

CLINICAL PRIVILEGE WHITE PAPER

Plastic surgery

Background

According to the American College of Surgeons (ACS), plastic surgery encompasses the repair, reconstruction, or replacement of physical defects of form or function involving the skin, musculoskeletal system, craniomaxillofacial structures, hands, extremities, breast and trunk, and external genitalia. Plastic surgery also entails the use of innovative techniques such as microvascular surgery, liposuction, and tissue transfer.

The ACS states that special knowledge is necessary to achieve skill in the design and surgery of grafts, flaps, free tissue transfer, and replantation. Further, competence in managing complex wounds, using implantable materials, and performing tumor surgery is required of plastic surgeons.

The American Society of Plastic Surgeons (ASPS) states that plastic surgeons certified by the American Board of Plastic Surgery (ABPS) are qualified to perform procedures that are reconstructive as well as aesthetic (cosmetic). Cosmetic surgery is performed to reshape normal structures of the body to improve the patient's appearance. Reconstructive surgery is performed on abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease. It is generally performed to improve function, but it may also be done to approximate a normal appearance.

Reconstructive procedures commonly performed by plastic surgeons include:

- Correction of congenital anomalies (e.g., cleft lip and palate)
- Maxillofacial and craniofacial surgery
- Hand surgery
- Breast reconstruction following mastectomy
- Breast reduction for hyperplasia
- Burn care
- Trauma care (e.g., repair of lacerations and facial fractures)
- Excision of tumors and reconstruction following various types of cancer treatment

Commonly performed cosmetic procedures include:

- Face-lifts
- Eyelid lifts
- Breast enlargement

- Some nasal surgery
- Body contouring
- Liposuction

The American Academy of Facial Plastic and Reconstructive Surgery (AAFPRS) states that most facial plastic surgeons do their residency training in otolaryngology head and neck surgery. However, some facial plastic surgeons also enter the field by way of similar training in other fields, including ophthalmology, dermatology, and plastic surgery for the body.

Plastic surgeons who specialize in areas other than the face complete a general surgery residency and typically acquire further training in plastic surgery.

Core privileges in plastic surgery include the ability to admit, evaluate, diagnose, and provide consultation to patients of all ages presenting with congenital or acquired defects of the body's musculoskeletal system, craniomaxillofacial structures, hand, extremities, breast and trunk, and external genitalia and soft tissue, including aesthetic management. Practitioners may provide care to patients in the intensive care setting in conformance with unit policies. They also assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.

Involved specialties

Plastic and reconstructive surgeons, neurosurgeons, orthopedic surgeons, cosmetic surgeons, otolaryngologists, dermatologists, ophthalmologists, general surgeons, and oral and maxillofacial surgeons

Positions of societies and academies

ASPS

In its publication *Plastic Surgeons: A Delineation of Qualifications for Clinical Privileges*, the ASPS states that an important qualifier for physicians requesting plastic surgery privileges is that they are certified by the ABPS, a member board of the American Board of Medical Specialties (ABMS).

In regard to the scope of training necessary to become a plastic surgeon, all prerequisite residency training must be taken within programs accredited by the Accreditation Council for Graduate Medical Education (ACGME), the Royal College of Physicians and Surgeons of Canada, or the American Dental Association (ADA).

According to the ASPS, clinical privileges in plastic surgery can be divided among the following specific procedures commonly performed by plastic surgeons:

