



PROGRAM REQUIREMENTS

FOR

CLINICAL FELLOWSHIP TRAINING IN

GENERAL COSMETIC SURGERY

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Overview

Cosmetic surgery is a specialty exclusively dedicated to the enhancement of appearance through surgical and medical techniques directed to all areas of the head, neck, and body. Cosmetic surgery is performed by dermatologists, facial plastic surgeons, general surgeons, gynecologists, ophthalmologists, oral and maxillofacial surgeons, otolaryngologists, plastic surgeons, and physicians from other fields. Cosmetic surgery is primarily learned post-residency through continuing education, training, and experience.

The American Academy of Cosmetic Surgery (Academy) is an accredited council of professionals exclusively devoted to post-graduate education in cosmetic surgery. The Academy is dedicated to patient safety and satisfaction through physician education. The Academy's principal objectives are to foster, promote, support, augment, develop, and encourage the science and art of cosmetic surgery (Exempt Purpose).

A fellowship in cosmetic surgery is a post-residency program involving advanced education and training in the art of cosmetic surgery. The Academy certifies fellowship programs (Programs) that meet or exceed the requirements set forth in the *Program Requirements for Clinical Fellowship Training in Cosmetic Surgery* (Program Requirements). All residency education required to qualify for a Program must be from programs accredited by the ACGME, AOA-BOS, the Royal College of Physicians and Surgeons of Canada, or the ADA. The Academy appoints a Fellowship Review Committee (FRC) to, among other things, assess and monitor the Programs' compliance with the Program Requirements. The Academy's certification process seeks to ensure the public, the health care community, state medical boards, and medical specialty boards including, without limitation, the American Board of Cosmetic Surgery (ABCS), that the Programs include comprehensive education, training, and experience in cosmetic surgery, and meet or exceed the requirements applied to residency programs in the United States by the Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association Bureau of Osteopathic Specialists (AOA-BOS).

Background

Medical education and training in the United States is structured as a continuum, with each level building upon the physician's prior education and training. In general, medical education and training includes the successful completion of: (i) undergraduate education; (ii) medical school; (iii) medical licensure via medical examination; and (iv) graduate medical education, typically related to the physician's chosen area of practice.

Physicians are typically required to complete one (1) to three (3) years of graduate medical education (GME) before they can be licensed to practice medicine. Residencies vary in length with most lasting three (3) to five (5) years. Integrated Oral and Maxillofacial Surgery – Medical Doctorate (OMS-MD) residency programs last between four (4) and seven (7) years. Students enrolled in an OMS-MD program typically complete years 3 and 4 of medical school curriculum and complete a minimum of one (1) year as general surgery interns in participating medical schools. In general, residency programs are designed to provide students with demanding, progressive, and supervised education, training, and experience to prepare them for independent practice. Residency programs accredited by the ACGME or the AOA-BOS are structured to ensure students learn and demonstrate competency in: (i) patient care; (ii) medical knowledge; (iii) practice-based learning and improvement; (iv) interpersonal and communication skills; (v) professionalism; and (vi) systems-based practice (Core Competencies).

Importantly, the Core Competencies are part of every residency accredited by ACGME and the AOA-BOS, and the joint ACGME-American Dental Association (ADA) programs for the integrated OMS-MD. In addition to the Core Competencies, a residency is required to comply with: (i) the *ACGME Common Program Requirements* if it is an ACGME accredited residency; (ii) the *AOA-BOS Basic Documents for Postdoctoral Training* if it is an AOA-BOS accredited residency; and (iii) the *ADA Accreditation Standards for Advanced Specialty Education Programs in Oral and Maxillofacial Surgery* if it is an integrated OMS-MD. Finally, depending on the specialty, a physician's residency will include specialized education and training as required by ACGME, AOA-BOS, and the ADA for joint OMS-MD programs.

There are currently no residency programs in the United States devoted exclusively to cosmetic surgery. And residency programs in dermatology, general surgery, obstetrics and gynecology, oral and maxillofacial surgery, ophthalmology, otolaryngology, plastic surgery, and other specialties, do not include adequate training to render a physician competent to perform the vast array of cosmetic surgery procedures. Recognizing that physicians seeking to practice cosmetic surgery required additional post-residency specialized education and training, the Academy encouraged the creation of comprehensive Programs to fill an essential part of the continuum of cosmetic surgeons' education, training, and experience.

Qualifying Terms

The following terms as used in these Program Requirements are defined as follows:

Must, Shall, or Will: A mandatory duty.

Should: A highly desirable manner to obtain the required standard.

May or Could: Freedom or liberty to follow a suggested alternative.

Fellowship Status

The Academy's certification process requires that the Program Director: (i) submit, for the Academy's consideration, a sworn application (Application) on the Academy's prescribed form; (ii) agree to on-site evaluations/visitations by the Academy's assigned representatives and/or consultants; and (iii) provide all additional information and documentation requested by the Academy. Based on the Program Director's submission, the Academy's on-site evaluation, and/or any other information obtained by the Academy, the Academy Board of Trustees (Board) through the Fellowship Review Committee (FRC), will determine, in its sole discretion, whether to certify the Program.

After considering a Program's completed and sworn Application; on-site evaluation; and all information and documentation requested by the Academy, the Academy shall determine the Program's Application is either:

1. **Full Approve:** The Fellowship Review Committee shall grant full approval after a one-year provisional period and upon review of a adequate case log number and mix (based on American Board of Cosmetic Surgery's recommended case log requirements) along with the Fellowship Program's application, on-site evaluation, and other pertinent submissions. The FRC shall determine if the Program meets the Fellowship Training in Cosmetic Surgery (Guidelines). Accordingly, the FRC certifies the Fellowship Program for full approval.
2. **Provisionally Approved:** The Academy determined the Program to be in substantial compliance with these Program Requirements with minor deficiencies that could be corrected within twelve (12) months. The Program will not be certified until it completes all designated corrective action within the time prescribed by the Academy, and receives a notice of approval from the Academy.
3. **Provisionally Approved:** The FRC shall review the Fellowship's Program's application, on-site evaluation, and other submissions, and determine it to be in substantial compliance with these Guidelines with minor deficiencies that can be corrected within twelve (12) months.
4. Any new program application will receive provisional approval pending evaluation of adequate case logs, on site visit, and educational program.
5. **Probation:** The FRC determines that a fully approved Fellowship Program does meet the Standards set by the American Board of Cosmetic Surgery, or ethical standards are not met, shall require the Fellowship Program to be placed on probation. The Fellowship Program shall have twelve (12) months to make and submit corrective actions to the FRC.
6. **Deny:** The FRC determines the Fellowship Program (based on the Application and other submissions does not qualify for certification and does not meet provisional approval.
7. The Fellowship Program placed on Probation status does not submit a corrective action or become compliant with the Guidelines and case log requirement shall receive a Deny from the FRC. Until corrective actions are made and approved by the FRC, the Fellowship shall be terminated. If the Fellowship Program is terminated, a new application must be submitted; an on-site visit must be

conducted, along with other submissions to Provisionally Approve and re-instate the Fellowship Program.

