



PLASTIC SURGEONS

A Delineation of Qualifications for Clinical Privileges



AMERICAN SOCIETY OF
PLASTIC SURGEONS®

Introduction:

As the American health care delivery system becomes more complex and the trend toward increased specialization advances, the lines that define various surgical specialties often blur. However, the training and skills of the various surgical specialties remain distinctly different.

To ensure patient safety, promote quality of care and appropriately grant plastic surgery privileges, it is important to appreciate these training differences. As in all specialties, appropriate training, proficiency and experience are attributes that plastic surgeons must possess. This booklet has been prepared by the American Society of Plastic Surgeons (www.plasticsurgery.org) as a reference to help one understand the training and potential roles of a plastic surgeon. The material included in the booklet is intended to:

- Describe the scope of plastic surgery,
- Explain the significance of Board Certification,
- Provide an overview of plastic surgery training models,
- Illustrate the unique qualifications of Board Certified Plastic Surgeons,
- Describe procedures commonly performed by Board Certified Plastic Surgeons,
- Provide a platform upon which to base plastic surgery privileges.

Description Of Plastic Surgery

Plastic surgery includes the repair, reconstruction or replacement of physical defects of form or function involving the skin, musculoskeletal system, cranio-maxillofacial structures, hand, extremities, breast and trunk, and external genitalia or cosmetic enhancement of these areas of the body.

Cosmetic surgery is an essential component of plastic surgery. The plastic surgeon uses cosmetic surgical principles both to improve overall appearance and to optimize the outcome of reconstructive procedures.¹ Competency in plastic surgery implies an amalgam of basic medical and surgical knowledge, operative judgment, technical expertise, ethical behavior and interpersonal skills to achieve problem resolution and patient satisfaction.¹

Plastic surgery procedures generally fall into one of two categories: reconstructive or cosmetic.

Reconstructive surgery is performed on abnormal structures of the body, caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease. It is generally performed to improve function, but may also be done to approximate a normal appearance.²

Cosmetic surgery is performed to reshape normal structures of the body in order to improve the patient's appearance and self-esteem.²

Special knowledge and skill in the design and execution of grafts, flaps, free tissue transfer and replantation is necessary. Competence in the management of complex wounds, the use of implantable materials, and in the performance of tumor surgery is required. Plastic surgeons have been prominent in the development of innovative techniques such as microvascular and cranio-maxillofacial surgery, liposuction, and tissue transfer. Anatomy, physiology, pathology, and other basic sciences are fundamental to the specialty.¹

Significance Of Board Certification

Medical specialty certification in the United States is a voluntary process. While medical licensure sets the minimum competency requirements to diagnose and treat patients, it is not specialty specific. Board certification demonstrates a physician's exceptional expertise in a particular specialty and/or subspecialty of medical practice.³

Certification by an American Board of Medical Specialties (ABMS) board includes initial specialty certification and maintenance of certification throughout the physician's career. Some physicians may pursue subspecialty certification in hand surgery. The intent of both the initial certification of physicians and the maintenance of certification is to provide assurance to the public that a physician specialist certified by a Member Board of the ABMS has successfully completed an approved educational program and evaluation process which includes components designed to assess the physician's medical knowledge, clinical judgment, professionalism and communication skills required to provide quality patient care in that specialty.³

The American Board of Plastic Surgery, Inc

An important qualifier for granting plastic surgery privileges is that the surgeon seeking privileges is certified by the American Board of Plastic Surgery (ABPS) or admissible to the ABPS examination process. ABPS is one of only 24 accredited specialty boards recognized by the ABMS. Surgeons who meet the requirements of the ABPS and are granted board certification are known as diplomates of the ABPS, Inc. The essential purposes of the ABPS are:

- To establish requirements for the qualifications of applicants who request a certificate of their ability in the field of plastic surgery in its broadest sense.¹
- To conduct examinations of approved candidates who seek certification by the Board.¹
- To issue certificates to those who meet the Board's requirements and pass the respective examinations.¹

