanderKolk
Steven R. Buchman	Roberta L. Gartside	Dennis J. Lynch	W. Bradford Rockwell	Nicholas B. Vedder
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Bala S. Chandrasekhar	Bahman Guyuron	Martha Matthews	Douglas M. Rothkopf	Robert L. Walton, Jr.
Wallace H. Chang	Juliana E. Hansen	James W. May, Jr.	Robert L. Ruberg	James H. Wells
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Mimis N. Cohen	Robert J. Havlik	Timothy A. Miller	A. Michael Sadove	Philip D. Wey
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Lawrence B. Colen	T. Roderick Hester	Raymond F. Morgan	Warren Schubert	Thomas P. Whetzel
Matthew J. Concannon	James G. Hoehn	Thomas A. Mustoe	Randolph Sherman	S. Anthony Wolfe
Peter G. Cordeiro	William Y. Hoffman	Maurice Nahabedian	Kenneth C. Shestak	William A. Wooden
Bruce L. Cunningham	F. Frank Isik	Foad Nahai	Lester Silver	N. John Yousif
Franklin L. DiSpaltro	Ronald E. Iverson	David T. Netscher	Robert Singer	Jack Yu
Raymond M. Dunn	Glenn W. Jelks	R. Barrett Noone	Sumner A. Slavin	William A. Zamboni
William W. Dzwierzynski	Mark L. Jewell	Dennis P. Orgill	Sheri Slezak	Richard J. Zienowicz
Lee E. Edstrom	Craig H. Johnson	Christian E. Paletta	Anthony A. Smith	

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RONALD E. IVERSON, M.D.
SECRETARY-TREASURER



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Sitting L to R - R. Barrett Noone, M.D., Thomas R. Stevenson, M.D., John A. Persing, M.D., Linda G. Phillips, M.D., Ronald E. Iverson, M.D. 1st Row - Rod J. Rohrich, M.D., Randolph Sherman, M.D., James M. Stuzin, M.D., Foad Nahai, M.D., A. Michael Sadove, M.D., Bahman Guyuron, M.D., Walter L. Erhardt, Jr., M.D., Bernard S. Alpert, M.D. 2nd Row - William M. Swartz, M.D., Vincent R. Hentz, M.D., Theodore N. Pappas, M.D., John W. Canady, M.D. 3rd Row - Jack A. Friedland, M.D., Donald H. Lalonde, M.D., Gregory R. D. Evans, M.D. Senator Liz Figueroa, public member, not in photograph.

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Gregory R. D. Evans, M.D.
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R. Barrett Noone, M.D.

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Examination and Projects Coordinator

Gwen A. Hanuscin

Administrative Assistant

Melissa M. Rinnier

Administrative Assistant

Jennifer M. Wise

Congratulations!!

Elected To Serve On The Board From 2005 - 2011

The Board welcomes the following New Directors elected in May 2005 in Scottsdale, Arizona!



Gregory Randolph Dean Evans, M.D.
Orange, CA

Dr. Evans is Chief, Aesthetic and Plastic Surgery Institute and Professor of Surgery at the University of California, Irvine, in Southern California. Dr. Evans also has joint appointments as an Adjunct Professor of Biomedical Engineering at Rice University, Houston, Texas and Adjunct Professor of Biomedical Engineering at the University of California, Irvine. Dr. Evans received his residency training in General Surgery at the University of Southern California; Plastic and Reconstructive Surgery at The Johns Hopkins Hospital/University of Maryland; Craniofacial and Microvascular Surgery at Maryland Institute for Emergency Medical Service Systems. Dr. Evans is certified by The American Board of Surgery and The American Board of Plastic Surgery. He was an Associate Professor, Department of Plastic Surgery at The University of Texas M. D. Anderson Cancer Center in Houston, Texas from 1997 to 2000 and Assistant Professor there from 1993 to 1997.

