Basic Standards for Fellowship Training in Mohs Micrographic Surgery

American Osteopathic Association
and
American Osteopathic College of Dermatologists

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SECTION I – INTRODUCTION
These are the Basic Standards for Fellowship Training in Mohs Micrographic Surgery (MMS) as established by the American Osteopathic College of Dermatology (AOCD) and approved by the American Osteopathic Association (AOA). These standards are designed to provide the osteopathic fellow with advanced and concentrated training in MMS and to prepare the fellow for examination for certification in MMS by the American Osteopathic Board of Dermatology (AOBD).

SECTION II – MISSION
The mission of the osteopathic MMS training program is to provide fellows with comprehensive structured cognitive and clinical education that will enable them to become competent, proficient and professional osteopathic Mohs Micrographic surgeons/dermatologic surgeons.

SECTION III – EDUCATIONAL PROGRAM GOALS
The objectives of a fellowship training program in MMS are to allow the MMS fellow to evolve into a knowledgeable and skillful Mohs Micrographic surgeon/dermatologic surgeon who has an understanding of cutaneous oncology and a thorough knowledge of the indications and methods of treatment of cutaneous malignancy and expertise in surgical technique and laboratory procedures by:
A. Providing learning experiences based on measurable objectives for the education of a fellow during a one-year MMS fellowship program:
B. Providing training which integrates the seven core competencies of osteopathic medicine.

SECTION IV – INSTITUTIONAL REQUIREMENTS
A. The institution shall be affiliated with an existing dermatology training program. This requirement may be met by the trainer participating in the dermatologic education of medical students or dermatologic residents.
B. An affiliated department of pathology must be available in the local vicinity of the institution with capability for both teaching of pertinent dermatopathologic findings and integration of clinical manifestations with gross and microscopic pathology, especially in cases relating to dermatologic surgery.
C. The institution must have a trained and competent Mohs Micrographic surgeon to serve as the program director. All procedures included in the training program must be taught and supervised by physician faculty who has training, expertise and clinical experience in performing the procedure(s).
D. The institution shall have a fully equipped MMS laboratory, registered in compliance with the federal Clinical Laboratory Improvement Act (CLIA), staffed by a Mohs histotechnician, and located within the training site.

SECTION V – PROGRAM REQUIREMENTS AND CONTENT
A. The fellowship program in MMS shall be for a minimum of 12 continuous months.
B. The fellowship program shall provide didactic and clinical training in MMS and associated wound management procedures including:
   1. secondary intention healing and primary closure
   2. adjacent tissue transfer procedures and skin grafting procedures.
C. In addition, the program shall also include training in the following areas:
   1. surgical anatomy of the head and neck and other pertinent areas of regional anatomy as approved by the program director
   2. dermatopathology
   3. development and maintenance of a MMS laboratory
   4. patient selection

D. The program must allow the fellow to actively participate in a minimum of 400 cases of MMS during the training program. The fellow must perform as the primary Mohs Micrographic surgeon in a minimum of 100 cases of MMS.

SECTION VI – PROGRAM DIRECTOR/FACULTY

A. The program director must be certified in dermatology by the AOA through the AOBD, must hold a current Certificate of Added Qualification in Mohs Surgery through the AOBD, and must be a member in good standing with the AOCD.

2. Alternatively, the program director may have completed a minimum 1 year fellowship under the auspices of the American College of Mohs Surgery or a 1 year procedural dermatology fellowship in an ACGME approved procedural dermatology program and hold a clinical faculty appointment within an AOA approved dermatology residency through the involved OPTI. A program director under this option shall be responsible for the teaching and clinical aspects of the fellowship under the administrative oversight of the dermatology residency director in the program which he or she has the clinical appointment as above. The Mohs training site must be no more than a four hour roundtrip by vehicle to the overseeing dermatology program.

B. The program director must have been in fulltime practice in dermatology and dermatologic surgery for at least five years after completion of his/her training in dermatology as approved by the AOA and the AOCD.

C. The program director must have completed a minimum of 2,500 cases of MMS in which they served as the primary surgeon and must actively participate in a minimum of 300 MMS cases per year.

D. The program director must possess a valid state medical license and have met continuing medical education requirements.

E. The program director shall monitor the progress of the fellow(s) and provide written feedback on a quarterly basis to assure that educational expectations and performance goals are achieved.

F. The program director shall submit annual reports to the AOCD regarding the training program and performance of the fellow(s).

SECTION VII – FELLOW REQUIREMENTS

A. Applicants for fellowship training in MMS must:

1. Have satisfactorily completed a three-year dermatology training program approved by the AOA and the AOCD. The applicant must be board eligible or board certified in dermatology by the AOA and the AOBD.
2. Be a member in good standing of the AOCD.

