

ACGME Program Requirements for Graduate Medical Education in Dermatology

Common Program Requirements are in BOLD

Effective: July 1, 2007

Introduction

Int.A. Duration and Scope of Training

Int.A.1. Accredited training programs in dermatology shall be organized to provide residents with the educational and practical experience that will enable them to deliver superior specialized care to patients with diseases of the skin, hair, nails and mucous membranes. Such experience must be varied and broad, progressive and systematic, and of sufficient duration. Moreover, it must include instruction in the pertinent basic sciences and in all clinical areas that bear upon the specialty of dermatology and training in research and teaching. Accomplishment of these objectives requires a suitable institutional environment; a cooperative and supportive administrative authority; a stable financial base; an enthusiastic, competent, and available staff; an adequate patient population; modern, efficient equipment and space; and satisfactory liaison with other disciplines that relate to dermatology.

Int.A.2. A dermatology residency may be accredited to offer either three or four years of graduate medical education:

Int.A.2.a) A three-year program is preceded by a broad-based clinical year of training (PGY-1) in a program accredited by the Accreditation Council for Graduate Medical Education (ACGME) or similar program accredited in Canada.

Int.A.2.b) A four-year program must provide a broad-based clinical experience during the first year and three years of dermatology education in the second through fourth year of the program.

Int.A.2.c) The resident's time throughout each year beyond the first year (i.e., PGY2-PGY4) must include direct care of outpatients and inpatients. This must include clinical conferences and didactic lectures related to patient care, consultations, inpatient rounds, dermatologic surgery, dermatopathology, and other dermatology-related subspecialty rotations. Scholarly activity should be integrated into these clinical activities.

I. Institutions

I.A. Sponsoring Institution

One sponsoring institution must assume ultimate responsibility for the program, as described in the Institutional Requirements, and this responsibility extends to resident assignments at all participating sites.

The sponsoring institution and the program must ensure that the program director has sufficient protected time and financial support for his or her educational and administrative responsibilities to the program.

- I.A.1. The sponsoring institution must ensure financial, technical, and moral support and provide the necessary space, facilities, and supply of patients for the establishment and maintenance of an approved residency program in dermatology.
- I.A.2. Opportunities to do research, to teach, and to become acquainted with administrative aspects of the specialty are necessary.
- I.A.3. A cooperative relationship with other disciplines in medicine will result in the most effective implementation of these activities.

I.B. Participating Sites

- I.B.1. **There must be a program letter of agreement (PLA) between the program and each participating site providing a required assignment. The PLA must be renewed at least every five years.**

The PLA should:

- I.B.1.a) **identify the faculty who will assume both educational and supervisory responsibilities for residents;**
- I.B.1.b) **specify their responsibilities for teaching, supervision, and formal evaluation of residents, as specified later in this document;**
- I.B.1.c) **specify the duration and content of the educational experience; and,**
- I.B.1.d) **state the policies and procedures that will govern resident education during the assignment.**
- I.B.2. **The program director must submit any additions or deletions of participating sites routinely providing an educational experience, required for all residents, of one month full time equivalent (FTE) or more through the Accreditation Council for Graduate Medical Education (ACGME) Accreditation Data System (ADS).**

II Program Personnel and Resources

II.A. Program Director

- II.A.1. **There must be a single program director with authority and accountability for the operation of the program. The sponsoring institution's GMC must approve a change in program director. After approval, the program director must submit this change to the ACGME via the ADS.**

