

PLASTIC SURGEONS

*A Delineation of Qualifications
for Clinical Privileges*



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INTRODUCTION

As the health care delivery system in this country evolves, the lines that define various medical specialties and distinguish the differences between primary care physicians and specialists have begun to blur, although the training and skills of medical specialists and surgical specialists remain distinctly different. Medical practitioners and health care professionals are encouraged to use this booklet as a reference on the role and training of a plastic surgeon.

In the United States, physicians are generally licensed as “medical practitioners” by state licensing boards. Federal laws do not govern the quality of specialty training or dictate the procedures a physician may aspire to perform. In effect, a medical school graduate can legally claim to be a specialist of his or her own choosing, with or without residency training in that specialty.

Managed care executives, medical directors, credentialing committees and hospital administrators have a responsibility to help ensure that patients are treated by qualified surgeons. This booklet has been prepared by the American Society of Plastic Surgeons™ (ASPS™) to provide:

- Health care policy makers with an understanding upon which to base decisions on plastic surgical services
- Credentialing committees with guidelines that will enable them to protect patients and members of their respective hospitals and health plans from unqualified surgeons
- The medical community with a clearer delineation of procedure specific medical expertise where specialist roles now overlap

This booklet serves as an information resource on granting clinical privileges for plastic surgical services based on the realities of medical practice and education of the specialist. Factors considered include the scope of plastic surgery, the defined educational pathways that qualify candidates for examination by The American Board of Plastic Surgery (ABPS), and issues related to the delineation of clinical privileges for plastic surgeons.

THE SCOPE OF PLASTIC SURGERY

Description of Plastic Surgery

Plastic surgery deals with the repair, reconstruction or replacement of physical defects of form or function involving the skin, musculoskeletal system, craniomaxillofacial structures, hand, extremities, breast and trunk, and external genitalia or cosmetic enhancement of these areas of the body. The plastic surgeon uses cosmetic surgical principles both to improve overall appearance and to optimize the outcome of reconstructive procedures.

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 tumor surgery is required. Plastic surgeons have been prominent in the development of innovative techniques such as microvascular and craniomaxillofacial surgery, liposuction and tissue transfer. Anatomy, physiology, pathology, and other basic sciences are fundamental to the specialty.

Competency in plastic surgery implies an amalgam of basic medical and surgical knowledge, operative judgement, technical expertise, ethical behavior, and interpersonal skills to achieve problem resolution and patient satisfaction.¹

1. The American Board of Plastic Surgery, Inc., Booklet of Information, July 1, 2002 – June 30, 2003.

PLASTIC SURGERY'S TWO COMPONENTS: RECONSTRUCTIVE AND COSMETIC SURGERY

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

Reconstructive procedures commonly performed by plastic surgeons include: correction of congenital anomalies (such as cleft lip and palate), maxillofacial and craniofacial surgery, hand surgery, breast reconstruction following mastectomy, breast reduction for hyperplasia, burn care, trauma care (such as repair of lacerations and facial fractures), excision of tumors, and reconstruction following various types of cancer treatment.

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

Commonly performed cosmetic procedures include facelift, eyelid lift, forehead lift, laser resurfacing, breast enlargement, some nasal surgery, body contouring, and liposuction.

Sometimes the overlap between reconstructive and cosmetic surgery leads to confusion. For example, similar techniques may be utilized for reconstruction of nasal deformity after trauma (reconstructive rhinoplasty) as well as for cosmetic alteration of a normal nose (cosmetic rhinoplasty). The technique and procedural coding may be the same, but the reason for surgery is the key factor to be considered in determining whether the procedure is reconstructive or cosmetic.

A number of position papers identifying criteria for determining coverage of various procedures are available from the ASPS. Additionally, the society has developed patient care parameters for a number of plastic surgery procedures. Contact the ASPS at 1-800-766-4955 (U.S. only) or 847-228-9900 (outside U.S.).

