

Entrustable Professional Activities (EPAs)

List of EPAs for Plastic Surgery

EPA Title	EPA Entrustment Level to be Attained by Exit
EPA 1: Managing Patients with Skin Conditions	Level 4
EPA 2: Managing Patients with Burns	Level 4
EPA 3: Managing Patients with Adult Craniofacial Disorders	Level 4
EPA 4: Managing Paediatric Patients with Congenital Craniofacial Disorders	Level 4
EPA 5: Managing Patients with Aesthetic Concerns	Level 4
EPA 6: Managing Patients Requiring Reconstructive Surgery	Level 4

Entrustment Scale

Entrustment Level	Description
Level 1	Be present and observe, but no permission to enact EPA
Level 2	Practise EPA with direct (pro-active) supervision
Level 3	Practice EPA with indirect (re-active) supervision
Level 4	Unsupervised practice allowed (distant oversight)
Level 5	May provide supervision to junior learners

EPA 1: Managing Patients with Skin Conditions

Title	Managing Patients with Skin Conditions
Specifications and limitations	Plastic Surgeons are frequently called upon to assess and manage patients with skin lesions/conditions. The most common conditions include skin tumours, chronic wounds, vascular lesions (broadly vascular malformations & hemangiomas), and lymphedema. The practice of the EPA should align with Appropriate and Value-based Care (AVBC) principles where relevant – (i) Care is evidence-based, (ii) Care is patient-centred, (iii) Care is right-sited, (iv) Care is integrated and coordinated, and (iv) Care is cost-effective and sustainable. The specific functions which define this EPA include: • Reviewing history and performing a focused physical examination. • Performing appropriate investigations as required to appropriately tailor management. • Identifying patients who are suited for non-surgical options and to be able to understand and arrange for the non-surgical options. • Recognising and performing indicated surgical procedures related to different regions of the body and severity of disease. • Counselling and consenting patient for treatment procedures. • Providing of routine post- operative care and surveillance. • Identifying and planning the management of co-morbidity and medical complications, referring to other specialties as appropriate. The procedures covered in this EPA include: 1. Management of Skin Malignancies 2. Management of Hemangioma/Vascular malformation 3. Management of Lymphedema (including Lymphaticovenular Anastomosis, Lymph node transfer/Lymphatic Flaps & debulking procedures) Limitations: Nil
Which supervision level when?	Level 4

EPA 2: Managing Patients with Burns

Title	Managing Patients with Burns
Specifications and limitations	Plastic Surgeons are frequently called upon to assess and manage patients who have sustained acute burns (primary), as well as manage the sequelae of burns after the acute phase (secondary). The practice of the EPA should align with Appropriate and Value-based Care (AVBC) principles where relevant – (i) Care is evidence-based, (ii) Care is patient-centred, (iii) Care is right-sited, (iv) Care is integrated and coordinated, and (iv) Care is cost-effective and sustainable. The specific functions which define this EPA include: • Reviewing history and performing a focused physical examination. • Determining location, size (TBSA %) and depth of burns involved • Selecting appropriate disposition and investigation(s) if required • Performing initial resuscitation and wound management (dressing), including escharotomies and fasciotomies • Counselling +/- consenting patient for treatment procedures • Recognising and performing acute surgical procedures as indicated • Assessing and managing burns over special regions of the body • Managing the subsequent post-operative course and complications of the primary burns patient including intensive and high dependency care • Assessment and operative management of secondary burns patients with outcomes including scarring and contractures • Identifying and planning the management of co-morbidity and medical complications, referring to other specialties as appropriate • Ensuring patient safety is foremost through the course of management Limitations: Nil
EPA Entrustment Level to be Attained by Exit	Level 4

EPA 3: Managing Patients with Adult Craniofacial Disorders

Title	Managing Patients with Adult Craniofacial Disorders
Specifications and limitations	Plastic Surgeons are frequently called upon to assess and manage patients with craniomaxillofacial trauma. The practice of the EPA should align with Appropriate and Value-based Care (AVBC) principles where relevant – (i) Care is evidence-based, (ii) Care is patient-centred, (iii) Care is right-sited, (iv) Care is integrated and coordinated, and (iv) Care is cost-effective and sustainable. The specific functions which define this EPA include: • Taking a pertinent history and performing the relevant physical examination to determine the extent of soft tissue and bony injuries sustained • Selecting and interpreting the appropriate investigation(s) • Recognising the possible concomitant injuries (e.g. brain, cervical spine, eye, airway) associated with specific fracture patterns and referring to other specialties as appropriate • Recognising criteria that would constitute grounds for admission to high dependency/ intensive care or early intervention • Performing initial resuscitation and wound management (dressing) • Formulating an appropriate management plan • Counselling +/- consenting patient for surgery • Performing the surgical procedures as indicated • Managing patients post-operatively and identifies any post-operative complications • Identifying and planning the management of co-morbidity and medical complications, referring to other specialties as appropriate Limitations: Only includes adult patients
EPA Entrustment Level to be Attained by Exit	Level 4

