### Summary and Impact of Focused Requirement Revisions

#### Requirement(s) #: I.B.5.

Required rotations to participating sites that are geographically distant from the Sponsoring Institution must offer educational opportunities not available locally that significantly augment residents’ overall educational experience.

1. Describe the Review Committee’s rationale for this revision.
   - **The Committee expects that the required experiences for accreditation are available within the primary site or at sites proximate to it, the rationale being that a resident’s well-being extends beyond duty hours, as the need to schedule and travel to remote sites in order to meet minimum standards may result in undue stress and fatigue.**

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   - **High quality educational experiences available without significant travel time allow residents more time in direct clinical care of patients and greater opportunity to develop competence. Lengthy transit times to a distant rotation detract from the opportunities for clinical education and patient and resident safety from travel fatigue.**

3. How will the proposed requirement or revision impact continuity of patient care? **N/A**

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how? **N/A**

5. How will the proposed revision impact other accredited programs? **N/A**

#### Requirement(s) #: I.B.6.

Rotational experiences occurring outside of the Sponsoring Institution should occur with a clear educational rationale. Programs using more than five clinical sites for training or assigning residents to attend clinics that require daily travel exceeding 60 minutes one way from the Sponsoring Institution will be expected to provide a written educational rationale for assigned sites.

1. Describe the Review Committee’s rationale for this revision.
   - **The Committee expects the required experiences for accreditation are available within the primary site or at sites proximate to it, the rationale being that a resident’s well-being extends beyond duty hours, as the need to schedule and travel to remote sites in order to meet minimum standards may result in undue stress and fatigue.**

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   - **High quality educational experiences available without significant travel time allow residents more time in direct clinical care of patients and greater opportunity to develop competence. Lengthy transit times to a distant rotation detract from the opportunities for clinical education and patient and resident safety from travel fatigue.**

3. How will the proposed requirement or revision impact continuity of patient care? **N/A**
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how? **N/A**

5. How will the proposed revision impact other accredited programs? **N/A**

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<th>Requirement(s) #: II.A.2.b</th>
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| During a temporary absence of any length of the program director, an interim director must be appointed. A faculty member must be designated to address program-related issues that cannot wait for the return of the program director (absence management). **(Core)** [Moved from II.A.5.]

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<th>1. Describe the Review Committee’s rationale for this revision.</th>
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<td>The Committee holds that “absence management” is the critical element to this requirement. The recently revised Common Program Requirements add a new complexity to the responsibilities of the program director. Thus, having an individual in place to ensure oversight of the specialty-specific Program Requirements, as well as the new Common Program Requirements, is essential.</td>
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| 2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality? **Ensuring there is no disruption in program leadership will ensure and maintain quality resident education, patient safety, and patient care.** |

| 3. How will the proposed requirement or revision impact continuity of patient care? **N/A** |

| 4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how? **N/A** |

| 5. How will the proposed revision impact other accredited programs? **N/A** |

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<th>Requirement(s) #: II.A.3.e</th>
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<td>[Qualifications of the program director] must include a minimum of one year of documented experience serving on an ACGME-accredited dermatology program’s Clinical Competency Committee (CCC) or Program Evaluation Committee (PEC), or the equivalent. <strong>(Core)</strong></td>
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<th>1. Describe the Review Committee’s rationale for this revision.</th>
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<td>The Committee holds that serving at least one year on a CCC or PEC provides experiences in resident and program assessment, Milestones concepts, and interface roles of the program director (even when the program director is not on the CCC, it is his or her responsibility to interface with the CCC and PEC in hearing their recommendations for progress, change, or remediation). The recently revised Common Program Requirements reduce the time required for post-residency experience to be eligible to serve as a program director. The Review Committee feels that without additional specification, and relying only on the Common Program Requirement language alone, a non-CCC, non-PEC faculty member with only minimal commitment to a residency program for three years (example: a faculty member who gave only one lecture per year) would meet these qualifications and could become program director, even with no documentation of program administration or resident assessment and feedback experience. The Committee feels the addition of this requirement better ensures the quality of the program through quality experience in resident education.</td>
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2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality? It provides better assurances that any new leader of the program will have had quality experience in resident education fitting of a future program director. This maintains a higher likelihood of quality resident education.

3. How will the proposed requirement or revision impact continuity of patient care? **N/A**

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how? **N/A**

5. How will the proposed revision impact other accredited programs? **N/A**

Requirement(s) #: IV.C.2.a)

Instruction must include pain assessment and management relevant to dermatology, including appropriate use of local anesthesia and post-procedural analgesics, and recognition of the signs of pain medication addiction and drug-seeking behavior. (Core)

1. Describe the Review Committee’s rationale for this revision.
   The Committee added this requirement consistent with the ACGME’s focus on the need for residency programs to educate residents on appropriate assessment and management of pain. These examples are provided to better delineate the areas of pain assessment and management most relevant to dermatology.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality? Incorporating responsible prescription management allows residents to have a heightened sensitivity to, and acceptance of their responsibility in addressing an escalating opioid addiction crisis.

3. How will the proposed requirement or revision impact continuity of patient care? **N/A**

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how? **N/A**

5. How will the proposed revision impact other accredited programs? **N/A**

Requirement(s) #: IV.C.9.a)

The majority of conference education for residents, including didactics, should occur within the program, with a clear faculty commitment. Attendance at other accredited programs’ conferences, which may be appropriate to augment the conference education of residents, should be supplemental, with outsourcing of faculty member-led conferences not to exceed 25 percent of the total. (Detail)

1. Describe the Review Committee’s rationale for this revision.
   The Committee holds faculty members to a higher standard as far as serving as clinical role models for the residents, and fulfilling the educational needs of a residency program. That includes a commitment, regular attendance, participation, and presentation at program conferences. As such, sending residents away for all of their conference education would not demonstrate an adequate commitment to the educational program.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality? **N/A**

3. How will the proposed requirement or revision impact continuity of patient care? **N/A**

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how? **For those programs not providing this time already, this may require faculty members to block time in their schedules to attend conferences.**

5. How will the proposed revision impact other accredited programs? **N/A**