2. American Medical Association, Policy Compendium, 1999. p. 673.

TRAINING OF A PLASTIC SURGEON

Significance of Board Certification

An important qualifier for physicians requesting plastic surgery privileges is that they are certified by The American Board of Plastic Surgery (ABPS), a member board of the American Board of Medical Specialties (ABMS). Surgeons who meet the requirements of the ABPS and are granted board certification are known as diplomates of the ABPS, Inc.

The intent of the certification of physicians is to provide assurance to the public that a physician certified by a Member Board of the ABMS has successfully completed an approved educational program and an evaluation process which includes an examination designed to assess the knowledge, skills and experience required to provide quality patient care in that specialty.³

Purposes of The American Board of Plastic Surgery

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 sense⁴
- To conduct examinations of approved candidates who seek certification by the Board⁴
- To issue certificates to those who meet the Board's requirements and pass the respective examinations⁴
- To engage in any and all lawful activities that may be incidental or reasonably related to any of the foregoing purposes⁴

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 legal qualifications, privileges or license to practice medicine or the specialty of plastic surgery. 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 and any of their regular or legitimate activities.

3. Policy statement by the American Board of Medical Specialties Assembly, March 19, 1987, revised, 1993.

4. The American Board of Plastic Surgery, Inc., Booklet of Information, July 1, 2002-June 30, 2003.

It is not the intent nor has it been the function of the Board to define requirements for membership on the staff of hospitals or to define who shall or shall not perform plastic surgical operations. The board is not a primary source of censure or primary review of ethical problems.

The ABPS is one of only 24 accredited specialty boards recognized by the ABMS. The prestige associated with recognition from the ABMS exists for two primary reasons:

- a) The ABMS is expressly designed to provide public protection through quality control in medical education.
- b) Only through recognition by the ABMS can a specialty board gain full access to resources of the entire spectrum of graduate medical education. {The resources include such entities as the American Hospital Association, the American Medical Association, the Association of American Medical Colleges, the National Resident Matching Program, and the National Board of Medical Examiners.}

Any Diplomate of the ABMS, Inc. will have met the Board's educational and plastic surgery training requirements. Specific clinical training is provided in the following areas:

1. Congenital defects of the head and neck, including clefts of the lip and palate and craniofacial surgery
2. Neoplasms of the head and neck, including the oropharynx and training in appropriate endoscopy
3. Craniomaxillofacial trauma, including fractures of the mandible and maxilla
4. Cosmetic surgery of the head and neck, trunk and extremities
5. Plastic surgery of the breast
6. Surgery of the hand/upper extremities
7. Plastic surgery of the lower extremities
8. Plastic surgery of congenital and acquired defects of the trunk and genitalia
9. Burn management, acute and reconstructive
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 tissues⁵

5. American Medical Association, Graduate Medical Education Directory, 2001-2002. Chicago, IL 2001. p. 287.

SCOPE OF TRAINING (INCLUDING PREREQUISITES)

Prerequisites

1. All prerequisite residency training must be taken within programs accredited by the following organizations: the Accreditation Council for Graduate Medical Education (ACGME), The Royal College of Physicians and Surgeons of Canada or the American Dental Association (ADA).
2. The curriculum for residency training in plastic surgery is a minimum of two years. A program may be accredited for more than two years (such as in the integrated model; or the independent model using a three-year format) when it is demonstrated that there is a clear educational rationale, consonant with the special requirements and the objectives for residency training, which cannot be met in a two-year curriculum or when the program director has delineated a program with special goals that exceed those defined in the special requirements.

Training Models

Pathways into Plastic Surgery approved April 2002 by ABPS, Residency Review Committee for Plastic Surgery (RRC-PS) and the Association of Academic Chairmen of Plastic Surgery (AACPS)

The RRC-PS recognizes two training models: Independent and Integrated. In both the Integrated and the Independent models, plastic surgery training is divided into two parts: basic surgical science knowledge base and plastic surgery principles and practice. In the Independent model, the residents complete the prerequisite training outside of the plastic surgery residency process, whereas in the Integrated model, residents complete their training in the same training program. In a combined or coordinated program, residents complete the prerequisite training at the general surgery training program in the same institution as the plastic surgery program.

