The Current State of Postgraduate Dermatology Training Programs for Advanced Practice Providers

Sino Mehrmal, DO; Anika Mazumder, MD; Mackenzie Poole, MD, MBA; Nehaa Sohail, MBA; Gillian Heinecke, MD

PRACTICE **POINTS**

- Postgraduate dermatology training programs are available for advanced practice providers (APPs), but they are optional and lack a formal accreditation process.
- Awareness of these programs and the differences between APPs and physician training may help dermatologists provide safe and effective care in collaborative or supervisory roles.

In contrast to the mandatory residency programs required of board-certified dermatologists, some dermatology departments and private practice groups offer optional postgraduate training programs for advanced practice providers (APPs). In this cross-sectional study, we identified and evaluated 10 postgraduate dermatology training programs for APPs across the United States. With the growing number of APPs in the dermatology workforce, it is important for dermatologists to be aware of these programs and the differences between physician and APP training to provide safe and effective care in collaborative or supervisory roles. Standardizing, improving, and providing high-quality education and promoting lifelong learning in the field of dermatology should be celebrated, and dermatologists are the skin experts best equipped to lead dermatologic education forward.

Nurse practitioners (NPs) and physician assistants (PAs) often help provide dermatologic care but lack the same mandatory specialized postgraduate training required of board-certified dermatologists (BCDs), which includes at least 3 years of dermatology-focused education in an accredited residency program in addition to an intern year of general medicine, pediatrics, or surgery. Dermatology residency is followed by a certification examination administered by the American Board of Dermatology (ABD) or the American Osteopathic Board of Dermatology, leading to board certification. Some physicians choose to do a fellowship, which typically involves an additional 1 to 2 years of postresidency subspeciality training.

Optional postgraduate dermatology training programs for advanced practice providers (APPs) have been offered by some academic institutions and private practice groups since at least 2003, including Lahey Hospital and Medical Center (Burlington, Massachusetts) as well as the University of Rochester Medical Center (Rochester, New York). Despite a lack of accreditation or standardization, the programs can be beneficial for NPs and PAs to expand their dermatologic knowledge and skills and help bridge the care gap within the specialty. Didactics often are conducted in parallel with the educational activities of the parent institution's traditional dermatology residency program (eg, lectures, grand rounds). While these programs often are managed by practicing dermatology NPs and PAs, dermatologists also may be involved in their education with didactic instruction, curriculum development, and clinical preceptorship.

In this cross-sectional study, we identified and evaluated 10 postgraduate dermatology training programs for APPs across the United States. With the growing number of NPs and PAs in the dermatology workforce—both in academic and private practice—it is important for BCDs to be aware of the differences in the dermatology training received in order to ensure safe and effective care is provided through supervisory or collaborative roles (depending on

Dr. Mehrmal is from Epiphany Dermatology, Saint Louis, Missouri. Dr. Mazumder is from the Department of Dermatology, Saint Francis Hospital, Chicago, Illinois. Dr. Poole is from the Division of Dermatology, WashU Medicine, Saint Louis, Missouri. Dr. Heinecke is from the Department of Dermatology, Saint Louis University School of Medicine, Missouri. Nehaa Sohail is from the Paul L. Foster School of Medicine, Texas Tech University Health Sciences Center, El Paso.

The authors have no relevant financial disclosures to report.

The eTable and eFigure are available in the Appendix online at www.mdedge.com/cutis.

Correspondence: Sino Mehrmal, DO, 8888 Ladue Rd, Ste 120, St. Louis, MO 63124 (smehrmal@gmail.com).

Cutis. 2025 November;116(5):180-183, E6-E8. doi:10.12788/cutis.1298

state independent practice laws for APPs and to be aware of the implications these programs may have on the field of dermatology.

Methods

To identify postgraduate dermatology training programs for APPs in the United States, we conducted a cross-sectional study using data obtained via a Google search of various combinations of the following terms: *nurse practitioner*, *NP*, *physician assistant*, *PA*, *advance practice provider*, *APP*, *dermatology*, *postgraduate training*, *residency*, and *fellowship*. We excluded postgraduate dermatology training programs for APPs that required tuition and did not provide a stipend, as well as programs that lacked the formal structure and credibility needed to qualify as legitimate postgraduate training. Many of the excluded programs operate in a manner that raises ethical concerns, offering pay-to-play opportunities under the guise of education. Information collected on each program included the program name, location, parent institution, program length, class size, curriculum, and any associated salary and benefits.