- II.A.2.** The program director should continue in his or her position for a length of time adequate to maintain continuity of leadership and program stability.
- II.A.3.** Qualifications of the program director must include:
- II.A.3.a)** requisite specialty expertise and documented educational and administrative experience acceptable to the Review Committee;
 - II.A.3.b)** current certification in the specialty by the American Board of Dermatology, or specialty qualifications that are acceptable to the Review Committee; and,
 - II.A.3.c)** current medical licensure and appropriate medical staff appointment.
- II.A.3.c).(1)** The program director should have at least five years of experience (following residency) in the care of dermatology patients and as a teacher in a dermatology residency.
- II.A.4.** The program director must administer and maintain an educational environment conducive to educating the residents in each of the ACGME competency areas. The program director must:
- II.A.4.a)** oversee and ensure the quality of didactic and clinical education in all sites that participate in the program;
 - II.A.4.b)** approve a local director at each participating site who is accountable for resident education;
 - II.A.4.c)** approve the selection of program faculty as appropriate;
 - II.A.4.d)** evaluate program faculty and approve the continued participation of program faculty based on evaluation;
 - II.A.4.e)** monitor resident supervision at all participating sites;
 - II.A.4.f)** prepare and submit all information required and requested by the ACGME, including but not limited to the program information forms and annual program resident updates to the ADS, and ensure that the information submitted is accurate and complete;
 - II.A.4.g)** provide each resident with documented semiannual evaluation of performance with feedback;
 - II.A.4.h)** ensure compliance with grievance and due process procedures as set forth in the Institutional Requirements and implemented by the sponsoring institution;

- II.A.4.i) provide verification of residency education for all residents, including those who leave the program prior to completion;**
- II.A.4.j) implement policies and procedures consistent with the institutional and program requirements for resident duty hours and the working environment, including moonlighting, and, to that end, must:**
 - II.A.4.j).(1) distribute these policies and procedures to the residents and faculty;**
 - II.A.4.j).(2) monitor resident duty hours, according to sponsoring institutional policies, with a frequency sufficient to ensure compliance with ACGME requirements;**
 - II.A.4.j).(3) adjust schedules as necessary to mitigate excessive service demands and/or fatigue; and,**
 - II.A.4.j).(4) if applicable, monitor the demands of at-home call and adjust schedules as necessary to mitigate excessive service demands and/or fatigue.**
- II.A.4.k) monitor the need for and ensure the provision of back up support systems when patient care responsibilities are unusually difficult or prolonged;**
- II.A.4.l) comply with the sponsoring institution's written policies and procedures, including those specified in the Institutional Requirements, for selection, evaluation and promotion of residents, disciplinary action, and supervision of residents;**
- II.A.4.m) be familiar with and comply with ACGME and Review Committee policies and procedures as outlined in the ACGME Manual of Policies and Procedures;**
- II.A.4.n) obtain review and approval of the sponsoring institution's GMEC/DIO before submitting to the ACGME information or requests for the following:**
 - II.A.4.n).(1) all applications for ACGME accreditation of new programs;**
 - II.A.4.n).(2) changes in resident complement;**
 - II.A.4.n).(3) major changes in program structure or length of training;**
 - II.A.4.n).(4) progress reports requested by the Review Committee;**
 - II.A.4.n).(5) responses to all proposed adverse actions;**

- II.A.4.n).(6) requests for increases or any change to resident duty hours;
- II.A.4.n).(7) voluntary withdrawals of ACGME-accredited programs;
- II.A.4.n).(8) requests for appeal of an adverse action;
- II.A.4.n).(9) appeal presentations to a Board of Appeal or the ACGME; and,
- II.A.4.n).(10) proposals to ACGME for approval of innovative educational approaches.
- II.A.4.o) obtain DIO review and co-signature on all program information forms, as well as any correspondence or document submitted to the ACGME that addresses:
 - II.A.4.o).(1) program citations, and/or
 - II.A.4.o).(2) request for changes in the program that would have significant impact, including financial, on the program or institution.
- II.A.4.p) during clinic operation, ensure that a member of the teaching staff is on-site and immediately available when residents are participating in patient care;
- II.A.4.q) ensure that case logs are kept by each resident. These logs are to be maintained through the ACGME online Case Log System;
- II.A.4.r) designate, in his or her absence, an interim director. If this period is six months or longer, the Review Committee must be notified. Appointment of an interim director should not exceed two years, because it may have a detrimental effect on the program;
- II.A.4.s) ensure that documentation of resident evaluation, institutional and inter-institutional agreements, resident agreements and departmental statistics be kept on file and provided upon request to the Review Committee or site visitor; and,
- II.A.4.t) ensure that residents receive properly supervised experience in consultative inpatient dermatology.

