Dermatology RRC Overview and Update

Nicole Owens, Chair
Eileen Anthony, Executive Director
Dermatology RRC Members

- Nicole M. Owens, MD (Chair)
- Amy Paller, MD (Vice-Chair)
- Katherine Bao-Shian Lee, MD (Resident)
- Antoinette Hood, MD (ABD Ex-Officio)
- Ron Moy, MD
- James W. Patterson, MD
- Mary Stone, MD
- R. Stan Taylor MD (Former Chair)
- Col. George W. Turiansky, MD
- John Zitelli, MD
Membership

- 4 Appointed by the AMA (CME)
- 4 Appointed by the ABD
- 1 Resident
- 1 Ex-officio from ABD (no vote)
- 6 year terms
- Chair serves for three years
- Vice chair for maximum of two
Current Members

• 3 Mohs Surgeons
• 2 Dermatopathologists
• 2 General Dermatologists
• 1 Pediatric Dermatologist
• All current or prior PDs
• Geographically represent Texas, Indiana, Iowa, Illinois, Maryland, Virginia, California and New Jersey
• 2 positions open in July 2013
Tasks of the Dermatology RRC

• Evaluation of training programs for compliance with ACGME standards
• Update program requirements every 5 years
• Comply with oversight requirements of the ACGME
  • 5 year review by ACGME Monitoring Committee

• Represent the community of derm educators to the ACGME
• Address areas of need and work with Program Directors
• Identify outstanding accomplishments and “notable practices”
• Attempt to simplify the RRC oversight of programs process
Dermatology RRC ACGME Staff

- Eileen Anthony, MJ --Executive Director
- Sandra Benitez--Senior Accreditation Administrator *(effective 10.1.12)*
- Gloria Rouse--Accreditation Assistant
- ADS Support --Jenna Walls
## Number of Programs and Residents

<table>
<thead>
<tr>
<th></th>
<th># of PROGRAMS</th>
<th># of TRAINEES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dermatology</td>
<td>114</td>
<td>1174</td>
</tr>
<tr>
<td>Dermatopathology</td>
<td>54</td>
<td>91</td>
</tr>
<tr>
<td>Procedural Dermatology</td>
<td>44</td>
<td>45</td>
</tr>
</tbody>
</table>
Accreditation Cycle
(New Core Programs)

- Application submitted and reviewed by 2 RRC members (no on-site visit for fellowship apps)
- Presented and discussed by entire RRC
- Email (accreditation action only) within 5 days
- Letter of Notification (details) within four weeks

- Accreditation granted for 1, 2 or 3 years or
- Withhold (proposed) accreditation
Accreditation Cycle (Existing Programs)

- PIF submission
- Site visit to verify/clarify information
- 2 RRC members assigned to review program
  - PIF
  - Site visitor report
  - Case log data
  - Resident/fellow survey
- Presented to and discussed by RRC
- Accreditation decision by committee
Program Accreditation

- Programs are reviewed based upon substantial compliance with program requirements
- Single sponsor programs must also comply with institutional requirements
- If found noncompliant, a citation is issued
- Suggestions/concerns may be presented but not binding/held to compliance at time of next review
- Progress report may be requested
- Commendations may also be presented
Reaccreditation Options

- 1-5 year accreditation +/- progress report
- Probation (proposed first with rebuttal option)
- Expedited Withdrawal of accreditation (catastrophic loss of resources, threats to patient safety, resident safety/well being, etc.)
- If less than 2 years, program receives warning that accreditation may be at risk
The Progress Report (if requested)

- Articulate Program’s response to citation(s)
- Provide requested documentation or evidence of compliance
- Report approved by the institution’s GMEC, signed by DIO, sent in by due date
- Can change cycle interval if report unacceptable (or lengthen if appropriate)
- Citations do not go away
- RRC may perform interim review of operative logs
Program Requirements

- Core Dermatology Requirement Revisions in committee
- Procedural Dermatology Requirements (2010)
- Dermatopathology Requirements (2011)

- Posted on the website
- Revisions scheduled every 10 years with NAS
- May revise procedural derm/dermpath early 2013 due to Next Accreditation System
Accessing the Program Requirements

- Go to ACGME website
- Click Program and Institutional Guidelines (top left)
- Click Dermatology tab
- Click Program Requirements (currently in effect)
- Choose Core or Fellowship PRs from list

Questions? Contact Eileen Anthony (now) or Sandra Benitez (after October 1st, 2012)
Dermatology

- Call for Resident Nominations
- Dermatology Case Logs
- Procedural Dermatology Case Logs
- Most Frequent Citations for Dermatology, Procedural Dermatology, and Dermatopathology
- Memo: Mohs College Case Logs
- Resident Complement

