



Accessible and quality dermatology care for all Australians

Collaborating on solutions to address dermatology workforce supply and distribution and meet the needs of all communities



THE AUSTRALASIAN COLLEGE
OF DERMATOLOGISTS

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 speciality of dermatology.

As the national peak membership organisation, we represent just over 600 dermatologist Fellows (FACD) and 100 trainees.

As the leading authority in Australia for dermatology, we provide 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 acknowledges the Cammeraygal people as the Traditional Custodians of the lands upon which College head office is located. The College also acknowledges and pays respect to the Traditional Custodians of the lands upon which Australian dermatology services are delivered, and pay respect to Elders past, present and emerging.

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Executive summary

All Australians should be able to access timely, safe and geographically convenient skin health and dermatology care.

Access to specialist dermatology services leads to improved patient outcomes¹ and drives efficiencies within the health system², reducing downstream costs to individuals and the taxpayer.

Yet many Australians are unable to access specialist care where and when they need it. It is especially difficult in rural and remote Australia and among vulnerable communities.

Despite Australia's high rates of skin cancer and incidence of increasingly complex chronic disease, dermatology is one of the few medical specialties in national undersupply as most recently highlighted in the Australian Government's National Medical Workforce Strategy 2021-2031³.

There are only just over 600 dermatologists nationwide – or roughly 2 dermatologists per 100,000 Australians⁴ – a shortfall only set to worsen.

This shortage is not due to a lack of doctors seeking to train as dermatologists, but to insufficient public investment in dermatology services and in the registrar and consultant supervisor positions needed to grow the dermatology workforce.

This lack of investment in public dermatology services translates into unacceptable wait times and

access barriers. These access barriers are compounded by inadequate Medicare rebates for private dermatology services which increase out-of-pocket costs for patients.

These access and equity issues urgently need to be addressed so that vulnerable Australians with skin conditions can access the specialist dermatology care they need.

A lack of community awareness about the significant physical and psychosocial impact of chronic skin, hair and nail conditions adds to the challenges people and their families and carers face.

As the AMC-accredited medical college for the training and continuing professional development of medical practitioners in the speciality of dermatology and the national peak membership organisation for dermatologists, the Australasian College of Dermatologists (ACD) has a clear understanding of what needs to be done to address these issues to ensure the highest standard of skin health and dermatology care is available and accessible to all patients and communities.

This paper describes the work that ACD is doing to improve equity and access to care. We also highlight those actions that require collaborative effort and investment from Federal, state and territory governments, health services and other stakeholders.



Skin conditions and their impact

Chronic skin, hair and nail conditions

Almost 1 million people in Australia – over 4% of the population – suffer from a long-term condition of the skin⁵. Many of these are, or without early intervention become, chronic conditions with significant health, psychosocial and economic impacts for individuals and the health system.

People with conditions such as eczema, psoriasis, alopecia areata, acne and vitiligo often experience significant emotional and psychosocial distress.

This can include pain, itch, increased levels of depression, anxiety about their physical appearance, fear of stigma and social isolation, impacting almost all aspects of daily life and their personal relationships.

Skin cancer

Australia has one of the highest rates of skin cancer in the world,⁶ with over 2,100 estimated deaths in 2022 from melanoma and keratinocyte cancers combined.⁷ Skin cancers are responsible for the highest cancer-related health system expenditure at more than \$1.6 billion, placing significant burden on Australia's healthcare system.⁸

Skin cancer is the most expensive cancer to treat in Australia – more than breast, prostate or lung cancer.⁹ Ongoing national investment in prevention, early detection and treatment is critical.

Growing demand for dermatology services

Dermatology is primarily a chronic disease specialty.

Access to specialist dermatology services leads to improved patient outcomes¹⁰ and reduces downstream costs for individuals and the health system.

However, the burden and complexity of chronic skin conditions and skin cancer is increasing due to external factors such as the growing and ageing population and higher obesity rates.

These factors are accelerating demand for specialist dermatology services.