8. **Leave of Absence:** There may be an occasion for the Fellowship Program Director to not seek or accept a Fellow. Circumstances such as a medical illness, extensive travel, or other commitments may require a temporary cessation in fellowship training. The Director may submit in writing a request for a Leave of Absence from the FRC. If granted, the Fellowship Director will notify the FRC when the Fellowship Program will begin seeking a fellow. Leave of Absence may be granted up to three (3) years before requiring a new application be submitted to have a Fellowship Program. However, if the Director makes a good faith effort to recruit a fellow (participate in applicant pool interview process, etc.) but does not take a Fellow because of circumstances beyond the Director's control, (e.g. Unmatched Fellowship position) then the Director does not have to request a leave of absence.

PROGRAM REQUIREMENTS

1. INSTITUTIONAL COMMITMENT.

- 1.1 A Program must have one sponsoring institution with primary responsibility for the entire Program (Qualified Institution). The Qualified Institution's responsibilities extend to fellow assignments at all participating and affiliated institutions and sites (Qualified Institution sites).
- 1.2 Qualified Institutions include only university centers, medical schools, hospitals, ambulatory care settings, and private practices accredited by a reputable accrediting organization such as the Joint Commission, the Accreditation Association for Ambulatory Health Care (AAAHC), the American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF), or other state or private accrediting organizations deemed equivalent by the Academy.
- 1.3 The Qualified Institution must ensure that sufficient faculty, financial resources, and academic support exist to enable the Program to comply with these Program Requirements.
- 1.4 If there is a cooperative education effort involving multiple Qualified Institution sites, their commitment must be documented in an affiliation agreement that conforms to these Program Requirements.
- 1.5 Programs based in institutions that also sponsor surgery residency training programs (e.g., Dermatology, General Surgery, Ophthalmology, Oral and Maxillofacial Surgery, Otolaryngology, Plastic Surgery) must demonstrate that the Program and residency programs are not in conflict, and that the Program does not compete with the residency program for surgical cases.

2. PROGRAM DIRECTOR, PERSONNEL, AND RESOURCES.

2.1 Program Director. The Program must be directed by a single responsible doctor (Director) who is board certified by the American Board of Cosmetic Surgery (ABCS). The Director must have an academic appointment, must be an active fellow member of the Academy. The Director must have privileges at the Qualified Institution to perform cosmetic surgery. The Director must have extensive documented cosmetic surgery, instructive, and administrative experience to ensure effective direction of the Program. The Director must foster an environment that educates fellows in the Core Competencies; maintains quality didactic and clinical education in all participating Qualified Institution sites; and ensures the Program complies with the Program Requirements, including without limitation policies and procedures regarding the:

- 2.1.1 Development and achievement of the Program's goals (and a systematic method of assessing whether they were met).
- 2.1.2 Selection and supervision of the faculty.
- 2.1.3 Selection of the fellows to confirm they meet the minimum eligibility requirements set forth in Section 4 below.
- 2.1.4 The Director's engagement in verifiable scholarly activities, such as basic research; publications in peer-reviewed scientific journals or books; and presentations at scientific meetings and/or continuing education courses.
- 2.1.5 Back up support systems when patient care responsibilities are prolonged or uniquely difficult.
- 2.1.6 Policies, procedures, and rules maintained by all Qualified Institution sites.
- 2.1.7 Submission of documents and information to the Academy, including without limitation, the requirement that all said submissions be reviewed by the Director (unless otherwise specifically authorized by applicable policies, procedures, rules, or the law).
- 2.1.8 Maintenance of Program records. The Director must keep an accurate and complete record of the number and variety of clinical procedures performed at the institution and by the individual fellows (and submit said records to the Academy upon its request). The Director must also keep on file a complete record of all present and former fellows.
- 2.1.9 A standardized Progress report shall be submitted by the Director to the FRC every six (6) months. More frequent evaluations and documentation of such evaluations should be made if it is determined a fellow may not be properly motivated or eligible for advancement or retention in the Fellowship Program. These reports

should be submitted to the FRC in a timely fashion.

- 2.1.10 Formal evaluations and documentation of the fellow's performance in each of the following categories: diagnosis, treatment planning, operative procedures, surgical skill, and complications.
- 2.1.11 Provision for due process in connection with fellow grievances. Program Director shall submit Due Process Summary to FRC upon request.
- 2.1.12 Maintenance of Fellowship Program records, patient statistics, and affiliated institutional agreements. The Director must keep an accurate and complete record of the number and variety of clinical procedures performed by the fellow as the primary and co-surgeon. The Director must obtain and retain a copy of the fellow's case log every six (6) months and upon completion of the fellowship program.
- 2.1.13 The fellow shall submit his/her case log to the online database-when established by the Academy at least bi-weekly.
- 2.1.14 Preparation of a final written evaluation of the fellow upon completion of the Fellowship Program. The evaluation must include a review of the fellow's performance during the Fellowship Program and should verify that the fellow has demonstrated sufficient competency with respect to the completed training. The purpose of the evaluation is to document satisfactory completion of the Fellowship Program. The evaluation shall be submitted to the FRC. This evaluation must be included in the fellow's permanent record and must be maintained by the Fellowship Director.
- 2.1.15 Once mutual acceptance between a Fellow applicant and Fellowship Program is established, another program cannot recruit or accept that Fellow. The Fellowship Program will notify the AACS of acceptance. At that point in time, the Fellow cannot accept another AACS Fellowship offer.

2.2 Personnel.

Faculty:

- 2.2.1 The faculty must actively participate in medical professional societies' meetings.
- 2.2.2 The faculty must be of adequate size to ensure there is direct supervision appropriate to the fellows' competence, level of training, and credentialing in all patient care settings. The number of fellows in a Program shall never exceed the number of faculty members in the Program, and the Program shall consist of no less than two (2) faculty members. In addition, the Academy's prior authorization is required for an increase in Program fellows beyond the authorized level. Failure to comply with this policy will jeopardize the Program's certified status. The

fellows must spend reasonable time with each faculty member.

- 2.2.3 There must be evidence of scholarly activity among the faculty. Such evidence may include basic research; publications in peer-reviewed scientific journals or books; and presentations at scientific meetings and/or continuing education courses.
- 2.2.4 The faculty must be supervised by the Director or another ABCS certified doctor. This provision is not intended to require independent supervision of the Director, who is considered a member of the faculty.
- 2.2.5 The faculty must have significant education, training, experience, and proven ability to perform cosmetic surgery.
- 2.2.6 The faculty must be involved in direct patient care and/or didactic instruction for the fellows by means of lectures, journal club, or other educational programs.
- 2.2.7 The physician faculty must possess current medical licensure. The non-physician faculty must have appropriate qualifications in their field.
- 2.2.8 The faculty must have hospital transferring privileges and/or another mechanism to transfer patients to a hospital.
- 2.2.9 A majority of the faculty shall have an academic appointment. At least one of the faculties shall have an academic appointment.

