Policies, Procedures and Guidelines for the International Micrographic Surgery & Dermatologic Oncology (Mohs) Fellowship Programs of the ACMS

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Preface

The Policies, Procedures, and Guidelines set forth in this document are to be applied to existing and prospective international fellowship training programs approved by the American College of Mohs Surgery (ACMS).

ACGME

U.S.-based programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) must adhere to and meet the requirements set forth in the ACGME Program Requirements.

Information regarding ACGME Program Requirements are found at: https://www.acgme.org/Specialties/Program-Requirements-and-FAQs-and-Applications/pfcatid/3/Dermatology.

ACD

Australian-based programs accredited by the Australasian College of Dermatologists (ACD) must adhere to and meet the requirements set forth in the ACD Guidelines.

Information regarding ACD Guidelines are found at:
https://www.dermcoll.edu.au/for-health-professionals/becoming-a-dermatologist/accreditation-training-positions/
('Accreditation Standards and Outcomes>'Mohs Training Positions'>'Guidelines/Standards')

Introduction

Upon completion of a dermatology residency, a physician can apply to participate in a Micrographic Surgery & Dermatologic Oncology (Mohs) fellowship-training program. Qualified applicants undergo a review and selection process to obtain a 1- to 2-year fellowship position with a program accredited by the ACMS (international programs), the Accreditation Council for Graduate Medical Education (ACGME; U.S. programs), or the Australasian College of Dermatologists (ACD). ACGME and ACD accredited programs are recognized by the ACMS, and fellowships accredited by these organizations safeguard the standards of Micrographic Surgery & Dermatologic Oncology (Mohs) by ensuring that Fellows-in-Training are properly trained and acquire the necessary expertise to perform the Mohs procedure. Accredited programs follow a structured curriculum that includes graded responsibility, operative and non-operative education, and exposure to long-term results, recurrences, and complications.

All international Programs approved by the ACMS must meet the specified guidelines both in terms of the Program's Director and the Program's site. To ensure compliance with the guidelines, the Site Inspection & Slide Review Board's (SISRB*) Fellowship Training Committee (FTC) will review Programs when the initial Training Program application is made and through periodic site visits thereafter.

*A wholly-owned subsidiary of the ACMS, the SISRB was formed for the purpose of inspecting sites and reviewing slides of current and prospective international Micrographic Surgery & Dermatologic Oncology (Mohs) ACMS Fellowship Training Programs.

Programs

All fellowships are no less than 12 months and no more than 24 months in duration at a Training Program approved by the SISRB with rigid adherence to the number of cases requirements. For some Training Programs, a period beyond the standard 12-month duration may be offered to ensure the graduating Fellow-in-Training has met expected ACMS standards of excellence. Approved Training Programs that wish to train their fellow(s) longer than 12 months are advised to contact the Fellowship Training Committee of the American College of Mohs Surgery.

The primary purpose of the Training Program is to provide fellows with an exceptional opportunity to acquire expertise in all phases of Micrographic Surgery & Dermatologic Oncology (Mohs). An approved fellowship must have at least 1000 dermatologic surgical procedures per fellow available during each training period. Of that minimum, Fellows-in-Training must perform at least 650 Micrographic Surgery & Dermatologic Oncology (Mohs) procedures, and

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perform at least 500 Mohs micrographic surgeries and 500 reconstructions as the primary surgeon. Of the 650 Mohs surgery cases, 50 must be complex Mohs surgery cases and 50 must entail advanced reconstructive techniques.

Each Program may accept and train one fellow each year. Programs that wish to train more than one fellow per year must meet the individual requirements for a Program for each Fellow-in-Training, and have a Director and SISRB-approved Associate Director. That is, for each fellow, there must be a Director or Associate Director responsible for the fellow's training, and the Program for each fellow must meet the requirements for a single Program in case numbers and complexity (Note**:** This eliminates the prior allowance of a "junior" and "senior" fellow. Once a fellow has been accepted into a Program, he or she is required to spend the entire duration in the Program, regardless of whether the required number of cases is completed within a shorter time period.

Programs should provide Fellows-in-Training with appropriate financial support and benefits to ensure that they are able to fulfill the responsibilities of their educational program.

When hospitalization is indicated to evaluate, or stabilize a patient when emergencies or unplanned outcomes occur, the program shall have one of the following:

- a written transfer agreement for transferring patients to a nearby hospital, or
- permits elective surgery only by physicians who have admitting and similar privileges at a nearby hospital, Or
- a detailed procedural plan for handling medical emergencies and this plan shall be submitted to the SISRB for review during the site visit evaluation.

Directors

The Director of the Training Program shall be a duly licensed physician of high ethical and moral character and a Fellow of the ACMS with five years' experience after completion of their fellowship training. They should be academically oriented, that is, the Fellowship Training Director should actively contribute to the body of knowledge in Mohs surgery, cutaneous oncology and related fields with publication or original research in peer-reviewed journals, presentations of case reports or clinical series at local, regional or national professional scientific society meetings and attendance at the ACMS Annual Meeting.
(Note: Program Directors are encouraged, but not required to attend every ACMS Annual Meeting.) The Fellowship Training Programs are not established to be preceptorships, but rather academically rigorous training grounds presided over by individuals who have proven their commitment to Micrographic Surgery & Dermatologic Oncology (Mohs), as evidenced by consistent and on-going teaching, including journal clubs, curriculum review, tumor boards, etc. The Training Program Director should be a role model who upholds the highest standards of the Micrographic Surgery & Dermatologic Oncology (Mohs) profession and promotes a spirit of inquiry and scholarship in the program by providing guidance, technical expertise and support, as appropriate, to the fellow in their pursuit of scholarly activity.

The Director must be proficient in both surgery and pathology. They shall be required to participate in the surgery and pathology on a minimum of 325 cases per year. The Director has full responsibility for the Program.

The Director must have the ability to manage emergencies, and must maintain, at a minimum, current and valid certification in basic life support (BLS).

Program Directors must continue to be academically oriented, as defined by the above requirements, throughout the life of the training program. It is not sufficient to prove academic orientation only for initial approval of a program.

It is ultimately the responsibility of the Program Director to ensure that the training program is fulfilling all the PP&G requirements. This includes oversight of all faculty, the fellow's training, and the facility.

Director Application Process

Each Training Program Director Applicant must apply to the SISRB for such a position by submitting the Director Application Form. Applicants must be Mohs College Fellow members and have a minimum of five years' experience after completing their ACMS fellowship training before assuming the role of Director. The applicant must have the

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ability to manage emergencies, and hold a current and valid certificate in basic life support (BLS). Upon approval of the application, the institution, slide quality, Training Program, and Program Director will be evaluated by the SISRB.