Bahman Guyuron, M.D.
Lyndhurst, OH



Dr. Guyuron received his medical degree in 1971 from Tehran University Medical School and completed his general surgery residency at Boston University, plastic surgery residency at The Cleveland Clinic Foundation, and a fellowship in Craniofacial Surgery at Toronto University. Dr. Guyuron is certified in both general and plastic surgery. He is a Clinical Professor of Plastic Surgery at Case Western Reserve University. Dr. Guyuron has authored 146 articles in peer-reviewed journals, 32 book chapters, and 2 textbooks. Dr. Guyuron serves as a Trustee of 10 medical and non-medical organizations, including ASPS, AAPS, ASERF, and the Plastic Surgery Endowment Fund. Dr. Guyuron is Past President of the American Society of Maxillofacial Surgeons, The Rhinoplasty Society, Ohio Valley Society for Plastic and Reconstructive Surgeons, and Northeast Ohio Society for Plastic and Reconstructive Surgeons.

Donald H. Lalonde, M.D.
Saint John, New Brunswick, Canada



Dr. Lalonde is Professor of Plastic Surgery, Dalhousie University, Saint John, New Brunswick, Canada. Dr. Lalonde is the past Chair (2002 – 2005) of the Examination Board in plastic surgery for the Royal College of Physicians and Surgeons of Canada. He is the Chair of the Plastic Surgery Specialty Committee for the RCPSC (2005-2011), and will be the President of the Canadian Society of Plastic Surgeons in 2006. Dr. Lalonde holds active American Board of Plastic Surgery certification and recertification in both plastic surgery and surgery of the hand. Dr. Lalonde was the founding chairman and final editor of the RCPSC plastic surgery written examination short answer question bank (1998-2002).

ALERT TO SENIOR PARTNERS ABOUT ADVERTISING

Candidates are not permitted to advertise any status with the Board until certification is achieved. This includes use of the term board qualified, board eligible or board admissible. Senior partners and practice managers should check all advertising with new physicians in the practice. The Board defers candidates in the examination process for one year for misstatements, however inadvertent, of board status.

Please be sensitive to the accurate use of the Board's trademarked name on your websites.

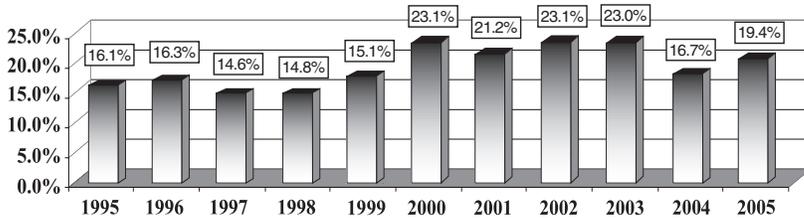
INTERNET WEBSITE

Visit the Board's website at www.abplsurg.org for the Board's examination and certification requirements. Information available:

- Written Examination Tutorial
- Annual Newsletter to Diplomates
- ~~AIOC-PS~~ information
- Certification and Recertification in the Subspecialty of Surgery of the Hand
- Booklet of Information
- Download Application Forms for Written Examination, Hand Surgery Examination and ~~AIOC-PS~~ Program
- ABPS Code of Ethics

EXAMINATION STATISTICS

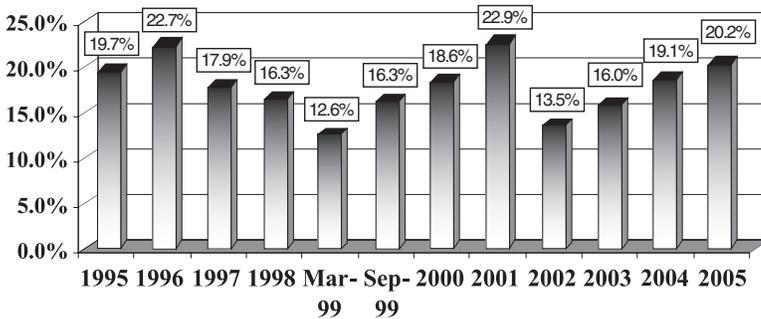
Written Examination Failure Rates 1995-2005



Written Examination Statistics 1995-2005

YEAR	EXAMINEES	PASS	FAIL	%FAIL
1995	254	213	41	16.1%
1996	282	236	46	16.3%
1997	260	222	38	14.6%
1998	420	358	62	14.8%
1999	265	225	40	15.1%
2000	242	186	56	23.1%
2001	241	190	51	21.2%
2002	242	186	56	23.1%
2003	230	177	53	23.0%
2004	214	178	36	16.7%
2005	237	191	46	19.4%

