Letter to the Editor

In July 2009, *Cosmetic Dermatology®* featured a guest editorial (Niamtu J. *Cosmet Dermatol*. 2009;22:341-342) that cited my paper from *Plastic Reconstructive Surgery*[1] as evidence of less than ideal cosmetic surgery training in plastic surgery residencies. I would like to respond in order to put things into proper context.

As Niamtu[2] stated, our paper presented plastic surgery program directors' and senior residents' perceptions with regard to aesthetic surgery training in plastic surgery residencies. However, much of what we said is old news. Although our paper was published in 2008, it was submitted in November 2007. The data gathered from senior residents and plastic surgery program directors were collected between April 2006 and October 2006. Much has changed in the aesthetic training of plastic surgery residents since 2006. This includes:

1. The move from a mandatory 2 to 3 years of training in plastic surgery while enrolled in independent programs and from 5 to 6 years in integrated programs. Training in plastic surgery currently involves 2 pathways to certification by the American Board of Plastic Surgery. Residents may enter the independent track if they have board eligibility in general surgery or other surgical subspecialties. The integrated track is currently a 6-year program in which residents enter directly after medical school.
2. The addition of educational modules to the Web sites of our national plastic surgery societies on a wide variety of cosmetic procedures designed to enhance resident education.
3. The initiation of an organized effort by the American Society for Aesthetic Plastic Surgery to create uniform, 1-year aesthetic surgery programs that include a standard curriculum and operative experience.

Additional points need clarification. Niamtu cites a second recent editorial that critiques plastic surgery resident training by stating in part "… that plastic surgery residents are stamped trained in cosmetic surgery after they are involved in approximately 40 cosmetic surgery cases during residency."[3] This is not accurate. The minimum case requirements established by the Residency Review Committee of the Accreditation Council for Graduate Medical Education referred to in Niamtu's guest editorial,[2] in our publication,[1] and in Frentzen's[3] editorial refer to cases in which the plastic surgery resident acted as the surgeon. For a resident to count a given case in his or her plastic surgery operative log as surgeon, he or she must perform more than half of the operation, the critical portion of the procedure, or both. Cases in which the resident acted as an assistant during residency training are not logged but still serve as a critical educational tool. Therefore, the cosmetic surgery procedures that a resident performs as the surgeon makes up only a portion of his or her training. This, combined with progressive, operative responsibility that the resident garnishes from assistant to surgeon, along with the formal aesthetic surgery curriculum and supervised patient care activities, form the basis of our plastic surgery resident training.

The conclusions drawn in my article were not as stated by Niamtu. He stated that "…many plastic surgery residency programs offer inadequate or nonexistent training in cosmetic procedures…," but that specific changes in plastic surgery education would enhance residents' experiences.[2] Hence, the question to be posed is not who or what surgical subspecialty should perform aesthetic surgery, but how we can produce the best product because the best product will deliver the best patient care. This end will not be reached by attending weekend courses mentioned by Niamtu, but by the development of a focused, in-depth resident experience in all aspects of aesthetic surgery. This should include, but not be limited to, an established didactic curriculum; graded surgical responsibility during residency training from assistant to surgeon; independent aesthetic operating in a resident clinic; and clear measurement of surgical outcomes of resident cases as part of their aesthetic training. Finally, formalized, 1-year, postgraduate aesthetic surgery fellowships need to be available for those who desire further training.

Today, no thoughtful plastic surgeon is demanding that cosmetic surgery only be performed by a plastic surgeon. Such claims are parochial and self-serving. The fact that leaders in plastic surgery do not abide by such narrowness of thought is evidenced by the physicians and surgeons from other specialties who practice aesthetic surgery and frequently present at national meetings.

It is time to stop the bickering, raise the discussion to a higher level, and do what is best for the patient and not the pocketbook. This controversy will not be solved by guest editorials or rebuttals, but may be solved by the level heads of our national organizations. I am hopeful that this will be part of our legacy.

James E. Zins, MD
Cleveland, Ohio

The author reports no conflict of interest in relation to this article.

REFERENCES

1. Morrison CM, Rotemberg SC, Moreira-Gonzalez A, et al. A survey of cosmetic

surgery training in plastic surgery programs in the United States. *Plast Reconstr Surg.* 2008;122:1570-1578.
2. Niamtu J. Interspecialty battles: who should perform cosmetic surgery? *Cosmet Dermatol.* 2009;22:341-342.
3. Frentzen J. The emperor needs new clothes. *Plastic Surgery Practice.* http://www.plasticsurgerypractice.com/issues/articles/2008-12_07.asp. Accessed August 27, 2009.

RESPONSE FROM AUTHOR

Dr. Zins is one of the most respected and forward-thinking leaders in his specialty and I have long followed his writings and respect him immensely. His comments to my editorial are well thought out and stated that I basically agree with him. It was never my intention to defame or mitigate the training of plastic surgeons. As I have stated previously, I have many friends who perform plastic surgery who have had the best in cosmetic surgery training. I also have friends who did not receive as much cosmetic training but are extremely well versed in other aspects of the specialty. Admittedly, my comments were focused on the commonly propagated statement that patients should only be seen by a board certified plastic surgeon for cosmetic procedures. Personally, I do not agree with that line of thinking for any specialty. Again, there are excellent surgeons involved in numerous specialties; however, when it comes down to it, it is the outcome and patient safety that make someone a successful cosmetic surgeon, regardless of their training or specialty.

I also agree with Dr. Zins that it is time to move away from this topic and related bickering. I must admit that those thoughts crossed my mind while writing the guest editorial, questioning whether it needed to be addressed again. I, too, agree with Dr. Zins that this has all been stated ad nauseam. When any specialty convenes, we like to discuss why certain physicians should not perform certain procedures. That is human nature and humans are competitive. Redskins fans defame Cowboy fans and Democrats bicker with Republicans; however, when it comes down to it, they are all on the same team.

Dr. Zins is a gentleman and instead of focusing his rebuttal as a personal attack, he presented useful information. The articles I quoted were receiving national attention at the time I was writing the piece and I included those references. Dr. Zins' desire to raise the bar and to develop a more ecumenical attitude is admirable and timely.

I cannot disagree with Dr. Zins' statements and I wish the numerous self-serving surgeons that lay claim to superiority via misconstrued statements to the public would adapt the attitude of Dr. Zins. Unfortunately, I believe that the debate regarding that cosmetic surgery should only be performed by board certified plastic surgeons is in fact being propagated by organized plastic surgery. In August, the *Chattanooga Times Free Press* featured a guide to local plastic surgeons with the headline "Meet All the Real Board Certified Plastic Surgeons…," stating "The best possible results begin with choosing a fully-trained, board certified plastic surgeon."[1] The guide glorifies plastic surgeons and denounces other surgeons who perform cosmetic surgery. This is living, breathing proof that this self-serving political agenda does in fact exist in the everyday trenches of private practice.

It is very refreshing to see a leader like Dr. Zins express the open-minded attitudes in his letter and this gives me hope that we are all, in fact, advancing beyond arguments rehashed, even though we obviously have a long way to go. The attitude of thinking "we are better than them" is unfortunately alive and well and misleading the public in thinking that this directly reflects cosmetic surgical outcomes, which underlines the fact that editorials like mine are still necessary.

Joe Niamtu III, DMD
Richmond, Virginia

REFERENCE

1. Plastic surgeon guide for cosmetic surgery. *Chattanooga Times Free Press.* August 30, 2009. ■