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Board Certification in Cosmetic Surgery: An Analysis of Punitive Actions

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Abstract.

Background : American Board of Plastic Surgery (ABPS) Diplomates complete training in aesthetic surgery through an ACGME-accredited program. American Board of Cosmetic Surgery (ABCS) diplomates complete residency training in a “related” specialty, some historically non-surgical, followed by an American Association of Cosmetic Surgery (AACS) fellowship. Unlike the ABPS, the ABCS is not recognized by the American Board of Medical Specialties (ABMS) as an equivalent certifying board. This study evaluated differences in the rates of punitive action against Diplomates of the ABPS and the ABCS.

Methods : Diplomats were accessed from their respective society's websites (ABCS&ABPS). Punitive action data were obtained by search of publicly available state medical board databases. A comparative analysis was performed between ABPS and ABCS.

Results : One thousand two-hundred and eight physicians were identified for comparative analysis. Two hundred and sixty-six (22%) were members of the ASPS, 549 (49%) were members of the TAS. ABCS Diplomates had significantly higher rates of disciplinary administrative action by their respective state medical boards [31 (9.0%)] when compared with ABPS members [TAS: 26 (4.4%) and ASPS: 8 (3.1%); p=0.003] with a higher; proportion of repeat offenders. In addition, ABCS Diplomates had more public letters of reprimand [ABCS:12 (3.5%) vs. TAS: 6 (1.2%) and ASPS: 2 (0.8%); p=0.015].

Conclusions : ABCS Diplomates have significantly higher rates of punitive actions than ABPS Diplomates. Although the reasons for this discrepancy warrant further investigation, punitive data should be transparently and publicly available to aid patients in informed decision-making.

Introduction.

The number of aesthetic procedures in the United States has grown by more than 160 percent since 2000.[1] This increase in demand has led to an influx of aesthetic providers, bringing physicians of different training backgrounds, including those with no formal surgical training, into the cosmetic market.[2] When seeking aesthetic surgery, up to 90 percent of Americans prefer a board-certified surgeon.[2] Board certification has been associated with improved quality of care and lower rates of disciplinary action.[3-6] However, the training requirements and regulatory oversight of different board certifications vary greatly.

Diplomates of the American Board of Plastic Surgery (ABPS) must complete training in aesthetic surgery throughout an Accreditation Council of Graduate Medical Education (ACGME)-accredited plastic surgery program with five levels of graduated autonomy and a minimum of six years of surgical training.[7] After residency, a written knowledge exam is completed followed by a nine month case collection period and an oral board examination.[7] Comparatively, Diplomates of the American Board of Cosmetic Surgery (ABCS) are required to complete ACGME- or American Osteopathic Association (AOA)-accredited residency training in a "related" specialty such as OB-GYN, oral and maxillofacial surgery, neurosurgery, or general surgery followed by a one- or two-year American Academy of Cosmetic Surgery (AACS) fellowship.[8] Unlike the ABPS, the ABCS does not meet criteria for recognition by the American Board of Medical Specialties.[9]

Differences in training and oversight have led some to question the rigor of ABCS certification and whether there are implications for patient safety.[10-12] In 2018, the California Society of Plastic Surgeons (CSPS) found that ABCS certification is not equivalent to ABPS certification due in part to AACS fellowship shortcomings, including deficiencies in operative

experience, didactic instruction, standardized trainee evaluation, and fellowship director qualifications, among other reasons.[12] Additionally, the CSPS found that a higher percentage of ABCS Diplomates in California have been subject to disciplinary action.[12] However, no comprehensive analysis has been conducted comparing the national rates of punitive actions between the two groups.

The primary aim of this study was to use publicly available state medical board databases to compare rates of punitive actions against aesthetic surgeons with differing board certifications. Ultimately, increased transparency regarding punitive actions aids informed patient-decision making and autonomy in the aesthetic surgery marketplace.

Methods.

Diplomates of the American Board of Cosmetic Surgery (ABCS, n=346) were recorded from the ABCS website, along with their respective states of practice.[13] All ABCS Diplomates were included.

