

Review Committee for Dermatology Update

Erik Stratman, MD

Review Committee Chair

Disclosures

Dr. Stratman has nothing to disclose.

Discussion of Topics

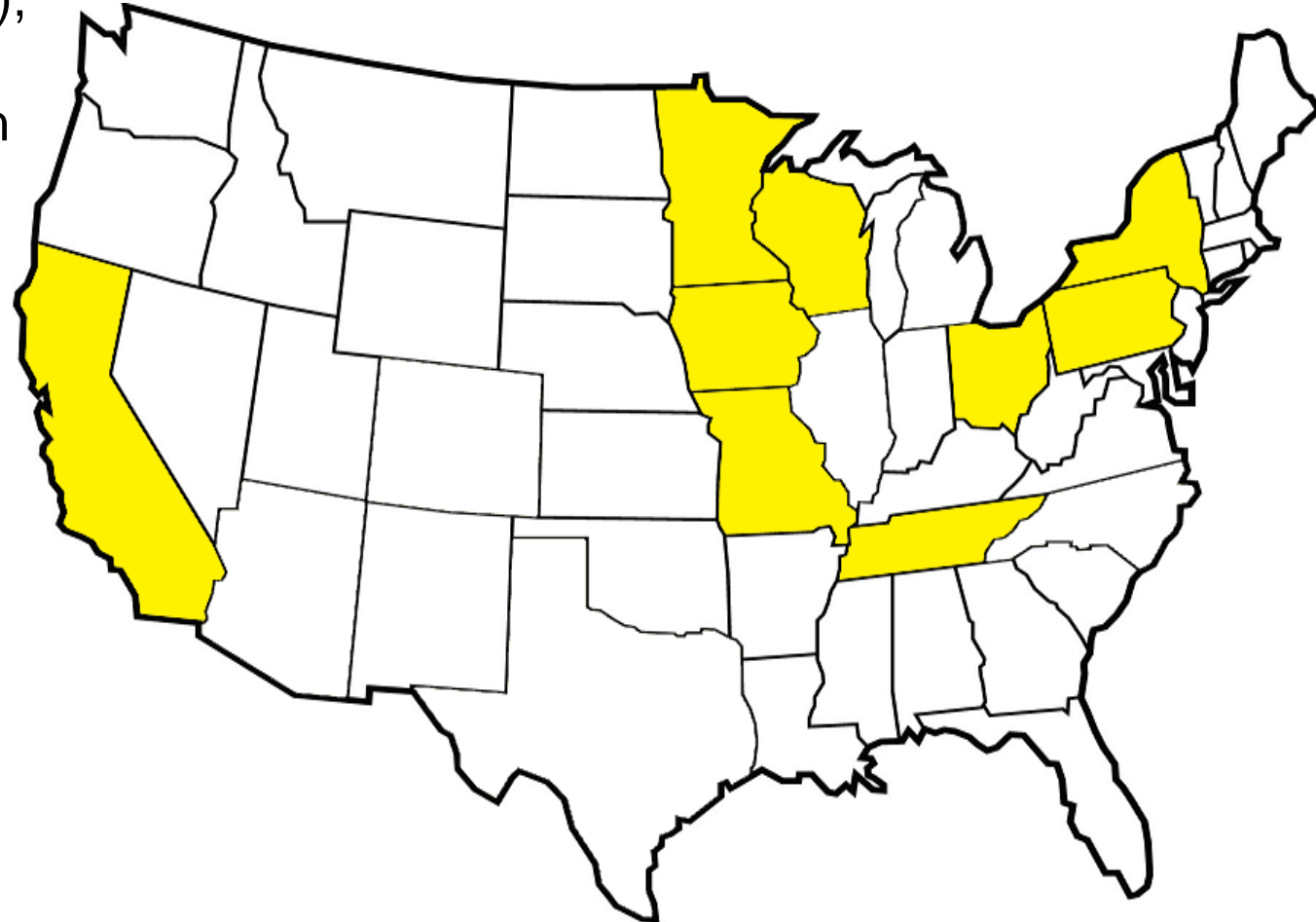
- Membership and Work of the Review Committee
- Annual Accreditation Decisions, Common Citations, and Areas for Improvement (AFIs)
- Annual Data Review 2020 – New Categories
- Dermatopathology Survey Results – New FAQ
- Pediatric Dermatology Update
- Dermatology Data – Facts of Interest

Review Committee Composition

- Three nominating organizations: American Board of Dermatology (ABD), American Medical Association (AMA), and American Osteopathic Association (AOA)
- One public member
- 11 voting members
- Ex-officio member from ABD (non-voting)
- Six-year terms (except for resident member who serves two years)

Program Directors, Chairs, Faculty Members, Resident, and Public Representation

Geographic Distribution



Review Committee Members

- Amit Garg, MD, Vice-Chair
- Tammy Ferringer, MD
- Ilona Frieden, MD
- Hillary Johnson-Jahangir, MD
- Alexa Leone, DO (Resident)
- Stephen Purcell, DO
- Erik Stratman, MD, Chair
- Carilyn Wieland, MD
- Desiree Ratner, MD
- Mary Theobald, MBA (Public)
- Teresa Wright, MD
- *Tom Horn, MD, ABD Ex-officio (without vote)*

Review Committee Team

- **Eileen Anthony**
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- **Sandra Benitez**
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Accreditation Council for
Graduate Medical Education

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WHAT'S NEW

[The ACGME tells CNN infection control education, PPE, well-being vital for new residents](#)
JULY 20, 2020

[ACGME, AOA, and AACOM usher in new era of single accreditation for graduate medical education](#)
JULY 1, 2020

[Journal of Graduate Medical Education article analyzes medical education migration patterns](#)
JUNE 30, 2020

