

52 Education (ACGME)-accredited residency in Dermatology, when all
53 residents are required to develop initial competence in dermatologic
54 surgery. (moved to III.A.1)
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56 2. Graduate medical education programs in procedural dermatology must
57 provide an organized, systematic, and progressive educational
58 experience for physicians seeking to acquire advanced competence as a
59 dermatologic surgeon. (moved to IV.A.1.a)
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61 3. Programs must provide organized education in all current aspects of
62 procedural dermatology, including basic science, anatomy, anesthesia,
63 ethics, pre- and post-operative management, surgical technique, wound
64 healing, Mohs micrographic surgery, laboratory technique, interpretation
65 of pathologic specimens related to Mohs micrographic surgery, cutaneous
66 reconstruction of surgical defects, sclerotherapy, chemical peel, hair
67 transplantation, dermabrasion, small-volume liposuction, cutaneous soft
68 tissue augmentation with injectable filler material, rhinophyma correction
69 cutaneous oncology, laser surgery, epidemiology, medicolegal and
70 regulatory issues, quality assurance, and self-assessment. (moved to
71 IV.A.4.a)
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73 I. Institutions

74 A. Sponsoring Institution

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

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

81 1. ~~Most~~ Procedural dermatology fellowships ~~will~~ should be sponsored by
82 institutions that also sponsor ACGME-accredited residency programs in
83 dermatology. ~~Programs that are not affiliated with a dermatology~~
84 ~~residency will also be eligible for accreditation if they are able to~~
85 ~~document compliance with the ACGME's Institutional Requirements as~~
86 ~~well as those for Procedural Dermatology.~~

92 B. Participating Sites

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

96 **The PLA should:**

97 a) **identify the faculty who will assume both educational and**
98 **supervisory responsibilities for fellows;**
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- b) **specify their responsibilities for teaching, supervision, and formal evaluation of fellows, as specified later in this document;**
- c) **specify the duration and content of the educational experience; and,**
- d) **state the policies and procedures that will govern fellow education during the assignment.**

- 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

A. Program Director

- 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.**
- 2. **Qualifications of the program director must include:**
 - a) **requisite specialty expertise and documented educational and administrative experience acceptable to the Review Committee;**
 - b) **current certification in the subspecialty by the American Board of Dermatology, or subspecialty qualifications that are acceptable to the Review Committee; and,**
 - c) **current medical licensure and appropriate medical staff appointment.**
 - d) **the completion of an ACGME-accredited procedural dermatology fellowship or American College of Mohs Micrographic Surgery approved fellowship. ~~formal 12-month PGY-5 fellowship in dermatologic surgery or appropriate clinical experience;~~**
 - e) **at least five years of patient care experience as a dermatologist and dermatologic surgeon;**
 - f) **at least five years of experience as a teacher in graduate medical education in dermatology and dermatologic surgery; and**

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- g) ~~as well as~~ an ongoing clinical practice in dermatologic surgery.
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:**
- a) **prepare and submit all information required and requested by the ACGME;**
 - 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;**
 - c) **obtain review and approval of the sponsoring institution's GMEC/DIO before submitting to the ACGME information or requests for the following:**
 - (1) **all applications for ACGME accreditation of new programs;**
 - (2) **changes in fellow complement;**
 - (3) **major changes in program structure or length of training;**
 - (4) **progress reports requested by the Review Committee;**
 - (5) **responses to all proposed adverse actions;**
 - (6) **requests for increases or any change to fellow duty hours;**
 - (7) **voluntary withdrawals of ACGME-accredited programs;**
 - (8) **requests for appeal of an adverse action;**
 - (9) **appeal presentations to a Board of Appeal or the ACGME;**
 - 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:**
 - (1) **program citations, and/or**
 - (2) **request for changes in the program that would have significant impact, including financial, on the program or institution; and**

