ACGME Program Requirements for Graduate Medical Education in Plastic Surgery (Integrated and Independent)  
Summary and Impact of Major Requirement Revisions

Requirement #: **Int.B. [Residency (Integrated) and Fellowship (Independent)]**

Requirement Revision (significant change only):

Plastic surgery residency programs educate physicians in the resection, repair, replacement, and reconstruction of 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. Special knowledge and skill in the design and transfer of flaps, in the transplantation of tissues, and in the replantation of structures are vital to these ends, as is skill in excisional surgery, in management of complex wounds, and in the use of alloplastic materials. Plastic surgery residency education trains physicians broadly in the art and science of plastic and reconstructive surgery. These residency programs develop a competent and responsible plastic surgeon with high moral and ethical character, capable of functioning as an independent surgeon. A variety of educational plans will produce the desired result.

Plastic surgery residency programs educate physicians in the repair, reconstruction, or replacement of physical defects of form or function involving the skin, musculoskeletal system, craniofacial 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. Special knowledge and skill is also necessary in the design and surgery of grafts, flaps, free tissue transfer, and replantation. Plastic surgeons must be able to manage complex wounds, use implantable materials, and resect tumors. Anatomy, physiology, pathology, and other basic sciences are fundamental to the specialty. The profession of plastic surgery is 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. **Describe the Review Committee’s rationale for this revision:**
   
   **The Committee updated and clarified the explanation of the field of plastic surgery.**

2. **How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?**
   
   n/a

3. **How will the proposed requirement or revision impact continuity of patient care?**
   
   n/a

4. **Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?**
   
   n/a

5. **How will the proposed revision impact other accredited programs?**
   
   n/a
Requirement #: II.A.2.b)-c) [Residency]

Requirement Revision (significant change only):

II.A.2.b) For programs with 21 or more residents, the program director must be provided with the salary support required to devote at least 25 percent FTE (at least 10 hours per week) of non-clinical time to the administration of the program. (Core)

II.A.2.c) For program directors with responsibility for integrated and independent plastic surgery programs, the requirement for salary support applies to the total number of residents and fellows in both programs. (Core)

1. Describe the Review Committee’s rationale for this revision:
   The Committee’s intent is to establish a reasonable expectation of protected time based on the administrative workload of the program director, which may be anticipated by the number of programs/residents/fellows under his/her authority. The Committee is also aware that many program directors have both independent and integrated plastic surgery programs, which in many instances functionally operate as one program. The Committee does not deem it reasonable to apply two distinct standards for protected time/salary support based on the type of program; however, it is necessary to ensure that the program director has sufficient support to manage the total number of learners under his/her authority.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   This requirement is intended to ensure that the program director has sufficient protected time and support to oversee the educational needs of residents/fellows.

3. How will the proposed requirement or revision impact continuity of patient care?
   n/a

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   This requirement may necessitate additional resources (financial and/or human capital), depending on the business/training model of the Sponsoring Institution. However, to ensure the quality of education, the support needed to administer the program, and the well-being of the program director and program, the Committee felt it important to outline protected time/support in accordance with the administrative responsibilities of the individual leading the program(s).

5. How will the proposed revision impact other accredited programs?
   n/a

Requirement #: II.A.2.a); II.A.2.a).(1-3) [Fellowship]

Requirement Revision (significant change only):

II.A.2.a) The sponsoring institution must provide the Program directors must be provided protected time a minimum of 15% protected time to oversee the administration of the program,
which may take the form of direct salary support, or indirect salary support, such as release from clinical activities, provided by the institution for programs with one to six residents. Programs with more than six residents shall provide the program director with a minimum of 25% protected time. (Core)

II.A.2.a).(1) For programs with six or fewer fellows, the program director must be provided a minimum of 15 percent FTE (at least six hours) support for the administration of the program. (Core)

II.A.2.a).(2) For programs with seven to 20 fellows, the program director must be provided a minimum of 20 percent FTE (at least eight hours per week) support for the administration of the program. (Core)

II.A.2.a).(3) For program directors with responsibility for independent and integrated plastic surgery programs, the requirement for salary support applies to the total number of residents and fellows in both programs. (Core)

1. Describe the Review Committee’s rationale for this revision:
The Committee’s intent is to establish a reasonable expectation of protected time based on the administrative workload of the program director, which may be anticipated by the number of programs/residents/fellows under his/her authority. The Committee is also aware that many program directors have both independent and integrated plastic surgery programs, which in many instances functionally operate as one program. The Committee does not deem it reasonable to apply two distinct standards for protected time/salary support based on the type of program; however, it is necessary to ensure that the program director has sufficient support to manage the total number of learners under his/her authority.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
This requirement is intended to ensure that the program director has sufficient protected time and support to oversee the educational needs of residents/fellows.