Program Requirements

- Currently in Effect
  - Dermatology: 7/2007
  - Dermatopathology: 7/1/2011
  - Procedural Dermatology (minor revision 08/17/2010): 7/1/2010
- Approved but not in Effect

PIFs

- New Application
- Continued Accreditation

Common Resources

- ACGME Glossary of Terms
- Institutional Requirements
- Common Program Requirements
- One-Year Common Program Requirements
- Program Director Guide to the Common Program Requirements
- Program Directors' "Virtual Handbook"
- Apply for Accreditation in Eight Easy Steps
- Appointment Process for ACGME Review Committee Members
Case Log Data

- RRC has struggled with how to use data
- Data compared to program requirements
- Citations issued if noncompliance seen
- Large number of citations given in 2010-2011 due to deficiencies in noncore procedures (laser, sclerotherapy, botox, soft tissue augmentation)
- Adjusted how we use the data for this year
### Important Changes Regarding use of the ACGME Case Log System to Evaluate Dermatology Residency Programs
**(effective July 1, 2012)**
Review Committee for Dermatology
ACGME

A residency program will be out of compliance and a citation will be generated if, in any two out of three years, the average for more than any two Level 1 index procedures or any six Level 2 index procedures falls below two standard deviations of the national mean. Residency programs will still be required to teach residents competency in biopsy techniques, destruction techniques, vascular lasers, excision with simple, and intermediate and complex repair techniques, including flaps and grafts (Program Requirement IV.A.6.a),(Q). Use of Case Log data in this fashion will give residency programs the flexibility to collect which cosmetic procedures they provide their residents (Program Requirement IV.A.5.a),(3),(b) and(c).

**Table: Index procedures for dermatology residents grouped by Category and divided into three levels of educational experience**

<table>
<thead>
<tr>
<th>Resident Level 1: Perform</th>
<th>Resident Case Log Index Procedures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residents should achieve competency in these procedures that require they act as Resident Surgeon and Assistant.</td>
<td>Vascular Lesion Laser</td>
</tr>
<tr>
<td>Goal: didactics in all; &lt;2 procedures &lt;2SD below national mean for Resident Surgeon and Assistant.</td>
<td>Excision – Benign Lesion</td>
</tr>
<tr>
<td></td>
<td>Excision – Malignant Lesion</td>
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<tr>
<td></td>
<td>Repair (Closure) – Simple/Intermediate/Complex</td>
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<tr>
<td></td>
<td>Flaps</td>
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<td></td>
<td>Grafts (Split or Full)</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Resident Level 2: Observe</th>
<th>Resident Case Log Index Procedures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residents should have significant exposure to these procedures through direct observation or as Assistant.</td>
<td>Mohs Micrographic Surgery</td>
</tr>
<tr>
<td>Goal: didactics for all; &lt;6 procedures &lt;2 SD below national mean for Assistant.</td>
<td>Hair Removal Laser</td>
</tr>
<tr>
<td></td>
<td>Pigmented Lesion Laser</td>
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<tr>
<td></td>
<td>Laser (Ablation, Resurfacing)</td>
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<tr>
<td></td>
<td>Non-ablative Rejuvenation</td>
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<td></td>
<td>Intense pulsed light</td>
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<td></td>
<td>Botulinum Toxin Chemodenervation</td>
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<tr>
<td></td>
<td>Soft Tissue Augmentation/Skin fillers</td>
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<td></td>
<td>Chemical Peels: Superficial - Epi</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Resident Level 3: Didactic Education</th>
<th>Resident Case Log Index Procedures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty members must provide education in these and other cosmetic techniques but residents need not perform nor observe.</td>
<td>Tumescent Liposuction</td>
</tr>
<tr>
<td>Goal: didactics in all.</td>
<td>Scar Revision (Acne Scar)</td>
</tr>
<tr>
<td></td>
<td>Dermabrasion</td>
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<tr>
<td></td>
<td>Ambulatory Phlebectomy/Vein Surgery</td>
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<tr>
<td></td>
<td>Nail Procedures</td>
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<tr>
<td></td>
<td>Hair Transplantation</td>
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<tr>
<td></td>
<td>Rhinophyma Correction</td>
</tr>
<tr>
<td></td>
<td>Lip Excision/Wedge/Vermiloplasty</td>
</tr>
<tr>
<td></td>
<td>Miscellaneous</td>
</tr>
</tbody>
</table>
Case Log Data

- Current system may not ensure competence or “significant exposure” given 2 SDs below the mean can equate to “0”
- Immediate goal is to define “core”/ essential procedures
- Minimums for core procedures under NAS
Case Log Reports

