

Specialty Training Requirements (STR)

Name of Specialty:	Plastic Surgery
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Note: In addition to the training requirements stated in this STR, residents must comply with any other regulatory requirements or practice-based requirements mandated by the healthcare institutions or place of practice.

Scope of Plastic Surgery

Plastic surgery is the surgical specialty involved in the repair, reconstruction, or replacement of physical deformities, defects of form or function involving the skin, musculoskeletal system, craniomaxillofacial structures, hand, extremities, breast and trunk, and external genitalia, or alteration and aesthetic enhancement of these areas of the body. Plastic Surgery has a wide scope including reconstructive microsurgery, cleft and craniofacial surgery, management of burns, hand surgery and all aspects of aesthetic surgery. The list is not exhaustive and is not limited by anatomy, age group or even specialty.

The profession of plastic surgery is an amalgam of basic medical and surgical knowledge, operative judgment, technical expertise, ethical behaviour, and interpersonal skills to overcome any problem the patients may have.

Purpose of the Residency Programme

The purpose of the programme is to produce a competent plastic surgeon with the requisite knowledge, skills and attitude to independently manage the myriads of clinical challenges that he / she may face.

Admission Requirements

At the point of application for this residency programme,

- a) Applicants must be employed by employers endorsed by Ministry of Health (MOH); and
- b) Residents who wish to switch to this residency programme must have waited at least one year between resignation from his / her previous residency programme and application for this residency programme.

At the point of entry to this residency programme, residents must have fulfilled the following requirements:

- a) Hold a local medical degree or a primary medical qualification registrable under the Medical Registration Act (Second Schedule);
- b) Have completed Post-Graduate Year 1 (PGY1);
- c) Have a valid Conditional or Full Registration with Singapore Medical Council (SMC); and
- d) Completed 2 years of Surgery-In-General (SIG) Residency Programme and passed the Member of the Royal College of Surgeons (MRCS) examination.

Dual Specialty Programmes in General Surgery and Plastic Surgery

General Surgery residents, who want to pursue dual accreditation in General Surgery and Plastic Surgery, must complete their 60 months of residency training and pass the exit examination in General Surgery before commencement in Plastic Surgery Residency training.

Selection Procedures

Applicants must apply for the programme through the annual residency intake matching exercise conducted by MOH Holdings (MOHH).

General Surgery residents pursuing dual accreditation in General Surgery and Plastic Surgery must also apply through the annual residency intake matching exercise.

Continuity plan: Selection should be conducted via a virtual platform in the event of a protracted outbreak whereby face-to-face on-site meeting is disallowed and cross institution movement is restricted.

Less Than Full Time Training

Less than full time training is not allowed. Exceptions may be granted by Specialist Accreditation Board (SAB) on a case-by-case basis.

Non-traditional Training Route

The programme should only consider the application for mid-stream entry to residency training by an International Medical Graduates (IMG) if he / she meets the following criteria:

- a) He / she is an existing resident or specialist trainee in the United States, Australia, New Zealand, Canada, United Kingdom and Hong Kong, or in other centres / countries where training may be recognised by the SAB; and
- b) His / her years of training are assessed to be equivalent to the local training by Joint Committee on Specialist Training (JCST) and / or SAB.

Applicants may enter residency training at the appropriate year of training as determined by the Programme Director (PD) and RAC. The latest point of entry into residency for these applicants is Year 1 of the senior residency phase.

Separation

The PD must verify residency training for all residents within 30 days from the point of notification for residents' separation / exit, including residents who did not complete the programme.

Duration of Specialty Training

The training duration must be 48 months comprising 12 months of junior residency and 36 months of senior residency.

The training duration for residents in the Dual Specialty Programme in General Surgery and Plastic Surgery must be 36 months of senior residency.

Maximum candidature: All residents must complete the training requirements, requisite examinations and obtain their exit certification from JCST not more than 36 months beyond the usual length of their training programme. The total candidature for Plastic Surgery is 24 months SIG residency + 48 months Plastic Surgery residency + 36 months candidature.

All residents in the Dual Residency Programme must complete the training requirements, requisite examinations and obtain their exit certification from JCST not more than 24 months beyond the usual length of their training programme. The total candidature for Dual Specialty Programme in General Surgery and Plastic Surgery is 36 months Plastic Surgery residency + 24 months candidature.

Nomenclature: Because residents continue with Plastic Surgery residency after the 2-year SIG residency, residents in 1st year of Plastic Surgery residency are denoted as R3, residents in 2nd year of Plastic Surgery residency as R4, etc.

“Make-up” Training

“Make-up” training must be arranged when residents:

- Exceed days of allowable leave of absence / duration away from training or
- Fail to make satisfactory progress in training.

