



President's Message

Randall K. Roenigk, MD, President

Medical practice has changed dramatically over the years, so how do physicians navigate this complicated and ever changing health-care environment? My grandfather (Henry H. Roenigk, Sr, MD, general surgeon/family physician in Cleveland, Ohio) opened a practice after World War II. He hired a receptionist and a nurse, rented and later owned a building, and had a successful 40-year career as a respected community physician. Sometimes he accepted barter for payment. Sometimes he made house calls late at night or on weekends. He was never sued or testified in court on a medical malpractice case. Sounds like Marcus Welby, MD; or a dream long since passed! He drove a nice car, lived in a big house, played golf regularly, sent four kids through school, and had the love and respect of his family, friends, patients, and colleagues until the day he died. He never worried about making money, CLIA inspections, Medicare audits, OSHA, hospital privileges, peer review or accreditation, was never certified by the ABMS, or very concerned about all the other hassles in medicine today; until the last few years of his career when he became Chief of Staff for Lutheran General Community Hospital. He just did what he was trained to do, practice medicine. The rest was common sense, his personality and the way he chose to conduct himself professionally.

There has been substantial change in medicine from my grandfather's era to that practiced today. In contrast to my grandfather, many physicians, like myself, practice in medical institutions. Health systems of various types are now the most common style of medical practice. Even physicians in private offices must still align with large medical networks in some way or another. In medical institutions some doctors

no longer feel in control; rather, they feel controlled by administrators, executives, shareholders, external government agencies, auditors, insurers and others. Some medical groups and health systems are huge, with employee numbers, assets and revenues that compare with our country's largest companies. How can a single physician feel in control of his or her practice, or even be motivated to succeed in some of these large institutions?

It all comes down to the physician-patient relationship; a unique experience in which we have the privilege to participate. Physicians understand the vulnerability of a patient and their trust in the medical professional. Our ability to treat disease and the sincere appreciation expressed by patients and families is a reward of unparalleled satisfaction. So much has changed but that unique relationship remains. So as a profession, we must develop ways to assure that these special qualities are perpetuated by the next generation, regardless of change that occurs in our healthcare system.

On behalf of the American Board of Dermatology I take great pleasure in reporting some of the activities of our Board. I also want to acknowledge that working with the American Board of Dermatology and its associated groups has been a highlight of my professional career. My colleagues on the American Board of Dermatology are dedicated volunteers who spend countless hours working to assure dermatologists in the United States are properly trained and qualified upon certification. All Directors of the Board are incredibly accomplished individuals who also appreciate our strength when we come together as a team to make important decisions that impact our specialty. I want to thank our outgoing President, Dr. Thomas Horn, who will continue his work with the Board as the new Associate Executive Director, Dr. Len Dzubow, the exiting Vice President

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who will continue to volunteer as a member of the Procedural Dermatology Curriculum Committee, Dr. Lela Lee the new Vice President, Dr. Elaine Siegfried the President-Elect, Dr. Robert Brodell the Vice President-Elect, and welcome Drs. Stan Miller and Karen Warschaw as new Directors for a nine-year term on the Board beginning in 2009.

Accreditation and Certification

Accredited dermatology training and the qualifications of dermatologists, are the focus of two important quality assurance and credentialing programs that assure the public of high-quality professional care for diseases of the skin. Accreditation is the process that identifies graduate medical education programs (dermatology residency programs and subspecialty fellowships) that are in compliance with published requirements. Accreditation of programs is the responsibility of the Accreditation Council for Graduate Medical Education (ACGME) and its Residency Review Committees (RRCs).

Certification is the process that identifies individual physicians who have completed this training and met the requirements of a particular medical specialty to qualify for certification. Certification is the responsibility of the American Board of Medical Specialties (ABMS) and its member boards. The American Board of Dermatology (ABD) has been certifying dermatologists since 1933 through various mechanisms, most notably the Board examination taken after completion of a residency.

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The current medical environment is poised to support a new model of life-long learning; a model in which six broad core competencies are introduced during the physicians undergraduate years; expanded, reinforced, and assessed in the physician's graduate years; and supported throughout the physician's professional continuing medical education experiences.

The six core competencies are:

1. Patient care
2. Medical knowledge
3. Practice-based learning and improvement
4. Interpersonal and communication skills
5. Professionalism
6. Systems-based practice

These six competencies are the pillars in a life-long vertical continuum of medical education and are the underpinning of requirements for medical, regulatory and educational organizations. It is the responsibility of the American Board of Dermatology to appropriately apply these principles to the specialty of dermatology and its subspecialties (dermatopathology, pediatric dermatology, procedural dermatology).