II.B. Faculty

- II.B.1. **At each participating site, there must be a sufficient number of faculty with documented qualifications to instruct and supervise all residents at that location.**

The faculty must:

- II.B.1.a)** devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities; and to demonstrate a strong interest in the education of residents, and
- II.B.1.b)** administer and maintain an educational environment conducive to educating residents in each of the ACGME competency areas.
- II.B.2.** **The physician faculty must have current certification in the specialty by the American Board of Dermatology, or possess qualifications acceptable to the Review Committee.**
 - II.B.2.a)** An instructor-to-trainee ratio of at least one-to-three is desirable, as is a minimum of two geographically close full-time members of the clinical faculty, one of whom must be the training director.
 - II.B.2.b)** The dermatopathology training should be directed by a physician with subspecialty certification in dermatopathology, or its equivalent.
 - II.B.2.c)** Dermatologic surgery training should be directed by a physician with advanced fellowship training in procedural dermatology or its equivalent.
- II.B.3.** **The physician faculty must possess current medical licensure and appropriate medical staff appointment.**
- II.B.4.** **The nonphysician faculty must have appropriate qualifications in their field and hold appropriate institutional appointments.**
- II.B.5.** **The faculty must establish and maintain an environment of inquiry and scholarship with an active research component.**
 - II.B.5.a)** **The faculty must regularly participate in organized clinical discussions, rounds, journal clubs, and conferences.**
 - II.B.5.b)** **Some members of the faculty should also demonstrate scholarship by one or more of the following:**
 - II.B.5.b).(1)** **peer-reviewed funding;**
 - II.B.5.b).(2)** **publication of original research or review articles in peer-reviewed journals, or chapters in textbooks;**
 - II.B.5.b).(3)** **publication or presentation of case reports or clinical series at local, regional, or national professional and scientific society meetings; or,**

II.B.5.b).(4) participation in national committees or educational organizations.

II.B.5.c) Faculty should encourage and support residents in scholarly activities.

II.C. Other Program Personnel

The institution and the program must jointly ensure the availability of all necessary professional, technical, and clerical personnel for the effective administration of the program.

II.C.1. Faculty from any and all clinical and basic science departments can and should be utilized to provide a complete educational experience for the residents.

II.D. Resources

The institution and the program must jointly ensure the availability of adequate resources for resident education, as defined in the specialty program requirements.

II.D.1. The program must provide equipment for taking and reviewing clinical photographs, as well as for viewing educational materials.

II.D.2. Space should be made available for dermatology conferences, preferably space dedicated specifically for that purpose.

II.D.3. There should be sufficient clinical material to allow experience in diagnosis and management of the broad array of diseases seen by the practicing dermatologist.

II.E. Medical Information Access

Residents must have ready access to specialty-specific and other appropriate reference material in print or electronic format. Electronic medical literature databases with search capabilities should be available.

III Resident Appointments

III.A. Eligibility Criteria

The program director must comply with the criteria for resident eligibility as specified in the Institutional Requirements.

III.B. Number of Residents

The program director may not appoint more residents than approved by the Review Committee, unless otherwise stated in the specialty-specific requirements. The program's educational resources must be adequate to support the number of residents appointed to the program.

III.C. Resident Transfers

III.C.1. Before accepting a resident who is transferring from another program, the program director must obtain written or electronic verification of previous educational experiences and a summative competency-based performance evaluation of the transferring resident.

III.C.2. A program director must provide timely verification of residency education and summative performance evaluations for residents who leave the program prior to completion.