A comprehensive group of ABPS-certified plastic surgeons was generated. The cohort was divided into plastic surgeons with primarily an aesthetic practice, The Aesthetic Society (TAS) members, with an additional group through American Society of Plastic Surgery (ASPS). For each cohort of surgeons, the professional society's member database was accessed to obtain a randomly generated list. Surgeons were added sequentially to the study without omission. None of the professional societies list disciplinary action taken against the physician. Analysis was limited to states containing active diplomats of the ABCS. All members were confirmed to be board certified with the ABPS, with an active state medical license confirmed by the state. [15]

Duplicate names were resolved by the zip code of practice and medical school listed by the state medical board and the physician's professional website. Surgeons who did not have active state licensure and could not be verified in either society were excluded.

All administrative disciplinary actions and malpractice claims were comprehensively searched and catalogued. "Administrative action" was defined as any action brought by a state medical board for which public records were generated that did not include the language "non-disciplinary action". Administrative actions included "administrative disciplinary action," "citation," "public reprimand," and "court orders." Publicly available data on misdemeanor and felony convictions were obtained, as well as any reported malpractice judgments or settlements. Criteria for reporting malpractice settlements varied between state medical boards, and some did not report malpractice judgments or settlements.

Results were described with descriptive statistics. Categorical variables were compared with a Fisher's Exact analysis. Statistical analysis was performed with SPSS Statistics version 28 (IBM Corporation Armork, NY) and significance was considered $p < 0.05$.

Results.

One thousand two-hundred and eight physicians were identified for comparative analysis. Two hundred and sixty-six (22%) were members of the ASPS, 549 (49%) were members of the TAS, and 345 (41%) were Diplomates of the ABCS. Diplomates of the ABCS had significantly higher rates of administrative disciplinary action taken against them by their respective state medical boards [31 (9.0%)] when compared with members of the ABPS [ASPS: 8 (3.1%); and TAS 26 (4.4%); p=0.003] with a higher proportion of repeated offenders (**Table 1**). Additionally, ABCS Diplomates had significantly more public letters of reprimand [12 (3.5%)] when compared with members of the ABPS [ASPS: 2 (0.8%); and TAS 6 (1.2%); p=0.015]. There

were no statistically significant differences found in the remaining data categories, including: hospital disciplinary actions, administrative citations, court orders, misdemeanors, felonies, federal or state administrative actions, arbitration awards, malpractice judgments, and malpractice settlements.

Discussion.

Over the last two decades, increased demand for aesthetic procedures has attracted both physicians and non-physician providers to the aesthetic surgery marketplace.[2,10] Difficulty regulating this lucrative market has resulted in increased variability in training and oversight among aesthetic surgery providers.[16-18]

Independent regulatory oversight is critical to ensuring the consistency and excellence of Board Certification programs. In the United States, the role of external vetting belongs to the American Board of Medical Specialties (ABMS), which was created in 1933 and recognizes 24 member boards in 40 specialty areas.[19] The ABCS, which was founded in 1979, certifies its Diplomates after completion of a one- or two-year fellowship accredited by the AACS, an affiliate of the ABCS.[8] Unlike the ABPS, the ABCS is not recognized by the ABMS, which requires that training be completed through an ACGME-accredited postgraduate program.[9,20] In 2018, the Medical Board of California voted unanimously against allowing California ABCS Diplomates to advertise as "board certified" aesthetic surgeons, citing inadequate training provided through AACS fellowships, the "grandfathering" of ABCS diplomates without surgical residency training, and high rates of disciplinary action.[21]

This study found that a national cohort of ABCS diplomates had significantly higher rates of disciplinary administrative actions and letters of public reprimand than a state-matched ABPS cohort. The cause of this discrepancy is likely multifactorial and may include differences in

practice duration, practice setting, patient volume, and surgical training. In all other measures of punitive action, no significant differences were observed between ABCS and ABPS Diplomates.

Ultimately, transparency is imperative, and patients should be equipped with the information necessary to make informed decisions about providers in the aesthetic surgery marketplace. All boards should make online access to punitive action data a priority. While the ABPS reports both board certification and state license actions, such as suspension, revocation, and probation, on its website, the ABCS does not.[11] Out of respect for patients' autonomy, both boards should aim to be fully transparent.

Only 13 states (Utah, West Virginia, Maryland, Maine, Nevada, Texas, Mississippi, Connecticut, Arizona, California, Illinois, Oklahoma, New Jersey) have succeeded in passing "truth-in-advertising" laws requiring physicians who advertise board certification to have completed ACGME- or AOA-accredited training in that specialty.[12,22,23] With the growth of non-traditionally trained aesthetic practitioners (e.g., obstetricians and family medicine physicians) it is critical that each Board hold its Diplomates to the highest professional standards, including providing access to all available punitive action information.