1. Independent Model

In the Independent model of training, residents complete two or three years of concentrated plastic surgery training, with no less than 12 months of senior/chief responsibility after successful completion of one of the following prerequisite curricula:

- a) A minimum of three years of clinical training with progressive responsibility in the same program in general surgery. Transitional year or rotating internships may not be used to fulfill this requirement.
- b) A complete neurological surgery, orthopedic surgery, otolaryngology, or urology residency.
- c) 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.

2. Integrated Model

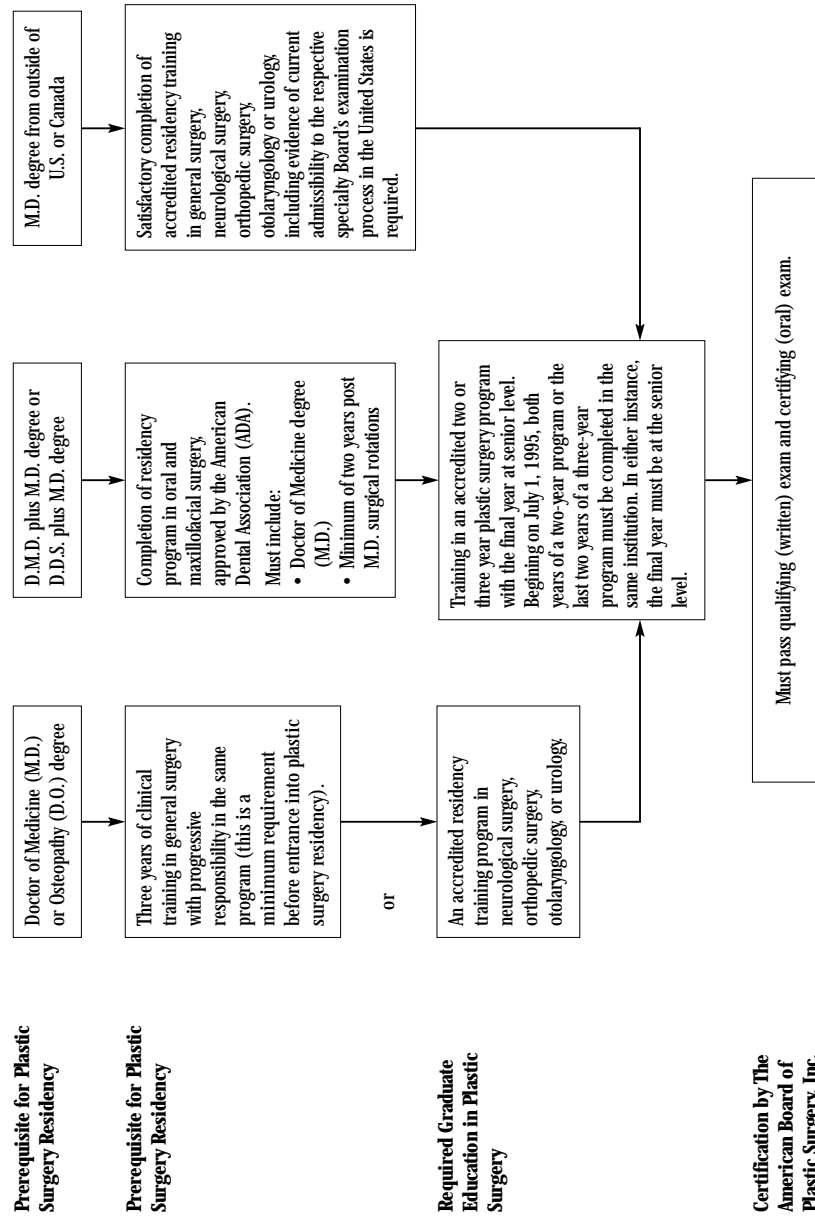
In the Integrated model, residents complete five or six years of ACGME-accredited plastic surgery training following receipt of an M.D. or D.O. degree from an institution accredited by the Liaison Committee on Medical Education or the American Osteopathic Association.⁶

- a) The Integrated curriculum must contain no less than five years of clinical surgical training under the authority and direction of the plastic surgery program director.
- b) Of these, no less than 24 months must be concentrated plastic surgery training with no less than 12 months of senior/chief responsibility on the clinical service of plastic surgery.
- c) Additional clinical experiences appropriate to the training of a plastic surgeon should be provided in anesthesiology, burn management, critical care medicine, emergency medicine, cardiothoracic surgery, general surgery, neurological surgery, orthopedic surgery, otolaryngology, pediatric surgery, and trauma management.⁶

Please see the training diagram (page 10) outlining the path options and educational requirements for specialization in plastic surgery.

