

TRAINING REQUIREMENTS

Introduction

There are two 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 two parts:

1. The acquisition of basic surgical science knowledge and experience with basic principles of surgery (Prerequisite Training).
2. Plastic surgery principles and practice, which includes advanced knowledge in specific plastic surgery techniques (Requisite Training).

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

The combined or coordinated programs have been eliminated. No new residents may enter a combined/coordinated program after July 1, 2015.

Medical students desiring to enter plastic surgery training directly after medical school must match into an Integrated program. Otherwise, full training in general surgery must be

completed for entry into the Independent plastic surgery pathway.

The Board considers a residency in plastic surgery to be a full-time endeavor and looks with disfavor upon any other arrangement. The minimum acceptable residency year, for both prerequisite and requisite training, must include at least 48 weeks of full-time training experience per year.

Leave of Absence During Residency Training

A leave of absence during training will not be included toward completion of the minimum 48-week requirement. This includes Military Leave and Maternity/Paternity Leave.

Plastic Surgery Program Directors must contact the Board in writing detailing any leave of absence plans for residents during training.

PREREQUISITE TRAINING FOR THE INDEPENDENT MODEL

The Board requires a **minimum of three years** of plastic surgery training in the Independent Model, and the final year must be at the level of senior responsibility. **All three years of an Independent Program must be completed in the same program.**

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

I. General Surgery

The Board requires a minimum of **five 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.

- **July 1, 2015 was the last date to enter three years of prerequisite general surgery training at the same institution.**
- **July 1, 2018 is the last date to enter an Independent plastic surgery program with three years of general surgery prerequisite training in the same institution.**
- **Residents entering plastic surgery residency on July 1, 2019 will be required to complete five years of general surgery residency training.**

For those residents who complete less than five years of general surgery training but will meet the training deadlines mentioned above, documentation of clinical experience appropriate to plastic surgery education must be provided in the following content areas:

1. Abdominal surgery
2. Alimentary tract surgery
3. Breast surgery
4. Emergency medicine
5. Pediatric surgery
6. Surgical critical care
7. Surgical oncology
8. Transplant
9. Trauma management
10. Vascular surgery

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

1. Acute Burn Management
2. Anesthesia
3. Dermatology
4. Oculoplastic Surgery or Ophthalmology
5. Oral and Maxillofacial Surgery
6. Orthopaedic Surgery

II. Alternate Prerequisite Pathways Accepted

Residents will be approved as meeting the Board's prerequisite requirements with the satisfactory completion of a formal training program in one of the following ABMS specialties: general surgery (including the Vascular Surgery Board of the American Board of Surgery), neurological surgery, orthopaedic surgery, otolaryngology, thoracic surgery, or urology.

Any training program being submitted as prerequisite training for a plastic surgery residency must have been accredited by the Accreditation Council for Graduate Medical Education (ACGME) or the American Dental Association (ADA) at the time of graduation.

Prospective candidates **must** meet and comply with the most current requirements in these specialties sufficient to qualify for application to, or certification by, the respective ABMS board.

III. For prospective candidates with a medical degree (M.D.) obtained in the United States or Canada combined with a Dental Degree (D.M.D. or D.D.S.)

Satisfactory completion of a residency program in Oral and Maxillofacial Surgery approved by the American Dental Association (ADA) is an alternate pathway for prerequisite training prior to plastic surgery residency.

The Oral and Maxillofacial Surgery program director must verify the satisfactory completion of this training in writing. This program **may** include the integration of a medical school component resulting in a Doctor of Medicine (M.D.) degree **or** the Medical Degree may be obtained before or after residency training in Oral and Maxillofacial Surgery.

This combined training **must** also include a **minimum of two years of only** clinical general surgery training, including the 10 essential content areas listed in I. General Surgery, with progressive responsibility under the direction of the general surgery program director **after** obtaining the M.D. degree. **The two years** of general surgery training must be devoted only to those rotations in the **10 essential content areas** of general surgery as listed above.

The Board will not consider rotations in general surgery during medical school, prior to the M.D. degree, as fulfilling any part of the two-year minimum requirement. If the general surgery training is completed at an institution other than the sponsoring institution of the Oral and Maxillofacial Surgery residency, then this training must be completed consecutively with both years spent in the same general surgery program which has been approved by the Residency Review Committee (RRC) for Surgery and is accredited by the Accreditation Council for Graduate Medical Education (ACGME) in the United States.

The general surgery program director must verify, in writing, the completion of two years of clinical general surgery training, the levels of responsibility held, inclusive dates and specific month-by-month content of rotations.

