The Australasian College of Dermatologists

Submission to The Office of the NSW Productivity Commissioner

in response to NSW Productivity Discussion Paper: Kickstarting the productivity conversation

November 2019

The Office of the NSW Productivity Commissioner

Kickstarting the Productivity Conversation

Submission of the Australasian College of Dermatologists

About 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 specialty of dermatology.

The College is the leading authority in Australia for dermatology, providing information, advocacy and advice to individuals, communities, government and other health stakeholders on dermatological practice in Australia.

As the national peak membership organisation, the College represents over 550 specialist dermatologist Fellows (FACD) and 100 trainees across the country.

Executive summary

Almost 1 million people in Australia suffer from a long term condition of the skin[1], many of these are, or without early intervention become, chronic conditions with significant health, psychosocial and economic impacts.

Accessing appropriate, timely, affordable, ongoing and geographically convenient care is essential, and leads to improved patient outcomes[2]. Yet workforce shortages and maldistribution of dermatologists makes it difficult for many consumers in NSW, particularly those in regional, rural and remote areas, to access the specialist dermatology care they need. Long waits and distance to travel to services is leading to unnecessarily protracted ill health and significant financial and opportunity costs for consumers as a result of travel costs and time away from work, significantly impacting on patients' wellbeing and productivity.

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

Accreditation, credentialing and regulatory frameworks, adaptive to rapidly evolving technologies and markets, also need to be supported and strengthened to ensure clarity about who is qualified to do what so that the people of NSW can confidently access safe and appropriate care.

Using case studies relevant to dermatology, this submission predominantly addresses three areas of focus outlined in the discussion paper. In relation to:

4. **Building human capital for a modern and evolving economy** we put forward that:
    - Ensuring NSW has enough dermatologists in the years ahead is vital to addressing these access issues and ensuring a healthy productive workforce.

- More outreach services and funding allocated to public hospitals for dermatology services and training will be essential to maintain and improve accessibility of services, particularly in regional areas.
- Investment is needed in strategies and infrastructure to better support trainees and Fellows in regional, rural and remote NSW to boost retention.
- Full utilisation of human capital in the health sector must be underpinned by appropriate accreditation and standards to ensure safe and appropriate care for patients and accurate workforce planning.

6. **Smarter ways to get more from our infrastructure**, we put forward that:
    - Rapid technological progress offers the potential for significant improvements to workforce productivity and improved and equitable delivery of health services and training.
    - To realise these benefits requires investment in the requisite communications infrastructure, in R&D and data collection, in piloting of new technology-enabled models of care, and upskilling the workforce to adopt these confidently, safely and ethically.

9. **Forward-looking regulation that supports innovation and competition**, we put forward that:
    - Taking a user-centric approach to risk provides the opportunity for a more coherent regulatory approach. This will require consistency in the regulatory tools applied to registered and non-registered service providers including an increased focus on standards of practice, professional counselling and continuing professional development.

Introduction

Over 1 million people in Australia – over 4% of the population – suffer from a long term condition of the skin[1] and skin disorders rank sixth of all disease groups for non-fatal disease burden[3]. Melanoma and non-melanoma skin cancer rates continue to rise,[4] 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.[5] Access to specialist dermatology services leads to improved patient outcomes[6] and drives efficiencies within the health system[7].

However, the specialist dermatologist workforce is in shortage and maldistributed. This means that many people in NSW face significant difficulties in accessing appropriate, timely, ongoing and geographically convenient care for dermatological conditions impeding on their health, wellbeing and productivity. Some of these real life stories are set out in our recent White Paper: More Than Skin Deep: Skin diseases in Australia – navigating the healthcare system.

The impact of rurality and Indigenous status on patient outcomes for skin disorders is evident in many clinical and health economic measures, including higher admitted patient expenditure[8] and hospital admissions,[9] and higher melanoma mortality rates in regional areas[10]. Furthermore, preventable skin infections such as crusted scabies[11] and impetigo, the latter of which has a prevalence of up to 44.5% in children living in remote Indigenous communities, are a significant public health burden and may have lifetime consequences if left untreated.[12] All of these have significant impacts on individuals, their families and their communities.

