

**2022**  
**VERSION 1.0**

*Effective for residents who enter training on or after July 1, 2022.*

## **DEFINITION**

Dermatology is the branch of medicine concerned with the science, study, and clinical management of skin, hair, nails, other cutaneous appendages, and mucous membranes, in health and disease.

## **DERMATOLOGY PRACTICE**

Dermatologists provide care for patients with a wide range of congenital and acquired conditions affecting the skin<sup>1</sup>. Dermatologists treat patients across the entire lifespan, from neonates to the elderly, including women for prenatal assessment and counselling.

Dermatologists assess and diagnose patients with acute and chronic disorders, including patients with urgent and emergent presentations. They assess the morphology and distribution of skin lesions visually and with the use of special examination techniques, including dermoscopy and Wood's lamp examination as needed. They perform and interpret diagnostic tests, including biopsies. They provide acute and long-term medical management in addition to surveillance of the patient's condition. Management includes counselling, education, topical treatment, systemic therapy with pharmacologic or biologic agents, physical therapies such as phototherapy and photodynamic therapy, and procedures. The procedures that dermatologists perform include wound debridement, incision and drainage, derroofing, elliptical and wide local surgical excision, electrodesiccation and curettage, laser therapy, and cryotherapy.

Population demographics and the prevalence of skin disorders delineate the practice location of dermatologists. They may work in an academic setting or in a community setting. Practice may include outpatient clinic and inpatient consultation to other services. Dermatologists also provide care by using a variety of technologies to reach patients in remote locations.

Dermatologists may consult with dermatopathologists, other dermatologists with special expertise, and other health care professionals when making decisions about patient management. They may refer patients for specific therapies, or to other specialists for further diagnostic or management considerations, including specialists with medical, surgical, or radiologic fields of practice. They work effectively with the patient's primary care provider to

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<sup>1</sup> In this document "skin" refers to skin, hair, nails, other cutaneous appendages, and mucous membranes.

deliver ongoing care.

The evolution of dermatologic care has led to specialization within the discipline, with some dermatologists undergoing advanced training and/or focusing their practice in any area of expertise.

## DERMATOLOGY COMPETENCIES

### Medical Expert

#### **Definition:**

As *Medical Experts*, dermatologists integrate all of the CanMEDS Roles, applying medical knowledge, clinical skills, and professional values in their provision of high-quality and safe patient-centred care. Medical Expert is the central physician Role in the CanMEDS Framework and defines the physician's clinical scope of practice.

#### **Key and Enabling Competencies: Dermatologists are able to...**

### **1. Practise medicine within their defined scope of practice and expertise**

- 1.1. Demonstrate a commitment to high-quality care of their patients
- 1.2. Integrate the CanMEDS Intrinsic Roles into their practice of Dermatology
- 1.3. Apply knowledge of the clinical and biomedical sciences relevant to Dermatology
  - 1.3.1. Embryological development of the skin
    - 1.3.1.1. Development of congenital disorders and anomalies
  - 1.3.2. Anatomy and physiology of the skin and normal changes with aging
  - 1.3.3. Normal phases and mechanisms of wound healing
  - 1.3.4. Modes, principles, and molecular basis of Mendelian and non-Mendelian inheritance
  - 1.3.5. Biochemistry as it relates to biochemical pathways disturbed in skin disorders, as well as pathways wherein disruption impacts or causes skin disease
  - 1.3.6. Cell biology, including cell signalling and its impact on cellular function and malignant transformation
  - 1.3.7. Immune system function and dysfunction
  - 1.3.8. Physics of light and its interactions with skin with respect to therapeutic and natural light
  - 1.3.9. Therapeutic and toxic effects of irradiation on the skin
  - 1.3.10. Microbiome of the skin in health and disease
  - 1.3.11. Microbiology of community- and hospital-acquired infections
  - 1.3.12. Antimicrobial prophylaxis and treatment, antimicrobial stewardship, and infection prevention and control

