

ACGME Program Requirements for Graduate Medical Education in Procedural Dermatology

One-year Common Program Requirements are in BOLD

Effective: July 1, 2010

Introduction

Int.A. Definition and Scope of Subspecialty

Procedural dermatology is the subspecialty of dermatology concerned with the study, diagnosis, and surgical treatment of diseases of the skin and adjacent mucous membranes, cutaneous appendages, hair, nails, and subcutaneous tissue. Procedural dermatology is broadly categorized into the following three areas:

Int.A.1. Cutaneous oncologic surgery incorporates medical, surgical, and dermatopathological knowledge of cutaneous neoplasms. An especially important technique is Mohs micrographic surgical excision, which is used for certain cancers of the skin and incorporates education in clinical dermatology and dermatopathology as they apply to dermatologic surgery.

Int.A.2. Cutaneous reconstructive surgery includes the repair of skin defects that result from the surgical removal of tumors or other skin disease and scar revision, and is based upon knowledge of cutaneous anatomy, wound healing and cutaneous repair techniques.

Int.A.3. Cutaneous cosmetic surgery incorporates medical, surgical, and dermatopathologic knowledge of cutaneous disorders and the aging of the skin. It focuses on the study and performance of procedures that have been developed by dermatologists to improve the appearance of the skin and control cutaneous disease.

Int.B. Duration of Education

The educational program in Procedural Dermatology must be 12 months in length.

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 fellow 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.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 fellows;

I.B.1.b) specify their responsibilities for teaching, supervision, and formal evaluation of fellows, 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 fellow 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 fellows, 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 GMEC 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. Qualifications of the program director must include:

II.A.2.a) requisite specialty expertise and documented educational and administrative experience acceptable to the Review Committee;

II.A.2.b) current certification in the subspecialty by the American Board of Dermatology, or subspecialty qualifications that are acceptable to the Review Committee; and,

II.A.2.c) current medical licensure and appropriate medical staff appointment.

- II.A.2.d) completion of an ACGME-accredited procedural dermatology fellowship, American College of Mohs Micrographic Surgery approved fellowship, or experience as a program director of a dermatologic surgery fellowship program for at least 10 years;
- II.A.2.e) at least five years of patient care experience as a dermatologist and dermatologic surgeon;
- II.A.2.f) at least five years of experience as a teacher in graduate medical education in dermatology and dermatologic surgery; and
- II.A.2.g) an ongoing clinical practice in dermatologic surgery.
- II.A.3. The program director must administer and maintain an educational environment conducive to educating the fellows in each of the ACGME competency areas. The program director must:**
 - II.A.3.a) prepare and submit all information required and requested by the ACGME;**
 - II.A.3.b) be familiar with and oversee compliance with ACGME and Review Committee policies and procedures as outlined in the ACGME Manual of Policies and Procedures;**
 - II.A.3.c) obtain review and approval of the sponsoring institution's GMEC/DIO before submitting to the ACGME information or requests for the following:**
 - II.A.3.c).(1) all applications for ACGME accreditation of new programs;**
 - II.A.3.c).(2) changes in fellow complement;**
 - II.A.3.c).(3) major changes in program structure or length of training;**
 - II.A.3.c).(4) progress reports requested by the Review Committee;**
 - II.A.3.c).(5) responses to all proposed adverse actions;**
 - II.A.3.c).(6) requests for increases or any change to fellow duty hours;**
 - II.A.3.c).(7) voluntary withdrawals of ACGME-accredited programs;**
 - II.A.3.c).(8) requests for appeal of an adverse action;**
 - II.A.3.c).(9) appeal presentations to a Board of Appeal or the ACGME;**

- II.A.3.d) 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.3.d).(1) program citations, and/or**
- II.A.3.d).(2) request for changes in the program that would have significant impact, including financial, on the program or institution.**
- II.A.3.e) commit at least 20 hours a week to the administrative and teaching tasks inherent in achieving the educational goals of the program.
- II.A.4. The program director must semi-annually review and confirm the operative experience records of all fellows.
- II.B. Faculty**
- II.B.1. There must be a sufficient number of faculty with documented qualifications to instruct and supervise all fellows.**
- II.B.1.a) All programs should have at least two faculty, including the program director, who are actively involved in the clinical practice of cutaneous surgery & oncology.
- II.B.2. The faculty must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities and demonstrate a strong interest in the education of fellows.**
- II.B.3. The physician faculty must have current certification in the subspecialty by the American Board of Dermatology, or possess qualifications acceptable to the Review Committee.**
- II.B.4. The physician faculty must possess current medical licensure and appropriate medical staff appointment.**
- II.B.5. Members of the faculty who have responsibility for fellow education in Mohs micrographic surgery must have completed a 12-month PGY-5 dermatologic surgery fellowship.
- II.B.6. Other members of the faculty in related disciplines should include members from other specialties with overlapping expertise to include one or more of the following: dermatology; dermatopathology; general surgery; medical oncology; ophthalmology; orthopaedic surgery; otolaryngology; pathology and radiation therapy; plastic surgery and prosthetics.
- II.B.7. In the short-term absence of the program director, one member of the faculty must assume the responsibility for the direction of the program.

