

## COMPELLING COMMENTS

### An Exciting, Innovative, and Compelling Dermatology Subspecialty Worthy of Continued Consideration among Dermatology Residents

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In 1974, the American Board of Dermatology and the American Board of Pathology came together to offer certification for special competence in dermatopathology.<sup>1</sup> The first accredited dermatopathology fellowships began in 1976.<sup>1</sup> Attention was focused on this field which provides a scientific basis for the diagnosis of over 1500 disorders. This political victory led pathologists and dermatologists to agree on a training program which produced excellent dermatopathologists from dermatology-trained and pathology-trained physician pools. It has broken down silos and enriched the specialty.

In January 2013, the field of pathology was rocked by a 52% decrease in Medicare (Center for Medicare Services-CMS) payment for the technical component (88305 code) and a smaller cut in professional fees.<sup>2</sup> This led to a number of problems beyond financial exigencies. Jobs dried up for new graduates of dermatopathology programs as laboratories froze hiring to help maintain salaries of their physicians and staff. Dermatology residents had choices with regard to other subspecialties or general dermatology. This led to a gradual downturn in applications for dermatopathology fellowship positions from dermatologists.

Though the number of fellowships has declined, pathology residents have continued to apply for dermatopathology fellowships at a strong rate. (See Table 1)

To paraphrase Samuel Clemens, "Reports of the death of dermatopathology are greatly exaggerated." In 2018, incomes for dermatopathologists held strong (\$431,000<sup>†</sup> for academic and \$480,000<sup>††</sup> for private practice).<sup>3</sup> Furthermore, dermatopathologists LOVE what they do. The attraction that many dermatopathologists find for the field are summarized in Table 2.

Though salaries in dermatopathology remain high, the richness of our field is rooted in much more than monetary gain for the physician. We hope to play a role in increasing the trickle of applicants from clinical dermatology to a flood. This is critical to maintain the diversity that has been a key strength of dermatopathology and insure continued gains in patient care, education and research.

<sup>†</sup> MGMA Academic Total Compensation

<sup>††</sup> MGMA Private Practitioner Total Compensation

**Table 1:** Dermatology-trained and Pathology-trained Fellows (1975-present)

Year	Total Candidates	Total ABD	Total ABP	
1974	204	119	85	
1975	177	141	36	
1976	111	55	56	
1977	123	68	55	
1978	123	60	63	
1979	116	57	59	
1980	117	53	64	
1981	125	66	59	
1982	108	50	58	
1983	60	31	29	
1984	55	30	25	
1985	35	8	27	
1986	27	14	13	
1987	29	13	16	
1988	26	11	15	
1989	26	10	16	
1990	28	12	16	
1991	44	21	23	
1992	No Exam Given			
1993	80	41	39	
1994	No Exam Given			
1995	97	39	58	
1996	No Exam Given			
1997	110	36	74	
1998	55	14	41	
1999	58	12	46	
2000	66	12	54	
2001	61	10	51	
2002	87	15	72	
2003	80	15	65	
2004	84	17	67	

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2005	93	28	65	
2006	99	34	65	
2007	88	29	59	
2008	87	28	59	
2009	95	30	65	
2010	104	42	62	
2011	91	34	57	
2012	96	42	54	
2013	91	39	52	
2014	86	34	52	
2015	75	35	40	
2016	85	25	60	
2017	70	27	43	
Totals	3472	1457	2015	

**Table 2: Reasons Dermatopathologists Love their Work.**

- 1) Visual aspect of dermatopathology: This aligns itself well with clinical dermatology. If you like dermatology, you will love dermatopathology.
- 2) Basic science: Many physicians went to medical school because they like “science.” Pathology has a clear link to the basic science of our field.
- 3) Peace. The slides do not talk back. We love our patients, but there is serenity engendered by work at a microscope.
- 4) Second opinions for difficult cases. It is comforting to know that help is around the corner (Digital dermatopathology or snail mailing slides) when needed without shipping the entire patient to another office for a second opinion.
- 5) Collegial associations: Dermatopathologists develop unique relationships (team-based care) with clinical dermatologists, general pathologists, primary care physicians, and specialists. These relationships have social and educational value to the physician.
- 6) Variety... the spice of life. Clinical dermatologists enrich their lives by spending time each day in other pursuits such as dermatopathology. In addition, the dermatopathologist sees the most interesting patients from many clinical dermatologists.
- 7) Teaching opportunities. Dermatopathologists establish contacts that lead to teaching opportunities in many venues.
- 8) Less pressure to keep to a schedule. Sometimes extra time is required to research the clinical history and literature in complicated dermatopathology cases. This does not result in a waiting room overflowing with restless patients.
- 9) Flexibility. The day’s start and end can be adjusted to optimize biorhythms and re-arranged with little notice to accommodate family and personal needs.
- 10) Minimization of administrative hassles. Dermatopathologists do not have patient calls, incomplete medical records, and a pile of prior authorizations for expensive medications waiting to be completed at the end of the day.

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2. Klipp J. ed. Laboratory Economics. (7) November 2012: 1.
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