III.D. Appointment of Fellows and Other Learners

The presence of other learners (including, but not limited to, residents from other specialties, subspecialty fellows, PhD students, and nurse practitioners) in the program must not interfere with the appointed residents' education. The program director must report the presence of other learners to the DIO and GMEC in accordance with sponsoring institution guidelines.

IV Educational Program

IV.A. The curriculum must contain the following educational components:

IV.A.1. Overall educational goals for the program, which the program must distribute to residents and faculty annually;

IV.A.2. Competency-based goals and objectives for each assignment at each educational level, which the program must distribute to residents and faculty annually, in either written or electronic form. These should be reviewed by the resident at the start of each rotation;

IV.A.3. Regularly scheduled didactic sessions;

IV.A.4. Delineation of resident responsibilities for patient care, progressive responsibility for patient management, and supervision of residents over the continuum of the program; and,

IV.A.5. ACGME Competencies

The program must integrate the following ACGME competencies into the curriculum:

IV.A.5.a) Patient Care

Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Residents:

- IV.A.5.a).(1) will have access to adequate clinical material that will provide comprehensive training in all aspects of dermatology. The training must be adequate to provide knowledge and competence in four broad categories: medical dermatology, procedural dermatology, dermatopathology and pediatric dermatology. The examples which follow are intended only to be illustrative, not defining, of the breadth and depth of training necessary.
- IV.A.5.a).(2) will directly encounter patients with every category of primary skin disease (e.g., immunobullous diseases, contact dermatitis, connective tissue diseases, infectious diseases), as well as medically complicated patients displaying dermatologic manifestations of systemic disease or therapy. Experience in techniques supporting diagnoses in the general field of medical dermatology is critical (e.g., patch testing, KOH examination, Tzanck smears). Photomedicine, phototherapy and topical/systemic pharmacotherapy are essential elements of clinical exposure.
- IV.A.5.a).(3) will be familiar with a wide array of surgical techniques and must be competent to perform many of these. The level of training in dermatologic surgery is divided into three categories.
- IV.A.5.a).(3).(a) During their training, residents should achieve competency in biopsy techniques, destruction of benign and malignant tumors, use of lasers for the treatment of superficial vascular tumors (e.g., port wine stains), and excision of benign and malignant tumors with simple, intermediate and complex repair techniques including flaps and grafts.
- IV.A.5.a).(3).(b) Significant exposure to other procedures either through direct observation or as an assistant at surgery is required. Examples in this category include Mohs micrographic surgery and reconstruction of these defects, the application of a wide range of lasers and other energy sources, sclerotherapy, botulinum toxin injection, soft tissue augmentation and chemical peels.
- IV.A.5.a).(3).(c) Program faculty must provide education relating to certain cosmetic techniques without necessarily affording direct exposure. Among these are liposuction, scar revision, and dermabrasion. The program's experience in cosmetic surgery may vary depending on the nature and experience of the

practice; however, didactic training in this area is required.

- IV.A.5.a).(4) will gain experience in the diagnosis and management of the wide range of skin diseases seen in infants and children. Properly supervised experience in consultative inpatient neonatal and pediatric dermatology is also essential. Residents must gain experience with pediatric patients with atopic dermatitis, psoriasis, blistering disorders, and infectious diseases as well as medically complicated patients with cutaneous manifestations of multisystem diseases. Residents must develop competence in the performance of diagnostic and therapeutic techniques (including skin biopsy, excision, patch testing, intralesional injections, and phototherapy) with pediatric patients. They must also and gain experience in the diagnosis and age-appropriate management of birthmarks, genodermatoses, and cutaneous signs of child abuse.

