ACGME Program Requirements for Graduate Medical Education in Dermatology
Summary and Impact of Major Requirement Revisions

Requirement #: **Definition of Specialty**

Requirement Revision (significant change only):

~~*Accredited programs in dermatology provide educational and practical experiences that result in delivery of superior specialized care to patients with diseases of the skin, hair, nails, and mucous membranes.*~~

A dermatologist is an expert in the evaluation, diagnosis, treatment, and prevention of conditions affecting the skin, hair, and nails. Dermatologists are physicians with specialized medical, procedural, and pathology training who provide comprehensive, patient-centered care to patients broadly representative of the population served. They use shared decision-making to value and incorporate the perspective of patients and their caregivers and advocate for the needs of each patient.

Dermatologists are adaptable, intellectually curious, resourceful, and driven. They implement and pursue self-assessment, self-direction, and lifelong learning. They have excellent visual diagnostic skills, integrating physical examination findings and data from many sources. Dermatologists continuously expand their expertise in a changing health care environment, incorporating new and emerging evidence-based literature, technology, and diagnostic testing in daily patient care. They understand the effects of pollution and environmental change on the skin and implement strategies to reduce related health impacts.

Dermatologists communicate effectively to educate health care team members, patients, and patients' caregivers. They provide information appropriate for all learners, distribute relevant knowledge, and facilitate interdisciplinary collaboration. Dermatologists engage with patients in a culturally aware and compassionate manner, demonstrating empathy for all.

Dermatologists use medical diagnostics, therapies, and procedural modalities to provide expert care to patients of all ages with both common and complex cutaneous diseases. They use medications, biologic therapies, and other treatment modalities that modulate immune dysfunction. Dermatologists have expertise in genomics and its application to diagnosis and pharmacotherapy. Dermatologists are also skilled in procedural modalities, including incisional and reconstructive surgery, lasers and energy devices, and cosmetic and rehabilitative interventions. They implement skin tissue testing, including recognition and correlation of histopathologic findings and associated ancillary testing, including molecular techniques.

Dermatologists are the leaders in the training of future dermatologists. They also educate and provide consultations to other medical specialists and health team members. Dermatologists serve as advocates and educators for patients with cutaneous diseases and for those patients' caregivers. They are trained to provide comprehensive and compassionate care for their patients in a variety of settings, including inpatient, outpatient, and virtual. They

demonstrate professionalism and cultural awareness in shared decision-making with patients, patients' caregivers, colleagues, and the broader health care setting.

Dermatologists have expertise in leading and participating in multidisciplinary medical teams to promote optimal patient outcomes. They also have expertise in managing medical practices, including knowledge of system-based payment models, and incorporation of emerging technologies to increase efficiency, cost-effectiveness, and quality of care in practice. Dermatologists are trained to provide care in a range of practice settings and care models.

Dermatologists are innovators and leaders in the house of medicine. Dermatologists strive to be self-reflective and to demonstrate emotional intelligence in their interactions with patients, patients' caregivers, and colleagues. They maintain personal well-being to promote resilience and ensure optimal patient care; they serve as role models to promote the practice of well-being for their medical teammates. Dermatologists model professionalism and foster an environment of belonging, transparency, and collegiality.

1. Describe the Review Committee's rationale for this revision:
   Every 10 years, ACGME Review Committees are required to evaluate the applicable specialty-specific requirements for revision. The process used for this revision, which uses scenario-based strategic planning, requires a writing group (made up of Review Committee members and other stakeholders) and the specialty community to rigorously and creatively think about what the specialty will look like in the future prior to proposing any revisions, recognizing that the future is marked with significant uncertainty.

   Several themes emerged from the scenario planning efforts that provide insights into the dermatologists of the future and their practice. It is recognized that the dermatologist of the future will not achieve full mastery of all these competencies during residency alone, but residency must serve as the foundation for career-long professional development and adaptation to a changing health care system and community needs.