⁶ The above language is printed verbatim from the "Pathways into Plastic Surgery" approved by the RRC-PS 4/21/02, ABPS 4/25/02 and AACPS 4/26/02.

TRAINING OF THE PLASTIC SURGEON



Supplemental Education

Certification by the ABPS, Inc. in and of itself, means that the plastic surgeon has completed the training and practice needed to perform the scope of the specialty of plastic surgery (see pages 8-9). However, some surgeons may choose to further explore their interests in one or more areas through additional clinical or academic experiences.

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. However, 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 twelve months in duration, and may take place in either an institutional setting or with an individual preceptor.

Subspecialty Certification (formerly Certificates of Added Qualification)

Subspecialty Certification (formerly called Certificates of Added Qualification or CAQ), provide board-certified surgeons a way to highlight their interest in a particular area. Currently, hand surgery is the only area in which plastic surgeons certified by the ABPS may obtain a subspecialty certificate. However, treatment and management of hand diseases and trauma are an integral part of the core curriculum in plastic surgery residency training.

All ABPS board-certified plastic surgeons are qualified to treat the broad scope of hand diseases and upper extremity trauma.

Continuing Medical Education

ASPS requires that 150 hours of Continuing Medical Education (CME) must be earned during a consecutive three-year period. Of these 150 hours no less than 60 must be in Category 1, with a minimum of 50 of the 150 hours earned in plastic surgery activities. This is required of all Candidates for Membership and Active Members.

All sponsors of Category 1 CME must be accredited by either the Council for Continuing Medical Education or a state medical society. Accredited CME providers must ensure that the content of the educational activities they designate as Category 1 credit are scientifically based, accurate, current, and objectively presented. Accredited CME providers are responsible for informing participants whether a program has been designated Category 1 and, if so, the number of credit hours earned completing the activity.⁷

Examples of Category 1 CME Activities:

- **Formal courses in new procedure training**
- **Residency participation in an ACGME-accredited program**
50 hours of Category 1 credit may be claimed for each full year of AMA or Liaison Committee on Graduate Medical Education approved internship, residency or fellowship taken during the three-year period.
- **Passing recertification examination**
- **Study leading to a medically related degree**
such as a master's degree in public health or healthcare administration

DELINEATION OF CLINICAL PRIVILEGES

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)
- **Treatment of facial diseases and injuries including maxillofacial structures**
facial fractures including the mandible
nose deformity
ear deformity
jaw deformity
eyelid deformity
cleft lip and palate deformity
craniofacial surgery
skull base surgery
facial deformity and wound treatment
tumors of the head and neck
- **Surgery of the hand and extremities**
hand wounds
tendon injuries
fractures of the hand and wrist
carpal tunnel syndrome (endoscopic and open)
Dupuytren's contracture
surgery for rheumatoid arthritis
congenital anomalies
tumors of the bones and soft tissues

⁷ American Medical Association, Physician's Recognition Award, Requirements for Accredited Providers, Version 3.2., Chicago, IL 2002.

■ **Reconstructive microsurgery**

microvascular flaps and grafts/free tissue transfer
replantation and revascularization of the upper and lower extremities and digits
reconstruction of peripheral nerve injury

■ **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. hernia repair)

■ **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. Board-certified plastic surgeons should be eligible for consideration to perform the aforementioned procedures by virtue of their plastic surgery training and certification process.

CME is an important component of clinical competence for surgeons. Members of the ASPS are required to obtain 150 hours of continuing medical education within a three-year period. A minimum of 50 out of the 150 hours must be specific to the practice of plastic surgery.

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:

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