Combined Dermatology-Internal Medicine Curricular Requirements

This document enumerates the **minimum** curricular requirements for combined ACGME-accredited programs in internal medicine and dermatology, as approved by the American Board of Dermatology (ABD), American Board of Internal Medicine (ABIM), American Osteopathic Board of Dermatology (AOBD), and American Osteopathic Board of Internal Medicine (AOBIM). This information was collated from the certifying boards on September 14, 2026 and will be updated as needed.

1. Total duration:
    a) 60 months (five years)

Dermatology curricular components must include the following:

2. 30 months of educational experience in dermatology:
    a) Inclusive of experiences in clinical dermatology, dermatologic surgery, dermatopathology, and pediatric dermatology as defined below
3. Clinical dermatology:
    a) 25 months, primarily in the care of dermatology outpatients but also including hospital-based dermatology consultations and inpatient rotations
    b) Must occur under the direction of ABD- or AOBD-certified dermatologists
4. Dermatologic surgery:
    a) Three months
    b) Must be under the direction of a dermatologic surgeon with qualifications judged acceptable to the Review Committee
5. Dermatopathology:
    a) Two months
    b) Must be under the supervision of a dermatopathologist with qualifications judged acceptable to the Review Committee
6. Pediatric dermatology:
    a) One month
    b) Must be under the supervision of a pediatric dermatologist with qualifications judged acceptable to the Review Committee
7. Didactic content must include basic sciences on which clinical dermatology is founded, including cutaneous pharmacology, molecular biology, genetics, immunology, epidemiology, and statistics

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Internal medicine curricular components must include the following:

8. 30 months of educational experience in internal medicine:
    a) 20 of these months must include direct responsibility for patients with illnesses in the domain of internal medicine, including geriatric medicine
    b) At least six months must occur during PGY-1

9. Six months of supervisory responsibility (indicate in block diagram)
10. Two months of care of patients with various illnesses in critical care:
    a) One month must occur during PGY-1-2
    b) One month must occur during PGY-3-4
11. Ambulatory medicine:
    a) 10 months
    b) Must include exposure to the internal medicine subspecialties* that take place in ambulatory settings, including geriatrics and neurology
12. Longitudinal, team-based general internal medicine continuity experience for the duration of the program (describe in block diagram notes)
13. Emergency medicine:
    a) Must include education and training in emergency medicine
    b) Must have first-contact responsibility for the diagnosis and management of adults, and must include direct participation in reaching decisions about admissions
14. Internal medicine subspecialty* experiences:
    a) Four months
    b) Must include experience as a consultant
    c) Significant exposure to infectious disease and outpatient rheumatology and endocrinology
15. Residents must be permitted to attend seminars and conferences in general dermatology, clinical pathological correlation, and dermatologic surgery

*For the purposes of this document, internal medicine subspecialties are cardiovascular disease; critical care medicine; endocrinology, diabetes, and metabolism; gastroenterology; hematology; infectious disease; medical oncology; nephrology; pulmonary disease; and rheumatology.

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