

**ACGME Program Requirements for Graduate Medical Education
in Plastic Surgery
Summary and Impact of Focused Requirement Revisions**

Requirement #: I.D.1.a)-I.D.1.b)

Requirement Revision (significant change only):

[I.D. Resources I.D.1. The program, in partnership with its Sponsoring Institution, must ensure the availability of adequate resources for resident education. ^(Core)]

I.D.1.a) These resources must include:

I.D.1.a).(1) a common office space for residents with a sufficient number of computers and adequate work space at the primary clinical site and at each participating site; ^(Core)

I.D.1.a).(2) software resources for production of presentations, manuscripts, and portfolios; and, ^(Core)

I.D.1.a).(3) online radiographic and laboratory reporting systems at the primary clinical site and all participating sites. ^(Core)

I.D.1.b) Programs must provide for skills laboratories. ^(Core)

1. Describe the Review Committee's rationale for this revision:
The Review Committee for Plastic Surgery is committed to ensuring that residents have adequate resources to support their education and training. Providing a dedicated, shared, workspace at the primary clinical site and participating sites, with access to electronic resources and online radiographic and laboratory reporting systems, will enable residents/fellows to meet program requirements for scholarly activity and enhance clinical work. Additionally, the provision of skills laboratories will allow programs to provide specific education modules to ensure that residents/fellows have access to education and training modalities and experiences to meet the requirements.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
Access to electronic resources and a dedicated space to work will positively impact resident/fellow education, by both facilitating access and a quiet/private space to work. Provision of skills laboratories will augment resident/fellow education and enhance patient care.
3. How will the proposed requirement or revision impact continuity of patient care?
Access to electronic resources and online radiographic and laboratory systems will have a positive impact on the continuity, quality, and safety of patient care.
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?

Depending on current resources, this may require additional institutional resources, including space allocation and/or funding for electronic/software resources. Additional non-clinical time, space, and resources may be required to conduct skills laboratories.

5. How will the proposed revision impact other accredited programs?
This will not affect other accredited programs.

Requirement #: II.B.4.c)-d)

II.B.4.c) For Independent Programs, in addition to the program director, there must be a minimum of one plastic surgeon certified by the American Board of Plastic Surgery or American Osteopathic Board of Surgery - Plastic and Reconstructive Surgery designated as core faculty members. ^(Core)

II.B.4.d) For Integrated Programs, in addition to the program director, there must be a minimum of plastic surgeons certified by the American Board of Plastic Surgery or American Osteopathic Board of Surgery – Plastic and Reconstructive Surgery designated as core faculty members. ^(Core)

1. Describe the Review Committee's rationale for this revision:
The Review Committee aims to ensure that all programs have an appropriate number of core faculty members to support resident education. Given the size of current programs, with most independent programs having one to four fellows per year for a total complement ranging from three to 12 fellows and integrated programs having one to four residents per year for a range of six to 24 total residents in each program, allocating core faculty members at this amount should enable the success of resident/fellow education.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
A robust core Faculty Roster will ensure that the program, in conjunction with leadership, is supported adequately to enhance the development, implementation, and assessment of curriculum and residents/fellows as they achieve competence in the specialty/subspecialty.
3. How will the proposed requirement or revision impact continuity of patient care?
This revision will not impact the continuity of patient care.
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 revision may require either the hiring or identifying new faculty members if a program does not have the requisite minimum number of faculty members to designate as "core."
5. How will the proposed revision impact other accredited programs?
This will not affect other accredited programs.

Requirement #: IV.C.1.a)

[Curriculum Organization and Resident Experiences

The curriculum must be structured to optimize resident educational experiences, the length of these experiences, and supervisory continuity. (Core)]

IV.C.1.a) Resident experiences should be for a minimum of one week in duration. (Core)

1. Describe the Review Committee's rationale for this revision:
The requirement reflects the need for plastic surgery programs to provide access to unique educational experiences to enhance resident/fellow education and training, such as dermatology or anesthesiology, and also aligns with the requirement that international rotations be for a minimum of five days (exclusive of travel). While the Review Committee recognizes that infrequent rotational transitions are optimal for supervisory continuity, patient care, and resident/fellow education, the specialty acknowledges that some educational rotations, although brief, are still valuable educational experiences.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
Allowing shorter but experientially valuable rotations will expand the breadth and depth of educational experience available to residents/fellows.
3. How will the proposed requirement or revision impact continuity of patient care?
While repeated scheduling of one-week rotations would decrease continuity (in both supervision and education and training), the occasional week-long rotation has the potential to positively impact patient care.
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?
No
5. How will the proposed revision impact other accredited programs?
The proposed revision will not impact other accredited programs.

Requirement #: VI.A.2.c).(1).(b).(i)

[Direct Supervision:]

VI.A.2.c).(1).(b) the supervising physician and/or patient is not physically present with the resident and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology. (Core)

VI.A.2.c).(1).(b).(i) The supervision policy must define when it is acceptable to monitor procedures via telecommunications technology. (Core)

1. Describe the Review Committee's rationale for this revision:
The Review Committee feels there are instances in which the use of a telecommunication modality is adequate for direct supervision of patient care (such as for post-operative evaluation of surgical outcomes or evaluation of complications). However, these instances need to be pre-determined and explicitly outlined in the program's supervision policy.

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

Allowing for telecommunication technology to be used for direct supervision in specific instances will allow increased flexibility with resident/fellow rotations and education/training experiences. For this requirement, each program must pre-determine if telecommunication technology is appropriate for each clinical setting given the needs of the individual patient, and the health and safety of the resident(s)/fellow(s) and faculty member(s) involved. Using this level of specificity and direction with supervision should increase resident/fellow education and patient care quality.

3. How will the proposed requirement or revision impact continuity of patient care?
It should increase the continuity and overall quality of patient care by ensuring the optimal level of supervision based upon each resident/clinical situation/and patient needs.

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?

No

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

The proposed revision will not impact other accredited programs