## DERMATOLOGY COMPETENCIES (2022)

- 1.3.13. Clinical epidemiology as it relates to skin diseases
- 1.3.14. Morphology-based classification of skin disorders
- 1.3.15. Histopathology of the skin in health and disease
- 1.3.16. Dermatopathology and immunodermatopathology, including relevant electron microscopy
- 1.3.17. Clinical features, including presenting signs and symptoms, morphologic features, natural history and prognosis, investigative approach and therapeutic management for skin disorders in the following categories:
  - 1.3.17.1. Disorders of hair, nails, mucous membranes, and other skin appendages
  - 1.3.17.2. Genetic and developmental disorders
  - 1.3.17.3. Iatrogenic disorders, including adverse drug reactions
  - 1.3.17.4. Inflammatory and immunologic skin disorders
  - 1.3.17.5. Metabolic and nutritional disorders
  - 1.3.17.6. Neoplasms, proliferations, and cysts of the skin
  - 1.3.17.7. Occupational and other skin disorders provoked by external factors
  - 1.3.17.8. Sensory and psychological disorders
  - 1.3.17.9. Skin disorders in pregnancy, the neonatal period, and infancy
  - 1.3.17.10. Skin infections and infestations
- 1.3.18. Skin manifestations of systemic diseases
- 1.3.19. Indications for, potential value and limitations of, and contraindications to the following investigations:
  - 1.3.19.1. Wood's lamp examination
  - 1.3.19.2. Dermoscopy
  - 1.3.19.3. Methods of testing for infections and infestations
  - 1.3.19.4. Patch and photopatch testing
  - 1.3.19.5. Minimal erythema dose testing
- 1.3.20. Pharmacologic principles of medications used in topical and systemic dermatologic therapy
  - 1.3.20.1. Mechanisms of action
  - 1.3.20.2. Routes of delivery, including percutaneous
  - 1.3.20.3. Pharmacokinetics
  - 1.3.20.4. Pharmacodynamics
  - 1.3.20.5. Adverse effects
  - 1.3.20.6. Interactions with other medications

## DERMATOLOGY COMPETENCIES (2022)

- 1.3.20.7. Dosing, including modification of dosing due to age, weight, body surface area, and altered pathophysiologic states, including renal and liver dysfunction
- 1.3.20.8. Requirements for baseline investigations
- 1.3.20.9. Therapeutic monitoring
  
- 1.3.21. Wound care for both acute and chronic wounds, including indications and contraindications, as well as benefits and risks
- 1.3.22. Principles of therapeutic interventions, including mechanism of action, indications for, contraindications to, as well as benefits and risks of
  - 1.3.22.1. Cryotherapy
  - 1.3.22.2. Intralesional injections
  - 1.3.22.3. Electrosurgery
  - 1.3.22.4. Laser therapy
  - 1.3.22.5. Phototherapy
  - 1.3.22.6. Photodynamic therapy
  - 1.3.22.7. Radiation therapy
  
- 1.3.23. Principles of dermatologic surgery
  - 1.3.23.1. Regional anatomy, including location of blood vessels, nerves, muscles, tendons, bony landmarks, lymphatic drainage, and sites prone to complications
  - 1.3.23.2. Optimal orientation of surgical wounds
  - 1.3.23.3. Maintenance of facial cosmetic units
  - 1.3.23.4. Surgical instruments and suturing material
  - 1.3.23.5. Local and regional anesthesia
  - 1.3.23.6. Hemostatic devices and agents
  - 1.3.23.7. Aseptic technique and maintenance of a sterile operating field
  - 1.3.23.8. Instrument sterilization
  
- 1.3.24. Indications and techniques for, and possible complications of
  - 1.3.24.1. Debridement
  - 1.3.24.2. Incision and drainage
  - 1.3.24.3. Electrodesiccation and curettage
  - 1.3.24.4. Biopsies
  - 1.3.24.5. Excisional techniques
  - 1.3.24.6. Mohs micrographic surgery
  - 1.3.24.7. Wound closure, including flaps and grafts

## DERMATOLOGY COMPETENCIES (2022)

- 1.3.25. Indications for, and limitations, expectations, and potential complications of, cosmetic procedures
  - 1.3.25.1. Laser and light-based therapies
  - 1.3.25.2. Dermabrasion
  - 1.3.25.3. Chemical peels
  - 1.3.25.4. Liposuction, including the use of tumescent local anesthesia
  - 1.3.25.5. Soft tissue augmentation and reduction
  - 1.3.25.6. Hair transplantation
  - 1.3.25.7. Sclerotherapy
  - 1.3.25.8. Injection of neurotoxins
  
