

# The Australasian College of Dermatologists

## Federal Pre-Budget Submission 2022-23

Accessible and equitable dermatology care for all patients and communities

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THE AUSTRALASIAN COLLEGE  
OF DERMATOLOGISTS

At the Australasian College of Dermatologists, we understand that accessing specialist dermatology care isn't always easy.

## What do dermatologists do?

Dermatologists specialise in the diagnosis, treatment and management of all skin diseases and conditions, including skin cancer. In the same way cardiologists are the specialists in heart health, dermatologists are the specialists in skin health.

With skills and expertise spanning medical, surgical and procedural dermatology, specialist dermatologists are at the forefront of skin health research and innovation.

Access to specialist dermatology services leads to improved patient outcomes<sup>1</sup> and drives efficiencies within the health system<sup>2</sup>.

## What does the College do?

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 590 Fellows (dermatologists) 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.

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## So why can it be so hard for Australians to access the care they need?

Accessing a dermatologist can be difficult. In Australia we have a substantial shortage of specialist dermatologists with just 590 nationwide.

With roughly 2 dermatologists per 100,000 Australians<sup>3</sup>, it's not surprising how hard it can be, particularly for people in regional, rural and remote communities.

Ensuring Australia has enough dermatologists in the years ahead will be vital to addressing these access issues.



**More outreach services and funding allocated to public hospitals for dermatology services and training will be essential to address these issues in the future, especially with a projected shortfall of 90 dermatologists by 2030.**

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## So, what needs to happen?

To increase the number of dermatologists, we need to increase the number of training places nationally. This requires collaborative effort with federal, state and territory governments to:



Allocate more funding to **train and employ more dermatologists in the public system**, particularly in regional hospitals where too often there is no dermatologist at all.



Continue to encourage and **invest in innovative service delivery models**, such as telehealth, to support people to access timely, appropriate and ongoing care.



Enable **more outreach services** by providing funding to allow dermatologists to travel more frequently to rural and regional areas.

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## What is ACD doing to make this happen?

ACD's vision is for the highest standard of skin health and dermatology care to be available and accessible to all patients and communities. We want all Australians with skin, hair and nail conditions to be able to access the care they need.



We are actively pursuing **innovative models for delivery of specialist dermatology care**, interprofessional support and training that can encourage and enable a future generation of dermatologists to pursue careers delivering care and support for currently underserved communities.



Alongside this, we recognise the invaluable role of GPs in that continuum of care. Our courses, developed and delivered by dermatologists, are **supporting GPs and other health practitioners to upskill** so that they can respond confidently to the skin health needs of their patients and know at what point a referral for specialist care is needed.

Our courses for GPs, GP registrars, prevocational doctors and nurses, are delivered through our dedicated education arm, [Dermatology Australasia](#).



ACD is also working with universities to **provide medical students with greater exposure to dermatology** as a subject in medical curriculum.

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## Why does this matter?

Almost 1 million people in Australia – over 4% of the population – suffer from a long-term condition of the skin<sup>4</sup>.



Many inflammatory skin diseases are, or without early intervention become, chronic conditions with significant health, psychosocial and economic impacts, including pain, increased levels of anxiety and depression, fear of stigma and social isolation significantly impacting quality of life<sup>5</sup>.



At the same time, skin cancers are the most commonly diagnosed cancers in Australia each year and are predicted to continue to rise<sup>6</sup>, placing a substantial burden on Australia's healthcare system.



There is clear evidence that patients with dermatological conditions living in regional, rural and remote areas experience poorer outcomes<sup>7,8,9</sup> with limited access to specialist dermatology services being a key contributing factor<sup>10,11</sup>.



Early and accurate diagnosis and finding the best possible treatment and support can make a significant difference. Access to specialist dermatology services leads to better outcomes for individuals<sup>12</sup> and drives efficiencies within the health system<sup>13</sup>.



Access to specialist teaching and expertise also provides opportunities for other health professionals to develop confidence and skills in delivering care to people with skin, hair and nail conditions.

