

The Australasian College of Dermatologists

Federal Pre-Budget Submission 2021-22

**For the highest standard of skin
health and dermatology care for all
patients and communities**

January 2021



THE AUSTRALASIAN COLLEGE
OF DERMATOLOGISTS

Dermatologists specialise in the diagnosis, treatment and management of all skin diseases and conditions, including skin cancer. With skills and expertise spanning medical, surgical and procedural dermatology, specialist dermatologists are at the forefront of research and innovation in skin health.



The Australasian College of Dermatologists (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.

We are the leading authority in Australia for dermatology, providing information, advocacy and advice to patients, communities, government and other stakeholders on skin health and dermatological practice.

Our vision is for the highest standard of skin health and dermatology care to be accessible to all patients and communities.

THE AUSTRALASIAN COLLEGE OF DERMATOLOGISTS

Suite 2A, Level 2, 9 Blaxland Road,
Rhodes NSW 2138

PO Box 3785 Rhodes NSW 2138

Telephone +61 2 8765 0242

Email admin@dermcoll.edu.au

Website www.dermcoll.edu.au

Executive summary

Almost 1 million people in Australia – over 4% of the population – suffer from a long term condition of the skin¹. Many of these are, or without early intervention become, chronic conditions with significant health, psychosocial and economic impacts.

Dermatologists are specialist doctors who have undergone a minimum of 4 years postgraduate specialist training in the diagnosis, treatment and prevention of skin diseases and cancers. Access to specialist dermatology services leads to improved patient outcomes² and drives efficiencies within the health system³. However, the workforce is in substantial shortage and is geographically maldistributed.

There is clear evidence of poorer outcomes for patients with dermatological conditions living in regional, rural and remote areas^{4,5,6} with limited access to specialist dermatology services being a key contributing factor^{7,8}.

Increasing the specialist workforce relies on adequate funding for training placements and on sufficient numbers of clinical supervisors being available to train and support the next generation of doctors⁹. Both are needed if we are to build the sustainable regional training hubs needed to grow workforce capacity to meet all Australians' healthcare needs.

Workforce shortages, urban-centric distribution and funding constraints on training positions mean too many Australians do not have access the timely, geographically convenient dermatology care they need.

The majority of dermatologists work in private practice, and while many hold hospital appointments, these tend to be small FTE roles due to the scarcity of funding for consultant positions in public hospitals. The Federal Government's Specialist Training Program (STP) has been a gamechanger – increasing opportunities to train in rural and remote areas and leveraging supervisory capacity in private settings. This investment has so far enabled the ACD to expand the training program by 25% and to create a dedicated Aboriginal and Torres Strait Islander training position. Without this Federal investment over last decade, addressing the shortage of dermatologists would have been all the more intractable. However, there is an urgent need to accelerate workforce growth to meet current and future demand for dermatology services and we strongly encourage the Government to build on this successful investment.

At the same time, telehealth-enabled service delivery, triage, intra and inter-professional assessment and advice, and training models are also helping to optimise utilisation of our scarce dermatology workforce. During COVID-19, a necessary triaging and re-examination of the optimal way of delivering services led to a rise in the use of telehealth as effective and appropriate in a number of situations and circumstances. Government investment in these models of care and training, and the communications infrastructure underpinning them, will be critical to the future sustainability of our healthcare system.

Recommendations

All Australians should be able to access the highest standard of skin health and the dermatology care they need.

To ensure the current and future dermatology needs of Australians are met, the ACD is calling for Federal Government support for:

- 1 Four additional dermatology training positions in expanded settings, such as rural and private practice.**
Investment: \$600,000 per position over four years.
- 2 Leverage COVID-19 learnings to embed telehealth into the health system by specifically incorporating telehealth into specialty training funding schemes.**

Increasing capacity to deliver specialist dermatology services for all Australians