- 1.4. Apply knowledge of the basic and clinical sciences applicable to the medical care of patients of all ages, relevant to Dermatology
  - 1.4.1. Physiology and pathophysiology as they apply to the cardiac, vascular, pulmonary, gastrointestinal and hepatobiliary, renal, endocrine, neurological, musculoskeletal, hematologic, and immunologic systems, as well as infection and shock
  - 1.4.2. Medical imaging modalities and their indications, contraindications, and risks
  - 1.4.3. Epidemiology, clinical manifestations, approach to investigation, and management of common acute and chronic medical conditions
  - 1.4.4. Pain assessment and management
  - 1.4.5. Principles of palliative care
  - 1.4.6. Legal issues in medicine
    - 1.4.6.1. Assent and consent
    - 1.4.6.2. Capacity for medical decision-making
    - 1.4.6.3. Privacy and confidentiality
    - 1.4.6.4. Requirements for mandatory reporting
  
- 1.5. Perform appropriately timed clinical assessments with recommendations that are presented in an organized manner
- 1.6. Carry out professional duties in the face of multiple competing demands
- 1.7. Recognize and respond to the complexity, uncertainty, and ambiguity inherent in Dermatology practice

**2. Perform a patient-centred clinical assessment and establish a management plan**

- 2.1. Prioritize issues to be addressed in a patient encounter
  - 2.1.1. Determine the acuity of the condition and the priorities for patient care
  - 2.1.2. Recognize and respond to emergency situations
  
- 2.2. Elicit a history, perform a physical exam, select appropriate investigations, and interpret their results for the purpose of diagnosis and management, disease prevention, and health promotion
  - 2.2.1. Gather a relevant clinical history
  - 2.2.2. Perform a physical exam, including the use of special examination techniques
    - 2.2.2.1. Diascopy
    - 2.2.2.2. Wood's lamp examination
    - 2.2.2.3. Dermoscopy
    - 2.2.2.4. Elicitation of specific clinical signs, such as Nikolsky sign
  - 2.2.3. Classify a lesion based on its morphology
  - 2.2.4. Formulate differential and provisional diagnoses
  - 2.2.5. Select investigations
  - 2.2.6. Perform diagnostic techniques
    - 2.2.6.1. Potassium hydroxide (KOH) preparations
    - 2.2.6.2. Scrapings for infections and infestations
    - 2.2.6.3. Hair mounts
    - 2.2.6.4. Swabs for bacterial, viral, and fungal testing
  - 2.2.7. Perform and interpret patch and photopatch testing
  - 2.2.8. Correlate the findings of investigations, including dermatopathology, with the clinical presentation
  
- 2.3. Establish goals of care in collaboration with patients and their families<sup>2</sup>, which may include slowing disease progression, treating symptoms, achieving cure, improving function, and palliation
  
- 2.4. Establish a patient-centred management plan for
  - 2.4.1. Ambulatory patients presenting with acute or chronic skin disorders
  - 2.4.2. Hospitalized patients with acute or chronic skin disorders

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<sup>2</sup> Throughout this document, references to the patient's family are intended to include all those who are personally significant to the patient and are concerned with their care, including, according to the patient's circumstances, family members, partners, caregivers, legal guardians, and substitute decision-makers.

- 2.4.3. Patients requiring dermatologic surgery
- 2.4.4. Primary and secondary prevention

**3. Plan and perform procedures and therapies for the purpose of assessment and/or management**

- 3.1. Determine the most appropriate procedures or therapies
  - 3.1.1. Non-pharmacologic management
  - 3.1.2. Pharmacologic management, topical and systemic
  - 3.1.3. Wound management
  - 3.1.4. Skin biopsy
  - 3.1.5. Therapies
    - 3.1.5.1. Cryotherapy
    - 3.1.5.2. Intralesional injections
    - 3.1.5.3. Laser therapy
    - 3.1.5.4. Phototherapy
    - 3.1.5.5. Photodynamic therapy
  - 3.1.6. Dermatologic surgery, including electrosurgery
  - 3.1.7. Mohs micrographic surgery
  - 3.1.8. Referral to another specialty for surgical intervention
  - 3.1.9. Radiation therapy
- 3.2. Obtain and document informed consent, explaining the risks and benefits of, and the rationale for, a proposed procedure or therapy
- 3.3. Prioritize procedures or therapies, taking into account clinical urgency and available resources
- 3.4. Perform procedures in a skilful and safe manner, adapting to unanticipated findings or changing clinical circumstances
  - 3.4.1. Administer local and regional anesthesia
  - 3.4.2. Establish and maintain a sterile field
  - 3.4.3. Perform diagnostic procedures
    - 3.4.3.1. Biopsies of skin, incisional and excisional
      - 3.4.3.1.1. Punch
      - 3.4.3.1.2. Shave
      - 3.4.3.1.3. Elliptical