- Treatment of skin neoplasms, diseases, and trauma

- Benign and malignant lesions of the skin and soft tissue
- Reconstructive grafts and flaps
- Scar revisions
- Laser therapy for vascular lesions
- Surgery of the breast
 - Breast reconstruction
 - Breast reduction
 - Breast biopsy
 - Congenital anomalies
 - Mastectomy (subcutaneous and simple)
- Treatment of facial diseases and injuries of maxillofacial structures
 - Facial fractures of the mandible
 - Nose deformity
 - Ear deformity
 - Jaw deformity
 - Eyelid deformity
 - Cleft lip and palate deformity
 - Craniofacial surgery
 - Skull base surgery
 - Facial deformity and wound treatment
 - Tumors of the head and neck
- Surgery of the hand and extremities
 - Hand wounds
 - Tendon injuries
 - Fractures of the hand and wrist
 - Carpal tunnel syndrome (endoscopic and open)
 - Dupuytren's contracture
 - Surgery for rheumatoid arthritis
 - Congenital anomalies
 - Tumors of the bones and soft tissues
 - Reconstructive microsurgery
 - Microvascular flaps and grafts/free tissue transfer
 - Replantation and revascularization of the upper and lower extremities and digits
 - Reconstruction of peripheral nerve injury
- Reconstruction of congenital and acquired defects of the trunk and genitalia
 - Vaginal reconstruction
 - Repair of penis deformities
 - Gender reassignment
 - Chest and abdominal wall reconstruction
- Complex wound healing and burn treatment
 - Initial burn management
 - Acute and reconstructive burn treatment

- Cosmetic surgery
 - Body contouring
 - Facial contouring
 - Breast augmentation
 - Breast lift (mastopexy)
 - Cosmetic rhytidectomy
 - Cosmetic rhinoplasty
 - Cosmetic blepharoplasty
 - Subcutaneous injections
 - Skin peeling and dermabrasion
 - Vein injection sclerotherapy
 - Liposuction
 - Endoscopic cosmetic surgery
 - Laser therapy for vascular and cutaneous lesions

Members of the ASPS are required to obtain 150 hours of continuing medical education within a three-year period. A minimum of 50 of the 150 hours must be specific to the practice of plastic surgery.

AAFPRS The AAFPRS represents more than 2,700 facial plastic and reconstructive surgeons worldwide, and is a National Medical Specialty Society of the AMA. AAFPRS members are board-certified surgeons whose focus is surgery of the face, head, and neck.

The AAFPRS has no published position on the granting of clinical privileges in plastic surgery. However, the organization notes that plastic surgeons who are members of AAFPRS perform cosmetic and reconstructive surgery only on the face, head, and neck regions. Training includes one or two years of postgraduate training in general surgery residency and at least four additional years of specialty training in head and neck surgery and facial plastic surgery. A general plastic surgeon performs face and body procedures. Training includes three to five years in general surgery residency and two years of specialty training in all body areas.

AAO-HNS The American Academy of Otolaryngology-Head and Neck Surgery (AAO-HNS) does not have published guidelines regarding the delineation of privileges in plastic surgery, but it states that facial plastic surgery is a fundamental area of expertise for otolaryngologists. An otolaryngology resident spends a minimum of four years training exclusively in the head and neck region, following one or two years of general surgery. This education and expertise includes restoration of form and

function of head and neck structures, as well as aesthetic surgery of the face.

ACS In its *Statements on Principles*, the ACS states that the responsible surgeon's eligibility to perform a surgical procedure is based on that surgeon's education, training, experience, and demonstrated proficiency. The surgeon should be a member in good standing of the department or service through which privileges are to be recommended. The granting and continuation of surgical privileges should be based on the staff member's qualifications and record of appropriate performance, as evaluated by an established peer review mechanism and medical audit process.

Regarding plastic surgery training, the ACS states that:

- All prerequisite residency training must be taken within programs accredited by the following organizations: the ACGME, the Royal College of Physicians and Surgeons of Canada, or the ADA.
- The program for residency training in plastic surgery is two years. A program may be accredited for more than two years (such as in the integrated model or the independent model using a three-year format) when it is demonstrated that there is a clear educational rationale.

Positions of other interested parties

The ABPS is an ABMS-accredited specialty board that grants certification in plastic surgery.

ABPS According to the organization, ABPS certification means that the diplomate has graduated from an accredited medical school and has completed at least five years of additional training as a resident surgeon in a program accredited by the ACGME or the Royal College of Physicians and Surgeons of Canada. This includes a minimum of five years of residency training in all areas of surgery, including at least two years devoted entirely to plastic surgery. To become certified, the physician must also pass comprehensive written and oral exams.

The Certificate Advanced Qualification in Hand Surgery is offered by the Joint Committee on Surgery of the Hand of the ABPS, the American Board of Orthopaedic Surgery, and the American Board of Surgery. *Note: Clinical Privilege White Paper Hand surgery—Practice area 160 discusses delineation of privileges in hand surgery in more detail.*

ABCS The American Board of Cosmetic Surgery (ABCS) offers certification in general, facial, and dermatologic cosmetic surgery.