Ensuring NSW has enough dermatologists in the years ahead will be vital to addressing these access issues, improving health outcomes and boosting productivity.

The Dermatology workforce: a snapshot

Dermatologists are medical professionals who have undergone postgraduate specialist training qualifications in the diagnosis, treatment and prevention of skin diseases and cancers[7].

According to the Department of Health[7], the Australian dermatology workforce is predicted to be in shortage of 90 FTE dermatologists by 2030. This would be almost 15% fewer than required to meet the dermatological health care needs of the Australian population[7].

There is a marked geographic maldistribution across Australia – 92% of dermatologists live and practise in major metropolitan cities. Many deliver outreach services to regional, rural and remote areas across the country.

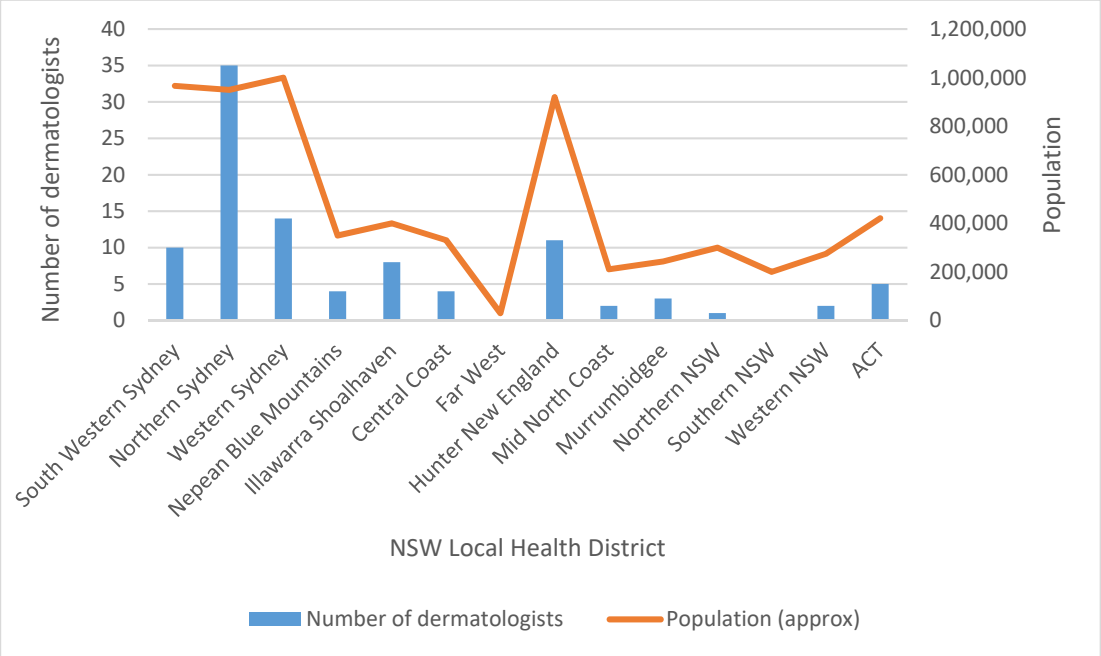
There are approximately 100 registrars in the ACD national training program. While 70% of training occurs in public hospitals, the majority of Fellows FTE work (93%) occurs in the private sector.

