

Frequently Asked Questions: Dermatopathology

Review Committees for Dermatology and Pathology ACGME

Question	Answer
Participating Sites	
Will the Review Committees consider exceptions to the requirement that the Sponsoring Institution also sponsor both an ACGME-accredited dermatology program and either an anatomic pathology or an anatomic and clinical pathology program, and if so, what justification is acceptable to ensure that fellows have access to resources that would be present with an accredited pathology program? <i>[Program Requirement: 1.2.a.]</i>	The Review Committees will only consider such an exception in extraordinary circumstances, and such a determination would be made by the Review Committees only upon request. The circumstances for a request would be considered on a case-by-case basis, such as if a long-standing accredited program is sponsored by an institution from which one of the required residency programs voluntarily withdraws its accreditation. The requirement is intended to ensure that dermatopathology fellows have a depth and breadth of experiences in both dermatology and pathology, provided through accredited specialty programs as defined in the Requirements. Some examples that might be considered for exception include evidence of an environment of inquiry role-modeled by faculty members in both specialties, research opportunities across specialties, clinical role-models among faculty members across specialties, or educational conferences that encompass topics across both specialties.
Educational Program	

How does the Review Committee define “direct inspection” in reference to diagnosing skin disorders, and in what contexts does the Review Committee expect fellows will acquire this experience? <i>[Program Requirements: 4.4.b.; 4.11.a.2.]</i>	“Direct inspection” refers to the assessment of primary and secondary skin lesions and their distribution on the body surface, resulting in the generation of a reasonable differential diagnosis and a determination of the most likely clinical diagnosis. <i>Fellows who are dermatologists should already have acquired this skill.</i> Fellows who are pathologists will have these same experiences but will spend 50 percent of eight months of their 12-month fellowship primarily examining patients in person in a dermatology clinic setting. However, it is recognized that a component of the clinical dermatology setting may include telehealth experiences and that other intensive patient discussions through routes such as dermatology departmental grand rounds, tumor boards, and clinical and pathologic correlation conferences, may assist in meeting this requirement. Some of the direct inspection of lesions may also be enhanced by techniques such as dermoscopy and Wood's light examination.
--	---

Question	Answer
How can fellows who completed a residency in pathology meet the requirement to devote 50 percent of eight-months to education in clinical dermatology? <i>[Program Requirement: 4.11.a.2.]</i>	Programs have flexibility in designing their fellows' schedules. For instance, a program could alternate entire weeks or blocks on dermatology and dermatopathology with an emphasis on follow-up of cases. While time providing direct patient care, including dermatology clinic (in-person/telehealth), will represent the majority of this time, additional experiences that satisfy this requirement may include dermatology didactics and other intensive patient discussions through routes such as dermatology departmental grand rounds and clinical and pathologic correlation conferences.
How can fellows who completed a residency in pathology meet the 500-patient requirement, and what does are the expectations regarding examining a dermatology patient? <i>[Program Requirement: 4.11.a.2.a.]</i>	The number of required dermatology patients was reduced to allow fellows to focus on those adult and pediatric dermatology patient experiences with the highest educational value (which may not be as readily available, or which may require more time for the fellow to examine). Examination of a dermatology patient includes reviewing the clinical morphology, in conjunction with or under the guidance of a dermatology faculty member, which could include in-person or telemedicine encounters and other intensive patient discussions such as dermatology departmental grand rounds and clinical pathologic correlation that occur in other settings.

How can fellows who completed a residency in dermatology meet the requirement for 500 surgical pathology specimens, and what qualifies as examining a surgical pathology specimen? <i>[Program Requirement: 4.11.a.3.a.]</i>	The number of required surgical pathology specimens was reduced to allow fellows to focus on specimens with the highest educational value (which may not be as readily available, or which may require more time to review). Any surgical pathology specimen meets the numeric requirement, but the Review Committees expect programs to prioritize exposure to specimens with the greatest relevance to dermatopathology, including hematopathology, soft tissue pathology, head and neck pathology, vulvar pathology, ocular pathology, oral pathology, and sentinel lymph node pathology. Fellow examination of a surgical pathology specimen includes reviewing the relevant histopathologic features, in conjunction with or under the guidance of a pathology faculty member, which could include intensive patient discussions such as tumor board.
How can fellows who completed a residency in dermatology meet the requirement to devote 50 percent of eight months to anatomic pathology education? <i>[Program Requirement: 4.11.a.3.]</i>	Programs have flexibility in designing their fellows' schedules. For instance, a program could alternate entire weeks or blocks on dermatopathology and pathology with an emphasis on follow-up of cases. While time providing direct patient care reviewing histopathology should represent the majority of this time, additional experiences that satisfy this requirement may include pathology didactics, grossing, multidisciplinary tumor boards, quality assurance conferences, molecular pathology, and laboratory management.
The Learning and Working Environment	
Who is qualified to supervise fellows in patient care activities? <i>[Program Requirement: 6.6..]</i>	In the clinic setting, where fellows see patients, and in pathology or dermatopathology, where fellows work up and sign out biopsies or excisions, there must be a qualified attending staff physician who reviews and signs off on a fellow's diagnosis and treatment plan or pathology report. Since graded responsibility over the fellowship year is documented, the attending physician may exercise indirect and/or possibly oversight supervision.