Results

Ten academic and private practice organizations across the United States that offer postgraduate dermatologic training programs for APPs were identified (eTable). Four (40%) programs were advertised as fellowships. Six (60%) of the programs were offered at academic medical centers, and 4 (40%) were offered by private practices. Most programs were located east of the Mississippi River, and many institutions offered instruction at 1 or more locations within the same state (eFigure 1). The Advanced Dermatology and Cosmetic Surgery private practice group offered training opportunities in multiple states.

Six programs required APPs to become board-certified NPs or PAs prior to enrolling. Most programs enrolled both NPs and PAs, while some only enrolled NPs (eTable). Only 1 (10%) program required NPs to be board certified as a family NP, while another (10%) recommended that applicants have experience in urgent care, emergency medicine, or trauma medicine. Lahey Hospital & Medical Center required experience as an NP in a general setting for 1 to 2 years prior to applying. No program required prior experience in the field of dermatology.

Program length varied from 6 to 24 months, and cohort size typically was limited to 1 to 2 providers (eTable). Although the exact numbers could not be ascertained, most curricula focused on medical dermatology, including clinical and didactic components, but many offered electives such as cosmetic and procedural dermatology. Two institutions (20%) required independent research. Work typically was limited to 40 hours per week, and most paid a full-time employee salary and provided benefits such as health insurance, retirement, and paid leave (eTable). Kansas Medical Clinic (Topeka, Kansas) required at least 3 years of employment in an underserved community following program completion. The Oasis Dermatology private practice group in Texas required a 1-year teaching commitment after program completion. The Advanced Dermatology and Cosmetic Surgery group offered a full-time position upon program completion.

Comment

There is a large difference in the total number of training and credentialing hours when comparing graduate school training and postgraduate credentialing of medical and osteopathic physicians compared with APPs. A new graduate physician has at least twice as many clinical hours as a PA and 10 times as many clinical hours as an NP prior to starting residency. Physicians also typically complete at least 6 times the number of hours of certification examinations compared to NPs and PAs.[1]

Nurse practitioner students typically complete the 500 hours of prelicensure clinical training required for NP school in 2 to 4 years.[2,3] The amount of time required for completion is dependent on the degree and experience of the student upon program entry (eg, bachelor of science in nursing vs master of science in nursing as a terminal degree). Physician assistant students are required to complete 2000 prelicensure clinical hours, and most PA programs are 3 years in duration.[4] Many NP and PA programs require some degree of clinical experience prior to beginning graduate education.[5]

When comparing prelicensure examinations, questions assessing dermatologic knowledge comprise approximately 6% to 10% of the total questions on the United States Medical Licensing Examination Steps 1 and 2.[6] The Comprehensive Osteopathic Medical Licensing Examination of the United States Level 1 and Level 2-Cognitive Evaluation both have at least 5% of questions dedicated to dermatology.[7] Approximately 5% of the questions on the Physician Assistant National Certifying Examination are dedicated to dermatology.[8] The dermatology content on either of the NP certification examinations is unclear.[2,3] In the states of California, Indiana, and New York, national certification through the American Association of Nurse Practitioners or American Nurses Credentialing Center is not required for NPs to practice in their respective states.[9]

Regarding dermatologic board certification, a new graduate NP may obtain certification from the Dermatology Nurse Practitioner Certification Board with 3000 hours of general dermatology practice that may occur during normal working hours.[10] These hours do not have to occur in one of the previously identified postgraduate APP training programs. The National Board of Dermatology Physician Assistants was founded in 2018 and has since dissolved. The National Board of Dermatology Physician Assistants was not accredited and required at least 3 years of training in dermatology with the same dermatologist in addition to completing a 125-question multiple-choice examination.[11] Of note,

this examination was opposed by both the ABD and the Society for Dermatology Physician Associates.[12] A PA also may become a Diplomate Fellow with the Society of Dermatology Physician Associates after completion of 64.5 hours of online continuing education modules.[4] Some PAs may choose to obtain a Certificate of Added Qualifications, which is a voluntary credential that helps document speciality experience and expertise in dermatology or other specialties.