Oral Examination Failure Rates 1995-2005

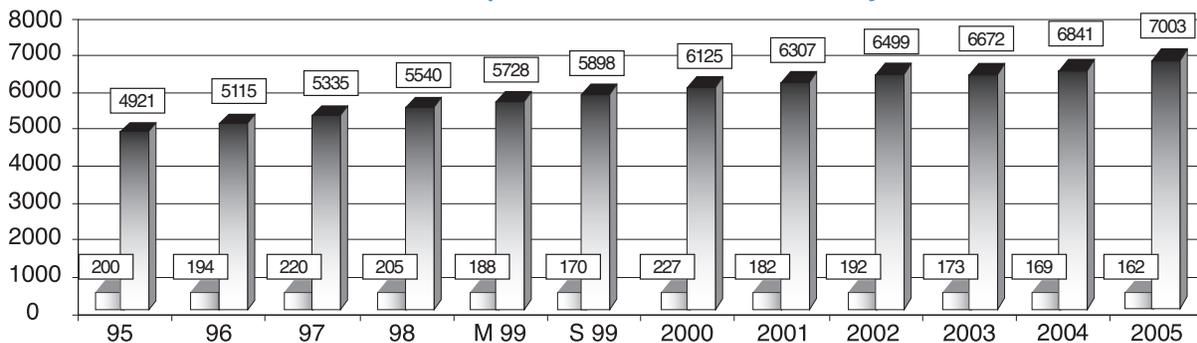


Oral Examination Statistics 1995-2005

YEAR	EXAMINEES	PASS	FAIL	%FAIL
1995	249	200	49	19.7%
1996	251	194	57	22.7%
1997	268	220	48	17.9%
1998	245	205	40	16.3%
Mar-99	215	188	27	12.6%
Sep-99	203	170	33	16.3%
2000	279	227	52	18.6%
2001	236	182	54	22.9%
2002	222	192	30	13.5%
2003	206	173	33	16.0%
2004	209	169	40	19.1%
2005	203	162	41	20.2%

Diplomates 1995-2005

Total Number of Diplomates and Number Certified by Year

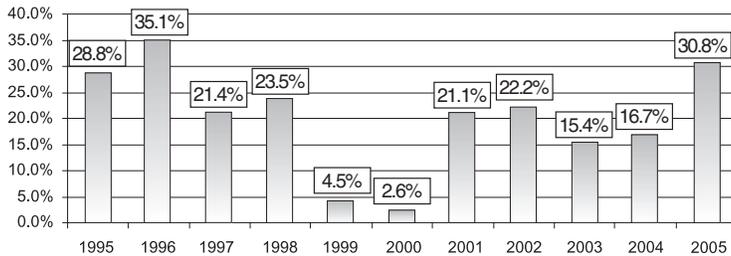


Recertification Statistics

Year	Total Takers	Pass	Fail	% Fail	Total Takers LCH (Lifetime)	Total Takers TLC (Time-Limited 10 Yr. Cert.)	# LCH Fail	# TLC Fail	% Time Limited fail	RECERT with Surgery of the Hand Sub-Cert.	Total # Recertified
2003	102	99	3	2.9%	20	82	1	2	2.0%	4	103
2004	122	118	4	3.3%	9	113	0	4	3.3%	11	129
2005	158	151	8	5.1%	3	156	3	8	5.1%	5	156
ALL	382	368	15		32	351	4	14		20	388

EXAMINATION STATISTICS

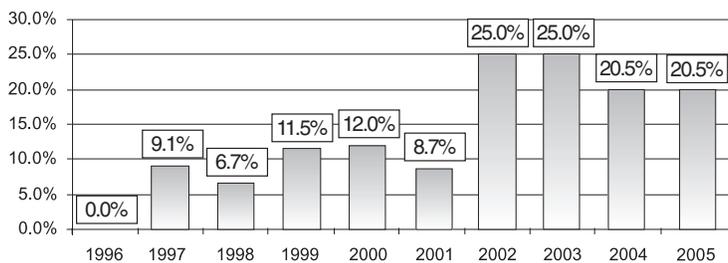
Certification in the Subspecialty of Surgery of the Hand Failure Rates 1995-2005