To be eligible to sit for the ABCS examination, an applicant must hold an MD or DO, have successfully completed an approved residency program in a surgical specialty, and achieved board certification by one of the specialty boards recognized by the ABMS. Applicants must satisfy requirements, including those that state he or she must have completed a fellowship in cosmetic surgery approved by the American Academy of Cosmetic Surgery, during which he or she has completed a minimum of 100 cosmetic surgical procedures as the primary surgeon (if one-year fellowship) or 50 cosmetic procedures as the primary surgeon (in the case of a one-year fellowship). Alternatively, he or she must have been in practice at least six years and have documented at least 1,000 cosmetic procedures during that six-year period (this “experience” pathway expires in 2010). Successful applicants must pass a two-day oral and written examination.

ABFPRS The American Board of Facial Plastic and Reconstructive Surgery (ABFPRS) grants certification to surgeons specializing in facial plastic and reconstructive surgery. To be eligible, applicants must:

- Have completed a residency program approved by the ACGME or the Royal College of Physicians and Surgeons of Canada in one of the two medical specialties containing identifiable training in facial plastic and reconstructive surgery: otolaryngology-head and neck surgery or plastic surgery.
- Have earned prior certification by the American Board of Otolaryngology (ABOto), the ABPS, or the Royal College of Physicians and Surgeons of Canada in otolaryngology/head and neck surgery or plastic surgery.
- Have been in practice a minimum of two years.
- Have 100 operative reports accepted by a peer-review committee.
- Have passed the oral and written examination of the ABFPRS.
- Operate in an accredited institution or office to earn initial ABFPRS certification. Office surgical facilities must be accredited if Level II anesthesia or above is used.

Surgeons who have completed accredited residencies in otolaryngology or plastic surgery may apply for ABFPRS certification

without also completing a fellowship in facial plastic surgery if they have sufficient, acceptable surgical experience and meet other certification requirements.

ABOto In its 2007 publication *Otolaryngology—Head and Neck Surgery Comprehensive Core Curriculum*, the ABOto outlines relevant curriculum requirements for plastic reconstructive surgery of the head and neck and the organs located there, which are a fundamental and integral aspect of otolaryngology training.

According to the ABOto, the otolaryngologist-head and neck surgeon should have command of the core knowledge and understanding of the basic medical sciences relevant to the head and neck; the respiratory and upper alimentary systems; the communication sciences, including knowledge of audiology and speech-language pathology; the chemical senses and allergy/immunology, endocrinology, and neurology as they relate to the head and neck. He or she should also have command of the clinical aspects of diagnosis and the medical and/or surgical therapy or prevention for diseases, neoplasms, deformities, disorders and/or injuries of the ears, the respiratory and upper alimentary systems, the face, jaws, and the other head and neck systems. Head and neck oncology and facial plastic and reconstructive surgery are fundamental areas of expertise.

To be eligible to sit for ABOto's certification examination in otolaryngology-head and neck surgery, individuals who entered otolaryngology-head and neck surgery training between July 1, 2000, and June 30, 2005, must have satisfactorily completed a minimum of five years of training in an ACGME-approved programs. Those five years should be composed of at least one year of general surgical training and at least four years of residency training in otolaryngology-head and neck surgery.

Individuals who enter otolaryngology-head and neck surgery training on or after July 1, 2005, must satisfactorily complete a minimum of five years of training in an ACGME-approved program. In those five years of residency, programs must include at least nine months of basic surgical, emergency medicine, critical care, and anesthesia training within the first year; including at least 48 months of progressive education in the specialty. This training must include a final year of senior experience. This final year must be spent within the accredited program in which the previous year of training was spent, unless prior approval is obtained.

The first year of otolaryngology-head and neck surgery training should include a minimum of five months of structured education in at least three of the following: general surgery, thoracic surgery, vascular surgery, plastic surgery, and surgical oncology. In addition, one month of structured education in each of the following four clinical areas: emergency medicine, critical care unit, anesthesia, and neurological surgery.