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- e) committing sufficient time (at least 20 hours a week) to the administrative and teaching tasks inherent in achieving the educational goals of the program.
- f) ~~There should be documentation of the fellows' surgical experience. This should include a case log with operative reports pre- and postoperative photographs in appropriate cases. The surgical program director should review and confirm the operative experience records of all fellows. (moved from IV.A.1.d)~~

B. Faculty

1. There must be a sufficient number of faculty with documented qualifications to instruct and supervise all fellows.

- a) All programs should have at least two faculty, including the program director, who are actively involved in the clinical practice of procedural dermatology cutaneous surgery & oncology, and have significant responsibility for the instruction and supervision of all fellows during the 12 months of accredited education.
- b) ~~In the short-term absence of the program director, one member of the teaching staff must assume the responsibility for the direction of the program. (moved to II.B.6)~~

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.

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.

4. The physician faculty must possess current medical licensure and appropriate medical staff appointment.

5. Members of the ~~teaching staff~~ faculty who have responsibility for fellow education in Mohs micrographic surgery must have completed an ACGME-accredited procedural dermatology fellowship or American College of Mohs Micrographic Surgery approved fellowship ~~a 12-month PGY-5 dermatologic surgery fellowship~~ or have appropriate clinical experience.

6. In the short-term absence of the program director, one member of the ~~teaching staff~~ faculty must assume the responsibility for the direction of the program. (moved from II.B.1.b)

C. Other Program Personnel

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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.

~~As the care of patients with skin diseases involves collaboration with other specialties, fellows must have an opportunity to work with health care personnel from Dermatology, Dermatopathology, Medical Oncology, Pathology and Radiation Therapy. Fellow experience would be enhanced by interaction with General Surgery, Ophthalmology, Orthopaedic Surgery, Otolaryngology, Plastic Surgery, Podiatry and Prosthetics.~~

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.

1. Adequate space should be dedicated to the performance of dermatologic surgery procedures; this must include a Mohs micrographic frozen section laboratory and examination areas for surgical patients. The space must be accredited by an appropriate oversight body (e.g., Joint Commission on Accreditation of Healthcare Organizations (JCAHO), Accreditation Association for Ambulatory Health Care (AAAHC), Centers for Medicare & Medicaid Services (CMS), or state medical board).
2. The frozen section laboratory should be ~~close proximity~~ adjacent to the operating suite or rooms in which dermatologic surgery is performed. ~~The technician must be proficient in performing histologic sections.~~
3. Program laboratories ~~should~~ must be in compliance with all federal, state and local regulations regarding a work environment (e.g., Occupational Safety and Health Administration (OSHA) and Clinical Laboratory Improvement Amendments (CLIA)).
4. Frozen section slides for Mohs micrographic surgery must be reviewed and approved by an appropriate peer reviewed organization (e.g., American College of Mohs Surgery (ACMS)).
5. There should be appropriate space for fellows to read, study, and complete their paperwork.
6. The program must provide a sufficient volume and variety of surgical cases for the fellow to acquire the experience of a subspecialist in procedural dermatology. (moved from IV.A.1.e)
 - a) ~~Program must collectively perform~~ At least 1000 dermatologic surgical procedures per fellow per year must be available. At least 500 of that minimum total must be Mohs micrographic surgery procedures. excisions per fellow per year. (moved from IV.A.1.e)

E. Medical Information Access

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304 **Fellows must have ready access to specialty-specific and other appropriate**
305 **reference material in print or electronic format. Electronic medical literature**
306 **databases with search capabilities should be available.**
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308 **III. Fellow Appointments**

