



# THE AUSTRALASIAN COLLEGE OF DERMATOLOGISTS

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2 September 2020

Hon Josh Frydenberg MP  
Treasurer  
Parliament House  
Canberra ACT 2600  
[prebudgetsubs@treasury.gov.au](mailto:prebudgetsubs@treasury.gov.au)

Dear Treasurer

## **Australasian College of Dermatologists 2020-21 pre-budget submission**

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. 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.

The ACD commends the Federal Government on their rapid response to enable the healthcare system to deliver care effectively throughout the COVID-19 pandemic. The pandemic has highlighted the significant potential of telehealth and other digitally enabled models of care in rapidly improving people's access to the timely, appropriate, ongoing and geographically convenient dermatology care they need. Store and Forward teledermatology in particular is proving transformative – driving down public hospital dermatology waitlists, enabling GP-led care closer to home and demonstrating excellence as an educational and training tool.

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. Access to specialist dermatology services leads to improved patient outcomes<sup>2</sup> and drives efficiencies within the health system<sup>3</sup>.

Digitally-enabled models of care are optimising use of a scarce and maldistributed specialist dermatology workforce. With only 550 practising dermatologists in Australia and just 10% living and practising outside of major metropolitan centres, telehealth is an immediate and essential complement to longer-term workforce and retention strategies to improve Australian's access to timely, safe dermatology care.

Urgent continued investment is needed to sustain and boost telehealth uptake during the pandemic and beyond.

In December 2019, the ACD lodged its 2020-21 federal pre-budget submission (attached). The submission recommended that the federal government commit funds to:

1. Delivery of new models of training in expanded settings, such as rural and private practice, to complement increased jurisdictional support to public hospitals (approximately 9 additional training positions are required annually to meet the projected demand for services to 2030)
2. Outreach to enable service visits and address the unmet healthcare needs of Australia's smaller towns and more isolated populations
3. Innovative models of care, specifically funding a feasibility study for Store and Forward teledermatology.
4. Improving skin cancer outcomes and reducing unnecessary patient and Government expenditure through development, endorsement of and investment in independent and rigorous accreditation processes for skin cancer clinics; and standard setting for skin cancer education and training in primary care.

These areas of investment remain a priority for the ACD and its members.

Given the at scale testing of digitally-enabled models of care as a result of policy and funding decisions in response to the COVID-19 pandemic, the ACD wishes to raise future support for these telehealth models as further matters for consideration as outlined below.

## Issue 1. Telehealth consultation items

- MBS support via the expanded MBS telehealth consultation items facilitated almost universal uptake of telehealth by dermatologists.
- Recent data shows dermatologists continue to use telehealth in a highly judicious and targeted way – for a select subset of patients.
- The flexibility to select the most appropriate modality of care, driven by a patient's clinical needs and circumstances, rather than reimbursement drivers, has been greatly valued by dermatologists and patients.

*See Appendix A - Beyond COVID-19: The value of MBS telehealth consultation items in dermatology*

**Recommendation:** Medicare funding to support telehealth in dermatology should continue to be available beyond 30 September 2020 to support safe and timely delivery of specialist dermatology care to patients in all locations.

## Issue 2: Store and Forward Teledermatology - a transformative model of care

- The dermatology workforce shortage, limited supervisory capacity and maldistribution means there is an urgent need to combine an increase in dermatology registrar positions with innovative service delivery models that also build local workforce capability.
- In the public hospital system, COVID-19 has driven increased uptake (and data collection) of Store-and-Forward teledermatology assessment and advice model and it is showing impressive results - enabling rapid triage of patients requiring specialist care and demonstrating a high proportion of Category 2 and 3 patients can be initially managed through recommendations back to the GP without the need for a dermatology outpatient appointment.
- COVID-19 has further highlighted SAF's value as a teaching tool for registrars enabling optimal use of limited supervisory capacity, remote supervision and providing trainees with valuable experience in digitally enabled models of care.
- There is currently no MBS item for SAF, limiting uptake by both the GPs capturing the images and dermatologist providing the report. An independently evaluated, national pilot would enable the required efficacy data to be collected to support a further MSAC application in the future while at the same increasing training capacity.

*See Appendix B – Beyond COVID-19: The value of Store and Forward teledermatology.*

**Recommendation:** Funding for a pilot program to establish 5-6 dedicated Teledermatology registrar training positions, located at regional teaching hospitals to enable the remote delivery of specialist dermatology services to regional, rural and remote areas of Australia and an independent evaluation to collect the quantity and quality of clinical and economic evidence required by MSAC.