Other Program Personnel:

The Director must ensure the Program and all Qualified Institution sites possess the necessary professional, technical, and clerical personnel to effectively administrate the Program.

2.3 Substitution of Faculty.

- 2.3.1 If a Director resigns, or the Director is terminated, the Program's certification shall automatically terminate unless, within thirty (30) days of said termination (or such extended period as the Academy provides), a written request is made to the Academy, in the form prescribed by the Academy, to approve a separate individual as the Director of the Program. A request to approve a substitute Director must include documentation required by the Academy and confirmation that the proposed individual's qualifications meet all requirements set forth in Section 2.1 above. The Academy may request additional information and documentation at it deems necessary to ascertain the qualifications of the proposed substitute Director. The Academy's decision regarding whether to approve the proposed substitute Director shall be rendered in its sole discretion and is not subject to challenge or appeal. If a timely written request to approve a substitute Director is not submitted to the Academy, or if said request is denied by the Academy, the

Program's certification shall automatically terminate.

- 2.3.2 The Director shall notify the Academy within fourteen (14) days of a faculty member's resignation or termination. If the Academy determines, in its sole discretion, said resignation or termination results in the Program's failure to comply with the requirements of Section 2.2 above, the Academy shall notify the Director regarding the change in compliance and provide the Director no less than thirty (30) days to retain additional faculty and fulfill the requirements of Section 2.2 above. If the Director retains an appropriate substitute faculty member within the time prescribed in the Academy's notice, the Director shall submit a written request to the Academy, in the form prescribed by the Academy, for continuation of the Program's certification based on the proposed substitute faculty member. The request must include documentation required by the Academy and confirm that the proposed faculty member renders the Program compliant with Section 2.2 above. The Academy may request additional information and documentation as it deems necessary to ascertain whether the proposed faculty member renders the Program compliant with Section 2.2 above. The Academy's decision regarding whether to continue or revoke the Program's certification based on the proposed faculty member shall be rendered in its sole discretion and is not subject to challenge or appeal. If a timely written request to continue the Program's certification is not submitted to the Academy, or if said request is denied by the Academy, the Program's certification shall automatically terminate.

3. FACILITIES AND RESOURCES.

- 3.1 Institutional facilities and resources must be adequate to provide educational experiences and opportunities that fulfill the needs of the Program as specified in these Program Requirements. These include, but are not limited to, administrative offices, instructional space, and personnel resources for the fellows to provide quality patient care and complete their personal educational responsibilities.
- 3.2 Equipment and supplies to manage medical emergencies must be accessible and functional.
- 3.3 Attention must be directed to the judicious use and monitoring, in accordance with state and federal laws, of nitrous oxide, cocaine, narcotics, anesthetics agents, drugs and other substances and techniques such as ionizing radiation that might be hazardous to patients or personnel.
- 3.4 Qualified Institution sites must establish and enforce written clinical/laboratory protocols to ensure adequate asepsis, infection and hazard control, and disposal of hazardous waste. These protocols must be provided to the fellows, faculty, and appropriate support staff.
- 3.5 Mechanisms must be established to continuously monitor compliance with these Program Requirements in the Qualified Institution sites. The Program must document its compliance with all applicable regulations.

- 3.6 The faculty and support staff involved in the direct provision of patient care must be certified in basic life support procedures, including cardiopulmonary resuscitation. The faculty and fellow must maintain active certification in basic and advanced cardiac life support. The Program must maintain certifications evidencing compliance with this Section.
- 3.7 In an effort to minimize risk of infection to patients and personnel, fellows and faculty should show proof of immunization against infectious diseases (e.g., mumps, measles, rubella, hepatitis B) prior to contact with patients and/or potentially infectious objects or materials.
- 3.8 All Qualified Institution sites must be properly equipped for the performance of all appropriate cosmetic surgery procedures, including the administration of general anesthesia and/or sedation for ambulatory patients in strict accordance with the facility's active accreditation status.
- 3.9 All Qualified Institution sites must have a designated space properly equipped for monitoring patients' recovery from ambulatory surgery, and general anesthesia and/or sedation in strict accordance with the facility's active accreditation
- 3.10 Fellows must have access to educational resources, which may include access to a health science library, current electronic medical literature databases with search capabilities, and other appropriate reference material in print or electronic format.

4. PREREQUISITES TO FELLOWSHIP TRAINING.

- 4.1 To qualify for a Program, the fellow must, at a minimum, complete the prerequisites set forth in Sections 4.1.1, 4.1.2, 4.1.3, and 4.1.4:
 - 4.1.1 To fulfill this first prerequisite, a fellow must qualify under **one (1)** of the following four (4) categories (i.e., A, B, C, or D):
 - A. Board certified, or successfully complete an accredited residency program required for board certification, in one of the specialties listed below. To qualify, board certification in the following specialties must be granted by a: (i) member board of the American Board of Medical Specialties (ABMS); (ii) member board of the American Osteopathic Association Bureau of Osteopathic Specialists (AOA- BOS); or (iii) a certifying board that otherwise requires the completion of a residency program accredited by the ACGME, AOA-BOS, or other certifying organization deemed equivalent by the Academy.
 - General Surgery;
 - Obstetrics and Gynecology;
 - Otolaryngology;
 - Plastic Surgery; or
 - Other surgical specialty deemed equivalent by the Academy.
 - B. Board certified, or successfully complete an accredited integrated OMS-MD

program required for board certification, in Oral and Maxillofacial Surgery (OMS) with a medical degree (MD). To qualify, said board certification must be granted by a certifying board recognized by the American Dental Association, and requiring residency training that complies with both the *ACGME Program Requirements for Graduate Medical Education in General Surgery*, and the *Accreditation Standards for Advanced Specialty Education Programs in Oral and Maxillofacial Surgery*

- C. Board certified, or successfully complete an accredited residency program required for board certification, in dermatology. To qualify, board certification in dermatology must be granted by: (a) a member board of the ABMS; (b) a member board of the AOA-BOS; or (c) a certifying board that otherwise requires the completion of a residency program accredited by the ACGME, AOA-BOS, or other certifying organization deemed equivalent by the Academy;

AND

- i. Successful completion of a Procedural Dermatology fellowship program certified by ACGME.

OR

- ii. Successful completion of a Mohs fellowship program approved by the American College of Mohs Surgery.

OR

- iii. Successful completion of the first year (PGY-1) of a general surgery residency program accredited by ACGME or the AOA-BOS.

D.

- i. Board certified, or successfully complete an accredited residency program required for board certification, in ophthalmology. To qualify, board certification in ophthalmology must be granted by:
- a. A member board of the ABMS
 - b. A member board of the AOA-BOS; or
 - c. A certifying board that otherwise requires the completion of a residency program accredited by the ACGME, AOA-BOS, or other certifying organization deemed equivalent by the Academy

AND

- ii. Successful completion of an Ophthalmic Plastic and Reconstructive Surgery Fellowship Program certified by the American Society of Ophthalmic Plastic and Reconstructive Surgery (ASOPRS); or an ASOPRS member in good standing.