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310 **A. Eligibility Criteria**
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312 **Each fellow must successfully complete an ACGME-accredited specialty**
313 **program and/or meet other eligibility criteria as specified by the Review**
314 **Committee. The program must document that each fellow has met the**
315 **eligibility criteria.**
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- 317 1. Prior to entry into the program, subsequent to the satisfactory completion
318 of fellows must complete an ACGME-accredited residency in
319 Dermatology, during which when all residents are required to develop
320 initial competence in dermatologic surgery procedural dermatology.
321 (moved from Intro.B.1)
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323 **B. Number of Fellows**
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325 **The program director may not appoint more fellows than approved by the**
326 **Review Committee, unless otherwise stated in the specialty-specific**
327 **requirements. The program's educational resources must be adequate to**
328 **support the number of fellows appointed to the program.**
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- 330 1. Appointment of additional fellows into non-accredited positions must not
331 adversely impact the education of fellows in accredited positions.
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333 **IV. Educational Program**
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335 **A. The curriculum must contain the following educational components:**
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- 337 1. **Skills and competencies the fellow will be able to demonstrate at the**
338 **conclusion of the program. The program must distribute these skills**
339 **and competencies to fellows and faculty annually, in either written**
340 **or electronic form. These skills and competencies should be**
341 **reviewed by the fellow at the start of each rotation;**
342

- 343 a) Graduate medical education programs in procedural dermatology
344 The program must provide an organized, systematic, and
345 progressive educational experience for physicians seeking to
346 acquire advanced competence as a dermatologic surgeon. (from
347 Intro.B.2.)
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- 349 b) There should be an ongoing quality assurance program including
350 review of complications and outcomes. Documentation of cases
351 and complications in a case log for departmental files and the
352 personal files of all fellows is required.

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- c) 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.
- d) ~~There should be documentation of the fellows= surgical experience. This should include a case log with operative reports and pre- and postoperative photographs in appropriate cases. The surgical director should review and confirm the operative experience records of all fellows. (moved to II.A.3.f)~~
- e) ~~The program must provide a sufficient volume and variety of surgical cases for the fellow to acquire the experience of a subspecialist in procedural dermatology. Program faculty must collectively perform at least 1000 dermatologic surgical procedures per fellow per year. At least 500 of that minimum total must be Mohs micrographic excisions per fellow per year. (moved to II.D.6 & II.D.6.a)~~

2. ACGME Competencies

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

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:

- (1) ~~The program must be designed~~ demonstrate ~~to ensure that fellows develop~~ an advanced competence in the identification of patients whose conditions should be treated by minimally invasive dermatologic surgical procedures ~~and others, such as~~, those requiring general anesthesia, or those who should be referred to other specialists such as ophthalmologists, orthopaedic surgeons, general surgeons, otolaryngologists, or plastic surgeons, who typically use techniques that are more invasive. ~~and are designed to treat diseases and conditions involving cartilage, bone, muscle, vessels, and nerves as well as skin;~~
- (2) ~~The program must be designed~~ demonstrate ~~to ensure that all fellows develop~~ advanced skills in the performance of skin neoplasm destruction techniques; ~~(electrosurgical, cryosurgical, chemical, and laser)~~; excision, ~~(of skin cancers, warts, and other skin lesions followed by a layered closure)~~; and Mohs micrographic surgery ~~(for removal of basal cell and squamous cell carcinomas). In~~

404 addition, the educational program should include
405 instruction in hair transplantation (typically a staged
406 procedure of grafts containing 1 to 15 hairs during a
407 session that includes 50 to 500 grafts), skin rejuvenation
408 techniques (to remove wrinkles or age spots using
409 dermabrasion, chemical peel, laser resurfacing or
410 rhinophyma correction), laser surgery (typically for removal
411 of a wart, tattoo, or port wine stain), laser phototherapy,
412 nail surgery (typically to remove a nail, destroy the nail
413 matrix, or perform a biopsy), small-volume tumescent
414 liposuction, cutaneous soft tissue augmentation with
415 injectable filler material, and sclerotherapy (injection of
416 fluids into vessels typically less than 1 mm in diameter in
417 the leg).