**Limiting exposure to specialist expertise affects our ability as a nation to make optimal use of scarce health system resources.**

# Our submission

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

## Addressing the issues identified in the National Medical Workforce Strategy

Dermatology is one of the few medical specialties in, or forecast to be in, national undersupply as most recently highlighted in the National Medical Workforce Strategy 2021-2031<sup>14</sup>. According to Department of Health 2016 data, at a national level, an expansion of the training program by **an additional 9 FTE training positions per year** through Federal, state and territory investment is needed over the next decade to meet the nation's skin health needs<sup>15</sup>. However, this modelling assumed supply equalled demand as at 2016 and is therefore a considerable underestimate of the true workforce deficit.

The workforce is significantly maldistributed - over 90% of dermatologists in Australia live and practise in major metropolitan centres.

The National Medical Workforce Strategy clearly identifies the key challenges we face in building a more sustainable and highly skilled workforce, not least uneven distribution of trainees and medical practitioners across locations and specialties; specialty training numbers not matching current or predicted community need; lower access to health care services in regional and remote areas; and lack of data, planning and coordination across governments in the way the nation trains, recruits and supports doctors.

For dermatology, there is an urgent need for solutions that address the system factors, as identified in the National Medical Workforce Strategy, contributing to specialty undersupply, in particular:

- The currently limited supervisor pool (590 dermatologists for 26 million Australians) and the need to balance competing service delivery needs with supervisory responsibilities.
- The impact of service models resulting in specialties with low inpatient loads, like dermatology, being deprioritised for public hospital registrar funding.
- Limited student and prevocational doctor exposure to dermatology and to dermatologists, and challenges for dermatology registrar supervision, due to lack of funding for dermatology services and consultants in public hospitals.

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 Federal Government, Commonwealth investment is needed to enable delivery of new models of specialist dermatologist training in these expanded settings.

In this submission, we put forward our priority recommendations for addressing these issues as they relate to dermatology care, education and training, with a particular focus on National Medical Workforce Strategy Priority Two: Rebalance supply and distribution, **Action 5.3 Build on existing investments and use funding levers**, including public hospital employment positions and the Specialist Training Program, to move trainees into undersupplied specialties.

# Rebalancing supply and distribution through investment in specialist training

## Achievements to date

The Commonwealth-funded Specialist Training Program (STP) has increased training opportunities in rural and remote areas and leveraged supervisory capacity in private settings. It has been an important complement to ACD's work with jurisdictional health departments and health services to expand public hospital services and training.

ACD has 29 STP funded training positions nationally and this has enabled us to expand our training program capacity by 25% and establish a dedicated Aboriginal and Torres Strait Islander training position. Combined with other positive initiatives, this will see three First Nations dermatologists graduate from our training program by early 2022, having had none prior to 2020.

The flexibility to use STP funding to co-fund with jurisdictional health departments and health services, training positions that encompass both public and private settings has been extremely valuable, opening up a number of training posts in public hospitals not previously feasible.

## Constraints – Investment in supervision

However, growing the specialist workforce relies not only on adequate funding for training positions but on sufficient and sustained funding for supervisory dermatology consultant positions. As recognised in the National Medical Workforce Strategy, to better support rural training, supervisors need tailored educational and financial support and there needs to be support for quality remote supervision.

A current limitation of the STP is that funding mechanisms for registrars and consultants can be different. Public hospital budgets are inherently focused on service delivery meaning that locums may be preferred over consultants in a drive to cut costs, or that teaching needs are not sufficiently factored into the consultants' time or remuneration. Insufficient or uncertain public funding for clinical supervisors poses challenges for building a department within outer metro and regional public hospitals and ensuring the sustainability of training. It also limits opportunities for remote supervision of trainees, or to increase the number of supervisors to reduce the strain on already stretched supervisors in regional, rural and remote areas.