   This definition proposed here is therefore a much more comprehensive and inclusive definition of the specialty of dermatology. It captures six themes that emerged from the consolidation of the diverse strategies:
   1. **Expertise in the evaluation, diagnosis, treatment, and prevention of conditions affecting the skin, hair, and nails and serving as advocates for patient needs.**
   2. **Adaptability, intellectual curiosity, and resourcefulness in the pursuit of lifelong learning.**
   3. **Relationship-based communication.**
   4. **Technology integration in the provision of expert care to patients of all ages with both common and complex cutaneous diseases.**
   5. **Leadership in the training of future dermatologists and serving as educators/consultants to other medical specialists and health team members.**
   6. **Expertise in leading and participating in multidisciplinary medical teams to promote optimal patient outcomes.**

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?

As noted, the definition is a much more comprehensive and precise representation of the specialty of dermatology, the future of dermatology learners, and the commitment to improving the patient care these physicians deliver today and in their future independent practice.

3. How will the proposed requirement or revision impact continuity of patient care?
   Continuous patient care is a foundational piece of the specialty of dermatology as will be highlighted throughout this document.

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 #: 2.4.b.-d.

Requirement Revision (significant change only):

~~2.4.b. The appointed term of an interim director should not exceed six months.~~ ~~(Core)~~

~~2.4.c. If the temporary absence is eight weeks or longer, the Review Committee must be notified via ADS.~~ ~~(Core)~~

~~2.4.d. The interim director must be a full-time faculty member, with current certification by the American Board of Dermatology, or by the American Osteopathic Board of Dermatology, with at least three years of experience educating dermatology residents or fellows.~~ ~~(Core)~~

1. Describe the Review Committee's rationale for this revision:
   These are process-heavy and burdensome requirements. The responsibility of ensuring that qualified individuals are assigned to an accredited dermatology program resides with the Sponsoring Institution's designated institutional official (DIO), as the DIO must submit the name/request to the Review Committee for consideration.

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?
   N/A

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

Requirement #: 2.10.c

Requirement Revision (significant change only):

Physician faculty members directing resident education in pediatric dermatology should have advanced fellowship education in pediatric dermatology.

1. Describe the Review Committee's rationale for this revision:
   With the accreditation of pediatric dermatology as a fellowship in 2022, this inclusion aligns with the established requirements for faculty members overseeing key educational elements in dermatopathology, micrographic surgery, and dermatologic oncology.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   The Committee maintains that mandating advanced fellowship training in pediatric dermatology for leadership roles will enhance the program's capacity to deliver expert guidance, substantial experience, and exemplary role-modeling required for effectively mentoring learners in this field.

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?
   While the requirement may not necessitate additional resources, the institution may need to draw upon additional/different sources to recruit these candidates.

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

Requirement #: 2.11.b.

Requirement Revision (significant change only):

There should be a core faculty member-to-resident ratio of at least one-to-three, including the program director. (Core)

1. Describe the Review Committee's rationale for this revision:
   This provision enables programs to count their program director toward the required ratio, addressing previous confusion about whether additional core faculty members were needed beyond the program director.

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?
   N/A. This change assists programs, as the inclusion of the program director diminishes concerns about recruiting more core faculty members than required.

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

Requirement #: 3.3.a.1.

Requirement Revision (significant change only):

Prior to appointment in the program, residents must have successfully completed a broad-based clinical year (PGY-1) in an ~~emergency medicine, family medicine, general surgery,~~ internal medicine, ~~obstetrics and gynecology,~~ pediatrics, or transitional year program ~~accredited by the ACGME~~, or in an internal medicine, pediatrics, or transitional year ~~such a~~ program that satisfies the requirements in 3.3. (Core)

1. Describe the Review Committee's rationale for this revision:
   Since the last substantial revision nearly ten years ago, it has been uncommon for residents to enter dermatology programs from a PGY-1 in emergency medicine, family medicine, general surgery, or obstetrics and gynecology. These specialties are now excluded. **The Committee also acknowledges that learners from internal medicine, pediatrics, and transitional year programs PGY-1 programs are best equipped for success in dermatology training.**

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?
   N/A

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

Requirement #: 4.4.a.