3.4.4. Perform therapeutic procedures

- 3.4.4.1. Deroofing
- 3.4.4.2. Debridement
- 3.4.4.3. Intralesional injections
- 3.4.4.4. Incision and drainage
- 3.4.4.5. Cryotherapy
- 3.4.4.6. Electrodesiccation and curettage
- 3.4.4.7. Electrosurgery
- 3.4.4.8. Laser therapy
- 3.4.4.9. Surgical excision
- 3.4.4.10. Nail surgery
- 3.4.4.11. Layered wound closure
- 3.4.4.12. Grafts and flaps

**4. Establish plans for ongoing care and, when appropriate, timely consultation**

- 4.1. Implement a patient-centred care plan that supports ongoing care, follow-up on investigations, response to treatment, and further consultation
  - 4.1.1. Assess and manage adherence to treatment plans
  - 4.1.2. Adapt management plans based on response to therapy and disease progression
  - 4.1.3. Recognize and manage complications of interventions and treatments
  - 4.1.4. Determine the need and timing of referral to other specialists

**5. Actively contribute, as an individual and as a member of a team providing care, to the continuous improvement of health care quality and patient safety**

- 5.1. Recognize and respond to harm from health care delivery, including patient safety incidents
- 5.2. Adopt strategies that promote patient safety and address human and system factors

**Communicator**

***Definition:***

As *Communicators*, dermatologists form relationships with patients and their families that facilitate the gathering and sharing of essential information for effective health care.



**Key and Enabling Competencies: Dermatologists are able to...**

**1. Establish professional therapeutic relationships with patients and their families**

- 1.1. Communicate using a patient-centred approach that encourages patient and family trust and autonomy and is characterized by empathy, respect, and compassion
- 1.2. Optimize the physical environment for patient and family comfort, dignity, privacy, engagement, and safety
- 1.3. Recognize when the perspectives, values, or biases of patients, patients' families, physicians, or other health care professionals may have an impact on the quality of care, and modify the approach to the patient accordingly
  - 1.3.1. Respect diversity and differences, including the impact of gender identity, sexual orientation, religion, ethnicity, and cultural beliefs on decision-making
- 1.4. Respond to a patient's and family's non-verbal behaviours to enhance communication
- 1.5. Manage disagreements and emotionally charged conversations
- 1.6. Adapt to the unique needs and preferences of each patient and family, and to the patient's clinical condition and circumstances

**2. Elicit and synthesize accurate and relevant information, incorporating the perspectives of patients and their families**

- 2.1. Use patient-centred interviewing skills to effectively gather relevant biomedical and psychosocial information
- 2.2. Provide a clear structure for and manage the flow of an entire patient encounter
- 2.3. Seek and synthesize relevant information from other sources, including the patient's family, with the patient's consent

**3. Share health care information and plans with patients and their families**

- 3.1. Share information and explanations that are clear, accurate, and timely, while assessing for patient and family understanding
  - 3.1.1. Use plain language to optimize patient and family understanding
  - 3.1.2. Educate and counsel patients about their skin disorder
  - 3.1.3. Provide written and/or visual materials to supplement health teaching
- 3.2. Disclose harmful patient safety incidents to patients and their families

**4. Engage patients and their families in developing plans that reflect the patient's health care needs and goals**

- 4.1. Facilitate discussions with patients and their families in a way that is respectful, non-judgmental, and culturally safe

- 4.2. Assist patients and their families to identify, access, and make use of information and communication technologies to support their care and manage their health
  - 4.2.1. Facilitate access to validated information such as printed material or websites
  - 4.2.2. Facilitate self-care and chronic disease management
- 4.3. Use communication skills and strategies that help patients and their families make informed decisions regarding their health

**5. Document and share written and electronic information about the medical encounter to optimize clinical decision-making, patient safety, confidentiality, and privacy**

- 5.1. Document clinical encounters in an accurate, complete, timely, and accessible manner, in compliance with regulatory and legal requirements
- 5.2. Communicate effectively using a written health record, electronic medical record, or other digital technology
- 5.3. Share information with patients and others in a manner that enhances understanding and that respects patient privacy and confidentiality

**Collaborator**

**Definition:**

As *Collaborators*, dermatologists work effectively with other health care professionals to provide safe, high-quality, patient-centred care.