The following items will be required of all Director applicants:

A. A completed application form with $500 non-refundable application fee.

B. A case log documenting an annual case load of a minimum of 1000 dermatologic surgical procedures per fellow. At least 650 of that minimum total must be Micrographic Surgery & Dermatologic Oncology (Mohs) procedures. This may include cases completed by an Associate-Director or Surgical Faculty if applications for these individuals are also submitted and approved by the SISRB. A minimum of 325 micrographic cases per year must be completed by the Director. **Only completed cases are acceptable. Projected cases will not be considered.** Case log entries should include (1) patient initials or case number; (2) date case performed; (3) location of tumor; (4) preoperative tumor size; (5) postoperative defect size; (6) diagnosis/histology; (7) number of stages; (8) type of repair; (9) primary/recurrent; (10) complex case (11) supervising/attending; (12) primary; (13) assisting. *Please note that the case log must be submitted in such a way to ensure patient confidentiality; therefore, patients' names should not be included.*

C. Fifty of the cases submitted must qualify as complex. These cases should include: (1) operative notes; (2) maps; (3) narrative describing features that made the case complex; glass microscopic slides for these cases must be available for review. Criteria for case complexity include:

1. Histologically aggressive tumors.
2. Large tumors, covering at least an entire cosmetic unit, or scalp tumors of greater than 5 cm in diameter.
3. Tumors arising at a difficult anatomic site, e.g., external auditory canal, perianal, intranasal, nailbed, medial canthus.
4. Complex histopathologic interpretation. (Include cases other than BCC and SCC.)
5. Tumors involving bone.
6. Tumors requiring more than four stages.
7. Multiple recurrent tumors or tumor recurrence after prior radiation therapy.
8. Surgeries requiring expertise/involvement of surgical colleague in another discipline.
9. Patient with extremely complex medical problems requiring special intraoperative management.

D. Fifty complex/advanced reconstructions must be documented. These cases should include: (1) operative notes; and (2) narrative describing features that made the reconstruction complex. Criteria for complicated reconstruction include the following, and examples from each category are required:

1. Random pattern flap repair. Examples of advancement, rotation and transposition flaps must be included. Axial pattern and/or pedicle flaps may be included.
2. Grafts, including full and split thickness grafts.
3. Repairs at difficult anatomic sites, e.g., eyelids, lips, intraoral.
4. Repair of defects greater than 10 sq. cm.

E. Exposure to the management of complex, rare tumors, such as DFSP, Extramammary Paget's, Merkel Cell Carcinoma, AFX, MFH and/or others. Exposure can include management by another treatment modality, or use of

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teaching slides and didactic methods to educate the fellow on the unique tumors they may come in contact with as cutaneous oncologists.

F. A site visit will be performed by an SISRB-approved site visitor. The focus of the site visit will be to:

1. Survey the space dedicated to surgery and fellowship training. Adequacy of size and equipment will be assessed.

2. Survey the proximity of the laboratory to the procedure rooms, and assess the proficiency of the histotechnician.

3. Survey the space for the Fellow-in-Training.

4. Substantiate the availability of a library with appropriate reference materials and online access.

5. Verify that the facility/staff adhere to all applicable, published, local, and/or regional, and/or national, occupational safety and health regulations. Documentation to support adherence must be available.

6. Interview a minimum of two specialists in other disciplines who are listed on the Director's application form.

G. It should be noted that:

1. Training of fellows may begin only after the Training Program receives approval by the Fellowship Training Committee and the Board of Directors of the SISRB.

2. Director Applicants must be Mohs College Fellow members and have a minimum of five years' experience after completing their ACMS fellowship training before assuming the role of Director.

3. Surgical cases submitted to qualify for Fellow membership status in the ACMS cannot be used to meet the surgical case requirements for a Fellowship Training Program.

4. As pathology is an integral part of the micrographic surgical Program, there must be a laboratory that is under the guidance of the Director of the Micrographic Surgery & Dermatologic Oncology (Mohs) Program. This laboratory must be adjacent to the operating suites in which Micrographic Surgery & Dermatologic Oncology (Mohs) is performed. In addition, the lab must be staffed by a special histology technician trained in Mohs micrographic surgical techniques.

5. As Micrographic Surgery & Dermatologic Oncology (Mohs)requires a multi-disciplinary approach to difficult oncologic patients, there shall be available for teaching and consultation, a competent staff of physicians in a variety of related specialties such as radiotherapy, prosthetics, head and neck oncology, plastic surgery and internal medicine.

Program Changes

Should either the Training Program or its Director have a change in status, the FTC will re-evaluate the Program. In the event a program does change, both the Program Director and the fellow will be required to submit an evaluation to be reviewed by the Fellowship Training Committee Chair.

In the event of the death or disability of the Director of an approved Program, the FTC and the Board of Directors, may, at its discretion, grant permission for the Program to continue under the direction of an Interim Training Program Director, with special supervision by a designated Fellow member of the ACMS. The probation period will conclude at the end of the current fellowship year as defined by that Program. The Program then will come under the general rules of these Policies, Procedures, & Guidelines regarding applications and approval.

If a Program Director moves to a location within the same city/geographic area and where the referral patterns will not change, the fellow may be permitted to continue their training at the new location, pending approval of the new location and adherence to these Policies, Procedures, & Guidelines from the FTC. If a fellowship candidate has already

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been accepted for the following match year, the FTC and Board of Directors may grant provisional approval of the Program upon review of the situation. The Director must notify the FTC about the move immediately after such a decision is made. Various conditions will be specified by the FTC, which must be met in order for the training to be considered satisfactory. It is advisable to submit this plan as soon as a move is known to allow the training plan to be reviewed without detriment to the Fellow-in-Training.

The FTC is aware that changes in position will occur from time to time among Program Directors. It is the responsibility of the Program Director to plan any position changes well in advance to ensure that such a move does not interrupt a current Training Program or preclude a new fellowship for which a fellow has been accepted. It is not the responsibility of the SISRB or the FTC to ensure the education of the Fellow-in-Training at the time of the move. It is the responsibility of the departing Program Director - morally, ethically and practically - to ensure that the fellow is able to satisfy their fellowship requirements.