3. How will the proposed requirement or revision impact continuity of patient care?
n/a

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
This requirement may necessitate additional resources (financial and/or human capital), depending on the business/training model of the Sponsoring Institution. However, to ensure the quality of education, the support needed to administer the program, and the well-being of the program director and program, the Committee felt it important to outline protected time/support in accordance with the administrative responsibilities of the individual leading the program(s).

5. How will the proposed revision impact other accredited programs?
n/a

Requirement #: II.A.3.f) [Residency]; II.A.3.c) [Fellowship]
Requirement Revision (significant change only):

II.A.3.f) must include participation in Continuous Certification by the American Board of Plastic Surgery or Maintenance of Certification by the American Osteopathic Board of Surgery – Plastic and Reconstructive Surgery; [Core]

1. Describe the Review Committee’s rationale for this revision:
This addition requires that program directors participate in Continuous Certification. The Committee believes that Continuous Certification is an indicator of quality and is a hallmark of professional self-regulation that should be modeled to residents/fellows and faculty members.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   n/a

3. How will the proposed requirement or revision impact continuity of patient care?
   n/a

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   Current program directors who do not participate in Continuous Certification will be granted an exception. This may affect institutions that are appointing new program directors if those individuals are not participating or have let their Continuous Certification lapse.

5. How will the proposed revision impact other accredited programs?
   n/a

Requirement #: II.C.2.a)-(5); II.C.3 [Residency and Fellowship]

Requirement Revision (significant change only):

II.C.2.a) There must be institutional support for a program coordinator, as follows: [Core]

II.C.2.a).(1) fifty percent FTE (20 hours per week) for programs with up to six residents; [Core]

II.C.2.a).(2) one hundred percent FTE (40 hours per week) for programs with seven to 20 more than six residents; [Core]

II.C.2.a).(3) Programs with more than 20 residents must be provided with additional administrative personnel. [Moved from II.C.1.c]

II.C.2.a).(4) one hundred percent FTE program coordinator and fifty percent FTE administrative support for programs with 21 to 30 residents; and, [Core]

II.C.2.a).(5) one hundred percent FTE program coordinator and one hundred percent FTE administrative support in programs with 31 or more fellows. [Core]
II.C.3  For coordinators with responsibility for other programs (in addition to the integrated plastic surgery program), regardless of specialty(ies), the requirement for support applies to the total number of residents/fellows in all programs.

1. Describe the Review Committee’s rationale for this revision:
   It has come to the attention of the Committee that program coordinators are routinely assigned to multiple programs, since the majority of plastic surgery programs have small numbers of residents/fellows. The Committee does not want to legislate the specialties to which programs coordinators are assigned. The Committee recognizes and appreciates that much of the data responsibility, administrative work, and day-to-day tasks fall to the coordinator, who may be managing these issues for multiple programs in multiple specialties. As such, the Committee feels it is important to ensure that program coordinators have resources depending on the number of residents/fellows they support.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   This should ensure the program coordinator has sufficient support for his/her responsibilities.

3. How will the proposed requirement or revision impact continuity of patient care?
   n/a

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   This proposed requirement may necessitate additional resources depending on the number of programs and/or residents/fellows the program coordinator supports. Institutions may need to appoint additional administrative support, and in some cases, hire additional program coordinators.

