

## **Emergency Department Call: Guiding Principles for Plastic Surgeons**

The American Society of Plastic Surgeons (ASPS) recognizes that on-call coverage in American hospital emergency departments (ED) is a serious and growing problem for many specialists including plastic surgeons. ASPS also appreciates that there are many contributing factors to this complex national problem. As important as it may be to discuss these national issues, ASPS has chosen to focus its attention on the specific concerns that are unique to plastic surgeons.

1. **The core training and Board Certification of all plastic surgeons encompasses a wide spectrum of knowledge and skills.** This involves the repair, reconstruction or replacement of physical defects of form or function which involve the skin, musculoskeletal system, craniomaxillofacial structures, hand, extremities, breast and trunk, and external genitalia. Special knowledge and skill in the design and execution of grafts, flaps, free tissue transfer, and replantation are necessary. Competence in the management of complex wounds, the use of implantable materials and tumor surgery is required.<sup>1</sup>
2. **Plastic surgeons may focus on just one or only a few of these areas.** While plastic surgeons are dedicated to preserving the full scope of plastic surgery knowledge and skills, over time it is not uncommon, for some plastic surgeons to elect to focus their practice in a subspecialty area(s). Not all of these surgeons choose to maintain competency in all areas of plastic surgery.
3. **Ongoing MOC requirements are consistent with the specialization that often occurs during the length of a plastic surgery practice.** There are several factors to consider when determining a plastic surgeon's hospital privileges and areas of competency including: Board Certification, Maintenance of Certification (MOC) track and the physician's case mix. The American Board of Plastic Surgery, Inc. offers four MOC module tracks.<sup>2</sup> For surgeons who primarily practice in one specialty area three module choices are available including cosmetic surgery, craniomaxillofacial surgery and hand surgery. The comprehensive plastic surgery module is available for plastic surgeons whose practice patterns are less specialized in a specific area.
4. **The surgeon's case mix in their day to day practice is just as important if not more important than the MOC module selection.** First, only surgeons boarded after November 1995 are required to complete the MOC process. Secondly, because of the very broad nature of plastic surgery, it is possible for a surgeon to complete the MOC comprehensive plastic surgery module and still not perform the full range of plastic surgery procedures in their practice. Example:

*A surgeon's practice pattern includes a mix of reconstructive and cosmetic cases including breast procedures, craniomaxillofacial surgery, and cosmetic body contouring. The surgeon does not perform elective hand surgery at the hospital or any other surgical facility. This surgeon may not feel comfortable or competent treating hand trauma cases in the ED.*

- 5. It is the position of the American Society of Plastic Surgery that in the best interest of patient care, its members should be given the opportunity to modify their hospital privileges, and therefore their emergency department call responsibilities, to reflect their practice patterns, area of specialization and competency. The privilege areas most likely to be impacted by this principle are craniofacial and hand surgery. Privileges for trauma care such as repair and or reconstruction of the soft tissues of the body are considered a basic competency of plastic surgery and should not be impacted by this principle.**

References:

1. Plastic Surgeons: A Delineation of Qualification for Clinical Privileges. American Society of Plastic Surgeons. November 2002.
2. The American Board of Plastic Surgery, Inc., Booklet of Information, 2006 Recertification/Maintenance of Certification Program.

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