

# Review Committee for Dermatology Update

Courtney Schadt, MD, Chair

Eileen Anthony, Executive Director

# Conflict of Interest Disclosure

---

Speaker(s): Courtney Schadt, MD and Eileen Anthony

## Disclosure

None of the speakers for this educational activity have relevant financial relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

# Topics to Discuss

- Review Committee – Structure, Functions, and Recruitment
- 2023-2024 Accreditation Statistics (*core and fellowship*)
- Common Citations and Areas for Improvement (*core*)
- **NEW** ACGME Accreditation Site Visits
- **NEW** Revisions to Program Requirements (*core*)
- **NEW** Case Log Revisions (*core*)



# ACGME Mission

**To improve health care and population health by assessing and advancing the quality of resident physicians' education through accreditation.**

**ACGME MISSION, VISION, and VALUES**

#ACGME2025

2025 ACGME  
ANNUAL  
EDUCATIONAL  
CONFERENCE



# The ACGME in a nutshell...

**886 ACGME-  
accredited  
Sponsoring  
Institutions**

**13,066 ACGME-  
accredited  
programs**

**158,079 residents  
and fellows in  
ACGME-  
accredited  
programs**

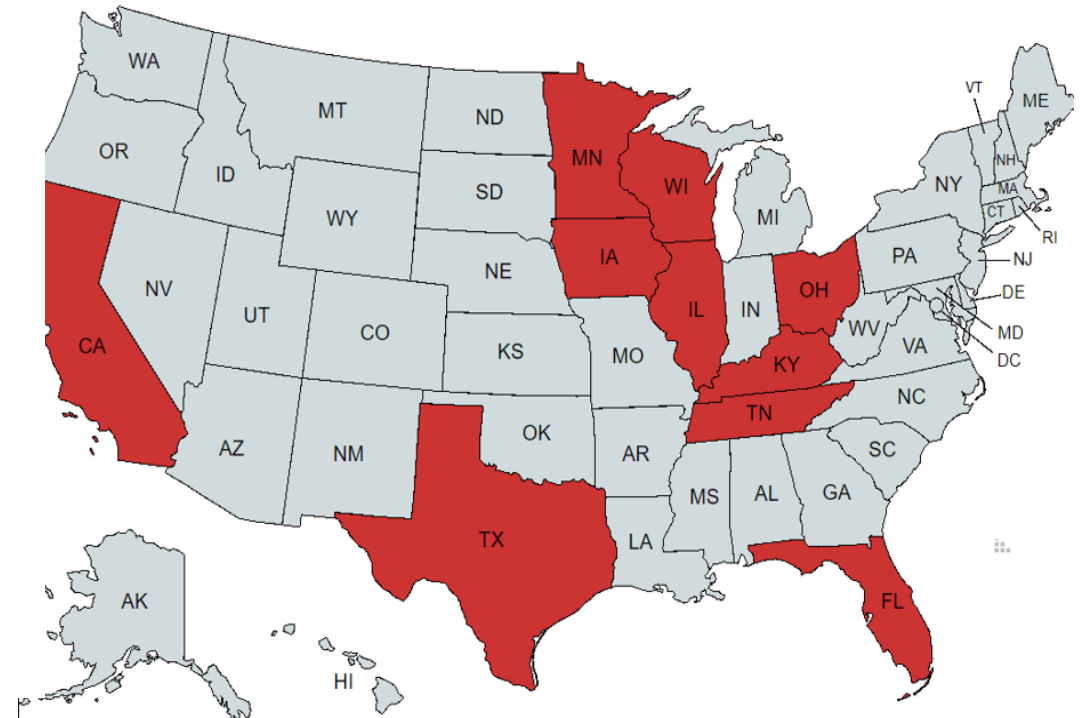


# Review Committee Composition

- ✓ 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 members from ABD and AOA (non-voting)
- ✓ Six-year terms (*except for resident member, who serves two years*)

*Program directors, chairs, faculty members, designated institutional officials (DIOs), resident and public representation*