- To protect the independence and integrity of the Board.¹
- To do and engage in any and all lawful activities that may be incidental or reasonably related to any of the foregoing purposes.¹
- Establish requirements for Maintenance of Certification for applicants who wish to maintain certification of their ability in the field of plastic surgery.¹

The ABPS is not an educational institution, and certificates issued by the Board are not to be considered degrees. The certificate does not confer on any person's legal qualifications, privileges, or license to practice medicine or the specialty of plastic surgery.¹

Standards of certification are clearly distinct from those of licensure; possession of a Board certificate does not indicate total qualification for practice privileges, nor does it imply exclusion of others not so certified. The Board does not purport in any way to interfere with or limit the professional activities of any licensed physician, nor does it desire to interfere with practitioners of medicine or any of their regular or legitimate activities.¹

Sub-certification in Surgery of the Hand (SOTH)

Subspecialty Certification in Surgery of the Hand (formerly called Certificates of Added Qualification or CAQ), provides board certified surgeons a way to highlight their interest in hand surgery. Currently, hand surgery is the only area in which plastic surgeons certified by the ABPS may obtain a subspecialty certificate. Treatment and management of hand diseases and trauma are an integral part of the core curriculum in plastic surgery residency training. **There is no requirement or necessity for a diplomate of The ABPS Inc. to hold a Certificate in the Subspecialty of Surgery of the Hand in order to be considered qualified to include hand surgery within the practice of plastic surgery. Under no circumstances should a diplomate be considered not qualified to practice within an area of a subspecialty solely because of lack of subspecialty certification.**⁴

Plastic Surgery Training Models: Based Upon the ACGME Program Requirements for Graduate Medical Education in Plastic Surgery⁵

The Accreditation Council of Graduate Medical Education (ACGME), an independent, non-governmental accreditation body for graduate medical education, recognizes two training models: *independent* and *integrated*. Both the independent and the integrated models require a minimum of six years of clinical surgical education in which a minimum of three years are concentrated in plastic surgery education.

The primary difference between the independent and the integrated models is where the prerequisite training takes place. In the independent model, residents complete the prerequisite training outside of the plastic surgery residency process in a surgical program accredited by the Accreditation Council of Graduate Medical Education (ACGME), the Royal College of Physicians and Surgeons of Canada (RCPS) or the American Dental Association (see chart, pg. 9). In the integrated model, residents complete core surgical training and the plastic surgery specific training under the authority and direction of the plastic surgery program director.

Independent model*

In the independent model of training, the residents complete the prerequisite training outside of the plastic surgery residency process followed by three years of concentrated plastic surgery training, with no less than 12 months of senior/chief responsibility in plastic surgery after successful completion of one of the following prerequisite curricula:

- a)** Complete an ACGME-accredited residency in general surgery, including vascular surgery, neurological surgery, orthopedic surgery, otolaryngology, thoracic or urology;

b) Satisfactory completion of a residency program in Oral and Maxillofacial surgery approved by the ADA is an alternate pathway for prerequisite training prior to a plastic surgery residency. This pathway is available only to those individuals holding a D.M.D./M.D. or D.D.S./M.D. degree. Training must also include a minimum of 24 months of progressive responsibility on surgical rotations under the direction of the general surgery program director after receipt of the M.D. degree. Rotations in general surgery during medical school, prior to the M.D. degree, will not be considered as fulfilling any part of the 24-month minimum requirement.

Integrated model

In the integrated model, residents complete six years of ACGME-accredited plastic surgery training following receipt of an M.D. or D.O. degree from an institution accredited by the Liaison Committee on Medical Education or the American Osteopathic Association.⁶

- a)** The integrated curriculum must contain six years of clinical surgical training under the authority and direction of the plastic surgery program director.
- b)** Of these, 36 months must be concentrated plastic surgery training with no less than 12 months of senior/chief responsibility on the clinical service of plastic surgery. Residents must complete the last 36 months of their education in the same plastic surgery program.
- c)** The curriculum includes basic experience in clinical general surgery. Additional clinical experiences appropriate to the training of a plastic surgeon 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.