[Guidance for Promoting Well-Being during the COVID-19 Pandemic resource now available](#)
JUNE 25, 2020






[More News >](#)

Dermatology Milestones 2.0



Home > Specialties > Dermatology

Dermatology


Milestones

-  [Dermatology](#)
-  [Dermatopathology](#)
-  [Internal Medicine – Dermatology](#)
-  [Micrographic Surgery and Dermatologic Oncology](#)
-  [Pediatrics – Dermatology](#)

Milestones Supplemental Guides

-  [Dermatology Supplemental Guide](#)
-  [Dermatology Supplemental Guide Template](#)

Milestones Resources

-  [Milestones: FAQs, Clinical Competency Committee Guidebook, and Resources](#)

Milestones Webcasts

-  [Milestones 2.0 Webcast: Dermatology](#)

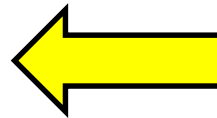


- [Overview](#) >>
- [Program Requirements and FAQs and Applications](#) >>
- [Milestones](#) ○
- [Documents and Resources](#) >>
- [Review Committee Members](#) >>



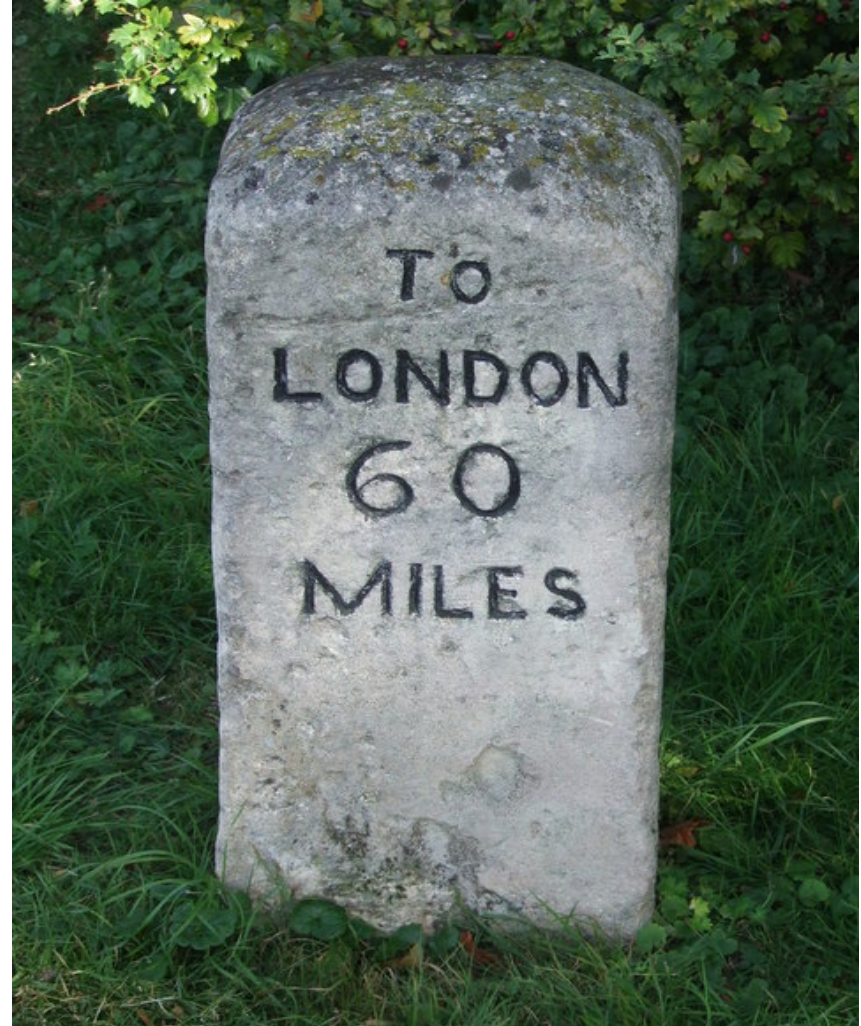
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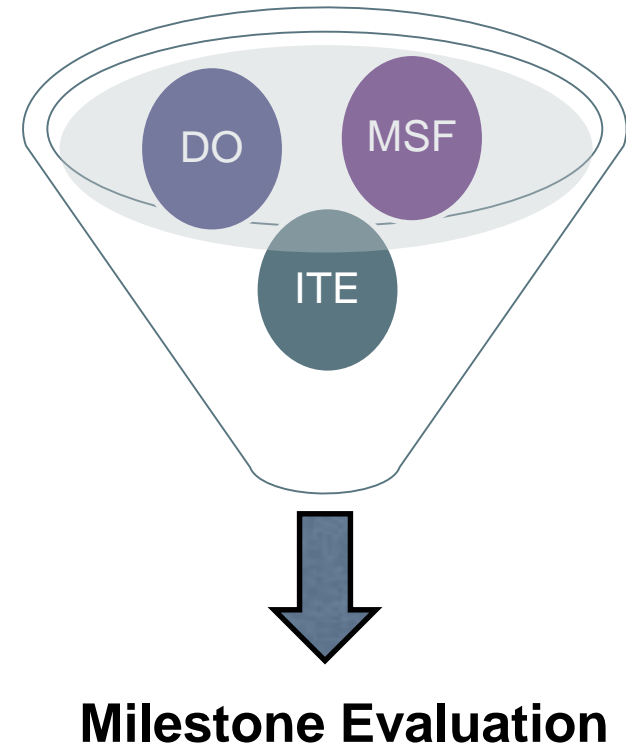
Dermatology Milestones 2.0

- A milestone is a significant point in development
- Milestones follow an individual resident's or fellow's developmental trajectory across a range of knowledge, skills, and attitudes

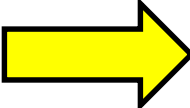


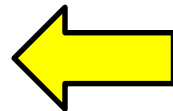
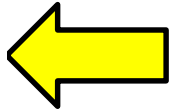
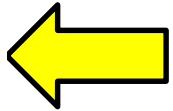
Milestones as Assessments

- Milestones were designed to be formative
- A repository for other assessments
- Not every Milestone can or should be evaluated on every rotation
- Not everything that should be evaluated is included in the Milestones



Dermatology Milestones 2.0 – What’s Different?

