ALABAMA BOARD OF MEDICAL EXAMINERS

P.O. Box 946 / Montgomery, AL 36101-0946 / (334) 242-4116

Under Alabama Law, this document is a public record, and will be provided upon request

Dermatology Specialty Protocol
Request to Train

_____This APP has been previously trained in the skills selected below and we wish to transfer the approval to perform these skills to our registration/collaborative agreement. (Include copies of previously approved supervised practice)

_____This APP has been previously approved to train in the skills selected below and we are requesting to transfer this approval to train to our registration/collaborative agreement. (Include copies of previous approval to train)

_____This APP is requesting to train in the skills selected below for the first time.

Before training may begin, a request to train form must be submitted to and approved by the Board. Complete this page to request approval to train or transfer the APP's previous training to perform the skills listed within the Dermatology Specialty Protocol.

Supervising/ Collaborating Physician Name: _____

Advanced Practice Provider (APP) Name:_____

Physician AL License # _____ **APP License #** _____

Check the procedures you wish to train the APP to perform:

____ Shave Biopsies/Shave Removals

____ Punch Biopsies

____ Cryotherapy

____ Superficial Chemical Peels

____ Simple Destruction w/ Hyfrecator/Electro-Cautery to Benign Lesions

____ Squaric Acid Dibutylester Application (SADBE) for Alopecia

____ Electrodessication and Curettage of Skin Cancer

____ Intralesional Injections

____ Topical Therapy

Definitions:

- **Board-Certified dermatologist** – the supervising/collaborating physician has active certification and is in good standing with the American Board of Dermatology
- **Procedures/skills tracking log** – date, procedure performed, procedure site, supervising/collaborating dermatologist, signature of the supervising/collaborating dermatologist and APP

Initial requirements to request dermatology specialty protocol:

- Supervising/collaborating physician must be a Board-Certified dermatologist

Supervised Practice Requirements:

- Once approval to train has been granted, the APP must perform the initial required procedures/skills under the direction/observation of supervising/collaborating or covering physician.
- The supervising/collaborating or covering physician must be physically present on site with the APP during training.
- Documentation of training must be approved by the Board(s) before the APP may perform the skill with remote supervision.
- The supervising/collaborating or covering physician, APP, and patient must all be located within this state at the time of service.
- Supervised practice must be submitted to the Board within one year of approval to train or the approval to train will lapse

Annual Maintenance Requirement:

- A specified amount of annual maintenance procedures will be required for each procedure or skill performed by the APP within this protocol.
- All procedures/skills performed, including training, should be recorded in a procedures/skills tracking log.

Procedures/Skills	Initial Requirement	Annual Maintenance Requirement
Shave Biopsies/Shave Removals Shave biopsies on the face, neck, ears, trunk, extremities, scalp and genitalia are allowed. Shave biopsies on the eyelid margin are not allowed. A shave biopsy should not penetrate into subcutaneous fat.	10 supervised procedures	5 procedures
Punch Biopsies Punch biopsies on the face, ears, neck, scalp, trunk and extremities are allowed with a maximum punch size of 6 mm.	10 supervised procedures	5 procedures

Cryotherapy Cryotherapy of **non-melanocytic,** superficial lesions is allowed.	10 supervised procedures	5 procedures

Superficial Chemical Peels Superficial chemical peeling creates exfoliation of the epidermis alone. Peel type, peel strength limitations, end points of results: • Glycolic acid o 20% - 70% o A timed peel for 2-5 minutes • Salicylic acid o 20% - 30% o Endpoint- erythema with streaky white precipitant • Jessner's peel (resorcinol, salicylic acid; lactic acid and ethanol) o Endpoint- erythema with patchy white frosting o Applied in 4-10 coats • Pyruvic acid o 40% - 50% o A timed peel for 3-5 minutes • Resorcinol o 40% - 50% o A timed peel for 30 – 60 minutes • Trichloroacetic acid (TCA) peels above 20% require physician approval o 10% - 30% o Single coat for 5 minutes	3 supervised procedures for each type of peel routinely performed in the approved collaborative practice site(s)	3 procedures for each type of peel

