



Review Committee for Dermatology Update

Erik Stratman, MD, Review Committee Chair

Eileen Anthony, Review Committee Executive Director

Disclosures

Dr. Stratman and Ms. Anthony have nothing to disclose.



Discussion of Topics

- Who is the Review Committee and what do they do?
- Annual Accreditation Review/Decisions
- Common Program Requirements Sections I-V – Impactful Changes
- Program Requirements: What's Next?
- Milestones 2.0
- Single GME Accreditation System - By the Numbers
- Program Survey on Case Logs – Cosmetics
- Pediatric Dermatology Application – What's Next?



Review Committee for Dermatology Composition

- 3 appointing organizations - ABD, AMA *and* AOA
- One public member (*effective July 1, 2015*)
- 11 voting members
- Ex-officio member from ABD (*non-voting*)
- 6-year terms - except resident (2 years)
- Program Directors, Chairs, Faculty, and Public Representation
- Geographic Distribution
 - CA, IL, IN, KS, MS, NY, PA, WI



Review Committee Dermatology Members

American Board of Dermatology (ABD)

Ilona Frieden, MD

Tammy Ferringer, MD

Erik Stratman, MD, *Chair*

Desiree Ratner, MD

American Medical Association (AMA)

Amit Garg, MD, *Interim Vice Chair*

William Hanke, MD

Robert Brodell, MD

American Osteopathic Association (AOA)

Stephen Purcell, DO, FAOCD

Resident Member

Amin Esfahani, MD

Public Member

Mary Theobald, MBA



Review Committee Team



- Eileen Anthony, Executive Director;
312.755.5047; eanthony@acgme.org
- Sandra Benitez, Associate Executive
Director; 312.755.5035;
sbenitez@acgme.org






The Work of the Review Committee


- Operates the ACGME's current accreditation model of annual accreditation review/decisions
- Reviews annual program data to determine substantial compliance with Common and specialty-specific Program Requirements
- Determines accreditation status for programs
- Proposes revisions to Program Requirements
- Discusses matters of policy, issues relevant to the specialty
- Recommends changes in policy, procedures, and requirements to the ACGME Council of Review Committee Chairs





[ABOUT US](#) [CONTACT US](#) [NEWSROOM](#)  


[SEARCH PROGRAMS AND INSTITUTIONS](#)  

 Accreditation Council for Graduate Medical Education

[LOGIN](#) 

[Accreditation Data System \(ADS\)](#) 


[ACGME Surveys](#) 


[Resident Case Log System](#) 


[What We Do](#) [Designated Institutional Officials](#) [Program Directors and Coordinators](#) [Residents and Fellows](#) [Meetings and Educational Activities](#) [Data Collection Systems](#) [Specialties](#)

Back to Bedside


Read how the current grant recipients are fostering meaning in medicine, combating burnout, and engaging more fully with their patients.








 **BACK TO BEDSIDE**

[LEARN MORE](#) 

What's New

Follow us on [Twitter](#) to stay up to date 

SEP 20 2018	Now available! 2018 Milestones National Report	
SEP 13 2018	ACGME releases 2017-2018 statistics on graduate medical education programs and residents	
AUG 23 2018	The ACGME releases <i>CLER National Report of Findings 2018</i>	
AUG 16 2018	Call for Proposals for institutions to join Quality Improvement; Health Care Disparities Collaborative	
AUG 16 2018	Register for August 23 webinar, Mastering the Annual Program Evaluation - One Chapter at a Time	

Dermatology Section of the ACGME Website

The Review Committee meets *twice* per year

Meeting and agenda closing dates on web page

Dermatology

Overview

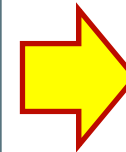
The documents and resources within this section are provided by the Review Committee for Dermatology and its staff at the ACGME to assist ACGME-accredited programs and those applying for accreditation. Specialty and subspecialty information is found in each of the links listed below, as applicable.

DERMATOLOGY SUBSPECIALTIES

Dermatopathology
Micrographic Surgery and Dermatologic Oncology

OTHER ACCREDITATION RESOURCES

- Clinical Experience and Education (formerly Duty Hours) »
- Common Program Requirements »
- Osteopathic Recognition »
- Review and Comment »
- Self-Study and Site Visit »
- Single GME Accreditation System »



Review Committee Agenda Closing and Meeting Dates

NOV 2 2018	Agenda Closing Date
JAN 4 2019	Meeting Date

Agenda Closing dates apply to subspecialty applications only. New core Dermatology applications require a site visit with an accompanying site visit report by the agenda closing date.