The rationale for studying rates of punitive action is that surgeons with poor clinical competence may be more likely to engage in behavior that would result in disciplinary action. However, the relationship between punitive actions and patient outcomes remains unclear.[24] Outcomes data, such as complication and revision rates are not publicly reported, and therefore were not analyzed as a part of this study. Before rates of punitive action can function as an indicator of quality, additional research is needed to determine whether differences in punitive action rates correlate with clinical outcomes. Nevertheless, patients should know that differences between ABPS and ABCS Diplomates exist.

Our study has numerous limitations. First, the cohort-matching process, accounted only for state of practice. Limited data prohibited consideration of practice duration, patient volume, or practice setting. Such parameters often change over the course of a surgeon's career, and accurate data is unavailable. However, the potential for selection bias was minimized by including all ABCS Diplomates and accessing both the Aesthetic Society and ASPS database, which do not display punitive actions on initial query. Random provider list generation from TAS and ASPS membership prevented any selection bias in the cohort matching process. Some punitive actions occurred too infrequently to be analyzed through inference testing. Additionally, some state medical boards did not report malpractice judgments or awards.

Conclusions

In conclusion, ABCS Diplomates have higher rates of disciplinary administrative actions taken against them by state medical boards and more letters of public reprimand. While the causes of this discrepancy cannot be known for certain, rates of punitive actions should be disclosed by certifying boards and made publicly available to aid patient decision-making in the aesthetic surgery marketplace. Furthermore, the relationship between punitive actions, complications and outcomes warrants further investigation.

References.

1. Plastic Surgery Statistics Report 2019. American Society of Plastic Surgeons. Accessed December 17, 2020. https://www.plasticsurgery.org/documents/News/Statistics/2019/plastic-surgery-statistics-full-report-2019.pdf
2. Shah A, Patel A, Smetona J, Rohrich RJ. Public Perception of Cosmetic Surgeons versus Plastic Surgeons: Increasing Transparency to Educate Patients. *Plast Reconstr Surg*. 2017;139(2):544e-557e.
3. Lipner RS, Hess BJ, Phillips RL Jr. Specialty board certification in the United States: issues and evidence. *J Contin Educ Health Prof*. 2013;33 Suppl 1:S20-S35.
4. Sutherland K, Leatherman S. Does certification improve medical standards?. *BMJ*. 2006;333(7565):439-441.
5. Khaliq AA, Dimassi H, Huang CY, Narine L, Smego RA Jr. Disciplinary action against physicians: who is likely to get disciplined?. *Am J Med*. 2005;118(7):773-777.
6. Kohatsu ND, Gould D, Ross LK, Fox PJ. Characteristics associated with physician discipline: a case-control study. *Arch Intern Med*. 2004;164(6):653-658.
7. Booklet of Information. The American Board of Plastic Surgery, Inc. Accessed December 17, 2020. https://www.abplasticsurgery.org/media/18299/2020-21-ABPS-BOI-posting-on-7-1-20.pdf
8. How are ABCS Surgeons Trained? The American Board of Cosmetic Surgery. Accessed December 8, 2020. https://www.americanboardcosmeticsurgery.org/patient-resources/how-cosmetic-surgeons-train/

