



# **The Australasian College of Dermatologists**

## **2020-21 Pre-Budget Submission to the Australian Government Treasury**

**December 2019**

## Executive summary

The Australasian College of Dermatologists (ACD) thanks the Federal Government for the opportunity to contribute to discussions regarding the 2020-21 Federal Budget.

The ACD is the sole medical college accredited by the Australian Medical Council for the training and continuing professional development of medical practitioners in the specialty of dermatology. As the national peak membership organisation, we represent over 550 dermatologist Fellows (FACD) and 100 trainees.

Our vision is for the highest standard of skin health and dermatology care to be available and accessible to all patients and communities. Our focus is on training, educating and fostering ongoing excellence of specialist dermatologists, enabling our Fellows to be the leaders in skin health care, education, advocacy and innovation.

Almost 1 million people in Australia – over 4% of the population – suffer from a long term condition of the skin<sup>1</sup>. Many of these are, or without early intervention become, chronic conditions with significant health, psychosocial and economic impacts.

Skin disorders rank sixth of all disease groups for non-fatal disease burden<sup>2</sup>. Access to specialist dermatology services leads to improved patient outcomes<sup>3</sup> and drives efficiencies within the health system<sup>4</sup>. Yet workforce shortages and maldistribution of dermatologists means many Australians face significant difficulties in accessing the timely, appropriate, ongoing and geographically convenient care they need.

Urgent investment is needed in **strategies to support workforce growth and retention** and in technologies and **technology-enabled models of care** that have the potential to significantly boost productivity and the accessibility of dermatological care.

Melanoma and non-melanoma skin cancer rates continue to rise<sup>5</sup>, as does the corresponding demand for surveillance, management and follow up. In meeting this demand, we need to ensure quality care and patient safety are at the forefront. The ACD is therefore calling for the Federal Government's support in implementing **accreditation and standards for all medical practitioners working in skin cancer**.

## Recommendations

The ACD recommends the Federal Government:

**Improve access to dermatological care, driving better and more equitable healthcare outcomes by supporting and investing in:**

1. Delivery of **new models of training in expanded settings**, such as rural and private practice, to complement increased jurisdictional support to public hospitals.
2. **Outreach** to enable service visits and address the unmet healthcare needs of Australia's smaller towns and more remote and isolated populations.
3. Innovative models of care by funding the ACD's **feasibility study for Store and Forward teledermatology**

**Improve skin cancer outcomes and reduce unnecessary patient and Government expenditure through endorsement of and investment in:**

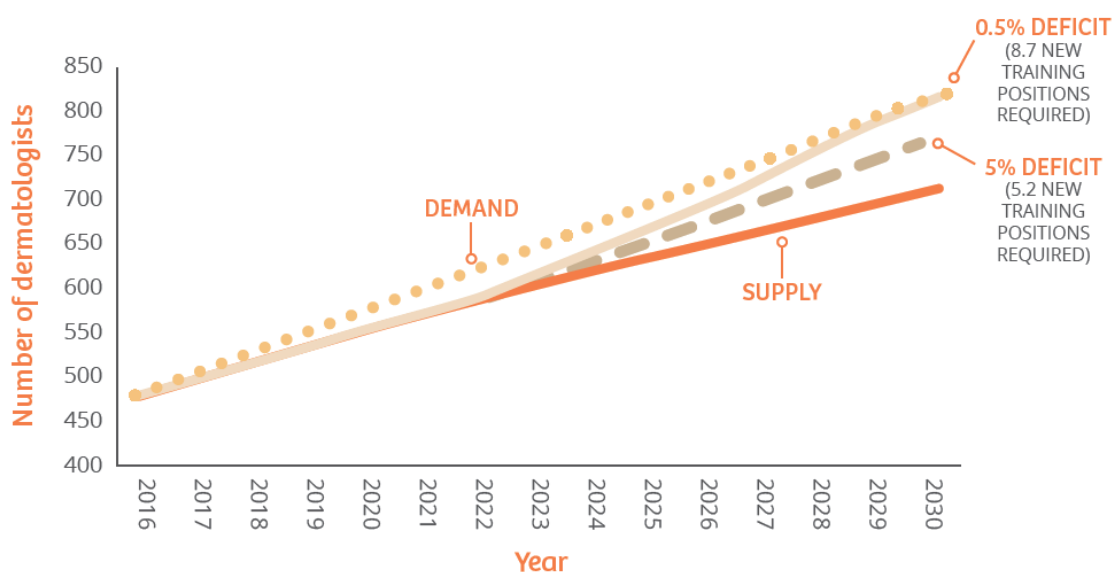
4. Developing and implementing independent and rigorous **accreditation processes for skin cancer clinics**
5. **The ACD to set the standards** in skin cancer education and training in primary care.