OR

- iii. Successful completion of the first year (PGY-1) of a general surgery residency program accredited by ACGME or the AOA-BOS.

4.1.1 To fulfill this second prerequisite, a fellow must maintain a current certification in Advanced Cardiac Life Support.

4.1.2 To fulfill this third prerequisite, a fellow must successfully complete and pass an Advanced Trauma Life Support (ATLS) course approved by the American College

of Surgeons (ACS).

4.1.3 To fulfill this fourth prerequisite, a fellow must have and maintain an active medical license in all States in which the fellow will practice during the Program.

4.2 Non-discriminatory policies (including based on professional degree(s)) must be followed in selecting fellows.

5. EDUCATIONAL PROGRAM.

- 5.1 The Program must have a formally structured curriculum that must be distributed to the fellows and faculty containing, at a minimum, the following educational components.
- 5.1.1 Overall educational goals, and competency-based goals for the Program.
 - 5.1.2 Fellows' written confirmation that they read, understand, acknowledge and agree to abide by these Program Requirements and any other policies, procedures, and rules of the Program.
 - 5.1.3 A list of topics to be discussed in weekly seminars with the fellow, and a mandatory reading list from landmark cosmetic surgery topics prepared by the Director.
 - 5.1.4 There shall be regularly scheduled didactic sessions including, but not limited to, morbidity and mortality conferences, journal club, clinical presentations, and research and basic science presentations.
 - 5.1.5 The Program must provide a broad and complete sequence of patient experiences in the area of emphasis during the Program. The fellow must have the opportunity to see patients preoperatively and postoperatively to ensure experience in a continuum of care.
 - 5.1.6 The fellow must maintain a surgical case log of all procedures he/she completed that includes, at a minimum, the date of the procedure, patient name, patient initials (for HIPPA purposes) patient identification number, geographic location where procedure was performed, type of anesthesia/sedation, preoperative diagnosis, surgical procedure performed, and the outcome of the procedure (Case Log). The fellow shall maintain the Case Log in an electronic format utilizing the specific program provided by the Academy. The Case Log may be requested of the fellow at any time. The fellow must also submit a copy of his/her final Case Log (with the patients' names redacted) to the Academy within one (1) month of completing the Program.
 - 5.1.7 The fellow should be exposed to a broad experience, designed for the fellow to master, without limitation: (i) the principles of aesthetics; (ii) initial cosmetic patient consultations; (iii) recognizing and managing inappropriate cosmetic

patients; (iv) cosmetic procedures including, without limitation, compliance with Section 5.1.8 below; (v) management of common and serious complications of cosmetic procedures; (vi) postoperative care of common cosmetic procedures; (vii) management of the dissatisfied cosmetic patient, and psychological body dysmorphic disorders; and (viii) the creation and management of a cosmetic surgery private practice.

5.1.8 The fellow must participate as primary surgeon or direct assistant in three hundred (300) or more cosmetic surgery procedures during the Program. The Academy will review and monitor the number and type of procedures performed by the fellow to ensure there is an appropriate distribution among the cosmetic surgery procedures. Without limiting the foregoing, the three hundred (300) minimum cosmetic surgery procedures must include at least: (i) fifty (50) cosmetic surgery procedures of the body or extremities; (ii) fifty (50) cosmetic surgery procedures of the breast; (iii) fifty (50) dermatologic cosmetic surgery procedures; and (iv) fifty (50) facial cosmetic surgery procedures. A list of procedures qualifying for each of the stated categories will be included as an Addendum to these Program Requirements, and reviewed and updated periodically by the FRC. Whether procedures fall within the stated categories for purposes of this requirement will be determined by the Academy in its sole discretion. In addition to the three hundred (300) or more cosmetic surgery procedures, fellows must receive adequate exposure, in depth and breadth, to common non-surgical cosmetic procedures (e.g., fillers, Botox, superficial skin care treatment).

5.1.9 The Program must integrate the following Core Competencies into the curriculum:

Patient Care: Fellows must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Fellows should have clinical experience in the following areas:

- i. Cosmetic surgery and other rejuvenation procedures to improve the aesthetic appearance of skin
- ii. Experience regarding diagnosis and treatment planning of the most common patient complaints related to skin appearance, integrity, texture, and health
- iii. Cosmetic surgery of the breast along with experience and a good working knowledge for breast cancer evaluation
- iv. Cosmetic surgery of the head and neck, trunk, and extremities
- v. Anesthesia with a working knowledge of airway management, cardiac resuscitation, diagnosis and management of lidocaine toxicity
- vi. Management of common complications involving cosmetic surgery including

major wound management.

- vii. Experience in a well-organized and faculty supervised outpatient clinic, along with experience related to appropriate patient selection, treatment and follow up, including, without limitation:
 - a) Assessing patients for realistic expectations
 - b) Assessing patients for outpatient treatment
 - c) Assessing patients' health and ability to safely and reasonably undergo an elective cosmetic procedure
 - d) Opportunity to see a variety of patients seeking various cosmetic surgical procedures, establish provisional diagnoses, and initiate preliminary treatment plans
 - e) Opportunity for follow-up care so that the results of cosmetic surgical care may be evaluated by the responsible fellow and faculty; and
 - f) Appropriate degree of responsibility and adequate supervision, with program director oversight.

Medical Knowledge: Fellows must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, and the application of this knowledge to patient care. Fellows are expected to satisfy the following:

- i. Participate in conferences that include the pertinent basic science subjects (e.g., anatomy, physiology, pathology, embryology, laser physics, wound healing, microbiology, and pharmacology), as well as practice management, ethics, and medical- legal topics
- ii. Participate and present educational materials at conferences. Fellows should be provided adequate time to prepare for said conferences to emphasize their importance and maximize the Fellows' educational experience.
- iii. Be exposed to surgical design, surgical diagnosis, surgical anatomy, artistic anatomy, various aesthetic forms, aesthetic surgical anatomy, physiology and pharmacology, wound healing, surgical pathology and microbiology, biomechanics, adjunctive oncological therapy, and instrumentation fundamental to the specialty
- iv. Demonstrate sound judgment and technical capabilities to achieve satisfactory surgical results.
- v. Demonstrate the ability to evaluate the patient seeking cosmetic surgery or aesthetic changes for psychiatric conditions that may interfere with future treatment if unrecognized (e.g., Body Dysmorphic Disorder, Obsessive Compulsive Disorder, Severe Depression, etc.), and know when not to treat or when to refer patient for psychiatric evaluation.