Certification in the Subspecialty of Surgery of the Hand (SOTH) Statistics 1995-2005

YEAR	EXAMINEES	PASS	FAIL	%FAIL
1995	52	37	15	28.8%
1996	37	24	13	35.1%
1997	28	22	6	21.4%
1998	17	13	4	23.5%
1999	22	21	1	4.5%
2000	39	28	1	2.6%
2001	19	15	4	21.1%
2002	18	13	4	22.2%
2003	13	11	2	15.4%
2004	18	15	3	16.7%
2005	13	9	4	30.8%

Recertification in the Subspecialty of Surgery of the Hand Failure Rates 1996-2005



Recertification in the Subspecialty of Surgery of the Hand (SOTH) Failure Rates Statistics 1996-2005

YEAR	EXAMINEES	PASS	FAIL	%FAIL
1996	3	3	0	0.0%
1997	11	10	1	9.1%
1998	15	14	1	6.7%
1999	26	23	3	11.5%
2000	25	22	3	12.0%
2001	23	21	2	8.7%
2002	28	21	7	25.0%
2003	28	21	7	25.0%
2004	44	35	9	20.5%
2005	22	13	9	20.5%

2006 EXAMINATION DATES & LOCATIONS

*at Prometric Test Centers throughout the United States and Canada

AOC-PS – Computer Based Test*
April 1, 2006 through April 30, 2006

**Hand Surgery Subcertification and
Recertification Examination**
Computer Based Test*
August 5, 2006 to September 2, 2006

Written Examination
Computer Based Test*
Monday, October 16, 2006

Oral Examination
Thursday, Friday & Saturday,
November 9, 10, 11, 2006
in Phoenix, Arizona

Congratulations To Our New Board Diplomates

The American Board of Plastic Surgery certified 162 diplomates in November 2005.
To date the Board has certified 7003 plastic surgeons.

Certified in November 2005

Edward Alan Abell
Paul Ramon Albear
Amy Kathleen Alderman
Loreen Ann Ali
Manushak Amzoyan
Syed Salman Ashruf
Kodi K. Azari
Anureet Kaur Bajaj
Mohamad Hassan Bazzi
Benjamin Wallace Beckert
Jeremy Angelo Benedetti
Debra Ann Bergman
John Brian Boyd
Christopher Coleman Brown
Alyson Delane Buckner
Duc Tri Bui
Robert Francis Centeno
Fadi Chahin
June S. Chen
Stephen Min Chen
Christopher Tae-kyung Chia
Ernest Sai-Yun Chiu
Minas Theodore Chrysopoulos
Johnny Shea-Yuan Chung
Dana Marie Coberly
Michele Marie Cooper
Donen Davis
Ramon Alberto DeJesus
Risal Satiaputra Djohan
Luu Q. Doan
Allen Michael Doezie
Scott Anthony Don
Heather Anne Erhard
Grant Andreas Fairbanks
Audrey Eshrat Farahmand
Earl Edward Ferguson, III
James Warren Fletcher, IV
Richard Henry Fryer
Neal David Goldberg
Dinakar Golla
Julian Benjamin Gordon
Aaron Gavin Grand
David Joseph Gray
Joshua Adam Greenwald
John Robert Griffin
Manish Raj Gupta
Steven Carl Haase
Robert Randal Hagan
Thomas Xavier Hahm
Muriel Keith Hanna, Jr.
Agnieszka Sylwia Hatfield
Damian John Havriliak
Claude Anthony Hawkins
John Michael Hensel, Jr.