If a Program Training Director moves outside the city/geographic area or otherwise leaves the institution before the completion of the fellow's training period, the Program will no longer be an SISRB-approved Training Program. If the Training Program was not complete at the time of the Director's departure, the SISRB will consider the fellow's training incomplete. In order to complete the fellow's training, the Director must submit a training plan for review and approval by the Fellowship Training Committee and Board of Directors, which meets the minimum requirements of these Policies, Procedures, & Guidelines. It is advisable to submit this plan as soon as a move is known to allow the training plan to be reviewed without detriment to the fellow. If the Training Program Director wishes to begin a new SISRB-approved Training Program, the Director must re-apply, once he or she is established in the new location.

A change in Program, such as a fellow requesting to transfer to another Program or a change in status of the Training Director, will immediately bring the Program under the scrutiny of the Fellowship Training Committee. The Committee will require a site visit to take place within the calendar year.

It must be stated that although the ACMS, FTC and SISRB are sympathetic to the needs of the fellow as well as being concerned about and compassionate towards the fellow's desire to successfully complete their education. It is not the responsibility of these entities to ensure the completion of the fellow's education.

Associate Directors

Some Programs may wish to provide training at more than one site or with more than one Director devoted to teaching, or wish to train more than one fellow. All Programs must designate a Director who will be responsible for the Program but may submit an application for an Associate Director to help with teaching responsibilities. Each Program with more than one site or a Director and Associate Director must satisfy both the Program requirements and the Director requirements established by the SISRB. If an individual is applying to become an Associate Director to an approved Fellowship Training Program, an application must be submitted along with a case log and a processing fee of $150. All such applications will be reviewed and must be approved by the SISRB before an Associate Program Director may begin training responsibilities.

Programs of this type must be organized to allow for 1000 dermatologic surgical procedures be available per fellow per year. At least 650 of that minimum total must be Micrographic Surgery & Dermatologic Oncology (Mohs) procedures. Furthermore, the Director and Associate Director must each meet all of the requirements of a Director as established by the SISRB, including performing a minimum of 325 micrographic surgeries each for the Director and Associate Director. Directors and Associate Directors cannot combine their cases together to fulfill the minimum Director requirements. However, they may combine their cases together to fulfill the requirement of ensuring 1000 dermatologic surgical procedures be available per fellow per year with at least 650 of that minimum total being Micrographic Surgery & Dermatologic Oncology (Mohs) procedures. For example, a Director and Associate Director each performing 325 micrographic surgery cases per year may pool their cases for the requirement of 650 micrographic surgery cases annually, if and only if, the scheduling of these 650 patients allows the Fellow-in-Training to have exposure to 650 Micrographic Surgery & Dermatologic Oncology (Mohs) cases in one year with a qualified Director or Associate Director.

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If more than one site is used for training, all training sites must meet the established requirements of the SISRB and each training site must be visited and approved during the site visit performed by the SISRB.

If either the Director or Associate Director leaves the Program, the training schedule must continue to fulfill the SISRB's requirements, even if the training period must be lengthened in order to meet the minimum requirements. The SISRB must be notified of any changes related to the Director. Although the Associate Director may be qualified to assume the role of Director, any Program changes must be approved by the SISRB beforehand in order to continue to have an approved Program.

Surgical Faculty

In addition to the Program Director, a Program may have Surgical Faculty members. At least one surgical faculty member must be actively involved in the clinical practice of cutaneous oncologic surgery. These individuals must submit a Surgical Faculty application and case log, and be approved by the SISRB. To qualify as an approved Surgical Faculty, the individual must be a member of the ACMS, have a minimum of one year of experience after completion of their fellowship training, and complete a minimum of 200 cases annually. A second faculty member should be a Mohs surgeon, an otolaryngologist, an ophthalmic plastic and reconstructive surgeon, or a plastic surgeon who is actively involved in the surgical management of cutaneous oncology patients.

Senior Faculty

In addition to the Program Director, Associate Director and Surgical Faculty, a Program may have one or more Senior Faculty members. These individuals must submit a Senior Faculty application form and be approved by the SISRB. To qualify as approved Senior Faculty, the individual must be a member of the ACMS and must have served as an approved training Program Director or Associate Director for a minimum of 10 years The number of cases the individual completes per year is not considered as a part of the application process for Senior Faculty, although it must be noted that upon approval of a Senior Faculty member, the Program must continue to adhere to the specific case requirements for the Fellow-in-Training and faculty as specified in these Policies, Procedures and Guidelines.

Evaluation Process

The purpose of the site visits by the SISRB is to periodically evaluate all Training Programs. It is the responsibility of the FTC to assure the highest quality of education and allow only Programs that meet the SISRB's high standards to exist. Site visits may be performed virtually or in-person.

All new Program Director applications deemed appropriate for a site visit must be site-reviewed before receiving Program approval. After review of the initial site-visit evaluation, new Programs will be approved for a three-year period (as of 12/04) and will require a site visit in the third training year. If the Program is deemed compliant with SISRB requirements after this visit, it will be placed on the five-year site-visit rotation timetable.

In some cases, instead of the initial three-year approval, two-year provisional approval will be granted to new applicants and the Program will be put on the two-year site-visit rotation timetable with specific areas of review identified. In addition, two-year provisional approval may also be granted in place of continued five-year approval for existing programs if the Fellowship Training Committee identifies areas of improvement that should be reviewed in two years rather than five.

The Fellowship Training Program will be asked in advance to have the specified documents and other information available to the surveyors prior to the site visit. To make the visit most efficient, it is recommended that the Program Director have a current CV and teaching plan available, as well as prior fellows' case logs. The Director should schedule observable Micrographic Surgery & Dermatologic Oncology (Mohs) cases as early in the day as possible and ensure that no other obligations have been scheduled for that day. The site surveyor may ask to see additional documents or request additional information during the on-site visit. The surveyor should be able to gather information with minimal disruption of the daily practice of the Fellowship Training Program.

Site Visitors

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Site visitors will be selected by the FTC. A site visitor, FTC member, or Board member who is affiliated with the Fellowship Training Program being surveyed or who practices within the same geographic referral area of the Fellowship Training Program will not be allowed to participate in deliberations or voting relative to the approval of the Fellowship Training Program, so as to avoid any real or perceived conflict of interest.

The site-visit-matching guidelines followed by the SISRB in the selection of site visitors are as follows:

- Site visitor and Program Director must not have a former Director/fellow relationship.
- Site visitor and Program Director must work in different referral areas. As a general rule, they must practice a minimum of 100 miles apart.
- Site visitor and Program Director must not have a former site visitor/Program relationship. The visitor must not be a former visitor to the Program, and the Program Director must not be a former visitor to the site visitor's Program.