## Improve access to dermatological care, driving better and more equitable healthcare outcomes

### Issue: The Dermatology workforce is in shortage and maldistributed

According to the Department of Health, the Australian specialist dermatology workforce is predicted to be in shortage of 90 FTE dermatologists by 2030<sup>4</sup>. This would be almost 15% fewer than required to meet the dermatological health care needs of the Australian population<sup>4</sup>.

There are approximately 100 registrars in the ACD national training program. An expansion of the training program by up to 9 additional training positions annually is needed to meet the projected demand for dermatology services to 2030.



There is also a marked geographic maldistribution across Australia – 92% of dermatologists live and practise in major metropolitan centres. Many dermatologists deliver outreach services to regional, rural and remote areas across the country – these critical services are helping to improve the poorer outcomes for patients with dermatological conditions living in these communities.

The sustainability of the specialist workforce relies not only on adequate funding for training placements but on sufficient numbers of clinical supervisors being available and willing to train and support the next generation of doctors<sup>6</sup>. Challenges to training and supervising trainees are exacerbated in outer metro, regional and rural areas as there are fewer supervisors to call upon, and those who do supervise must balance this role with delivering on an increasing demand for clinical services<sup>7</sup>.

The system is extremely fragile, particularly in outer metro, regional, rural and remote areas. Even larger regional centres outside of metropolitan areas face possible future workforce depletion unless they too can be eligible for new streams of funding and support.

## Solutions: Investment in training the next generation of dermatologists

Increased support to expand the dermatologist training program, boost supervisory capacity, expand outreach in underserved areas, and test and implement innovative models of care is needed to ensure all Australians with dermatological conditions can access the quality, timely care they need.

The ACD is working with jurisdictional health departments and health services to expand public hospital services, incorporating both dermatologists and trainees. However, while 70% of training occurs in public hospitals, the majority of Fellows work (93%) occurs in the private sector. Commonwealth investment is needed to increase support for delivery of new models of specialist dermatologist training in these expanded settings.

Increasing opportunities to train in rural and remote areas has been supported through initiatives such as the Commonwealth-funded Specialist Training Program (STP). The STP has worked well to open up new training posts hitherto unfunded, greatly benefiting the training program and increasing the availability of specialist services in rural and regional areas<sup>8</sup>.

As the sole provider of specialist dermatology training in all settings across Australia, the ACD is keenly aware of the challenges facing the delivery of medical training in rural areas. The importance of programs like the STP cannot be underestimated. In addition to opening up new training posts, this funding is helping us gain a better understanding of the supports that need to be put in place to ensure rural and regional training offers trainees and supervisors a positive, high quality experience.

Ongoing support and investment for initiatives that improve the quality of supervisors and trainees experience particularly in rural and regional areas will be critical to boost training capacity and workforce retention.

## Recommendations

The ACD calls on the federal government to continue and expand its support for:

- Delivery of new models of training in expanded settings, such as rural and private practice, through an expanded investment in the Specialist Training Program (STP).
- Outreach to enable service visits and address the unmet healthcare needs of Australia's smaller towns and more remote and isolated populations through a boost to the Rural Health Outreach Fund.

## **Solution: Support for digitally-enabled models of care that improve accessibility, quality, safety and efficiency: Teledermatology using Store and Forward technology**

### *Why this matters*

Due to the chronic nature of many dermatological conditions, patient management often requires long term treatment approaches and follow up to ensure optimal outcomes and prevent disease recurrence. For delivery of specialist care, patients in non-metropolitan areas must travel to urban centres or attend outreach clinics serviced by fly-in fly-out specialists. Both options are costly and impractical for ongoing care, driving the likelihood of treatment lapses and emergency department admissions. Telehealth services are one mechanism for supporting healthcare closer to home.

Developing our health workforce to confidently, safely and ethically use digitally enabled models of care that improve accessibility, quality, safety and efficiency are key priorities in Australia's National Digital Health Strategy<sup>9</sup> and its draft National Digital Health Workforce and Education Roadmap<sup>10</sup>.

