Program Requirements for Fellowship Education in Facial Plastic Surgery

I. Introduction

Definition of the Specialty

Facial Plastic Surgery is a SPECIALTY THAT INCLUDES in-depth study and training in the surgical and non-surgical management of aesthetic and reconstructive treatments of the soft and hard tissues comprising the neck, face and cranial areas. The scope of this specialty includes both congenital and acquired conditions of the neck, ears, chin, mouth, lips, cheeks, nose, eyelids, forehead, and scalp.

Duration and Scope of Training

- The length of the post-residency educational program in facial plastic surgery is 1 or 2 years. All institutions applying for accreditation or reaccreditation are expected to comply with the current format. Prior to entry into the program, fellows must be notified in writing of the program length.
- Admission to training programs in facial plastic surgery is open to applicants who have completed an ACGME approved residency in otolaryngology/head and neck surgery or plastic surgery.
- The facial plastic surgery fellowship should be associated with an ACGME-accredited program in otolaryngology/head and neck surgery.

Program Goals and Objectives

- Although educational programs in facial plastic surgery may differ in format and objectives, each program must demonstrate that fellows are provided with an adequate and structured clinical opportunity to develop the advanced knowledge, skills, clinical judgement and attitudes essential to the practice of all aspects of facial plastic surgery.
- The facial plastic surgery fellow must be provided with progressive senior surgical responsibility in the four essential phases of total patient care: pre-operative evaluation, development of surgical and/or non-surgical treatment plans, operative experience and post-operative management.
- The facial plastic surgery fellow must be provided with sufficient knowledge in the basic sciences including anatomy, physiology and pathology as related to the diagnosis and management of diseases, aging, and aesthetics of the face, head and neck.

II. Institutional Organization

Sponsoring Institution

- There must be one sponsoring institution with primary responsibility for the entire training program. The sponsoring institution must provide sufficient resources to meet the educational needs of the fellows and to enable the program to comply with the requirements for accreditation.
- The sponsoring institution should be associated with an ACGME-accredited resident training program in otolaryngology/head and neck surgery. Provision must be made for educational interaction between the fellows and residents. Lack of association with an approved residency program must be approved by the Fellowship Review Committee (FRC).
- If the fellowship is not integral to a university program or medical center, the fellowship director should possess a faculty appointment in the university or appointment on the staff of a major hospital facility, and execute a formal agreement with the institution which ensures compliance with the general and special requirements for specialty training.
• The institution must possess adequate meeting, classroom and office space; a library; educational audiovisual equipment; state-of-the-art diagnostic and therapeutic equipment; and research facilities.

B. **Participating Institutions**
• When the resources of two or more institutions are used, an inter-institutional agreement must be developed by the institutional governing boards, and a clear educational rationale must be provided to the FRC justifying the inclusion of participating institutions within the program.
• Participation by any institution that provides 2 months or more of the educational program must be approved by the FRC.
• Assignments to participating institutions must be based on a clear educational rationale and should provide special clinical resources not otherwise available to the basic program.

C. **Library**
• Fellows must have ready access to a major medical library, either at the sponsoring institution or through arrangement with convenient nearby institutions.
• Library services should include the electronic retrieval of information from medical databases such as MedLine.
• There must be access to an on-site library that includes the Fellowship Curriculum Compendium and Video Library in Facial Plastic Surgery. The on-site library must be readily available during nights and weekends.

D. **Appointment of Fellows**
• The FRC will approve a total number of fellows for each training program, based on the number and qualifications of faculty, the volume and variety of patients available for educational purposes, and the institutional resources committed to the program. The recommended minimum faculty-to-fellow ratio is 1:1. Any variation in this ratio must be approved by the FRC.
• The program may not graduate more fellows in any given year than are approved by the FRC unless prior written approval has been obtained from the FRC.
• Training of additional or special trainees must be approved by the FRC. The fellowship director must provide in writing a detailed explanation of circumstances and address any educational impact on approved fellows.

III. **Faculty Qualifications and Responsibilities**

*The fellowship director and faculty are responsible for the general administration of the program, including activities related to the recruitment, selection, instruction, supervision, counseling, evaluation, and advancement of fellows and the maintenance of records related to program accreditation.*

A. **Fellowship Director**
• There must be one program director responsible for the entire program.

**Qualifications of the fellowship director**
• Certification by the American Board of Facial Plastic and Reconstructive Surgery;
• Membership as a Full Fellow in the American Academy of Facial Plastic and Reconstructive Surgery;
• Reputation of national standing in the field of facial plastic surgery;
• Licensure to practice medicine in the state where sponsoring institution is located;
• Appointment in good standing to the medical staff of an institution participating in the program.