IV.A.5.b) Medical Knowledge

Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care. Residents:

- IV.A.5.b).(1) should complement and, when possible, precede or parallel the clinical activities.
- IV.A.5.b).(2) will have a structured study of the basic sciences. There should be a well-organized course of instruction and range of experiences in these disciplines.
- IV.A.5.b).(3) should be trained, throughout the residency, with a various combinations of lectures, conferences, seminars, demonstrations, individual or group study of color transparencies or images and histologic slides, clinical rounds, chart and record reviews, faculty-trainee sessions in small groups and one-to-one settings, book and journal reviews, and attendance at local, regional, and national meetings.
- IV.A.5.b).(4) will examine routinely stained histologic sections from the full spectrum of dermatologic disease. A significant portion of this exposure must occur in an active faculty-run sign-out setting, but the use of conferences and study sets are necessary to complete resident education and are critical in the curriculum. Training must include education relating to interpretation of direct immunofluorescence specimens, appropriate use and interpretation of

immunohistochemistry (special stains, including immunoperoxidase) and electron microscopy.

IV.A.5.c) Practice-based Learning and Improvement

Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning. Residents are expected to develop skills and habits to be able to meet the following goals:

- IV.A.5.c).(1) identify strengths, deficiencies, and limits in one's knowledge and expertise;
- IV.A.5.c).(2) set learning and improvement goals;
- IV.A.5.c).(3) identify and perform appropriate learning activities;
- IV.A.5.c).(4) systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement;
- IV.A.5.c).(5) incorporate formative evaluation feedback into daily practice;
- IV.A.5.c).(6) locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems;
- IV.A.5.c).(7) use information technology to optimize learning; and,
- IV.A.5.c).(8) participate in the education of patients, families, students, residents and other health professionals.
- IV.A.5.c).(9) teach dermatology to other residents, medical students, nurses, and/or allied health personnel.

IV.A.5.d) Interpersonal and Communication Skills

Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. Residents are expected to:

- IV.A.5.d).(1) communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds;
- IV.A.5.d).(2) communicate effectively with physicians, other health professionals, and health related agencies;

- IV.A.5.d).(3)** work effectively as a member or leader of a health care team or other professional group;
- IV.A.5.d).(4)** act in a consultative role to other physicians and health professionals; and,
- IV.A.5.d).(5)** maintain comprehensive, timely, and legible medical records, if applicable.

IV.A.5.e) Professionalism

Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Residents are expected to demonstrate:

- IV.A.5.e).(1)** compassion, integrity, and respect for others;
- IV.A.5.e).(2)** responsiveness to patient needs that supersedes self-interest;
- IV.A.5.e).(3)** respect for patient privacy and autonomy;
- IV.A.5.e).(4)** accountability to patients, society and the profession; and,
- IV.A.5.e).(5)** sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.

IV.A.5.f) Systems-based Practice

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. Residents are expected to:

- IV.A.5.f).(1)** work effectively in various health care delivery settings and systems relevant to their clinical specialty;
- IV.A.5.f).(2)** coordinate patient care within the health care system relevant to their clinical specialty;
- IV.A.5.f).(3)** incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate;

- IV.A.5.f).(4) **advocate for quality patient care and optimal patient care systems;**
- IV.A.5.f).(5) **work in interprofessional teams to enhance patient safety and improve patient care quality; and,**
- IV.A.5.f).(6) **participate in identifying system errors and implementing potential systems solutions.**
- IV.A.5.f).(7) **be given selected administrative responsibility commensurate with their interests, abilities, and qualifications.**

IV.B. Residents' Scholarly Activities

- IV.B.1. **The curriculum must advance residents' knowledge of the basic principles of research, including how research is conducted, evaluated, explained to patients, and applied to patient care.**
- IV.B.2. **Residents should participate in scholarly activity.**
- IV.B.3. **The sponsoring institution and program should allocate adequate educational resources to facilitate resident involvement in scholarly activities.**