Patient Care 8: Therapeutics Management				
Level 1	Level 2	Level 3	Level 4	Level 5
Identifies patients who are candidates for topical and systemic therapy	Provides appropriate counseling regarding adverse effects and reasonable risks	Consistently evaluates treatment response and counsels patients on expectations of therapy	Consistently identifies refractory disease and independently escalates therapy as necessary	Independently manages rare and complex diseases based on emerging evidence
Identifies available treatment options for common skin disorders	Selects treatment options for common skin disorders, with guidance	With guidance, selects therapeutic modalities for common and uncommon skin disorders while balancing risks and benefits	Independently selects therapeutic modalities for common and uncommon skin disorders based on stepwise therapeutic ladders	Evaluates the application of novel and emerging therapeutic modalities or unique applications of existing drugs
Identifies therapeutic agents which require laboratory monitoring	Selects appropriate laboratory monitoring for systemic treatments, with guidance	Selects appropriate laboratory monitoring and manages adverse effects, with guidance	Independently orders appropriate laboratory monitoring and manages adverse effects	Develops systems for safety monitoring
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: <div style="float: right; margin-right: 20px;">  Not Yet Completed Level 1 <input type="checkbox"/> Not Yet Assessable <input type="checkbox"/> </div>				



Dermatology Milestones 2.0 – What’s Different?

Total Number of Subcompetencies Reduced from 28 to 21:

- Patient Care – Seven (7) to Eight (8)
- Medical Knowledge – Five (5) to Two (2)
- Systems-Based Practice – Four (4) to Three (3)
- Practice-Based Learning and Improvement – Four (4) to Two (2)
- Professionalism – Four (4) to Three (3)
- Interpersonal and Communication Skills – Four (4) to Three (3)

Dermatology Section of the ACGME Website

Home > Specialties > Dermatology

Dermatology

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

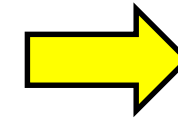
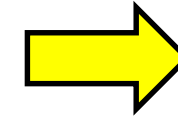
Review and Comment >>

Single GME Accreditation System >>

Self-Study and Site Visit >>

Osteopathic Recognition >>

Common Program Requirements >>



Review Committee Agenda Closing and Meeting Dates

NOV
12
2020

Agenda Closing Date

JAN
8
2021

Meeting Date

November agenda closing date applies to subspecialty applications only. New core Dermatology applications require a site visit with an accompanying site visit report by the agenda closing date.

Agenda closing date for permanent complement change requests only: December 10, 2020.

FEB
4
2021

Agenda Closing Date

APR
2
2021

Meeting Date

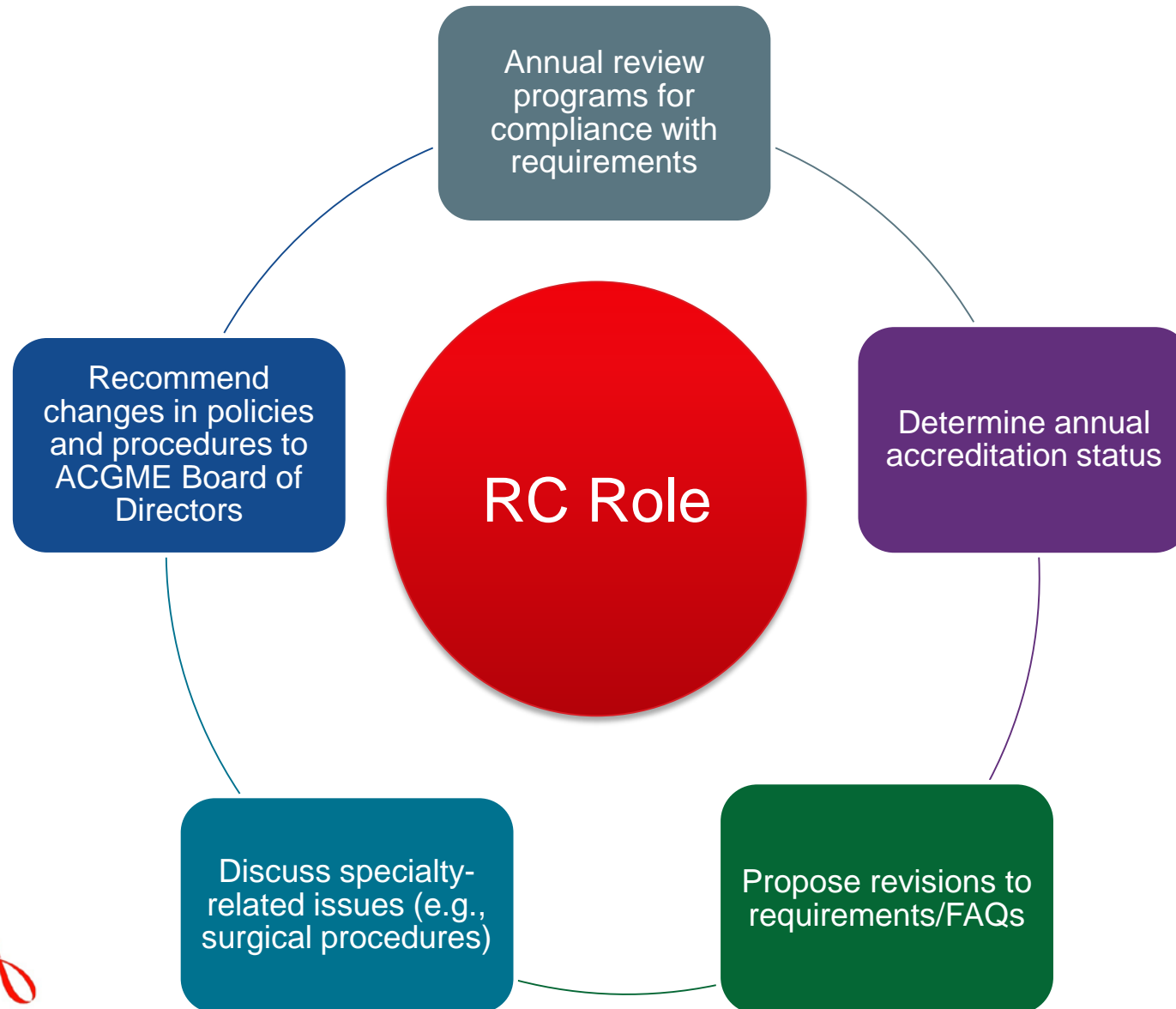
February agenda closing date applies to subspecialty applications only. New core Dermatology applications require a site visit with an accompanying site visit report by the agenda closing date.