5. How will the proposed revision impact other accredited programs?
   n/a

Requirement #: Fellowship: III.A.1.b)-(2); Residency: III.C.2.b).(1)

Requirement Revision (significant change only):
Fellowship:
III.A.1.b) Fellowship programs must verify and document that each entering fellow has completed one of the following:

III.A.1.b).(1) a residency in general surgery, neurological surgery, orthopaedic surgery, otolaryngology, thoracic surgery, urology, or vascular surgery, that satisfies Program Requirement III.A.; or, (Core)

III.A.1.b).(2) for residents who have obtained a medical degree, and completed a residency in oral and maxillofacial surgery approved by the American Dental Association sufficient to qualify for certification with the American Board of Oral and Maxillofacial Surgery, a minimum of two years in a general surgery residency that satisfies Program Requirement III.A. (Core)
Residency:
III.C.2.b)(1) Residents who have (1) completed a residency program in oral and maxillofacial surgery approved by the American Dental Association sufficient to qualify for certification with the American Board of Oral and Maxillofacial Surgery, and who have (2) obtained a medical degree, and who have (3) completed a minimum of two years of clinical general surgery after obtaining a medical degree may transfer into the integrated plastic surgery program at the PGY-3 level. (Core)

1. Describe the Review Committee’s rationale for this revision:
   This revision was made to specify the surgical specialties acceptable as prerequisite training for plastic surgery education. The criteria for fellows who completed a program in oral and maxillofacial surgery was inadvertently deleted in 2013 and is being reincorporated into the requirements. This language also aligns with the eligibility criteria for American Board of Plastic Surgery certification.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   This ensures that candidates have appropriate experience for entry into a plastic surgery program.

3. How will the proposed requirement or revision impact continuity of patient care?
   n/a

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   n/a

5. How will the proposed revision impact other accredited programs?
   n/a

Requirement #: III.A.2.b) [Residency] and III.A.1.b).(3) [Fellowship]

Requirement Revision (significant change only):

III.A.2.b) The Review Committee must be informed of all training credit granted by the American Board of Plastic Surgery (ABPS) or the American Osteopathic Board of Surgery – Plastic and Reconstructive Surgery that affects a resident’s required educational program length. (Core)

1. Describe the Review Committee’s rationale for this revision:
   The certifying boards may award training credit to individuals who have completed training in another specialty, international training, or in other circumstances. While this decision is not under the authority of the Review Committee, it does provide the opportunity for reduced educational program length for certain individuals. In the Review Committee’s annual review of programs, the data of such residents/fellows appears to demonstrate that they didn’t complete the program and (often) also did not meet the required case minimums. If the documentation of an individual’s training credit has not been provided to the ACGME/Review Committee, the Committee has no way to verify that the program provided the required experience to that individual. This invites unnecessary scrutiny of the program, which the Committee would like to avoid. The
program can simply forward the letter of training credit from the applicable board to the ACGME once the individual provides it to the program.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?

Provision of this documentation will provide continuity of program information specific to education and training (months in the program) and outcomes (minimum cases).

3. How will the proposed requirement or revision impact continuity of patient care?
   n/a

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   n/a

5. How will the proposed revision impact other accredited programs?
   n/a

Requirement #:  III.C.1.-III.C.2.d) [Residency] and III.C.1. only [Fellowship]

Requirement Revision (significant change only):

III.C.1. Although residents may transfer from one program to another, they must not accept residents from differing educational formats (e.g., integrated to independent format or vice versa) without the advance approval of the Review Committee. (Core)

III.C.2. To be eligible for transfer into an integrated plastic surgery program, residents must have completed the following residency education in an accredited program as outlined in Program Requirements III.A.1.-III.A.3.:

III.C.2.a) Beginning PGY-2: Residents must have successfully completed the PG-1 year in general surgery, neurological surgery, orthopaedic surgery, otolaryngology, thoracic surgery, urology, vascular surgery, or an integrated plastic surgery residency program that satisfies Program Requirement III.A. (Core)

III.C.2.b) Beginning PGY-3: Residents must have successfully completed at least two years of education in any of the surgical specialties listed in Program Requirement III.C.2.a) or an integrated plastic surgery residency program that satisfies Program Requirement III.A. (Core)

III.C.2.b)(1) Residents who have (1) completed a residency program in oral and maxillofacial surgery approved by the American Dental Association sufficient to qualify for certification with the American Board of Oral and Maxillofacial Surgery, and who have (2) obtained a medical degree, and who have (3) completed a minimum of two years of clinical general surgery after obtaining a medical degree may transfer into the integrated plastic surgery program at the PGY-3 level. (Core)

