



ACGME International

**Advanced Specialty Program Requirements for
Graduate Medical Education in
Plastic Surgery**

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in Plastic Surgery**

Int. Introduction

Background and Intent: Programs must achieve and maintain Foundational Accreditation according to the ACGME-I Foundational Requirements prior to receiving Advanced Specialty Accreditation. The Advanced Specialty Requirements noted below complement the ACGME-I Foundational Requirements. For each section, the Advanced Specialty Requirements should be considered together with the Foundational Requirements.

Int. I. Definition and Scope of the Specialty

Plastic surgeons perform surgical procedures to repair, replace, and reconstruct defects of form and function of the integument and its underlying anatomic systems, including the craniofacial structures, the oropharynx, the trunk, the extremities, the breast, and the perineum. This includes aesthetic (cosmetic) surgery of structures with undesirable form. Plastic surgeons possess special knowledge and skill in the design and transfer of flaps, the transplantation of tissues, and the replantation of structures. Plastic surgeons are also skilled in excisional surgery, management of complex wounds, and use of alloplastic materials.

Int. II. Duration of Education

Int. II.A. The educational program in plastic surgery must be 72 or 84 months in length.

I. Institution

I.A. Sponsoring Institution

See International Foundational Requirements, Section I.A.

I.B. Participating Sites

See International Foundational Requirements, Section I.B.

II. Program Personnel and Resources

II.A. Program Director

II.A.1. The program director must annually compile a comprehensive record of the number and type of operative procedures performed by each resident completing the program using the ACGME-I Case Log System.

II.A.1.a) This record must include all the procedures in which each resident was either surgeon or assistant during the program.

- II.A.1.b) The Case Log must be provided as requested in the format and form specified by the Review Committee, and it must be signed by both the resident and the program director as a statement of its accuracy.
- II.A.1.c) The record must be maintained by the program director.
- II.A.2. The program director must document periodic review of the morbidity and mortality experiences of the service.
- II.A.3. The program director must demonstrate that residents have generally equivalent and adequate distribution of categories and cases.

II.B. Faculty

See International Foundational Requirements, Section II.B.

II.C. Other Program Personnel

II.C.1. There must be institutional support for a program coordinator, as follows:

II.C.1.a) 0.5 full-time equivalent (FTE) for programs with up to six residents; and,

II.C.1.b) 1.0 FTE for programs with more than six residents.

II.D. Resources

See International Foundational Requirements, Section II.D.

III. Resident Appointment

III.A. Eligibility Criteria

See International Foundational Requirements, Section III.A.

III.B. Number of Residents

III.B.1. There must be at least two residents in each year of the program.

III.C. Resident Transfers

See International Foundational Requirements, Section III.C.

III.D. Appointment of Fellows and Other Learners

See International Foundational Requirements, Section III.D.

IV. Specialty-Specific Educational Program

IV.A. ACGME-I Competencies

IV.A.1. The program must integrate the following ACGME-I Competencies into the curriculum.

IV.A.1.a) Professionalism

IV.A.1.a).(1) Residents must demonstrate a commitment to professionalism and an adherence to ethical principles. Residents must demonstrate:

IV.A.1.a).(1).(a) compassion, integrity, and respect for others;

IV.A.1.a).(1).(b) responsiveness to patient needs that supersedes self-interest;

IV.A.1.a).(1).(c) respect for patient privacy and autonomy;

IV.A.1.a).(1).(d) accountability to patients, society, and the profession; and,

IV.A.1.a).(1).(e) sensitivity and responsiveness to a diverse patient population, including to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.