FEB 15 2019	Agenda Closing Date
APR 12 2019	Meeting Date

Agenda Closing dates apply to subspecialty applications only. New core Dermatology applications require a site visit with an accompanying site visit report by the agenda closing date.

Dermatology Program Statuses (as of July 2018)

Status	Dermatology Core (136)	Mohs (75)	Dermatopathology (55)
Initial Accreditation	18	10	3
Continued Accreditation w/Warning	1	0	0
Continued Accreditation	115	65	52
Probation	2	0	0
<i>Accreditation Withdrawn</i>	<i>0</i>	<i>1</i>	<i>0</i>



Common Program Requirements

Sections I-V – Impactful Changes

Annual reports must include review of program efforts to recruit underserved / minority candidates (residents and faculty members)

Section I.C. – Background and Intent: ...The program's annual evaluation must include an assessment of the program's efforts to recruit and retain a diverse workforce, as noted in V.C.1.c).(5).(c).

V.C.1.c).(5).(c) The Program Evaluation Committee should consider the following elements in its assessment of the program: **workforce diversity**; (Core)



Common Program Requirements

Sections I-V – Impactful Changes

Access to rest facilities even for residents not on overnight call / post-call

Section I.D. Resources – Background and Intent:

...Rest facilities are necessary, even when overnight call is not required, to accommodate the fatigued resident.



Common Program Requirements

Sections I-V – Impactful Changes

Residents must have access to refrigerators to store food

Section I.D. Resources – Background and Intent:

...Residents should have access to refrigeration where food may be stored.



Common Program Requirements

Sections I-V – Impactful Changes

Clean and private facilities for lactation that have refrigeration capabilities, with proximity appropriate for safe patient care, preferably also with computer and phone

Section I.D. – Resources – Background and Intent:

...These locations should be in close proximity to clinical responsibilities. It would be helpful to have additional support within these locations that may assist the resident with the continued care of patients, such as a computer and a phone.

I.D.2.c) clean and private facilities for lactation that have refrigeration capabilities, with proximity appropriate for safe patient care; (Core)



Common Program Requirements

Sections I-V – Impactful Changes

Reducing required time out of training to only three years to be a program director

Section II.A.5. Qualifications of the program director:

II.A.5.a) must include specialty expertise and at least three years of documented educational and/or administrative experience, or qualifications acceptable to the Review Committee; (Core)



Common Program Requirements

Sections I-V – Impactful Changes

Minimum FTE for program director now defined as 20 percent FTE

Section II.A. – Program Director

II.A.2. At a minimum, the program director must be provided with the salary support required to devote 20 percent FTE (at least eight hours per week) of non-clinical time to the administration of the program. (Core)



Common Program Requirements

Sections I-V – Impactful Changes

Program director is in charge of designating who is a core faculty member in the residency, not the department or chairman.

Section II.B. Faculty – Background and Intent:

“Faculty” refers to the entire teaching force responsible for educating residents. The term “faculty,” including “core faculty,” does not imply or require an academic appointment or salary support.

II.B.4.a) Core faculty members must be designated by the program director. (Core)



Common Program Requirements

Sections I-V – Impactful Changes

At a minimum, the program coordinator must be supported at 50 percent FTE (at least 20 hours per week) for administrative time.

Section II.C. Program Coordinator

II.C.1. There must be a program coordinator. (Core)

II.C.2. At a minimum, the program coordinator must be supported at 50 percent FTE (at least 20 hours per week) for administrative time. (Core)



Common Program Requirements

Sections I-V – Impactful Changes

New requirement to understand health care finances

Section IV.B.1.f) Systems-based Practice

IV.B.1.f).(1).(g) understanding health care finances and its impact on individual patients' health decisions. (Core)



Common Program Requirements

Sections I-V – Impactful Changes

Section IV.D. - Scholarly activity must be demonstrated in any three of the following:

- Research in basic science, education, translational 1219 science, patient care, or population health
- Peer-reviewed grants
- Quality improvement and/or patient safety initiatives
- Systematic reviews, meta-analyses, review articles, chapters in medical textbooks, or case reports
- Creation of curricula, evaluation tools, didactic educational 1225 activities, or electronic educational materials
- Contribution to professional committees, educational organizations, or editorial boards
- Innovations in education

**For residents and program as a whole*



Common Program Requirements

Sections I-V – Impactful Changes

Section V.B. Faculty evaluation elements defined

Annual Faculty Evaluation

- Must include a review of the faculty member's clinical teaching abilities, engagement with the educational program, participation in faculty development related to skills as an educator, clinical performance, professionalism, and scholarly activities, and anonymous/confidential evaluations by residents



Common Program Requirements

Sections I-V – Impactful Changes

Board performance should be better than the national 5th percentile.

Section V.C. Program Evaluation and Improvement

V.C.3.a) For specialties in which the ABMS member board and/or AOA certifying board offer(s) an annual written exam, in the preceding three years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that specialty. (Outcome)



Dermatology Program Requirements

Sections I-V – What's Next

- Comment period soon. Areas of note:
 - Justification for numerous sites (>5) or lengthy travel times (>60 min. travel time from Sponsoring Institution)
 - Programs should provide majority (>75%) of conference education
 - “Support” for associate program director if more than 12 residents in a program
 - Program director “admin time” needs to include dedicated desk time for administration
 - To be eligible for program director, needs at least one year experience on CCC or equivalent
 - Allied providers cannot be clinical supervisors

**These focused revisions will be posted for a 45-day public review and comment period.*

Dermatology Subspecialty

Program Requirements Sections I-V – What's Next

Dermpath:

- Minimal time in general derm clinics during one year fellowship
- Faculty:Fellow ratio no less than 1:1
- Program director at least 20% FTE (8 hrs.) non-clinical time to administer the fellowship and five years post-fellowship experience

Mohs:

- Minimal time in general derm clinics during one year fellowship
- Faculty:Fellow ratio no less than 1:1
- Increase minimum case number
- Program director at least 24 hours per week to the administrative and teaching tasks and six years post-fellowship experience

**These focused revisions will be posted for a 45-day public review and comment period.*

Dermatology Milestones 2.0

Current Milestones (Version 1.0)

- Are there areas of unnecessary duplication?
- Are there areas where language is no longer relevant?
- Do they match well to new program requirements?
- Can they be condensed?



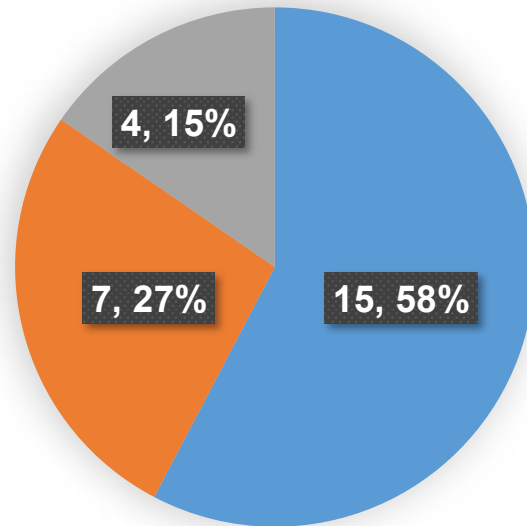
Dermatology Milestones 2.0

There is an opportunity to begin the process of revising the Dermatology Milestones. With the support of the Review Committee, program directors' group, and Boards (ABD and AOA), the ACGME will send a survey to program directors and a "Call for Volunteers" for the Work Group. The Work Group will be comprised of one representative from each of the three (3) groups. In addition, the Review Committee resident member and public member will be included. The other members are selected from among the volunteers.



Single GME Accreditation System

AOA Derm Programs - 26 Total



- Initial Accreditation
- Continued Pre-Accreditation
- Continued Accreditation



Program Survey – Case Logs

Current requirements:

- LEVEL 2 “Surgeon Or Observed” experience for Botulinum toxins/chemodeinnervation-10, soft tissue augmentation, skin fillers-10, laser combined-15, and chemical peels-5 procedures.