- 419 | (3) must demonstrate competency in cutaneous reconstructive
420 surgery including random pattern and axial flap repair,
421 grafting techniques, and staged reconstructive techniques;
422 (moved from IV.A.4.d).
- 424 (4) must demonstrate advanced evaluation and management
425 skills for all cutaneous surgical patients regardless of
426 diagnosis, including preoperative, perioperative, and
427 postoperative evaluation;
- 429 (5) must demonstrate proficiency in the early identification of
430 benign premalignant and malignant skin lesions through
431 unaided and aided visual morphologic recognition;
- 433 (6) must maintain Certification in advanced cardiopulmonary
434 resuscitation; and,
- 436 (7) must perform at least 400 surgical cases of which at least
437 200 are Mohs micrographic surgery procedures.

439 **b) Medical Knowledge**

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441 **Fellows must demonstrate knowledge of established and**
442 **evolving biomedical, clinical, epidemiological and social-**
443 **behavioral sciences, as well as the application of this**
444 **knowledge to patient care. Fellows:**

- 446 (1) Fellows must also expand demonstrate their knowledge of
447 related disciplines such as surgical anatomy, sterilization
448 of equipment, aseptic technique, anesthesia (including
449 preoperative sedation, local and regional anesthesia, and
450 indications for conscious sedation and general
451 anesthesia), closure materials (sutures, staples), and
452 instrumentation;
- 454 (2) ~~Appropriate evaluation and management skills must~~

455 demonstrate advanced evaluation and management skills
456 be mastered for all cutaneous surgical patients regardless
457 of diagnosis, including preoperative, perioperative, and
458 postoperative evaluation; and, Training with certification in
459 advanced cardiopulmonary resuscitation is required.

461 (3) must demonstrate in-depth knowledge and abilities in the
462 clinical diagnosis, biology, and pathology of skin tumors as
463 well as laboratory interpretation related to diagnosis and
464 surgical treatment. (moved from IV.A.4.c)

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466 **c) Practice-based Learning and Improvement**

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

470
471 **(1) systematically analyze practice using quality**
472 **improvement methods, and implement changes with**
473 **the goal of practice improvement;**

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475 **(2) locate, appraise, and assimilate evidence from**
476 **scientific studies related to their patients' health**
477 **problems;**

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479 **d) Interpersonal and Communication Skills**

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481 **Fellows must demonstrate interpersonal and communication**
482 **skills that result in the effective exchange of information and**
483 **collaboration with patients, their families, and health**
484 **professionals.**

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486 **e) Professionalism**

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488 **Fellows must demonstrate a commitment to carrying out**
489 **professional responsibilities and an adherence to ethical**
490 **principles.**

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492 **f) Systems-based Practice**

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494 **Fellows must demonstrate an awareness of and**
495 **responsiveness to the larger context and system of health**
496 **care, as well as the ability to call effectively on other**
497 **resources in the system to provide optimal health care.**

498
499 3. Programs must be structured so that fellows are involved in procedural
500 dermatology throughout the year. ~~and must include the systematic study~~
501 ~~of the body of knowledge which dermatologists have utilized in the~~
502 ~~development of surgical procedures that may be safely performed in an~~
503 ~~outpatient setting to treat disorders of the integumentary system. In~~
504 ~~particular, evaluation and surgical intervention for skin disease is based~~

505 on an advanced understanding of cutaneous structure and function,
506 cutaneous pathophysiology, clinical dermatology, and clinical
507 dermatopathology as they are related to dermatologic surgery
508 procedures. (Procedural dermatology is broadly categorized into the
509 following three areas. Moved to Intro.A.):
510

511 a) Cutaneous oncologic surgery incorporates medical, surgical, and
512 dermatopathological knowledge of cutaneous neoplasms. The
513 fellow is expected to develop in-depth knowledge and abilities in
514 the clinical diagnosis, biology, and pathology of skin tumors as
515 well as laboratory interpretation related to surgical treatment.
516 Further, they must become skilled at the early identification of
517 benign premalignant and malignant skin lesions through
518 morphologic recognition visually as well as with the use of tools
519 such as Woods lamp examination, epiluminescent microscopy
520 and confocal microscopy (moved to Intro.A.1)
521