Site visitors will be selected via call-for-site-visitors sent to eligible visitors as needed. Eligible visitors may be asked to volunteer for particular visits but will also be given the opportunity to volunteer for any visit. When all of the responses are compiled, SISRB staff will review the guidelines against each volunteer in the order in which they responded to the call (in most cases). Other considerations during this process will include keeping travel expenses to a minimum by selecting site visitors in similar geographic regions and giving equal opportunity to volunteers for prime locales.

Site Visit Survey

The site will be reviewed based on the adherence to these guidelines as well as the Core Curriculum and site-visit survey.

After the site visit is completed the FTC will review the survey report, site visitor recommendations, and any other relevant information and make a recommendation to the SISRB Board of Directors. A decision by the Board to approve/not approve a Fellowship Training Program will be final. An approved Fellowship Training Program may be resurveyed with or without advance notice at any time.

Probation

If a Program is found to be deficient during a site inspection by the site reviewer, the Program will be placed on probation and the Director will be notified in writing of the deficiency and the length of the probation. Once a Program is placed on probation, the FTC will determine the period of time that will be allowed to correct the deficiencies and notify the Program Director. During the probationary period the Program must correct all deficiencies to maintain its approval status. The corrections must be documented in writing to the satisfaction of the FTC or the Program will be re-inspected for compliance at the end of the probationary period. If the deficiencies have not been corrected by the end of the probationary period, the Program will lose its approval.

A Program may submit a written request to the FTC to extend the probationary period to allow additional time to correct any deficiencies. The FTC will make a decision concerning the request within 15 days of receipt and notify the Program Director forthwith.

Slide Review

Existing and prospective international fellowship training programs approved or reviewed by the American College of Mohs Surgery (ACMS) must have a slide review performed.

Slide review protocol may be found at: https://www.mohscollege.org/UserFiles/SISRB/SlideReviewProtocol.pdf

Appeals

A Program may appeal any decision of the FTC. To appeal a decision, the Program Director must give notice in writing to the FTC within thirty days of receiving the decision. Within 30 days after receipt of notice of the appeal, the FTC will hold a hearing, in which a quorum must be present, to review the appeal. The FTC's decision of the hearing will be

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forwarded to the Board of Directors, which will rule for or against the decision. The Board's ruling will be final, and the Program must comply with said decision or lose its approval status.

The revocation of a Program's approval status will result in the Program being removed from the list of eligible Fellowship Training Programs and the San Francisco Match Program list. Once a Program's approval status has been revoked, the Program must submit a new application to be reconsidered for a fellowship Program.

Confidentiality

All applicants agree to maintain in confidence and not disclose to, or discuss with, any other party any statements or decisions made by the site visitor or the FTC or otherwise any information regarding the site visit, other than whether the applicant's Program has been approved. This agreement applies both to new Director applications for approval and continuations of approval, as well as to Associate Director, Surgical and Senior Faculty applications.

Fees

Each Fellowship Training Program will be assessed an annual fee of $350.
Programs will be assessed $2,500 for an in-person or virtual site visit. This fee will cover the site visitor's travel expense (if applicable), plus a stipend.
Programs will be assessed $150 for the initial slide review and $100 for subsequent slide reviews.

Forms

Each ACMS-approved Fellowship Training Program Director will be asked to sign an annual form indicating that there have been no changes to the Program or indicating prescribed changes have taken place. The form will also require a signature stating that the Director understands and agrees that it is the sole responsibility of the Program Director to ensure the continuation and completion of the training of a fellow who has been accepted.

The Fellowship Training Program Director attests to the truthfulness and accuracy of the statements in the application as well as the annual statement. Also, in signing the application and/or yearly statement, the Fellowship Training Program Director agrees to comply with SISRB Policies, Procedures, Guidelines and Fellowship Training Program San Francisco Match Program (if applicable).

Match Process (applies to Canadian Fellowships only)

The Fellowship Matching Program is a service provided solely by Fellowship Matching Programs of San Francisco, California and is sponsored by the ACMS solely for the benefit of applicants and directors of fellowship programs approved by the ACMS. All programs participating in the match must be approved for such participation and no program may accept a match for a fellowship candidate without having obtained such approval. The applicant is responsible for confirming the fellowship program's accreditation status prior to applying and interviewing with a program. The SISRB makes no claim as to the San Francisco Fellowship Matching Program and retains no responsibility or liability for the matching Program. **It is the sole responsibility of the Program Director to ensure the continuation and completion of the training of a fellow who has been selected. It is the sole responsibility of the fellow to determine the acceptability of the Program.**

Canadian fellowship programs approved by the ACMS must fill positions through the Match to be considered for membership in the ACMS unless a Program experiences Special Circumstances (outlined below). If a Director is required or wishes to choose a fellow outside of the auspices of San Francisco Match (SF Match) the case must be presented to and approved by the SISRB Fellowship Training Committee.

- If a Program Director wishes to obtain a fellow outside of SF Match, they must apply for exemption from the Match to the SISRB Fellowship Training Committee prior to the interviewing portion of the Match (by June 15, annually). This request must be approved by the SISRB Fellowship Training Committee before the Director offers a position to a fellow outside of the Match. If the request is approved, the Director must also notify SF Match via letter or electronic mail that no positions are open at the Program for the training year for which the Match is being conducted.
- As of October 2018, The Special Circumstances by which a Program Director can apply to the Fellowship Training Committee for exemption from the Match include:

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1. Director's preference to train a candidate on active military duty, or
2. Director's preference to train an international candidate.

Alternatively, if a Director does not participate in the Match but finds a potential fellow after the Match has occurred, the ACMS will honor the selection as long as the Director notifies the Fellowship Training Committee via letter or electronic mail of the training agreement, including the fellow's name and start date.

The following is the standard timeline for the Match. To determine exact dates, please consult the Match Web site at www.sfmatch.org.

- June: Candidates may begin to register for the Match with the Match Organization
- Summer-Fall: Candidates submit application material to fellowship Programs, and Fellowship Training Directors conduct interviews
- Late November/Early December: Deadline for Fellowship Training Directors and applicants to submit their preference lists to the Match Organization
- Approximately the second week of December: Program Directors receive the results of the Match.

Directors may, once they receive the Match results, contact and inform their matched candidate. Program Directors should not inform candidates of their selection status before the results are officially released by the Match Organization. Phone calls should be followed up with a letter that officially offers the position to the candidate. Match results are also mailed to all applicants and Program Directors by the Match Organization. The candidate should respond by phone and then by letter to the Program Director. Directors and fellows are bound to the results of the match upon submitting a signature on the rank list form. For further information on the Match policy for SF Match, consult the *Matching Rules* section of www.sfmatch.org.

