Letter to the Editor

TO THE EDITOR:

I would like to comment on the article "Successfully Managing the Treatment Expectations of Patients With Acne and Rosacea," by Torok and Funk[1] in the April 2010 issue of *Cosmetic Dermatology®*.

I found it offensive that the authors would state: "Physician extenders are the perfect personnel to assist your patients with acne and rosacea. They can spend more time following up with patients and review the aggravating factors, concomitant medications, complications, and questions related to their skin disorders. They also can monitor the progress of treatment, and when necessary, institute more aggressive therapy."[1] This is very disturbing to me on numerous levels. I have treated multiple patients with acne who previously were examined by physician extenders. Many of these patients have been mismanaged or inappropriately treated. Often, serious medical conditions, such as polycystic ovary syndrome have been missed.

Dermatologists generally are board certified and have almost a decade of medical training. Trusting patients with "simple acne" to physician extenders undermines our specialty and is both irresponsible and frankly, lazy.

We were trained to handle both complicated medical dermatology as well as patients with simple acne. It is our job to see all of our patients and not delegate "easy" and "routine" procedures to physician extenders.

Sincerely,
Courtney R. Herbert, MD, MPH
Arlington, Virginia

Dr. Herbert reports no conflict of interest in relation to this article.

REFERENCE

1. Torok HM, Funk HL. Successfully managing the treatment expectations of patients with acne and rosacea [practice management]. *Cosmet Dermatol*. 2010;23:155-156.

AUTHORS RESPONSE:

An increasing number of dermatologists currently employ or plan to employ a physician extender in their practice in the near future, according to data compiled by the American Academy of Dermatology (AAD) in the 2009 Practice Profile Survey.[1] Approximately one-third of dermatologists employ at least 1 physician extender. Should statistical projections come to pass, nearly 41% of dermatologists could employ at least 1 physician extender by the end of 2012.

The critical key point in this equation is the training and supervision of the physician extenders. Thorough training and on-site supervision is necessary and should be required, but this is not the case in some practices. However, the AAD Practice Profile Survey found that physician extenders in dermatology were supervised on-site 93% of the time.[1] Therefore, it was not our intent or suggestion in the article that physician extenders be unsupervised.

We also recommend that all new patients first be examined by the dermatologist who outlines the medical treatments and then supervises the physician extenders to follow the treatment plan.

Sincerely,
Helen M. Torok, MD
Heather L. Funk, MBA
Medina, Ohio

The authors report no conflict of interest in relation to this article.

REFERENCE

1. *2009 Practice Profile Survey*. Schaumburg, IL: American Academy of Dermatology; 2009. ■