

1 **ACGME Program Requirements for Graduate Medical Education**
2 **in Procedural Dermatology**

3
4 **One-year Common Program Requirements are in BOLD**

5
6 Effective: July 1, 2010

7
8 Introduction

9
10 Int.A. Definition and Scope of Subspecialty

11
12 Procedural dermatology is the subspecialty of dermatology concerned with the
13 study, diagnosis, and surgical treatment of diseases of the skin and adjacent
14 mucous membranes, cutaneous appendages, hair, nails, and subcutaneous
15 tissue. Procedural dermatology is broadly categorized into the following three
16 areas:

17
18 Int.A.1. Cutaneous oncologic surgery incorporates medical, surgical, and
19 dermatopathological knowledge of cutaneous neoplasms. An especially
20 important technique is Mohs micrographic surgical excision, which is used
21 for certain cancers of the skin and incorporates education in clinical
22 dermatology and dermatopathology as they apply to dermatologic
23 surgery.

24
25 Int.A.2. Cutaneous reconstructive surgery includes the repair of skin defects that
26 result from the surgical removal of tumors or other skin disease and scar
27 revision, and is based upon knowledge of cutaneous anatomy, wound
28 healing and cutaneous repair techniques.

29
30 Int.A.3. Cutaneous cosmetic surgery incorporates medical, surgical, and
31 dermatopathologic knowledge of cutaneous disorders and the aging of
32 the skin. It focuses on the study and performance of procedures that have
33 been developed by dermatologists to improve the appearance of the skin
34 and control cutaneous disease.

35
36 Int.B. Duration of Education

37
38 The educational program in Procedural Dermatology must be 12 months in
39 length.

40
41 **I. Institutions**

42
43 **I.A. Sponsoring Institution**

44
45 **One sponsoring institution must assume ultimate responsibility for the**
46 **program, as described in the Institutional Requirements, and this**
47 **responsibility extends to fellow assignments at all participating sites.**

48
49 **The sponsoring institution and the program must ensure that the program**
50 **director has sufficient protected time and financial support for his or her**
51 **educational and administrative responsibilities to the program.**

52
53
54
55
56
57
58
59
60
61
62
63
64
65
66
67
68
69
70
71
72
73
74
75
76
77
78
79
80
81
82
83
84
85
86
87
88
89
90
91
92
93
94
95
96
97
98
99
100
101
102

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.

- 103 II.A.2.d) completion of an ACGME-accredited procedural dermatology
104 fellowship, American College of Mohs Micrographic Surgery
105 approved fellowship, or experience as a program director of a
106 dermatologic surgery fellowship program for at least 10 years;
107
- 108 II.A.2.e) at least five years of patient care experience as a dermatologist
109 and dermatologic surgeon;
110
- 111 II.A.2.f) at least five years of experience as a teacher in graduate medical
112 education in dermatology and dermatologic surgery; and
113
- 114 II.A.2.g) an ongoing clinical practice in dermatologic surgery.
115
- 116 **II.A.3. The program director must administer and maintain an educational**
117 **environment conducive to educating the fellows in each of the**
118 **ACGME competency areas. The program director must:**
119
- 120 **II.A.3.a) prepare and submit all information required and requested by**
121 **the ACGME;**
122
- 123 **II.A.3.b) be familiar with and oversee compliance with ACGME and**
124 **Review Committee policies and procedures as outlined in the**
125 **ACGME Manual of Policies and Procedures;**
126
- 127 **II.A.3.c) obtain review and approval of the sponsoring institution's**
128 **GMEC/DIO before submitting to the ACGME information or**
129 **requests for the following:**
130
- 131 **II.A.3.c).(1) all applications for ACGME accreditation of new**
132 **programs;**
133
- 134 **II.A.3.c).(2) changes in fellow complement;**
135
- 136 **II.A.3.c).(3) major changes in program structure or length of**
137 **training;**
138
- 139 **II.A.3.c).(4) progress reports requested by the Review Committee;**
140
- 141 **II.A.3.c).(5) responses to all proposed adverse actions;**
142
- 143 **II.A.3.c).(6) requests for increases or any change to fellow duty**
144 **hours;**
145
- 146 **II.A.3.c).(7) voluntary withdrawals of ACGME-accredited**
147 **programs;**
148
- 149 **II.A.3.c).(8) requests for appeal of an adverse action;**
150
- 151 **II.A.3.c).(9) appeal presentations to a Board of Appeal or the**
152 **ACGME;**
153
154