Simple Destruction w/ Hyfrecator/Electro-Cautery to Benign Lesions • Approved to perform up to 5 mm in diameter and not below the level of the dermis. • Not approved for anatomically sensitive areas including the eyelids, ears, and lips. • Device may not exceed 2 watts.	10 supervised procedures	5 procedures
Squaric Acid Dibutylester application (SADBE) for Alopecia	5 supervised procedures	No annual maintenance

Treatment of Skin Cancer

Includes management of low-risk non-melanoma skin cancers, such as:

- superficial basal cell carcinoma (sBCC),
- nodular basal cell carcinoma (nBCC),
- well-differentiated squamous cell carcinoma (SCC)
- squamous cell carcinoma in-situ (SCCis).

All other skin malignancies are excluded.

Electrodessication and Curettage of Malignant Lesions - Destruction of select non-melanoma skin cancers Description of Procedure - A curette is used to manually remove surface skin layers until healthy normal dermal tissue is encountered (3 cycles of curettage in alternating orientations). Between cycles of curettage the surface tissues are electrodessicated with an electrosurgical unit. Acceptable lesions as follows: • superficial BCC or SCCis only • superficial BCC in hairless truncal locations can have	10 supervised procedures	5 procedures

curettage alone, followed by a topical desiccant. In the presence of sparse thin hair, electrodessication is performed between curettages. Include margin of normal appearing skin, no less than 3mm. • Not to be performed on areas of terminal hair growth (scalp, beard, pubic, dense trunk or extremity hair) • If curettage perforates dermis, refer for excision by physician. • Lesions must be well defined and well-sampled by initial biopsy. • Primary cancers only. (Recurrent and previously treated cancers explicitly excluded.) • Immunocompetent patients only. • No aggressive histologic features present or reported (such as but not limited to acantholytic, infundibulocystic, infiltrative, etc). • Superficial BCC: <2 cm area on trunk, arms, thighs, shoulders. • SCCis: No induration <1cm on trunk, arms, thighs, shoulders.		
Intralesional Injections Intradermal 5-fluorouracil or methotrexate for managing low risk squamous cell carcinomas Purpose of Procedure: Non-surgical management of select low-risk squamous cell carcinomas Description of Procedure - Intradermal, intralesional injection of 5-fluorouracil 50mg/mL or methotrexate 25mg/mL, no more than 1.0mL total volume per patient per session. The medication is injected	10 supervised procedures	5 procedures

superficially into the base of a small keratoacanthoma or well-differentiated squamous cell carcinoma at low risk body sites (trunk and extremities). **Contraindications/Limits for allowing APP to perform the procedure:** **Plan of care must be reviewed, approved and documented in the medical record by the collaborative or covering physician**. Serial injections spaced 2-3 weeks apart. If lesion fails to fully regress by 3rd treatment, then refer for consult with physician for excision.		
Topical Therapy Topical management of select epidermal non-melanoma skin cancers Purpose of Procedure: Non-surgical management of select low-risk non-melanoma skin cancers Rx topical agents as follows: • Topical 5 fluorouracil - SCCis - well sampled lesions without induration or hyperkeratosis. Superficial BCC - only for well-sampled lesions without induration or concern for dermally invasive disease on exam. Apply BID x 4 wks. • Topical imiquimod - SCCis - well sampled lesions without induration or hyperkeratosis. • Superficial BCC - only for well-sampled lesions without induration or concern for dermally invasive disease on exam. Apply Mon-Fri nights for 6 wks.	10 supervised procedures	5 procedures
Excision of lesions is not included in this protocol.		

Quality Assurance Monitoring Required: *Documented evaluation of the clinical practice (high risk/problem prone skill) against defined quality outcome measures, using a meaningful selected sample of patient records and a review of all adverse events [BME 540-X-8-.08(8); BME 540-X-7-.23(10)]*

Physician Signature: _____ **Date:** _____

APP Signature: _____ **Date:** _____