- PDs can access national, program and resident/fellow case log reports
- Log into Case Log using PD log-in
- Click on national reports
**DERMATOLOGY: NATIONAL RESIDENT REPORT (Defined Categories - Main Table)**

**Reporting Period:** Total Experience of Residents Completing Programs in 2010-2011

**Residency Review Committee for Dermatology**

**Report Date:** August 22, 2011

<table>
<thead>
<tr>
<th>Category</th>
<th>RRC Procedure</th>
<th>Number of Programs in the Nation: 109</th>
<th>Number of Residents in the Nation: 375</th>
</tr>
</thead>
<tbody>
<tr>
<td>Category 1</td>
<td>Excision - Benign Lesion</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Excision - Malignant Lesion</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Nail Procedures</td>
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<tr>
<td></td>
<td>Flap</td>
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</tr>
<tr>
<td>Category 2</td>
<td>Mohs Micrographic Surgery</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mohs Micrographic Surgery (Complex/Large)</td>
<td></td>
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<tr>
<td></td>
<td>Laser Procedures (Including Intense Pulsed Light)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Category 3</td>
<td>Ambulatory Phlebectomy/Varicose Surgery</td>
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<tr>
<td></td>
<td>Sclerotherapy</td>
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<td></td>
<td>Tumescent Liposuction</td>
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<tr>
<td></td>
<td>Resurfacing Techniques (Including Laser Dermabrasion, Chemical Peel,</td>
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<tr>
<td></td>
<td>Hair Transplantation</td>
<td></td>
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<td>Soft Tissue Augmentation/Skin Fillers</td>
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<td></td>
<td>Scar Revision (Acne Scar/Procedure Not Listed)</td>
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<tr>
<td></td>
<td>Botox/Toxin Chemodenervation</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Other (Excluding Skin Biopsies and Skin Destruction of Benign and Malignant)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>TOTAL - All Categories</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>TOTAL - Misc. (Includes Skin Biopsies and Skin Destruction of Benign and Malignant)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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Accreditation is accomplished through a peer review process and is based upon established standards and guidelines.

Announcements

- The Accreditation Data System (ADS) public site will be unavailable from September 9th – September 17th.
- Welcome to the new ACGME website! The goal of the new website design is to make the site easier to navigate and to furnish up-to-date information in real time. Questions or comments about the new website should be directed to: webfeedback@acgme.org

Quick Links

- Residents
- PD/Coordinators
- DIO's
- Resident Services
- Resident Survey
- Duty Hours
- Complaints
- GME Focus
Resident Case Log System

Access to the Resident Case Logs System is secured by an encryption certificate obtained through the Verisign Corporation. We use 128-bit SSL encryption to help ensure the secure transfer of information. If you are using a less secure encryption level you may experience difficulty and should upgrade.

The data you provide us will be used by ACGME for accreditation, will be maintained confidentially, and will not be distributed for commercial use.

Summary data and other information about programs, institutions, resident physicians or resident

Quick Links
- Accreditation Data System
- Resident Fellow Survey
- Resident Case Log System
- Competency Evaluation System
- Accredited Programs and Sponsor Search
- Application Support
- Browser Compatibility

ACGME Resources
Welcome to Resident Case Logs

As the ACGME works to become more responsive in its provision of timely and complete data, there will be an increasing focus on annual data collection and outcomes. To accommodate these data needs, the ACGME has designed a new integrated data system that optimizes the user experience. At this time, our system deployment is scheduled to begin on September 5th at 12am CDT. All systems (ADS, Case Logs, and Survey) will be unavailable until September 17 at 7am CDT. During this timeframe there will be no access to our data collection systems.

For programs with site visits between (September 9 and October 5): Your assigned field representative will contact you with a plan for the date of PIT/IRD submissions. Please note that if you are early in the downtime window, you may be asked to submit your PIT/IRD early so it can be sent to the field representative before the start of the downtime. If your site visit is scheduled soon after the downtime window, your field representative may agree to a late submission of the PIT/IRD to allow it to be completed after the downtime. Your field representative will contact you in the next few days.

Please contact your field representative or Jane Shapiro in the Department of Field Activities (312-755-5045 or jshapiro@acgme.org) about an upcoming site visit or WebADS@acgme.org with system related questions.

The Accreditation Council for Graduate Medical Education (ACGME) is responsible for the accreditation of post-MD medical training programs. Accreditation is accomplished through a peer review process and is based upon established standards and guidelines.