The following are some of the current activities of the American Board of Dermatology that relate to this process of life-long learning and continuous professional education.

Curriculum Committees

One of the biggest tasks of our Board is to prepare the examinations. This includes not only the certifying examination, but all the subspecialty exams, the in-training exam, and re-certification exam. Two years ago we initiated a reorganization of our committees into curriculum and test committees. The curriculum committees are as follows:

- Basic Science
- General Dermatology
- Dermatopathology
- Pediatric Dermatology
- Procedural Dermatology

Each committee has Directors of the Board as Chair, and includes non-directors who have volunteered their time to write and evaluate questions. This bank of questions is then used for the examinations. These committees are now fully functional and effective. I want to express publicly our appreciation for the efforts of those who submit questions for our examinations, as well as solicit names for those interested in participating in these and other committees of the ABD.

Certifying Examination

The certifying examination continues its migration towards a computer-based format. The transition from a 2-day to a 1-day examination reduced the number of questions along with the time commitment of examinees, as our psychometricians assured us that the end result is the same. After 33 years in Rosemont, IL, we have moved our examination to testing sites in Tampa, FL and Tucson, AZ. The examination will be administered over one week and residents will be assigned, along with their entire residency class, to one day. In the future, we hope to be fully computer-based, but until technology improves we will retain the dermatopathology examination using glass slides and a microscope.

Public member of the ABD

The ABD is giving consideration to adding a member of the public to the Board of Directors. This is consistent with the model of the American Board of Medical Specialties and other related organizations. Our organization has a public trust. We must be aware of the issues within our specialty but also the concerns of the public related to dermatology. Asking a non-physician public member to participate in our Board would further reflect our dedication to that charge by getting additional insight from the patient's perspective. If there are individuals who you think might be a candidate for such a position, please forward their names to Dr. Antoinette (Toni) Hood.

Pediatric Dermatology

Dr. Elaine Siegfried chairs the ABD committee that reviews our Pediatric Dermatology Fellowship programs, of which there are currently 17, although not all programs take a fellow every year. The Pediatric Dermatology exam has been given three times thus far. At the request of some of our diplomates the "grandfather" period will be extended. In addition, the committee is considering options for ACGME accreditation of their fellowships, although discussions are ongoing and no decision has yet been made.

Procedural Dermatology Examination

In 2003, the ACGME approved Procedural Dermatology as a new subspecialty in dermatology and to date accredits 34 fellowship programs. The Board has elected to seek permission from the American Board of Medical Specialties (ABMS) to certify fellows who successfully complete these programs. An application has been submitted to the Committee on Certification of ABMS. The first and second readings (reviews) by the ABMS should occur in 2009

and we are optimistic that the ABMS will approve our application. This examination could be given as early as 2010. The ABD recognizes that some of our diplomates are concerned about the consequences of this process. We have sought comment from specialty societies within dermatology and believe we understand the issues. Our decision to certify fellows in procedural dermatology in no way mitigates the high-quality of surgical training of our dermatology residents or the concerns of those who learned surgical procedures after formal dermatology training.

There will be a "grandfather" period in which practitioners, whether fellowship trained or not, will have an opportunity to take this examination and become certified. To assure that this process is conducted in a manner that is in the best interest of our patients and our diplomates, the details of this process are still being developed in consultation with leaders in the specialty.

Maintenance of Certification

This year will be the last in which the old re-certification exam is administered in an open-book format. We recognize moving to a closed-book format is controversial, but it is necessary for many reasons. Those of you planning to re-certify using the existing open book process must do so in 2009. Beginning in 2010, the third component (evidence of cognitive expertise) of Maintenance of Certification (MOC-D) will be an exam that is "closed-book."

The Board has initially elected to administer the MOC-D examination twice a year in conjunction with the two American Academy of Dermatology (AAD) meetings. We will use questions from our existing bank, so they are psychometrically valid. The test will be a "criterion"-based examination, which means that it will not be graded on a curve but on a minimum number correct; therefore everyone could pass. While the exam will be "closed book", questions will be made available for educational purposes prior to the examination so diplomates can study or attend courses intended for exam preparation. Please also note that questions on the general dermatology module will be based on clinical images. Finally, we have decided to award special commendation ("Re-certification with Distinction") to diplomates who obtain 95% or higher on the general dermatology module, acknowledging those who have performed exceptionally well.