An additional maximum of three months of otolaryngology-head and neck surgery is optional, and any remaining months of post-graduate year one (PGY-1) must be completed in an ACGME-approved program or rotations specifically approved by the Residency Review Committee.

ABOMS The American Board of Oral and Maxillofacial Surgery (ABOMS) is recognized by the ADA as the specialty board for oral and maxillofacial surgery. The board is responsible for reviewing all applicants for board certification, as well as administering the examinations involved in the certification process.

Oral and maxillofacial surgery is the specialty of dentistry that includes the diagnosis and surgical and adjunctive treatment of disease, as well as injuries and defects involving the functional and esthetic aspects of the hard and soft tissues of the oral and maxillofacial region.

During an oral and maxillofacial surgery residency, a board-certified oral and maxillofacial surgeon receives graduate training in other disciplines such as general surgery, plastic surgery, medicine, anesthesia, and pathology. Oral and maxillofacial surgeons are trained to treat patients in the hospital, outpatient facilities, surgery centers, and private offices.

Certification requires completion of training in an accredited residency program, evidence of post-training experience, and successful completion of written and oral examinations on the entire scope of the specialty.

Letters of recommendation from board-certified oral and maxillofacial surgeons attesting to an applicant's acceptable ethical and moral standing in the profession and community are also required as part of the certification procedure. Applicants for board certification in oral and maxillofacial surgery are required to pass a thorough written qualifying examination and a rigorous oral certifying examination.

AOBS The American Osteopathic Board of Surgery (AOBS) offers certification examinations to osteopathic physicians who specialize in general, neurologic, plastic and reconstructive, cardiothoracic, urological, and general vascular surgery, as well as surgical critical care. Candidates for certification in plastic and reconstructive surgery by the American Osteopathic Association (AOA) through the AOBS must:

- Have graduated from an AOA-accredited college of osteopathic medicine
- Be licensed or credentialed to practice in the state or military jurisdiction where service is conducted and must provide documentary evidence of an unrestricted license prior to taking an examination
- Be a member in good standing of the AOA or the Canadian Osteopathic Association throughout the certification process.
- Have satisfactorily completed an AOA-approved first year of osteopathic graduate medical education (OGME-1).
- Have evidence of satisfactory completion of previous years of an AOA-approved residency training program in the surgical specialties under the jurisdiction of the board. At least one year of the surgical specialty training program must encompass all aspects of the particular specialty, including adequate training in the basic medical sciences, with emphasis on pathology, physiology, and osteopathic principles as related to the specialty. For plastic and reconstructive surgery, this means:
 - Three years of training in general surgery, followed by two years of training in plastic and reconstructive surgery
 - An AOA-approved and completed residency program in orthopedic surgery
 - An AOA-approved and completed residency in otolaryngology/facial plastic surgery

ACGME The ACGME establishes and accredits medical residency programs in the United States. Physicians who wish to specialize in plastic surgery must obtain an MD or DO and complete three years of clinical training in general surgery with progressive responsibility in the same program (this is a minimum requirement before entrance into plastic surgery residency) or an accredited residency training program in neurological surgery, orthopaedic surgery, otolaryngology, or urology.

Alternatively, physicians must have completed a Doctor of Dental Medicine (DMD) and an MD degree or a Doctor of Dental

Surgery (DDS) and an MD degree, or have completed a residency program in oral and maxillofacial surgery, approved by the ADA.

In its *Program Requirements for Graduate Medical Education in Plastic Surgery*, the ACGME states that it accredits independent plastic surgery programs of two or three years duration, or integrated programs of five or 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, or the ADA.

In the independent format, residents complete two or three years of concentrated plastic surgery education, with 12 months of chief responsibility, after successful completion of one of the following prerequisite curricula:

- At least three years of clinical education with progressive responsibility in a general surgery program. A transitional year or rotating internships may not be used to fulfill this requirement.
- A neurological surgery, orthopedic surgery, otolaryngology, or urology residency.
- An educational program in oral and maxillofacial surgery approved by the ADA is an alternate pathway for prerequisite education prior to a plastic surgery residency. This pathway is available only to those individuals holding the 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, will not be considered as fulfilling any part of the 24-month minimum requirement.

