WHITE PAPER—Plastic Surgery Residency Reivew Committee
Program Requirements—Effective July 1, 2009

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I. BACKGROUND

Plastic surgery training will undergo one of its most significant changes over the next few years. The Plastic Surgery residency Review Committee (PSRC) is mandated to undertake review of the plastic surgery training program requirements every five years, and has recently completed its first major review of program requirements in thirteen years. This included a detailed review of the individual components necessary for plastic surgery training in the United States; 2) delineation of the curriculum and technical skills necessary for plastic surgery training in each of these components; 3) review of the plastic surgery educational models in Canada and England; 4) review of the training program requirements made in general surgery; 5) review of training program changes proposed in thoracic surgery, vascular surgery, neurosurgery, and other fields.

Plastic surgery has undergone a steady and significant expansion in both knowledge base and in the technical skills required to practice current, contemporary plastic surgery in all of its major facets. In the area of craniomaxillofacial surgery, plating systems for fractures have developed into routine components of care, and distraction osteogenesis has developed into a major technique. Certainly, the use of bilateral mandibular oseotomies and distraction osteogenesis in the neonate is more complex and more technically demanding than the alternative of lip-tongue adhesion. The increase in knowledge base and essential skills is seen in breast reconstruction (expander/ implant/ alloderm/ TRAM flap/ DIEP flap), in aesthetics (botox/ fillers/ differential facelift techniques/ laser surgery/ liposuction/ rhinoplasty), in trunk and head & neck reconstructions (development and expansion of techniques in microsurgical reconstruction and in free tissue transfer reconstruction, development and refinement in pedicle flap reconstruction), in hand surgery (open reduction and plate fixation of distal

radius and carpal fractures versus previous closed techniques have now become prominent), and in the rapid development of and refinement of post-bariatric surgical techniques for morbidly obese patients. These represent only a few of the broad changes that have taken place in our specialty and reflect the impact of continual innovation and refinement in plastic surgery. These innovations are direct evidence of the health and vibrancy of plastic surgery as a discipline and a specialty. The plastic surgeon finishing training today must be competent in all of these many areas.

Of necessity, the PSRC considered the changes in preparatory training that have occurred both as the result of changes in the components of the preparatory training itself and the changes as a result of the “80 hour work week”. The most common pathway into plastic surgery training is through preparatory training in general surgery. The program requirements in general surgery have recently been changed as a result of the Surgery RRC’s thorough five tear review. The Surgery RRC has determined that it is necessary for general surgery residents to spend more time in ‘core’ components of general surgery for optimal training. They have altered their training program requirements by increasing the amount of time spent in this ‘core’ general surgery training from 36 months to 42 months (of the 60 months in general surgery training). This change has resulted in decreased training in many areas believed to be beneficial to plastic surgery, such as otolaryngology and orthopedics. In addition, the preparatory training for plastic surgery has been substantively altered by the adoption of the “80 hour work week”. These changes in preparatory training were considered by the PSRC. It is noteworthy that the Institute of Medicine is currently considering proposals to limit resident training to 56 hours per week, although this was not a factor in the PSRC deliberations or recommendations.

These three factors – the expansion of knowledge base and increase in requisite technical skills , the change in general surgery training programs, and the 80 hour work week – were central issues in the decision to recommend the plastic surgery training program be lengthened.

Two additional considerations also merit comment – training program standardization and fiscal factors. First, the prior variability in plastic surgery training, with four separate time formats, was difficult to justify to outside review. The PSRC

must present the results of the PSRC deliberations, policies, positions and actions to the Monitoring Committee of the ACGME. The ACGME, in turn, vests the PSRC with its program accreditation authority. The PSRC must specifically justify the training paradigms recommended for plastic surgery training, and this is problematic when there are four different training paradigms: two-year and three-year independent formats, as well as five-year- and six-year integrated program format. The newly adopted program requirements establish three years as a uniform training length for all 'independent', or "traditional", programs and six years as the training length for all 'integrated' plastic surgery residency programs. These requirements establish a more uniform training experience across institutions. Secondly, the decision to change the program requirements must be made, and was made, on the basis of educational considerations alone. Although aware of such issues as GME funding and workforce considerations, the PSRC must make its recommendations exclusively and solely upon meeting the educational considerations of the specialty.

II. PROGRAM REQUIREMENT CHANGES

Four major areas of program requirements were changed:

1) Standardized Program Formats
2) Didactic Instructional Areas
3) Program Director Protected Time
4) Program Coordinator Institutional Support

1) Standardized Program Formats

The PS program requirement changes establish that the length of plastic surgery training in independent plastic surgery programs be a minimum of three years. Currently, there are 40 two-year independent programs and 19 three-year impendent programs.

The length of training in 'integrated' training programs will be established as six years. Currently, four of the 'integrated' programs are five years in length, and these programs will need to change to the six year format.

2) Didactic Instructional Areas

The PSRC also strongly suggests that plastic surgery training include experience in anesthesia, dermatology, ophthalmology/oculoplastics, orthopedics, and oral/maxillofacial surgery. These experiences are not required, but are encouraged, and can be obtained during the preliminary years of training.