In contrast, a dermatology resident physician requires nearly 11,000 to 13,000 hours of clinical training hours, which last 3 to 4 years following medical school.[13] This training involves direct patient care under supervision in various settings, including hospitals, outpatient clinics, and surgical procedures. In addition to this clinical experience, dermatology residents must pass a 3-step certification examination process administered by the ABD.[13] This process includes approximately 20 hours of examinations designed to assess both knowledge and practical skills. For those who wish to further specialize, additional fellowship training in areas such as pediatric dermatology, dermatopathology, or Mohs surgery may follow residency; such fellowships involve an extra 2500 to 3500 hours of training and culminate in another certification examination, further refining a resident's expertise in a specific dermatologic field. Osteopathic physicians may opt out of the ABD 3-step pathway and obtain board certification through the American Osteopathic Board of Dermatology.[14]

Many of the programs we evaluated integrate APP trainees into resident education, allowing participation in equivalent didactic curricula, clinical rotations, and departmental academic activities. The salary and benefits associated with these programs are somewhat like those of resident physicians.[15,16] While most tuition-based programs were excluded from our study due to their lack of credibility and alignment with our study criteria, we identified 2 specific programs that stood out as credible despite requiring students to pay tuition. These programs demonstrated a structured and rigorous curriculum with a clear focus on comprehensive dermatologic training, meeting our standards for inclusion. These programs offer dermatologic training for graduates of NP and PA programs at a cost to the student.[15,16] The program at the Florida Atlantic University, Boca Raton, is largely online,[15] and the program at the University of Miami, Florida, offers no direct clinical contact.[16] These programs illustrate the variety of postgraduate dermatology curricula available nationally in comparison to resident salaries; however, they were not included in our formal analysis because they do not provide structured, in-person clinical training consistent with our inclusion criteria. Neither of these programs would enable participants to qualify for credentialing with the Dermatology Nurse Practitioner Certification Board after completion. While this study identified postgraduate training programs for APPs in dermatology advertised online, it is possible some were omitted or not advertised online.

While many of the postgraduate programs we evaluated provide unique educational opportunities for APPs, it is unknown if graduating providers are equipped to handle the care of patients with complex dermatologic needs. Regardless, the increased utilization of APPs by BCDs has been well documented over the past 2 decades.[17-20] It has been suggested that a higher ratio of APPs to dermatologists can decrease the time it takes for a patient to be seen in a clinic.[21-23] However, investigators have expressed concerns that APPs lack standardized surgical training and clinical hour requirements in the field of dermatology.[24] Despite these concerns, Medicare claims data show that APPs are performing advanced surgical and cosmetic procedures at increasing rates.[17,18] Other authors have questioned the cost-effectiveness of APPs, as multiple studies have shown that the number of biopsies needed to diagnose 1 case of skin cancer is higher for midlevel providers than for dermatologists.[25-27]

Conclusion

With the anticipated expansion of private equity in dermatology and the growth of our Medicare-eligible population, we are likely to see increased utilization of APPs to address the shortage of BCDs.[28,29] Understanding the prelicensure and postlicensure clinical training requirements, examination hours, and extent of dermatology-focused education among APPs and BCDs can help dermatologists collaborate more effectively and ensure safe, high-quality patient care. Standardizing, improving, and providing high-quality education and promoting lifelong learning in the field of dermatology should be celebrated, and dermatologists are the skin experts best equipped to lead dermatologic education forward.

Acknowledgment—We thank Kimberly Brown, PA-C, MMS, for assessing manuscript contents.