V Evaluation

V.A. Resident Evaluation

V.A.1. Formative Evaluation

- V.A.1.a) **The faculty must evaluate resident performance in a timely manner during each rotation or similar educational assignment, and document this evaluation at completion of the assignment.**
- V.A.1.b) **The program must:**
 - V.A.1.b).(1) **provide objective assessments of competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice;**
 - V.A.1.b).(2) **use multiple evaluators (e.g., faculty, peers, patients, self, and other professional staff);**
 - V.A.1.b).(3) **document progressive resident performance improvement appropriate to educational level; and,**

- V.A.1.b).(4)** provide each resident with documented semiannual evaluation of performance with feedback.
- V.A.1.c)** The evaluations of resident performance must be accessible for review by the resident, in accordance with institutional policy.
- V.A.2.** **Summative Evaluation**
- The program director must provide a summative evaluation for each resident upon completion of the program. This evaluation must become part of the resident's permanent record maintained by the institution, and must be accessible for review by the resident in accordance with institutional policy. This evaluation must:
- V.A.2.a)** document the resident's performance during the final period of education, and
- V.A.2.b)** verify that the resident has demonstrated sufficient competence to enter practice without direct supervision.
- V.B.** **Faculty Evaluation**
- V.B.1.** At least annually, the program must evaluate faculty performance as it relates to the educational program.
- V.B.2.** These evaluations should include a review of the faculty's clinical teaching abilities, commitment to the educational program, clinical knowledge, professionalism, and scholarly activities.
- V.B.3.** This evaluation must include at least annual written confidential evaluations by the residents.
- V.C.** **Program Evaluation and Improvement**
- V.C.1.** The program must document formal, systematic evaluation of the curriculum at least annually. The program must monitor and track each of the following areas:
- V.C.1.a)** resident performance;
- V.C.1.b)** faculty development;
- V.C.1.c)** graduate performance, including performance of program graduates on the certification examination; and,
- V.C.1.d)** program quality. Specifically:
- V.C.1.d).(1)** Residents and faculty must have the opportunity to evaluate the program confidentially and in writing at least annually, and

- VI.D.1.** Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
- VI.D.2.** Residents must be provided with one day in seven free from all educational and clinical responsibilities, averaged over a four-week period, inclusive of call.
- VI.D.3.** Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.
- VI.E. On-call Activities**
- VI.E.1.** In-house call must occur no more frequently than every third night, averaged over a four-week period.
- VI.E.2.** Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to six additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.
- VI.E.3.** No new patients may be accepted after 24 hours of continuous duty.
- VI.E.3.a)** A new patient is defined as any patient for whom the resident has not previously provided care.
- VI.E.4. At-home call (or pager call)**
- VI.E.4.a)** The frequency of at-home call is not subject to the every-third-night, or 24+6 limitation. However at-home call must not be so frequent as to preclude rest and reasonable personal time for each resident.
- VI.E.4.b)** Residents taking at-home call must be provided with one day in seven completely free from all educational and clinical responsibilities, averaged over a four-week period.
- VI.E.4.c)** When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.
- VI.F. Moonlighting**
- VI.F.1.** Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program.
- VI.F.2.** Internal moonlighting must be considered part of the 80-hour weekly limit on duty hours.

VI.G. Duty Hours Exceptions

A Review Committee may grant exceptions for up to 10% or a maximum of 88 hours to individual programs based on a sound educational rationale.

VI.G.1. In preparing a request for an exception the program director must follow the duty hour exception policy from the ACGME Manual on Policies and Procedures.

VI.G.2. Prior to submitting the request to the Review Committee, the program director must obtain approval of the institution's GMEC and DIO.

VII Experimentation and Innovation

Requests for experimentation or innovative projects that may deviate from the institutional, common and/or specialty specific program requirements must be approved in advance by the Review Committee. In preparing requests, the program director must follow Procedures for Approving Proposals for Experimentation or Innovative Projects located in the ACGME Manual on Policies and Procedures. Once a Review Committee approves a project, the sponsoring institution and program are jointly responsible for the quality of education offered to residents for the duration of such a project.

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