**Key and Enabling Competencies: Dermatologists are able to...**

**1. Work effectively with physicians and other colleagues in the health care professions**

- 1.1. Establish and maintain positive relationships with physicians and other colleagues in the health care professions to support relationship-centred collaborative care
- 1.2. Negotiate overlapping and shared responsibilities with physicians and other colleagues in the health care professions in episodic and ongoing care
  - 1.2.1. Share information with the referring physician, other physicians, and other health care professionals to facilitate patient care
- 1.3. Engage in respectful shared decision-making with physicians and other colleagues in the health care professions
  - 1.3.1. Provide relevant information to colleagues carrying out diagnostic and therapeutic procedures

**2. Work with physicians and other colleagues in the health care professions to promote understanding, manage differences, and resolve conflicts**

- 2.1. Show respect toward collaborators
- 2.2. Implement strategies to promote understanding, manage differences, and resolve conflict in a manner that supports a collaborative culture

**3. Hand over the care of a patient to another health care professional to facilitate continuity of safe patient care**

- 3.1. Determine when care should be transferred to another physician or health care professional
- 3.2. Demonstrate safe handover of care, using both oral and written communication, during a patient transition to a different health care professional, setting, or stage of care
  - 3.2.1. Facilitate transfer of care to a primary care physician or other care provider
  - 3.2.2. Facilitate transition of care from the pediatric to the adult health care setting
  - 3.2.3. Summarize all relevant patient issues in a transfer summary or referral
  - 3.2.4. Provide guidance for results of outstanding investigations and/or next steps for management

**Leader**

***Definition:***

As *Leaders*, dermatologists engage with others to contribute to a vision of a high-quality health care system and take responsibility for the delivery of excellent patient care through their activities as clinicians, administrators, scholars, or teachers.

***Key and Enabling Competencies: Dermatologists are able to...***

**1. Contribute to the improvement of health care delivery in teams, organizations, and systems**

- 1.1. Apply the science of quality improvement to systems of patient care
- 1.2. Contribute to a culture that promotes patient safety
- 1.3. Analyze patient safety incidents to enhance systems of care
- 1.4. Use health informatics to improve the quality of patient care and optimize patient safety

**2. Engage in the stewardship of health care resources**

- 2.1. Allocate health care resources for optimal patient care

2.2. Apply evidence and management processes to achieve cost-appropriate care

**3. Demonstrate leadership in health care systems**

3.1. Demonstrate leadership skills to enhance health care

3.2. Facilitate change in health care to enhance services and outcomes

**4. Manage career planning, finances, and health human resources in personal practice(s)**

4.1. Set priorities and manage time to integrate practice and personal life

4.2. Manage personal professional practice(s) and career

4.2.1. Demonstrate knowledge of physician remuneration, finances, and human resources in different models of practice

4.2.2. Demonstrate knowledge of issues pertaining to the management of a private office, including staffing, equipment and facilities; ethical billing practices; and maintenance of patient records

4.3. Implement processes to ensure personal practice improvement

**Health Advocate**

***Definition:***

As *Health Advocates*, Dermatologists contribute their expertise and influence as they work with communities or patient populations to improve health. They work with those they serve to determine and understand needs, speak on behalf of others when required, and support the mobilization of resources to effect change.

***Key and Enabling Competencies: Dermatologists are able to...***

**1. Respond to an individual patient's health needs by advocating with the patient within and beyond the clinical environment**

1.1. Work with patients and families to address determinants of health that affect them and their access to needed health services or resources

1.1.1. Identify barriers in accessing health care and therapeutics

1.1.2. Assist patients and families in obtaining access to benefits, resources, and medications

1.2. Work with patients and their families to increase opportunities to adopt healthy behaviours

1.2.1. Recognize important determinants of health predisposing to skin diseases

1.2.2. Counsel patients on the importance of taking responsibility for their own well-being

1.3. Incorporate disease prevention, health promotion, and health surveillance into interactions with individual patients

**2. Respond to the needs of the communities or populations they serve by advocating with them for system-level change in a socially accountable manner**

2.1. Work with a community or population to identify the determinants of health that affect them

2.1.1. Identify risk factors and populations at risk for skin disease

2.2. Improve clinical practice by applying a process of continuous quality improvement to disease prevention, health promotion, and health surveillance activities

2.3. Contribute to a process to improve health in the community or population they serve

2.3.1. Apply knowledge of the activities, roles, and functions of community resources and related patient support groups

**Scholar**

**Definition:**

As *Scholars*, dermatologists demonstrate a lifelong commitment to excellence in practice through continuous learning, and by teaching others, evaluating evidence, and contributing to scholarship.