ACD therefore welcomes the Federal Government's *Flexible Approach to Training in Expanded Settings* (FATES) measure, and we look forward to working collaboratively with the Federal Government and other stakeholders to put forward and pilot several high quality, collaborative and innovative models for trainee supervision, service provision, outreach and interprofessional capacity building in currently underserved regional, remote and Aboriginal and Torres Strait Islander communities.

While these pilots are valuable for informing future models, the scale of the dermatology workforce shortage, ageing rural workforce and risk of further workforce depletion outside of metropolitan centres means the need to increase investment in supervisory FTE as well as training positions is immediate and pressing.

## Opportunity

As noted in the National Medical Workforce Strategy, public funding of medical education and training is a substantial and necessary investment in the provision of clinically, culturally safe and high-quality care for all Australians. High-quality, supervised clinical experience is crucial to developing the skills and confidence to practise safely and to train and support others<sup>16</sup>.

The lessons from FATES pilots will be extremely valuable but will take time. To complement this there are opportunities for workforce growth that could be pursued immediately if there was the flexibility within the STP program or via another mechanism to support consultant supervisory FTE as well as the training position itself.

**To ensure the current and future dermatology needs of Australians are met, ACD is calling on the Federal Government to adapt funding mechanisms to better consider supervisory needs within the context of the National Medical Workforce Strategy.**

# Appendix

A snapshot of the Australian dermatologist workforce in 2021.

## References

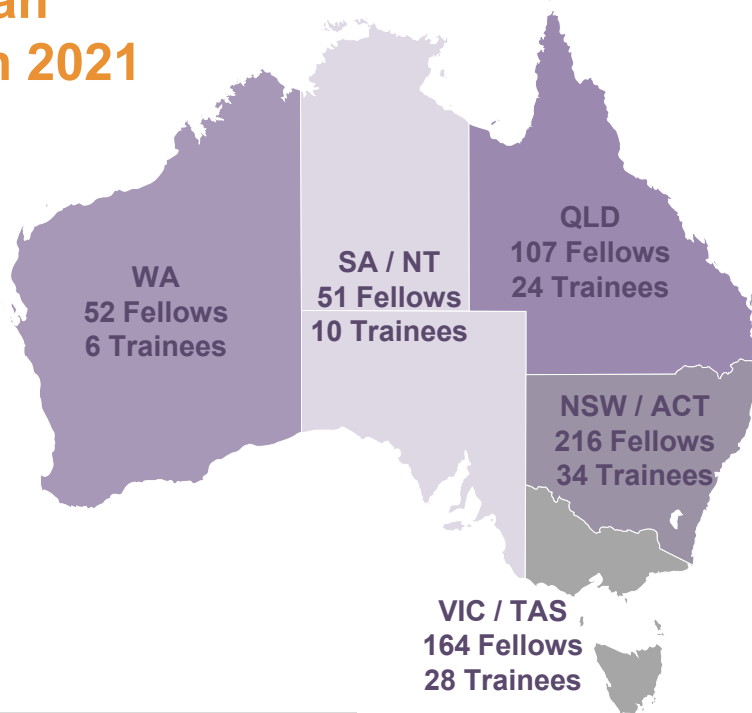
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- <sup>1</sup> Tran H, Chen K, Lim AC, et al., 'Assessing diagnostic skill in dermatology: A comparison between general practitioners and dermatologists', *Australas J Dermatol*. 2005 Nov;46(4):230-4.
- <sup>2</sup> Australian Government Department of Health (DoH), *Australia's Future Health Workforce: Dermatology* May 2017.
- <sup>3</sup> Figure is based on the current number of practicing fellows of the College and the ABS Population Clock, accessed on 6 Oct 2021 via: <https://www.abs.gov.au/AUSSTATS/abs%40.nsf/Web%2BPages/Population%2BClock?opendocument=&ref=HPKI>
- <sup>4</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>5</sup> Nguyen CM, Beroukhim K, Danesh MJ, Babikian A, Koo J, Leon A. The psychosocial impact of acne, vitiligo, and psoriasis: a review. *Clin Cosmet Investig Dermatol*. 2016;9:383-392. Published 2016 Oct 20. doi:10.2147/CCID.S76088
- <sup>6</sup> Australian Institute of Health and Welfare, *Skin cancer in Australia*. Canberra: AIHW, July 2016.
- <sup>7</sup> 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.
- <sup>8</sup> 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.
- <sup>9</sup> Australian Institute of Health and Welfare 2019. *Cancer in Australia 2019*. Cancer series no.119. Cat. no. CAN 123. Canberra: AIHW.
- <sup>10</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>11</sup> Australian Government Department of Health (DoH), *Australia's Future Health Workforce: Dermatology* May 2017.
- <sup>12</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>13</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.
- <sup>14</sup> Australian Government Department of Health, *National Medical Workforce Strategy*, January 2022; pp 34
- <sup>15</sup> Australian Government Department of Health (DoH), *Australia's Future Health Workforce: Dermatology* May 2017.
- <sup>16</sup> Australian Government Department of Health, *National Medical Workforce Strategy*, January 2022; pp 45