Agenda closing date for permanent complement change requests only: March 4, 2021.

New Review Committee for Dermatology FAQs (May 2020)

1. What is the difference between a temporary complement increase and a permanent complement increase?
2. Can a program director add residents to the program's complement once there is institutional support to expand the program's size?
3. Regarding residents' experiences in dermatopathology, how much exposure occurring in an active faculty member-run sign-out setting is considered adequate, and does this exposure need to occur at or by a specific point in the educational program?

Role of the Review Committee



- Physicians within specialty
- Resident within specialty
- Public member
- Ex-officio members

Review Committee Meetings



Annual Data Review (January)

- Accreditation Decisions
- Citations, AFIs
- Letters of Notification



Annual Data Review (April)

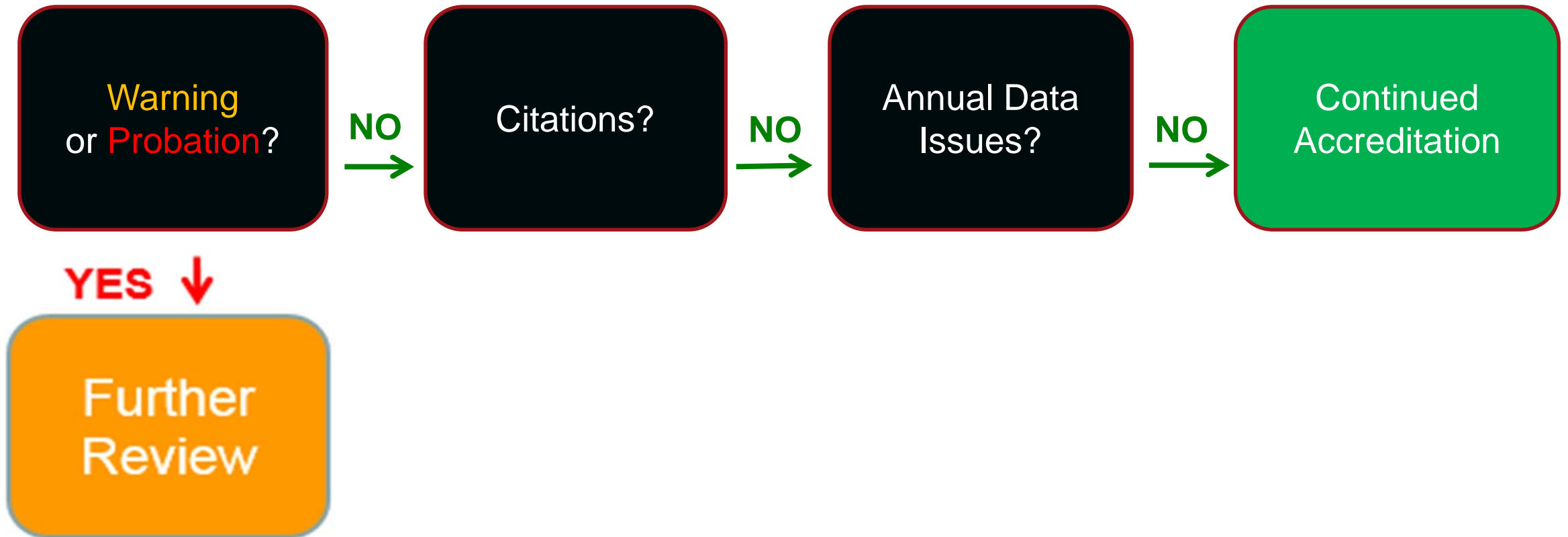
- Site Visit follow-up; Accreditation Decisions
- New Applications
- Policy / FAQ Considerations



Additional Meetings, as Needed

- Program Requirement Review, etc.