Practice-based Learning and Improvement: Fellows must demonstrate the ability to evaluate their care of patients, appraise and assimilate scientific evidence, and continuously improve their patient care based on constant self- evaluation and lifelong learning. Fellows are expected to meet the following goals:

- i. Identify strengths, deficiencies, and limits in one’s knowledge and expertise
- ii. Set learning and improvement goals
- iii. Identify, perform, and complete appropriate learning activities
- iv. Analyze practice using quality improvement methods, and implement changes with the goal of practice improvement
- v. Incorporate feedback into daily practice
- vi. Use information technology to optimize learning (e.g., pre-operative and post- operative photographs, research data, staff feedback, patient satisfaction surveys, etc.); and
- vii. Participate in the education of patients, families, students, staff, fellows and other health professionals.

Communication Skills: Fellows must possess interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and other health professionals. Specifically, fellows are expected to:

- i. Communicate effectively with patients, families, friends, and the public in a broad range of socioeconomic and cultural backgrounds
- ii. Maintain honesty, availability, and an open line of communication during all phases of patient treatment and interaction
- iii. Exhibit integrity and professionalism at all times when discussing the patient’s realistic cosmetic goals
- iv. Articulate and express themselves clearly, and in a manner understandable to the patients during all oral communications (especially, without limitation, those regarding diagnosis, prognosis, treatment plans, risks, benefits, and options
- v. Work effectively as a member or leader of a health care team or other professional group
- vi. Act in a consultative role to other physicians and health professionals when

appropriate; and

- vii. Maintain comprehensive, timely, and legible medical records to ensure effective patient care and patient safety.

Professionalism: Fellows must demonstrate a commitment to carry out professional responsibilities and adhere to ethical principles. Fellows are expected to:

- i. Demonstrate compassion, integrity, and respect for others
- ii. Responsiveness to patient needs that supersede self-interests
- iii. Respect for patient privacy and autonomy (including, without limitation, strict adherence to the *Health Insurance Portability and Accountability Act of 1996* - HIPAA)
- iv. Accountability to patients, society, and the profession
- v. Maintain ethical behavior consistent with fellows' medical licensure, and national and local medical societies (e.g., patient care, advertising practices, substance abuse); and
- vi. Utilize sensitivity and responsiveness to diverse patient populations (e.g., gender, age, culture, race, religion, disabilities, and sexual orientation).

Systems-based Practice: Fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to utilize other resources to provide optimal health care and surgical care. Fellows are expected to:

- i. Work effectively in various health care delivery settings and systems relevant to the specialty of cosmetic surgery (e.g., accredited outpatient surgery centers, office based practices and surgery suites, and hospitals)
- ii. Coordinate patient care within their health care system relevant to their clinical specialty
- iii. Incorporate cost awareness and risk-benefit analysis in patient care (i.e., clinical care and surgical treatment)
- iv. Advocate for quality patient care and optimal patient care systems
- v. Work efficiently in any inter-professional teams to enhance patient safety and improve patient care quality; and
- vi. Participate in identifying system weaknesses and implementing potential

solutions.

5.2 The Program curriculum must contain the following scholarly activities:

- 5.2.1 The application of research methods and evaluation of data to develop intellectual growth, a creative attitude, better interpretation of scientific literature, and a desire for continued study.
- 5.2.2 The fellow must perform clinical or basic research, and, as part of the Program, submit at least one (1) clinical or basic research paper reflecting said research for publication to the American Journal of Cosmetic Surgery (AJCS) or another peer-reviewed Cosmetic / Plastic Surgery journal. The fellow must complete one paper in order to earn a Fellowship Certificate. Alternatively, the fellow should have an abstract for presentation at the Academy's Annual Symposium. The fellow should engage in an investigative project. Such research may take the form of: investigations in laboratories and/or clinics; or comprehensive summaries of scientific literature; or the preparation of statistical analyses based on clinical case record.
- 5.2.3 The Training Fellow must submit their completion paperwork within a year of finishing their Fellowship, unless the Fellowship Review Committee grants an extension.

6. EVALUATION.

- 6.1 The faculty must evaluate and document the fellow's knowledge, skills, and professional growth in a timely manner (no less than quarterly). More frequent written evaluations should be made to mentor a fellow who may not be eligible for advancement or retention in the Program if he/she does not show improvement within a prescribed period. The fellow must provide the Academy with a written evaluation of the Program and Director. All evaluations shall be provided on standardized evaluation forms provided by the Academy, and copies of all evaluations shall be provided to the Academy as prescribed by the Academy. The Program's evaluations must be available for review by the fellow and the Academy in accordance with the Program's policies and procedures and must include, without limitation:
 - 6.1.1 Objective assessments of competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice; use of multiple evaluators (e.g., faculty, peers, patients, self, and other professional staff); document progressive performance improvement; and provide each fellow with feedback.
 - 6.1.2 A summative evaluation prepared by the Director for each fellow upon completion of the Program. This evaluation must become part of the fellow's permanent record maintained by the Program and: (i) document the fellow's performance

during the Program; and (ii) verify the fellow demonstrated competence to practice without direct supervision. This evaluation must be included in the Fellow's permanent record and must be maintained by the Fellowship Director.

- 6.2 The Director must evaluate (at least annually) and document faculty performance in the Program. The evaluations should include a review of the faculty's clinical teaching abilities, commitment to the Program, clinical knowledge, professionalism, and scholarly activities. The evaluation must include written confidential evaluations by the fellows.
- 6.3 In order for a Fellowship Certificate, the Fellow must:
 - i. Have 300 case logs, signed by the Director and approved by the FRC.
 - ii. Satisfactory evaluation by the Director
 - iii. An article submitted to AJCS or equivalent peer-reviewed Cosmetic Surgery journal or have a presentation at the central symposium.

7. GENERAL DUTY HOURS AND RESPONSIBILITIES.

- 7.1 Fellows and faculty members must be aware of their professional responsibilities to appear for duty appropriately rested and fit to provide the services required by their patients.
- 7.2 The Program must be committed to and responsible for promoting patient safety and the fellows' well-being in a supportive educational environment. The Director must ensure that fellows actively participate in interdisciplinary clinical quality improvement and patient safety programs, which programs must:
 - i. include an appropriate blend of supervised patient care responsibilities
 - ii. clinical teaching, and didactic educational events
 - iii. not include excessive reliance on fellows to fulfill non-physician services.
- 7.3 The Director and Qualified Institution must foster a culture of professionalism, patient safety, and personal responsibility. Fellows and faculty must demonstrate an understanding and acceptance of their personal role regarding:
 - i. the safety and welfare of patients entrusted to their care;
 - ii. provision of patient and family-centered care;
 - iii. their fitness for duty;
 - iv. management of their time before, during, and after clinical assignments;