IV.A.1.b) Patient Care and Procedural Skills

IV.A.1.b).(1) Residents must provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Residents must demonstrate competence in:

IV.A.1.b).(1).(a) congenital defects of the head and neck, including clefts of the lip and palate, and craniofacial surgery;

IV.A.1.b).(1).(b) neoplasms of the head and neck surgery, including neoplasms of the head and neck and the oropharynx;

IV.A.1.b).(1).(c) craniomaxillofacial trauma, including fractures;

IV.A.1.b).(1).(d) aesthetic (cosmetic) surgery of the head and neck, trunk, and extremities;

IV.A.1.b).(1).(e) plastic surgery of the breast;

IV.A.1.b).(1).(f) surgery of the hand/upper extremities;

IV.A.1.b).(1).(g) plastic surgery of the lower extremities;

- IV.A.1.b).(1).(h) plastic surgery of the trunk and genitalia;
- IV.A.1.b).(1).(i) burn reconstruction;
- IV.A.1.b).(1).(j) microsurgical techniques applicable to plastic surgery;
- IV.A.1.b).(1).(k) reconstruction by tissue transfer, including flaps and grafts; and,
- IV.A.1.b).(1).(l) surgery of benign and malignant lesions of the skin and soft tissues.
- IV.A.1.c) Medical Knowledge
- IV.A.1.c).(1) Residents must demonstrate knowledge of established and evolving biomedical clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care. Residents must demonstrate knowledge of:
- IV.A.1.c).(1).(a) basic science subjects pertinent to plastic surgery, such as anatomy, physiology, pathology, embryology, radiation biology, genetics, microbiology, and pharmacology, as well as practice management, ethics, and medico-legal topics;
- IV.A.1.c).(1).(b) surgical design, surgical diagnosis, embryology, surgical and artistic anatomy, surgical physiology and pharmacology, wound healing, surgical pathology and microbiology, adjunctive oncological therapy, biomechanics, rehabilitation, and surgical instrumentation that are fundamental to the specialty; and,
- IV.A.1.c).(1).(c) medical judgment and technical capabilities to achieve satisfactory surgical results.
- IV.A.1.d) Practice-based Learning and Improvement
- IV.A.1.d).(1) Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning. Residents are expected to develop skills and habits to be able to meet the following goals:
- IV.A.1.d).(1).(a) identify and perform appropriate learning activities;
- IV.A.1.d).(1).(b) identify strengths, deficiencies, and limits in one's knowledge and expertise;

- IV.A.1.d).(1).(c) incorporate formative evaluation feedback into daily practice;
- IV.A.1.d).(1).(d) locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems;
- IV.A.1.d).(1).(e) participate in the education of patients, patients' families, students, other residents, and other health professionals;
- IV.A.1.d).(1).(f) set learning and improvement goals;
- IV.A.1.d).(1).(g) systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement; and,
- IV.A.1.d).(1).(h) use information technology to optimize learning.

IV.A.1.e)

Interpersonal and Communication Skills

- IV.A.1.e).(1) Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. Residents must:
 - IV.A.1.e).(1).(a) communicate effectively with patients, patients' families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds;
 - IV.A.1.e).(1).(b) communicate effectively with physicians, other health professionals, and health-related agencies;
 - IV.A.1.e).(1).(c) work effectively as a member or leader of a health care team or other professional group;
 - IV.A.1.e).(1).(d) act in a consultative role to other physicians and health professionals; and,
 - IV.A.1.e).(1).(e) maintain comprehensive, timely, and legible medical records, if applicable.

IV.A.1.f)

Systems-based Practice

- IV.A.1.f).(1) Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

Residents must:

- IV.A.1.f).(1).(a) work effectively in various health care delivery settings and systems relevant to their clinical specialty;
- IV.A.1.f).(1).(b) coordinate patient care within the health care system relevant to their clinical specialty;
- IV.A.1.f).(1).(c) incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate;
- IV.A.1.f).(1).(d) advocate for quality patient care and optimal patient care systems;
- IV.A.1.f).(1).(e) work in interprofessional teams to enhance patient safety and improve patient care quality; and,
- IV.A.1.f).(1).(f) participate in identifying system errors and implementing potential systems solutions.

IV.B. Regularly Scheduled Educational Activities

- IV.B.1. Didactic sessions must include basic science subjects pertinent to plastic surgery, including:
 - IV.B.1.a) anatomy and physiology;
 - IV.B.1.b) embryology;
 - IV.B.1.c) genetics;
 - IV.B.1.d) microbiology;
 - IV.B.1.e) pathology
 - IV.B.1.f) pharmacology; and,
 - IV.B.1.g) radiation biology.
- IV.B.2. Residents must participate and present educational material at conferences.
 - IV.B.2.a) Adequate time for preparation should be permitted, both to maximize the educational experience for the residents and to emphasize the importance of the didactic experience.
- IV.B.3. Resident didactic sessions should include sessions related to practice management, ethics, and medico-legal topics.