In the integrated format, residents complete five or 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 or the 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.

The integrated curriculum requires that:

- Five or six years of clinical surgical education must occur

under the authority and direction of the plastic surgery program director. Of these years, 24 months must be concentrated plastic surgery education with no less than 12 months of chief responsibility on the clinical service of plastic surgery.

- Residents complete the last 24 months of education in the same plastic surgery program. Additional clinical experiences appropriate to plastic surgery education should be provided in anesthesiology, burn management, critical care medicine, emergency medicine, cardiothoracic surgery, general surgery, neurological surgery, oncologic surgery, orthopedic surgery, otolaryngology, pediatric surgery, trauma management, and vascular surgery.

In terms of clinical experience, the ACGME states that fellows in a plastic surgery residency must gain knowledge in:

- Surgical design
- Surgical diagnosis
- Embryology
- Surgical and artistic anatomy
- Surgical physiology and pharmacology
- Wound healing
- Surgical pathology and microbiology
- Adjunctive oncological therapy
- Biomechanics
- Rehabilitation
- Surgical instrumentation

The judgment and technical capability for achieving satisfactory surgical results are mandatory qualities for the plastic surgeon.

The ACGME also states that fellows in a plastic surgery residency must acquire knowledge and experience in the surgical treatment and care of the following conditions and diseases:

- Congenital defects of the head and neck, including clefts of the lip and palate
- Craniofacial surgery
- Neoplasms of the head and neck, including the oropharynx and endoscopy
- Craniomaxillofacial trauma, including fractures
- Aesthetic surgery of the head and neck, trunk, and extremities
- Plastic surgery of the breast
- Surgery of the hand/upper extremities
- Plastic surgery of the lower extremities

- Plastic surgery of congenital and acquired defects of the trunk and genitalia
- Burn management, acute and reconstructive
- Microsurgical techniques applicable to plastic surgery
- Reconstruction by tissue transfer, including flaps and grafts
- Surgery of benign and malignant lesions of the skin and soft tissues

The Joint Commission

The Joint Commission (formerly JCAHO) has no formal position concerning the delineation of privileges for plastic surgery. However, in its *Comprehensive Accreditation Manual for Hospitals*, The Joint Commission states, “The hospital collects information regarding each practitioner’s current license status, training, experience, competence, and ability to perform the requested privilege” (MS.4.10).

In the rationale for MS.4.10, The Joint Commission states that there must be a reliable and consistent process in place to process applications and verify credentials. The organized medical staff then reviews and evaluates the data collected. The resultant privilege recommendations to the governing body are based on the assessment of the data.

The Joint Commission further states, “The organized medical staff reviews and analyzes information regarding each requesting practitioner’s current licensure status, training, experience, current competence, and ability to perform the requested privilege” (MS.4.20).

In the elements of performance for standard MS.4.20, The Joint Commission says that the information review and analysis process is clearly defined. The organization, based on recommendations by the organized medical staff and approval by the governing body, develops criteria that will be considered in the decision to grant, limit, or deny a request for privileges.

The Joint Commission further states, “Ongoing professional practice evaluation information is factored into the decision to maintain existing privilege(s), to revise existing privileges, or to revoke an existing privilege prior to or at the time of renewal” (MS.4.40).

In the elements of performance for MS.4.40, The Joint Commission says there is a clearly defined process that facilitates the evaluation of each practitioner’s professional practice, in which

the type of information collected is determined by individual departments and approved by the organized medical staff. Information resulting from the ongoing professional practice evaluation is used to determine whether to continue, limit, or revoke any existing privilege.

CRC draft criteria

The following draft criteria are intended to serve solely as a starting point for the development of an institution's policy regarding this practice area.

Minimum threshold criteria for requesting core privileges in plastic surgery

Basic education: MD or DO

Minimal formal training: Successful completion of an ACGME- or AOA-accredited residency in plastic surgery and/or current certification or active participation in the examination process (with achievement of certification within [n] years) leading to certification in plastic surgery by the ABPS or the AOBS in plastic and reconstructive surgery.

Required previous experience: Successful performance of at least 100 plastic surgery procedures, reflective of the scope of privileges requested, during the past 12 months, or demonstrate successful completion of an ACGME- or AOA-accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.

