

Are Fellowships Necessary?

Recently, some controversy has arisen in the field of dermatology over which physicians should be regarded as “Mohs surgeons.” Traditionally, this designation was reserved for physicians who have completed a 1- to 2-year fellowship organized and certified by the American College of Mohs Micrographic Surgery and Cutaneous Oncology, an organization that Dr. Frederic E. Mohs helped to found. Over the past few years, many dermatologists have come to believe that the experience gained during their residency in cutaneous surgery and dermatopathology qualifies them to perform Mohs surgery. This belief has been formalized by the founding of the American Society for Mohs Surgery. This society, consisting of like-minded dermatologists, conducts weekend courses to help physicians recognize and expand on experience gained during their residency so that they can add Mohs surgery to the procedures performed in their practice. Having become aware of this controversy, I began to wonder, “Do physicians in other medical fields have similar debates, and what can dermatologists learn from their experience?”

As it turns out, other fields of medicine do indeed have similar controversies over the need for fellowship training. A strikingly similar situation is seen with ophthalmologists who call themselves *oculoplastic surgeons*. Oculoplastic surgery is a field that physicians recognize universally (more so than Mohs surgery I might add) but has no legal standing. The Accreditation Council for Graduate Medical Education (ACGME) is the body that sanctions medical fields and confers legitimacy upon specialists in a particular area. Anyone could invent a new medical field, but without recognition from organized medicine, it would have little legitimacy. Ophthalmology is an ACGME-sanctioned field and thus board certification in this field is recognized universally as valid and legitimate. Oculoplastic surgery is not an ACGME-sanctioned field. Because eyelid surgery is so specialized, one would imagine that only ophthalmologists would pursue oculoplastic surgery. Formal university-based fellowships are offered in this field, and, frankly, I had always assumed that any time I referred a patient to an oculoplastic surgeon that the surgeon had actually completed a fellowship. That is not necessarily true. There are ophthalmologists who bill themselves as oculoplastic surgeons but have not completed a fellowship. It is perfectly legal to do so because the term *oculoplastic surgery* has no legal meaning and this field of medicine is not an

ACGME-recognized subspecialty. Does this matter? Is residency training in ophthalmology adequate? To be honest, I have no way of knowing. Of course, one hears very different answers depending on who is asked.

Facial plastic surgery is another field with similar issues. Typically, physicians who complete an ear, nose, and throat (ENT) residency are eligible to apply for a facial plastic surgery fellowship. The field of facial plastic surgery is not ACGME accredited but is widely accepted on an informal basis. Facial plastic surgeons have organized to form their own board and give a certification exam even though their board is not ACGME approved. One can sit for the exam based on experience; a fellowship is not mandatory. However, some board-certified ENT surgeons advertise themselves as facial plastic surgeons without having successfully completed a fellowship or certification exam. I often refer patients to a facial plastic surgeon for reconstruction following Mohs surgery. Again, I had always assumed that a physician must have completed a fellowship in order to call himself/herself a facial plastic surgeon, but I now realize this is not always so. The argument is made that a residency in ENT covers facial plastic surgery, so a fellowship is unnecessary.

Since Mohs surgery is not an ACGME-recognized subspecialty, there is no way to prevent dermatologists from calling themselves Mohs surgeons aside from the individual's conscience and sense of responsibility to patients. It seems to me that the question of whether or not residency training adequately prepares dermatologists to perform Mohs surgery depends entirely on the residency program. Some programs involve quite a bit of surgery, while others offer minimal surgical exposure. The key component of Mohs surgery—the ability to interpret tangentially oriented frozen section slides—is not covered in routine dermatology residency programs, so that topic would need to be covered in detail as well.

This debate will soon become a moot point as the new procedural dermatology postgraduate year 5 positions fill up. This additional year of residency training will be devoted to dermatologic surgery, principally Mohs surgery. These programs are ACGME sanctioned, and as more and more programs start up, one can imagine a training opportunity for all those who want one.

James M. Spencer, MD, MS
New York, New York