III.C.2.c) Beginning PGY-4: Residents must have completed graduate medical education in one of the surgical pathways listed in Program Requirement III.C.2.c) sufficient to qualify for certification by the related Board. (Core)
III.C.2.c).(1) The program must obtain prior approval of the Review Committee before accepting such a resident for transfer. (Core)

III.C.2.d) PGY-5 and -6: Programs must obtain prior approval from the Review Committee before accepting a resident at the PGY-5 or -6 level. (Core)

  1. Describe the Review Committee’s rationale for this revision:

The transfer requirements have been in a “Pathways into Plastic Surgery” document on the ACGME website and enforced for over a year. However, they were not listed in the Program Requirements, which has led to confusion about programs’ obligations in assessing the candidacy of transferring residents. The pathways align with those of the American Board of Plastic Surgery. In order to ensure that programs apply and enforce transfer requirements that ensure residents are eligible for the ABPS examination, the Committee felt it important to specify them in the Program Requirements.

  2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?

This will ensure that candidates transferring into integrated plastic surgery programs have the requisite experience necessary for their level of education. Additionally, it will reinforce that programs must verify the resident’s previous experience for eligibility.

  3. How will the proposed requirement or revision impact continuity of patient care?

n/a

  4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?

n/a

  5. How will the proposed revision impact other accredited programs?

n/a

Requirement #: IV.B.1.c).(2) [Residency and Fellowship]

Requirement Revision (significant change only):

IV.B.1.c).(2) Residents must demonstrate competence in their knowledge of appropriate surgical diagnosis, surgical planning, surgical instrumentation, adjunctive oncological therapy, blood replacement, rehabilitation, care of emergencies, geriatric and end-of-life care, practice management, ethics, and medicolegal topics; that are fundamental to plastic surgery. (Outcome)(Core)

  1. Describe the Review Committee’s rationale for this revision:

The Committee reframed the requirements around practice management, ethics, and medicolegal topics as process-oriented issues, whereas they were previously covered under the basic science subject discussion. The Committee developed additional areas to ensure that residents and fellows are exposed to topics that will augment their medical knowledge.

  2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
3. How will the proposed requirement or revision impact continuity of patient care? 
Exposure to the needs of rehabilitation, geriatric, and end-of-life care links directly to 
continuity of care during the core surgical and plastic surgery experiences.

4. Will the proposed requirement or revision necessitate additional institutional resources 
(e.g., facilities, organization of other services, addition of faculty members, financial 
support; volume and variety of patients), if so, how? 

5. How will the proposed revision impact other accredited programs?

Requirement #: IV.C.3-8.b) [Residency]

Requirement Revision (significant change only):

IV.C.3. Resident experiences must be carefully structured to ensure graded levels of responsibility, 
continuity in patient care, a balance between education and clinical service, and 
progressive clinical experiences. (Core)

IV.C.3.a) Programs must sequence the plastic surgery educational components 
throughout the program in order to provide a cohesive, progressive, and longitudinal 
educational experience. (Core)

IV.C.3.a).(1) Of these years, A minimum of 36 months must be in concentrated plastic surgery 
education with no less than. (Core)

IV.C.3.a).(2) Residents must have a minimum of 12 months of chief responsibility on the 
clinical service of plastic surgery. (Core)

IV.C.3.a).(3) Residents must complete the last 36 months of their education in the same 
plastic surgery program. See section IV.A.5.a) for specific plastic surgery requirements. (Core)

IV.C.3.a).(4) Dedicated research time must not exceed 12 weeks. (Core) must not exceed six 
weeks of dedicated research time for a three-year independent program, and 12 weeks total 
for a six-year integrated program. (Core)

IV.C.4. Residents must be exposed to 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 are fundamental to the specialty. (Core) [Moved from IV.A.6.b)]

IV.C.5. Residents must have a supervised experience providing patient care in an 
outpatient setting.; and, (Core)

IV.C.6. Residents must who participate in patient care in an private office ambulatory 
care setting, must function and function with an appropriate degree of responsibility and 
advice-supervision, with program director oversight; and, (Core)
IV.C.7. Programs providing international elective rotations or international observational rotations must:

IV.C.7.a) have an accreditation status of Continued Accreditation or Continued Accreditation without Outcomes; (Core)