Demand for and complexity of dermatology services are also increasing due to:

- higher demand for skin cancer management¹¹
- increasing co-morbidities (e.g., psoriasis with metabolic syndrome)^{12,13}
- use of more effective medications requiring complex pre-treatment assessment and monitoring (e.g., biologic agents)^{14,15}
- increasing number of immunosuppressed patients (i.e., transplant recipients, oncology patients) requiring management of treatment induced cutaneous side effects^{16,17}
- multifactorial skin diseases with major psychosocial impact (e.g., severe atopic dermatitis, occupational contact dermatitis)^{18,19, 20,21, 22}



“When I’ve had a really bad flare up and not been able to manage it, I’d just stay at home, cancel appointments and make excuses. I just felt it was a condition people wouldn’t understand. My GP immediately recognised that I needed the help of a dermatologist and that changed my life.”

Marion who lives with a variety of skin conditions including psoriasis, eczema, rosacea and blepharitis.

Addressing workforce supply

UNDERSTANDING THE CHALLENGES

Despite Australia's high rates of skin cancer and incidence of increasingly complex chronic disease, dermatology is one of the few medical specialties in national undersupply as most recently highlighted in the National Medical Workforce Strategy 2021-2031²³.

This shortage is not due to a lack of doctors seeking to train as dermatologists but inadequate public investment in dermatology services and in the registrar and consultant supervisory positions needed to grow the workforce.

There are just 100 training positions across the 4-year ACD national training program, 29 of which are Federally funded Specialist Training Program positions.

This limits ACD to graduating just 20 to 25 dermatologists per annum nationally, far short of the number needed to grow the dermatology workforce to meet current and future demand. Indeed, a 50% increase in training program intake is required if any real progress is to be made in addressing the deficit identified by the Commonwealth Department of Health in 2016²⁴. Thus, a minimum of 10 additional training positions are needed to make a difference.

ACD continues to work with jurisdictional health departments and health services to seek an expansion of public hospital services, incorporating both dermatologists and trainees, however securing even one additional training position can be immensely challenging.

At the present time, while 70% of training occurs in public hospitals, the lack of public consultant positions means over 90% of Fellows' work is undertaken either in the private sector or in a public/private mix.



WHAT IS ACD DOING?

- ACD continues to advocate to jurisdictional health departments and health services to seek an expansion of public hospital services, incorporating both dermatologists and trainees.
 - ACD provides strategic support and practical assistance to our state Faculties and individual Fellows, helping to promote effective engagement with hospitals and health services with potential capacity for dermatology service expansion.
 - ACD's 29 Federally-funded Specialist Training Program positions enabled ACD to expand training capacity by 25% helping to slow workforce depletion.
- ACD has optimised use of these 29 STP positions to increase training opportunities in rural and remote areas, leverage supervisory capacity in these private settings and offer a dedicated STP position for Aboriginal and Torres Strait Islander doctors.

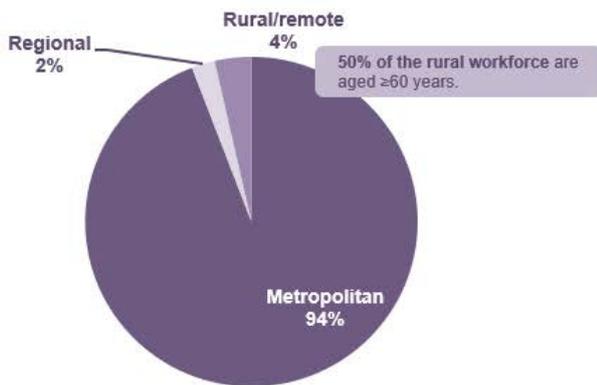
RECOMMENDATIONS

1 Increase Federal, state and territory coordination to increase the number of public hospital training and supervisory positions in undersupplied specialties like dermatology. Needs-based methodologies must consider trainees and supervisors and translate into coordinated investment to establish the positions identified.

2 Enable meaningful workforce growth by building on the success of ACD's Commonwealth-funded Specialist Training Program by adding at least 10 more STP positions to the dermatology training program.