EPA 4: Managing Paediatric Patients with Congenital Craniofacial Disorders

Title	Managing Paediatric Patients with Congenital Craniofacial Disorders
Specifications and limitations	- Plastic Surgeons can be called upon to assess and manage paediatric patients with congenital craniofacial disorders which include but are not limited to craniosynostosis, craniofacial tumours and craniofacial syndromes of tissue deficiency or overgrowth syndromes, as well as subsequent management of the growing child and associated syndromic conditions. - The practice of the EPA should align with Appropriate and Value-based Care (AVBC) principles where relevant – (i) Care is evidence-based, (ii) Care is patient-centred, (iii) Care is right-sited, (iv) Care is integrated and coordinated, and (iv) Care is cost-effective and sustainable. The specific functions which define this EPA include: - Reviewing relevant history and performing focused physical examination and pertinent investigations to exclude associate syndromes - Multidisciplinary assessment of ‘the Craniofacial Patient’: parameters include visual, audiological, airway, speech, feeding, psychological and neurological; specific tests such as VEPs, sleep studies, psychological assessment - Recognising criteria that would constitute grounds for admission to Intensive care or early intervention i.e., emergency diagnosis of elevated intracranial pressure - Counselling patients and deliver bad news regarding paediatric patients: explain to parents the challenges of these conditions at different stages of life from birth to adolescence and describe the impact on the family of the birth of a child with a craniofacial anomaly and arrange a care pathway that supports the child and family to successfully adjust to disfigurement - Identifying and planning the management of co-morbidity and medical complications, referring to other specialties as appropriate - Management of the following conditions: - Unrepaired cleft lip and nose deformity, cleft palate as well as secondary deformities (including sequencing of procedures in cleft patients from birth to adolescence) - Speech disorders associated with cleft palate and related disorders, as well as related feeding patterns and middle ear/ eustachian tube dysfunction - Children with transcranial (orbital, nasal, frontofacial, skull base) tumours: orbitofacial neurofibromatosis, fibrous dysplasia, cherubism/ McCune Albright, teratomas, vascular lesions and anomalies, juvenile nasopharyngeal angiofibroma, haemangiomas, vascular malformations, dermoid cysts, nasal gliomas, ossifying fibromas, sarcomas including nerve and nerve sheath tumours - Children with craniofacial syndromes of tissue deficiency: hemifacial microsomia, Treacher Collins syndrome, mandibular deficiencies- Pierre Robin, Romberg disease, craniofacial clefts and encephalocoeles, Binder’s syndrome, holoprosencephaly - Single suture and syndromic craniosynostosis - Children with craniofacial overgrowth syndromes: hemifacial hypertrophy, facial infiltrating lipomatosis, tissue overgrowth

	secondary to vascular malformations (Beckwith Wiedemann syndrome) ○ Orbital surgery of hypertelorism, microphthalmos, frontonasal dysplasia, cranio-frontonasal dysplasia, orbital malpositions and dystopias, vertical orbital dystopia, late plagiocephaly and hemifacial microsomia
	Limitations: Nil
EPA Entrustment Level to be Attained by Exit	Level 4