## Geographic Distribution



# Review Committee Members

- Courtney Schadt, MD, *Chair*
- Hillary Johnson-Jahangir, MD, PhD (*rotating off June 2025*)
- Karthik Krishnamurthy, DO
- Janiene Luke, MD, *Vice Chair*
- Moise Levy, MD
- Allison Miller, MD, *Resident Member (rotating off June 2025)*
- Karolyn Wanat, MD
- Carilyn Wieland, MD (*rotating off June 2025*)
- Teresa Wright, MD
- *Public Member - VACANT*

## **Ex-officio (non-voting) members:**

- *Randall Roenigk, MD, ABD*
- *Michael J. Scott, DO, AOA*

## **Incoming members – July 1, 2025:**

- *Patricia Missall, MD, PhD*
- *Allison Vidimos, MD*
- *Kathleen Fletcher, MD, Resident Member*



# Review Committee Team



**Eileen Anthony**

Executive Director

312.755.5047; eanthony@acgme.org



**Sandra Benitez**

Associate Executive Director

312.755.5035; sbenitez@acgme.org

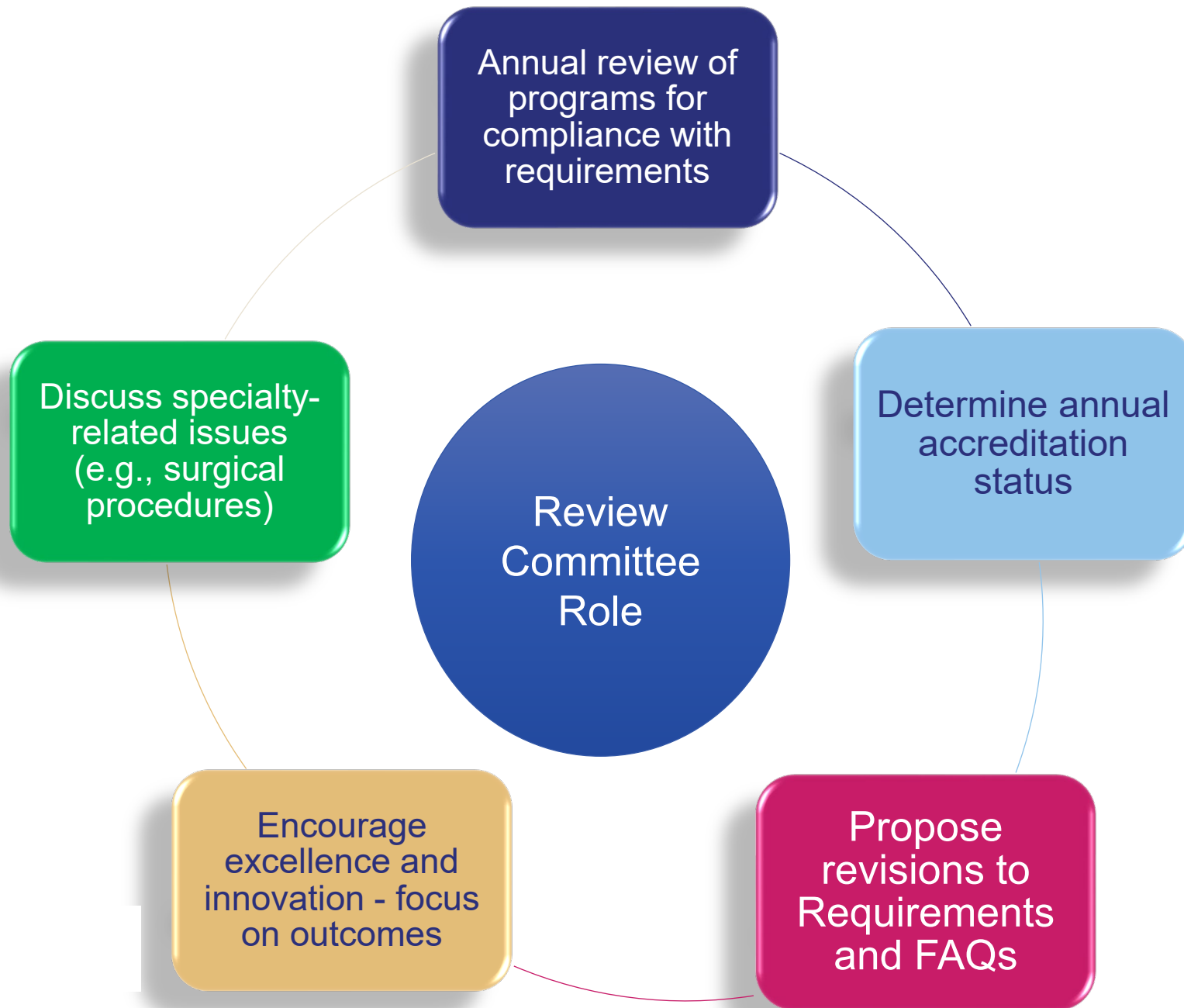


**Betty Cervantes**

Accreditation Administrator

312.755.7470; brc@acgme.org





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

# Review Committee Meetings



## **JANUARY IN CHICAGO**

- Annual accreditation decisions
- Citations and areas for improvement (AFIs)
- Letters of Notification
- Other business



## **APRIL IN CHICAGO**

- Program site visits
- Letters of Notification
- Program Requirements revisions and FAQs
- Other business

# Recruitment of Review Committee Members

“Needs Assessment Form” is sent to the nominating organization (ABD, AMA, or AOA) of an outgoing member about 18 months prior to the end of their term. Request is for two nominees for the Review Committee to consider.

Nominees ***must*** possess:

- Board certification in dermatology from the ABD or AOA.
- Board certification in the **subspecialty** if the outgoing member is the micrographic surgery and dermatologic oncology (MSDO), pediatric dermatology, or dermatopathology representative.
- Evidence of participation in major dermatology societies, program director associations, or other national professional organizations/societies.
- At least five years’ experience as a program director or in a senior leadership position with no more than three years since serving in that capacity.

Nominees ***should*** possess:

- Knowledge of the accreditation process.
- Committee encourages nominees from underrepresented groups.
- Committee seeks geographic diversity, and nominees may not be from same institution as a sitting member.



# Recruitment of Review Committee Members...Steps





# NEW 2024: Case Log Revisions

As the process of the major revisions to the Program Requirements is underway, the Committee will also administer a survey to all program directors and leaders of specialty organizations to assist in the identification of current cases and minimum requirements that may need to be revised as appropriate with the proposed new Requirements.

This survey is anticipated to be administered in spring 2025.