A snapshot of the Australian dermatologist workforce in 2022

There are only just over **600 dermatologists*** to meet the skin health needs of nearly **26 million Australians**.



“After years it just didn’t feel like it was ever going to end. Seeing a dermatologist, they know what treatments work best to help you with a condition... Ultimately getting professional help turned my condition around.”

Ben who lives chronic eczema. To hear Ben’s story, visit ACD’s Help, Helps resource hub <https://www.dermcoll.edu.au/HelpHelps/>

Improving distribution and reforming training pathways to grow rural and regional workforce

UNDERSTANDING THE CHALLENGES

The specialist dermatologist workforce is maldistributed with only 6% of dermatologists living and practicing outside of metropolitan centres. Inadequate public investment to train and employ more dermatologists in the public system is particularly evident in regional hospitals where too often there is no dermatologist at all. As a predominantly private practice specialty, we also recognise that there are a range of factors that influence Fellows and trainees' perspectives and decisions on regional and rural practice and training and these are well articulated in the National Medical Workforce Strategy.

ACD has been undertaking a number of initiatives aimed at addressing the maldistribution of the specialist dermatology workforce and reducing barriers and improving incentives for doctors to work and train in rural areas.

WHAT IS ACD DOING?

- Advocating for end-to-end rural training from medical school onwards
- Embedding regional and rural representation/perspectives in selection processes to ensure rural background is appropriately weighted and valued
- Identifying opportunities to expand regional/outreach placements, rotations and training hubs including engaging with local stakeholders to promote and support the dermatology training pathway and transition to local practice.
- Implementing dedicated rural training rotations and selection pathways – ACD is currently piloting this in North Queensland by enabling candidates with established connection to the region to undertake the majority of training there.
- Developing toolkits and supports for trainees taking up a rural rotation to ensure a positive experience
- Optimising use of technology-enabled teaching and training

Innovating to better support rural and regional training and supervision

ACD is currently two pilot projects funded through the Federal Flexible Approach to Training in Expanded Settings (FATES) program. The projects focus on ensuring specialist training in regional, rural and remote settings is positive and sustainable for supervisors and trainees. As well as piloting models that can be scaled to other regions and other specialties, these projects are building the proof-of-concept and local capacity to embed future state/territory funding.

Addressing areas of unmet need

ACD has undertaken workforce mapping and is working closely with state-based Faculties to identify and address areas of unmet need. Through our engagement with local stakeholders, it is clear there is no one size fits all approach that will work, and current funding models create significant obstacles for communities seeking to innovate and develop models that address their particular socioeconomic and geographic needs.

RECOMMENDATIONS

1

Increase the rural workforce by adding at least 10 additional positions to the dermatology training program. This will significantly increase the number of positions that ACD is able to designate to regional/rural rotations.

2

Ongoing investment in the Federal Government's *Flexible Approach to Training in Expanded Settings Program* (or similar) to support innovative, College-led initiatives aimed at establishing sustainable models of supervision and training and building the proof-of-concept to embed state funded services.

Innovating to better support rural and regional training and supervision

ACD's two pilot projects, funded through the Federal Flexible Approach to Training in Expanded Settings (FATES) program, focus on ensuring specialist training in regional, rural and remote settings is positive and sustainable for supervisors and trainees.



Darwin

In Darwin, a fly-in fly out supervisory model to enrich the diversity and sustainability of supervisory support to our sole Darwin-based registrar and expand service delivery and broader workforce education.

Townsville

In Townsville, a networked model linking dermatology services and training at Townsville University Hospital with the Melanoma Institute Australia in Sydney to deliver a world class high-risk melanoma skin cancer service to North Queensland and highly attractive dermatology training hub for the region.

Visiting dermatologist, Dr Karen Koh FACD, Dr Karolina Kerkemeyer, ACD Registrar and Dr Heather-Lynn Kessar, RMO on outreach to Gove, NT as part of the Darwin pilot.