Fellowship Eligibility

Any physician accepted to one of the Micrographic Surgery & Dermatologic Oncology (Mohs) Fellowship Training Programs shall be a duly licensed physician and of high ethical and moral standards. They shall have completed an approved Dermatology residency Program and be eligible and qualified to take the Dermatology specialty boards. No credit will be given for any training received prior to the fellowship Program; nor may any part of the fellowship be applied toward residency training.

Education of the Fellow-in-Training

Direct supervision is a key component of every Fellowship Training Program. Direct supervision is defined such that the Director is present and available to make decisions and be physically present for the critical parts of procedures including initial planning, histopathology, and reconstruction planning.

The key components of a 12-month training Program include:

- Twelve months of training in the office/facility of the Program Director where the majority of time is spent training.
- At least 1000 dermatologic surgical procedures per fellow must be available.
- At least 650 of that minimum total must be Mohs micrographic surgery procedures.
- Fellows-in-Training must demonstrate competence in performing procedures and must perform at least 500 Mohs micrographic surgeries and 500 reconstructions as the primary surgeon*.
- Of the 650 cases, 50 must be advanced reconstruction cases and 50 must be complex Mohs surgery cases.
- Didactic and clinical instruction in all areas of the Core Curriculum.

* Primary surgeon is defined as follows:

Mohs Case

The fellow may list themselves as primary surgeon if they have

1. taken either the first stage or the largest and most difficult section

AND

2. read all the slides on all the stages with or without the attending surgeon.

Repair case

The fellow may list themselves as primary surgeon if they have

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1. incised as necessary for closure undermined if required
AND
At least one of the following:
2. a. placed deep sutures if required
2. b. planned repair (modification by attending is okay).
2. c. accomplished most of the hemostasis.
2. d. placed epidermal sutures.
2. e. in room, gloved in, supervision of resident

Formal training in anatomy is essential in all of the Programs. This shall be sufficient so that each fellow, upon finishing training shall be competent and comfortable in the most difficult anatomical sites.

They must be trained in skin pathology and must be intimately involved in reviewing all pathology from the surgical cases done in the Micrographic Surgery & Dermatologic Oncology (Mohs) Fellowship Training Program.

The fellow must participate in the medical and surgical evaluation and treatment planning in all Micrographic Surgery & Dermatologic Oncology (Mohs) cases. They must learn to do horizontal frozen sections in the micrographic surgical laboratory and be able to stain the slides appropriately.

As an integral part of the Micrographic Surgery & Dermatologic Oncology (Mohs) training Program, there shall be instruction in plastic surgery, wound healing, surgical anatomy, cutaneous oncology, cutaneous pathology, and basic cardiopulmonary resuscitation.

All graduates from an approved training Program must have passed and received a certificate from a basic life support (BLS) course, must have the ability to develop an emergency preparedness plan, and demonstrate the ability to manage emergencies.

All fellows during their Fellowship year must, under the supervision and assistance of their Directors, pursue original research in the areas of Micrographic Surgery & Dermatologic Oncology (Mohs) or related disciplines.

Each fellow must submit a full case log documenting their training experience and a scientific article for publication in a peer-reviewed medical journal in order to fulfill the requirements of completing the fellowship.

ACMS Core Curriculum

I. BASIC SCIENCE

A. Cutaneous Oncology
1. Theories of carcinogenesis
2. Current knowledge about epithelial carcinogenesis
3. Ultraviolet radiation - physics and clinical implications

B. Epidemiology
1. Geographic variation in incidence of non-melanoma skin cancer and malignant melanoma
2. Demographics of skin cancer

C. Clinical Research
1. Non-melanoma skin cancer
2. Melanoma

D. Mohs Micrographic Surgery
1. History
    a. Fixed tissue technique
    b. Frozen tissue technique
2. Principles and literature of MMS
    a. Tissue conservation

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b. Maximal cure rate

E. Anatomy and Physiology

1. Classic anatomy with emphasis on the head and neck region
2. Topographical features and underlying bony and cartilaginous structures
3. Blood supply of the face
4. Sensory innervation of the head and neck
5. Motor innervation of the head and neck
6. Muscles of facial expression
7. Lymphatic drainage
8. Relaxed skin tension lines, cosmetic units and junction lines
9. Characteristics of the skin in different cosmetic units
10. Reservoirs of excess skin available on the head and neck
11. Anatomic free margins
12. Anatomic convexities and concavities
13. Microscopic anatomy of the skin and subcutaneous tissues
14. Photoaging and intrinsic aging
15. Physiology of the skin and soft tissues

F. Wound Healing

1. Basic science
    a. Phases of wound healing
    b. Tensile strength
    c. Theories of epidermal and dermal wound healing
2. Factors that influence wound healing
    a. Environmental
    b. Local
    c. Systemic
    d. Genetic
3. Anatomic and skin type considerations
4. Microbiology
    a. Normal skin flora
    b. Pathogenic organisms
5. Biomechanics and histology of normal skin and scars
6. Wound dressings
    a. Materials
    b. Technique

G. Therapeutic Technology

1. Electrosurgery
    a. Galvanic current
    b. High frequency electrosurgery
    c. Fulguration
    d. Dessication
    e. Coagulation
    f. Cutting
2. Cryosurgery
    a. Cryobiology
    b. Effect of cold on normal and abnormal skin tissue
3. Laser
    a. Nature of light energy
    b. Biology of laser tissue effects with various lasers
4. Radiation
    a. Electron beam
    b. Ortho-voltage

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c. Tissue effects
d. Wound healing in radiated field

5. Surgery
   a. Instrumentation
   b. Instrumentation Preparation
      1. Theory of sterilization
      2. Methods of sterilization
      3. Resources necessary for sterilization
   c. Closure materials

II. CLINICAL SCIENCE

A. Indications for Mohs Micrographic Surgery

1. Basal cell carcinoma (BCC)
   a. High risk for aggressive behavior
      1. Clinical features
         a. Ill-defined clinical borders
         b. Anatomic sites
            i. Periorbital
            ii. Central third of face
               a. Perinasal including embryologic fusion planes
               b. Perioral
            iii. Peri-auricular/ear canal
            iv. Scalp/temple
         c. Previous surgery with positive histologic margin
         d. History of radiation therapy/exposure
         e. Recurrent tumor
         f. Large size
         g. Rapid growth or aggressive behavior
         h. Immunosuppression
         i. Genodermatoses
         j. Other
      2. Histologic pattern
         a. Morpheaform
         b. Infiltrating
         c. Basosquamous (metatypical)
         d. Deep tissue/b
         e. Perineural or perivascularone involvement
      3. Anatomic areas for tissue preservation
         a. Nose
         b. Lips
         c. Periocular
         d. Ear
         e. Digits
         f. Genital/Perianal
         g. Other
2. Squamous cell carcinoma
   a. High risk for aggressive behavior
      1. Clinical features
         a. Ill-defined clinical borders
         b. Anatomic sites
            i. Periorbital
            ii. Central third of face
            iii. Peri-auricular/ear canal
            iv. Scalp/temple
            v. Mucosal

