OBJECTIVES

Certain factors, such as reduced reimbursements for reconstructive surgery and minimal funding from the NIH, challenge the sustainability of an academic plastic surgery practice. Aesthetic surgery strengthens overall academic plastic surgery financial stability and more funding enables Departments/Divisions of Plastic Surgery to acquire innovative resources for research, resident education, global health work, and faculty support.

We aim to create best practice recommendations and provide a framework for other academic institutions to further strengthen their aesthetic business practices and resident training.

METHODS

• 122 question survey was electronically distributed to 92 plastic surgery Chairs and Chiefs from ACGME accredited programs.
• Survey questions were developed by members of the Academic Aesthetic Surgery Roundtable (AASR). At conclusion of the study, the AASR group convened to discuss preliminary results and form best practice recommendations.
• Three major topics were queried in the survey:
  1) Characteristics of programs with positive aesthetic surgery revenue
  2) Qualities associated with strong aesthetic surgery residency training
  3) Existing barriers of academic aesthetic growth

RESULTS

• 64 out of 92 Chairs/Chiefs responded:
  - 12 Independent, 31 Integrated, & 21 with both residency models
  - 67% (43) reported their programs were revenue positive.
  - 29% (18) reported their residents do not receive adequate exposure and/or experience in aesthetic surgery.
  1) Revenue positive programs were associated with: (multivariate analysis)
    • Non-physician injection services (p=0.025)
    • Employment of full-time faculty whose overall practice included more than 50% of aesthetic surgery (p=0.040)
  2) Strong aesthetic surgery training programs were associated with resident participation in: (univariate analysis)
    • Clinical aesthetic research (p=0.006)
    • Faculty aesthetic clinics (p=0.034)
    • Discounted resident aesthetic clinics (p=0.001)
  3) Challenges exist for growth and expansion of academic aesthetic surgery.
    • 67% (43) felt their marketing strategies were very bad or poor.
    • 41% (26) reported institutional financial support was a barrier or major problem.
    • 65% (41) ranked IT support for social media as poor or below average.

Is Your Program Revenue Positive?

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<th>Yes</th>
<th>No</th>
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<td>67%</td>
<td>33%</td>
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Do Your Residents Receive Adequate Aesthetic Surgery Exposure and/or Experience?

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<tr>
<th>Yes</th>
<th>No</th>
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<tr>
<td>71%</td>
<td>29%</td>
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CONCLUSION

In order for academic plastic surgery programs to increase overall aesthetic revenue they should increase nonphysician injection services and the number of faculty whose practices are predominately (>50%) made up of aesthetic surgery.

Additionally, aesthetic surgery training programs should encourage residents to participate in faculty aesthetic clinics, clinical research in aesthetic surgery and discounted resident aesthetic clinics.

REFERENCES