- 155 **II.A.3.d)** **obtain DIO review and co-signature on all program**
156 **information forms, as well as any correspondence or**
157 **document submitted to the ACGME that addresses:**
158
159 **II.A.3.d).(1)** **program citations, and/or**
160
161 **II.A.3.d).(2)** **request for changes in the program that would have**
162 **significant impact, including financial, on the program**
163 **or institution.**
164
165 II.A.3.e) commit at least 20 hours a week to the administrative and
166 teaching tasks inherent in achieving the educational goals of the
167 program.
168
169 II.A.4. The program director must semi-annually review and confirm the
170 operative experience records of all fellows.
171
172 **II.B. Faculty**
173
174 **II.B.1. There must be a sufficient number of faculty with documented**
175 **qualifications to instruct and supervise all fellows.**
176
177 II.B.1.a) All programs should have at least two faculty, including the
178 program director, who are actively involved in the clinical practice
179 of cutaneous surgery & oncology.
180
181 **II.B.2. The faculty must devote sufficient time to the educational program**
182 **to fulfill their supervisory and teaching responsibilities and**
183 **demonstrate a strong interest in the education of fellows.**
184
185 **II.B.3. The physician faculty must have current certification in the**
186 **subspecialty by the American Board of Dermatology, or possess**
187 **qualifications acceptable to the Review Committee.**
188
189 **II.B.4. The physician faculty must possess current medical licensure and**
190 **appropriate medical staff appointment.**
191
192 II.B.5. Members of the faculty who have responsibility for fellow education in
193 Mohs micrographic surgery must have completed a 12-month PGY-5
194 dermatologic surgery fellowship.
195
196 II.B.6. Other members of the faculty in related disciplines should include
197 members from other specialties with overlapping expertise to include one
198 or more of the following: dermatology; dermatopathology; general
199 surgery; medical oncology; ophthalmology; orthopaedic surgery;
200 otolaryngology; pathology and radiation therapy; plastic surgery and
201 prosthetics.
202
203 II.B.7. In the short-term absence of the program director, one member of the
204 faculty must assume the responsibility for the direction of the program.
205

- 206 **II.C. Other Program Personnel**
207
208 **The institution and the program must jointly ensure the availability of all**
209 **necessary professional, technical, and clerical personnel for the effective**
210 **administration of the program.**
211
- 212 **II.D. Resources**
213
214 **The institution and the program must jointly ensure the availability of**
215 **adequate resources for fellow education, as defined in the specialty**
216 **program requirements.**
217
- 218 II.D.1. Adequate space must be dedicated to the performance of dermatologic
219 surgery procedures; this must include a Mohs micrographic frozen section
220 laboratory and examination areas for surgical patients.
221
- 222 II.D.1.a) The space should be accredited by the appropriate oversight
223 bodies as required by federal, state and local laws.
224
- 225 II.D.1.b) The frozen section laboratory must be adjacent to the operating
226 suite or rooms in which dermatologic surgery is performed.
227
- 228 II.D.1.c) Program laboratories must be in compliance with all federal, state
229 and local regulations regarding a work environment.
230
- 231 II.D.2. Frozen section slides for Mohs micrographic surgery must be reviewed
232 and approved, as part of an on-going Quality Assurance process, by an
233 appropriate peer-reviewed organization.
234
- 235 II.D.3. There should be appropriate space for fellows to read, study, and
236 complete their paperwork.
237
- 238 II.D.4. The program must provide a sufficient volume and variety of surgical
239 cases for fellows to acquire the experience of a subspecialist in
240 procedural dermatology.
241
- 242 II.D.4.a) At least 1000 dermatologic surgical procedures per fellow must be
243 available. At least 500 of that minimum total must be Mohs
244 micrographic surgery procedures.
245
- 246 **II.E. Medical Information Access**
247
248 **Fellows must have ready access to specialty-specific and other appropriate**
249 **reference material in print or electronic format. Electronic medical literature**
250 **databases with search capabilities should be available.**
251
252