1 Four additional dermatology training positions in expanded settings, such as rural and private practice

WHY THIS MATTERS

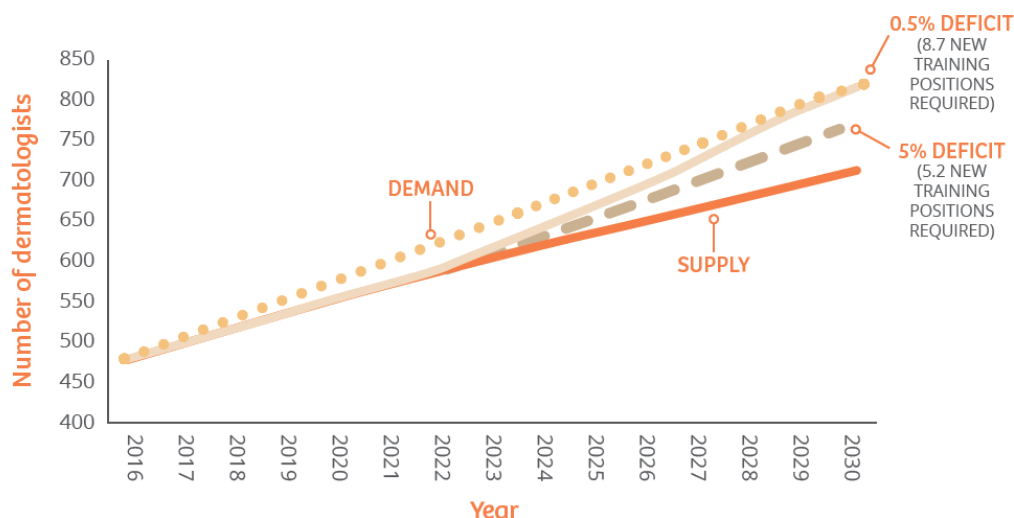
All Australians should be able to access the highest standard of skin health and dermatology care. Yet workforce shortages, urban-centric distribution and funding constraints on training positions means many Australians do not have access the timely, geographically convenient care they need.

SUPPLY AND DEMAND OF THE DERMATOLOGIST WORKFORCE

According to the Department of Health, the Australian specialist dermatology workforce shortage is predicted to increase to a shortage of 90 FTE dermatologists by 2030 - almost 15% less than required to meet the dermatological health care needs of the Australian population¹⁰.

There are approximately 100 registrars in the ACD national training program. At a national level, an expansion of the training program of 8.7 FTE training positions *annually* is needed to meet the projected demand for dermatology services over the next 10 years.

Figure 1. Annual increase in training positions required to meet future needs



Workforce maldistribution further reduces dermatology capacity in regional, rural and remote areas, with over 90% of dermatologists in Australia living and practising in major metropolitan centres. This results in inequitable access to services in regional and rural areas and is reflected in poorer patient outcomes across several key health measures.

At the same time dermatology service demand is growing at a higher rate due primarily to population increases, the ageing population, medical technology changes and complexity of care. Melanoma and non-melanoma skin cancer rates continue to rise,¹¹ as does the corresponding demand for surveillance, management and follow up. In 2017, the annual health system expenditure for melanoma alone was estimated at AU\$272 million.¹² There are increasing numbers of infectious disease, cutaneous oncology, rheumatology, gynaecology, immunology and paediatric services that require ongoing interaction with dermatology to maintain patient outcomes. These make addressing the workforce shortage ever more urgent.

THE VALUE OF FEDERALLY-FUNDED SPECIALIST TRAINING IN EXPANDED SETTINGS

The sustainability of the specialist workforce relies not only on adequate funding for training placements but on sufficient numbers of clinical supervisors being available to train and support the next generation of doctors¹³. The insufficient funding for dermatology consultant positions in public hospitals, and indeed with many hospitals having no state-funded dermatology service, is a significant barrier.

The ACD is working with jurisdictional health departments and health services to expand public hospital services, incorporating both dermatologists and trainees. However, at the present time while 70% of training occurs in public hospitals, over 90% of Fellows' work is undertaken either in the private sector or in a public/private mix. As recognised by the Government, Commonwealth investment is needed to enable delivery of new models of specialist dermatologist training in these expanded settings.

Commonwealth initiatives such as the Specialist Training Program (STP) have been instrumental in increasing opportunities to train in rural and remote areas and in leveraging supervisory capacity in private settings. The Australasian College of Dermatologists has 29 STP funded training positions nationally and this has enabled us to expand the capacity of our training program by 25%, greatly benefiting the training program and increasing the availability of specialist services in rural and regional areas¹⁴.