REFERENCES

1. Robeznieks A. Training gaps between physicians, nonphysicians are significant. American Medical Association. February 17, 2025. Accessed October 23, 2025. https://www.ama-assn.org/practice-management/scope-practice/training-gaps-between-physicians-nonphysicians-are-significant
2. American Nurses Credentialing Center. Test content outline. Accessed October 6, 2025. https://www.nursingworld.org/globalassets/08282024-exam-24-npd-tco-website.pdf
3. American Academy of Nurse Practitioners National Certification Board. *AANPCB Family Nurse Practitioner Adult-Gerontology Primary Care Nurse Practitioner Psychiatric Mental Health Pratitioner: FNP, AGNP & PMHNP Certification Certification Handbook*. American Academy of Nurse Practitioners Certification Board; 2023. Accessed October 6, 2025. https://www.aanpcert.org/resource/documents/AGNP%20FNP%20Candidate%20Handbook.pdf
4. Society of Dermatology Physician Associates. SDPA Diplomate Fellowship. Accessed October 6, 2025. https://learning.dermpa.org diplomate-fellowship
5. American Academy of Physician Associates. Become a PA. Accessed October 6, 2025. https://www.aapa.org/career-central/become-a-pa/
6. United States Medical Licensing Examination. Prepare for your exam. Accessed October 6, 2025. https://www.usmle.org/prepare-your-exam

7. National Board of Osteopathic Medical Examiners. Patient presentations related to the integumentary system. Accessed October 6, 2025. https://www.nbome.org/assessments/comlex-usa/comlex-usa-blueprint/d2-clinical-presentations/integumentary-system/
8. National Commission on Certification of Physician Assistants. PANCE content blueprint. Accessed October 6, 2025. https://prodcmsstoragesa.blob.core.windows.net/uploads/files/PANCEBlueprint.pdf
9. American Association of Nurse Practitioners. Practice information by state. Accessed October 6, 2025. https://www.aanp.org/practice/practice-information-by-state
10. Dermatology Nurse Practitioner Certification Board. Eligibility. Accessed October 6, 2025. https://www.dnpcb.org/eligibility.php
11. National Board of Dermatology Physician Assistants. Certification. Accessed September 3, 2022.
12. Society of Dermatology Physician Associates. SDPA statement regarding the ABDPA Board Certification Exam for derm PAs. October 8, 2019. Accessed October 6, 2025. https://www.dermpa.org/news/articles/2019-10/sdpa-statement-regarding-abdpa-board-certification-exam-derm-pas
13. American Board of Dermatology. Residents and fellows. Accessed October 6, 2025. https://www.abderm.org/residents-and-fellows
14. American Osteopathic Board of Dermatology. Primary certificaiton exam. Accessed October 6, 2025. https://certification.osteopathic.org/dermatology/certification-process/dermatology/written-exams/
15. Florida Atlantic University. Christine E. Lynn College of Nursing. Dermatology nurse practitioner certificate program. Accessed October 6, 2025. https://www.fau.edu/nursing/academics/certificates/dermatology-program/
16. Dr. Phillip Frost Department of Dermatology and Cutaneous Surgery. Advanced Practitioner Program.
17. Coldiron B, Ratnarathorn M. Scope of physician procedures independently billed by mid-level providers in the office setting. *JAMA Dermatol.* 2014;150:1153-1159.
18. Zhang M, Zippin J, Kaffenberger B. Trends and scope of dermatology procedures billed by advanced practice professionals from 2012 through 2015. *JAMA Dermatol.* 2018;154:1040-1044.
19. Resneck J Jr, Kimball AB. The dermatology workforce shortage. *J Am Acad Dermatol.* 2004;50:50-54.
20. Kimball AB, Resneck JS Jr. The US dermatology workforce: a specialty remains in shortage. *J Am Acad Dermatol.* 2008;59:741-745.
21. Creadore A, Desai S, Li SJ, et al. Insurance acceptance, appointment wait time, and dermatologist access across practice types in the US. *JAMA Dermatol.* 2021;157:181-188.
22. Braun RT, Bond AM, Qian Y, et al. Private equity in dermatology: effect on price, utilization, and spending. *Health Aff (Millwood).* 2021;40:727-735.
23. Skaljic M, Lipoff JB. Association of private equity ownership with increased employment of advanced practice professionals in outpatient dermatology offices. *J Am Acad Dermatol.* 2021;84:1178-1180.
24. Jalian HR, Avram MM. Mid-level practitioners in dermatology: a need for further study and oversight. *JAMA Dermatol.* 2014;150:1149-1151.
25. Sarzynski E, Barry H. Current evidence and controversies: advanced practice providers in healthcare. *Am J Manag Care.* 2019;25:366-368.
26. Nault A, Zhang C, Kim K, et al. Biopsy use in skin cancer diagnosis: comparing dermatology physicians and advanced practice professionals. *JAMA Dermatol.* 2015;151:899-902.
27. Anderson AM, Matsumoto M, Saul MI, et al. Accuracy of skin cancer diagnosis by physician assistants compared with dermatologists in a large health care system. *JAMA Dermatol.* 2018;154:569-573.
28. Sung C, Salem S, Oulee A, et al. A systematic review: landscape of private equity in dermatology from past to present. *J Drugs Dermatol*. 2023 Apr 1;22:404-409. doi: 10.36849/JDD.6892.
29. CMS releases National Healthcare Expenditure and enrollment projections through 2031. Health Management Associates. July 13, 2023. Accessed October 23, 2025. https://www.healthmanagement.com/blog/cms-releases-national-healthcare-expenditure-and-enrollment-projections-through-2031/