**Responsibilities of the Fellowship Director**
• Preparation of a written statement outlining the educational goals and objectives of the program with respect to knowledge, skills and other attributes of fellows for each major clinical assignment. This statement must be distributed to the fellows and members of the faculty and should be provided for review by the FRC;
• Selection of fellows for appointment to the program in accordance with institutional and departmental policies and procedures;
• Selection and supervision of faculty and other program personnel at each institution participating in the program;
• Supervision of fellows through explicit written description of supervisory lines of responsibility for the care of patients. Such guidelines must be communicated to all members of the program. Fellows must be provided with prompt, reliable systems for communication and interaction with supervisory physicians.;
• Regular evaluation of fellow’s knowledge, skills and overall performance, including the development of professional attitudes consistent with being a physician;
• The fellowship director, with participation of the faculty, shall at least semiannually evaluate the knowledge, skills and professional growth of the fellows, using appropriate criteria and procedures;
• communicate each evaluation to the fellow in a timely manner;
• advance fellows to positions of higher responsibility only on the basis of evidence of their satisfactory progression in scholarship and professional growth;
• maintain a permanent record of evaluation for each fellow and provide copies of all evaluations to the FRC;
• provide a final written evaluation for each fellow who completes the program using the approved forms. The evaluation should verify that the fellow has demonstrated sufficient professional ability to practice competently and independently. The final evaluation should be maintained as part of the fellow’s permanent record by the institution. Copies should be provided to the FRC for the fellow’s permanent file.;
• follow any applicable procedures of the sponsoring institution, regarding academic discipline and fellows complaints or grievances;
• monitor fellow’s stress, including mental or emotional conditions inhibiting performance or learning and drug- or alcohol-related dysfunction. Educational situations that consistently produce undue stress on fellows must be evaluated and modified;
• prepare an accurate statistical and narrative description of the program as requested by the FRC;
• notify the FRC of any changes that might substantially alter the educational experience, e.g. a change in faculty or changes in participating institutions.

B. Faculty
• There must be a sufficient number of faculty with documented qualifications and/or certification in facial plastic surgery to adequately instruct and supervise all fellows in the program. 
• Faculty members must demonstrate commitment to the fellowship program and possess appropriate skills to provide a broad educational experience for the fellows.
• A member of the faculty at each participating institution must be designated to assume responsibility for the day-to-day activities of the program at that institution, with overall coordination by the fellowship director. 
• The faculty must be organized and have regular, documented meetings to review program goals and objectives, program effectiveness in achieving these goals and fellow evaluation and progress. 
• The faculty should periodically evaluate the utilization of resources available to the program, the contribution of each participating institution, the financial and administrative support for the program, the volume and variety of patients available for educational purposes, the didactic course of study, the performance of faculty, and the quality of fellow supervision.
C. Other personnel and resources

- The program must be provided with the professional, technical and clerical personnel to support the administration and educational conduct of the program.
- Suitable facilities to accomplish the educational objectives of the program must be available and functioning. There should be advanced pathology services, including frozen section capabilities, resources for medical imaging and adequate photographic services.
- Access to an adequate library, including videotapes and articles required by the curriculum, computer facilities, laboratory resources, modern diagnostic and therapeutic equipment and sufficient staff to support the program must be available.

IV. Educational Program

General

- The program director must develop a structured written curriculum with defined goals and objectives. Program design and structure must be approved by the FRC as part of the review process.
- Clinical, basic science and research conferences as well as seminars and critical literature review activities pertaining to the entire subspecialty must be conducted regularly and as scheduled.
- It is expected that trainees participate in planning and conducting selected conferences, where applicable. Both faculty and trainees should attend and participate in multi-disciplinary conferences, e.g., craniofacial anomalies clinic, where applicable.
- Fellows must have the appropriate supervised opportunities to develop skills in providing consultation and communication with colleagues and referring physicians.
- The program should provide fellows with the opportunity to teach medical students, resident physicians and other professional personnel.
- Written lines of responsibility must be clearly delineated for both fellows and core-program residents as relates to areas of training and clinical responsibilities. This document must be provided to the FRC at the time of review.