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vi. Genital
vii. Hands and feet
viii. Nail bed and matrix

c. Previous surgery with positive histologic margins
d. History of radiation therapy exposure

2. Conditions associated with high risk of metastasis
   a. Discoid lupus erythematosus
   b. Chronic osteomyelitis
   c. Thermal or radiation injury
   d. Chronic sinuses and ulcers
   e. Recurrent tumor
   f. Large size
   g. Rapid growth or aggressive behavior
   h. Immunosuppression
   i. Long standing duration
   j. Genodermatoses
   k. Other
3. Histologic considerations
   a. Anaplastic histologic differentiation
   b. Deep tissue or bone involvement
   c. Perineural or perivascular tumor
4. Anatomic areas for tissue preservation
   a. Nose
   b. Lips
   c. Periocular
   d. Ear
   e. Digits
   f. Genital/perioral
   g. Other

3. Other tumors
   a. Appropriate selection for MMS
      1. Ill-defined clinical margin
      2. Previous surgery with positive histologic margins
      3. Recurrent tumor
      4. Large size
      5. Rapid growth or aggressive behavior
      6. Anatomic consideration
      7. Histologic pattern
      8. Other
   b. Tumor types
      1. Melanoma including lentigo maligna
      2. Verrucous carcinoma
      3. Keratoacanthomas (aggressive, recurrent, or mutilating)
      4. Dermatofibrosarcoma protuberans
      5. Atypical fibroxanthoma
      6. Malignant fibrous histiocytoma
      7. Leiomyosarcoma
      8. Adenocystic carcinoma of the skin
      9. Sebaceous carcinoma
      10. Extramammary Paget's disease
      11. Microcystic adnexal carcinoma
      12. Apocrine carcinoma of the skin
      13. Merkel cell carcinoma
      14. Certain aggressive locally recurrent benign tumors
      15. Oral and central facial paranasal sinus neoplasms

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16. Other

B. Peri-operative Assessment and Management

1. Pre-operative evaluation
    a. Patient evaluation
        1. Past medical history/Review of systems
        2. Allergies
        3. Medications
            a. Anticoagulants
            b. Drug interactions
        4. Need for antibiotic prophylaxis
        5. Alcohol and tobacco use
        6. Social history
    b. Appropriate surgical preoperative physical examination
    c. Cutaneous assessment
        1. Tumor evaluation
        2. Anatomic considerations
        3. Histologic assessment
    d. Appropriate diagnostic studies
        1. Laboratory studies
        2. Indicated imaging studies
2. Development of treatment plan
    a. Assessments of risks/benefits of treatment plan
    b. Informed consent to include alternative therapies
3. Interdisciplinary considerations
    a. Appropriate medical consultation
    b. Appropriate surgical consultation
    c. Appropriate tumor board presentation

C. Surgical Technique

1. Wound classification
    a. Clean
    b. Clean-contaminated
    c. Contaminated
    d. Dirty
2. Antiseptic preparation
    a. Surgical site preparation
        1. Choice of antiseptic solution
        2. Skin prep technique
    b. Staff preparation
        1. Hand washing/surgical scrubbing
        2. Gowning and gloving
    c. Surgical site draping
    d. Instrument handling and sterility
3. Anesthesia
    a. Topical
    b. Local
    c. Regional
    d. Special Considerations
        1. Preoperative anxietolytics
        2. Conscious sedation
4. Performance of MMS
    a. Tissue acquisition
        1. Conventional specimens versus Mohs specimens
        2. Beveled Mohs excision

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b. Specimen handling
    1. Orientation
    2. Division

D. Laboratory/pathology

1. Tissue mapping
2. Tissue marking
3. Mounting techniques
4. Epidermal margins
5. Effects of temperature on tissue
6. Microtome
7. Staining techniques
    a. H & E
    b. T blue
    c. Immunohistochemical stains (e.g., CD34, HMB 45, cytokeratin, etc.)
    d. Special stains
8. Frozen versus fixed tissue

E. Medical Aspects of Surgical Care Including Emergency Procedures

1. Management of surgical emergencies
    a. Office emergency equipment
    b. Staff/physician preparedness
    c. Management of office and surgical emergencies including but not limited to:
        1. Syncope
        2. Convulsions
        3. Hemorrhage
        4. Anesthetic toxicity
        5. Allergic reactions
        6. Anaphylaxis
        7. Myocardial infarction
        8. Cardiac arrest
2. Knowledge and techniques of Basic and Advanced Cardiac Life Support (ACLS Curriculum)

F. Reconstruction

1. Surgical techniques employed in reconstructive surgery
    a. Atraumatic tissue handling
    b. Hemostasis
    c. Suture technique
    d. Dressing
    e. Wound management
2. Reconstructive options
    a. Second intention healing
    b. Primary closure
    c. Skin flap (e.g., advancement, rotation, transposition, tubed pedicle, island pedicle …)
    d. Split thickness skin grafts
    e. Full thickness skin grafts
    f. Artificial skin and allograft, xenograft

G. Complications

1. Theory, management, and prevention of complications:
    a. Tissue necrosis
    b. Bleeding, hematoma
    c. Infection
    d. Wound dehiscence

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e. Postoperative patient education regarding possible complications, wound care, activity level, and need for surgical revision
f. Management of chronic or non-healing wounds

H. Interdisciplinary Care of the Patient

1. Interdisciplinary care for complicated oncology cases
2. Interaction with other medical and surgical specialists to provide optimal care to cutaneous oncology patients
3. Education of other medical and surgical specialists in the unique skills of the Mohs micrographic surgeon