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

Verification of Prerequisite Training

The Board requires a letter from the prerequisite training program director verifying completion of training requirements, including the chief year, for certification by the specific ABMS specialty board. The candidate may also provide evidence of current admissibility to, or certification by, the respective ABMS specialty board's examination process in the United States.

The Board Office Staff will mail 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. **Residents should notify the Board Office when prerequisite training is completed.** It is the resident's responsibility to determine that the form has been completed and returned to the Board Office.

REQUISITE TRAINING

All residents in either an **Integrated or Independent** program must complete the ABPS Resident Registration and Evaluation of Training Form available on the Board's website. Please refer to the Official Resident Registration/Evaluation of Training Form section of this Booklet.

For requisite training, the Board requires a minimum of three years of plastic surgery training in an Independent Program or six years of plastic surgery training in an Integrated Program.

To be eligible for certification by the ABPS, training in plastic surgery must be obtained in either the United States or Canada. The Board recognizes training in those programs in the United States that have been approved by the Residency Review Committee for Plastic Surgery (RRC-PS) and accredited by the Accreditation Council for Graduate Medical Education (ACGME) and those programs approved by the Royal College of Physicians and Surgeons of Canada (RCPSC). Refer to Canadian Training Requirements.

Content of Training

As previously noted, the Board considers a residency in plastic surgery to be a full-time endeavor and looks with disfavor upon any other arrangement. The minimum acceptable residency year, for both prerequisite and requisite training, must include **at least 48 weeks of full-time training experience per year.**

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, by progressive and succeeding stages to eventually assume complete responsibility for the surgical care of the patient.

Training in plastic surgery must cover the entire spectrum of plastic surgery. It should include experience in the following areas:

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

The experiences listed previously in section I, General Surgery (#1 acute burn through #6 orthopaedic surgery), are strongly suggested and should be completed during requisite plastic surgery residency if not completed during Prerequisite Training.

Sufficient material of a diversified nature should be available to prepare the resident to pass the examinations of the Board 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.

Leave of Absence During Residency Training

A leave of absence during training will not be included toward completion of the minimum 48-week requirement. This includes Military Leave and Maternity/Paternity Leave.

Should absence exceed four weeks per annum for any reason, the circumstances and the proposed correction (i.e. make-up time) of this irregular training arrangement must be approved by the program director.

The 48-weeks can be averaged over the training years in the program. Any additional months required in the program must be approved by the RRC-PS. Documentation of this approval must be provided to the Board by the program director.

No credit, but no penalty, is given for military, maternity/paternity or other leaves during training.

MATCHING AFTER PREREQUISITE TRAINING

The resident who desires to enter plastic surgery training after completion of a prerequisite pathway may elect to participate in the Plastic Surgery Residency and Fellowship Matching Program (www.sfmarch.org) for entry into an Independent Plastic Surgery program.

Graduate Education in Plastic Surgery

Note: The Board requires a **minimum of three years** of plastic surgery training, and the final year must be at the level of senior responsibility. **All three years of an Independent Program must be completed in the same program.**

INDEPENDENT MODEL

This model includes programs with three years of plastic surgery training.

July 1, 2018 will be the last date a resident may begin plastic surgery training in the same program with less than five years of general surgery prerequisite training. Residents must have completed three years of general surgery training, any research time and any make-up time for a leave of absence **prior to July 1, 2018**. Residents beginning plastic surgery in an Independent program on July 1, 2019 must have completed five years of general surgery training or full training in an alternate accepted Prerequisite pathway.

Residents can officially begin a plastic surgery training program (**Requisite Training**) after completion of any of the **Prerequisite** options, which all require confirmation by the Board. This confirmation is provided after completion of the Resident Registration and Evaluation of Training Form and receipt of the Board's Confirmation Letter regarding the acceptability of the prerequisite training for entry into a plastic surgery residency program.

In the Independent Model, only the **Requisite** training is under the supervision of the Residency Review Committee for Plastic Surgery (RRC-PS). The Independent Model has two Prerequisite Options.

Option 1. General Surgery. Five years of ACGME-approved clinical general surgery residency training with progressive responsibility sufficient to qualify for certification by the American Board of Surgery (ABS) is required. The five years of training must be completed **before** the resident enters a plastic surgery residency.

Option 2. Alternate Prerequisite Pathways Accepted. Refer to alternate pathways listed under prerequisite training.