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The American Board of Medical Specialties

Dr. Kevin Weiss was recently appointed the new CEO of the ABMS and is working on an "Enhanced Public Trust Initiative" designed to improve the stature of ABMS as a trusted private sector agent that oversees physician accountability and the public's need to assure quality in medicine by measurable standards. The ABMS is developing a template for MOC so this process will be comparable across all boards. This process has resulted in serious discussion by the specialty boards. The American Board of Dermatology is actively engaged with the other specialty boards having expressed our concern about achieving consensus and respecting the autonomy inherent in the unique body of knowledge of each medical specialty. Regardless, we know all diplomates of the American Board of Dermatology are dedicated professionals who believe in life-long learning and will support MOC as long as it is directly applicable to our practice and not administratively onerous.

The ABMS is also working with Federation of State Medical Boards, which is exploring the concept of "maintenance of licensure". The idea is that all physicians, regardless of their certification status, may have to prove competency to maintain licensure. This process is driven by the Federal Government and

the Institute of Medicine to improve the quality of medical care in the United States but will have to be legislated through each state's medical board.

I am reminded of the following quote by Arthur Schopenhauer:

All truth passes through three stages.

First, it is ridiculed.

Second, it is violently opposed

Third, it is accepted as being self-evident.

When considering the implications of MOC, collectively we have all experienced some version of stages one and two. We are looking forward to stage three!

New Directors Of The Board

The American Board of Dermatology is pleased to announce the election of Stanley J. Miller, MD and Karen E. Warschaw, MD to its Board of Directors. They will replace Leonard M. Dzubow, MD and Thomas D. Horn, MD MBA whose tenure as Directors ended December 31, 2008. Drs. Miller and Warschaw began their term as Directors on January 1, 2009.



Dr. Stanley J. Miller

Dr. Stanley J. Miller is in private practice outside of Baltimore where he specializes in procedural dermatology. He is a part time Associate Professor in the Departments of Dermatology and Otolaryngology at the Johns Hopkins University School of Medicine.

After attending medical school at the University of Vermont, he was a medical intern in San Francisco and completed a research fellowship in dermatology, also in San Francisco. This was followed by a dermatology residency at the University of California, San Diego and a dermatologic surgery fellowship at the University of Pennsylvania. Dr. Miller was on the full time faculty at Johns Hopkins University, 1992-2002, where he was Director of Dermatologic Surgery and founder and Director of the Johns Hopkins Multidisciplinary Melanoma and Cutaneous Oncology group. While at Johns Hopkins, he earned a Master's of Science degree in Medical Service Management and a Master's of Business Administration.

In addition to his practice and teaching commitments, since 1998 Dr. Miller has served as the Chair of the National Comprehensive Cancer Network's Skin Cancer Panel which develops Clinical Practice Guidelines in Oncology. He has also served on advisory or editorial boards for five journals.

Dr. Miller has served as a test committee member on the American Board of Dermatology since 2001 and will initially serve on the procedural dermatology test committee.

Farewell To Rosemont, Hello To Tampa And Tucson In 2009

As part of the transition to computer-based examinations, the newly configured one-day certification examination will move in 2009 from Rosemont, Illinois to the ABMS member board testing centers in Tampa (American Board of Pathology) and Tucson (American Board of Radiology). The examination will be administered from August 3 through 7.



Tom Horn Named Assoc Exec Director, Steve Webster Asst Exec Director

On January 1, 2009, Thomas D. Horn, MD MBA, will join the staff of the American Board of Dermatology as Associate Executive Director. Dr. Stephen B. Webster, Associate Executive Director from 2001–2008, will become the Assistant Executive Director providing oversight



Dr. Stephen B. Webster

for Component 1 (Professionalism) of the Maintenance of Certification Program and the License Review Committee, and senior consultant. Dr. Webster, a practicing dermatologist at Gundersen Lutheran Medical Center from 1971 to the present was a Director of the American Board of Dermatology from 1992 to 2000 and Associate Executive Director from 2001 to 2008. He was directly responsible for the development and implementation of Recertification and subsequent Maintenance of Certification programs in Dermatology. He also provided an important liaison as an ABMS Assembly representative and member of COCERT, staunchly defending the ABD online recertification examination against opposition by the ABMS.