I. Alternate Therapies

1. Local surgical procedures
    a. Electrodessication and curettage
        1. Appropriate selection of technique
        2. Advantages/disadvantages/risk of recurrence
    b. Conventional excision
        1. Indicated margins
        2. Patient and tumor selection
        3. Risk of recurrence
        4. Complications
        5. Contraindications
2. Radiation treatment (RT)
    a. Treatment modalities
        1. Orthovoltage
        2. Superficial x-ray
        3. Grenz ray
        4. Electron beam
        5. Iridium wire implants
    b. Patient and tumor selection
        1. Medical risks/benefits
        2. Complications of radiation
        3. Contraindications
        4. Histologic considerations
3. Cryosurgery
    a. Treatment modalities
        1. Cryosurgery equipment
    b. Patient and tumor selection
        1. Medical risks/benefits
        2. Complications of cryosurgery
        3. Contraindications
        4. Histologic considerations

J. Related Procedures

1. Nail surgery
    a. Anatomy
        1. Nail matrix
        2. Nail bed
        3. Nail plate
        4. Digital anatomy
            a. Arterial supply
            b. Nerve supply
    b. Diagnosis and management
        1. Benign lesions and conditions
        2. Premalignant lesions
        3. Malignant lesions
    c. Surgical procedures

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1. Anesthesia
    a. Ring block
    b. Digital block
2. Nail avulsion
3. Biopsy techniques
    a. Punch
    b. Incisional
    c. Excisional
    d. En bloc biopsy
4. Matricectomy
    a. Chemical
    b. Surgical
    c. Laser
5. Reconstruction
    a. Linear
    b. Flaps
        i. Local
        ii. Pedicle
    c. Grafts
        i. FTSG
        ii. STSG

2. Scar revision
    a. Principles of wound healing
        1. Scar formation
            a. Normal
            b. Hypertrophic
            c. Keloid
    b. Recognition and management of suboptimal scar
        1. Hypertrophy
        2. Keloid
        3. Dyschromia
        4. Erythema
        5. Wound contracture
        6. Other
    c. Principles of scar revision
        1. Elongation and reorientation
            a. Z-plasty
            b. W-plasty
            c. Geometric
        2. Resurfacing
            a. Dermabrasion
            b. Shave abrasion
            c. Skin graft
            d. Laser
        3. Non-surgical approaches
            a. Intralesional and topical steroids
            b. Silicone gel sheeting
            c. Massage

3. Laser
    a. Indications
    b. Pre- and post-operative patient care
    c. Complications
    d. Laser safety
        1. Safety/protection of patient and operating room personnel
        2. Eye protection

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3. Infectious disease risk
e. Laser options
1. Vascular lesion lasers
2. Carbon dioxide laser
3. Other lasers
4. Other procedures
a. Hair restoration
b. Liposuction and lipotransfer

III. PROFESSIONAL/REGULATORY TOPICS

A. Quality Control

1. Laboratory
a. Slide preparation
b. Slide interpretation
c. Incomplete tissue sampling
2. Procedure room
a. Patient care
1. Anesthesia
2. Wound care
3. Infection control
4. Perioperative complications
5. Special considerations:
a. Diabetes
b. Heart disease
c. Bleeding disorders
d. Immunosuppression

B. Medical-legal Issues

1. Risk assessment in the surgical patient
a. Preoperative
b. Intraoperative
c. Postoperative
d. Medical complications/contraindications for surgery
2. Medical record documentation
a. Written patient questionnaires
b. Preoperative evaluation
c. Operative report
d. Postoperative instruction
e. Documentation of telephone calls for appointments/advice/prescriptions
3. Quality assurance (QA) and continuous quality improvement (CQI)
a. Understanding of concepts of QA and CQI
b. Participation in QA or CQI project
4. Informed Consent
a. Concept of informed consent
1. Expressed or implied
2. Written versus verbal
3. Who may provide consent
4. Medical record documentation
b. Elements of informed consent
1. Problem to be treated
2. Proposed test or treatment
3. Indications for test or treatment choice
4. Expected results or goals of test or treatment
5. Disclosure of risks, complications and side effects

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6. Reasonable alternative methods of diagnosis or treatment
7. Consequences of no treatment or delayed treatment
8. Documentation of informed consent

c. Medical and surgical standard of care

5. Photographic Reproduction
   a. Photographic informed consent
   b. Use of images (e.g., medical records/publication/presentation)
   c. Patient's right to privacy

C. Regulatory Issues

1. OSHA or equivalent organization(s)
   a. OSHA or equivalent organization(s) regulations as they relate to the Mohs Laboratory
      1. Federal, state and local compliance requirements
      2. Hazard determination and safety procedures
      3. Hazard chemical inventory including material safety data sheets (MSDS)
   b. Monitoring/updating program
      1. Log of hazard communication program
      2. Inventory update log
      3. MSDS update log
      4. MSDS request log
   c. Special labeling requirements
   d. Preparation for inspection
2. CLIA 88 or equivalent organization(s)
   a. CLIA 88 or equivalent organization(s) regulations as they pertain to management of a Mohs surgery laboratory
      1. Role of laboratory director
      2. Diagnostic value of the test (frozen tissue specimen)
      3. Written laboratory procedure manuals
         a. Patient preparation
         b. Specimen collection and processing
         c. Slide rejection
         d. Slide handling, storage, preservation and identification
         e. Materials and reagents
         f. Calibration (system for control slides)
      4. Systems for:
         a. Maintaining a log and record of results
3. Bloodborne pathogens (BBP)
   a. OSHA or equivalent organization(s) regulations regarding BBP
   b. Epidemiology, mode of transmission and symptoms of BBP
   c. Universal precautions
   d. Exposure control plan for the Mohs unit
      1. Reduction of exposure to BBP
      2. Personal protective equipment
      3. Post-exposure management plan for BBP

D. Professional Ethics

1. Professional ethical standards
   a. Doctor/patient relationship
   b. Physician interactions
   c. Medical ethics
   d. Business ethics
   e. Other
2. Selection of the most cost-effective treatment plan given the patient, tumor location, and tumor characteristics which will result in a high rate of cure
3.

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Fellow-in-Training Facilities

The Fellow should have access to their own computer and microscope.

The program, in partnership with its Sponsoring Institution, must ensure healthy and safe learning and working environments that promote fellow well-being and provide for:

- access to food while on duty;
- safe, quiet, clean, and private sleep/rest facilities available and accessible for fellows with proximity appropriate for safe patient care, if the fellows are assigned in-house call;
- clean and private facilities for lactation that have refrigeration capabilities, with proximity appropriate for safe patient care;
- provide access to appropriate tools for self-screening for signs of burnout, depression, a substance use disorder, suicidal ideation, or potential for violence; and
- provide access to confidential, affordable mental health assessment, counseling, and treatment, including access to urgent and emergent care 24 hours a day, seven days a week.