Christopher Lee Hess
Sarah Weiland Holland
Robert Scott Houser
Su-i Daniel Huang
Virginia Singlan Hung
Rupesh Jain
Leilie June Javan
Behrooz Kalantarian
Firas Ruphail Karmo
John Yah-Sung Kim
Kyoung Chol Kim
Andrew Mark Klapper
Matthew Brady Klein
Joshua Carl Kreithen
Anna Ai-Tsi Kuang
Anand Raj Kumar
Markian George Kunasz
Brian Ian Labow
Anna Charlotta LaVia
Trung Le
Charles Kyung Chul Lee
Clara Nan-hi Lee
Gordon Kwanlyp Lee
Michael Jae Lee
Steve Lee
Joshua Louis Levine
Alan Arnold Tan Lim
Diana Linetskaya
Christopher Kennon Livingston
John Todd Louis
Debora I-Ping Ma
Terry Richard Maffi
Sergio Pasquale Maggi
Jeffrey Robert Marcus
Christopher Alan Marek
Ann Pompe Marx
Mark Eugene Mathieson
Tiffany Danton McCormack
Reza Miraliakbari
Nana N. Mizuguchi
Reza Momeni
Kenneth John Moquin
Luis Ivan Morell
Mark Wayne Morgan
Tamir Mostafa Mosharrafa
Scott Werner Mosser
Alexander Paul Moya
Reza Nabavian
Ryan Troy Naffziger
Michael Wallace Neumeister
Anh Hung Nguyen
Leif Otto Nordberg
Thomas Angelo Pane
Jeffrey Davis Pardun

Alfredo Adolfo Paredes, Jr.
David Passaretti
Byron Patricio Pazmino
Jaime Perez
Wendell Clyde Perry
Jonathan Pollack
Bohdan Pomahac
Christian Arturo Prada
Angel Marlo Purdy
Joyesh Raj
David Alan Rankin
Benjamin Parr Rechner
Rene Francisco Recinos
Richard Dale Reynolds
Jose Luis Rios
Christopher Lee Robinson
Eduardo De Jesus Rodriguez
Gary Francis Rogers
Leif Liu Rogers
Daniel Noel Ronel
Andrew Hal Rosenthal
Malcolm Joe Rude
Amer A. Saba
Craig Jeffrey Salt
William Samson
Timothy Dan Santoro
Marcel Scheinman
Kenton Wayne Schoonover
Mansour V. Shirbacheh
Kenneth Ray Smart, Jr.
Chia Soo
John Blair Summitt
Jason Robert Taylor
Adam Matthew Tobias
Neal Stoddard Topham
Suzanne Amy Trott
Douglas Robert Trzcinski
John William Tyrone, III
Mark Masaru Urata
Vera Caroline vanAalst-Barker
Scott Timothy VanDuzer
Bhupesh Vasisht
Gary Anthony Vela
Adam James Vernadakis
Kim-Chi Vu
Jennifer Lee Walden
David Scott Warsaw
Marlene Calderon Welch
June Kar-ming Wu
Tzuying Tammy Wu
Anthony Sungjin Youn
Henry Young
Patricia Yugueros
Paul Murray Zieg

Congratulations To Our Diplomates Who Were Recertified

In 2005, The American Board of Plastic Surgery, Inc. recertified 156 diplomates.
The Board has recertified a total of 388 diplomates.

George John Alexander
Scott Edward Andochick
Luther Dwight Baker, Jr.
Bonnie Jericho Baldwin
Lawrence Samuel Bass
Deniz Francis Bastug
Joseph Gerard Bauer
Richard Jacob Beil, Jr.
Gregory Franklin Bland
Michael Eugene Blatner
Dexter William Blome
Sheila Ann Bond
Emmanuel Richard Bonnacerrere
Daniel Philip Bortnick
Shelby Karl Brantley, Jr.
Patricia Ann Briscoe
Steven Richard Buchman
James Douglas Burrows*
Daniel Murray Calloway
William Michael Carpenter
Jeffrey Kermit Chapman
Clifford Pray Clark, III
Jesse Allen Coffey, Jr.
Michael David Cohen
Michael Joseph Conn
Luke James Curtsinger, III
William Hugus Dascombe
Stephen Frederick Davidson
Charles Ryon Day
Arthur Joseph DeBaise
Stephen Delia
Michael Jon Denk
Salvatore DiMercurio
Gregory Henry Dostal
Stephen Craig Drukker*
Michael Joseph Duffy
Felmont Farrell Eaves, III
Anne Louise Edwards
Paul Dennis Faringer
Todd Keith Farnworth
Leo Daniel Farrell
James Lawrence Fernau
Paul Michael Figlia
Neil Anthony Fine
Danny Fong
Ronald Michael Friedman
Kent Willis Gabriel*
Matthew Alan Galumbeck
Thomas Joseph Gampfer
James Nicholas Gardner
Paul Michael Gardner
Jaime Ruperto Garza
Elias George Gikas