References

A letter of reference must come from the head of plastic surgery at the institution where the applicant was most recently affiliated. Alternatively, a letter of reference regarding competency may come from the director of the applicant's plastic surgery fellowship program.

Core privileges in plastic surgery

Core privileges in plastic surgery include the ability to admit, evaluate, diagnose, and provide consultation to patients of all ages presenting with congenital or acquired defects of the body's musculoskeletal system, craniomaxillofacial structures, hands, extremities, breast and trunk, and external genitalia and soft tissue, including the aesthetic management. Practitioners may provide care to patients in the intensive care setting in conformance with unit policies. They also assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.

Core procedures include but are not limited to:

- Amputation of digits

- Facial plastic surgery to include cosmetic surgery on the face, nose, external ear, eyelids, and lips
- Free tissue transfer flap with microvascular anastomosis
- Hair transplantation, punch or strip
- Liposuction or lipo-injection procedure for contour restoration, head and neck, trunk and extremities
- Major head and neck radical cancer surgery and reconstruction
- Management of all forms of facial or maxillofacial trauma, including fractures
- Management of frontal sinus fractures
- Management of patients with burns, including plastic procedures on the extremities
- Microvascular procedures excluding replantation
- History and physical exam
- Plastic procedures of external and internal male and female genitalia, excluding gender dysphoria or hypospadias
- Plastic procedures on the female and male breast, including augmentation and reduction mammoplasties and post-mastectomy reconstruction
- Plastic reconstruction of all forms of congenital and acquired soft tissue anomalies, including those requiring the use of skin grafting procedures, pedicle flaps, or tissue fillers
- Plastic reconstruction of soft tissue disfigurement or scarring, for cosmetic or functional reasons
- Removal of benign and malignant tumors of the skin
- Resection of intraoral tumors, oral cavity, or palate
- Surgery of congenital anomalies, including revision of a cleft lip or palate

Reappointment

Reappointment should be based on unbiased, objective results of care according to the organization's quality assurance mechanisms.

The successful applicant must be able to demonstrate the performance of at least 100 plastic surgery procedures, reflective of the scope of privileges requested, annually during the reappointment period.

In addition, continuing education related to plastic surgery should be required.

For more information

For more information regarding this practice area, contact:

Accreditation Council for Graduate Medical Education
515 North State Street, Suite 2000
Chicago, IL 60610-4322
Telephone: 312/755-5000
Fax: 312/755-7498
Web site: www.acgme.org

American Academy of Cosmetic Surgery
737 North Michigan Avenue, Suite 2100
Chicago, IL 60611
Telephone: 312/981-6760
Fax: 312/981-6787
Web site: www.cosmeticsurgery.org

American Academy of Otolaryngology-Head and Neck Surgery
One Prince Street
Alexandria, VA 22314
Telephone: 703/836-4444
Web site: www.entnet.org

American Board of Cosmetic Surgery
18525 Torrence Avenue
Lansing, IL 60438
Telephone: 708/474-7200
Fax: 708/474-6260
Web site: www.americanboardcosmeticsurgery.org

American Board of Facial Plastic and Reconstructive Surgery
115C South St. Asaph Street
Alexandria, VA 22314
Phone: 703/549-3223
Fax: 703/549-3357
Web site: www.abfprs.org

American Board of Oral and Maxillofacial Surgery
625 North Michigan Avenue, Suite 1820
Chicago, IL 60611
Telephone: 312/642-0070
Fax: 312/642-8584
Web site: www.ABOms.org

American Board of Otolaryngology
5615 Kirby Drive, Suite 600
Houston, TX 77005
Telephone: 713/850-0399
Fax: 713/850-1104
Web site: *www.ABOto.org*

American Board of Plastic Surgery
Seven Penn Center, Suite 400
1653 Market Street
Philadelphia, PA 19103
Telephone: 215/587-9322
Web site: *www.abplsurg.org*

American Board of Surgery
1617 John F. Kennedy Boulevard, Suite 860
Philadelphia, PA 19103
Telephone: 215/568-4000
Fax: 215/568-5718
Web site: *www.absurgery.org*

