Frequently Asked Questions: Micrographic Surgery and Dermatologic Oncology
Review Committee for Dermatology
ACGME

Oversight	
Is there a specific organization that the Review Committee considers acceptable to fulfill the requirement for an organization to review and approve frozen section slides for Mohs micrographic surgery? *[Program Requirement: 1.7.b.]*	The American College of Mohs Surgery (ACMS) is a qualified external organization that could fulfill this requirement. If utilizing an equivalent academic medical center's Quality Assessment and Control program, there must be evidence of peer-review. Additionally, the following must be included in the evaluation (taken from the ACMS process and considered "acceptable" by the Review Committee for demonstration of compliance): 1) The peer reviewer should be a physician with experience reading Mohs frozen sections and interpreting maps, and preferably a fellowship-trained Mohs surgeon. 2) The reviewer should document slide quality, including: a. appropriate tissue thickness b. quality of staining c. completeness of epidermal edge d. completeness of processing without holes e. quality of cutting fat f. lack of artifact 3) The reviewer should interpret the accuracy of diagnostic pathology. 4) The reviewer should interpret the accuracy of mapping positive slides. 5) The reviewer should interpret the accuracy of interpretation of positive and negative slides.
Personnel	
What does ongoing clinical practice in micrographic surgery and dermatologic oncology entail? *[Program Requirement: 2.4.e.]*	The expectation is that the program directors continue to be the primary surgeon in at least some dermatologic surgical and Mohs cases while overseeing a micrographic surgery and dermatologic oncology program.

Educational Program	
When should referral to different specialists be considered? *[Program Requirements: 4.4.a. and 4.6.d.]*	The Review Committee considers the following as potential (not absolute) examples of when to refer: • for patients who prefer care by another specialist or who desire reconstruction in an alternative setting (general anesthesia, operating room) • for patients with complex defects, especially those expected to involve underlying critical vascular, boney, or cartilaginous structures (e.g., facial nerve great vessels, parotid gland, globe of eye) • for patients who are medically complex and who may have difficulty tolerating prolonged surgery in the Mohs/dermatology setting • for patients who have defects in anatomic areas that would be difficult to revise by the Mohs surgeon if the surgical outcome is unfavorable • for patients with advanced-stage cutaneous malignancies that require multispecialty care for optimal outcome
Must a fellow have physical interactions (e.g., be present at the same site) with medical and radiation oncology, or will telephonic interaction (e.g., communicating by phone) satisfy the requirements regarding fellow experience with these specialties? *[Program Requirements: 4.11.h. and 4.11.j.]*	The Committee has determined that phone conversations with specialists are, at times, important and facilitate timely and effective care for patients, but alone are insufficient to meet these requirements. Likewise, participating in a distant multidisciplinary tumor board conference where patients familiar to the fellow are never discussed also would fail to meet the spirit of the requirements. The best example of compliance would involve fellows participating in a multidisciplinary tumor board conference that included radiation, medical, and surgical oncologists, among other specialists listed in the requirements, with opportunities to dialogue with those specialists about the care of cutaneous oncology patients familiar to the fellow. While in-person discussions would be preferred, the Committee acknowledges that when major disruptions occur, such as during the COVID-19 pandemic, face-to-face interactions may be impacted, and many conferences may need to occur through virtual means. In cases where conferences do not represent all listed subspecialists in the requirements, it is the responsibility of the program director to fill any gaps and be prepared to describe and justify this plan. It is also the responsibility of the program director to ensure that fellows work with sufficiently complex patients who need multidisciplinary care. The Committee understands that the logistics of how a fellow interacts with other specialists will vary, and notes that it is important for participation of the fellows in multidisciplinary cutaneous oncology clinics, multidisciplinary conferences, electronic messaging, letters, phone calls, or other interactions with the care team in the course of care coordination and decision-making.