The duration of make-up training should be decided by Joint Coordinating Committee (JCC)¹ and should depend on the duration away from training and / or the time deemed necessary for remediation in areas of deficiency. The JCC should review residents’ progress at the end of the “make-up” training period and decide if further training is needed.

Any shortfall in core training requirements must be made up by the stipulated training year and / or before completion of residency training.

Learning Outcomes: Entrustable Professional Activities (EPAs)

Residents must achieve level 4 of the following EPAs by the end of residency training:

	Title
EPA 1	Managing Patients with Skin Conditions
EPA 2	Managing Patients with Burns
EPA 3	Managing Patients with Adult Craniofacial Disorders

¹ In addition to overseeing resident selection, the JCC also takes on the responsibilities of the existing Clinical Competency Committee (CCC).

EPA 4	Managing Paediatric Patients with Congenital Craniofacial Disorders
EPA 5	Managing Patients with Aesthetic Concerns
EPA 6	Managing Patients Requiring Reconstructive Surgery
<u>Entrustment Scale</u> <i>Level 1: Be present and observe, but no permission to enact EPA</i> <i>Level 2: Practise EPA with direct (pro-active) supervision</i> <i>Level 3: Practise EPA with indirect (re-active) supervision</i> <i>Level 4: Unsupervised practise allowed (distant oversight)</i> <i>Level 5: May provide supervision to junior learners</i>	

Information on each EPA is provided in Annex C.R3.

Learning Outcomes: Core Competencies, Sub-competencies and Milestones

The programme must integrate the following competencies into the curriculum, and structure the curriculum to support resident attainment of these competencies in the local context.

Residents must demonstrate the following core competencies:

1) Patient Care and Procedural Skills

Residents must demonstrate the ability to:

- Gather essential and accurate information about the patient
- Counsel patients and family members
- Make informed diagnostic and therapeutic decisions
- Prescribe and perform essential medical procedures
- Provide effective, compassionate and appropriate health management, maintenance, and prevention guidance

Residents must demonstrate competence in the following core areas:

- Skin and soft tissue injuries (including burns), malignancies and dermatologic conditions
- Congenital anomalies and paediatric plastic surgery
- Head and neck malignancies, wounds and conditions with their requisite management and reconstruction as appropriate
- Trunk and lower extremity reconstruction
- Aesthetic surgery
- Breast surgery
- Body contouring
- Hand surgery

2) Medical Knowledge

Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioural sciences, as well as the application of this knowledge to patient care.

Residents must demonstrate knowledge of the principles, techniques and basic science relevant to the practice of plastic surgery.

3) Systems-based Practice

Residents must demonstrate the ability to:

- Work effectively in various health care delivery settings and systems relevant to their clinical specialty
- Coordinate patient care within the health care system relevant to their clinical specialty
- Incorporate considerations of cost awareness and risk / benefit analysis in patient care
- Advocate for quality patient care and optimal patient care systems
- Work in inter-professional teams to enhance patient safety and improve patient care quality. This includes effective transitions of patient care and structured patient hand-off processes.
- Participate in identifying systems errors and in implementing potential systems solutions

4) Practice-based Learning and Improvement

Residents must demonstrate a commitment to lifelong learning.

Resident must demonstrate the ability to:

- Investigate and evaluate patient care practices
- Appraise and assimilate scientific evidence
- Improve the practice of medicine
- Identify and perform appropriate learning activities based on learning needs

5) Professionalism

Residents must demonstrate a commitment to professionalism and adherence to ethical principles including the SMC's Ethical Code and Ethical Guidelines (ECEG).

Residents must:

- Demonstrate professional conduct and accountability
- Demonstrate humanism and cultural proficiency
- Maintain emotional, physical and mental health, and pursue continual personal and professional growth
- Demonstrate an understanding of medical ethics and law

6) Interpersonal and Communication Skills

Residents must demonstrate ability to:

- Effectively exchange information with patients, their families and professional associates.
- Create and sustain a therapeutic relationship with patients and families
- Work effectively as a member or leader of a health care team
- Maintain accurate medical records

Other Competency: Teaching and Supervisory skills.

Residents must demonstrate ability to:

- Teach others
- Supervise others

Curriculum

The curriculum and detailed syllabus relevant for local practice must be made available in the Residency Programme Handbook and given to the residents at the start of residency.

The PD must provide clear goals and objectives for each component of clinical experience. Refer to Annex C.R6 for the Curriculum.

Learning Methods and Approaches: Scheduled Didactic and Classroom Sessions

Residents must attend Mortality and Morbidity meetings, Peer Review Learning meetings, topical teachings and presentations at their respective rotations.