Growing the Aboriginal and Torres Strait Islander Workforce

UNDERSTANDING THE CHALLENGES

While the number of Aboriginal and Torres Strait Islander doctors is growing, ACD is highly cognisant that they remain underrepresented in the specialist medical workforce. We also recognise the ongoing need for education and culture change to ensure that all trainees graduate with, and Fellows gain, the knowledge, competencies, skills and experience to deliver culturally and clinically safe care for First Nations peoples and that First Nations trainees can learn and work in an environment of respect.

WHAT IS ACD DOING?

Alongside other medical colleges and under the guidance of our Aboriginal and Torres Strait Islander Affairs Committee, ACD has been working in collaboration with the Australian Indigenous Doctors' Association (AIDA) and others to implement a number of successful initiatives to grow the First Nations medical workforce, including more recently via the FATES-funded [Specialist Trainee Support Program](#) and improve cultural safety.

Since 2020, we have graduated four First Nations dermatologists with a further two currently in the training program, another two commencing in 2023 and a strong pipeline of future applicants.

Fostering the pipeline and pathways for Aboriginal and Torres Strait Islander peoples considering and pursuing a career in dermatology

- Support for targeted career and networking events and financial support for medical students and junior doctors to attend our Annual Scientific Meeting.
- Support and mentoring for Aboriginal and Torres Strait Islander doctors considering the ACD training program.
- Collaboration with universities, medical colleges and other peak bodies on support and mentoring for Aboriginal and Torres Strait Islander medical students and doctors considering a career in a specific field.
- Aboriginal and Torres Strait Islander representation on ACD's Trainee Selection Committee.
- Dedicated STP training position for Aboriginal and Torres Strait Islander doctors who meet the other requirements of selection. The position opens up opportunities for First Nations doctors with a strong commitment to Aboriginal and Torres Strait Islander health.
- Orientation resources and support for Aboriginal and Torres Strait Islander doctors joining the training program.
- Dedicated financial and other support for ongoing professional development and mentoring.
- Flexible training options for all students.

Cultural Safety

- ACD's new curriculum commenced this year with a renewed focus on delivering culturally and clinically safe care for First Nations peoples and ensuring Aboriginal and Torres Strait Islander trainees can learn and work in an environment of respect.
- More than fifty Fellows involved in supervision and training attended cultural safety workshops delivered by AIDA in May and November 2022 with further workshops for Fellows and trainees funded over the next four years. STP project funding has been instrumental in supporting these workshops.
- Through our involvement in the FATES-funded Specialist Trainee Support Project we are also able to share with our supervisors and trainees valuable and relevant educational opportunities to further build awareness and competency.

RECOMMENDATIONS

1

Invest in four additional dermatology training positions to establish a dedicated Commonwealth-funded Aboriginal and Torres Strait Islander position in each state.

This will build on the significant success of ACD's current dedicated position in rapidly growing the First Nations specialist dermatology workforce and supporting retention by opening up more opportunities to train in their home state.

2

Invest in and put in place appropriate policy incentives to support high quality, interactive cultural safety training for trainees, supervisors and the broader workforce, and in supporting collaboration across the health sector on how to measure and monitor cultural safety over time.



From left to right: ACD Fellows Dr Tom Barrett, Dr Crystal Williams, Dr Dana Slape, Dr Artiene Tatian. ACD Conferring Ceremony 2022 with guest speaker, Dr Kelvin Kong (centre)

Building the capability of the medical workforce

UNDERSTANDING THE CHALLENGES

ACD recognises the need to achieve a balance of both specialists and appropriately skilled generalists and the invaluable role of general practitioners in the continuum of care for skin conditions. Despite the prevalence of skin conditions and the number of presentations to general practice, medical students receive insufficient exposure to dermatology. The lack of dermatology consultant positions in public hospitals further reduces the opportunity for medical students and other specialties to gain valuable exposure to dermatologists and dermatology.

WHAT IS ACD DOING?