B. During the fellowship training program, the fellow(s) shall:

1. Maintain a surgical log of all MMS cases that he/she participated in. The log must clearly indicate which cases were completed by the fellow as primary surgeon under the supervision of the attending Mohs Micrographic Surgeon
   a. The log shall also include the surgical case number (or other method of confidential patient/chart identification).
   b. The date
   c. The diagnosis
   d. The preoperative lesion size
   e. The postoperative wound size
   f. The number of MMS stages and tissue sections per stage and the method of wound management.

2. The cases will be categorized according to complexity. To be classified as a complex case, the case must meet at least one of the following criteria:
   a. Histopathologically aggressive tumors.
   b. Large tumors, covering at least an entire cosmetic unit, or scalp tumors of greater than 5cm in diameter.
   c. Tumors arising at a difficult anatomic site, e.g., external auditory canal, perianal, intranasal, nailbed, medial canthus.
   d. Complex histopathologic interpretation. (Include cases other than basal-cell carcinoma and squamous-cell carcinoma.)
   e. Tumors involving bone.
   f. Tumors requiring more than four stages.
   g. Multiple recurrent tumors or tumor recurrence after prior radiation therapy.
   h. Surgeries requiring expertise/involvement of surgical colleague in another discipline.
   i. Patient with extremely complex medical problems requiring special intraoperative management.

3. **Reconstructive Surgery:** The trainee will be taught principles of tissue movement and will be thoroughly educated in wound management and reconstructive surgical procedures used to repair wounds that result after all microscopic tumor foci have been removed by MMS. This includes secondary intention healing, primary closure, adjacent tissue transfer procedures (i.e. skin flaps), and skin grafting procedures (i.e. full thickness, split, composite).

4. The trainee will participate in at least 75% of all cases of reconstructive surgery performed on patients that have undergone MMS and subsequently undergo reconstructive surgery by the attending Mohs micrographic surgeon. This applies only to cases of MMS in which the trainee has actively participated.
5. The trainee should also participate in reconstructive procedures performed by a member of the consultant staff (i.e. plastic surgery, head and neck surgery, etc.) and will be given credit for this participation toward the 75% requirement mentioned above.

6. The fellow must participate in at least 100 complex reconstructions. To be classified as a complex reconstruction, the case must meet at least one of the following criteria:
   a. Random pattern flap repair. Examples of advancement, rotation, and transposition flaps must be included. Axial pattern and/or pedical flaps may be included.
   b. Both full and split thickness grafts.
   c. Repairs at difficult anatomic sites, e.g., eyelids, lips, intraoral.
   d. Repair of defects greater than 10 sq. cm.

7. Complete a course in cardiopulmonary resuscitation (advanced CPR) approved by the American Heart Association and maintain active CPR certification throughout the training program.

8. Complete an organized didactic course (assigned reading program and formal discussions) as arranged by the program director.

9. Teach topics related to cutaneous oncology, MMS and related aspects of dermatologic surgery to residents, interns and medical students as approved by the program director.

10. Prepare a medical manuscript suitable for publication in a professional medical journal under the supervision of the program director.

**SECTION VIII – EVALUATION**

A. Evaluation of fellow:

1. Program directors shall complete “Program Director’s Annual Report” and the “Core Competency Compliance Program” form on each osteopathic physician in the program. This evaluation of performance for each fellow must be accomplished and sent to the Education Evaluating Committee of the AOCD within 30 days of the completion of the fellowship year.

2. Program directors must complete quarterly fellowship evaluations and submit them to the Director of Medical Education of affiliated institutions.

3. Fellow remediation:
   a. Fellows shall be given a written warning of their deficiencies. Fellows shall be asked to follow an individualized plan for remediation if they are not making satisfactory progress in the program, are deficient in any of the Core Competencies of the Osteopathic Profession, or if the program director identifies other concerns.
   b. The written remediation plan must be developed by the program director and the fellow.
   c. A copy of this plan, areas of deficiency, and assessment of progress towards remediation shall be placed in the fellow’s file and incorporated into the subsequent quarterly fellowship evaluation.
d. Circumstances requiring remediation when necessary include, but are not limited to:
   (i) Unsatisfactory performance on a core rotation
   (ii) Unsatisfactory skills for level of training
   (iii) Unsatisfactory or marginal performance in one of the Core Competencies of the Osteopathic Profession for level of training.

B. Evaluation of faculty:

1. The evaluation of faculty participation in teaching shall be noted in the fellow’s annual report and shall be reviewed annually by the fellow’s primary specialty board, AOBD or AOCD.

2. The fellowship program inspection shall evaluate the facility (see SECTION IV – Institutional Requirements) and the inspector’s report shall be reviewed that year by the fellow’s primary specialty board, AOBD or AOCD.