Dr. Horn's primary responsibilities, as the new Associate Executive Director, will be to develop a central database for test items, to liaison with the ABMS and the AAD, as well as oversee Maintenance of Certification, particularly Components 2 (self-assessment and life-long learning) and 4



Dr. Thomas D. Horn

(Practice Performance). Dr. Horn brings leadership experience to this position having served as the Chair of the Department of Dermatology at the University of Arkansas Medical Science Center from 1997 to 2007, and additional skills in the form of his Master of Science in Business Administration. He currently practices dermatopathology with CarisCohenDx in Boston, MA as well as being Director of the Dermatopathology fellowship program at Tufts Medical Center.

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Dr. Karen E. Warschaw

Dr. Karen E. Warschaw began developing test items for the American Board of Dermatology while she was still a fellow in dermatopathology in 1996. She's currently the Vice Chair and Program Director of the Department of Dermatology, Mayo Clinic, Scottsdale, Arizona. After medical school and internal medicine residency at the University of Minnesota, Dr. Warschaw joined the Air Force. While in the military, she completed her residency in dermatology and fulfilled a fellowship in dermatopathology at Indiana University. She has been on the teaching faculty at Brooke Army Medical Center and Wilford Hall Medical Center, Lackland Air Force Base, where she was Chief of Dermatopathology and Flight Commander (Chairman).

Dr. Warschaw has served on test committees for recertification, certification and dermatopathology. She will continue to serve on the Dermatopathology test committee, the Residency Review Committee, and the in-training examination committee. She has had extensive teaching/mentoring experience with over 50 dermatology residents training under her tutelage for which she has received numerous honors and awards.

The American Board Of Dermatology, Inc. 2009 DIRECTORS AND OFFICERS

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Cynthia Campbell, Staff Assistant



BACK ROW: (Left to right) Terry L. Barrett, MD, Paul I. Schneiderman, MD, Jean Modaffare, Assistant Administrator, John S. Strauss, MD, Executive Consultant. THIRD ROW: (Left to right) Margaret M. Aguiar, Administrator, Jean L. Bolognia, MD, Robert T. Brodell, MD, Jeffrey P. Callen, MD. SECOND ROW: (Left to right) Marta J. Petersen, MD, James W. Patterson, MD, Amy S. Paller, MD, Karen E. Warschaw, MD, Christopher J. Arpey, MD, Stanley J. Miller, MD, Robert A. Silverman, MD. FRONT ROW: (Left to right) Antoinette F. Hood, MD, Executive Director; Elaine C. Siegfried, MD, President-Elect; Randall K. Roenigk, MD, President; Lela A. Lee, MD, Vice President; Stephen B. Webster, MD, Assistant Executive Director. Not pictured: Thomas D. Horn, MD, Associate Executive Director, Henry W. Lim, MD, Cynthia Campbell, Staff Assistant, Janet Little, MOC Coordinator.

The American Board of Dermatology, Inc.

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2008 Examination Pass Rates

2008 ABD EXAMINATIONS

	# CANDIDATES	PASS RATE
Certifying	413	91%
Recertification	318	96.5%
Dermatopathology	28 dermatologists	96.4%
	59 pathologists	91.5%
	87 total	93%
Pediatric Derm	34	91.2%

2009 Examination Dates

2009 ABD EXAMINATIONS

	DATE	SITE
Certifying	August 3-7	Tampa, FL / Tuscon, AZ
Recertification	May 1 - June 12	Online
Dermatopathology	September 16	Tampa, FL
Pediatric Derm	No Exam in 2009	

IMPORTANT REMINDER

TO UPDATE YOUR PROFILE ON THE ABD WEBSITE
www.abderm.org

The American Board of Dermatology database is available online to residents, fellows and diplomates. Please review and modify your personal information periodically, especially to verify that we have your current email address. Help us keep the lines of communication open.

Here is how to do your part:

1. Go to the home page of the ABD website (www.abderm.org) and click on the red "Login" on the left side of the screen.
2. Your Username is the first initial of your first name plus your last name (example: the username for Jane Smith is JSmith). It is not case sensitive. (There are exceptions, though. If you have a common last name there may be a numeral at the end of your username. Call the Board office at 313-874-1088 to inquire.)
3. Your Password is your six-digit candidate ID number. After logging in, you can change your password if you wish (click on "UserID" and then click on "Edit").
4. Once you have successfully logged in, click on "Profile" to verify your personal information and then click on "Edit" to supply any missing information. Also, verify and/or provide your email address. Because the ABD plans to increase the use of email for primary communication to diplomates in the future it is vitally important to keep all information up to date.

Candidates can apply online for all ABD examinations -- Certification, Recertification, Dermatopathology, and Pediatric Dermatology.

Telephone the Board office at 313-874-1088 if you have questions or need help with your username or password.