- Working with universities to provide medical students with greater exposure to dermatology as a subject in the medical curriculum
- Supporting breadth of training and continuing multidisciplinary learning by
 - leveraging opportunities for interdisciplinary supervision, mentoring and support
 - advocating for increased collaboration and co-location within hospitals and health services, particularly between primarily outpatient-based specialties underpinned by appropriate KPIs.
- Leveraging outreach visits and actively pursuing innovative, technology-enabled models to support interprofessional service delivery, support and education (see Building a Flexible and Responsive Medical Workforce).
- Supporting GPs, GP registrars, prevocational doctors and nurses to upskill through our dedicated education arm [Dermatology Australasia](#) 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.
- Supporting primary care capacity building through targeted initiatives and partnerships such as the collaboration between the Victorian Government, Cancer Council VIC SunSmart program and ACD to deliver the Dermoscopy for Victorian General Practice Program, supporting GPs in Victoria to better manage skin cancer, and a similar initiative with Wellbeing SA.

Facilitated by ACD Fellows, this dermatologist-led course is a key part of our efforts to ensure patient safety and quality care is delivered by all medical practitioners working in skin cancer, and that those with a high risk of skin cancer or requiring complex care are referred to a specialist.

- A key strength of the ACD training program is that Fellows graduate as fully qualified *general* dermatologists. This allows for a specialist workforce with skills and expertise across the full scope of dermatology practice

RECOMMENDATIONS

- 1 Support initiatives to encourage greater exposure to dermatology and dermatologists in medical school curricula and in undergraduate training.
- 2 Invest in models that support multidisciplinary collaboration in training, ongoing professional development and service delivery.



“The program has made an immediate difference to my practice with tangible results. 4 weeks ago, I was examining a patient with a chest infection. I noticed a lesion on his back that looked suspicious. I used my recently acquired dermatoscope to confirm my diagnosis. An immediate biopsy came back as a level 2 melanoma.

It was only afterwards that I thought if I prevent just one person from getting advanced melanoma, I will have saved the government many thousands of dollars in advanced chemotherapy costs.”

GP participant following completion of the SunSmart Dermoscopy for Victorian General Practice Program, a collaboration between the Victorian Government, Cancer Council VIC SunSmart program and The Australasian College of Dermatologists.

Engaging with community to build mutual capability

UNDERSTANDING THE CHALLENGES

Almost 1 million people in Australia – over 4% of the population – suffer from a long-term, chronic condition of the skin²⁵. Many of these are, or without early intervention become, chronic conditions with significant health, psychosocial and economic impacts for individuals and the health system.

People with conditions such as eczema, psoriasis, alopecia areata, acne and vitiligo often experience significant emotional and psychosocial distress. This can include pain, itch, increased levels of depression, anxiety about their physical appearance, fear of stigma and social isolation, impacting almost all aspects of daily life and their personal relationships.

A lack of understanding and awareness usually underpins sources of stigma and discrimination towards individuals. This lack of understanding, as well as challenges in navigating the healthcare system, affects people's ability to access appropriate treatment and support for skin, hair and nail conditions.

WHAT IS ACD DOING?

As a College, ACD is committed to building our understanding of patients' and communities' experiences of living with a skin condition and accessing care, and to responding to the diverse needs of patients and communities with cultural sensitivity and clinical expertise. Key to this has been strengthening our engagement with patients and the community.

- Embedding community perspectives into our governance structure – ACD's Community Engagement Advisory Committee, established in 2016, reports directly to the Board and collaborates with ACD's educational leaders to promote and embed understanding of community perspectives of care through our education programs and training and selection processes. The Committee plays a key role in co-designing our community engagement activities and strengthening our collaborations.
- Working with patient support groups to understand consumer perspectives and share clinical expertise.
- Engagement with patient support groups and other community stakeholders informs ongoing improvements to the ACD training curriculum and other College activities.
- Collaborative community awareness campaigns, media and marketing activities that bring skin health stakeholders together to raise awareness of the impact of skin diseases, and to support and empower Australians with skin hair and nail conditions to access appropriate care, information and support.
- Dedicated resources for community on our website that include a range of information and factsheets on skin, hair and nail conditions, patient support groups and accessing care.

