

Defining Core Entrustable Professional Activities for Plastic Surgery: Results of a National Delphi Process



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Background

- Competency-based medical education (CBME) emphasizes demonstrated ability in clinical practice
- Entrustable professional activities (EPAs):
 - Discrete units of professional tasks that trainees can be entrusted to perform independently once competence is demonstrated
- EPAs operationalize CBME in real-world settings
- Plastic surgery lacks a validated, specialty-specific EPA framework
- The ACEPS EPA Task Force had already proposed a preliminary set of PRS-specific EPAs created using the nominal group technique and Equal rubric method

Aim

To refine and validate the 15 preliminary EPAs through a national Delphi consensus process

Methods

Study Design

- National Delphi consensus distributed to ACEPS members and all PDs APDs of ACGME-accredited PRS residencies
- Two survey rounds- Likert scale questions and free text
- Consensus predefined as $\geq 80\%$ agreement

EPA Evaluation Domains

- Representativeness (primary for consensus)
- Clarity of wording
- Frequency of resident exposure

Results

Participant Characteristics

- 44 panelists (24% response rate)
- Broad subspecialty representation
 - Highest for general reconstruction (57%), microsurgery (50%), breast (40%) though all subspecialties represented
- Wide distribution of years in practice
 - <5 yrs: 20% | 5-15 years: 52% | 15 years: 28%

