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REPLY

Reply: Board Certification in Cosmetic Surgery: An Evaluation of Training Backgrounds and Scope of Practice

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In their letter, Goldberg et al. criticize the *Journal* itself as well as the peer review process, which is a subject we will leave to the *Journal*. They inappropriately question the methodology of our work, which is objective and without room for bias.

To clarify, the results of our study¹ demonstrate that the majority of American Board of Cosmetic Surgery diplomates advertise surgical procedures that are beyond the scope of their accredited residency training (e.g., ophthalmologists performing body contouring procedures). Board certification, whether through the American Board of Medical Specialties or ABCS, should not obfuscate the training background of their diplomates, particularly when those doctors use certification to validate their procedural expertise to patients.

Plastic surgery residency is available to surgeons seeking an accredited training pathway, which allows graduates to practice the full scope of aesthetic plastic surgery and it falls within the purview of the ABMS. Plastic surgery is the only accredited training pathway that provides this full breadth of training. Of course, blepharoplasty is within the training background of an ophthalmologist, and that is not in question in our findings. Rather, ophthalmologists who advertise that they perform abdominoplasty or breast augmentation are reported as out of scope

The results of our study objectively demonstrate that most ABCS diplomates (62.6 percent) advertise surgical procedures that are not included in their accredited training. Patients deserve to know the training background of their surgeons, and this should not be disguised by a board certification.

DISCLOSURE

The authors have no financial interest to declare in relation to the content of this article.

REFERENCE

1. Long EA, Gabrick K, Janis JE, Perdakis G, Drolet BC. Board certification in cosmetic surgery: An evaluation of training backgrounds and scope of practice. *Plast Reconstr Surg.* 2020;146:1017–1023. 10.1097/PRS.0000000000007242