Mark Erwin Gold
Howard Michael Gross
Lawrence Richard Gross
Bhupinder Rai Gupta
Hauw T. Han
Stephen Patrick Hardy
Douglas MacKenzie Hargrave
Elizabeth Spinuzza Harris
Steven Gilbert Harris
Jeffrey Michael Hartog
Daniel Frederick Haynes
Vivian C. Hernandez
Robert Lawson Howell*
Virginia Shau Shen Huang
Samuel Winston Huddleston, IV
Dennis Jay Hurwitz
John Francis Jennings
Thomas Edgar Jordan
Brandon Eric Kallman
Jeffrey Reynald Keim
Christine Louise Kelley-Patteson
Carl Jefferson Kesler
Gabriel Matthew Kind
Stephen Robert King
Thomas Edward Kinney
Richard Allen Korentager
Aron Z. Kressel
Howard Neil Langstein
Steve Laverson
John Griffith Lease
Wei-Ping Andrew Lee*
Ka Ming Li
Gregory John Liebscher
Thomas George Liska
Stephen Bruce Lober
Michael Craig Malczewski
Abraham Samuel Marcadi
Peter Alan Marzek
David Mendes
Kathleen Marie Meyer
Basil Matthew Michaels
Pierre Ross Michael
Robert Alan Miller
Joseph Andrew Molnar
David Michael Monacelli
Vijay Jadavaji Moradia
Norman George Morrison
Mark William Mulkey
Maurice Yervant Nahabedian
Vincent Antonio Naman
Herbert James Nassour, III
Alexander Garry Nein
Daniel Thomas Ness

Anne Marie Nickodem
Katharine Chisato Nitta
Thomas Vincent Olivier
Richard Alan Pecunia
J. Vicente Pascual Poblete, III
Kurt Robert Reinke
Richard Joseph Restifo, Jr.
William Robert Reynolds
John Hollis Robinson
Matthew William Rosenberg
Donald Scott Rotatori
Robert Eric Rothfield
William Henry Sabbagh
Rainer Elmar Sachse
John Argyle Gilmore Sampson
Aysel Kurda Sanderson
Eugene John Sidoti, Jr.
Robert Keith Sigal
Virender Kumar Singhal
Fady Assem Sinno
Eugene Edward Sloan
Mark Vincent Sofonio
Harris Robert Sterman
Brett Eric Stompro
Aaron Stone
Jerald Robert Sultz
Douglas Edward Sunde*
Michael Ervin Sweet
Morad Tavallali
Barton Alan Thomas
Daniel Stewart Thomas
Jon Paul Trevisani
Janet Kay Turkle
William Steven Umansky
Francine Lea Vagotis
Karen Beth Vaniver
Anne Marie Wallace
Robert Doyle Wallace
Kenneth Glen Walton
Maurine Anne Waterhouse
Eric Andrew Weiss
Scott Brian Wells
Silas Angier Wills, Jr.
Wesley Garth Wilson
William Joseph Wyatt
Miguel Angel Yanéz
Kenneth Kai-Yuk Yim
David Ming Young
Sheryl Leigh Young
Alan Zaccaria
Stephen Ignatius Zuniga
**Via Surgery of the Hand Examination.*

Congratulations To Our Diplomates Who Were Certified Or Recertified In Hand Surgery

In 2005 The American Board of Plastic Surgery, Inc. certified 9 diplomates in Hand Surgery
and 13 diplomates in the Hand Surgery Recertification Examination. To date the Board
has certified 577 diplomates and has recertified 183 diplomates in Hand Surgery.