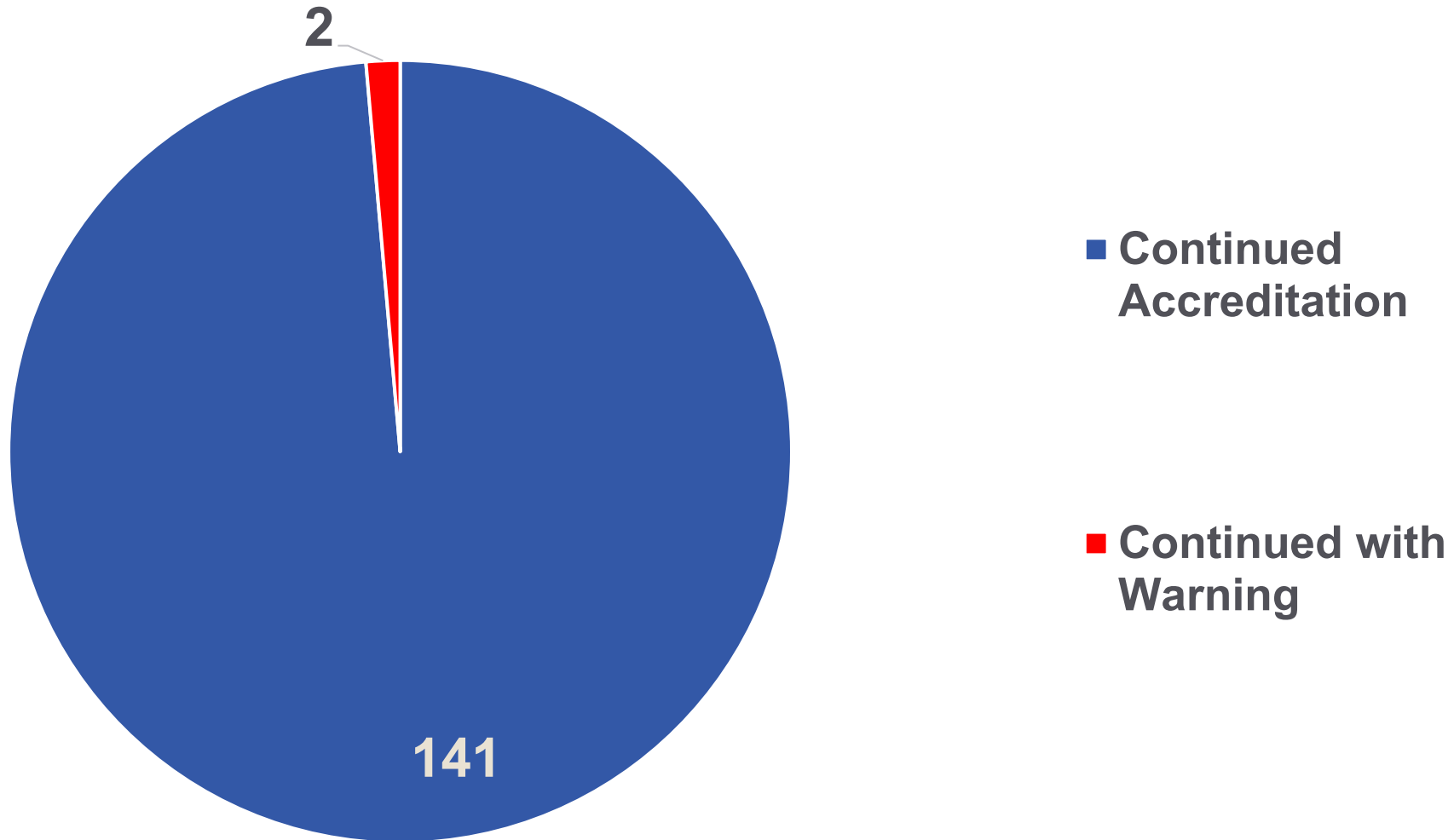


# **NEW** 2024: Major Revisions to Program Requirements (Core)

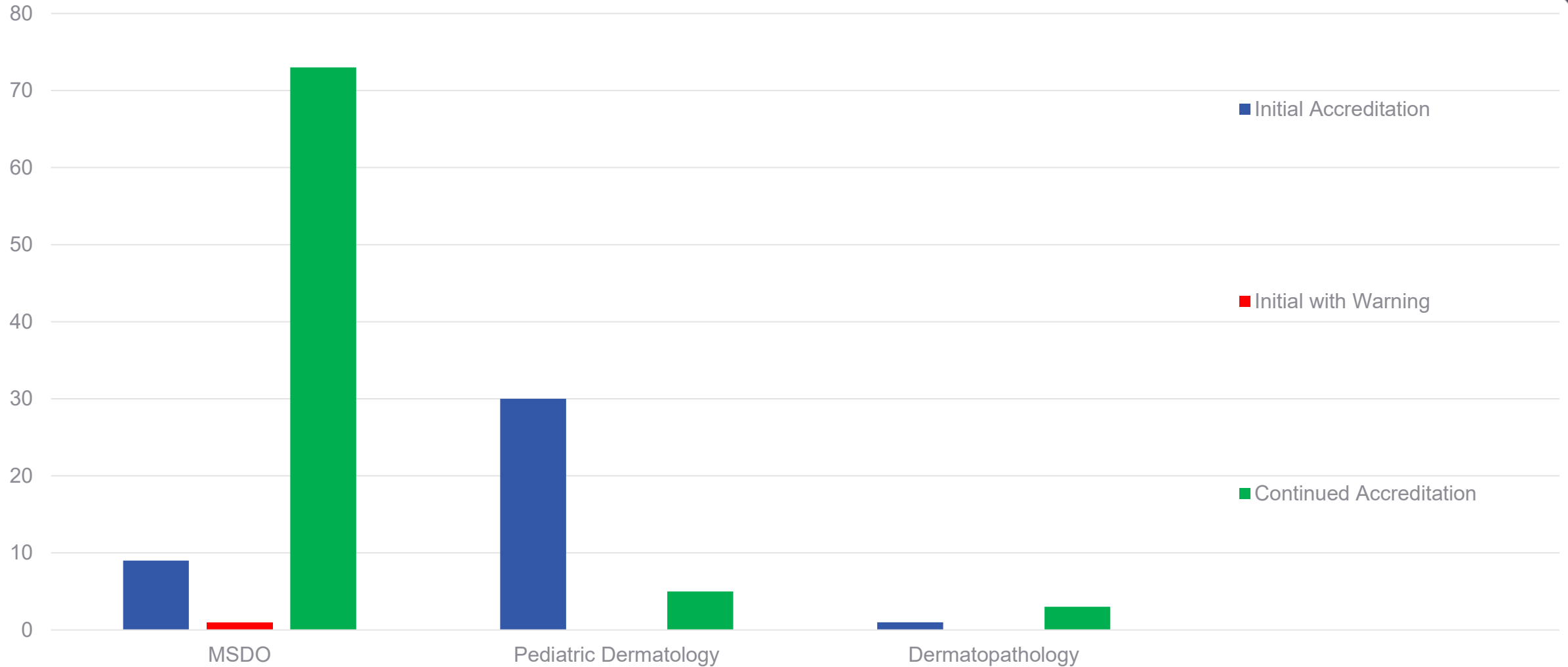


**Proposed Revisions for Public Review and Comment  
Summer 2025**

# Accreditation Statuses – February 1, 2025



# Fellowship Statuses – February 1, 2025



# Common Areas for Improvement

## **Educational Environment – Resident Survey**

The Committee encourages the program to review results from the Resident Survey, as there were concerns expressed/negative responses to the NEW specialty-specific questions that may require attention. The Committee reminds the program that Resident Survey results are reviewed annually to assist with the determination of substantial compliance with the requirements.

## **Responsibility of the Program Director – Submit Accurate Data**

The Committee reminds the program that it is the responsibility of the program director to monitor and ensure all residents record the required minimum procedures, as there was one graduate that recorded 49/50 required Excisions and 47/50 required Repair procedures.

# Common Areas for Improvement

## Clinical Experiences – Case Log Data

- 1) The Committee reminds the program that it is the responsibility of the program director to monitor and ensure all residents record the requirement minimum procedures, as there was one graduate that recorded 49/50 required Excisions and 47/50 required Repair procedures.
- 2) The Committee cautions that while graduates are just meeting the minimum procedures criteria, there is some variation among the graduates, and it is not clear if this is a logging concern (i.e., program director responsibility to ensure continuous logging throughout the three years) or whether the procedures are available (i.e., resources).
- 3) The Committee reminds the program to ensure that all graduates satisfy their minimum case requirements, as one resident recorded only three of the required five soft tissue procedures.





# Common Citations

## Program Director Responsibilities

**II.A.4.a).(7) The program director must: provide a learning and working environment in which residents have the opportunity to raise concerns, report mistreatment, and provide feedback in a confidential manner as appropriate, without fear of intimidation or retaliation. (Core)**

Based on the Resident Survey and confirmed by the Site Visit Report, residents are afraid to raise concerns or report mistreatment due to fear of retaliation.

The information provided to the Review Committee, and verified at the time of the site visit, did not demonstrate substantial compliance with the requirement. Specifically, the 2023 Resident Survey reflected noncompliance in this domain and at the time of the site visit, residents confirmed that they are afraid to raise concerns or report mistreatment in a confidential manner because of fear of intimidation or retaliation.