9. Cosmetic Surgery FAQs. The American Board of Cosmetic Surgery. Accessed December 17, 2020. https://www.americanboardcosmeticsurgery.org/patient-resources/cosmetic-surgery-faqs/
10. Long EA, Gabrick K, Janis JE, Perdikis G, Drolet BC. Board Certification in Cosmetic Surgery: An Evaluation of Training Backgrounds and Scope of Practice. *Plast Reconstr Surg*. 2020;146(5):1017-1023.
11. Brandt K. Discussion: Board Certification in Cosmetic Surgery: An Evaluation of Training Backgrounds and Scope of Practice. *Plast Reconstr Surg*. 2020;146(5):1026-1027.
12. Johnson DJ. Discussion: Board Certification in Cosmetic Surgery: An Evaluation of Training Backgrounds and Scope of Practice. *Plast Reconstr Surg*. 2020;146(5):1024-1025.
13. Cosmetic Surgeons. The American Board of Cosmetic Surgery. Accessed December 17, 2020. https://www.americanboardcosmeticsurgery.org/doctors/
14. Find a Plastic Surgeon. The Aesthetic Society. Accessed December 17, 2020. https://www.surgery.org/consumers/find-a-plastic-surgeon
15. Is Your Surgeon Certified? The American Board of Plastic Surgery, Inc. Accessed December 17, 2020. https://www.abplasticsurgery.org/public/verify-certification/VerifyCert?section=SurgeonSearch
16. Camp MC, Wong WW, Wong RY, Camp JS, Son AK, Gupta SC. Who is providing aesthetic surgery? A detailed examination of the geographic distribution and training backgrounds of cosmetic practitioners in Southern California. *Plast Reconstr Surg*. 2010;125(4):1257-1262.

17. Rufai SR, Davis CR. Aesthetic surgery and Google: ubiquitous, unregulated and enticing websites for patients considering cosmetic surgery. *J Plast Reconstr Aesthet Surg*. 2014;67(5):640-643.
18. Barr JS, Sinno S, Cimino M, Saadeh PB. Clinicians performing cosmetic surgery in the community: a nationwide analysis of physician certification. *Plast Reconstr Surg*. 2015;135(1):92e-8e.
19. Guide to Medical Specialties 2020. American Board of Medical Specialties. Accessed December 31, 2020. https://www.abms.org/wp-content/uploads/2020/11/ABMS-Guide-to-Medical-Specialties-2020.pdf
20. Standards for Initial Certification. American Board of Medical Specialties. Accessed December 31, 2020. https://www.abms.org/wp-content/uploads/2020/11/abms-standards-for-initial-certification.pdf
21. Meeting Minutes (December 18, 2018). Medical Board of California. Accessed December 17, 2020. https://www.mbc.ca.gov/About_Us/Meetings/Minutes/1169/brd-Minutes-20181218.pdf
22. Truth in Advertising. American Medical Association. Accessed December 29, 2020. https://www.ama-assn.org/delivering-care/patient-support-advocacy/truth-advertising
23. Chattha A, Muste J, Chen AD, Lee BT, Lin SJ, Roth MZ. Truth-in-Advertising Laws: Are They Working? A Cross-Sectional Analysis of a "Plastic Surgeon" Patient Search Simulation. *Plast Reconstr Surg*. 2021;147(1):231-238.
24. Kocher MS, Dichtel L, Kasser JR, Gebhardt MC, Katz JN. Orthopedic board certification and physician performance: an analysis of medical malpractice, hospital disciplinary

action, and state medical board disciplinary action rates. *Am J Orthop (Belle Mead NJ)*. 2008;37(2):73-75.

Table Legend:

Table 1: Punitive rates within an ABCS cohort and a state-matched ABPS cohort.

Table 1

Surgeon		ASPS (%)	TAS (%)	ABCS (%)	p Value
n = 1208		266 (22)	594 (49)	345 (28)	
Administrative Disciplinary Action					
	1	8 (3.1)	26 (4.4)	32 (9.3)	**0.003**
	2	1 (0.4)	0 (0)	2 (0.6)	
	3	0 (0)	0 (0)	1 (0.3)	
	4	0 (0)	0 (0)	2 (0.6)	
	5	0 (0)	0 (0)	1 (0.3)	
Court Order		0 (0)	0 (0)	1 (0.3)	0.55
Misdemeanor		1 (0.4)	2 (0.4)	1 (0.3)	1.00
Felony		0 (0)	0 (0)	1 (0.3)	0.51
Malpractice Judgement		2 (0.8)	6 (1.2)	6 (1.8)	0.48
Hospital Disciplinary Action		1 (0.4)	0 (0)	1 (0.3)	0.52
Letter of Public Reprimand		2 (0.8)	6 (1.2)	12 (3.5)	**0.015**
Administrative Citation		2 (0.8)	3 (0.6)	5 (1.5)	0.43
Federal Administrative Action		0 (0)	0 (0)	2 (0.6)	0.15
Arbitration Awards		1 (0.4)	0 (0)	1 (0.3)	0.51
Malpractice Settlement		1 (0.4)	10 (2%)	6 (1.7%)	0.28