This investment has enabled the ACD to work with private, multidisciplinary facilities like The Skin Hospital (Westmead and Darlinghurst), the Skin Health Institute (Melbourne) and the Queensland Institute of Dermatology (Brisbane) that have the supervisory capacity and infrastructure to provide registrars with high quality training opportunities within general and sub-specialty clinics, and well supported rural rotations.

The program has also enabled us to offer a designated Aboriginal and Torres Strait Islander dermatology training position for an applicant who meets the requirements of selection into the training program. This move has seen us go from having no Aboriginal and Torres Strait Islander dermatologists in Australia to graduating our first Aboriginal dermatologist in 2019 with a further two First Nations trainees currently progressing through the training program.

With an ageing workforce and current workforce shortages, there remains a pressing need to further accelerate expansion of the training program. The system is extremely fragile, particularly in outer metro, regional, rural and remote areas where there are fewer supervisors to call upon. Even larger regional centres outside of metropolitan areas face possible workforce depletion unless we can act now to fully leverage the supervisory capacity that does exist to boost workforce growth. We are therefore calling on the Federal Government to build on its investment to date by expanding its successful support for dermatology training in expanded settings.

To build on progress to date, we are seeking Federal Government support for the creation of four additional funded training positions for dermatology.

*Investment: \$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.**

* 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.

2 Leverage COVID-19 learnings to embed telehealth into the health system by specifically incorporating telehealth into specialty training funding schemes.

WHY THIS MATTERS

A key challenge to growing the dermatology workforce and supporting training in regional and rural areas is having sufficient clinical supervisors available. Telehealth-enabled models provide the opportunity to tap into a broader pool of supervisory capacity, putting regional and private training on a more sustainable footing and providing trainees with valuable experience in a model that is transforming delivery of care.

THE VALUE OF TELEHEALTH IN IMPROVING ACCESS TO DERMATOLOGY SERVICES

We welcome the Minister for Health's announcement that for the long term, telehealth will become a permanent part of the Medicare system.

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. Telehealth models are proving highly valuable in delivering timely access and continuity of care.

Teledermatology models - both telehealth consultations, and store-and-forward[†] - have seen a significant boost, in both private and public settings, as hospitals and health services respond to COVID-19. They have proven their value at scale.

Before the COVID-19 pandemic, telehealth was already well recognised as a valuable model of care in dermatology. At the registrar level, telehealth is integrated into ACD's specialist training program within Fundamentals of Clinical Practice in Dermatology. To support Fellows in public and private practice, the College has also recently published peer reviewed Practice Guidelines in Teledermatology (2020), which include critical elements such as patient selection, technology requirements, security and consent.

COVID-19 prompted a necessary triaging of patients and re-examination of the optimal way of delivering service demonstrating that models incorporating telehealth could optimise service delivery in a number of cases, conditions, circumstances and episodes of care. Telehealth has been shown to have a particularly robust role in supporting continuity of care and ongoing management. Store and Forward teledermatology has been particularly valuable in providing a triage tool to identify those patients that require specialist care, considerably reducing waitlists, and to assist GP/ local clinician-led patient management.

Teledermatology models are an effective means of supporting ongoing care closer to home, reducing the likelihood of treatment lapses and emergency department admissions. They are also a valuable training tool.

[†] Store and Forward Teledermatology is a highly collaborative service delivery and inter- and intra-professional assessment and advice model that enables a patient's local GP or medical specialist to capture high quality images and securely forward these images and clinical data to a dermatologist for assessment, diagnosis and therapeutic recommendation. It does not require the managing clinician and dermatologist to be online at the same time making it is a very efficient and flexible form of communication.

Not only are these models helping to overcome access barriers, driving down waitlists and wait times and building broader health workforce capability and capacity, but they are also enabling greater workforce flexibility and providing a valuable and innovative teaching tool with the potential for remote supervision of trainees.