# Common Citations

## Program Director Responsibilities

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

The information provided to the Review Committee, and verified at the time of the site visit, did not demonstrate substantial compliance with the requirement. Specifically, there were several discrepancies in the updated application specialty-specific questions, including, but not limited to:

- The program did not upload requested documents into the Accreditation Data System (ADS) prior to the site visit.
- Missing/inaccurate information provided in application that was identified and clarified during site visit:
  - Inaccurate reporting of rotation length at participating sites
  - Faculty scholarly activity: PMID #33938701 is from 2020-2021 and not 2021-2022
  - Missing information in response to Cosmetic Clinical Curriculum question
  - Duplicate and inaccurate information provided regarding dermatopathology conference education schedule, grand rounds, and cosmetic conference education.
- Inaccurate estimated patient numbers evaluated by residents requiring correction at time of site visit.

The Committee reminds the program director that the site visit is a critical function of the accreditation process and should not be focused on reconciling errors in the documentation.



# Common Citations

## Faculty Responsibilities

**II.B.2.c) Faculty members must: demonstrate a strong interest in the education of residents, including devoting sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. (Core)**

The information provided to the Review Committee, and verified at the time of the site visit, did not demonstrate substantial compliance with the requirement. Specifically, the 2023 Resident Survey reflected noncompliance in this domain and at the time of the site visit, residents report that things are improving but the program will need to provide evidence that this has been resolved prior to the citation being resolved.



# Common Citations

## **Educational Program – Patient Care Experiences**

**IV.C.5. Residents must have experiences in medical dermatology, procedural dermatology, dermatopathology, and pediatric dermatology, including: (Core)**

**IV.C.5.a) following a core group of individual patients throughout the majority of the program in a minimum of a once-monthly continuity of care clinic setting, as well as in follow-up of inpatients and patients seen as consults or during night or weekend call; (Core)**

The Committee was not able to determine substantial compliance with the requirement. Specifically, in the documentation provided as evidence of compliance, it is not clear if there is a continuity clinic, nor is there one listed on the block diagram



# Common Citations

## Educational Program – Procedural Experiences

### **IV.C.4. The clinical experience must include:**

**IV.C.4.a) consultations, inpatient rounds, dermatologic surgery, dermatopathology, pediatric dermatology, and other dermatology-related subspecialty experiences; and, (Core)**

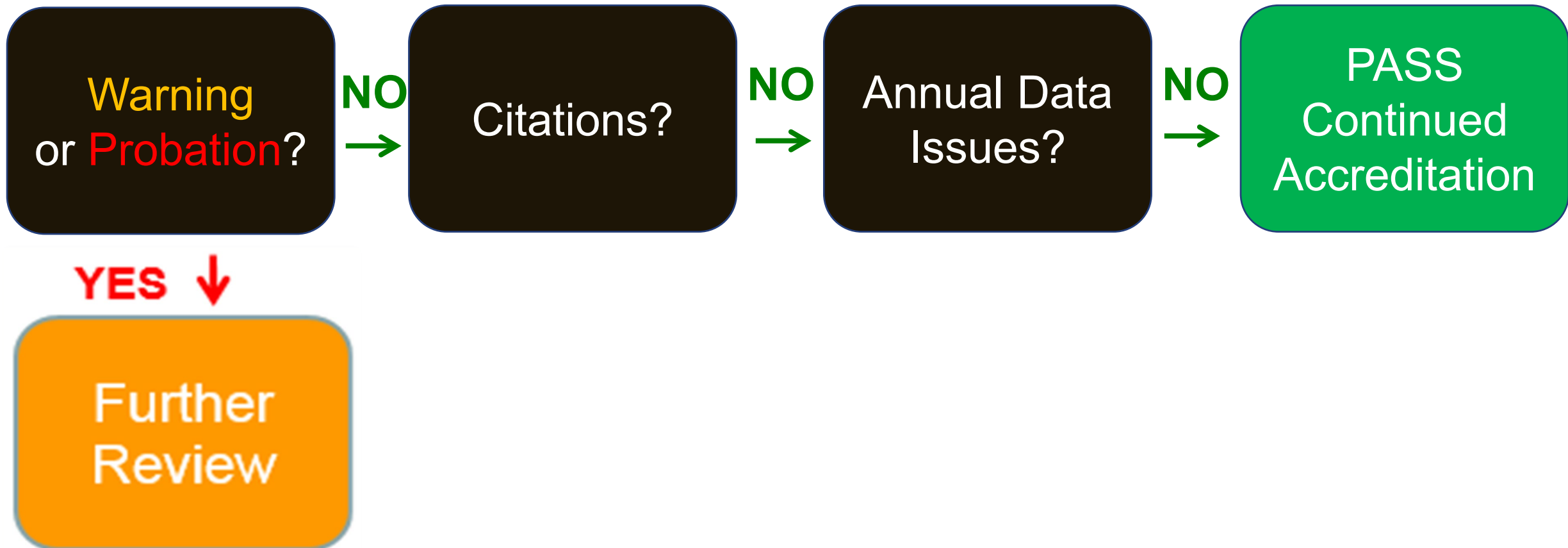
**IV.C.6. Each resident must record all required procedures and medical/surgical cases in the ACGME Case Log System and ensure that the data entered is accurate and complete for all 36 months of the program. (Core)**