INTEGRATED MODEL MATCHING DIRECTLY FROM MEDICAL SCHOOL

The **Integrated** plastic surgery model begins with a match directly after medical school into a plastic surgery program for at least six years under the direction of the plastic surgery program director. All training is completed in the same program.

Residents must have a medical or osteopathic degree granted in the United States or Canada by an institution accredited by the Liaison Committee for Medical Education (LCME) or the American Osteopathic Association (AOA).

Graduates of allopathic medical schools in the United States or Canada accredited by the Liaison Committee for Medical Education (LCME) who have successfully completed the licensure requirements in a United States jurisdiction are deemed to have appropriate medical credentials.

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

The curriculum includes the basic experience in clinical general surgery and is determined by the plastic surgery program director and accredited by the RRC-PS. No less than three years of this program must be concentrated in plastic surgery, and the final 12 months must entail senior clinical plastic surgery responsibility. **The last three years of training must be completed in the same program.** The content of training in these three plastic surgery years is documented on the following pages.

During the six years of Integrated program training, clinical experiences appropriate to plastic surgery education should be provided in alimentary tract surgery, abdominal surgery, breast surgery, emergency medicine, pediatric surgery, surgical critical care, surgical oncology, transplant, trauma management, and vascular surgery.

As previously outlined, 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.

1. Acute burn management
2. Anesthesia
3. Dermatology
4. Oculoplastic surgery or ophthalmology
5. Oral and maxillofacial surgery
6. Orthopaedic surgery

International Medical School Training

Graduates of medical schools from countries other than the United States or Canada who are applying for the Integrated Pathway must present evidence of final certification by the Education Commission

for Foreign Medical Graduates (ECFMG). For information, contact ECFMG, 3624 Market Street, Philadelphia, Pennsylvania 19104-2688; (215) 386-5900; www.ecfmg.org.

Research Rotations During Plastic Surgery Training

For research rotations during training, **the Board will allow a total of 12 weeks of research during a six-year program and allow a total of 6 weeks of research during a three-year program.** These research weeks can be considered as a part of the required 48 weeks of training per training year. **All training requirements must be completed for a 48-week full time residency training year.**

International Rotations During Plastic Surgery Training

Faculty supervised resident experiences for international surgical rotations are considered part of the 48 weeks of full time clinical residency training.

International experiences **without faculty** supervision must be included in allotted vacation time and are **not** considered part of the required 48 weeks of full time clinical training.

TRANSFERS INTO INTEGRATED PROGRAMS

Residents **may not** exchange accredited years of training between the two different models without prior approval by the American Board of Plastic Surgery, Inc. Residents must request any anticipated transfers in writing and obtain prior approval by the Board well in advance of the proposed change in programs.

It is imperative that residents hold positions of increasing responsibility when obtaining training in more than one institution, and one full year of experience must be at the senior level. The full training year for the program must be completed. The Board **does not** grant credit for a partial year of training.

A resident transfer at or below the **PGY IV** level into a vacant position in an Integrated Program must be approved by the 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 granted:

1. Letter from the current program director indicating the exact dates of training and month to month rotations that will be completed at the time of the transfer;
2. Letter from the receiving Integrated plastic surgery program director indicating the acceptance of the resident for the curriculum at that level of transfer; and
3. Completed Resident Registration and Evaluation of Training Form, Processing Fee as listed in the Fee Schedule and photocopy of medical school diploma.

The three steps above must be complete for ALL transfers. **Transfers into Integrated programs will only be allowed as follows:**

- Beginning Plastic Surgery Year, PGY I or PGY II: residents may transfer after completion of PGY I year in a surgical specialty, such as General Surgery (including the Vascular Surgery Board of the American Board of Surgery), Neurological Surgery, Orthopaedic Surgery, Otolaryngology, Thoracic Surgery or Urology or another integrated plastic surgery residency program.
- Beginning Plastic Surgery Year, PGY III: residents may transfer only if they have completed at least two progressive years of an approved surgical pathway (listed above) or another integrated plastic surgery residency program.
- Beginning Plastic Surgery Year, PGY IV: residents may transfer **only** if they have completed full training in one of the approved surgical pathways listed above for the Independent programs.

No transfers will be accepted after the beginning of Plastic Surgery PGY IV because the last three years of Integrated Program training must be completed in the same institution.

ACCREDITED RESIDENCY PROGRAMS

Information concerning accredited training programs may be found in the *Graduate Medical Education Directory* published by the American Medical Association (www.ama-assn.org) under the aegis of the Accreditation Council for Graduate Medical Education (ACGME). The website of the Accreditation Council for Graduate Medical Education (www.acgme.org) also lists approved plastic surgery training programs.