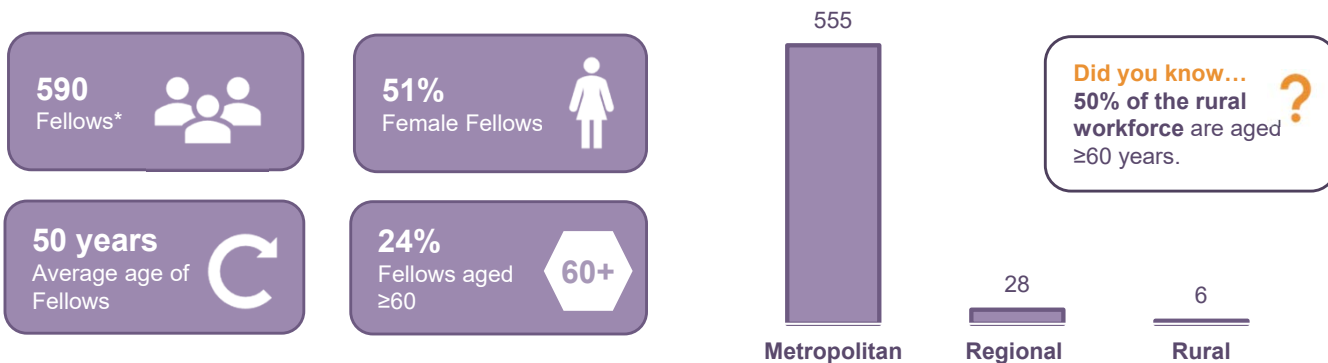


# A snapshot of the Australian dermatologist workforce in 2021

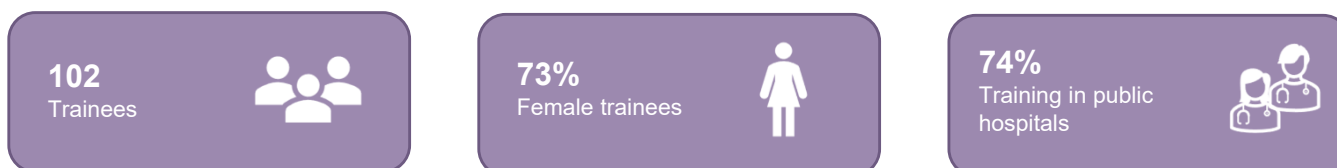
There are only **590 dermatologists\*** to meet the skin health needs of nearly **26 million Australians**.



There is a **significant shortage of dermatologists** to meet demand. People living in regional and rural Australia face particular challenges in accessing the skin health and dermatology care they need.



We need **9 more training positions per year** in our **training program** to meet the nation's skin health needs.



\* Dermatologists are medical specialists in conditions of the skin, hair and nails. Fellows of the College (FACD) are specialist doctors who have successfully completed the ACD dermatology training program or have trained overseas and meet the standards required by ACD. FACD are recognised by the Medical Board of Australia as medical specialists in dermatology.