522 b) Cutaneous reconstructive surgery includes the repair of skin
523 defects that result from the surgical removal of tumors or other
524 skin disease and scar revision, and is based upon a knowledge of
525 cutaneous wound healing and repair techniques. (moved to
526 Intro.A.2)
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528 c) Cutaneous cosmetic surgery incorporates medical, surgical, and
529 dermatopathologic knowledge of cutaneous disorders and the
530 aging of the skin. It focuses on the study and performance of
531 procedures that have been developed by dermatologists to
532 improve the appearance of the skin and control cutaneous
533 disease. (moved to Intro.A.3)
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535 4. In addition, the educational program should include instruction in hair
536 transplantation (typically a staged procedure of grafts containing 1 to 15
537 hairs during a session that includes 50 to 500 grafts), skin rejuvenation
538 techniques (to remove wrinkles or age spots using dermabrasion,
539 chemical peel, laser resurfacing, or rhinophyma correction), laser surgery
540 (typically for removal of a wart, tattoo, or port wine stain), laser
541 phototherapy, nail surgery (typically to remove a nail, destroy the nail
542 matrix, or perform a biopsy), small-volume tumescent liposuction,
543 cutaneous soft tissue augmentation with injectable filler material, and
544 sclerotherapy (injection of fluids into vessels typically less than 1 mm in
545 diameter in the leg
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547 4. Programs must provide organized education in all current aspects of
548 procedural dermatology, including (from Intro.B.3.):
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550 a) basic science, anatomy, anesthesia, ethics, pre- and post-
551 operative management, surgical technique, wound healing, Mohs
552 micrographic surgery, laboratory technique, interpretation of
553 pathologic specimens related to Mohs micrographic surgery,
554 cutaneous reconstruction of surgical defects, sclerotherapy,
555 chemical peel, hair transplantation, dermabrasion, tumescent

556 liposuction, cutaneous soft tissue augmentation with injectable
557 filler material, rhinophyma correction, cutaneous oncology, laser
558 surgery, epidemiology, medicolegal and regulatory issues, quality
559 assurance, and self-assessment; (from Intro.B.3.)

560
561 b) ~~a knowledge of the principles of and the provision of practical~~
562 ~~training in electrosurgery for benign and malignant lesions~~
563 ~~(electrocoagulation, electrofulguration, electrodesiccation,~~
564 ~~electrosection, electrocautery), cryosurgery, curettage and~~
565 ~~electrosurgery, scalpel surgery, and Mohs micrographic surgery~~
566 ~~and reconstruction of defects; are mandatory.~~

567
568 c) experience in staged reconstruction techniques, chemical
569 destructive techniques, nail surgery, grafts, local flaps,
570 sclerotherapy, laser surgery, wedge excision (lip and ear), and
571 complex cutaneous closures; and is also required;

572
573 d) ~~procedures of an aesthetic nature should be taught. This~~
574 ~~component of the program should including~~ cutaneous soft tissue
575 augmentation with injectable filler material, small volume, chemo
576 denervation, tumescent liposuction and fat transplantation, hair
577 replacement surgery, skin resurfacing and tightening techniques,
578 and cosmetic laser procedures. ~~(e.g., methods of scar revision or~~
579 ~~elimination of congenital skin defects);~~