EPA 5: Managing Patients with Aesthetic Concerns

Title	Managing Patients with Aesthetic Concerns
Specifications and limitations	The practice of the EPA should align with Appropriate and Value-based Care (AVBC) principles where relevant – (i) Care is evidence-based, (ii) Care is patient-centred, (iii) Care is right-sited, (iv) Care is integrated and coordinated, and (iv) Care is cost-effective and sustainable. The specific functions which define this EPA include: • Taking a pertinent history and performing the relevant physical examination, inclusive of identifying patients with suspected psychiatric disorders (i.e. BDD) • Selecting appropriate investigation(s) as indicated • Counselling the patient on the options available and managing expectations • Performing aesthetic procedures in conjunction with a comprehensive pre-procedural assessment. The procedures to be performed include the following*: Non-Invasive Procedures ▪ Chemical or Pressurised Gas / Liquid Peels (including light, medium and deep peels) ▪ External Lipolysis ▪ Lasers and Energy based Hair Removal ▪ External Lipolysis (including Heat, Cold and Ultrasonic based devices) ▪ Photodynamic & Photopneumatic Therapy ▪ Energy devices for skin-tightening & rejuvenation (Radiofrequency, Infra-Red, Ultrasound, other light-based devices, etc.) Minimally-Invasive Procedures ▪ Ablative lasers for benign tumors ▪ Lasers for Skin Rejuvenation (fractional & non-fractional), Pigmentary disorders, Vascular Lesions (e.g. hemangiomas, vascular malformations, leg veins, spider veins, etc.) ▪ Botulinum Toxin Injection ▪ Filler Injection ▪ Microdermabrasion ▪ Subcision ▪ Thread Lifts Invasive Procedures ▪ Abdominoplasty ▪ Body contouring procedures & Lipectomies (e.g. Arm / Thighs / Buttock Lifts, post-massive weight loss contouring etc.) ▪ Blepharoplasty (Including Double Eyelid Creation, Ptosis Correction, Medial Epicanthoplasty, Eyebag Correction, etc.) ▪ Breast Augmentation, Enhancement and Reduction (including the usage of implants, fat and other invasive methods but excluding fillers)

	▪ Brow Lift ▪ Buccal Fat Excision ▪ Dermabrasion ▪ Dimpleplasty ▪ Facial Bone Contouring Surgery, Placement of Facial Implants, Cheek Reduction, Chin Augmentation/Genioplasty, Jaw Reduction ▪ Liposuction & Free-Fat Grafting ▪ Hair Transplantation ▪ Rhytidectomy (Face & Neck Lifts) ▪ Otoplasty ▪ Rhinoplasty ▪ Vaginoplasty (Including Laser Rejuvenation), Labioplasty, Vulvectomy & Hymenoplasty • Management of post-operative complications, both acute and long term • Assessing the post-operative outcome and deciding on the appropriate secondary surgical procedures as indicated • Identifying and planning the management of co-morbidity and medical complications, referring to other specialties as appropriate While trainees are expected to manage both elective and emergency cases, the assessment for this EPA should primarily focus on elective cases. * The procedure list above is non-exhaustive. The Residency Programme is continually updated and Residents will be trained consistently on the basic principles and latest updates on any newer or novel procedures.
	Limitations: Nil
EPA Entrustment Level to be Attained by Exit	Level 4

EPA 6: Managing Patients Requiring Reconstructive Surgery

Title	Managing Patients Requiring Reconstructive Surgery
Specifications and limitations	Plastic Surgeons are frequently called upon to assess and manage patients with patients with tissue defects requiring reconstruction. These tissue deficiencies may manifest in the head or neck region, the truncal region (breasts, chest, abdomen, perineum, back) or the upper/lower limbs. These defects can result in tissue loss, exposed important structures, functional disability, aesthetic disturbances and compromise in physical well-being. The practice of the EPA should align with Appropriate and Value-based Care (AVBC) principles where relevant – (i) Care is evidence-based, (ii) Care is patient-centred, (iii) Care is right-sited, (iv) Care is integrated and coordinated, and (iv) Care is cost-effective and sustainable. The specific functions which define this EPA include: ▪ Performing history and physical examination of a variety of patients including those with acquired conditions (e.g. benign/malignant tumours, trauma, lymphatic disease, vascular insufficiency, etc.) and assessment of defects (or potential defects) (location, size, exposure of important structures, resulting disabilities, etc) ▪ Ordering diagnostic tests and investigations and interpret them pertaining to clinical scenario ▪ Formulating treatment plan with assistance for patient with multiple co- morbidities ▪ Planning timing of intervention based on indication, urgency and priority ▪ Explaining risks and benefits of reconstructive procedures and obtain consent ▪ Recognising complications (e.g. bleeding, fistulas, flap compromise) and enlist help ▪ Performing complex reconstruction including skin grafts, pedicled flaps, microvascular anastomosis, free tissue transfer ▪ Providing routine post- operative care of patients after reconstruction ▪ Managing wounds & dressings ▪ Managing complications ▪ Identifying and planning the management of co-morbidity and medical complications, referring to other specialties as appropriate
	Limitations: Nil
EPA Entrustment Level to be Attained by Exit	Level 4