Review Committee Work - Annual Program Review

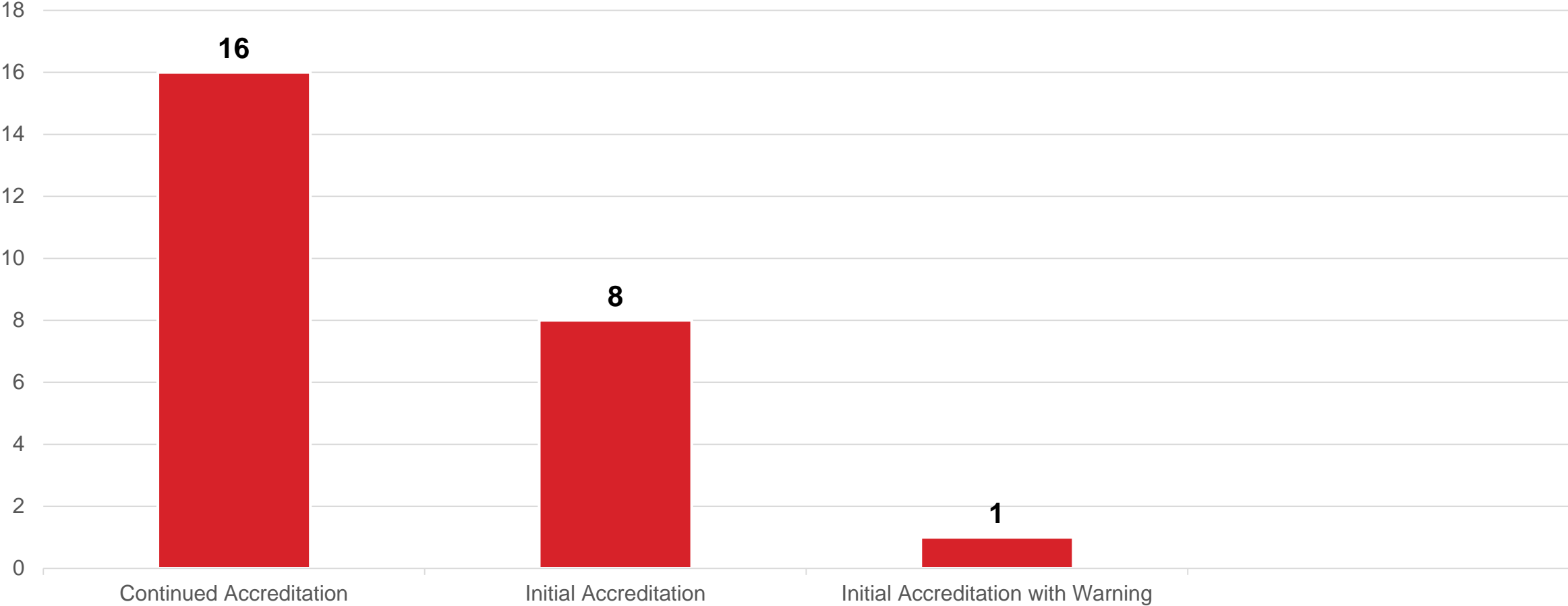


Dermatology Program Statuses (as of April 2020)

Specialty	Total Programs	Accreditation Status									
		Initial Accreditation		Continued Accreditation		Continued Accreditation with Warning		Probationary Accreditation		Future Withdrawal	
		#	%	#	%	#	%	#	%	#	%
OVERALL	12,092	1,560	13%	10,283	85%	172	1%	14	0%	63	1%
Dermatology	144	10	7%	130	90%	1	1%	2	1%	1	1%
- Dermatopathology (multidisciplinary)	56	5	9%	51	91%
- Micrographic surgery and dermatologic oncology	78	7	9%	68	87%	1	1%	.	.	2	3%

Single GME Accreditation – AOA to ACGME

25 Total AOA Program Applications



Common Citations (Academic Year 2019-2020)

Program Director II.A.4.a).(8) The program director must ***submit accurate and complete information*** required and requested by the DIO, GMEC, and ACGME; (Core)

Program Director II.A.4.a).(10) The program director must provide a learning and working environment in which residents have the opportunity to ***raise concerns*** and provide feedback in a confidential manner as appropriate, ***without fear of intimidation or retaliation***; (Core)

Faculty II.B.1. At each participating site, there must be a ***sufficient number of faculty members*** with competence to instruct and supervise all residents at that location. (Core)

Faculty II.B.2.d) Faculty members must: devote sufficient time to the educational program to ***fulfill their supervisory and teaching responsibilities***; (Core)

Common AFIs (Academic Year 2019-2020)

1) **Clinical Experience**

(keep logging beyond the minimum)

ACGME Case Logs

2) **Faculty Scholarly Activity**

(if your program is going to list them as faculty, encourage them to log scholarly activity)

ADS

3) **Educational Environment**

(Residents are not used as medical assistants)

4) **Educational Content**

(opportunity for research participation)

Resident Survey

5) **Evaluations**

(Confidential, and Program evaluations acted upon)

Annual Data Review 2020 - Faculty Roster

Faculty Scholarship: Note that there is new, clear direction for who to include on roster:

The Review Committee for Dermatology expects to see listed on the faculty roster **only those faculty members who serve in key teaching or administrative roles with the program, including those who supervise residents in clinic or substantively teach in conferences.** Faculty members who spend minimal time teaching residents in clinics or conferences (i.e., rare contact) should not be included, even if they members of the department faculty. The faculty members on the Faculty Roster in ADS should include:

- **All members of the dermatology residency Clinical Competency Committee**
- **All faculty members of the dermatology residency Program Evaluation Committee**
- **The director of dermatopathology education for the residency program**
- **The director of dermatologic surgery education for the residency program**
- **Faculty members who are the key clinical teachers of general dermatology**
- **Faculty members who are the key clinical teachers of pediatric dermatology**



Note that each faculty member should only be listed once, even if serving multiple roles, that all faculty members listed will be required to report scholarly activity, and that only core faculty members will be required to take the annual Faculty Survey.