Proposed requirements:

- LEVEL 1 “Surgeon” experience for Botulinum toxins/chemodeinnervation-10, soft tissue augmentation, skin fillers-10, laser combined-15, and chemical peels-5 procedures.



Program Survey – Case Logs

Reasons for:

- Specialty positioning as experts in the these procedures. Dermatologists are performing these procedures in practice, this requirement better ensures hands-on experiences before commencement.

Reasons against:

- If procedure logs indicate hands-on experiences of residents, last three years of resident data logs suggest 38-83% of graduating residents would have fewer than the minimum number of procedures as surgeon to be in compliance with proposed changes.

Program Survey – Case Logs

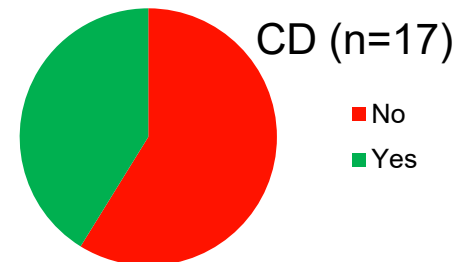
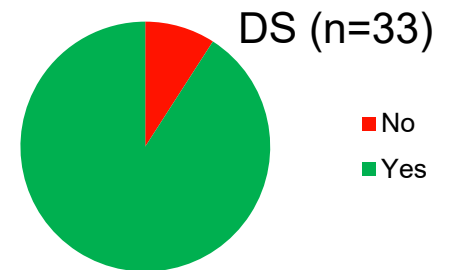
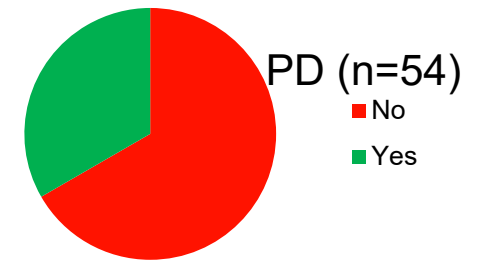
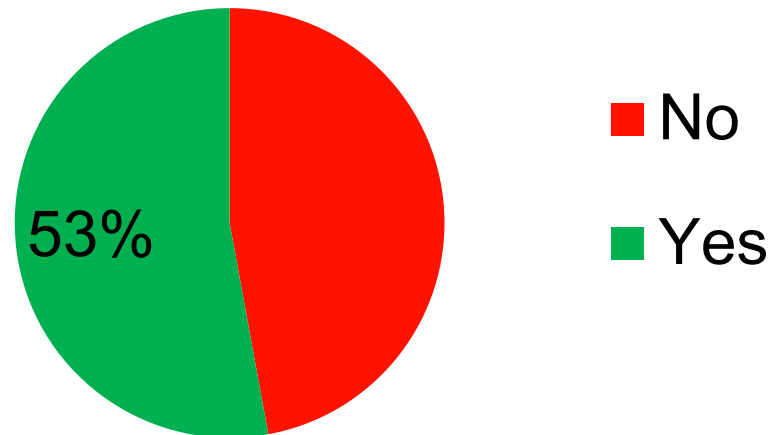
Preliminary Results/Feedback:

- *Survey sent to 136 program directors and 106 directors of dermatologic surgery*
- *104 responses*
 - *54 program directors (40%) 33 Surgeons (31%)*
17 Cosmetics Educators



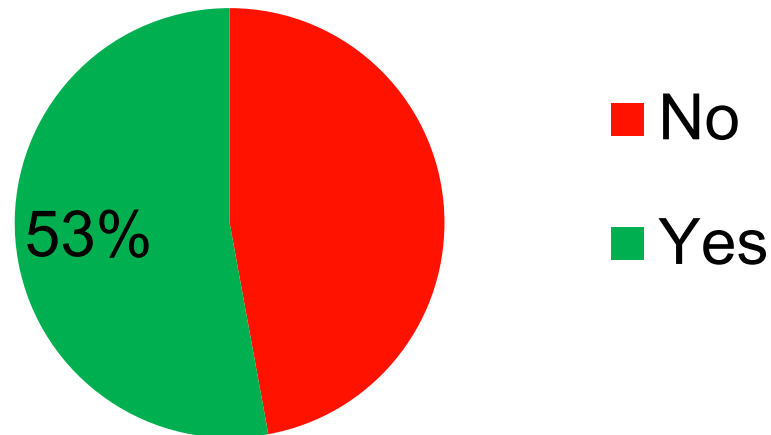
Program Survey – Case Logs

Are you in favor of changing current program requirements to requiring LEVEL 1 “Surgeon” experiences for Botulinum toxins/chemodeinnervation (10), soft tissue augmentation / skin fillers (10), laser – combined (15) and chemical peels (5) procedures?