Requirement Revision (significant change only):

~~4.4.a. Residents are expected to demonstrate the ability to manage patients in a variety of roles within a health system, with progressive responsibility, to include serving as the principal provider, continuity provider, the leader or member of a multi- disciplinary team of providers, a consultant to other physicians, and a teacher to the patient and other physicians.~~ ~~(Core)~~

1. Describe the Review Committee's rationale for this revision:

Although this content appears to have been deleted, it has been relocated to the more appropriate Definition of the Specialty (4.4.a.) section.

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?
   N/A

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

Requirement #: 4.4.c.

Requirement Revision (significant change only):

4.4.c. Residents must demonstrate competence in using appropriate serologic and ancillary testing modalities for diagnosis of common and complex cutaneous diseases. (Core)

1. Describe the Review Committee's rationale for this revision:
   This requirement ensures that the specialty remains current by equipping learners for experiences that have advanced since the previous version of the requirements and reflects the routine use of serologic and ancillary testing modalities within the field.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   Given that these are standard testing modalities within the specialty, it is essential that all accredited programs adequately prepare their learners.

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?
   Institutions are expected to possess the necessary resources, as these testing modalities have become widely recognized standards for diagnosing dermatologic diseases.

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

Requirement #: 4.5.a.-f.

Requirement Revision (significant change only):

~~4.5.a. Residents must demonstrate competence in skin biopsy techniques, including local anesthesia and regional blocks, destruction of benign and malignant tumors, excision of benign and malignant tumors, and closures of surgical defects using layered repairs, in patients of all ages, with attention to the chronologic and developmental age of the patient.~~ ~~(Core)~~

~~4.5.b. Residents must gain competence through direct clinical experiences in the application and interpretation of patch test procedures, and in counseling patients on the results.~~ ~~(Core)~~

~~4.5.c. Residents must demonstrate competence in collecting material for and interpreting in-office microscopic studies, including KOH, Tzanck smear, scabies prep, etc.~~ ~~(Core)~~

~~4.5.d. Residents must demonstrate competence in dermoscopic evaluation of skin lesions.~~ ~~(Core)~~

~~4.5.e. Residents must demonstrate competence in ordering and interpreting results of dermatology-relevant serologic testing.~~ ~~(Core)~~

~~4.5.f. Residents must demonstrate competence in the use of and indications/ contraindications for photomedicine, phototherapy, and topical/systemic pharmacologic therapies in all age groups, including infants and young children.~~ ~~(Core)~~

1. Describe the Review Committee's rationale for this revision:
   Although this language may appear to be removed, it has been incorporated into section 4.11., which is more appropriately designated as "Didactic and Clinical Experiences." 4.11. states that residents must be granted protected time to engage in core didactic activities, and section 4.11.h. outlines the components that must be included in the clinical experience.

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?
   N/A

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

Requirement #: 4.5.g.

Requirement Revision (significant change only):

4.5.g. Residents must evaluate and manage pediatric and adult patients with common and rare, atypical, or refractory dermatologic conditions. (Core)

1. Describe the Review Committee's rationale for this revision:
   This omission in the current requirements represents a crucial component of training residents for evaluating complex and challenging skin conditions across all patient age groups.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   Dermatologists must know how to manage the most difficult dermatologic conditions of their patient population.

3. How will the proposed requirement or revision impact continuity of patient care? **Patients with these conditions will have the ability to see the same dermatologist who is equipped to manage their resistant conditions and not have to be referred out.**

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?
   Institutions and programs will need to ensure that faculty members have the ability to train residents to manage these complicated patient issues.

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

Requirement #: 4.5.h.