The Board does not review or approve residencies. The ACGME Residency Review Committee for Plastic Surgery (RRC-PS) inspects and makes recommendations for or against approval of a residency training program in plastic surgery only after the director of the residency has filed an application for approval by the RRC-PS. For information, contact the RRC-PS at (312) 755-5000; www.acgme.org.

The RRC-PS consists of nine members, three representatives from each of the following: The American Board of Plastic Surgery, Inc., the American College of Surgeons, and the American Medical Association.

The Directors of the Board cannot be responsible for the placement of residents for training. The Board does *not* maintain a list of available openings in programs. Residents seeking accredited training in plastic surgery should correspond directly with the program directors of those training programs in which they are interested.

Most plastic surgery residencies participate in either the National Resident Matching Program (NRMP), www.NRMP.org or the Plastic Surgery Residency and Fellowship Matching Services. For information, contact Plastic Surgery Matching Program, 655 Beach St., San Francisco, California 94109; (415) 447-0350; www.sfmatch.org.

**RESIDENTS WHO COMPLETE PLASTIC SURGERY
TRAINING IN CANADA**

The Resident Registration and Evaluation of Training Form must be completed and it is the responsibility of residents in plastic surgery to ensure this material is approved by the Board.

This requirement pertains to all those applying for admission to The American Board of Plastic Surgery, Inc. examination process.

Graduates of Canadian Plastic Surgery Residency Programs may satisfy the requirements of The American Board of Plastic Surgery for admissibility to the Written and Oral Examinations. To meet the requirements for Examination and Certification by the Board, the following provisos and documentation must be completed:

- 1) The plastic surgeon must be a graduate of a medical school in the United States or Canada approved by the Liaison Committee for Medical Education (LCME).
- 2) The plastic surgeon must have entered plastic surgery residency through the **Canadian Residency Match Program (CaRMS)**; or the CaRMS-Equivalent Program at the University of Montreal prior to 2005; or must have transferred into PGY-I, II or III in a Canadian program after completing five years of an ACGME approved residency in general surgery in the United States.
- 3) The residency program must be accredited by the Royal College of Physicians and Surgeons of Canada (RCPSC).
- 4) The plastic surgeon must hold a current, valid, full and unrestricted state, province or international medical license.
- 5) **The plastic surgeon must have successfully obtained certification in plastic surgery by the RCPSC.**

The policy above will apply to those residents obtaining certification by the Royal College of Physicians and Surgeons of Canada (RCPSC) in 2007 or later.

Candidates certified by the RCPSC prior to 2007 may be reviewed by the Board's Credentials and Requirements Committee, but must complete the Professional Standing Requirements of the Maintenance of Certification in Plastic Surgery (**MOC-PS[®]**) Program prior to being approved.

The Professional Standing requirements must be supported with documentation and must include:

- 1) Current, valid, full and unrestricted state or province or international medical license;
- 2) Verification of active, hospital inpatient admitting privileges in plastic surgery;
- 3) Three Peer Review Evaluations (at least one must be from a Chief of Surgery or Chief of Staff or Chief of Plastic Surgery);
- 4) Membership in one of the 20 Sponsoring Organizations of the Board; and
- 5) Accreditation Certificates for Outpatient Surgical Facilities, if applicable.

Non-Approved Residencies

Residencies completed in locations other than the United States or Canada are not acceptable in lieu of those specified above. 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.

The Board grants no credit for training, residency and/or experience in disciplines other than those named.

American Osteopathic Training Programs seeking ACGME Accreditation for the Single Accreditation System

Residents in Osteopathic Training programs which have received ACGME Accreditation may meet ABPS training requirements. There has not been a determination regarding those in pre-accredited AOA programs or programs which are in the process of applying. Refer to the ACGME website for additional details regarding specific AOA training programs. ACGME advises residents of the following:

1. Programs that are AOA-approved and have matriculated residents as of July 1, 2015, and that apply for ACGME accreditation between July 1, 2015 and June 30, 2020, are eligible for “pre-accreditation status,” may have AOA-certified faculty members, and must have co-program directors (one American Board of Medical Specialties (ABMS)-certified and one AOA-certified).
2. Programs that are AOA-approved as of July 1, 2015 with no matriculated residents as of that date, and that apply for ACGME accreditation between July 1, 2015 and June 30, 2020, are eligible for “pre-accreditation status.”
3. AOA-approved programs that do not meet the criteria in 1. or 2. above may apply at any time for ACGME accreditation, but will not benefit from the terms of the agreement.