IV.C.7.b) obtain Review Committee approval prior to the start of rotations and of each resident in advance of the rotation(s); (Core)

IV.C.7.c) provide a minimum of five working days at the site, which does not include travel to or from the site; (Core)

IV.C.7.d) demonstrate an established clinical or educational relationship or educational program at the site; and, (Core)

IV.C.7.d).(1) At any site where there is not an established relationship or educational program, the program must demonstrate that a faculty member, or a physician well known to the program director, has conducted a site visit and is able to attest to the educational merit of the site and the presence of supervising physicians. (Core)

IV.C.7.e) have competency-based and level-specific goals and objectives for each rotation. (Core)

IV.C.7. Programs providing international elective rotations or international observational rotations must:

IV.C.7.a) have an accreditation status of Continued Accreditation or Continued Accreditation without Outcomes; (Core)

IV.C.7.b) obtain Review Committee approval prior to the start of rotations and of each resident in advance of the rotation(s); (Core)

IV.C.7.c) provide a minimum of five working days at the site, which does not include travel to or from the site; (Core)

IV.C.7.d) demonstrate an established clinical or educational relationship or educational program at the site; and, (Core)

IV.C.7.d).(1) At any site where there is not an established relationship or educational program, the program must demonstrate that a faculty member, or a physician well known to the program director, has conducted a site visit and is able to attest to the educational merit of the site and the presence of supervising physicians. (Core)

IV.C.7.e) have competency-based and level-specific goals and objectives for each rotation. (Core)

IV.C.8. Residents must have no more than 12 weeks of elective rotations for the duration of the educational program, including domestic elective rotations, domestic observational rotations, international elective rotations, and international observational rotations. (Core)

IV.C.8.a) There must be a PLA between the program and each participating site providing a domestic elective rotation and/or domestic observational rotation of one month or more. (Core)

IV.C.8.b) There must be a PLA between the program and each participating site providing an international elective rotation and/or international observational rotation, regardless of the length of rotation. (Core)

1. Describe the Review Committee’s rationale for this revision:

The curriculum organization requirements and international elective rotation criteria have been addressed on the ACGME website and enforced for some time. However, they were not in the Program Requirements. The Committee is proposing requirements for international electives to ensure clarity around approvals for these rotations. They align with the eligibility requirements for certification by the American Board of Plastic Surgery and are applicable to the American Osteopathic Board of Surgery. The Committee feels it is important to formalize these parameters in the requirements. Requests for approval of these rotations are increasing in frequency, as are the number of requests around the parameters of time residents can be away from the program. To ensure that elective rotations have educational value, and do not disrupt the educational program, the Committee worked with the plastic surgery community to develop parameters around these rotations that meet educational needs and without additional burden on the program.
The Committee also believes it is important that there be a written agreement demonstrated for international sites and for elective rotations that are not specified as part of the curriculum for all residents.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?

Prior review and approval of international rotations ensures the appropriate educational rationale, educational environment and resources, goals and objectives, and appropriate supervision is present at these sites.

3. How will the proposed requirement or revision impact continuity of patient care?
   n/a

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   n/a

5. How will the proposed revision impact other accredited programs?
   n/a

Requirement #: IV.C.3-8.b) [Fellowship]

Requirement Revision (significant change only):

IV.C.3. Fellow experiences must be carefully structured to ensure graded levels of responsibility, continuity in patient care, a balance between education and clinical service, and progressive clinical experiences. (Core)

IV.C.3.a) Fellows must have at least 12 months of chief responsibility. (Core)

IV.C.3.b) Dedicated research time must not exceed six weeks. (Core) must not exceed 6 weeks of dedicated research time for a three-year independent program, and 12 weeks total for a six-year integrated program. (Core)

IV.C.4. Residents must be exposed to 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 are fundamental to the specialty. (Core)

IV.C.5. Fellows must have a supervised experience providing patient care in an outpatient setting. (Core)

IV.C.6. Fellows must who participate in patient care in a private office ambulatory care setting, must function and function with an appropriate degree of responsibility and adequate supervision, with program director oversight; and, (Core)

IV.C.7. Programs providing international elective rotations or international observational rotations must:
### IV.C.7.a)  Seat have an accreditation status of Continued Accreditation or Continued Accreditation without Outcomes; *(Core)*