Diplomates Certified In Hand Surgery In 2005

Steven Thomas Barr
Timothy James Bill
Bruce Andrew Byrne

Kenneth Leong
Margaret Napolitano
Steven LeRoy Peterson

Amorn Neil Salyapongse
Cynthia Wen-Yeng Su
Conrad Joseph Tirre

Diplomates Recertified In Hand Surgery In 2005

Michael Eric Balkovich
Mary Ellen Beatty
James Douglas Burrows
Robert John Havlik

Clyde Junichi Ikeda
Wei-Ping Andrew Lee
Jon Berry Loftus
Mansour Vincent Makhlof

Raymond F. Morgan
John Warren Sapp
Douglas Edward Sunde
Dana R. Towle
Thomas T. Woloszyn

MOC-PS Program

The goal of MOC-PS is to verify that the level of achievement demonstrated on the initial certification examination is being maintained over a period of time.

Diplomates certified in 1997 will expire in 2007 unless the MOC-PS Program is completed. If you have not completed the MOC-PS process and have not submitted an application for the 2006 program, you **MUST** complete the program in 2007. Please put the deadlines listed below on your calendar for the April 2007 examination. Diplomates certified by the Board in 1997, 1998 and 1999 will be sent 2007 MOC-PS Application Material in March 2006. Life-time certificate holders interested in the 2007 program can email an application request, including full name and address to info@abplsurg.org.

Important 2007 MOC-PS Program Deadline Dates

January 1, 2006 – June 30, 2006

Case collection period

April 30, 2006

Deadline for request for Application Material received in Board Office

June 30, 2006

Case collection period ends

September 1, 2006 – Due in Board Office

- Application Form
- Finalized case list through internet submission
- Registration Fee of \$750.00
- All other required documents

November 30, 2006 – Mailed from Board Office

- Application Approval Letters
- Module Assignment
- Reply Forms (green)

January 15, 2007 – Due in Board Office

- Reply Forms
- Examination Fee of \$1,500.00
- All other required documents

March 15, 2007 – Mailed from Board Office

Scheduling Permits (orange)

April 1 – April 30, 2007

MOC-PS Program Computer Based Test

July 2007 – Mailed from Board Office

Result Letters

September 2007 – Mailed from Board Office

MOC-PS Certificates

Revoked Certificates

The American Board of Plastic Surgery, Inc. revoked the following nine certificates in 2005. To date, a total of 48 certificates have been revoked.

Douglas Foreman Berry, M.D.	OR	Richard Martin Escajeda, M.D.	CA	Sean Michael Maguire, M.D.	KY
Gregory Lynn Brown, M.D.	KY	Steven Herman, M.D.	NY	Ram C. Prabhakar, M.D.	CA
William Joseph Casey, Jr., M.D.	AZ	Alton Earl Ingram, Jr., M.D.	AL	Harley Edward Sterling, M.D.	CA

CHANGE OF ADDRESS TO THE ABPS

Help the Board keep our records up to date. Mail, e-mail or fax your change of address to the Board Office or use the website change of address form under the diplomate section.

CHANGE OF ADDRESS TO THE ABMS

Update your listing in the ABMS Directory by faxing or mailing a notice on your stationery directly to:

The American Board of Medical Specialties
1007 Church Street, Suite 404 • Evanston, Illinois 60201
Attention: Database Department
Fax Number: 847-328-3596

2006 DIPLOMATE ANNUAL DUES

Enclosed is the 2006 Diplomate Annual Dues Remittance Form. Please complete and enclose a check for \$100.00 made payable to **The American Board of Plastic Surgery, Inc.** and return to the Board Office by April 15, 2006.

The ongoing support of the Diplomate Dues request has been gratifying. The income from the dues has greatly assisted the Board in its operations and its mission, and has been especially helpful in defense of the standards represented by the ABPS certificate.

Notification to Diplomates

Our yearly **NEWSLETTER** is intended to keep the Board's diplomates informed about the internal functioning of the Board as well as the Board's response to external factors which impact on candidates and the specialty. It cannot include all of the business conducted by the Board throughout the year. Rather, the intention is to inform every diplomate of the Board's actions and to provide each with an opportunity to contact the Board Office with any questions this letter may raise or other questions, concerns or suggestions regarding Board action. Please direct all correspondence to the Board Office address.