RECOMMENDATION

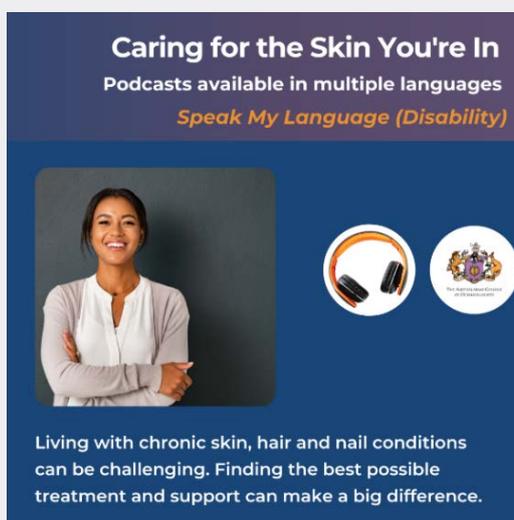
- 1 Ongoing investment in funding streams that support community and patient support groups as an invaluable resource for patients and their families affected by skin, hair and nail conditions, and which facilitate collaboration with medical colleges.
- 2 Develop strong bidirectional links with communities to help define and measure community need – informed by evidence on epidemiology, disease burden, quality of life and psychosocial impact, in addition to standard health service utilisation measures.

Supporting culturally and linguistically diverse Australians to live well with a skin condition

On 14 October ACD celebrated our 5th World Skin Health Day with the launch of a set of community language podcasts and social media campaign themed *Caring for the Skin You're In*, aimed at encouraging Australians from culturally and linguistically diverse backgrounds to seek help for chronic skin, hair and nail conditions.

The *Caring for the Skin You're In* podcasts featured interviews with dermatologists from culturally and linguistically diverse backgrounds. Recorded in English, Cantonese, Korean, Spanish, Hindi, Arabic, Turkish and Persian, the dermatologists discuss the impact of skin, hair and nail conditions, and how to access reliable information, help and support. The podcasts complement the English language resources and videos available on our Help, helps resource hub.

These new resources were developed as part of Speak My Language (Disability), a podcast funded by the Commonwealth Department of Social Services and led by Ethnic Communities Council of New South Wales in partnership with all State and Territory Ethnic and Multicultural Communities' Councils across Australia which aims to support people to live well with a chronic condition or disability.



Planning and design that reflects community need

UNDERSTANDING THE CHALLENGES

As a workforce in national undersupply, ACD strongly supports the need as identified in the National Medical Workforce Strategy for improved data collection, information sharing and collaborative planning and action to ensure the medical workforce meets the needs of the Australian population.

We cannot afford for the gap between service availability and service demand to widen. There is an urgent need to ensure frameworks for data collection match and inform funding decision-making to accurately identify community need and support investment in appropriate models of care.

ACD is keenly aware of the data and collaboration challenges that exist both as a College and for our Fellows in advocating for a workforce aligned with population need. Despite being a predominantly chronic conditions specialty, dermatological data is too often missing from key disease burden datasets meaning the needs of people with chronic and debilitating skin conditions are routinely underrepresented in workforce planning. Collection of dermatological data for planning purposes also needs to take account of emerging factors like the impact of climate change on skin disease.

Despite the recognised dermatology workforce shortage, cost-based decision-making frameworks continue to constrain workforce growth. Activity-based KPIs are an inappropriate measure and do not accurately reflect value to patient care. As dermatology is predominantly an outpatient service, inpatient data records may at best record a dermatologic condition as a comorbidity. Activity-based funding disadvantages outpatient services like dermatology.

WHAT IS ACD DOING?

- ACD Fellows to work with the Department of Health and Aged Care on utilisation analysis of MBS skin items, and to gauge access to care in the public and private setting.
- A number of Fellow-led initiatives are underway to collect robust epidemiological data of skin diseases, such as the National Psoriasis Registry.
- ACD works with patient support groups on projects to identify and understand the impact of skin diseases.
- Advocacy on the need for a national registry to collect data on keratinocyte skin cancers. Currently, Tasmania is the only state routinely collecting this data.