Requirement Revision (significant change only):

4.5.h. Residents must demonstrate competence in performing a range of procedures in pediatric and adult patients using patient comfort strategies. (Core)

1. Describe the Review Committee's rationale for this revision: **It is necessary that dermatology residents be trained to utilize appropriate patient comfort strategies for the wide variety of procedures of the specialty across all ages of patients.**

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality? **Appropriate patient comfort strategies enhance the patient-physician relationship, emphasizing patient care and safety.**

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 #: 4.6.h.

Requirement Revision (significant change only):

4.6.h. Residents must demonstrate knowledge of the use and appropriate monitoring of complex medical therapies, both traditional and evolving, including but not limited to: immunosuppressants, biologics, Janus kinase inhibitors, checkpoint inhibitors, and targeted oncologic therapies. (Core)

1. Describe the Review Committee's rationale for this revision: **Dermatologists are the physicians who treat the broad spectrum of inflammatory, autoimmune, and neoplastic conditions of the skin. Thus, they must be well-versed in the appropriate use and monitoring of the ever-evolving armamentarium of dermatologist therapies.**

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality? **This requirement will ensure that dermatology residents receive adequate training in the use of these therapies. This will ensure that patients receive the most appropriate, safe, and effective treatment.**

3. How will the proposed requirement or revision impact continuity of patient care? **This will enhance the continuity of care experience given necessary monitoring and follow-up with these therapies.**

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? Institutions will need to ensure that faculty are competent to train residents in the use of these therapies.

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

Requirement #: 4.11.h.1.

Requirement Revision (significant change only):

4.11.h.1. [The clinical experience must include:] the application of clinical morphology and utilization of appropriate diagnostic testing modalities to treat common and complex dermatologic diseases in adults and children; (Core)

1. Describe the Review Committee's rationale for this revision: **This requirement is foundational to the training of dermatologists. Residents must be trained to apply clinical morphology and utilize appropriate diagnostic testing in order to treat the vast array of skin conditions in patients of all ages.**

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality? **This will enhance the diagnostic skills of dermatology residents, utilizing not only morphology but the many other evolving modalities. This ensures appropriate diagnosis and treatment, thus improving patient safety and care quality.**

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? **Institutions will need to have appropriate diagnostic testing available; in addition, faculty should be well-versed in teaching clinical morphology and appropriate use of these testing modalities.**

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

Requirement #: 4.6.a.-g. and 4.11.a.-g.

Requirement Revision (significant change only):

4.6. ACGME Competencies – Medical Knowledge
Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, including scientific inquiry, as well as the application of this knowledge to patient care. (Core)

4.6.a. Residents are required to demonstrate knowledge in the areas specified in section 4.11. (Core)

~~4.6.b. Residents must demonstrate competence in their knowledge of pathophysiology and diagnosis and management of complex medical dermatologic conditions in both adults and children. (Core)~~

~~4.6.c. Residents must demonstrate competence in their knowledge of risks and benefits of commonly used dermatologic therapies in infants and children compared to the risks and benefits of those therapies when used in adults. (Core)~~

~~4.6.d. Residents must demonstrate competence in the knowledge of diseases specific to pediatric patients, to include neonatal disorders, congenital neoplasms and hamartomas, cutaneous signs of child abuse, and cutaneous manifestations of inherited and sporadic multisystem diseases. (Core)~~

~~4.6.e. Residents must demonstrate knowledge of proper techniques for botulinum toxin injections, soft tissue augmentation, repairs of cutaneous surgical defects using flaps and grafts, and the use of light, laser, and other energy-based modalities for skin conditions. (Core)~~

~~4.6.f. Residents must demonstrate knowledge of indications and contraindications for, and complications and basic techniques of elective cosmetic dermatology procedures, to include chemical peels, dermabrasion, hair transplants, invasive vein therapies, liposuction, scar revision, and sclerotherapy. (Core)~~

~~4.6.f.1. Residents must have didactic instruction for these topics, but neither performance of these procedures nor direct observation is required. (Detail)~~

~~4.6.g. Residents must demonstrate competence in their knowledge of the interpretation of molecular diagnostic tests and direct immunofluorescence specimens. (Core)~~