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National Level Report
Program Level Report
Fellow Level Report
Other Helpful Resources

- FAQs
- Assessment tools
  - Under notable practices—left hand side of Derm page
  - Optional to use
  - Direct observation, surgical assessment tool, Multisource feedback forms, Competency RX
ADS
(Site for Mandatory Reporting)

- All participating site changes (addition or deletion)
- Requests for permanent or temporary increases in resident complement
- Program director changes
- Voluntary withdrawal requests
Common Program Deficiencies

PIF completion accuracy

Requirement: The PD must prepare an accurate statistical and narrative description of the program

- Omission of information
- Not following directions (please call/e-mail if questions)
- Errors, contradictory data
- Not answering the question
- No signature by DIO

All official communication (e.g., progress reports, rebuttals to proposed adverse actions) must be signed by DIO
Common Program Deficiencies
Core Dermatology

- Evaluation of Residents
- Responsibilities of the Program Director
- Educational Experience
- Evaluation of Program
- Goals and Objectives
- Institutional Support
Common Program Deficiencies
Procedural Dermatology

- Institutional Support
- Responsibilities of the Program Director
- Curricular Development
- Goals and Objectives
- Evaluation of Program
- Evaluation of Fellow
Common Program Deficiencies
Dermatopathology

- Evaluation of fellows
- Curricular Development
- Evaluation of Program
- Educational Program—Didactics
- Responsibilities of Program Director
Recommendations

- Do not rely on your program coordinator or fellow to complete PIF
- Review the final draft before sending to the RRC
- Ensure evaluations (fellow, faculty and program) are documented
- Ensure that curriculum and educational content covers all required areas
What’s New or Upcoming

- Dermatopathology Curriculum Organization (2011)
- Case Log Review/Implementation (2012)
- ACGME Mandated Eligibility Criteria
- Program Requirement Revisions
  - Core Dermatology
  - Procedural Dermatology
- Name Change for Procedural Dermatology Fellowship?
- Next Accreditation System
Dermatopathology Curriculum

- Dermpath exposure throughout entire fellowship year

- 8 months of the year:
  - 50% of each day averaged over one week
    - Pathology training for dermatology trained fellows
    - Clinical dermatology for pathology trained fellows

- 4 months of 100% dermpath
The Next Accreditation System

- Realize the goal of outcomes based evaluation
- Free up good programs from detailed processes
- Allow for innovation
- Assist programs in need
- Base accreditation on outcomes
  - Outcomes to be defined by RRC
- Phase II programs (Derm.) to launch 2014
The Next Accreditation System

- Continuous Accreditation Model
  Based on annual data submitted, other data requested, program trends
- Scheduled Site Visits replaced by 10 year Self-Study Visit
- Institutional Visits every 18 months
- Standards revised every 10 years

Standards organized by
- Structure
- Resources
- Core Processes
- Detailed Processes
- Outcomes
Annual Data Collected and Reviewed
(Focus on Existing)

1. Annual ADS Update - Streamlined
   1. Program Attrition
   2. Program Characteristics – Structure and Resources
   3. Scholarly Activity
2. Board Pass Rate – Rolling Rates
3. Clinical Experience
4. Resident Survey
5. Faculty Survey – Core Faculty
   1. Milestones
   2. Clinical Competency Committees
7. Sponsor Site Visit (CLER) TBD-total picture

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Dermatology Timeline

NAS Transition

Dermatology - Phase II

May 2012

- Core PRs are prepared for the 45-day public review and comment period.

Core PRs – back in review process queue.

October 2012

- Core PRs are prepared.

- January/February 2013

- RRC prepares final draft of core PRs during meeting for public review and comment.

December 2012

- Dermatology (core) Milestones draft finalized.

January 2013

- Letters to all Dermatology (core) programs with estimated "Self-Study" dates. ( Fellowships will receive same date as core.)

February 2013

- NAS BEGINS.

- "1-year hiatus on site visits."

- RRC's begin process of establishing NAS data thresholds.

June 2013

- Core PRs go to ACGME Committee on Requirements for review/approval.

- Effective date of July 1, 2014

July 2013

- RRC begins to determine “thresholds” for annual data collection review.

September 2015

- After first Self-Study, programs begin 10-year “reaccreditation” process. New Applications and programs with a current cycle of ≤3 years will undergo traditional site visit/RRC review process.
Program Requirement Revisions

- Core Dermatology Fall 2013
- Procedural Dermatology scheduled 2015
  - Likely 2013 due to next accreditation system
- Requirements will determine outcomes/data to be gathered
- Requirements will be divided into outcomes, core processes and detailed processes
- Detailed processes examined for new and troubled programs only
Making Case Log Data Public

- Outside forces pushing for transparency
- Publication of data likely in future
- MUST have accurate data, all procedures logged
- Case log data may be used by public and/or other specialties
- Objections to publication may be overruled by outside entities
Questions?