### *Teledermatology using Store and Forward technology – enhancing access to services and training*

Dermatology is a visual specialty, highly suited to the use of digital images for diagnostic and disease management purposes<sup>11</sup>. Teledermatology using Store and Forward technology is an innovative technology based model for service delivery, whereby a patient's digital images and clinical data are captured by their GP or other medical specialist and securely forwarded to a specialist dermatologist for assessment, diagnosis and therapeutic recommendation.

This model has been trialled longitudinally in Australia in several settings, demonstrating clinical effectiveness, safety, acceptability, reduced waiting times and out-of-pocket costs, and high patient-reported satisfaction.<sup>12</sup> The technology is supported by international evidence and guidelines, and the ACD has worked with the Centre for Online Health at the University of Queensland to develop Practice Guidelines for Teledermatology.

Teledermatology using Store and Forward technology can also be used for remote clinical supervision, augmenting the capacity and quality of specialist training, particularly within rural and regional settings and providing exposure to a diversity of clinical cases. Experiences in Australia and internationally support the use of Store and Forward as a teaching tool in medical education and specialist dermatology training<sup>13,14</sup>.

Expansion and sustainability of technology-based services such as 'derm-telehealth' models requires that trainees on rural and regional placements or participating in rural outreach are able to gain clinical experience and technical expertise in this modality of treatment<sup>4</sup>.

### *Lack of MBS items is a barrier to uptake – investment is needed to build the business case*

Digital communications technology is already utilised by Australian dermatologists to assist their patients in rural and remote areas to access specialist health care services with a Medicare Benefits Schedule (MBS) item providing access to specialist video consultations.

However videoconferencing alone is often inadequate for effective dermatology consultations due to the low visual quality of live streaming. Accompanying high quality digital images, most commonly provided by the patient's GP via Store and Forward technology are frequently required but there is currently no reimbursement mechanism for this component of the consult - neither for the GP capturing the images nor the dermatologist providing the analysis – and this is impeding uptake nationally.

The ACD has attempted to address this deficiency by applying to have Teledermatology using Store and Forward technology listed on the MBS through two applications to the Medical Services Advisory Committee (MSAC) in November 2014 and April 2017. MSAC has sought additional clinical evidence on safety, effectiveness, diagnostic concordance and diagnostic accuracy between Teledermatology using Store and Forward and its comparators (face-to-face consult and videoconference). MSAC has also requested further effectiveness and utilisation data on the existing Telehealth services in dermatology.

## Recommendation

The ACD calls on the Federal Government to provide funding to the ACD to undertake a feasibility study of Teledermatology using Store and Forward technology for the remote delivery of specialist dermatology services to regional, rural and remote areas of Australia, and to collect the additional evidence sought by MSAC.

The ACD strongly supports the need for a feasibility study and has scoped a pilot program to **establish 5-6 dedicated Teledermatology registrar training positions**, located at regional teaching hospitals in major states (QLD, NSW, VIC, SA, WA), over a four year period – together with an independent evaluation.

In summary:

- The training positions would be established in teaching hospitals with an established and formalised rural catchment area and sufficient supervisory capacity, and these dedicated Teledermatology registrars will be under the supervision of a consultant dermatologist.
- In addition to face-to-face outpatient consultations, the registrars will evaluate Store and Forward Teledermatology cases referred by identified providers in the catchment area, utilising existing telehealth equipment at regional hospitals.
- Independent evaluation to examine its effectiveness as a novel complementary mechanism for registrar training and impacts on health service costs and patient costs.

This pilot would enable the benefits of this innovative service delivery model to be proven in a real world environment, with the potential to significantly improve access, in a relatively short period of time, to specialist dermatology services for patients living in regional Australia.

However, as a small specialist college, it is not within the ACD's capacity to fund this pilot and we are therefore seeking federal government **funding of \$3.45 – 4.05 million over four years** for this pilot program to proceed. This funding comprises:

- \$150,000 per annum over four years for each registrar position (\$600,000 in total per position) that will cover the registrar salary, on-costs and rural loading for completion of the 4 year ACD dermatology training program.\*
- \$100,000 per annum over 4 years for a dedicated project manager (\$400,000)
- \$50,000 for independent evaluation at the conclusion of the project.

The more detailed business case is attached – see *A Feasibility Study of Teledermatology for the Delivery of Specialist Dermatology Training and Services*, December 2019.

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\* The ACD training program of four years of defined clinical and educational experience in training positions accredited by the College and a series of assessments, culminating in the Fellowship Examinations.