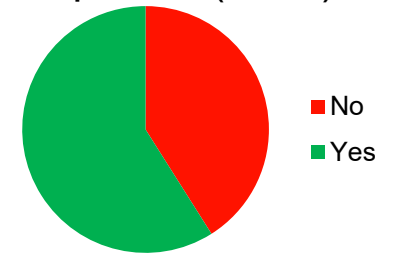


Program Survey – Case Logs

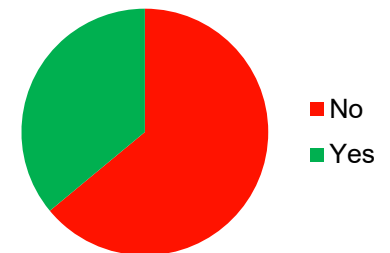
Are you in favor of changing current program requirements to requiring LEVEL 1 “Surgeon” experiences for Botulinum toxins/chemodeinnervation (10), soft tissue augmentation / skin fillers (10), laser – combined (15) and chemical peels (5) procedures?



Metropolitan (n=78)

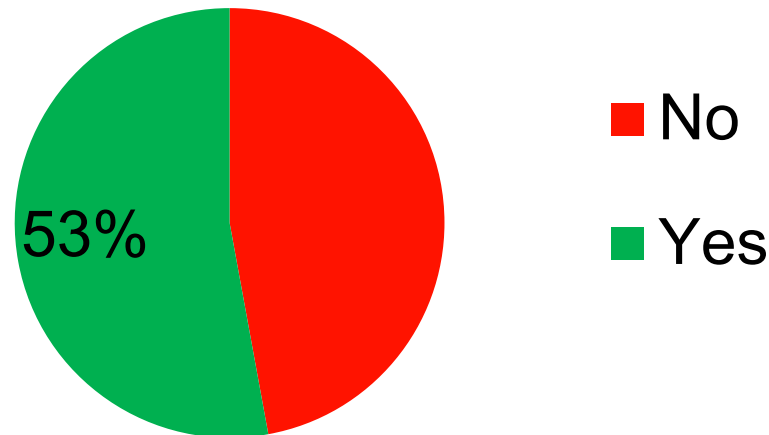


Non-Metropolitan (n=25)

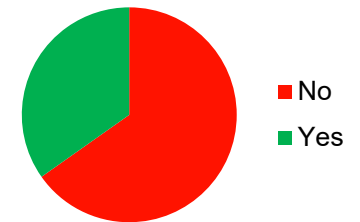


Program Survey – Case Logs

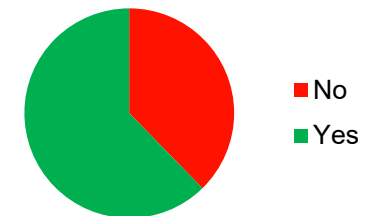
Are you in favor of changing current program requirements to requiring LEVEL 1 “Surgeon” experiences for Botulinum toxins/chemodeinnervation (10), soft tissue augmentation / skin fillers (10), laser – combined (15) and chemical peels (5) procedures?



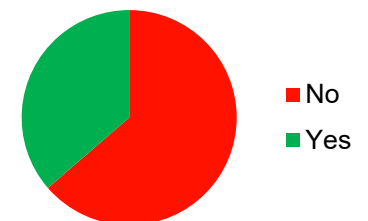
Large Programs (n=23)



Medium Programs (n=69)



Small Programs (n=11)



Program Survey – Case Logs

Next Steps:

- *Review Committee to discuss this data and feedback received from the programs/cosmetic training community*



Pediatric Dermatology Application

Submitted Application Processed by the ACGME

Next Steps:

1. Review by Council of Review Committee Chairs
2. Posting for public review and comment
3. Ad hoc committee gives final recommendation to ACGME Board
4. Review Committee will be charged with developing program requirements



Thank You!