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.D. Resources

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

II.D.1. Adequate space must be dedicated to the performance of dermatologic surgery procedures; this must include a Mohs micrographic frozen section laboratory and examination areas for surgical patients.

II.D.1.a) The space should be accredited by the appropriate oversight bodies as required by federal, state and local laws.

II.D.1.b) The frozen section laboratory must be adjacent to the operating suite or rooms in which dermatologic surgery is performed.

II.D.1.c) Program laboratories must be in compliance with all federal, state and local regulations regarding a work environment.

II.D.2. Frozen section slides for Mohs micrographic surgery must be reviewed and approved, as part of an on-going Quality Assurance process, by an appropriate peer-reviewed organization.

II.D.3. There should be appropriate space for fellows to read, study, and complete their paperwork.

II.D.4. The program must provide a sufficient volume and variety of surgical cases for fellows to acquire the experience of a subspecialist in procedural dermatology.

II.D.4.a) At least 1000 dermatologic surgical procedures per fellow must be available. At least 500 of that minimum total must be Mohs micrographic surgery procedures.

II.E. Medical Information Access

Fellows 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. Fellow Appointments

III.A. Eligibility Criteria

Each fellow must successfully complete an ACGME-accredited specialty

program and/or meet other eligibility criteria as specified by the Review Committee. The program must document that each fellow has met the eligibility criteria.

III.A.1. Prior to appointment in the program, fellows must have successfully completed an ACGME-accredited residency program in dermatology.

III.B. Number of Fellows

The program director may not appoint more fellows 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 fellows appointed to the program.

III.B.1. Appointment of additional fellows into non-accredited positions must not adversely impact the education of fellows in accredited positions.

IV. Educational Program

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

IV.A.1. Skills and competencies the fellow will be able to demonstrate at the conclusion of the program. The program must distribute these skills and competencies to fellows and faculty annually, in either written or electronic form. These skills and competencies should be reviewed by the fellow at the start of each rotation;

IV.A.1.a) The program must provide an organized, systematic, and progressive educational experience for physicians seeking to acquire advanced competence as a dermatologic surgeon.

IV.A.2. ACGME Competencies

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

IV.A.2.a) Patient Care

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

IV.A.2.a).(1) must demonstrate proficiency in decisions regarding patient treatment, including instances in which the patient should be referred to a different specialty or individual;

IV.A.2.a).(2) must demonstrate proficiency in performing procedures and must:

IV.A.2.a).(2).(a) be competent in skin neoplasm destruction techniques, excision, and Mohs micrographic

surgery;

- IV.A.2.a).(2).(b) be competent in cutaneous reconstructive surgery, including random pattern and axial flap repair, grafting techniques, and staged reconstructive techniques; and
- IV.A.2.a).(2).(c) perform at least 400 surgical cases of which at least 200 are Mohs micrographic surgery procedures.
- IV.A.2.a).(3) must demonstrate advanced evaluation and management skills for all cutaneous surgical patients regardless of diagnosis, including preoperative, perioperative, and postoperative evaluation;
- IV.A.2.a).(4) must demonstrate proficiency in the early identification of benign premalignant and malignant skin lesions through unaided and aided visual morphologic recognition; and
- IV.A.2.a).(5) must maintain certification in advanced cardiac life support (ACLS).

IV.A.2.b)

Medical Knowledge

Fellows 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. Fellows:

- IV.A.2.b).(1) must demonstrate knowledge of related disciplines including surgical anatomy, sterilization of equipment, aseptic technique, anesthesia, closure materials, and instrumentation; and
- IV.A.2.b).(2) must demonstrate in-depth knowledge of clinical diagnosis, biology, and pathology of skin tumors, as well as laboratory interpretation related to diagnosis and surgical treatment.