- v. recognition of impairment, including illness and fatigue, in themselves and in their peers;
 - vi. the monitoring of their patient care performance improvement indicators; and
 - vii. honest and accurate reporting of duty hours, patient outcomes, and clinical experience data.
 - viii. attention to lifelong learning;
- 7.4 Fellows and faculty members must understand that patient needs supersede self-interests, and recognize that under certain circumstances, the best interests of the patient may be served by transitioning that patient's care to another qualified and rested provider. In this regard, Programs must:
- i. design clinical assignments to minimize the number of transitions in patient care
 - ii. coordinate structured hand-over processes to facilitate both continuity of care and patient safety; and
 - iii. ensure fellows are competent in communicating the hand-over process with team members.
- 7.5 The Qualified Institution sites must ensure the availability of schedules that inform all members of the health care team regarding the responsible physician for each patient's care.
- 7.6 The Program must:
- i. educate all faculty and fellows to recognize signs of fatigue and sleep deprivation
 - ii. educate all faculty and fellows in alertness management and fatigue mitigation processes; and
 - iii. adopt fatigue mitigation processes (such as naps or back-up call schedules) to manage the potential negative effects of fatigue on patient care and learning.
- 7.7 The Program must provide adequate sleep facilities and/or safe transportation options for fellows who may be too fatigued to safely return home.
- 7.8 In the clinical learning environment, each patient must have an identifiable, appropriately-credentialed, and privileged physician who is ultimately responsible for that patient's care. This information should be available to fellows, faculty, other Program personnel, and patients. Fellows and faculty members should inform patients of their respective roles in each patient's care.

- 7.9 The Program must demonstrate that the appropriate level of supervision is in place for all fellows who care for patients. Faculty members functioning as supervising physicians should delegate portions of the care to fellows, based on the needs of the patient and the skills of the fellow. The Program must set guidelines for circumstances and events in which fellow must communicate with appropriate supervising faculty members. Each fellow must know the limits of his/her scope of authority, and the circumstances under which he/she is permitted to act with conditional independence.
- 7.10 Fellows must care for patients in an environment that maximizes effective communication. This must include the opportunity to work as a member of effective inter-professional teams that are appropriate to the delivery of care in the specialty.
- 7.11 Fellows must be limited to 80 duty hours per week, averaged over a four-week period, inclusive of all in-house call activities and all moonlighting. The Academy may grant exceptions for up to 88 hours to individual programs based on sound educational rationale.
- 7.12 Moonlighting must not interfere with the fellows' ability to achieve the goals and objectives of the Program. Time spent by fellows moonlighting counts toward the 80-hour duty limit.
- 7.13 Fellows must be scheduled a minimum of one day free of duty every week (when averaged over four weeks). Fellows must not be assigned additional clinical responsibilities after twenty-four (24) hours of continuous in-house duty. Because it is essential that effective patient hand-over occurs, fellows may be allowed to remain on-site for no longer than four additional hours to accomplish the same. In unusual circumstances, fellows, on their own initiative, may remain beyond their scheduled period of duty to continue to provide care to a single patient. Under those circumstances, the fellow must:
- i. appropriately hand-over all other patients to the team responsible for their continuing care; and
 - ii. document the reasons for remaining to care for the single patient and provide the same to the Director.
- 7.14 At the conclusion of the Program, fellows must be prepared to enter the unsupervised practice of medicine, and care for cosmetic surgery patients over irregular or extended periods.

8. AFFILIATIONS.

All Qualified Institution sites must demonstrate a commitment to the Program. The Director must maintain documented evidence of agreements between the Qualified Institution sites, and make the same available for inspection by the Academy and Academy representatives conducting on-site visitations. The agreements should specifically set forth, without limitation:

- 8.1 The designation of a single Director and the scope of the Director's authority to administer and coordinate the Program's activities in all Qualified Institution sites.

- 8.2 The designation of faculty responsible for the Program and the fellows' supervision.
- 8.3 The Qualified Institution sites' expected financial commitment, contribution to the Program, and obligation regarding the fellows' supervision.
- 8.4 The fellows' assignment regarding the respective segments of the Program provided by each Qualified Institution site and any assignment priority.
- 8.5 The Director's acknowledgement and acceptance of full responsibility for the quality of education provided in all Qualified Institution sites.
- 8.6 All parties' acknowledgement and agreement that these Program Requirements apply to training provided in all Qualified Institution sites.
- 8.7 All parties' agreement to comply with these Program Requirements and all applicable rules, regulations, ordinances, and other governing laws.

9. VACATION/LEAVE OF ABSENCE.

Leaves of absence or vacations may be granted at the discretion of the Director, but may not exceed two (2) weeks in a given year, unless required for medical reasons. A full "fellowship year" shall include a consecutive twelve (12) month period, or any extended period pursuant to Section 10.2 below. Additional time off for job interviews may be made available at the discretion of the Director but must not exceed ten (10) working days. 20

10. PRACTICE RESTRICTIONS DURING FELLOWSHIP.

- 10.1 Other than as provided in Section 10.2 below, the Program encompasses a full-time position for the fellow. Concurrent academic or private practice during the fellowship is not permitted to the extent it interferes with the fellow's obligations to the Program.
- 10.2 If special circumstances exist, the term of a Program may be extended beyond twelve (12) months and may be completed through a continuous part-time schedule. All Program Requirements must be completed by fellows, regardless of whether they are completed as part of a full-time or extended part-time schedule. Whether special circumstances exist for purpose of this Section 10.2 shall, in each case, be determined by the Academy in its sole discretion.

11. DUE PROCESS.

The Program must have specific written procedures for the adjudication of academic, disciplinary, and/or other complaints against fellows that parallel those established by the Qualified Institution, when possible, and ensure due process to protect the recognized rights and responsibilities of the fellow. The procedures must also provide due process rights for all individuals who may be involved in actions contemplated or initiated that could result in a fellow's dismissal. When there are grievances against a Program or a Qualified Institution, review of the grievances should be initiated at the local level prior to the involvement of outside organizations or agencies.

12. FELLOW CANDIDATE RIGHTS AND RESPONSIBILITIES.

The Director should apprise all Program candidates of the general and educational experience incorporated in the Program, including, without limitation, the nature of assignments, the participation of other departments or institutions, and the faculty commitments. Additionally, the Director should provide Program candidates with written notification of the fellow's obligations and responsibilities to the Qualified Institution sites, the Program, and the faculty. The written notice should enclose a copy of these Program Requirements and include, without limitation, information about: (1) tuition, stipend, and/or other compensation; (2) vacation and sick leave; (3) practice privileges and other activities outside the Program; (4) professional liability coverage; (5) due process policy; and (6) the current accreditation status of the Program.

13. OUTCOME ASSESSMENT AND IMPROVEMENT.

The Program must define its goals and objectives. The Program must regularly evaluate whether its goals are being met through formal ongoing written assessments. The written assessments will be reviewed by the Academy during on-site evaluations/visitations and must also be provided to the Academy at any time upon its request. Studies and assessments required by the Qualified Institution's accrediting organization (e.g., the Joint Commission, AAAHC, AAAASF) should be integrated into the Program written assessments.

Without limiting the foregoing, the Program must document annual formal, systematic evaluations of the curriculum. The Program must minimally monitor and track:

- i. Fellow performance;
- ii. Faculty development; and
- iii. Graduate Fellow performance on the American Board of Cosmetic Surgery (ABCS) certification examination. Fellows and faculty must have the opportunity to evaluate the Program confidentially in writing at least annually, and the Program must use the results of fellows' and faculty's assessments, together with other program evaluation results, to improve the Program. If deficiencies are found, the Program should prepare a written plan of action documenting initiatives to improve performance in the areas of deficiency. The action plan should be reviewed and approved by the Academy.