253	III.	Fellow Appointments
254		
255	III.A.	Eligibility Criteria
256		
257		Each fellow must successfully complete an ACGME-accredited specialty
258		program and/or meet other eligibility criteria as specified by the Review
259		Committee. The program must document that each fellow has met the
260		eligibility criteria.
261		
262	III.A.1.	Prior to appointment in the program, fellows must have successfully
263		completed an ACGME-accredited residency program in dermatology.
264		
265	III.B.	Number of Fellows
266		
267		The program director may not appoint more fellows than approved by the
268		Review Committee, unless otherwise stated in the specialty-specific
269		requirements. The program’s educational resources must be adequate to
270		support the number of fellows appointed to the program.
271		
272	III.B.1.	Appointment of additional fellows into non-accredited positions must not
273		adversely impact the education of fellows in accredited positions.
274		
275	IV.	Educational Program
276		
277	IV.A.	The curriculum must contain the following educational components:
278		
279	IV.A.1.	Skills and competencies the fellow will be able to demonstrate at the
280		conclusion of the program. The program must distribute these skills
281		and competencies to fellows and faculty annually, in either written
282		or electronic form. These skills and competencies should be
283		reviewed by the fellow at the start of each rotation;
284		
285	IV.A.1.a)	The program must provide an organized, systematic, and
286		progressive educational experience for physicians seeking to
287		acquire advanced competence as a dermatologic surgeon.
288		
289	IV.A.2.	ACGME Competencies
290		
291		The program must integrate the following ACGME competencies
292		into the curriculum:
293		
294	IV.A.2.a)	Patient Care
295		
296		Fellows must be able to provide patient care that is
297		compassionate, appropriate, and effective for the treatment of
298		health problems and the promotion of health. Fellows:
299		
300	IV.A.2.a).(1)	must demonstrate proficiency in decisions regarding
301		patient treatment, including instances in which the patient
302		should be referred to a different specialty or individual;
303		

- 304 IV.A.2.a).(2) must demonstrate proficiency in performing procedures
 305 and must:
 306
 307 IV.A.2.a).(2).(a) be competent in skin neoplasm destruction
 308 techniques, excision, and Mohs micrographic
 309 surgery;
 310
 311 IV.A.2.a).(2).(b) be competent in cutaneous reconstructive surgery,
 312 including random pattern and axial flap repair,
 313 grafting techniques, and staged reconstructive
 314 techniques; and
 315
 316 IV.A.2.a).(2).(c) perform at least 400 surgical cases of which at
 317 least 200 are Mohs micrographic surgery
 318 procedures.
 319
 320 IV.A.2.a).(3) must demonstrate advanced evaluation and management
 321 skills for all cutaneous surgical patients regardless of
 322 diagnosis, including preoperative, perioperative, and
 323 postoperative evaluation;
 324
 325 IV.A.2.a).(4) must demonstrate proficiency in the early identification of
 326 benign premalignant and malignant skin lesions through
 327 unaided and aided visual morphologic recognition; and
 328
 329 IV.A.2.a).(5) must maintain certification in advanced cardiac life support
 330 (ACLS).
 331

332 **IV.A.2.b) Medical Knowledge**

333
 334 **Fellows must demonstrate knowledge of established and**
 335 **evolving biomedical, clinical, epidemiological and social-**
 336 **behavioral sciences, as well as the application of this**
 337 **knowledge to patient care. Fellows:**
 338

- 339 IV.A.2.b).(1) must demonstrate knowledge of related disciplines
 340 including surgical anatomy, sterilization of equipment,
 341 aseptic technique, anesthesia, closure materials, and
 342 instrumentation; and
 343
 344 IV.A.2.b).(2) must demonstrate in-depth knowledge of clinical diagnosis,
 345 biology, and pathology of skin tumors, as well as laboratory
 346 interpretation related to diagnosis and surgical treatment.
 347

348 **IV.A.2.c) Practice-based Learning and Improvement**

349
 350 **Fellows are expected to develop skills and habits to be able**
 351 **to meet the following goals:**
 352

- 353 **IV.A.2.c).(1) systematically analyze practice using quality**
 354 **improvement methods, and implement changes with**