3) Program Director Protected Time and
4) Program Coordinator Institutional Support

In addition, the PSRC recognized that administering plastic surgery training programs has become more complex than in the past, and has required that the host institution provide support for both the Program Director and the Program Coordinator. Based upon comments made during the requirement development process, the level of support has been terraced based upon program size.

For programs with one to six residents, the sponsoring institution must provide the Program Director with 15% protected time, which may take the form of direct or indirect salary support. The program must be provided with a Program Coordinator support of 0.5 FTE dedicated to the plastic surgery program.

For programs with more than six residents, the Program Director must be provided with 25% protected time, which may take the form of direct or indirect salary support. The program must be provided with a Program Coordinator support of 1.0 FTE dedicated to the plastic surgery program.

III. TIMELINE

The PSRC recognizes the difficulty that change imposes upon individuals, training programs, and institutions. Therefore, the Program Requirements have been adopted with an appropriate timeline to allow for the 'ramp-up' to accommodate these changes. The program requirements will take effect on July 1, 2009.

The PSRC expects that Program Director and Program Coordinator support will be in place at the required levels beginning on July 1, 2009.

The PSRC recognizes the imperative to maintain all existing program and training commitments to all organizations and individuals, including existing and committed residents. Therefore, the change in program requirements will apply to all residents who are interviewed after the effective date of July 1, 2009 who will begin their training on or after July 1, 2011. Those residents that enter ‘independent’ programs will complete ‘independent programs’ in 2014. Those that enter integrated programs will complete training in 2017. The steps to compliance will be discussed for each of the separate models of training programs that currently exist.

IV. PROGRAM STEPS TO COMPLIANCE

A. ‘Independent’ Programs

Program Directors should contact their Graduate Medical Education office as soon as possible to begin the discussion for the implementation of the program requirement changes. The Designated Institutional Official’s have already received notification of the Program Requirement changes; however, to facilitate the process at each institution, the discussion between the Program Directors and the Graduate Medical Education office should begin as soon as possible.

For those programs that need to change their training paradigm from two to three years, the following information will need to be submitted to the ACGME-PSRC for review:

1. a statement describing the proposal including the proposed date of implementation;
2. the educational rationale and the goals and objectives for each proposed assignment for the proposed additional year;
3. a current block diagram and a proposed block diagram of a typical resident’s assignment;
4. comment on issues identified at the last site visit;
5. a letter of support from the DIO; and

6. institutional operative statistics and faculty CV's (only if the proposal includes an additional operative site)

These steps are also outlined on the ACGME website at the following address: http://www.acgme.org/acWebsite/RRC_sharedDocs/sh_Program.asp

For those programs that desire to adopt the changes prior to 2009, they may submit the above materials to the PSRC by December 1, 2008. These will be reviewed for possible approval prior to the initiation of the interviews for the resident applicants, thereby allowing disclosure of the changes to new applicants.

It is important to note that no change in the current program review cycle length will be made. Programs will be subject to full review at the end of the current accreditation cycle.

B. 'Integrated' Programs

Program Directors should contact their Graduate Medical Education office as soon as possible to begin the discussion for the implementation of the program requirement changes. The Designated Institutional Official's have already received notification of the Program Requirement changes; however, to facilitate the process at each institution, the discussion between the Program Directors and the Graduate Medical Education office should begin as soon as possible.

For the four programs that need to change their training paradigm from five to six years, they will need to submit the following to the ACGME for review:

1. a statement describing the proposal including the proposed date of implementation;
2. the educational rationale and the goals and objectives for each proposed assignment for the proposed additional year;
3. a current block diagram and a proposed block diagram of a typical resident's assignment;
4. comment on issues identified at the last site visit;

5. a letter of support from the DIO; and
6. institutional operative statistics and faculty CV's (only if the proposal includes an additional operative site)

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For those programs that desire to adopt the changes prior to 2009, they may submit the above materials to the PSRC by December 1, 2008. These will be reviewed for possible approval prior to the initiation of the interviews for the resident applicants, thereby allowing disclosure of the changes to new applicants.

It is important to note that no change in the current program review cycle length will be made. Programs will be subject to full review at the end of the current accreditation cycle.

C. 'Combined' Programs

'Combined' programs refer to those instances in which affiliation arrangements between plastic surgery training programs and general surgery training programs are made such that there is an "understanding", either written or implied, that resident entrants into a specific general surgery training 'slot' will, upon successful completion of three years of general surgery training, continue into the plastic surgery training program after a given time interval, usually three years. These programs are not formally recognized by the PSRC for several important reasons. However, the PSRC does realize that these arrangements may exist, and it is possible that commitments have been implied or made to residents or resident applicants. If these circumstances apply to an individual program, it is necessary that the following directions must be followed.

First, if the existing 'independent' plastic surgery program is a two year format, all of the steps outlined in IIIA. above must be followed to accomplish compliance with the new program requirements.

Second, the program must inform the PSRC of any such commitments and arrangements that have been made by December 10, 2008.The names of all residents in these special situations and their year/position in training program must also be submitted. The PSRC recognizes the difficulties inherent in this situation, and will review these programs. Exemptions may be grant to these individuals.

Finally, all new resident applicants to the ‘combined’ general surgery/plastic surgery program must be informed in writing, prior to the commencement of the general surgery graining of the total training duration and that the plastic surgery component of the program is now three years.