

The Proliferation of Accredited Plastic Surgery Subspecialty Fellowship Programs

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Background: There is an increasing trend toward subspecialty training in the U.S. healthcare workforce. This study determines the percentage of surgical chief residents seeking fellowship training. Additionally, trends in Accreditation Council for Graduate Medical Education (ACGME) accreditation of plastic surgery subspecialty fellowships are determined.

Methods: Program directors of U.S. surgical residency programs were surveyed on career intentions of chief residents for 2013. The percentage of residents pursuing fellowship training were determined for integrated and independent plastic surgery residents and compared with statistics from other surgical specialties. Temporal trends in ACGME accreditation of craniofacial, hand, and microsurgery fellowship programs were assessed via chi square goodness of fit tests. The percentage of ACGME accredited programs were compared between subspecialty areas with Subspecialty Certification (hand surgery) relative to areas without Subspecialty Certification (craniofacial surgery and microsurgery).

Results: The majority of integrated and independent plastic surgery chief residents pursued fellowship training (62.0% vs 55.6%, $p = 0.554$). Significant differences were seen compared with chief residents in other surgical specialties from a high in orthopaedics (91.0%) to a low in colon & rectal surgery (6.2%). Regarding ACGME accreditation, the percentage of ACGME accredited craniofacial fellowship programs was stable from 2005 to 2015 ($p = 0.386$). In hand surgery, the percentage of ACGME accredited plastic surgery ($p = 0.755$) and orthopaedic ($p =$

0.253) fellowships remained stable while general surgery decreased ($p = 0.010$). There was greater ACGME accreditation in subspecialty areas with Subspecialty Certification (100%) relative to areas without Subspecialty Certification (19.2%, $p < 0.001$).

Conclusions: There is an increasing trend toward subspecialty training in plastic surgery with no significant differences between integrated and independent residents. ACGME accreditation of fellowship programs varies across plastic surgery disciplines and remains highest in areas with the option for Subspecialty Certification. Future studies should assess educational outcomes of ACGME accredited fellowship programs.