

Specialization & Certification in Facial Plastic Surgery

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Specialization in medicine has driven improvements in patient care since the end of the nineteenth century.

Consider the field of facial plastic surgery. Its earliest days as a specialty can be traced to 1924, when the American Board of Otolaryngology (ABOto) was incorporated. Some years later in 1937, building on this otolaryngology foundation and further experiences with reconstructive surgery realized during World War I, the American Board of Plastic Surgery (ABPS) was organized. Residencies in both specialties evolved and expanded to teach what is now known as facial plastic surgery. Currently twenty-five percent of the ABOto certification examination is devoted to facial plastic surgery. A portion of the American Board of Plastic Surgery examination, of course, covers similar procedures.

Since World War II, the pace of change has increased. The eminent medical historian Kenneth M. Ludmerer, M.D., has stated, “Before World War II, the residents represented the culmination of medical education. After World War II, however, residency training became insufficient to achieve its traditional goals. Clinically, it no longer brought house officers to the cutting edge of specialty care. ... Even the most gifted clinicians had to subspecialize if mastery of a particular area was their objective.” Beginning in the 1950s and 1960s, surgeons trained in otolaryngology-head and neck surgery began to seek additional training in facial plastic surgery. Thus, the American Academy of Facial Plastic and Reconstructive Surgery (AAFPRS) was founded in 1964 to increase educational opportunities and improve patient care – a goal toward which the organization continues to work. In addition to excellent courses and meetings, the AAFPRS’s educational foundation now sponsors some fifty graduate fellowships that undergo rigorous review modeled on standards set by the Accreditation Council for Graduate Medical Education (ACGME) as regards

duration, institutional affiliation, faculty qualifications and responsibilities, standardized curriculum with appropriate academic, clinical, and operative components, research, and so forth. Some surgeons certified by the ABPS also concentrated their practices in facial plastic surgery.

This brief historical review brings us to the 1980s. By then, two boards, the ABOto and the ABPS, certified residency trained surgeons in their respective specialties, with individuals certified by either board being widely recognized by the public, academia, and government institutions as qualified to perform facial plastic surgery. That remains the situation to the present time (with further excellent training and certification in certain aspects of facial plastic surgery within ophthalmology and dermatology). As knowledge expanded and more surgeons specialized in facial plastic surgery, however, demand arose to certify these new specialists. The American Board of Facial Plastic and Reconstructive Surgery (ABFPRS) was founded in 1986 to meet this public need.

The ABFPRS was organized to recognize facial plastic surgeons who had moved beyond initial certification by either the ABOto or the ABPS. Other requirements include two-day written and oral examinations (psychometrically validated), peer review of at least fifty facial plastic surgery cases per year over two years, appropriate medical licensing, and adherence to the ABFPRS code of ethics. The ABFPRS written and oral examinations are statistically valid and meet or exceed ABMS standards. To achieve certification, one must have successfully completed an ACGME-approved residency training in one of the two fields comprehensively addressing facial plastic surgery—otolaryngology-head and neck surgery or general plastic surgery. This differentiates the ABFPRS from those other boards that certify in areas outside of their respective physicians' ACGME training. The ABFPRS has been found acceptable by every state medical board that has inquired into its standards for certification. The ABFPRS has certified more than 650 surgeons throughout the United States and Canada. ABFPRS certification assures the patient that his or her surgeon is a specialist in facial plastic surgery.

Advances in medical knowledge and technology ensure that specialization will continue. Our educational and certification processes will evolve to reflect this reality. The editors asked me to address causes of interspecialty conflict about certification. Some conflict is perhaps unavoidable when specialties perform similar procedures and in essence compete for patients. But medical certification boards were organized to serve the public and help patients identify physicians with specialized qualifications. Efforts to use board certification as a marketing tool, or more specifically, to misrepresent or initiate negative political actions against a competitor's board are unfortunate. Such efforts only serve to diminish our public credibility and undermine our institutions. The vast majority of the physicians I know personally, place their patients' interests above any other considerations. If we all work to improve education, research, and quality of care, our patients and our profession can only benefit.