RECOMMENDATIONS

- 1 Implementation of a framework for identification and intervention in areas of existing and projected workforce undersupply, such as in dermatology, must take account of both the private and public sector.
- 2 Ensure dermatological data is collected in key disease burden datasets and used in workforce planning.
- 3 Ensure funding decision-making frameworks accurately reflect community need and does not disadvantage outpatient services.
- 4 Ensure planning and design take account of the growing needs of outer metropolitan areas in addition to regional and rural, as these areas may not have been sufficiently considered in the National Medical Workforce Strategy.



“I got vitiligo in my most formative years...it rattled me. It affected the way I dressed, what I did, everything. You step out of the house, and the minute you do, you know there are going to be people looking at you, it’s constant.

I have been seeing a dermatologist for the better part of 8 years now. Seeking help, regular appointments with my dermatologist and receiving UVB therapy has really helped me with my condition. I’m fortunate to have a dermatologist who understands the condition, and its impact on me, and with whom I feel comfortable discussing my treatment options.”

Rochelle who lives with vitiligo. To see Rochelle’s story visit ACD’s Help, Helps Resource Hub <https://www.dermcoll.edu.au/HelpHelps/>

A flexible and responsive medical workforce: Supporting new models of care

UNDERSTANDING THE CHALLENGES

To meet future demands and expectations, strategies that support a flexible and responsive workforce to deliver collaborative, interdisciplinary models of care will be critical. As identified in the National Medical Workforce Strategy, there are valuable learnings from COVID-19 that must be leveraged, not least use of technology-enabled models of care, training and interprofessional support. It has also highlighted both the fragility of outreach services and the important role they can play, when appropriately integrated, in creating educational opportunities for both visiting and local clinicians as well as providing essential health services.

WHAT IS ACD DOING?

- **Collaborative telehealth models** between primary and specialist care such as this North Queensland [example](#).
- **Telehealth as an effective and innovative training tool.** Widespread use by dermatologists during COVID-19 has increased understanding of how these models can best be integrated into training – allowing for remote clinical supervision meaning training is not interrupted when supervisors are on leave or isolating; and trainees with exposure to a greater diversity of clinical cases than they may otherwise get the opportunity to encounter.^{26,27}
- **Models utilising Store and Forward (SAF) teledermatology.** A patient's local GP or medical specialist can capture high quality images and securely forward these images and clinical data to a dermatologist for assessment, diagnosis and therapeutic recommendation. SAF is an efficient and valuable triage tool to better identify those patients that require specialist care, considerably reducing waitlists, and assisting GP/local clinician-led patient management.^{28,29,30, 31}

These collaborative models are being adopted by public hospitals. However, to tap into the capacity that exists in the private specialist sector alternative funding models are needed.
- **Highly targeted, culturally safe models of care** such as the First Nations Teledermatology Service at Royal Melbourne Hospital. Established and led by one of Australia's first Aboriginal dermatologists, the service is improving access to culturally safe care for First Nations peoples. Details [here](#).
- **Increased use of telehealth for professional clinical support.** Assessment and advice models like SAF can provide multidisciplinary opportunities for capacity building and education of other health professions.

Towards sustainable outreach services

Currently outreach funding can be short term and unpredictable, and doctors attending these areas face significant administrative and practical hurdles in establishing outreach service clinics.

ACD continues to advocate for increased and longer-term investment in outreach service visits to address the unmet healthcare needs of Australia's smaller towns and more remote and isolated populations.

Optimally, this investment should support mixed models that combine outreach visits with telehealth consultations and clinician-to-clinician assessment and advice services between visits.

These multifaceted models offer a sustainable solution for rural and remote service delivery, for supervision and training, and for education and capacity building of the local health workforce.

RECOMMENDATIONS

1

Government investment in collaborative, telehealth-enabled models, such as those outlined above. These require alternative funding models to those that currently exist. This has potential for PHI involvement to grow collaborative models of care that are responsive to the changing needs of Australians.