Academic and Clinical Components

The educational program should include the areas outlined below:

- Recognition and management of congenital anomalies, deformities, lesions, trauma, and aging process of the face, head and neck;
- Surgical management of congenital, inflammatory, neoplastic, traumatic and aging states of the face, head and neck including, but not limited to: a) nasal surgery; b) maxillofacial, plastic and reconstructive surgery of the head and neck; c) oncologic surgery of the head and neck; d) head and neck reconstructive surgery as it relates to the restoration of function, congenital anomalies, head and neck trauma; e) pre- and postoperative care; f) minimally invasive techniques; and g) management of complications;
- Diagnostic methods including related laboratory procedures;
- Awareness of current literature pertaining to all areas of the curriculum;
- Awareness of the habilitation/rehabilitation techniques and procedures pertaining to facial plastic and reconstructive surgery;
- Additional basic and clinical science topics pertinent to the physiology of soft tissue and bone innervation, perfusion, repair and healing.
**Operative Experience**

- The fellowship program must provide a sufficient number and variety of cases to assure primary clinical responsibility as well as adequate inpatient/outpatient experience for each fellow without diluting the experience of the core resident training program with which it is associated.
- The fellowship program must provide adequate and structured clinical opportunities for fellows to develop advanced skills in facial plastic and reconstructive surgery.
- Fellows must be allowed senior responsibility as the operating surgeon while performing critical portions of the surgery to gain adequate operative management training.

**Scholarly Activity and Research**

- Graduate medical education must take place in an environment of inquiry and scholarship in which fellows participate in the development of new knowledge, learn to evaluate research findings and develop habits of inquiry as a continuing professional responsibility.
- The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty. While not all members of the faculty may be investigators, the faculty should demonstrate broad involvement in scholarly activity.
- The types of activities may include:
  - participation in clinical discussion, rounds and conferences in a manner that promotes a spirit of inquiry and scholarship;
  - participation in journal clubs and conferences;
  - participation in regional and national professional and scientific societies, particularly through presentations at the meetings and publications in peer-reviewed journals;
  - participation in research, particularly in projects funded following peer review and/or that result in publications or presentations at regional and national scientific meetings;
  - offering of guidance and technical support, i.e. research design or statistical analysis, for fellows involved in research;
- As a requirement of the program, all fellows must complete an appropriate original research project approved by the Fellowship Committee and the Research Committee of the AAFPRS. Completed papers should be the product of the fellowship, produced under the guidance of the fellowship director, and submitted prior to matriculation from the training program. The copyright for these papers will be held by the education and research foundation for the AAFPRS until such time as the paper is accepted or rejected for publication in the *Archives Of Facial Plastic Surgery.*

**Fellow Policies**

**Supervision**

- All patient care services must be supervised by appropriately qualified faculty. The fellowship director must ensure, direct and document proper supervision of fellows at all times. Fellows must have rapid and reliable systems of communication with the supervising faculty. Amount and appropriateness of supervision should be based on fellow’s level of development as well as the severity of the patient’s condition.

**Duty hours and conditions of work**

- The fellow’s work schedule should be designed so that on the average, excluding exceptional patient care needs, fellows have at least 1 day out of 7 free of routine responsibilities, and should be on-call in the hospital no more often than every third night. The ratio of hours worked to on-call time will vary and necessitates flexibility.
V. Evaluation

A. Evaluation of Fellows
• It is the responsibility of the fellowship director to establish procedures for evaluating the clinical and technical competence of fellows.
• Evaluation must be based on observation, assessment and substantiation of the fellow’s acquired body of knowledge and skills in physical examination and patient communication, technical proficiency, professional attitudes and humanistic qualities demonstrated in the clinical setting.
• The fellow’s abilities in consultation skills, patient management, decision-making and critical analysis of clinical situations must be evaluated.
• In the clinical setting, the evaluation must include structured feedback on performance, including counseling and necessary remedial effort prior to completing the prescribed training program.
• A formal documented evaluation of each fellow must occur at least semiannually and must be reviewed with the fellow.
• A final evaluation must occur at the conclusion of the program as described in III.A.2(f)5 and the written evaluation reviewed with the fellow and submitted to the FRC.

B. Faculty Evaluation
• Teaching faculty must also be evaluated on a regular basis and this evaluation should include teaching ability and commitment; clinical knowledge; and scholarly contributions. Fellows should participate in this evaluation.

C. Program Evaluation
• There should be evidence of periodic self-evaluation of the program in relation to the educational goals, the needs of the trainees and the teaching responsibilities of the faculty. This evaluation should include an assessment of the balance between the educational and service components.

VI. Board Certification

One measure of the quality of a program is the performance of its graduates with respect to the American Board of Facial Plastic and Reconstructive Surgery certification process. Graduates of AAFPRS-approved fellowships are expected to complete this process successfully. A program will be judged deficient if during the most recent 5-year period 40% or more of its graduates fail either the oral or written examination on the first try.