Results

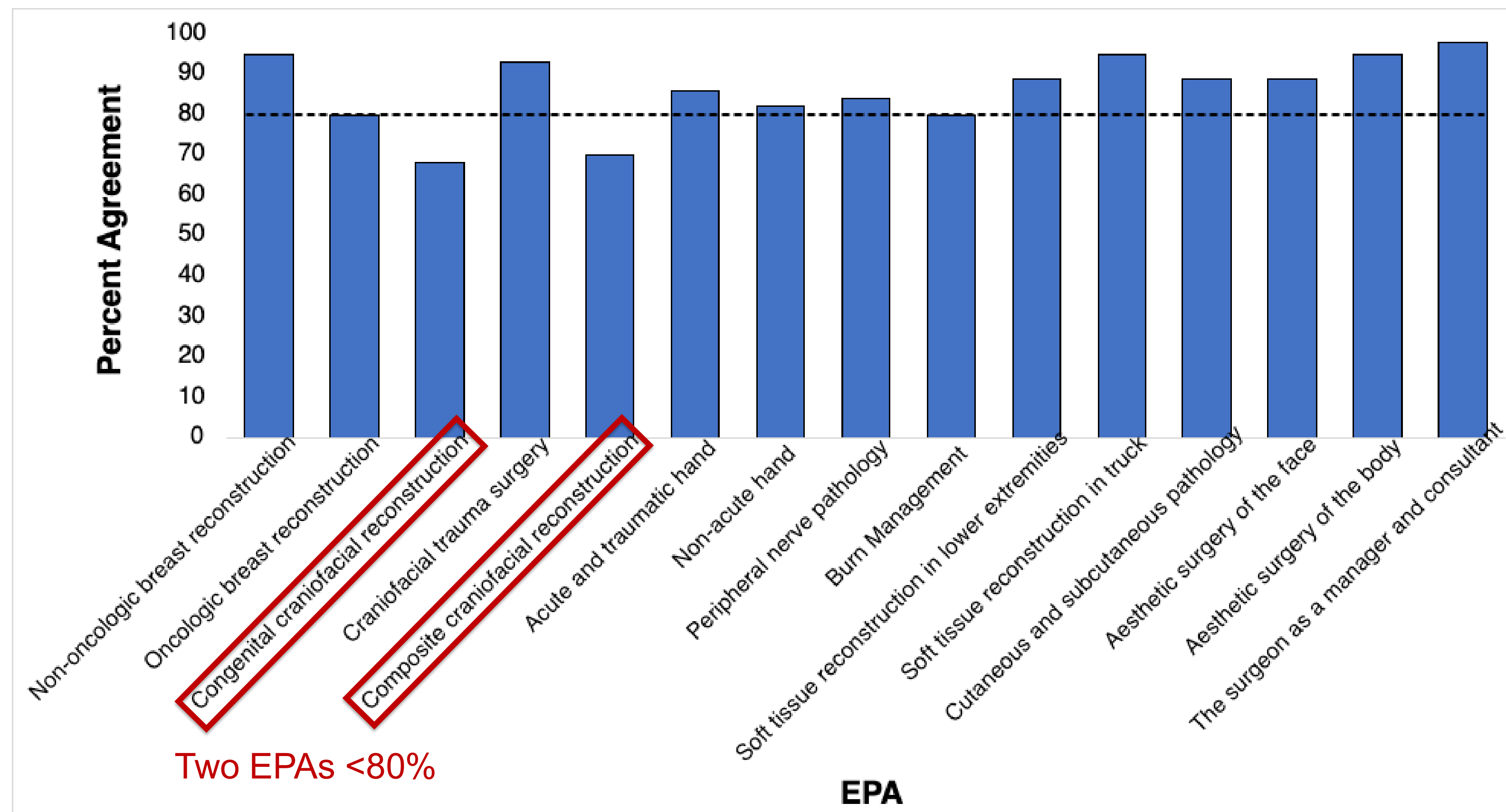


Figure 1. Percent agreement for Delphi Round 1

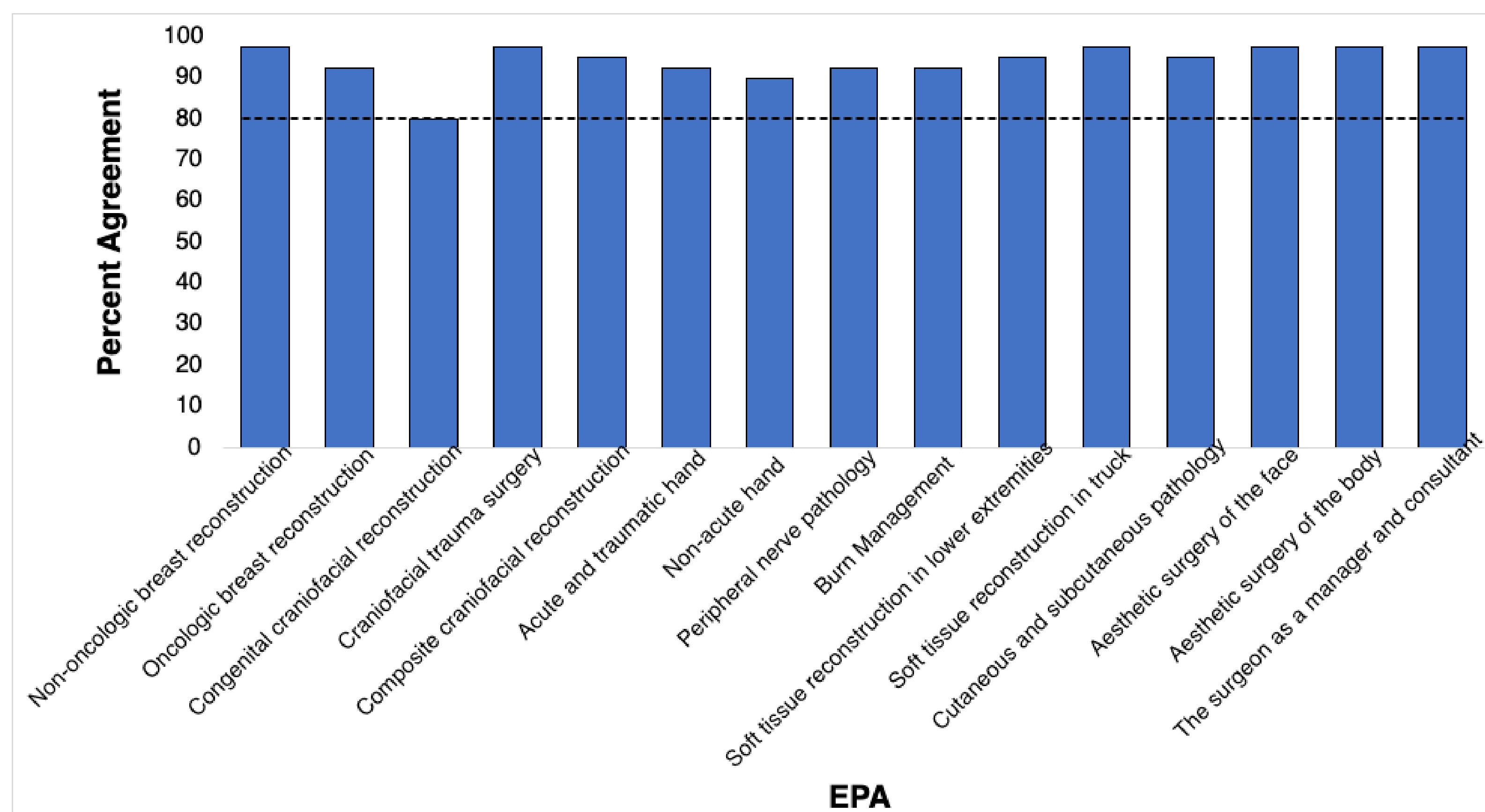


Figure 2. Percent agreement for Delphi Round 2

Delphi Round 1 Results

- 13/15 EPAs reached consensus
- Highest agreement for:
 - Surgeon as a manager and consultant (98%)
 - Non-oncologic breast reconstruction (95%)
 - Aesthetic surgery of the body (93%)
- Two craniofacial EPAs did not reach agreement
 - Concerns of scope

Delphi Round 2 Results

- Narrative feedback guided revisions
- Participants received summarized feedback and had the opportunity to revise their response
- 100% of EPAs reached consensus**

Key Results

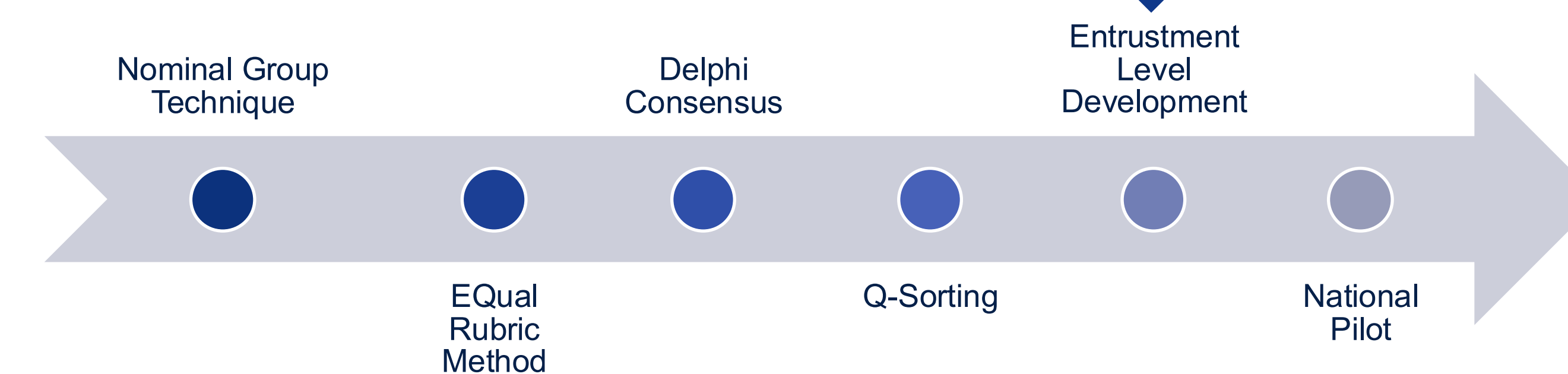
- Strong consensus across diverse panel supports national validity**
- Initial disagreement reflected concerns of scope and universality rather than importance**
- Iterative feedback refined EPA definitions**
- All EPAs received positive scoring on clarity of wording- any free-text responses were considered when refining for Round 2**

Discussion

- High levels of agreement across a diverse expert panel support the validity and generalizability of proposed EPAs
- Initial lack of consensus for select EPAs highlights the tension between subspecialty breadth and universal competency expectations, reflecting variability in exposure rather than importance
- Implementation will require alignment with ACGME milestones, faculty engagement, and institutional assessment infrastructure
- As a consensus-based methodology, these findings require future validation in practice, including correlation with trainee performance and patient outcomes

Next Steps

- Q-sorting- ACEPS EPA Task force members met at PSTM 2025 to map pre-existing PRS subcompetencies to EPAs
- Entrustment level development- Defining entrustment levels from limited participation to practice ready
- National Pilot implementation- July 2027



Conclusion

This study establishes a consensus-driven, specialty-specific EPA framework for plastic surgery training. These findings provide a foundation for standardized competency-based assessment and future implementation across residency programs.

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