Plastic Surgery Training Models: Based Upon the ACGME Program Requirements for Graduate Medical Education in Plastic Surgery⁵, *cont.*

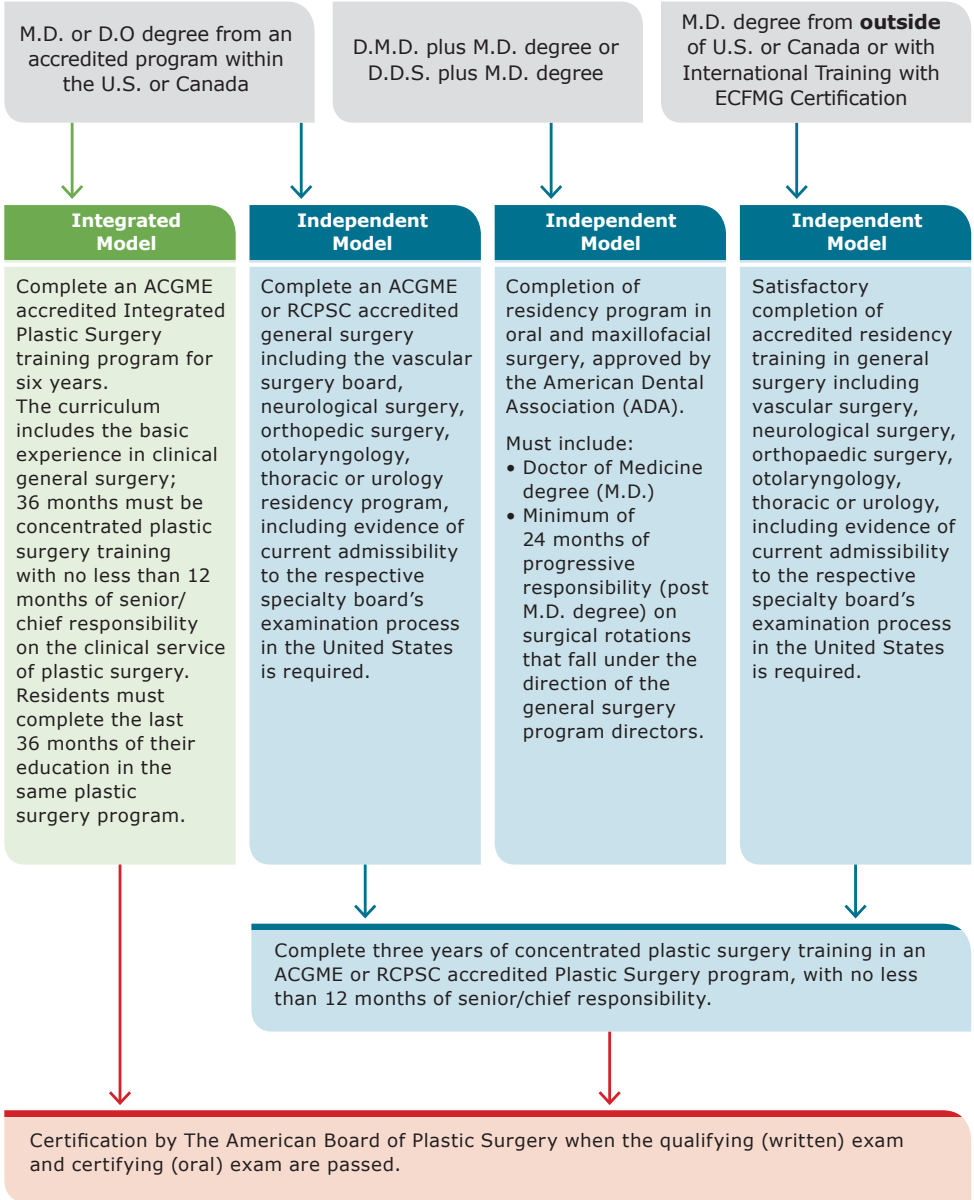
Fellowships

Fellowships in plastic surgery offer the surgeon an opportunity to pursue additional experiences in the basic science and clinical practice of plastic surgery. These fellowships cover a wide variety of topical areas and except for hand surgery, they are not required to follow any generally recognized format or any approved curriculum. Fellowship training experiences can be of variable lengths, ranging from three to 12 months in duration, and may take place in either an institutional setting or with an individual preceptor.