TELEHEALTH PROVIDING VALUABLE CLINICAL SUPPORT AND SUPERVISION

The use of teledermatology models has not only enabled delivery of specialist dermatology care to continue but it has reduced professional and personal isolation - made particularly acute by the COVID-19 – by enabling the provision of inter- and intra-professional clinical support, supervision and training to occur between doctors and between supervisors and trainees. It has meant training is not interrupted when supervisors are on leave or travel restrictions are in place, and importantly is providing trainees with valuable exposure to these models of care.

ACD has long been a proponent of incorporating teledermatology into registrar training as a means of equipping a future generation of doctors in these modalities. While we are making some headway in leveraging this model at a jurisdictional level, significant untapped capacity remains in the private sector.

There are a number of public and private facilities that have the infrastructure and supervisory capacity to support the model of teledermatology registrars and thereby boost service provision to regional, rural and remote communities within their catchment areas.

Incorporating teledermatology models into the criteria for current and future Federally-funded training would optimise use of a scarce supervisory workforce, place regional and private rotations on a more sustainable footing, create more flexible networks of support and equip our future workforce with the experience and skills they need to deliver timely, high quality care.

As a longstanding advocate for the use of telehealth as a safe complementary modality for the delivery of specialist care, we welcome the opportunity for ongoing discussion with the Federal Government on how we can take this opportunity to leverage and support these models to deliver a responsive and sustainable health system for the future.

We recommend telehealth modalities of service provision and training be incorporated into Federally-funded training schemes.

References

- ¹ Australian Bureau of Statistics, 2018. 4364.0.55.001 – National Health Survey: First Results, 2017–18, December 2018 <https://www.abs.gov.au/AUSSTATS/abs@nsf/allprimarymainfeatures/F6CE5715FE4AC1B1CA257AA30014C725?opendocument>
- ² Tran H, Chen K, Lim AC, et al., 'Assessing diagnostic skill in dermatology: A comparison between general practitioners and dermatologists', *Australas J Dermatol*. 2005 Nov;46(4):230-4.
- ³ Australian Government Department of Health (DoH), *Australia's Future Health Workforce – Dermatology*, May 2017, <http://www.health.gov.au/internet/main/publishing.nsf/Content/australias-future-health-workforce-dermatology-report> accessed Aug 2018.
- ⁴ Australian Institute of Health and Welfare, Australian health expenditure – demographics and diseases: hospital admitted patient expenditure 2004-05 to 2012-13, Oct 2017, Canberra: AIHW.
- ⁵ Abdalla T, Hendrickx D, Fathima P, et al. 'Hospital admissions for skin infections among Western Australian children and adolescents from 1996 to 2012', *PLoS ONE*, 2017; 12(11): e0188803.
- ⁶ Australian Institute of Health and Welfare 2019. *Cancer in Australia 2019*. Cancer series no.119. Cat. no. CAN 123. Canberra: AIHW.
- ⁷ Tran H, Chen K, Lim AC, et al., 'Assessing diagnostic skill in dermatology: A comparison between general practitioners and dermatologists', *Australas J Dermatol*. 2005 Nov;46(4):230-4.
- ⁸ Australian Government Department of Health (DoH), *Australia's Future Health Workforce – Dermatology*, May 2017, <http://www.health.gov.au/internet/main/publishing.nsf/Content/australias-future-health-workforce-dermatology-report> accessed Aug 2018.
- ⁹ Scott A. ANZ - Melbourne Institute Health Sector Report: The future of the medical workforce.; 2019.
- ¹⁰ Australian Government Department of Health (DoH), *Australia's Future Health Workforce – Dermatology*, May 2017, <http://www.health.gov.au/internet/main/publishing.nsf/Content/australias-future-health-workforce-dermatology-report> accessed Aug 2018.
- ¹¹ Australian Institute of Health and Welfare, *Skin cancer in Australia*. Canberra: AIHW, July 2016.
- ¹² Elliott TM, Whiteman DC, et al., 'Estimated Healthcare Costs of Melanoma in Australia Over 3 Years Post-Diagnosis', *Appl Health Econ Health Policy*, 2017 Dec;15(6):805-816.
- ¹³ Scott A. ANZ - Melbourne Institute Health Sector Report: The future of the medical workforce.; 2019.
- ¹⁴ Australian Government Department of Health. Review of the Specialist Training Program and the Emergency Medicine Program: Final Report. March 2017.