### IV.C.7.b)  Obtain Review Committee approval prior to the start of rotations and of each fellow in advance of the rotation(s); *(Core)*

### IV.C.7.c)  Provide a minimum of five working days at the site, which does not include travel to or from the site; *(Core)*

### IV.C.7.d)  Demonstrate an established clinical or educational relationship or educational program at the site; and, *(Core)*

### IV.C.7.d.(1)  At any site where there is not an established relationship or educational program, the program must demonstrate that a faculty member, or physician well known to the program director, has conducted a site visit and is able to attest to the educational merit of the site and the presence of supervising physicians. *(Core)*

### IV.C.7.e)  Have competency-based and level-specific goals and objectives for each rotation. *(Core)*

### IV.C.8. Fellows must have no more than six weeks of elective rotations for the duration of the educational program, including domestic elective rotations, domestic observational rotations, international elective rotations, and international observational rotations. *(Core)*

### IV.C.8.a)  There must be PLA between the program and each participating site providing a domestic elective rotation and/or domestic observational rotation of one month or more. *(Core)*

### IV.C.8.b)  There must be a PLA between the program and each participating site providing an international elective rotation and/or international observational rotation, regardless of the length of rotation. *(Core)*

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1. **Describe the Review Committee’s rationale for this revision:**

The curriculum organization requirements and international elective rotation criteria have been addressed on the ACGME website and enforced for some time. However, they were not in the Program Requirements. The Committee is proposing requirements for international electives to ensure clarity around approvals for these rotations. They align with the eligibility for certification by the American Board of Plastic Surgery and are applicable to the American Osteopathic Board of Surgery. The Committee feels it is important to formalize these parameters in the requirements. Requests for approval of these rotations are increasing in frequency, as are the number of requests around the parameters of time fellows can be away from the program. To ensure that elective rotations have educational value, and do not disrupt the educational program, the Committee worked with the plastic surgery community to develop parameters around these rotations that meet educational needs without additional burden on the program.

The Committee also believes it is important that there be a written agreement demonstrated for international sites and for elective rotations that are not specified as part of the curriculum for all fellows.

2. **How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?**
Prior review and approval of international rotations ensures the appropriate educational rationale, educational environment and resources, goals and objectives, and appropriate supervision is present at these sites.

3. How will the proposed requirement or revision impact continuity of patient care?
   n/a

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   n/a

5. How will the proposed revision impact other accredited programs?
   n/a

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**Requirement #: IV.D.3.a).(1) [Residency]**

Requirement Revision (significant change only):

IV.D.3.a).1. All Residents must demonstrate annual scholarship and/or academic productivity to include one two or more of the following: (Core)

1. Describe the Review Committee’s rationale for this revision:

   Scholarly pursuits during residency are a crucial component of the educational program/curriculum. The Committee believes increasing the annual requirement to two scholarly activities per year will positively impact programs and residents.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   n/a

3. How will the proposed requirement or revision impact continuity of patient care?
   n/a

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   n/a

5. How will the proposed revision impact other accredited programs?
   n/a

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**Requirement #: V.A.1.a).(1) [Residency and Fellowship]**

Requirement Revision (significant change only):

IV.A.1.a).1. Residents must be provided a copy of the written evaluation at the completion of each assignment. (Core)

1. Describe the Review Committee’s rationale for this revision:
The Committee believes it is important that residents/fellows receive a written copy of their evaluations. This will assist them in understanding their progress through a rotation and their attainment of the intended goals of the rotation, and encourages self-reflection.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   n/a

3. How will the proposed requirement or revision impact continuity of patient care?
   n/a

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   n/a

5. How will the proposed revision impact other accredited programs?
   n/a

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<td>V.A.1.e).(1) Programs must establish a policy for residents’ annual advancement. (Core) A policy for a resident’s annual advancement must be developed and implemented.</td>
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1. Describe the Review Committee’s rationale for this revision:
The Committee believes that a written policy outlining the criteria for promotion must be available to faculty members and residents and is an important tool for the Clinical Competency Committee.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   n/a

3. How will the proposed requirement or revision impact continuity of patient care?
   n/a

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   n/a

5. How will the proposed revision impact other accredited programs?
   n/a