The program did not demonstrate substantial compliance with the requirements. Specifically, one of the recent six graduates did not record the minimum required Excision or Repair procedures, with 45/50 and 44/50, respectively.





# Annual Program Review



*\*At any point in the process, the Committee may request an accreditation site visit.*

# NEW – Accreditation Site Visits

**Background:** 10-Year Accreditation Site Visits, which were severely impacted by the COVID-19 pandemic, led to the new structure of periodic accreditation site visits for the more than 13,000 accredited residency and fellowship programs.

Previously, all programs with a status of Continued Accreditation and Continued Accreditation with Warning received a Self-Study date and a 10-Year Accreditation Site Visit date.

- Effective October 2023:
  - The ACGME discontinued 10-Year Accreditation Site Visits for programs.
  - The program self-study will continue to be a program requirement (V.C.2.) but it will ***no longer be linked to or reviewed during a site visit.***
- All program Self-Study and 10-Year Accreditation Site Visit dates in ADS were removed in the fall of 2023.

# NEW – Accreditation Site Visits

## Roll-Out Includes:

- Goal: Perform assurance site visits for 1-2% of programs on Continued Accreditation that have not had a site visit in more than 10 years.
- Selection algorithm under development for assurance site visits for programs on Continued Accreditation.
- Implementation timeline to start in 2024 in coordination with Accreditation Services for 1% of programs and ramp up to 2% in the future (*two dermatology core and one dermatopathology*).
- For 2025, the ACGME selected 200 programs with site visit target dates ranging from April to October 2025 (*two core and two dermatopathology programs were included*).
- Data on the outcomes of this new process will be collected and reported over time.



# **NEW** – Accreditation Site Visits

## **The Program Self-Study**

- The ACGME encourages programs to incorporate a self-study into the Annual Program Evaluation process and track ongoing progress and program improvements as outlined in the Common Program Requirements (V.C.2.).
- For questions regarding Graduate Medical Education Committee (GMEC) oversight (*Institutional Requirement I.B.4.a).(4)*) relating to the program self-study, contact Institutional Review Committee staff ([irc@acgme.org](mailto:irc@acgme.org)).

## **Questions and Resources**

- Questions can be directed to [accreditation@acgme.org](mailto:accreditation@acgme.org).
- Site Visit FAQs are located on the ACGME website.

#ACGME2025

2025 ACGME ANNUAL  
EDUCATIONAL CONFERENCE

MEANING  
in MEDICINE



# Claim your CME today!

## **Complete the Evaluation for CME or Certificate of Completion!**

The evaluation can be found in the mobile app and a link will be sent post-conference by email to attendees.

Evaluations are tied to your registered sessions.

Register/un-register sessions in the mobile app.

Deadline – March 14, 2025

Questions? [cme@acgme.org](mailto:cme@acgme.org)





# Questions?



# Thank you