355		the goal of practice improvement;
356		
357	IV.A.2.c).(2)	locate, appraise, and assimilate evidence from
358		scientific studies related to their patients' health
359		problems;
360		
361	IV.A.2.d)	Interpersonal and Communication Skills
362		
363		Fellows must demonstrate interpersonal and communication
364		skills that result in the effective exchange of information and
365		collaboration with patients, their families, and health
366		professionals.
367		
368	IV.A.2.e)	Professionalism
369		
370		Fellows must demonstrate a commitment to carrying out
371		professional responsibilities and an adherence to ethical
372		principles.
373		
374	IV.A.2.f)	Systems-based Practice
375		
376		Fellows must demonstrate an awareness of and
377		responsiveness to the larger context and system of health
378		care, as well as the ability to call effectively on other
379		resources in the system to provide optimal health care.
380		
381	IV.A.3.	Programs must be structured so that fellows are involved in procedural
382		dermatology throughout the year.
383		
384	IV.A.4.	Didactic sessions must be provided, including regularly scheduled and
385		held lectures, tutorials, seminars, conferences with clinical services and
386		conferences to consider complications and outcomes and utilization
387		review.
388		
389	IV.A.5.	Programs must provide organized education in all current aspects of
390		procedural dermatology. This must include:
391		
392	IV.A.5.a)	instruction in the basic sciences, anatomy, anesthesia, ethics, pre-
393		and postoperative management, surgical technique, wound
394		healing, laboratory technique, interpretation of pathologic
395		specimens related to Mohs micrographic surgery, cutaneous
396		reconstruction of surgical defects, chemical peel, hair
397		transplantation, dermabrasion, rhinophyma correction, cutaneous
398		oncology, epidemiology, medicolegal and regulatory issues, and
399		quality assurance;
400		
401	IV.A.5.b)	instruction and experience in electrosurgery for benign and
402		malignant lesions, cryosurgery, curettage and electrosurgery,
403		scalpel surgery, laser surgery and Mohs micrographic surgery,
404		wound healing, and reconstruction of defects;
405		

- 406 IV.A.5.c) experience in staged reconstruction techniques, chemical
 407 destructive techniques, nail surgery, grafts, local flaps,
 408 sclerotherapy, wedge excision, and complex cutaneous closures;
 409
 410 IV.A.5.d) instruction and experience in procedures of an aesthetic nature
 411 including cutaneous soft tissue augmentation with injectable filler
 412 material, chemo denervation, tumescent liposuction and fat
 413 transplantation, hair replacement surgery, skin resurfacing and
 414 tightening techniques, and cosmetic laser procedures; and
 415
 416 IV.A.6. The program must provide each fellow with education in setting up and
 417 operating a frozen section laboratory capable of processing sections for
 418 Mohs micrographic surgery. The program must provide experience in
 419 supervising and training laboratory personnel.
 420
 421 IV.A.7. Fellows must have experience working with health care personnel from
 422 dermatology, dermatopathology and medical oncology. Fellow experience
 423 should also include interaction with general surgery, ophthalmology,
 424 otolaryngology, plastic surgery and radiation oncology.
 425
 426 IV.A.8. Fellows must be actively engaged in teaching.

427
 428 **IV.B. Fellows' Scholarly Activities**

429
 430 Each fellow must demonstrate scholarly activity through at least one of the
 431 following:

- 432
 433 IV.B.1. preparation of one or more manuscripts suitable for submission to a peer-
 434 reviewed publication; or
 435
 436 IV.B.2. one or more presentations at local, regional, or national professional
 437 society meetings on topics relevant to procedural dermatology.
 438

439 **V. Evaluation**

440
 441 **V.A. Fellow Evaluation**

442
 443 **V.A.1. Formative Evaluation**

444
 445 **V.A.1.a) The faculty must evaluate fellow performance in a timely**
 446 **manner.**

447
 448 **V.A.1.b) The program must:**

449
 450 **V.A.1.b).(1) provide objective assessments of competence in**
 451 **patient care, medical knowledge, practice-based**
 452 **learning and improvement, interpersonal and**
 453 **communication skills, professionalism, and systems-**
 454 **based practice;**
 455
 456