Residents must attend at least 80% of the monthly National Plastic Surgery Teaching.

Learning Methods and Approaches: Clinical Experiences

Residents must complete the following rotations:

- Minimum 6 months of Plastic Surgery in each of the following hospitals: National University Hospital (NUH), Singapore General Hospital, Tan Tock Seng Hospital
- Minimum 6 months of Paediatric Plastic Surgery in KK Women's and Children's Hospital or NUH, or combination of both for 3 months each
- Minimum of 3 months (up to maximum of 6 months) of Hand Surgery in NUH / SGH / TTSH at any point during R4-R6.

Continuity plan: In the event of an outbreak, residents should comply with the prevailing national movement restrictions. If cross-departmental intra-institution movements are permitted, adjunctive rotations in the appropriate specialty, such as Hand Surgery, should be considered. If such are not permissible, residents should be swapped into different roles and / or progressed upwards within their institution, subject to their evaluation by the JCC. If there are deficiencies identified, they should be rectified after the outbreak has ended.

Learning Methods and Approaches: Scholarly/Teaching Activities

Residents must complete the following scholarly activities:

	Name of activity	Brief description: nature of activity, minimum number to be achieved, when it is attempted
1.	QI project	1 QI project during Plastic Surgery residency
2.	Poster/oral presentation	At least 1 poster/oral presentation during SIG or Plastic Surgery residency

3.	Publication	At least 1 first-author publication during SIG or Plastic Surgery residency
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Learning Methods and Approaches: Documentation of Learning

Residents must perform and log the following:

EPAs			
	EBD +/- Mini-CEX	SDOPS	MSF
EPA 1: Managing Patients with Skin Conditions	Minimum 4	Minimum 6	Minimum 2 sets of MSF per year (i.e., 8 sets of MSF in 4-year residency) [About once per rotation]
EPA 2: Managing Patients with Burns	Minimum 3	Minimum 4	
<i>EPA 3: Managing Patients with Adult Craniofacial Disorders</i>	Minimum 4	Minimum 4	
EPA 4: Managing Paediatric Patients with Congenital Craniofacial Disorders	Minimum 3	Minimum 3	
EPA 5: Managing Patients with Aesthetic Concerns	Minimum 4	Minimum 5	
EPA 6: Managing Patients Requiring Reconstructive Surgery	Minimum 4	Minimum 5	
Total	Minimum 22	Minimum 27 residency	

EPAs: Entrustable Professional Activities

WBAs: Workplace Based Assessment

EBD: Entrustment Based Discussion

Mini-CEX: Clinical Evaluation Exercise

SDOPS: Direct Observation of Procedural Skills in Surgery

MSF: Multiple Sources Feedback

1. Residents must perform or assist in at least 120 operative cases per year, including at least 5 microsurgical cases.
2. Residents must perform and log the following operative cases by the end of residency:

Types of Procedures	Min Number
Skin Conditions	10
Craniofacial Surgery - Congenital	5
Craniofacial Trauma	5
Head and Neck Reconstruction	5
Breast Surgery	5
Aesthetic Surgery	5
Trunk & Lower Extremity	5
Burns	10
Tissue Transplantation and Microvascular Surgery	5
The Hand and Upper Extremity	10

Summative Assessments

	Summative assessments	
	Clinical, patient-facing, psychomotor skills etc.	Cognitive, written etc.
R6	Exit examination from year 2025:	
	Clinical examination lasting 45 minutes which comprise 3 intermediate cases	<u>Written Examination</u> 1) 2 papers each containing 120 SBA questions and each lasting 2.5 hours

		<u>Clinical Examination</u> a) Viva of 1 station with 6 clinical scenarios lasting about 1 hour, including 15 minutes of reading time and 45 minutes testing time b) Clinical cases with 3 intermediate cases lasting 45 minutes
R5	Nil	Nil
R4	Nil	Nil
R3	Nil	Nil
R2	MRCS Part B (OSCE)	MRCS Part A (MCQ)
R1	Nil	Nil

S/N	<u>Learning outcomes</u>	<u>Summative assessment components</u>		
		Component a: MCQ	Component b: Viva with clinical scenarios	Component c: Clinical cases
1	EPA 1: Managing Patients with Skin Conditions	√	√	√
2	EPA 2: Managing Patients with Burns	√	√	√
3	EPA 3: Managing Patients with Adult Craniofacial Disorders	√	√	√
4	EPA 4: Managing Paediatric Patients with Congenital Craniofacial Disorders	√	√	√
5	EPA 5: Managing Patients with Aesthetic Concerns	√	√	√
6	EPA 6: Managing Patients Requiring Reconstructive Surgery	√	√	√