14. ON-SITE VISITATION.

Following the initial on-site evaluation by the Academy, Programs must undergo additional on-site visitations at least every five (5) years. The Academy may conduct additional on-site visitations at any time in its sole discretion to verify a Program's compliance with these Program Requirements. The Program shall pay the Academy a "Site Visitation Fee," in the amount determined by the 21 Fellowship Programs and must undergo a site visit to receive full approval by the FRC. Additionally, a site visit shall be conducted every five (5) years. There will be a \$1000.00 fee paid by the

Fellowship Program to the Academy to cover site visit survey expenses. This fee shall be paid in a timely fashion and is a one-time fee each five-year term. The FRC may conduct additional on-site visits at any time in its sole discretion. The intent of the on-site visit is to verify a Fellowship Program's compliance with these Guidelines, for deficiencies, a plan of correction shall be submitted to the FRC. Program deficiencies may result in status change (e.g. from full approval to probationary approval) based on the deficiencies, at the sole discretion of the FRC.

Academy and in accordance with Academy policy, to defray the costs incurred by the Academy in connection with its on-site visitations.

15. ANNUAL REPORTS.

An official Annual Report documenting enrolled fellows and appropriate case logs must be submitted to Academy headquarters by July 1 of each year (or any alternate date determined by the Academy) in the format established and provided by the Academy.

16. FELLOWSHIP COMPLETION CERTIFICATE.

The Director must attest to the fellow's satisfactory completion of the Program. The Director must complete and submit to the Academy a Completion Certificate on the form provided by the Academy.

17. BOARD ELIGIBILITY.

Completion of a Program does not guarantee a fellow the right to take the ABCS board exam or otherwise guarantee that the fellow is eligible for certification by the ABCS. The ABCS is a separate and distinct entity from the Academy, and it independently establishes its certification requirements, evaluates, and examines those seeking to become board certified. It is the responsibility of the Director and fellow to be apprised of current ABCS certification requirements.

18. SUSPENSION/REVOCAION OF CERTIFICATION.

A Program's continued certification by the Academy is not guaranteed and there is no guaranty a Program will be certified by the Academy at the time a fellow completes the Program. The Academy may suspend or revoke a Program's certification at any time in accordance with this Section.

- 18.1 **Acts Subject to Sanction.** The Academy may sanction a Program in accordance with the procedures set forth in Section 18.2 below, if:
- i. The Program is not in full compliance with these Program Requirements; or if
 - ii. The Director or any faculty engaged/is engaging in conduct contrary to the objectives of the Academy because of its fraudulent, unethical, or unprofessional nature; or if
 - iii. The Academy determines in its sole discretion that it is in its best interest. Such

sanction may consist of the suspension of the Program's certification (for a specified period of time), or the revocation of its certification. There is no process for reinstatement following the revocation of a Program's certification. Therefore, a program seeking Academy certification following a prior revocation of its certification must proceed through the application process as a new program. In addition, a program seeking Academy certification following a prior revocation of its certification is not eligible for Provisional Approval.

- 18.2 **Disciplinary Procedures.** All matters possibly subjecting a Program to sanctions shall be submitted to the Board for consideration. The Academy's President shall appoint an *ad hoc* committee (Investigation Committee) to explore any allegation of a Program's noncompliance with these Program Requirements, or any other grounds for sanctions. The Director must cooperate fully with any exploration by the Investigation Committee including, but not limited to, written inquiries, document requests, and a request for an expedited on-site visit by a representative(s) or appointee(s) of the Investigation Committee. The Director shall respond to all written inquiries and document requests, and shall facilitate an expedited on-site visit within thirty (30) days of any request, unless additional time is provided by the Investigation Committee at its discretion. Any failure or refusal to cooperate or comply with the Investigation Committee shall be grounds for a determination by the Investigation Committee, and the Board, that the Program is not in compliance with these Program Requirements, or that the Program is otherwise subject to sanction. If the Investigation Committee determines that the Program is not in compliance with these Program Requirements or is subject to sanctions for any other reason, the Investigation Committee shall send written notice to the Director and to the Board specifying all areas of noncompliance and any other conduct subjecting the Program to sanctions (Notice). Within thirty (30) days of delivery of the Notice to the Director's address (as 22 maintained by the Academy), the Director shall submit a written response to the Investigation Committee's Notice along with any documentation supporting said response (Response). The Board shall render a decision based on the Investigation Committee's Notice (and any written and/or oral presentation the Committee may submit in support thereof), and the Director's Response. If the Director does not submit a Response, the Board shall render a decision based solely on the Notice (and any written and/or oral presentation the Committee may submit in support thereof), and may deem any unopposed allegations set forth in the Notice as admitted by the Director for the purposes of its decision. If the Board deems it necessary, in its sole discretion, it may request a hearing to be conducted at a duly called meeting of the Board, and provide separate notice thereof to the Director no less than thirty (30) days prior thereto, which notice shall set forth: (i) the date, time, and place of the Board's meeting; (ii) that the Board will consider the entry of sanctions against the Program which (if applicable) may include the revocation of the Program's certification at the meeting, and including a statement regarding the basis for the potential sanctions; and (iii) an invitation to the Director to attend the meeting in person; to submit evidence regarding the matter being considered; and to set forth why sanctions should not be entered against the Program. If a hearing is requested by the Board, the Board may appoint the Academy's Legal Counsel as prosecutor representing the position set forth in the Notice, and the hearing will be conducted during an Executive Session of the Board.

Following the Notice, any Response, and, if requested, following the hearing in accordance with this Section, the Board may enter a sanction against the Program in accordance with this Section upon the vote of two-thirds (2/3) of the Board members present at a duly called meeting at which a quorum is present. Only disinterested and impartial members of the Board shall participate in deliberations regarding proposed sanctions against a Program. All Board decisions are final and not subject to appeal. Prompt written notice of any sanction shall be sent to the Director. The Director is solely responsible for the impact any sanction may have on a Program fellow or other third party.

19. NOTIFICATION OF ADVERSE ACTIONS.

The Director shall send written notice to the Academy within fourteen (14) days of any legal, governmental, or other action initiated, consummated, or threatened against the Director, any faculty member, the Program, or any Qualified Institution site including, but not limited to:

- a. Any medical negligence action or other civil claim arising out of the provision of health care services;
- b. The sanction, termination, probation, suspension or any other action taken voluntarily or initiated by a regulatory authority, health care institution, professional association, or other agency in connection with any license, registration, certification, privilege or accreditation held by the Director, any faculty member, or any Qualified Institution site; and
- c. Any action or sanction by the State or Federal government for fraud or abuse in connection with the Medicare or Medicaid programs.