Continuing Medical Education

All ASPS Active Members and Candidates for Membership must earn 150 credits of Continuing Medical Education (CME) during a consecutive three-year period. Of these 150 credits, no fewer than 60 must be **AMA PRA Category 1 Credits™**, and 50 credits must be earned in plastic surgery activities. Also, 20 of the 150 credits must be earned in patient safety related topics and may be in either Category 1 or Category 2.

Training Path for a Surgeon Certified by The American Board of Plastic Surgery



Maintenance of Certification in Plastic Surgery Program (MOC-PS®).

Effective 1995, certificates issued by the Board are dated and will be valid for 10 years. Continued Certification is subject to participation in MOC-PS®. Certificates issued prior to 1995 are valid indefinitely but such certificate holders may voluntarily participate in MOC-PS.

The key components of the MOC-PS® Program include

1) documented professionalism, 2) lifelong learning, 3) cognitive evaluation and 4) practice assessment and continual improvement. The Maintenance of Certification Booklet of Information and the information posted on the ABPS website is the source for all information relevant to MOC-PS®. Lifelong learning is achieved through participation in CME activities throughout the 10 year cycle. Professionalism evaluations and Practice assessment and improvement are performed every three years. A sub-specialty specific exam is completed at the end of the cycle.

The Maintenance of Certification Program of the Board includes these requirements:

In each of years 3, 6 AND 9, complete:

1. Practice Assessment in Plastic Surgery (PA-PS) Module which requires the diplomate to:
 - a) Enter management and outcomes data on-line form 10 consecutive cases of a board approved procedure such as breast reduction or carpal tunnel syndrome.
 - b) Review benchmark report comparing diplomates performance compared to national statistics.
 - c) Complete a **MOC-approved educational activity aligned with the procedure** such as an on-line CME article or one of the MOC courses held at national meetings.
 - d) Complete an Action Plan for Improving their practice.

Maintenance of Certification in Plastic Surgery Program (MOC-PS®), cont.

2. Professional Standing Update which requires the diplomate to:
 - a) List medical license, hospital privileges, outpatient facilities, advertising material, society membership and peer evaluations.
 - b) Submit CME summary report(s) confirming at least 150 CME's from the last three years.

In year 7, 8 OR 9:

3. Finalize the application for the cognitive exam and provide required documentation.
4. Submit the six month case list on the Board's Clinical Case Log website.

The case list is no longer required in year 8, 9 OR 10:

5. Successfully complete the 200-question computer based exam. The MOC-PS® Study Guide produced by ASPS, available at www.psenetwork.org, is an excellent reference for exam preparation.

Specific procedures commonly performed by plastic surgeons include, but are **not** limited to:

- **Treatment of skin neoplasms, diseases and trauma**

- benign and malignant lesions of the skin and soft tissue
- reconstructive grafts and flaps
- scar revisions
- laser therapy for vascular lesions

- **Surgery of the breast**

- breast reconstruction
- breast reduction
- breast biopsy
- congenital anomalies
- mastectomy (subcutaneous and simple)
- breast augmentation

- **Treatment of facial diseases and injuries including maxillofacial structures**

- facial fractures including the mandible
- acquired or congenital deformities of the nose, ear, jaw, eyelid, lips or palate
- craniofacial surgery
- skull base surgery
- facial deformity and wound treatment
- tumors of the head and neck

- **Surgery of the hand and extremities**

- soft-tissue wounds and congenital abnormalities of the hand and upper extremity fractures
- congenital abnormalities of the bones of the hand, wrist or distal forearm
- carpal tunnel syndrome (endoscopic and open)
- Dupuytren's contracture
- surgery for rheumatoid arthritis
- tumors of the bones and soft tissues