2

Increase investment in outreach via the Rural Health Outreach Fund, ensure greater predictability and longevity of outreach funding to establish and maintain sustainability of services and help facilitate a registrar training component.

More support for clinicians attending rural and regional areas on a visiting basis would also assist in optimising and encouraging rural services, for example, simplifying the process for applying for outreach funding and administrative and infrastructure support for outreach clinics.

3

Implement funding models that allow communities to innovate and develop models that address socioeconomic and geographic needs. These should support the inclusion of the private specialist sector in the development of new models of care. We would support consideration being given to block, flexible or commissioned funding stratified to patient risk that remunerates the care team that individual patients require.

ACD has been a longstanding supporter of the use of telehealth as a safe, flexible and sustainable model for the delivery of specialist dermatology care, training and interprofessional support.

ACD's published guidelines on teledermatology support its safe and effective uptake.

ACD continues to advocate for appropriate funding mechanisms, so that teledermatology can be optimally utilised for patient triage and remote service delivery.

The COVID-19 pandemic has seen a number of digitally-enhanced and collaborative models of dermatology care – particularly between specialist and primary care – emerge and be tested at scale.

These collaborative models are proving valuable as a means of reducing demand on hospitals and outpatient clinics, resulting in more streamlined and accessible experience for patients and in building workforce capability.



Workforce flexibility and wellbeing

UNDERSTANDING THE CHALLENGES

As the peak training and membership body for dermatologists in Australia, we understand the changing needs of the specialist dermatologist workforce and the barriers and incentives to working flexibly, responsively and safely, and the impact that these can have on trainees and consultants' wellbeing. As well as putting in place suitable support mechanisms, there is a need to achieve greater flexibility in the workplace, including operationalising portability of entitlements.

Within hospitals and health services the tension between service delivery and training needs to be addressed. While EBAs state a percentage access to clinical support time, in reality most supervisors are unable to fully utilise this due to workload demand. This may perpetuate burnout among supervisors, with the downstream effect of impacting trainee wellbeing.

WHAT IS ACD DOING?

- Dedicated National Wellbeing and Engagement Manager who visits trainees interstate for group and one-on-one meetings, undertakes hospital visits to ensure they work in a safe environment, provides phone support and attends meetings of our Trainee Representatives Committee.
- Offering flexible training options and safe avenues to request flexible training.
- Personal mentoring programs and support groups for particular cohorts, for example new parents, international trainees, post-training candidates and trainees in vulnerable situations.
- Continuing to foster leadership, teamwork and communication skills.
- Cultural safety training for supervisors, trainees and the broader workforce
- Mental health first aid programs; workshops on exam preparation, transition to the workforce and managing stress.
- Expanded support and recognition of supervisors including training on the role of a supervisor, giving feedback and managing trainee needs.
- A range of wellbeing resources available to both trainees and Fellows: (see <https://www.dermcoll.edu.au/for-fellows-and-trainees/wellbeing/>).

These supports have enhanced our understanding of the barriers and incentives to supporting workforce wellbeing and delivering working arrangements that are flexible and responsive to the changing needs of the workforce.

RECOMMENDATIONS

1

Collaboration between federal, state and territory governments to address portability of entitlements for doctors across jurisdictions and across public and practice settings including maintenance of entitlements such as parental leave throughout the course of training.

2

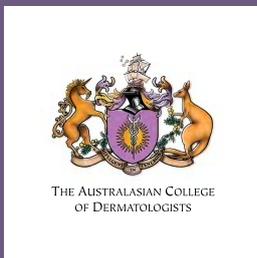
Increased collaboration between specialist medical colleges and hospitals and health services where trainees undertake training to implement structures and processes that prioritise, support and resource trainee and supervisor wellbeing initiatives and policies.

3

Government investment in targeted College-led initiatives and programs aimed at supporting supervisor, training and broader workforce wellbeing.

References

- ¹ 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.
- ² Australian Government Department of Health (DoH), *Australia's Future Health Workforce: Dermatology* May 2017.
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