20. VOLUNTARY PROGRAM CERTIFICATION POSTPONEMENT/LEAVE OF ABSENCE.

A Program may petition the Academy for permission to voluntarily postpone its certification for up to three (3) years. The petition should include the: (i) identification of the Program; (ii) name of the Director; (iii) start and end date of the requested voluntary postponement/leave of absence; (iv) reason(s) for the requested voluntary postponement/leave of absence; (v) name of any fellow enrolled in the Program; and (vi) a statement indicating whether the Program is currently in compliance with the Program Requirements.

A petition may not be granted if doing so would prevent a fellow who has started the Program from completing the same. A petition may not be granted if the Program is not in compliance with these Program Requirements or a disciplinary proceeding is pending. Subject to the foregoing limitations, whether a Program's petition is granted shall be determined by the Academy in its discretion. If a petition is granted, the Program shall be voluntarily postponed for the period requested, but for no more than one (1) year. However, the Academy, in its discretion, may grant a Program consecutive petitions for postponements at it deems appropriate.

If the petition is granted, at least thirty (30) days prior to the end of the voluntary postponement period, the Program shall submit a statement to the Academy certifying its compliance with these

Program Requirements and requesting an on-site visitation to verify the Program's compliance with these Program Requirements. If the Program is found to be in compliance with these Program Requirements, it will be permitted to resume the Program. If the Program acknowledges it is not in compliance or through the on-site visit it is found not to be in compliance with these Program Requirements, its certification shall remain postponed and Disciplinary Procedures instituted in accordance with section 18.2 of these Guidelines.

If the petition is not granted, the Program may continue or voluntarily withdraw. A Program may not voluntarily withdraw if doing so would prevent a fellow who started his/her fellowship from completing the same. If the Program elects to voluntarily withdraw, the Program must notify the Academy of its decision and the effective date of the Program's withdrawal. Once a Program has withdrawn its certification, it is cancelled and may only be certified by reapplying to the Academy.

21. RELEASE, INDEMNIFICATION, AND HOLD HARMLESS.

The Program, all Qualified Institution sites, the Director, the faculty, administrative staff, the fellows, and all other employees, agents and participants in the Program agree to release, indemnify and hold the Academy, and its members, Board, officers, agents and employees harmless against all claims, demands, causes of action, loss, damages and expenses including any legal fees and costs incurred in defending such claims resulting from, arising out of, or in any way related to the Program, the content and implementation of these Program Requirements, or any certification or approval processes and decisions.

22. LANGUAGE.

If there is confusion or disagreement regarding the meaning of any language, terms, or words in these Program Requirements, said meaning will be determined by the Academy in its sole discretion, and the Academy's determination will be final.

23. ACKNOWLEDGMENT.

By seeking the Academy's certification of the Program, the Director represents and acknowledges that he/she read these Program Requirements, fully understands its contents, and accepts and agrees to all of the covenants and commitments stated herein on behalf of the Program, on his/her individual behalf, and on behalf of all participants in the Program including, without limitation, the teaching and administrative staff and all Qualified Institution sites. The Director represents that he/she provided a copy of these Program Requirements to all faculty and administrative staff personnel, fellow(s), and other employees, agents and participants of the Program and was duly authorized by each to accept and agree to the covenants and commitments stated herein on their behalf. The Director further agrees to provide a copy of these Program Requirements to all faculty and administrative staff personnel, fellow(s), and other employees, agents and participants of the Program who hereafter participate in the Program and, in each case, obtain their authorization to accept and agree to the covenants and commitments stated herein on their behalf prior to the commencement of their participation in the Program.

Revision History

Approved by the Academy Board of Trustees: May 4, 2000

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Modified by the Academy Board of Trustees: October 18, 2014

Modified by the Academy Board of Trustees: May 23, 2017

ADDENDUM

General Cosmetic Surgery Fellowship Procedures:

- Abdominoplasty of all types
- Ablative Chemical peeling (into papillary dermis) and of same size requirement as dermabrasion
- Brachioplasty
- Breast augmentation by implant (bilateral counts as one procedure)
- Calf implants
- Canthoplasty/pexy
- Chin implants
- Dermabrasion of the face for extensive scars or wrinkles (must be at least the size of one entire cosmetic unit such as lips and chin, cheek, forehead, periorbital)
- Direct brow lift (bilateral counts as one procedure)
- Face Lifts of all types
- Fat grafting to face (counts as one procedure)
- Fat grafting to breast (counts as one procedure)
- Fat grafting to body (counts as one procedure)
- Forehead/Brow lift (all types)
- Genioplasty
- Gluteal implants
- Glutealplasty (Buttock lift)
- Hair lift
- Hair transplantation grafting
- Hair restoration flaps
- Labiaplasty
- Laser resurfacing with same size requirements as dermabrasion
- Liposuction of the face and/or neck (counts as one procedure)
- Liposuction of the abdomen, flank and/or waist (counts as one procedure)
- Liposuction of the back and/or buttocks (counts as one procedure)
- Liposuction of the legs (counts as one procedure)
- Liposuction of the breast (counts as one procedure)
- Lower blepharoplasty (bilateral counts as one procedure)
- Malar implants
- Mandibular Osteotomy
- Mastopexy (bilateral counts as one procedure)
- Maxillary Osteotomy
- Midface lift
- Nasal dorsal augmentation by implantation or grafting not done as part of a rhinoplasty
- Neck Lift (platysmaplasty) when not in conjunction with face lift, with or without liposuction after platysmaplasty
- Otoplasty (bilateral counts as one procedure)
- Pectoral implants
- Reduction mammoplasty (bilateral counts as one procedure)
- Rhinoplasty with or without grafting
- Scalp reductions or extensions
- Soft tissue augmentation (noncutaneous) with human collagen, fat or alloplastic material (all

areas on one patient equal one procedure)

Subperiosteal malar lift or SOFF lift **NOT** done at the time of a traditional face lift

- Thighplasty (Thigh lift)
- Upper eyelid cosmetic ptosis repair as a separate procedure
- Upper blepharoplasty (bilateral counts as one procedure)
- Vaginoplasty
- Varicose vein surgery (injection sclerotherapy, microstripping, SF or SP junction ligation)

DO NOT QUALIFY:

- Bone grafting as a part of osteotomies or rhinoplasty
- Neuromodulators, GFX or radio frequency ablation
- Cosmetic tattooing of any area
- Dental implants
- Ear lobe split repairs
- Excisions of lesions with or without plastic repairs
- Facial fractures
- Microdermabrasion
- Pigmented lesion, tattoo, laser treatment
- Repairs or reconstruction of trauma
- Scar revision by dermabrasion, laser, or chemical peeling
- Sclerotherapy of cutaneous ectasias
- Septoplasty
- Skin flaps or skin grafts to reconstruct skin lesion removal
- Superficial chemical peeling with glycolic, salicylic, trichloroacetic acids
- Thread Lifts
- Vascular lesion laser treatment or hair removal
- Zyderm or Zyplast injections, or injections of other filler soft tissue