IV.A.2.c)

Practice-based Learning and Improvement

Fellows are expected to develop skills and habits to be able to meet the following goals:

- IV.A.2.c).(1) systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement;**
- IV.A.2.c).(2) locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems;**

- IV.A.2.d) Interpersonal and Communication Skills**
- Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.**
- IV.A.2.e) Professionalism**
- Fellows must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.**
- IV.A.2.f) Systems-based Practice**
- Fellows 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.**
- IV.A.3. Programs must be structured so that fellows are involved in procedural dermatology throughout the year.
- IV.A.4. Didactic sessions must be provided, including regularly scheduled and held lectures, tutorials, seminars, conferences with clinical services and conferences to consider complications and outcomes and utilization review.
- IV.A.5. Programs must provide organized education in all current aspects of procedural dermatology. This must include:
- IV.A.5.a) instruction in the basic sciences, anatomy, anesthesia, ethics, pre- and postoperative management, surgical technique, wound healing, laboratory technique, interpretation of pathologic specimens related to Mohs micrographic surgery, cutaneous reconstruction of surgical defects, chemical peel, hair transplantation, dermabrasion, rhinophyma correction, cutaneous oncology, epidemiology, medicolegal and regulatory issues, and quality assurance;
- IV.A.5.b) instruction and experience in electrosurgery for benign and malignant lesions, cryosurgery, curettage and electrosurgery, scalpel surgery, laser surgery and Mohs micrographic surgery, wound healing, and reconstruction of defects;
- IV.A.5.c) experience in staged reconstruction techniques, chemical destructive techniques, nail surgery, grafts, local flaps, sclerotherapy, wedge excision, and complex cutaneous closures;

IV.A.5.d) instruction and experience in procedures of an aesthetic nature including cutaneous soft tissue augmentation with injectable filler material, chemo denervation, tumescent liposuction and fat transplantation, hair replacement surgery, skin resurfacing and tightening techniques, and cosmetic laser procedures; and

IV.A.6. The program must provide each fellow with education in setting up and operating a frozen section laboratory capable of processing sections for Mohs micrographic surgery. The program must provide experience in supervising and training laboratory personnel.

IV.A.7. Fellows must have experience working with health care personnel from dermatology, dermatopathology and medical oncology. Fellow experience should also include interaction with general surgery, ophthalmology, otolaryngology, plastic surgery and radiation oncology.

IV.A.8. Fellows must be actively engaged in teaching.

IV.B. Fellows' Scholarly Activities

Each fellow must demonstrate scholarly activity through at least one of the following:

IV.B.1. preparation of one or more manuscripts suitable for submission to a peer-reviewed publication; or

IV.B.2. one or more presentations at local, regional, or national professional society meetings on topics relevant to procedural dermatology.

V. Evaluation

V.A. Fellow Evaluation

V.A.1. Formative Evaluation

V.A.1.a) The faculty must evaluate fellow performance in a timely manner.

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); and,

V.A.1.b).(3) provide each fellow with documented semiannual evaluation of performance with feedback.

V.A.1.c) The evaluations of fellow performance must be accessible for review by the fellow, in accordance with institutional policy.

V.A.2. Summative Evaluation

The program director must provide a summative evaluation for each fellow upon completion of the program. This evaluation must become part of the fellow's permanent record maintained by the institution, and must be accessible for review by the fellow in accordance with institutional policy. This evaluation must:

V.A.2.a) document the fellow's performance during their education, and

V.A.2.b) verify that the fellow has demonstrated sufficient competence to enter practice without direct supervision.

V.A.2.c) be completed using the evaluation form available on the American Board of Dermatology website.

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.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) fellow performance, and

V.C.1.b) faculty development.

V.C.2. If deficiencies are found, the program should prepare a written plan of action to document initiatives to improve performance in the areas listed in section V.C.1. The action plan should be reviewed and approved by the teaching faculty and documented in meeting minutes.

VI. Fellow Duty Hours in the Learning and Working Environment

VI.A. Principles

VI.A.1. The program must be committed to and be responsible for

promoting patient safety and fellow well-being and to providing a supportive educational environment.

VI.A.2. Duty hour assignments must recognize that faculty and fellows collectively have responsibility for the safety and welfare of patients.

VI.B. Supervision of Fellows

The program must ensure that qualified faculty provide appropriate supervision of fellows in patient care activities.

VI.C. Duty Hours (the terms in this section are defined in the ACGME Glossary and apply to all programs)

Duty hours are defined as all clinical and academic activities related to the program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities, such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.

VI.C.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.C.2. Fellows 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.C.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.D. On-call Activities

VI.D.1. In-house call must occur no more frequently than every third night, averaged over a four-week period.

VI.D.2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Fellows 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.D.3. No new patients may be accepted after 24 hours of continuous duty.

VI.D.3.a) A new patient is defined as any patient for whom the fellow has not previously provided care.

VI.D.4. At-home call (or pager call)

VI.D.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 fellow.

VI.D.4.b) Fellows 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.D.4.c) When fellows are called into the hospital from home, the hours fellows spend in-house are counted toward the 80-hour limit.

VI.E. Moonlighting

Internal moonlighting must be considered part of the 80-hour weekly limit on duty hours.

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