

NOTE: This information is accurate as of **March 27, 2020**. The ACGME continues to evaluate the COVID-19 pandemic situation on an ongoing basis, and updates will be issued as the situation changes and more information emerges. Please review the latest updates on the ACGME website at www.acgme.org and www.acgme.org/COVID-19.

Review Committee for Dermatology Notice and Guidance to Programs

The members of the Review Committee for Dermatology understand and are very empathetic (being program directors, department chairs, faculty members, etc. of programs themselves) to the specific impact of COVID-19 upon your programs. We understand that concerns over a program's ability to satisfy various procedural numeric requirements causes added stress both to programs and to all of you as leaders in an already stressful situation. At this time the Review Committee does not plan to place a broad moratorium on the requirements. However, we do encourage programs to explain – in the Major Changes and Other Updates section in the Accreditation Data System (ADS) – how they ensure competence if unable to meet the requirements for each graduate. The Review Committee will then have this data/context available as it makes future annual accreditation decisions. Furthermore, the relatively stringent requirements to be a program director are in place to ensure individuals have the necessary qualifications to make program decisions in unpredictable situations. The ACGME has entrusted program directors with the responsibility to implement reasonable solutions to unprecedented circumstances, such as those we are experiencing at this time with COVID-19. As we all work to keep up with the changing landscape of the pandemic's impact on our communities and learning environments, we know you will continue to support your residents, fellows, and faculty members in a safe and effective learning environment. The Review Committee is committed to supporting that work. We will continue to monitor the evolving situation and to address program needs as we are able. Thank you for all the hard work that you do every day, and in this evolving situation.

Following are answers to questions received from dermatology programs:

QUESTION: Would redeployment of a month or more to another service (internal medicine, emergency medicine, etc.) to serve during the COVID-19 crisis be allowable under the specialty-specific requirements?

ANSWER: The Review Committee would accept that a month of redeployment may occur without major implications to a program's substantial compliance with the requirements (i.e., as with an elective).

However, beyond one month of redeployment, programs will need to submit 'case-by-case' circumstances to be purposefully reviewed and determined by their Clinical Competency Committees (CCCs). Such a circumstance would be comparable to that of a senior resident who may not be deemed ready for autonomous practice upon completion of the program, necessitating additional remedial training, which may be recommended by the CCC. Bottom line is the need for program director and CCC engagement, as well as keeping the Review Committee apprised of any major changes in ADS, should such deployments extend beyond one month.

QUESTION: Given the probability that rotations/services will be impacted during this time, will the Review Committee consider readjustments to required procedure minimums for the AY 2019-2020 graduates?

ANSWER: The Review Committee recognizes that institutions have reduced the volume of their elective visits and procedures and have redeployed residents to support the critical services of the hospital as a result of the COVID-19 pandemic. Residents/fellows may not be able to achieve the minimum number of visits/cases as specified in the Program Requirements. It is important to remember that the procedural minimums were established for program accreditation. They are used by the Review Committees to determine whether a given program provides the volume and variety of visits/cases sufficient for education of the complement of residents/fellows for which the program is accredited. The procedural minimums were not designed to be a surrogate for the competence of an individual program graduate and are not used in that manner by the Review Committees. It is up to the program director, with consideration of the recommendations of the program's CCC, to assess the competence of an individual resident/fellow as one part of the determination of whether that individual is prepared to enter the unsupervised practice of medicine.

The Case Logs of a program's graduates who were on duty during this pandemic (particularly those in their last years) will be judiciously evaluated, considering the impact of the pandemic on that program. Programs can delineate for the Review Committee how they were affected by the pandemic in the Major Changes and Other Updates section in ADS as part of their Annual Update.

The Review Committee for Dermatology requests that residents maintain their dermatology procedure logs as accurately as possible during these times.

QUESTION: If a resident is pulled from required programmatic rotations/services to assist with institutional responses or with other specialty services harder hit with the pandemic, will the resident be able to graduate as scheduled?

ANSWER: This is up to the program director, with input from the CCC.
Please note:

- 1) The ACGME and its Review Committees do not determine when a given individual can graduate from a program.
- 2) The program director (with input from the CCC) determines when an individual is ready to graduate from the program and enter unsupervised practice based on that individual's ability to perform the medical, diagnostic, and surgical procedures considered essential for the practice of dermatology.
- 3) This determination *can* be made regardless of the participation of the resident or fellow in all the educational activities stipulated in the Program Requirements. However, an extension of the educational program may be necessary if the program director does not believe that a particular individual meets the criteria above.
- 4) One component of eligibility for all certifying boards is documentation from the program director that the resident has successfully completed an ACGME-accredited residency. Beyond that, board eligibility is defined by the individual certifying board.

QUESTION: Can residents/fellows participate in the use of telemedicine to care for patients affected by COVID-19?

ANSWER: The Review Committee will permit residents/fellows to participate in the use of telemedicine to care for patients affected by COVID-19. The definition of 'Direct Supervision' as part of the new revised Common Program Requirements on telemedicine includes the following classification: "the supervising physician and/or patient is not physically present with the resident and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology."

Under the circumstances, however, where direct supervision is required in the context of provision of telemedicine care, new Common Program Requirement VI.A.2.c).(1).(b) permits faculty members to provide direct supervision through telecommunications technology. Decisions regarding how this is implemented must be made at the program level and must be appropriate for the clinical setting and the needs of the individual patient, as well as the health and safety of the resident(s)/fellow(s) and faculty member(s) involved. In some situations, it may be appropriate for a resident/fellow to conduct a patient encounter remotely and then discuss the case with the supervising faculty member, also through remote means. In other situations, the program may determine that the resident/fellow and supervising faculty member should both participate in the patient encounter. With social distancing an essential part of this pandemic response, residents and supervising attendings do not have to be in the same physical space for

appropriate direct supervision. Direct supervision may include the patient in one location, the resident in a second location, and an attending in a third location, all interacting in a live televideo capacity, or through other asynchronous teledermatology (store and forward) means.

QUESTION: If residents are deployed to care for COVID-19 hospital consults, what does the Review Committee require as far as ensuring the program provides the appropriate training for use of personal protective equipment (PPE), as well as for the care for severely ill infectious patients? Are there any specifics available regarding what qualifies as appropriate training?

ANSWER: The program director and the designated institutional official (DIO) must approve a request for residents/fellows to care for patients affected by COVID-19. Prior to the onset of such activity, each resident/fellow must receive safety training appropriate to the setting.

As it will likely differ from institution to institution, the Review Committee will rely on each institution to determine what the appropriate local safety education should be for dermatology residents prior to being exposed to caring for patients with COVID-19. The appropriate use of PPE, including appropriate donning and doffing education, should be included. The Review Committee will not specifically be asking for any safety curriculum or proof thereof, but simply reminds programs of the need to ensure appropriate personal and patient safety training for residents asked to work in these at-risk settings.

During such activity, each resident/fellow must have appropriate supervision at all times.

During such activity, each resident/fellow must adhere to the limit of 80 hours of clinical and educational work per week, the maximum of every third night call, and the minimum of one day in seven completely free of clinical duties (all averaged over four weeks).

QUESTION: If the hospital consult service has been converted to primarily an inpatient telemedicine service to minimize PPE use and exposure risks of patients and staff members, will programs still receive credit for providing an adequate inpatient educational experience for residents?

ANSWER: Yes, provided that the experience continues to offer assessment and management opportunities for acute care inpatients with skin disorders.