# Improving skin cancer outcomes through standards setting and clinical best practice

## Ensuring patient safety and quality care is delivered by all medical practitioners working in skin cancer

Skin cancers – including melanoma and non-melanoma skin cancer (NMSC) – are the most commonly diagnosed cancers in Australia each year. At least 2 in 3 Australians will be diagnosed with some form of cancer before the age of 70.<sup>15</sup> In 2017, the annual health system burden for melanoma alone was estimated at AU\$272 million.<sup>16</sup> Incidence of melanoma and the most common NMSCs (basal cell carcinoma [BCC] and squamous cell carcinoma [SCC]) are predicted to continue to rise, placing a substantial burden on Australia's health care system.

GPs remain at the front line of skin cancer detection for most Australians. GPs have the knowledge and skills to perform skin checks and minor procedures, discuss an individual's skin cancer risk and provide advice on the frequency of surveillance or the need for specialist dermatologist care.

Dermatologists are specialists trained in the diagnosis and treatment of all skin diseases including skin cancer. People who are at high risk of skin cancer, or who have a suspicious mole or spot which may require more complex care, should be referred to a dermatologist by their GP.

Skin cancer clinics are practices which are predominantly staffed by GPs with an interest in skin cancer. GPs working in skin cancer clinics may have undergone some additional training, although no special qualifications are required to work in skin cancer clinics. Indeed, research has shown that GPs working in general practice and those working in skin cancer clinics diagnose skin cancer with similar accuracy.

### *The issue*

The emergence of general practice skin cancer clinics, without accreditation, regulation or training requirements, has led to an increasingly confused public and wide variations in practice. This has placed the Australian public at risk of unnecessary medical procedures and raises concerns for patient safety and outcomes:

- There are no specific primary care qualifications in skin cancer education accredited by the Australian Medical Council and no guarantee a skin cancer clinic doctor has received the required level of upskilling and undertaken continuous medical education to support their narrowed scope of practice.
- Dermatologists have a greater accuracy in diagnosing skin cancer than GPs. There is no evidence to suggest that GPs in skin cancer clinics have superior diagnostic skills than GPs working in general practice<sup>17,18,19,20</sup>.
- Medicare data shows some skin cancer GPs are cutting out skin lesions unnecessarily, over-servicing patients and wasting Medicare funds. There is a subset of GPs (less than 1%) who bill almost a third of all GP skin cancer services at a rate 44 times higher than the rest of the GP workforce<sup>20</sup>.
- 2015 MBS billing for benign excisions (MBS item 30195) was 5.6 times greater for skin cancer GPs than dermatologists, suggesting considerable over-servicing. For this one item alone, Medicare paid just under \$11M in benefits in 2015 for a total of 195,723 services<sup>21</sup>. Skin cancer GPs – less than 1% of the GP workforce - performed over half of these (99,672), costing the MBS \$5.6M – compared with \$1M for dermatologists (17,802 services)<sup>21</sup>.

## Solutions: Standards and accreditation for all medical practitioners working in skin cancer

Through MSAC and the MBS Review, MBS skin service and dermatology items have been tightened in an attempt to curb misuse and over-servicing. ACD is working closely with the Department of Health to evaluate and provide advice on the impact of these changes. The ACD is also working towards clarifying for consumers the different scopes of practice and qualifications of GPs, GPs with specialist interest in dermatology and specialist dermatologists<sup>22</sup>.

As the sole medical college accredited by the Australian Medical Council for the training and continuing professional development of medical practitioners in the speciality of dermatology, the ACD is well placed to provide upskilling for primary care practitioners. The ACD launched the Practical Dermoscopy course in 2016 and to date around 360 GPs have completed the course nationally. This dermatologist-led course is part of a suite of modules the ACD offers for GPs on skin cancer detection, and diagnosis.

These modules are helping to ensure that skin cancer is appropriately diagnosed and managed in primary care and that those with a high risk of skin cancer or requiring complex care are referred to a dermatologist by their GP. Feedback from GPs who have completed the course have stated that the program has made an immediate difference to their practice with one GP stating:

*“if I prevent just one person from getting advanced melanoma I will have saved the government many thousands of dollars in advanced chemotherapy costs. In fact, one year of biologics probably costs more than the total cost of educating everyone on my course INCLUDING the free dermatoscopes!!”*

## Recommendation

The ACD calls on the Federal Government to:

- Commit to developing and implementing independent and rigorous accreditation processes for skin cancer clinics
- Endorse and support ACD to set the standards in skin cancer education and training in primary care.



## References

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