Annual Data Review 2020 – What's New

- COVID-19 data – impactful changes
 - Program educational activities
 - Reduction in patient population data
 - Stage 3 designation

ACGME Site Visits during COVID-19

- ALL site visits will be conducted remotely (e.g., Zoom) through June 2021.
- Programs will still receive 30+ days advance notice.
- Two Accreditation Field Representatives will conduct the remote site visits.
- Clinic sites MIGHT be toured virtually (*depending on a previous citation on the physical site, Review Committee request for such, etc.*), via pre-taped walk through.
- Remote Site Visit FAQs may be found on the ACGME website:
<https://www.acgme.org/What-We-Do/Accreditation/Site-Visit/Remote-Site-Visit-FAQs>

Dermatopathology Experience

The Review Committee was asked by ABD and the American Academy of Dermatology Association (AAD) to consider a revision of requirement language that would promote early education and meaningful training in dermatopathology first-year residents in particular.

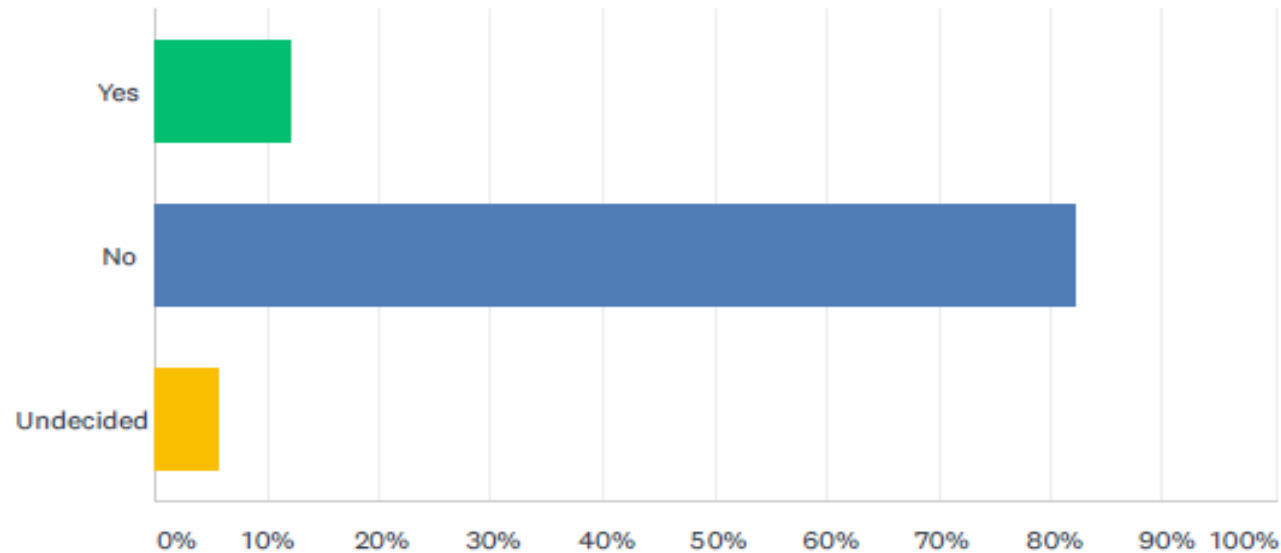
After lengthy discourse, the Committee determined that it would be premature to propose revisions to the requirements at this time, as feedback from the dermatologic community is required to assist with a broader understanding of the issue(s)/potential for a written standard to have an impact in addressing such.

With that, the Committee administered a brief, 14-question survey to the dermatology educators (e.g., program directors, dermatopathology faculty), for feedback on their viewpoint.

Dermatopathology Survey Results

Q8 Do you believe that exposure to dermatopathologists and what they do every day is lacking in your program for first year residents trying to decide about a future in dermatopathology?

Answered: 141 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	12.06%	17
No	82.27%	116
Undecided	5.67%	8
Total Respondents: 141		

Dermatopathology Survey Results

Q6 Please indicate the amount of required dermatopathology sign-out rotation in each year of training (in weeks).