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581 e) ~~The program must provide training in Mohs micrographic surgery,~~
582 ~~as employed in the management of complicated cancers of the~~
583 ~~skin. This technique has special importance since it requires both~~
584 ~~surgical skill and expertise in dermatopathology and in the~~
585 ~~laboratory methods utilized for the preparation of tissue~~
586 ~~specimens. Fellow experience in Mohs surgery must include~~
587 ~~treatment of aggressive tumors, large tumors, tumors arising in~~
588 ~~difficult anatomic sites (ear, eyelid, nose, lips), tumors requiring~~
589 ~~complex histopathologic interpretation, basal cell or squamous~~
590 ~~cell carcinoma that has spread from skin to contiguous tissues,~~
591 ~~tumors requiring multiple stages of excision, recurrent tumors,~~
592 ~~tumors for which management requires the involvement of~~
593 ~~colleagues from other specialties, and tumors in patients with~~
594 ~~complex medical problems requiring special intraoperative~~
595 ~~management. (moved to patient care)~~

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597 f) ~~The reconstruction of defects following Mohs micrographic surgery~~
598 ~~or other excisions should be given special attention. The fellows~~
599 ~~must become competent in cutaneous reconstructive surgery~~
600 ~~including random pattern axial flap repair, grafting techniques, and~~
601 ~~staged reconstructive techniques. However, some cases will be~~
602 ~~quite complex and fellows should learn when the assistance of (or~~
603 ~~referral to) colleagues from other specialties will be necessary.~~
604 ~~(moved to patient care)~~

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606 5. The program must provide the fellow with the experience required to set

607 up and operate a frozen section laboratory capable of processing
608 sections for Mohs micrographic surgery and to supervise and train
609 laboratory personnel.

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611 6. ~~Training in~~ The program must provide experiences in wound healing,
612 including basic science, clinical aspects, and the use of specialized
613 wound dressings appropriate to the clinical problem. ~~must be provided.~~

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615 7. Fellows must have an opportunity to work with health care personnel from
616 dermatology, dermatopathology and medical oncology. Fellow experience
617 should include interaction with general surgery, ophthalmology,
618 otolaryngology, plastic surgery and radiation therapy.

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620 **B. Fellows' Scholarly Activities**

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622 Scholarly activity by the fellow must include:

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624 1. preparation of manuscripts suitable for submission to peer-reviewed
625 publication;

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627 2. active engagement in teaching; and

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629 3. presentations at local, regional, or national professional society meetings
630 on topics relevant to procedural dermatology.

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632 **V. Evaluation**

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634 **A. Fellow Evaluation**

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636 **1. Formative Evaluation**

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638 a) **The faculty must evaluate fellow performance in a timely**
639 **manner.**

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641 b) **The program must:**

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643 (1) **provide objective assessments of competence in**
644 **patient care, medical knowledge, practice-based**
645 **learning and improvement, interpersonal and**
646 **communication skills, professionalism, and systems-**
647 **based practice;**

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649 (2) **use multiple evaluators (e.g., faculty, peers, patients,**
650 **self, and other professional staff); and,**

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652 (3) **provide each fellow with documented semiannual**
653 **evaluation of performance with feedback.**

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655 c) **The evaluations of fellow performance must be accessible for**
656 **review by the fellow, in accordance with institutional policy.**

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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:

- a) document the fellow’s performance during their education, and
- b) verify that the fellow has demonstrated sufficient competence to enter practice without direct supervision.
- c) be completed using the evaluation form available on the American Board of Dermatology website.

B. Faculty Evaluation

- 1. At least annually, the program must evaluate faculty performance as it relates to the educational program.
- 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.

C. Program Evaluation and Improvement

- 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:
 - a) fellow performance, and
 - b) faculty development
- 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

A. Principles

- 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.

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

B. Supervision of Fellows

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

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.

1. **Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.**
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.**
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.**

D. On-call Activities

1. **In-house call must occur no more frequently than every third night, averaged over a four-week period.**
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.**
3. **No new patients may be accepted after 24 hours of continuous duty.**
 - a) A new patient is defined as any patient for whom the resident has not previously provided care.
4. **At-home call (or pager call)**
 - 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**

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be so frequent as to preclude rest and reasonable personal time for each fellow.

- 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.**

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

E. Moonlighting

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