**Key and Enabling Competencies: Dermatologists are able to...**

**1. Engage in the continuous enhancement of their professional activities through ongoing learning**

1.1. Develop, implement, monitor, and revise a personal learning plan to enhance professional practice

1.2. Identify opportunities for learning and improvement by regularly reflecting on and assessing their performance using various internal and external data sources

1.3. Engage in collaborative learning to continuously improve personal practice and contribute to collective improvements in practice

**2. Teach students, residents, the public, and other health care professionals**

2.1. Recognize the influence of role modelling and the impact of the formal, informal, and hidden curriculum on learners

2.2. Promote a safe and respectful learning environment

2.3. Ensure patient safety is maintained when learners are involved

2.4. Plan and deliver learning activities

2.5. Provide feedback to enhance learning and performance

2.6. Assess and evaluate learners, teachers, and programs in an educationally appropriate manner

**3. Integrate best available evidence into practice**

3.1. Recognize practice uncertainty and knowledge gaps in clinical and other professional encounters and generate focused questions that can address them

3.2. Identify, select, and navigate pre-appraised resources

3.3. Critically evaluate the integrity, reliability, and applicability of health-related research and literature

3.3.1. Critically evaluate non-academic and alternative sources of information that may be available or promoted to patients and health care professionals

3.4. Integrate evidence into decision-making in their practice

**4. Contribute to the creation and dissemination of knowledge and practices applicable to health**

4.1. Demonstrate an understanding of the scientific principles of research and scholarly inquiry and the role of research evidence in health care

4.2. Identify ethical principles for research and incorporate them into obtaining informed consent, considering potential harms and benefits, and considering vulnerable populations

4.3. Contribute to the work of a research program

4.4. Pose questions amenable to scholarly investigation and select appropriate methods to address them

4.5. Summarize and communicate to professional and lay audiences, including patients and their families, the findings of relevant research and scholarly inquiry

**Professional**

***Definition:***

As *Professionals*, Dermatologists are committed to the health and well-being of individual patients and society through ethical practice, high personal standards of behaviour, accountability to the profession and society, physician-led regulation, and maintenance of personal health.

***Key and Enabling Competencies: Dermatologists are able to...***

**1. Demonstrate a commitment to patients by applying best practices and adhering to high ethical standards**

- 1.1. Exhibit appropriate professional behaviours and relationships in all aspects of practice, demonstrating honesty, integrity, humility, commitment, compassion, respect, altruism, respect for diversity, and maintenance of confidentiality
  - 1.1.1. Apply knowledge of appropriate disclosure with respect to third party interests, such as employers, insurance companies, or legal representation
- 1.2. Demonstrate a commitment to excellence in all aspects of practice
- 1.3. Recognize and respond to ethical issues encountered in practice
- 1.4. Recognize and mitigate conflicts of interest
- 1.5. Exhibit professional behaviours in the use of technology-enabled communication

**2. Demonstrate a commitment to society by recognizing and responding to societal expectations in health care**

- 2.1. Demonstrate accountability to patients, society, and the profession by responding to societal expectations of physicians
- 2.2. Demonstrate a commitment to patient safety and quality improvement

**3. Demonstrate a commitment to the profession by adhering to standards and participating in physician-led regulation**

- 3.1. Fulfil and adhere to professional and ethical codes, standards of practice, and laws governing practice
- 3.2. Recognize and respond to unprofessional and unethical behaviours in physicians and other colleagues in the health care professions
- 3.3. Participate in peer assessment and standard setting

**4. Demonstrate a commitment to physician health and well-being to foster optimal patient care**

- 4.1. Exhibit self-awareness and manage influences on personal well-being and professional performance
- 4.2. Manage personal and professional demands for a sustainable practice throughout the physician life cycle
- 4.3. Promote a culture that recognizes, supports, and responds effectively to colleagues in need

This document is to be reviewed by the Specialty Committee in Dermatology by January 31, 2024.

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*Approved – Specialty Standards Review Committee – July 2021*