The ACD is committed to working with the federal government to improve access to safe, timely and high-quality care dermatological care for all Australians with skin conditions and to doing so in the most effective and sustainable way.

We would welcome the opportunity to further collaborate with you and your department on the supports required to enable dermatology workforce growth, training and retention and support capability building of the primary care workforce to ensure the skin health needs of all Australians are met now and into the future.

Kind regards



A/Prof David Francis FACD

<sup>1</sup> 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>

<sup>2</sup> 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.

<sup>3</sup> 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.

## Appendix A

# Beyond COVID-19: The value of telehealth in dermatology



The Australasian College of Dermatologists has been a longstanding advocate for the use of telehealth as a safe, flexible, sustainable and accessible modality for the delivery of specialist dermatology care, particularly for Australians in regional, rural and remote areas.

The College commends the federal government for their rapid response to the COVID-19 pandemic by expanding MBS telehealth items, allowing for the continued delivery of healthcare remotely and to all patients regardless of location. The judicious use of these items is delivering significant benefits for the safe and timely delivery of dermatology care to patients in all locations. We therefore call for:

**Medicare funding to support telehealth in dermatology to continue to be available beyond 30 September 2020 to support safe and timely delivery of specialist dermatology care to patients in all locations.**

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 published peer reviewed *Practice Guidelines in Teledermatology* (2020), which include critical elements such as patient selection, technology requirements, security and consent.

This early training and continued professional support have provided an excellent skills base for dermatologists, such that embedding this modality has been a safe and swift process during the pandemic. Survey of ACD Fellows has shown that 85% of dermatologists have rapidly incorporated telehealth into their practices.

**A valued model of care for dermatology:** The expansion of telehealth consultation items during COVID-19 has provided dermatologists with an invaluable opportunity to test telehealth's clinical effectiveness, safety, appropriateness and acceptability to both clinicians and patients at scale across a number of different settings. Telehealth is providing a valued model of care and not only for rural and remote patients. Recent ACD data suggests the flexibility to select the most appropriate modality of care for individual patients has been highly valued.

**Telehealth is being used judiciously:** Recent data is also showing a strong and growing understanding among dermatologists of those patients, conditions and circumstances for which telehealth consultations offer an effective and, in many cases, preferable model of care. Indeed, the data indicates that dermatologists are using telehealth consultations in a highly judicious and targeted way: while most are continuing to use telehealth consultations, they are using them for a select subset of patients.

**Digital images play a critical role:** The expanded telehealth consultation items have afforded dermatologists the opportunity to assess how this model of care can be organised most efficiently and effectively on the ground. Dermatology is a highly visual specialty and dermatologists have deployed a carefully tailored mix of videoconferencing, photographs and telephone according to clinical and patient need. Notably, still digital images are preferred to assist with diagnosis and management, with approx. 65% of video and phone consultations performed with digital images, usually provided by the patient prior to the consultation at the request of the dermatologist.

The College strongly supports the continuation of these telehealth items beyond the pandemic. They have provided the flexibility needed to enable dermatologists to select the most suitable modality of care – taking account of clinical appropriateness and patient circumstances. It is essential that clinicians retain this flexibility to deliver care in the most suitable way into the future, guided by best practice guidelines and standards. We would be keen to collaborate with the federal government to ensure this funding supports how telehealth is delivered in practice and its optimal and appropriate use.

## Appendix B

# Beyond COVID-19: The value of Store and Forward teledermatology



The COVID-19 pandemic has highlighted the considerable benefits of other digitally enabled models of care in dermatology, that if supported longer term offer significant value to patients and to the health system.

In addition to in-person, telephone or video consultation models, dermatologists have responded to the pandemic by leveraging a clinician-to-clinician advice and assessment model known as Store and Forward teledermatology and it is proving transformative in improving access to care – enabling rapid triage of patients, substantially reducing waiting lists, assisting GP-led management and providing an excellent teaching tool.

