Expert Resource Group (ERG)
Policies and Procedures

**History:**
Councils, committees, and task forces are established by an organization such as the AAD/AADA to make policy recommendations and to develop programs that are of benefit to the members and to the patients they serve. An intense review and evaluation of the Academy’s governance structure (councils, committees, and task forces) was undertaken in 2000. Based on that review the Board of Directors adopted a governance structure that focuses on specific functions – education, communications, health policy & practice, and government affairs and research. Many previously existing task forces were eliminated and/or condensed in an effort to streamline the governance structure to make the AAD/AADA more efficient in the utilization of resources.

Among those task forces eliminated were several that were oriented to specific diseases, conditions, or therapeutic modalities, such as the Task Forces on Acne, Contact Dermatitis, Dermatopathology, etc. The elimination of these organizational units did not imply that the subject areas were no longer important to the specialty of dermatology. Rather, the revised governance structure recognizes that “issues” related to specific subject areas are appropriately handled in various functional units of the AAD/AADA structure. For instance, if there are issues related to Medicare reimbursement for a particular treatment modality, the appropriate venue for dealing with this issue is the Coding and Reimbursement Task Force. Likewise, the Council on Communications is charged with public education for all areas including medical, scientific, and legislative and the Council on Education is responsible for developing programs that cover the full gamut of dermatologic conditions and therapies. In addition, respective subspecialty societies can be consulted for issues related to their expertise, e.g., American Contact Dermatitis Society, American Society for Dermatopathology, etc.

**Definition of an Expert Resource Group (ERG):**
Expert Resource Groups (ERGs) are made up of individuals who come together to share information and knowledge about a particular topic and who have applied to the Academy for ERG status and been approved by the Council on Science & Research and Organizational Structure Committee as an ERG. ERGs are considered to be ancillary groups to the Academy. They are not policy-making bodies and may not speak on behalf of the Academy.

**Approved Expert Resource Groups (ERGs):**
Atopic Dermatitis
Dermatologists in Industry
Epidemiology
Lesbian, Gay, Bisexual, and Transgender/Sexual and Gender Minority (LGBT/SGM) Health
Psoriasis
Quality and Patient Safety Officers
Sexually Transmitted Diseases
Society of Dermatology Hospitalists
Women’s Health
Xeroderma Pigmentosum

**Mission of ERGs:**
While different activities and goals exist among the ERGs, a common passion for the advancement of patient care is at the core of their efforts. ERGs develop and promote high standards of clinical care for patients with skin disease by providing clinical expertise, fostering research, advocating for the therapeutic needs of dermatology, and furthering education in the management of cutaneous disease.
Stakeholders Served:
A variety of stakeholders are impacted by the efforts of the ERGs:
- AAD, as a whole
- AAD CCTFs and Work Groups
- AAD members
- Dermatologists
- Dermatology residents
- Medical students
- Patients
- Patient advocacy groups
- Researchers
- Legislators
- Colleagues in other specialties
- Regulatory bodies
- Industry

Utility of ERGs to the Academy and Members:
The functional highlights of ERGs vary among the groups, but the breadth of activities includes:
- Providing expert guidance to AAD members caring for patients with disorders that are rare, difficult to diagnose and manage, and/or require complex treatment
- Bringing together clinicians, researchers, and students to exchange information about patient care and research advances
- Serving as a focal point for disease-specific expert information
- Promoting interchange among researchers, pharmaceutical representatives, and patient advocacy groups
- Offering a forum to discuss patient access to medication, practitioner reimbursement, and overcoming obstacles to treatment
- Sharing resources with AAD members on epidemiology and clinical research
- Creating consensus statements on treatments for rare skin diseases when evidence does not exist
- Reporting emerging skin disease or trends of disease to AAD and its members
- Promoting clinical trials to determine the best or novel treatments for complex skin disorders
- Alerting the Academy about problems that dermatologists face in providing care to patients
- Providing scientific and clinical education to members at AAD meetings
- Providing a resource for regulatory matters and interfacing with FDA
- Providing physician education on the process of drug development and becoming involved as an investigator
- Providing an outlet for fostering academic/industry collaboration to stimulate innovation
- Providing a point of contact for the Academy to interface with industry members collectively rather than individually, helping to avoid the potential for perceived conflict with any individual company
- Providing guidance/mentorship to dermatologists interested in a career in industry

Operational Procedures:
The following operational procedures have been approved for ERGs:
- New ERGs may apply for approval to the Council on Science and Research. After Council approval, the Organizational Structure Committee makes a final determination. Subsequent notification of the Board of Directors then occurs.
- ERGs are required to submit an annual report of activities to the Council on Science and Research. These reports will also be provided as an informational item to the Board of Directors.
- ERGs may request complimentary meeting space during the annual meeting in accordance with the policies for ancillary groups.
Meetings of ERGs will be listed in the Ancillary section of the annual meeting program book and/or any subsequent listings of ancillary activities.

The ERG will be responsible for:
- developing all materials in conjunction with their meeting including meeting space request forms, announcements or invitations to participants, agendas, support materials, etc.
- working with the hotel, caterer or other required vendors to order and confirm delivery for food and beverage, audiovisual equipment and labor, etc.
- payment of charges for food and beverage, audiovisual equipment and labor, etc.

ERG leaders meet with one another and Academy representatives at Annual Meeting to share their groups’ successes, issues of potential importance to the Academy, and additional ideas for supporting the Academy and its members. Complimentary meeting space, food, beverages, and conference phones are provided for this meeting. In addition, they are provided the option to meet via conference call one to two times per year to address issues as needed.

Membership and Leadership:
Membership and leadership criteria are established by individual ERGs. In general, membership is open to interested AAD members, researchers, and AAD-approved patient advocacy groups. Leadership approaches utilized include a core leadership group, permanent co-chairs, rotating leaders, and nomination/majority vote.

ERG Interactions with the Academy:
ERGs may be utilized as a source of knowledgeable individuals to call upon when an issue in the specific subject area arises that requires action on the part of the Academy. In some instances, the President may ask that the ERG serve as an official Ad Hoc Task Force to address an issue, or the ERG may be asked to serve as subject matter experts to work with another committee or task force.

In a similar vein, ERGs are encouraged to bring issues or actions that are felt to be important to the Academy’s attention by submitting resolutions from the ERGs to the Council on Science and Research.

Approved ERGs will have a responsibility to report on an annual basis to the Council on Science and Research.

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August, 2014 approved by Organizational Structure Committee
January, 2014 approved by Organizational Structure Committee
March, 2013 approved by Organizational Structure Committee