Answered: 141 Skipped: 0

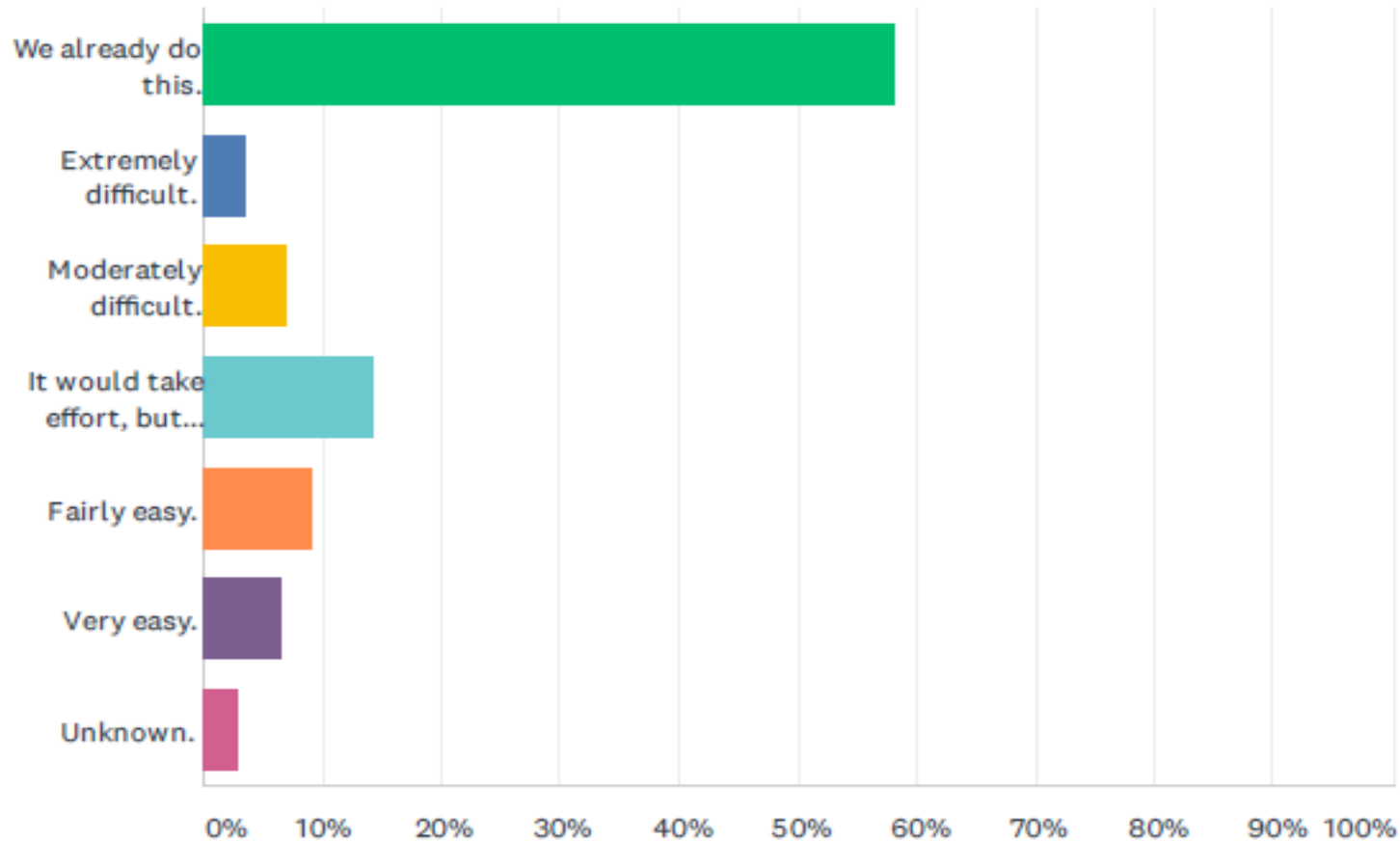
Dermatopathology experiences in residency training

	ZERO	ONE WEEK	TWO WEEKS	THREE WEEKS	FOUR WEEKS	MORE THAN FOUR WEEKS	TOTAL RESPONDENTS
First year (PGY-2)	24.82% 35	7.80% 11	9.22% 13	3.55% 5	34.75% 49	19.86% 28	141
Second year (PGY-3)	5.67% 8	1.42% 2	8.51% 12	5.67% 8	40.43% 57	39.01% 55	141
Third year (PGY-4)	4.96% 7	0.71% 1	9.22% 13	2.84% 4	34.75% 49	47.52% 67	141

Dermatopathology Survey Results

Q12 How easy or difficult would it be for your program to implement a requirement to have first year dermatology residents rotate in dermatopathology?

Answered: 141 Skipped: 0



Dermatopathology Survey Results

Q12 How easy or difficult would it be for your program to implement a requirement to have first year dermatology residents rotate in dermatopathology?

Answered: 141 Skipped: 0

ANSWER CHOICES	RESPONSES	
We already do this.	58.16%	82
Extremely difficult.	3.55%	5
Moderately difficult.	7.09%	10
It would take effort, but doable.	14.18%	20
Fairly easy.	9.22%	13
Very easy.	6.38%	9
Unknown.	2.84%	4
Total Respondents: 141		

Dermatopathology Survey Results

OTHER COMMENTS ON THIS TOPIC TO SHARE WITH THE COMMITTEE	NUMBER
Dermatopathology fellowships should change match process to later.	14
ACGME should not increase involvement in details of curriculum/not revise Program Requirements.	10
Do not extend dermatopathology education early in education; financially burdensome/not financially beneficial.	6
Early exposure to dermatopathology would better inform decisions.	4
More residents choose Mohs as it is more lucrative.	3
Survey first-year residents on the “content” before determining a change to the “medium.”	1
We already have too many dermatopathologists in practice and in training.	1
Sign-out for first-year residents is too early as they lack knowledge based.	1
Review Committee should consider increased requirements for medical dermatology that occurs during residency.	1
Not sure why this is an issue.	1
Why the push for dermatopathology? Are there so few applying to fellowships?	1
My graduating resident was accepted to dermatopathology fellowship; he became interested as a PGY-1 when he spent time reading with faculty members	1
Need program director leadership and input early in a program.	1
Excellent dermatopathology conferences on YouTube.	1
Emphasis in dermatopathology teaching is to prepare residents for the exam.	1
Reason why residents do not go into dermatopathology is the inability of dermatopathologists to share call in general pathology groups, where jobs are.	1
Dermatopathology is pivotal in helping residents become great clinicians as well as decide on pursuing dermatopathology as part or all of that they do in practice.	1

Dermatopathology Experience – New FAQ

- Regarding residents' experiences in dermatopathology, how much exposure occurring in an active faculty member-run sign-out setting is considered adequate, and does this exposure need to occur at or by a specific point in the educational program?
[Program Requirements: IV.C.5.f) and IV.C.5.f).(1)]
- The Committee holds that dermatopathology education is a cornerstone experience of dermatology residency education, as it underlies the dermatology resident's advancing competence in interpreting and exploring clinicopathologic correlation. As such, dermatopathology education, including sessions reviewing slides with dermatopathology faculty members as occurs in active faculty member-run sign-out sessions, should occur throughout the educational program, and should include reviewing slides with dermatopathology faculty members during all three years of the program. **Block exposure of active faculty member-run sign-out sessions each year, beginning in the first year of the program, would be considered adequate.**