IV.C. Clinical Experiences

- IV.C.1. The curriculum must contain at least 72 months of clinical surgical education under the authority and direction of the program director.
- IV.C.1.a) At least 36 months must be concentrated plastic surgery education with no less than 12 months of chief responsibility on the clinical service of plastic surgery.
- IV.C.2. At least 36 months of clinical experiences with progressive responsibility appropriate to plastic surgery education should be provided in:
- IV.C.2.a) abdominal surgery;
- IV.C.2.b) alimentary tract surgery
- IV.C.2.c) breast surgery;
- IV.C.2.d) emergency medicine;
- IV.C.2.e) pediatric surgery;
- IV.C.2.f) surgical critical care;
- IV.C.2.g) surgical oncology;
- IV.C.2.h) transplant;
- IV.C.2.i) trauma management; and,
- IV.C.2.j) vascular surgery.
- IV.C.3. Residents must have clinical experience during the plastic surgery-specific portion of their education and training in the following areas:
- IV.C.3.a) aesthetic (cosmetic) surgery of the head and neck, trunk, and extremities;
- IV.C.3.b) burn reconstruction;
- IV.C.3.c) congenital defects of the head and neck, including clefts of the lip and palate, and craniofacial surgery;
- IV.C.3.d) craniomaxillofacial trauma, including fractures;
- IV.C.3.e) microsurgical techniques applicable to plastic surgery;
- IV.C.3.f) neoplasms of the head and neck surgery, including neoplasms of the head and neck and the oropharynx;
- IV.C.3.g) plastic surgery of the breast;

- IV.C.3.h) plastic surgery of the lower extremities;
- IV.C.3.i) plastic surgery of the trunk and genitalia;
- IV.C.3.j) reconstruction by tissue transfer, including flaps and grafts;
- IV.C.3.k) surgery of benign and malignant lesions of the skin and soft tissues; and,
- IV.C.3.l) surgery of the hand/upper extremities.
- IV.C.4. Residents must have a well-organized and supervised outpatient clinic experience operating in relation to an inpatient service used by the program. This experience must include:
 - IV.C.4.a) the opportunity to see patients, establish provisional diagnoses, and initiate preliminary plans prior to patients' treatment;
 - IV.C.4.b) the opportunity for follow-up care so the results of surgical care may be evaluated by the responsible resident(s); and,
 - IV.C.4.c) appropriate faculty member supervision.
- IV.C.5. Residents should have specific clinical experience in the following areas, either in the general or plastic surgery portion of the educational program:
 - IV.C.5.a) acute burn management;
 - IV.C.5.b) anesthesia;
 - IV.C.5.c) dermatology;
 - IV.C.5.d) oculoplastic surgery or ophthalmology;
 - IV.C.5.e) oral and maxillofacial surgery; or,
 - IV.C.5.f) orthopaedic surgery.

IV.D. Scholarly Activity

See International Foundational Requirements, Section IV.D.

V. Evaluation

See International Foundational Requirements, Section V.

VI. The Learning and Working Environment

VI.A. Principles

See International Foundational Requirements, Section VI.A.

VI.B. Patient Safety

See International Foundational Requirements, Section VI.B.

VI.C. Quality Improvement

See International Foundational Requirements, Section VI.C.

VI.D. Supervision and Accountability

VI.D.1. Residents who participate in patient care in a private office setting must function with an appropriate degree of responsibility and adequate supervision, with program director oversight.

VI.E. Professionalism

See International Foundational Requirements, Section VI.E.

VI.F. Well-Being

See International Foundational Requirements, Section VI.F.

VI.G. Fatigue

See International Foundational Requirements, Section VI.G.

VI.H. Transitions of Care

See International Foundational Requirements, Section VI.H.

VI.I. Clinical Experience and Education

See International Foundational Requirements, Section VI.I.

VI.J. On-Call Activities

See International Foundational Requirements, Section VI.J.