APPENDIX

eTABLE. Postgraduate Dermatology Training Programs for APPs

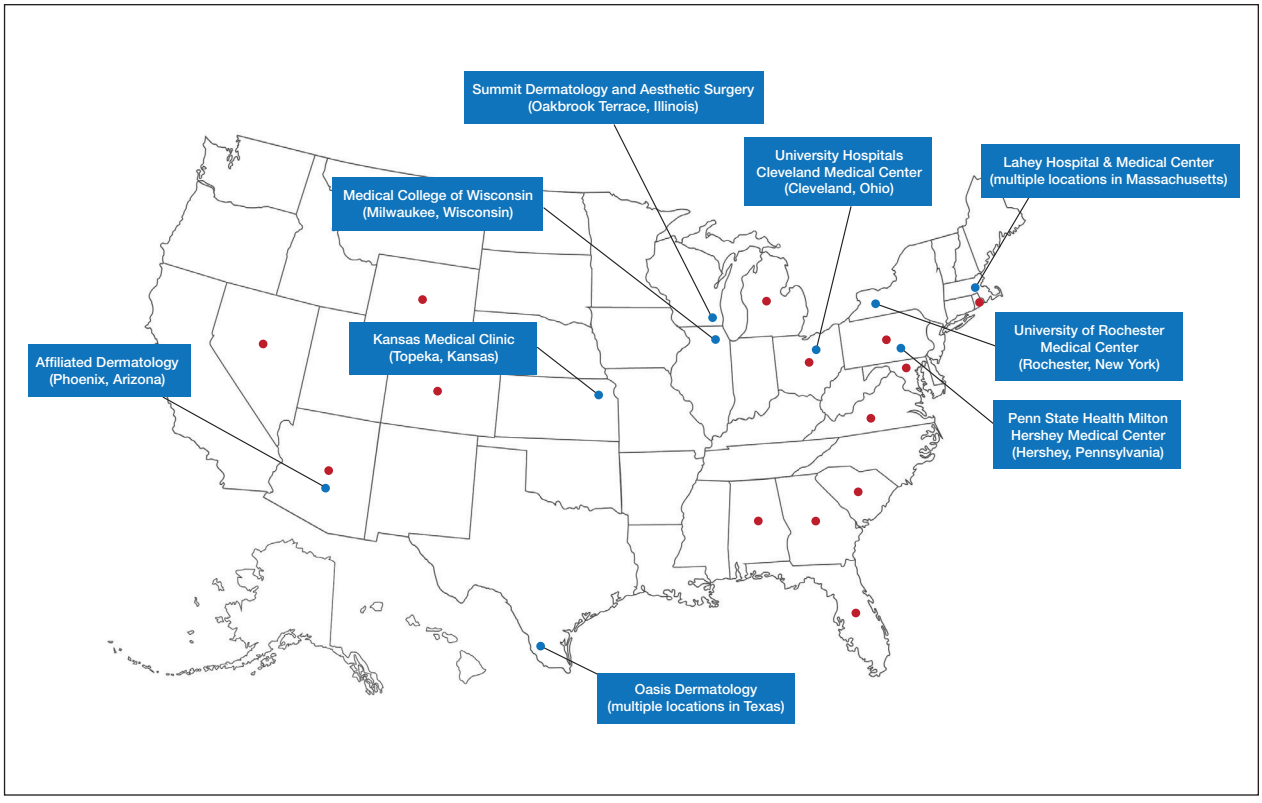
Program (website)	Parent institution/ private practice (location)	Program length	Class size	Prerequisites	Curriculum	Compensation
Advanced Practice Provider Dermatology Fellowship (https://med.psu.edu/residencies-fellowships/professional-programs/advanced-practice-provider-dermatology-fellowship)	Penn State Health Milton S. Hershey Medical Center (Hershey, Pennsylvania)	1 y	1	Board-certified NP or PA	General dermatology, procedural dermatology	Full-time employee + benefits
APP Fellowship Programs (https://www.mcw.edu/departments/mcw-advanced-practice-providers/app-fellowship-np-residency-programs)	Medical College of Wisconsin (Milwaukee, Wisconsin)	1 y	1-2	NP or PA, Masters degree or higher, NCCPA or APN certification	General dermatology	$55,000 per year + benefits
APP training program (https://www.advancedderm.com/about-us/app-training-program)	Advanced Dermatology and Cosmetic Surgery (multiple locations nationwide)	6 mo	NA	NP or PA	General, procedural, and cosmetic dermatology	Full-time employee + benefits
Clinician and Cosmetic Dermatology Fellowship for Advanced Practice & Physician Assistants (https://www.oakbrookdermatology.com/dermatology-fellowship)	Summit Dermatology and Aesthetic Surgery (Oakbrook Terrace, Illinois)	NA	2	NP or PA	General, procedural, and cosmetic	Full-time employee + benefits
Dermatology fellowship (https://www.kmcpa.com/dermatology-fellowship)	Kansas Medical Clinic (Topeka, Kansas)	1 y	NA	NA	Clinical and didactic training	NA
Dermatology Physician Assistant and Nurse Practitioner Program (https://oasisderm.com/physician-assistant-training/)	Oasis Dermatology (multiple locations in Texas)	1 y	NA	Board-certified NP or PA	General dermatology, dermatopathology, inpatient consultations, Mohs micrographic surgery	NA