Combining this model with dermatology registrar training positions, as proposed in the ACD's 2020-21 Pre-budget submission (Dec 2019) (attached) is an innovative and efficient way of addressing dermatology workforce shortages and maldistribution, optimising limited supervisory capacity, training registrars in technology-enabled models of care and building local workforce capability. We therefore call for:

**Funding for a pilot program to establish 5-6 dedicated Teledermatology registrar training positions, located at regional teaching hospitals to enable the remote delivery of specialist dermatology services to regional, rural and remote areas of Australia and an independent evaluation to collect the quantity and quality of clinical and economic evidence required by MSAC.**

### Store and Forward teledermatology: a highly effective and sustainable model

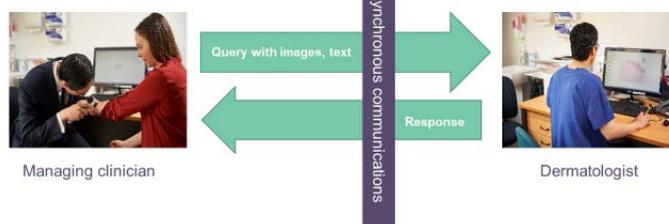
As a visual specialty, “teledermatology” often involves the use of still digital images to guide diagnosis and assessment. Store and Forward Teledermatology is a highly collaborative service delivery model that enables a patient’s local GP or medical specialist to capture high quality images and securely forward these images and clinical data to a dermatologist for assessment, diagnosis and therapeutic recommendation. Because it does not require the managing clinician and dermatologist to be online at the same time, it is a very efficient and flexible form of communication.

The Store and Forward model of care is of particular value as a triage tool to identify those patients that require specialist care, considerably reducing waitlists, and to assist GP-led patient management. Store and Forward teledermatology 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>1</sup> More recent data from public hospital sites (to be published) is showing strong results, indicating a high proportion of Category 2 and 3 patients can be initially managed through recommendations back to the GP and without the need for a hospital appointment, considerably reducing outpatient clinic wait lists.

The ‘Store and Forward’ model is also proving a valuable teaching tool with the potential to enable a component of remote supervision – a benefit only accentuated by the pandemic. It is envisaged that evidence of the model’s effectiveness will continue to drive further investment in this model of care in public hospitals.

While the model is gaining momentum in the public system as hospitals and health services adapt to the rapidly changing environment, the significant dermatology workforce capacity that exists in the private sector is not being tapped because ‘store and forward’ is not currently reimbursed by Medicare. The ACD has applied to MSAC for an MBS item number, however due to the challenges in generating sufficient clinical and health economic data on such a small scale, those applications were unsuccessful. The growing body of evidence in support of this model strengthens the rationale for taking a national and coordinated approach for piloting and evaluating it, and to inform future funding arrangements.

#### Store and forward teledermatology



## Transforming training and service delivery so all Australians can access high quality dermatology care

According to the Department of Health, the Australian specialist dermatology workforce is predicted to be in shortage of 90 FTE dermatologists by 2030 and approximately 9 additional training positions are required annually to meet the projected demand for services to 2030. There is an urgent need to combine an increase in dermatology registrar positions with innovative service delivery models that also build local workforce capability.

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COVID-19 has only strengthened the ACD's supports for the need for 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.

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The pilot program proposal was submitted as part of our 2020-21 Pre-budget submission (Dec 2019).

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 at scale 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.

As a small specialist college, it has not been within the ACD's capacity to fund this pilot. 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.

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For the detailed business case, see *A Feasibility Study of Teledermatology for the Delivery of Specialist Dermatology Training and Services, December 2019* included as part of ACD's 2020-21 Pre-budget submission, Dec 2019 (attached).

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<sup>1</sup> Katragadda C, Finnane A, Soyer HP, et al., 'Technique Standards for Skin Lesion Imaging: A Delphi Consensus Statement', *JAMA Dermatol*, 2017;153(2):207-213; Finnane A, Curiel-Lewandrowski C, Wimberley G, et al., 'Proposed Technical Guidelines for the Acquisition of Clinical Images of Skin-Related Conditions', *JAMA Dermatol*, May 2017;153(5):453-457; Finnane A, Dalles K, Janda M, Soyer HP., 'Teledermatology for the Diagnosis and Management of Skin Cancer: A Systematic Review', *JAMA Dermatol*, Mar 2017;153(3):319-327; Snoswell C, Finnane A, Janda M, Soyer HP, Whitty JA., 'Cost-effectiveness of Store-and-Forward Teledermatology: A Systematic Review', *JAMA Dermatol*, Jun 2016;152(6):702-8; Finnane A, Siller G, Mujcic R, Soyer HP, 'The growth of a skin emergency teledermatology service from 2008 to 2014', *Australas J Dermatol*, Feb 2016;57(1):14-8.

<sup>2</sup> 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.