- **Reconstructive microsurgery**

- microvascular flaps and grafts

- replantation and revascularization of the upper and lower extremities and digits

- reconstruction of peripheral nerve injuries

- **Reconstruction of congenital and acquired defects of the trunk and genitalia**

- vaginal reconstruction

- repair of penis deformities

- gender reassignment

- chest and abdominal wall reconstruction (e.g. abdominal wall reconstruction)

- **Complex wound healing and burn treatment initial burn management**

- acute and reconstructive burn treatment

- **Cosmetic surgery**

- body contouring

- facial contouring

- breast augmentation

- breast lift (mastopexy)

- cosmetic rhytidectomy

- cosmetic rhinoplasty

- cosmetic blepharoplasty

- subcutaneous injections/Botox/filler material

- skin peeling and dermabrasion

- vein injection sclerotherapy

- liposuction

- endoscopic cosmetic surgery

- laser therapy for vascular and cutaneous lesions

- **Skin surgery**

- resurfacing

- chemical peel

- laser skin resurfacing

- mechanical dermabrasion

Summary Statements

Plastic surgeons who are certified by the ABPS, Inc. and who are members of the ASPS have undergone rigorous training and have been evaluated by their peers on their practice of plastic surgery, from both the technical and ethical perspectives, in written and oral formats. Board Certified Plastic Surgeons should be eligible for consideration to perform the above procedures by virtue of their plastic surgery training and certification process.

Plastic surgeons certified by the ABPS, Inc. should be eligible for consideration for clinical privileges at all hospitals, clinics, managed health care organizations, military service and third-party payment organizations created and operating within the United States and Canada. It is not the intent of the ASPS to define requirements for membership on hospital staffs or other health care entities, or to define who shall or shall not perform plastic surgical operations. The ASPS does not purport to limit the professional activities of any licensed physician or health practitioner, or to interfere with their legitimate and regular activities.

This booklet has been reviewed by the following organizations:

American Society of Plastic Surgeons

444 East Algonquin Road
Arlington Heights, IL 60005
Phone: (847) 228-9900
FAX: (847) 228-9131
www.plasticsurgery.org

American Council of Academic Plastic Surgeons

4900 "B" South 31st Street
Arlington, VA 22206
Phone: (703) 820-7400
FAX: (703) 931-4520
<http://www.acaplasticsurgeons.org>

The American Board of Plastic Surgery, Inc.

Seven Penn Center
Suite 400
1635 Market Street
Philadelphia, PA 19103
Phone: (215) 587-9322
FAX: (215) 587-9622
www.abplsurg.org

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*Notes: The three year combined program will be eliminated after July 1, 2015. Students desiring to enter plastic surgery training directly after medical school must match into an Integrated program beginning with the 2016 match. Otherwise, full training in general surgery must be completed for entry into the Independent plastic surgery pathway. July 1, 2018 will be the last date to enter an Independent program with only three years of general surgery residency training. Residents entering plastic surgery residency after July 1, 2019 will be required to complete five years of general surgery residency training.¹

References:

1. The American Board of Plastic Surgery, Inc., Booklet of Information, July 1, 2013 – June 30, 2014.
2. The American Medical Association, Policy Compendium, H-475.992, "Definition of "Cosmetic" and "Reconstructive" Surgery" www.ama-assn.org Accessed March 2014.
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4. The American Board of Plastic Surgery, Inc., 2011 Certification in the Subspecialty of Surgery Of The Hand (SOTH). https://www.abplsurg.org/documents/2013_SOTH_Booklet_of_Information.pdf Accessed March 2014.
5. ACGME Program Requirements for Graduate Medical Education in Plastic Surgery, Effective July 1, 2009. http://www.acgme.org/acgmeweb/Portals/0/PFAssets/ProgramRequirements/360_plastic_surgery_07012009_f07012012.pdf Accessed March 2014.



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