- 457 **V.A.1.b).(2)** use multiple evaluators (e.g., faculty, peers, patients,
458 self, and other professional staff); and,
459
- 460 **V.A.1.b).(3)** provide each fellow with documented semiannual
461 evaluation of performance with feedback.
462
- 463 **V.A.1.c)** The evaluations of fellow performance must be accessible for
464 review by the fellow, in accordance with institutional policy.
465
- 466 **V.A.2.** **Summative Evaluation**
467
- 468 The program director must provide a summative evaluation for each
469 fellow upon completion of the program. This evaluation must
470 become part of the fellow's permanent record maintained by the
471 institution, and must be accessible for review by the fellow in
472 accordance with institutional policy. This evaluation must:
473
- 474 **V.A.2.a)** document the fellow's performance during their education,
475 and
476
- 477 **V.A.2.b)** verify that the fellow has demonstrated sufficient competence
478 to enter practice without direct supervision.
479
- 480 **V.A.2.c)** be completed using the evaluation form available on the American
481 Board of Dermatology website.
482
- 483 **V.B.** **Faculty Evaluation**
484
- 485 **V.B.1.** At least annually, the program must evaluate faculty performance as
486 it relates to the educational program.
487
- 488 **V.B.2.** These evaluations should include a review of the faculty's clinical
489 teaching abilities, commitment to the educational program, clinical
490 knowledge, professionalism, and scholarly activities.
491
- 492 **V.C.** **Program Evaluation and Improvement**
493
- 494 **V.C.1.** The program must document formal, systematic evaluation of the
495 curriculum at least annually. The program must monitor and track
496 each of the following areas:
497
- 498 **V.C.1.a)** fellow performance, and
499
- 500 **V.C.1.b)** faculty development.
501
- 502 **V.C.2.** If deficiencies are found, the program should prepare a written plan
503 of action to document initiatives to improve performance in the
504 areas listed in section V.C.1. The action plan should be reviewed
505 and approved by the teaching faculty and documented in meeting
506 minutes.
507

- 508 **VI. Fellow Duty Hours in the Learning and Working Environment**
509
- 510 **VI.A. Principles**
511
- 512 **VI.A.1. The program must be committed to and be responsible for**
513 **promoting patient safety and fellow well-being and to providing a**
514 **supportive educational environment.**
515
- 516 **VI.A.2. Duty hour assignments must recognize that faculty and fellows**
517 **collectively have responsibility for the safety and welfare of patients.**
518
- 519 **VI.B. Supervision of Fellows**
520
- 521 **The program must ensure that qualified faculty provide appropriate**
522 **supervision of fellows in patient care activities.**
523
- 524 **VI.C. Duty Hours (the terms in this section are defined in the ACGME Glossary**
525 **and apply to all programs)**
526
- 527 **Duty hours are defined as all clinical and academic activities related to the**
528 **program; i.e., patient care (both inpatient and outpatient), administrative**
529 **duties relative to patient care, the provision for transfer of patient care,**
530 **time spent in-house during call activities, and scheduled activities, such as**
531 **conferences. Duty hours do not include reading and preparation time spent**
532 **away from the duty site.**
533
- 534 **VI.C.1. Duty hours must be limited to 80 hours per week, averaged over a**
535 **four-week period, inclusive of all in-house call activities.**
536
- 537 **VI.C.2. Fellows must be provided with one day in seven free from all**
538 **educational and clinical responsibilities, averaged over a four-week**
539 **period, inclusive of call.**
540
- 541 **VI.C.3. Adequate time for rest and personal activities must be provided.**
542 **This should consist of a 10-hour time period provided between all**
543 **daily duty periods and after in-house call.**
544
- 545 **VI.D. On-call Activities**
546
- 547 **VI.D.1. In-house call must occur no more frequently than every third night,**
548 **averaged over a four-week period.**
549
- 550 **VI.D.2. Continuous on-site duty, including in-house call, must not exceed 24**
551 **consecutive hours. Fellows may remain on duty for up to six**
552 **additional hours to participate in didactic activities, transfer care of**
553 **patients, conduct outpatient clinics, and maintain continuity of**
554 **medical and surgical care.**
555
- 556 **VI.D.3. No new patients may be accepted after 24 hours of continuous duty.**
557
558

559 VI.D.3.a) A new patient is defined as any patient for whom the fellow has
560 not previously provided care.
561
562 **VI.D.4. At-home call (or pager call)**
563
564 **VI.D.4.a) The frequency of at-home call is not subject to the every-**
565 **third-night, or 24+6 limitation. However at-home call must not**
566 **be so frequent as to preclude rest and reasonable personal**
567 **time for each fellow.**
568
569 **VI.D.4.b) Fellows taking at-home call must be provided with one day in**
570 **seven completely free from all educational and clinical**
571 **responsibilities, averaged over a four-week period.**
572
573 **VI.D.4.c) When fellows are called into the hospital from home, the**
574 **hours fellows spend in-house are counted toward the 80-hour**
575 **limit.**
576
577 **VI.E. Moonlighting**
578
579 **Internal moonlighting must be considered part of the 80-hour weekly limit**
580 **on duty hours.**
581
582 ***
583
584 ACGME Approved: February 6, 2010 Effective: July 1, 2010
585 ACGME Approved Minor Revision: June 17, 2010 Effective: August 17, 2010