American College of Surgeons
633 North Saint Clair Street
Chicago, IL 60611
Telephone: 312/202-5000
Fax: 312/202-5001
Web site: *www.facs.org*

American Osteopathic Association
142 East Ontario Street
Chicago, IL 60611
Telephone: 800/621-1773 or 312/202-8000
Fax: 312/202-8200
Web site: *www.do-online.org*

American Society of Plastic Surgeons
444 East Algonquin Road
Arlington Heights, IL 60005
Telephone: 847/228-9900
Fax: 847/228-9131
Web site: *www.plasticsurgery.org*

American Society of Plastic Surgeons
Seven Penn Center, Suite 400
1635 Market Street
Philadelphia, PA 19103
Phone: 215/587-9322
Web site: *www.plasticsurgery.org*

The Joint Commission
One Renaissance Boulevard
Oakbrook Terrace, IL 60181
Telephone: 630/792-5000
Fax: 630/792-5005
Web site: *www.jointcommission.org*

Privilege request form Plastic surgery

To be eligible to request clinical privileges in plastic surgery, an applicant must meet the following minimum threshold criteria:

- ▶ Basic education: *MD or DO*
- ▶ Minimum formal training: *Successful completion of an ACGME- or AOA-accredited residency in plastic surgery and/or current certification or active participation in the examination process (with achievement of certification within [n] years) leading to certification in plastic surgery by the ABPS or the AOBSP in plastic and reconstructive surgery.*
- ▶ Required previous experience: *Successful performance of at least 100 plastic surgery procedures, reflective of the scope of privileges requested, during the past 12 months, or demonstrate successful completion of an ACGME- or AOA-accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.*
- ▶ References: *A letter of reference must come from the head of plastic surgery at the institution where the applicant was most recently affiliated. Alternatively, a letter of reference regarding competency may come from the director of the applicant's plastic surgery fellowship program.*
- ▶ Core privileges in plastic surgery: *Core privileges in plastic surgery include the ability to admit, evaluate, diagnose, provide consultation to patients of all ages presenting with congenital or acquired defects of the body's musculoskeletal system, craniomaxillofacial structures, hand, extremities, breast and trunk, and external genitalia and soft tissue, including the aesthetic management. Practitioners may provide care to patients in the intensive care setting in conformance with unit policies. They also assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. Core procedures include but are not limited to:*
 - *Amputation of digits*
 - *Facial plastic surgery to include cosmetic surgery on the face, nose, external ear, eyelids, and lips*
 - *Free tissue transfer flap with microvascular anastomosis*
 - *Hair transplantation, punch or strip*
 - *Liposuction or lipo-injection procedure for contour restoration, head and neck, trunk and extremities*
 - *Major head and neck radical cancer surgery and reconstruction.*
 - *Management of all forms of facial or maxillofacial trauma, including fractures*
 - *Management of frontal sinus fractures*
 - *Management of patients with burns, including plastic procedures on the extremities*

- Microvascular procedures, excluding replantation
- History and physical exam
- Plastic procedures of external and internal male and female genitalia, excluding gender dysphoria or hypospadias
- Plastic procedures on the female and male breast, including augmentation and reduction mammoplasties and postmastectomy reconstruction
- Plastic reconstruction of all forms of congenital and acquired soft tissue anomalies, including those requiring the use of skin grafting procedures, pedicle flaps, or tissue fillers
- Plastic reconstruction of soft tissue disfigurement or scarring, for cosmetic or functional reasons
- Removal of benign and malignant tumors of the skin
- Resection of intraoral tumors, oral cavity, or palate
- Surgery of congenital anomalies, including the revision of cleft lip or palate

- **Reappointment:** *Reappointment should be based on unbiased, objective results of care according to the organization's quality assurance mechanisms.*

The successful applicant must be able to demonstrate the performance of at least 100 plastic surgery procedures, reflective of the scope of privileges requested, annually during the reappointment period.

In addition, continuing education related to plastic surgery should be required.

I understand that by making this request, I am bound by the applicable bylaws or policies of the hospital, and hereby stipulate that I meet the minimum threshold criteria for this request.

Physician's signature: _____

Typed or printed name: _____

Date: _____

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