

## **International Elective Application Process Plastic Surgery Review Committee for Plastic Surgery**

When applying for an international elective, a letter of request signed by the designated institutional official (DIO) and program director must be sent to both the Review Committee for Plastic Surgery and the American Board of Plastic Surgery (ABPS) at the following email addresses:

Caleb Mitchell

Senior Accreditation Administrator, Review Committee for Plastic Surgery [cmitchell@acgme.org](mailto:cmitchell@acgme.org)

Keith Brandt, MD, FACS

Executive Director, American Board of Plastic Surgery [info@abplasticsurgery.org](mailto:info@abplasticsurgery.org)

The program will receive separate approval letters from the Review Committee and the ABPS. Both letters of approval must be received prior to implementation of the requested international elective.

### **Application to establish new elective:**

When requesting Review Committee approval for an international elective for the first time, a completed copy of the form below, which should be filled with the required information, must accompany the letter of request. An acknowledgment letter will be sent to the program when the request is processed.

US territories are not considered international sites and do not require prior approval by the Review Committee.

### **Application for individual rotators at approved home program electives:**

When an elective has been approved and the program would like to send additional residents/fellows, the program must ascertain that there have been no structural or curricular changes since initial approval. Additionally, the program must submit a letter to the Review Committee from the program director, co-signed by the DIO, with a completed copy of the form below, which should be filled with the required information.

**Application for individual rotators at approved sites not affiliated with home program:** Programs may request approval for an elective at the site of an established elective for another ACGME-accredited plastic surgery residency program. A separate program letter of agreement (PLA) would need to be established for the new program requesting participation in an

established elective. In these instances, both programs must have an accreditation status of Continued Accreditation or Continued Accreditation without Outcomes.

**Additional information:**

Electives approved by both the Review Committee and the ABPS may count toward the ABPS requirement for an average of 48 clinical weeks per year.

Approval of an international elective may be revoked should the Review Committee determine that there has been a significant change that adversely affects the educational merit of the experience. Significant changes include but are not limited to: a change in a program's accreditation status; loss of participation of approved faculty members; or loss of approval by the ABPS. If an approval is revoked, notification will be sent to the ABPS, education credit will not count toward the required clinical weeks, and residents/fellows may not enter cases performed at the site in the ACGME Case Log System. Revocation of an international elective applies to the program that obtained initial approval, and for all other programs that utilize that elective based on the criteria below.

**Removal of elective by program(s):**

1. If the original ACGME-accredited program that obtained approval for the international elective removes the experience from its curriculum, other programs that subsequently have utilized the elective may continue to do so, as long the experience continues to meet the eligibility criteria set forth above. If removal of the elective results in loss of eligible supervising physicians (or vice versa), the elective is considered ineligible for all participatory programs.
2. If an ACGME-accredited program which subsequently utilized an international elective following approval by another program then removes the elective from its curriculum, there will be no impact on the elective for the program which received initial approval.

| Request for a new international elective |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                          | Name and location of international site                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                                          | Documentation that the resident/fellow for whom the elective is requested has the appropriate license to practice in country of experience (or equivalent approvals, which could be from the hospital where the resident will be rotating)                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                                          | Name and PGY of resident/fellow for whom the elective is requested                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                                          | Dates and length of the elective (Minimum of 1 week, integrated programs ≤12 weeks; independent programs ≤6 weeks; fellowships ≤4 weeks)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                          | Verification of the program's accreditation status (program must have a status of Continued Accreditation or Continued Accreditation without Outcomes)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                                          | Verification that salary, travel expenses, health insurance, and evacuation insurance are provided by the Sponsoring Institution. If alternate funding is to be used (other than the Sponsoring Institution), specifics must be outlined as to the source and confirmation of funding.                                                                                                                                                                                                                                                                                                                                                                                        |
|                                          | <p>Description of the clinical experience: (experiential vs. observational)</p> <ul style="list-style-type: none"> <li>• Type of center (governmental, non-governmental, private, etc.)</li> <li>• Scope of practice of the host center</li> <li>• A statement of the center's operative volume and type</li> <li>• Verification that an outpatient experience will be provided</li> <li>• If experiential elective, verification that the resident/fellow will enter operative experiences in the ACGME Case Log System</li> </ul> <p>If observational elective, verification that the resident/fellow will NOT enter operative experiences in the ACGME Case Log System</p> |
|                                          | Statement addressing physical environmental issues, including housing, transportation, communication, safety, and language; this should include any current or recent government-issued travel advisories regarding the location of the elective, as well as any special travel documentation needed for entry and exit of the country                                                                                                                                                                                                                                                                                                                                        |
|                                          | Description of educational resources, including access to a library with reasonably current resources and/or reliable access to web-based educational materials                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                          | Rationale describing the unique educational experience the international elective provides that is not available at the primary or participating sites                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                                          | Copy of the competency-based goals/objectives for the elective                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                          | Verification that there will be an evaluation of resident/fellow performance based on the stated goals and objectives                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                                          | List of American Board of Medical Specialties (ABMS)-certified faculty member(s) or CV(s) of non-ABMS-certified faculty member(s) who will supervise resident/fellows on the elective; the Committee will determine if the qualifications of the non-ABMS-certified faculty member(s) are acceptable                                                                                                                                                                                                                                                                                                                                                                          |
|                                          | Copy of the fully executed PLA for the originating program                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                                          | ABPS approval requested/received                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                                          | Signatures of program director and DIO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |

| Request for additional candidates (same international site and supervising faculty members) |                                                                                                                                                                                                                                                                                                  |
|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                             | Name and location of international site                                                                                                                                                                                                                                                          |
|                                                                                             | Documentation that the resident/fellow for whom the elective is requested has the appropriate license to practice in country of experience (or equivalent approvals, which could be from the hospital where the resident will be rotating)                                                       |
|                                                                                             | Name and PGY of resident/fellow for whom the elective is requested                                                                                                                                                                                                                               |
|                                                                                             | Dates and length of the elective (Minimum of 1 week, integrated programs ≤12 weeks; independent programs ≤6 weeks; fellowships ≤4 weeks)                                                                                                                                                         |
|                                                                                             | Verification of the program's accreditation status (program must have a status of Continued Accreditation or Continued Accreditation without Outcomes)                                                                                                                                           |
|                                                                                             | Verification that salary, travel expenses, health insurance, and evacuation insurance are provided by the Sponsoring Institution. If alternate funding is to be used (other than the Sponsoring Institution), specifics must be outlined as to the source and confirmation of funding.           |
|                                                                                             | Copy of the fully executed PLA for any program other than the originating program requesting approval for resident/fellow international elective                                                                                                                                                 |
|                                                                                             | ABPS approval requested/received                                                                                                                                                                                                                                                                 |
|                                                                                             | Signatures of program director and DIO                                                                                                                                                                                                                                                           |
|                                                                                             | Name of originating program and verification of approval of existing elective if originated under a different ACGME-accredited program; verification of program's accreditation status (both programs must have a status of Continued Accreditation or Continued Accreditation without Outcomes) |
|                                                                                             | Informational letter with name(s) of additional resident(s)/fellow(s) who plan to take advantage of the approved elective and a statement that the elective has not changed since approval                                                                                                       |