~~4.11.a. A resident's time throughout each year of the program must be related to the direct care of outpatients and inpatients, to include clinical conferences and didactic lectures related to patient care, consultations, inpatient rounds, and other subspecialty rotations concerning dermatology.~~ ~~(Core)~~

~~4.11.b. The clinical experience must include:~~

~~4.11.b.1. consultations, inpatient rounds, dermatologic surgery, dermatopathology, pediatric dermatology, and other dermatology-related subspecialty experiences; and,~~ ~~(Core)~~

~~4.11.b.2. significant exposure to other procedures, either through direct observation or as an assistant in Mohs micrographic surgery, and reconstruction of these defects, to include flaps and grafts, and the application of a wide range of lasers and other energy sources.~~ ~~(Core)~~

~~4.11.c. Residents must have experiences in medical dermatology, procedural dermatology, dermatopathology, and pediatric dermatology, including:~~ ~~(Core)~~

~~4.11.c.1. 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)~~

~~4.11.c.2. medical dermatology encounters with patients having primary skin disease, to include immunobullous diseases, contact dermatitis, connective tissue diseases, congenital skin diseases, skin cancer, and infectious diseases, as well as medically-complicated patients displaying dermatologic manifestations of systemic disease or therapy;~~ ~~(Core)~~

~~4.11.c.3. pediatric dermatology encounters in diagnosing and managing infants and children with neonatal skin disorders, atopic dermatitis, psoriasis, blistering disorders, disorders of hair and nails, skin infections (fungal, bacterial, and viral), vascular tumors and malformations, congenital and acquired pigmented lesions and other hamartomas, cutaneous signs of child abuse, and cutaneous manifestations of multisystem diseases;~~ ~~(Core)~~

~~4.11.c.4. providing consultations for neonatal and pediatric inpatients;~~ ~~(Core)~~

~~4.11.c.5. exposure to procedures, either through direct observation or as an assistant at surgery, including Mohs surgery with encounters in micrographic surgery, and reconstruction of these defects, to include the use of flaps and grafts, the application of a wide range of lasers and other energy sources, botulinum toxin injections, and soft tissue procedural dermatology; and,~~ ~~(Core)~~

~~4.11.c.6. dermatopathology encounters with routinely stained histologic sections from the full spectrum of dermatologic disease.~~ ~~(Core)~~

~~4.11.c.6.a. A portion of this exposure must occur in an active faculty-run sign-out Clsetting and with the use of study sets.~~ ~~(Core)~~

~~4.11.d. 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)~~

~~4.11.e. There should be a well-organized course of instruction in the basic sciences related to medical dermatology, surgical and aesthetic dermatology, dermatopathology, and pediatric dermatology.~~ ~~(Core)~~

~~4.11.f. The curriculum should contain instruction dedicated to ethical behavior and professionalism aspects of medicine.~~ ~~(Core)~~

~~4.11.g. Didactic sessions should include lectures, conferences, seminars, demonstrations, clinical education rounds, book and journal reviews, patient case reviews, and histologic slide review.~~ ~~(Core)~~

~~4.11.g.1. 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)~~

~~4.11.g.2. Topics relating to cosmetic techniques, including liposuction, scar revision, laser resurfacing, hair transplants, and invasive vein therapies, must be included in didactic sessions.~~ ~~(Core)~~

~~4.11.g.3. Interpretation of direct immunofluorescence specimens must be included in didactic sessions.~~ ~~(Core)~~

1. Describe the Review Committee's rationale for this revision:
   The content indicated as removed has instead been *relocated* to more relevant sections within 4.11. Didactic and Clinical Experiences, which states that residents are required to be allotted protected time for participation in core didactic activities. Specifically, sections 4.11.h. ("The Clinical Experience Must Include") and 4.11.k. ("Resident education must include instruction in:") now contain this language.

   A new version of 4.6. has been proposed, specifically identifying the sections that have been relocated.

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? **N/A**

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