Pathways into Plastic Surgery
Review Committee for Plastic Surgery
ACGME

The Review Committee for Plastic Surgery will accredit independent plastic surgery programs of three years’ duration, and integrated programs of six years’ duration. All prerequisite residency education must be taken within programs accredited by the ACGME, the Royal College of Physicians and Surgeons of Canada (RCPSC), or the American Dental Association.

For complete details on independent and integrated formats, refer to the Program Requirements for Plastic Surgery.

Independent Format
Residents complete three years of concentrated plastic surgery education, with 12 months of chief responsibility, after successful completion of one of the following prerequisite curricula:

- An ACGME-accredited surgery, neurological surgery, orthopaedic surgery, otolaryngology, or urology residency program.
- An educational program in oral and maxillofacial surgery approved by the American Dental Association is an alternative pathway for prerequisite education prior to a plastic surgery residency. This pathway is available only to those individuals holding a DMD/MD or DDS/MD degree. This education also must 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 MD degree. Rotations in general surgery during medical school prior to receiving the MD degree are not considered as fulfilling any part of the 24-month minimum requirement.

Integrated Format
Residents complete six years of ACGME-accredited plastic surgery education following receipt of an MD or DO degree from an institution accredited by the Liaison Committee on Medical Education (LCME) or the American Osteopathic Association (AOA). Graduates of schools of medicine from countries other than the United States or Canada must present evidence of final certification by the Education Commission for Foreign Medical Graduates (ECFMG).

The integrated curriculum must contain six years of clinical surgical education under the authority and direction of the plastic surgery program director.

Of these years, 36 months must be concentrated plastic surgery education with no less than 12 months of chief responsibility on the clinical service of plastic surgery. Residents must complete the last 36 months of their education in a single plastic surgery program (see IV.A.5.a) of the Program Requirements for Graduate Medical Education in Plastic Surgery for specifics).
Clinical experiences appropriate to plastic surgery education 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 (see IV.A.5.a) of the Program Requirements for Graduate Medical Education in Plastic Surgery for specifics).

Prior to entry into the program, each resident must be notified in writing of the required program length.

Committee Support for Elimination of “Combined” Programs
In support of the American Board of Plastic Surgery (ABPS) decision to eliminate the “combined” program format, the Committee voted to amend the Program Requirements, eliminating PR Int.B.1.a), which required:

> At least three years of clinical education with progressive responsibility in a single ACGME- or RCPSC-accredited surgery residency program. A transitional year or rotating internships may not be used to fulfill this requirement.

The Review Committee defined the implementation of conversion procedures at its May 2011 meeting. “Combined” programs may:

- request to be converted to an integrated format; or,
- remain an independent program.

The Committee agreed on the following timeline:

- Conversions began as early as July 1, 2012.
- The last conversion request will have a start date of July 1, 2015.
- The last start date for residents grandfathered into the “combined” format will have a start date of July 1, 2018.

This change to the Program Requirements was approved by ACGME Board of Directors at its October 2011 meeting, with an effective date of July 1, 2012.

To request a conversion from a “combined” to an integrated program format, a new application must be completed and a site visit will be scheduled. Application instructions can be found at here. Include the following attachments with the application:

1. goals and objectives for any new rotations (e.g., all of PGY-1-3 and any new PGY-4-6 rotations);
2. curriculum vitae for any new faculty members;
3. signed letters noting support for and cooperation with the converted program from involved program directors/division heads/department chairs of those new departments involved in the PG-1-3 years, and any new rotations in the PG-4-6 years.

If programs in the “combined” format wish to convert to the integrated format, the independent format would be discontinued. Residents currently in the pipeline will finish their education under the format promised when they entered the program.

Transfer Criteria for Integrated Programs Defined
Transfers into an integrated program are only permitted as follows:
- Beginning PGY-2: A transfer is permitted after completion of an internship in any surgical specialty.
- Beginning PGY-3: Only residents who have completed at least two years of general surgery, integrated thoracic surgery, or another integrated plastic surgery residency may transfer.
- Beginning PGY-4: Only residents who have completed their graduate medical education in one of the traditional surgical pathways for the independent programs may transfer.

Vacancies in the receiving program must be documented and approved by the Review Committee.

- The transferring resident must assume the responsibility of requesting approval from the ABPS, and must provide the following to the Board for consideration:
  a. verification of education from the original program director, documenting education provided; and,
  b. verification from the receiving program director that the education received will be acceptable for the curriculum at the requested level of transfer.
- The requesting program must provide block diagrams of all completed rotations to the Review Committee.
- If a temporary increase in complement is needed by the receiving program in order to accept the transferring resident, the request must be entered into the ACGME’s Accreditation Data System (ADS). Approval from the Review Committee must be received before the transferring resident enters the program, as noted in the document Requests for Changes in Resident Complement, also available for reference on the Review Committee web page.