CONTINUED

eTABLE. (continued)

Program (website)	Parent institution/ private practice (location)	Program length	Class size	Prerequisites	Curriculum	Compensation
Lahey Dermatology Nurse Practitioner Training Program (https://www.lahey.org/research-education/education/fellowships/dermatology-np)	Lahey Hospital & Medical Center (multiple locations in Massachusetts)	2 y	2	Board-certified NP	General dermatology, cosmetic dermatology	Full-time employee + benefits
Non-Physician Provider Fellowship Program (https://affderm.com/about/fellowship-program/)	Affiliated Dermatology (Phoenix, Arizona)	1 y	2	NP or PA	General dermatology, procedural	NA
NP Dermatology Post-Masters Training Program (https://www.uhhospitals.org/medical-education/dermatology-medical-education/dermatology-nurse-practitioners-post-masters-training-program/candidates/)	University Hospitals Cleveland Medical Center (Cleveland, Ohio)	2 y	NA	Board-certified NP	General dermatology, procedural dermatology	Full-time employee + benefits
NP Post-Graduate Dermatology Training Program (https://www.urmc.rochester.edu/dermatology/np-post-graduate-training-program)	University of Rochester Medical Center (Rochester, New York)	2 y	NA	Family NP certification	General dermatology	Full-time employee + benefits

Abbreviations: APN, advanced practice nurse; APP, advanced practice provider; NA, not available; NP, nurse practitioner; NCCPA, National Commission on Certification of Physician Assistants; PA, physician assistant.



eFIGURE 1. Geographic distribution of postgraduate dermatology training programs for midlevel providers. Red dots indicate Advanced Dermatology and Cosmetic Surgery locations.