There are circumstances in which fellows may be unable to attend work, including but not limited to fatigue, illness, family emergencies, and parental leave. Each program must allow an appropriate length of absence for fellows unable to perform their patient care responsibilities.

The program must have policies and procedures in place to ensure coverage of patient care. These policies must be implemented without fear of negative consequences for the fellow who is or was unable to provide the clinical work.

Patient Safety

A culture of safety requires continuous identification of vulnerabilities and a willingness to transparently deal with them. An effective organization has formal mechanisms to assess the knowledge, skills, and attitudes of its personnel toward safety in order to identify areas for improvement.

The program, its faculty, residents, and fellows must actively participate in patient safety systems and contribute to a culture of safety.

The program must have a structure that promotes safe, interprofessional, team-based care.

Patient Safety Events

Reporting, investigation, and follow-up of adverse events, near misses, and unsafe conditions are pivotal mechanisms for improving patient safety, and are essential for the success of any patient safety program. Feedback and experiential learning are essential to developing true competence in the ability to identify causes and institute sustainable systems- based changes to ameliorate patient safety vulnerabilities.

Residents, fellows, faculty members, and other clinical staff members must:

- know their responsibilities in reporting patient safety events at the clinical site;
- know how to report patient safety events, including near misses, at the clinical site; and,
- be provided with summary information of their institution's patient safety reports.

Fellows must participate as team members in real and/or simulated interprofessional clinical patient safety activities, such as root cause analyses or other activities that include analysis, as well as formulation and implementation of actions.

Fellow Education and Experience in Disclosure of Adverse Events

Patient-centered care requires patients, and when appropriate families, to be apprised of clinical situations that affect them, including adverse events. This is an important skill for faculty physicians to model, and for fellows to develop and apply.

All fellows must receive training in how to disclose adverse events to patients and families. Fellows should have the opportunity to participate in the disclosure of patient safety events, real or simulated.

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Fellow-in-Training Scholarly Activity

Each fellow must participate in scholarly activity by publishing or preparing one or more manuscripts suitable for submission to a peer-reviewed publication and/or giving at least one presentation at a regional or national professional society meeting on topics relevant to micrographic surgery and dermatologic oncology.

Evaluation of the Fellow-in-Training

Feedback from faculty members in the context of routine clinical care should be frequent, and need not always be formally documented.

Formative and summative evaluation have distinct definitions. Formative evaluation is monitoring fellow learning and providing ongoing feedback that can be used by fellows to improve their learning in the context of provision of patient care or other educational opportunities. More specifically, formative evaluations help:

- fellows identify their strengths and weaknesses and target areas that need work;
- Program Directors and faculty members recognize where fellows are struggling and address problems immediately

Summative evaluation is evaluating a fellow's learning by comparing the fellows against the goals and objectives of the rotation and program, respectively. Summative evaluation is utilized to make decisions about promotion to the next level of training, or program completion.

End-of-rotation and end-of-year evaluations have both summative and formative components. Information from a summative evaluation can be used formatively when fellows or faculty members use it to guide their efforts and activities in subsequent rotations and to successfully complete the fellowship program.

Feedback, formative evaluation, and summative evaluation compare intentions with accomplishments, enabling the transformation of a new specialist to one with growing subspecialty expertise.

Faculty members must directly observe, evaluate, and frequently provide feedback on fellow performance during each rotation or similar educational assignment.

Evaluation must be documented at the completion of the assignment. Evaluations must be completed at least every three months. The program must provide an objective performance evaluation based on the Competencies and the Micrographic Surgery & Dermatologic Oncology (Mohs) Milestones, and must use multiple evaluators (e.g., faculty members, peers, patients, self, and other professional staff members).

The Program Director must meet with and review with each fellow their documented semi-annual evaluation of performance, including progress along the Micrographic Surgery & Dermatologic Oncology (Mohs) Milestones, and develop plans for fellows failing to progress, following institutional policies and procedures.

Fellows who are experiencing difficulties with achieving progress along the Milestones may require intervention to address specific deficiencies. Such intervention, documented in an individual remediation plan developed by the Program Director or a faculty mentor and the fellow, will take a variety of forms based on the specific learning needs of the fellow. However, the FTC recognizes that there are situations which require more significant intervention that may alter the time course of fellow progression. To ensure due process, it is essential that the Program Director follow institutional policies and procedures.

The evaluations of a fellow's performance must be accessible for review by the fellow.

Final Evaluation

The Program Director must provide a final evaluation for each fellow upon completion of the program.

The Micrographic Surgery & Dermatologic Oncology (Mohs) Milestones and Case Logs, must be used as tools to ensure fellows are able to engage in autonomous practice upon completion of the program.

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The final evaluation must:

- become part of the fellow's permanent record maintained by the institution, and must be accessible for review by the fellow in accordance with institutional policy; and,
- verify that the fellow has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice.

Grievances

The ACMS' Grievance Committee serves as a confidential review board for complaints by Fellows-in-Training or other participants in Fellowship Training Programs. The Grievance Committee will receive and review all complaints from any source but is specifically intended as a method of redress Fellows-in-Training.

The obligation of the Fellow-in-Training or complainant is to file a confidential grievance either verbally or in writing (preferred) to ACMS staff and must include:

1. The name of the complainant
2. The details of the complaint
3. The name of the involved program
4. The name of other individuals involved in the complaint if any
5. Any other relevant details.

Concerns are kept confidential and will be used as a quality assurance measure for the Fellowship Training Programs. Concerns regarding a Fellowship Training Program may be emailed to ombudsman@mohscollege.org.

Leave of Absence Policy for Fellows-In Training

An absence exceeding six weeks in any one academic year, including vacation, should be approved under truly exceptional circumstances. Any fellow who will have been absent more than six weeks in one year and whose performance has not been uniformly above average or excellent throughout the training should be required to complete an additional period of training at least equal in length to the total period of absence in excess of routinely provided total vacation time.

Preceptorships

No preceptorships will be allowed. To become a member of the ACMS, an applicant for membership must successfully complete an approved fellowship.

Fellowship Training Committee

The FTC shall evaluate all international Training Programs approved by the ACMS and make recommendations to the SISRB Board of Directors for final approval. It is their responsibility to assure the highest quality of education and allow only Programs that meet the SISRB's high standards to exist, to deny applications for inappropriate or unworthy Programs, and to discontinue any existing Programs in existence that do not live up to SISRB standards. Should certain Training Programs be deficient in one area or another, the FTC will put the Program on probation until a correction has been made. Should the problem not be corrected, approval by the SISRB will be withdrawn. At times a representative of the committee may travel to a Program to personally supervise or re-evaluate it.

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