Pediatric Dermatology Update

- Public Review and Comment of Program Requirements (*ended October 9, 2020*)
- Committee on Requirements/Board of Directors Review (*February 2021*)
- Proposed Effective Date (*July 2021*)
- Review of New Applications (*Fall 2021*)
- *Programs may be granted retroactive effective date of July 2021*

Dermatology – Facts of Interest

Number of Active Residents by Specialty and Subspecialty and Academic Year, 2015-2016 to 2019-2020

Specialty	Academic Year					5-Year Change	
	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	#	%
	#	#	#	#	#	#	%
OVERALL	124,409	129,720	135,326	140,391	144,988	20,579	16.5%
Dermatology	1,323	1,424	1,517	1,563	1,594	271	20.5%
- Dermatopathology (multidisciplinary)	76	71	72	67	69	-7	-9.2%
- Micrographic surgery and dermatologic oncology	73	83	83	82	88	15	20.5%

Dermatology – Facts of Interest

Number of Active Residents by Specialty and Subspecialty and Medical School Type

Specialty	Total Residents	US LCME - Accredited Medical School		International Medical School		Osteopathic Medical School		Canadian Medical School		US Medical School Unknown	
		#	%	#	%	#	%	#	%	#	%
OVERALL	144,988	87,479	60.3%	33,355	23.0%	24,018	16.6%	134	0.1%	2	0.0%
Dermatology	1,594	1,359	85.3%	56	3.5%	177	11.1%	2	0.1%	0	0.0%
- Dermatopathology (multidisciplinary)	69	50	72.5%	14	20.3%	5	7.2%	0	0.0%	0	0.0%
- Micrographic surgery and dermatologic oncology	88	75	85.2%	3	3.4%	9	10.2%	1	1.1%	0	0.0%

Dermatology – Facts of Interest

Number of Active Residents by Specialty and Subspecialty and Sex

Specialty	Total Programs	Total Residents	Sex							
			Female		Male		Non-binary		Not Reported	
			#	%	#	%	#	%	#	%
OVERALL	12,092	144,988	65,382	45.1%	78,099	53.9%	218	0.2%	1,289	0.9%
Dermatology	144	1,594	939	58.9%	650	40.8%	2	0.1%	3	0.2%
- Dermatopathology (multidisciplinary)	56	69	33	47.8%	36	52.2%	0	0.0%	0	0.0%
- Micrographic surgery and dermatologic oncology	78	88	45	51.1%	43	48.9%	0	0.0%	0	0.0%

Dermatology – Facts of Interest

Number of Active Residents by Specialty and Subspecialty and Ethnicity

Specialty	Ethnicity							
	White	Asian	Hispanic, Latino or of Spanish origin	Black or African American	American Indian or Alaskan Native	Native Hawaiian or Pacific Islander	Other	Unknown
OVERALL	68,835	29,256	8,891	7,376	428	231	9,615	20,356
Dermatology	920	275	61	62	3	1	102	170
- Dermatopathology (multidisciplinary)	43	8	4	2	0	1	2	9
- Micrographic surgery and dermatologic oncology	56	12	3	0	0	0	5	12

Dermatology – Facts of Interest

Number of Residents Entering the GME Pipeline by Specialty and Medical School Type

Specialty	Total Residents	Medical School Type									
		US LCME-Accredited		International Medical School		Osteopathic Medical School		Canadian Medical School		US Medical School Unknown	
		#	%	#	%	#	%	#	%	#	%
OVERALL	33,594	19,667	58.5%	7,486	22.3%	6,428	19.1%	12	0.0%	1	0.0%
Dermatology	534	458	85.8%	22	4.1%	52	9.7%	2	0.4%	0	0.0%

Pipeline specialties are those specialties that lead to a primary board certification.

Dermatology – Facts of Interest

Number of Pipeline Graduates who Subspecialize, 2018-2019 AY			
Specialty	Total Pipeline Graduates	Subspecialized	
		#	%
TOTAL PIPELINE	30,334	9,459	31.2%
Dermatology	512	90	17.6%

Dermatology – Facts of Interest

Number of Programs with New Program Directors and Number of Distinct Program Director Changes during the Academic Year by Specialty and Subspecialty

Specialty	Total Programs	Programs with New PDs		Number of Distinct PD Changes
		#	%	
OVERALL	12,092	1,640	13.6%	1,704
Dermatology	144	18	12.5%	19
- Dermatopathology (multidisciplinary)	56	7	12.5%	8
- Micrographic surgery and dermatologic oncology	78	4	5.1%	4

Dermatology – Facts of Interest

Dermatology Milestones – Rate of Straight Lining (June 2019)

Straight-lining ratings are defined as a string of identical Milestones ratings for a learner across all subcompetencies within that specialty. (Note: Residency with the highest percentage at Year 1 was surgery, with 26.9 percent and pediatrics had the lowest with 3.5 percent)

Specialty/Subspecialty (Total Residents)	Number of Subcompetencies	Year 1	Year 2	Year 3
Dermatology (1501)	28	13.8%	10.8%	17.3%
Dermatopathology (69)	12	17.4%		
MSDO (82)	14	29.3%		

Stratman's Final Recommendations

1. Don't just permit the osteopathic program directors into the Association of Professors of Dermatology (APD), recruit them; APD can help to rise all ships in the harbor
2. Program graduates should be meeting minimum graduate requirements before program asks to expand the complement (and watch request deadlines)
3. Have faculty supervision and engagement at every site
4. Program directors take ownership of the ADS essays

The heightened focus on wellness in dermatology residency education

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Thank you for allowing me the opportunity
to address your questions these past many years