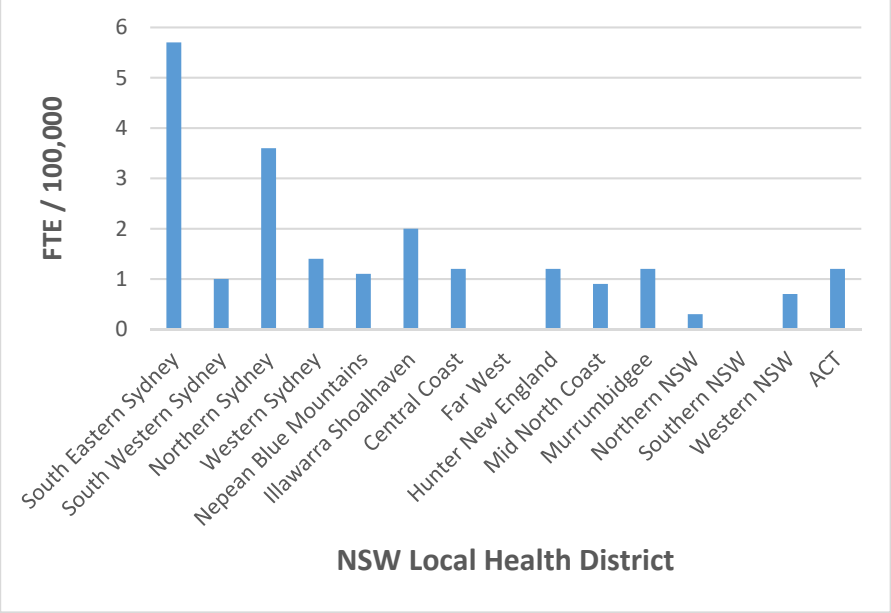
An expansion of the training program of 8.7 FTE training positions annually is needed to meet the projected demand for dermatology services over the next 12 years.

In NSW, there are 179 dermatologists, that is 2.2 FTE* Dermatologists for every 100,000 people, and 38 trainees. There were 9 new Fellows in 2019.

The Dermatology workforce in NSW is expected to grow by just over 0.1% per annum through to 2030. The Estimated Demand Growth is expected to be 2.0% to 2030.

There is significant maldistribution of the workforce as show in the graphs below.





***** Full Time Equivalent (FTE) = 40.0h/week. FTE/100,000 calculated using average total specialist hours for NSW (39.0h/week) and ACT (40.2h), from Department of Health (2017) Australia's Future Health Workforce – Dermatology

Building human capital for a modern and evolving economy

Increased investment is needed in dermatology services in the public hospital settings

A number of public hospitals in both metropolitan and regional areas do not have dermatology departments and in certain cases dermatology is not always appreciated as essential in the acute setting, with existing dermatology services introduced late in the patient care journey. In this regard, dermatology departments may struggle to show evidence of efficiency and effectiveness in key performance indicators relative to other departments. As dermatology is predominantly an outpatient service, inpatient data records may at best record a dermatologic condition as a comorbidity.

The public hospitals charter is to provide health care to the community. Part of this care is to provide training of specialists who then proceed to provide that care. Cost-based decision making by public hospitals in all states places constraints on both consultant dermatologists and trainee positions. A cultural change is needed across the public health sector to prevent marginalisation of dermatology services, especially in the face of increasing numbers of infectious disease, cutaneous oncology, rheumatology, gynaecology, immunology or paediatric services that require the ongoing interaction with dermatology to maintain patient outcomes.

These challenges need to be addressed to ensure the future sustainability of the workforce and that people with dermatological conditions can access the care they need to live healthy and productive lives no matter where they live in NSW.

Investment is needed to expand the training program to ensure the ongoing growth and sustainability of dermatology services, particularly in outer metro and regional areas

As the Introduction notes, an expansion of the training program of 8.7 FTE training positions annually is needed to produce the next generation of doctors to meet the projected demand for dermatology services nationally over the next 12 years.

Currently, dermatology registrar training is delivered in over 60 sites across Australia, of which approximately 30 percent are private hospitals or practices. There are 15 sites in NSW. Optimally, a considerable portion of training rotations should be rostered within a public hospital setting to gain clinical exposure to diverse and complex cases within a multidisciplinary model of care. The need to ensure adequate governance, supervision and case mix for the training program means up to 41 consultants may be involved in delivering the full four year training program to one trainee.

While increasing training in the private practice setting also represents a possible solution to expand capacity of the program – and is actively being pursued by the College – it cannot be considered as directly substitutable for public hospital settings but rather as an adjunct. This is because even in the largest practices, some cases will be referred to hospital clinics as their complexities are unable to be managed in the private setting.

However, there are challenges in establishing new training positions within public hospitals often due to financial and logistical constraints at the state and local health service level. Challenges to training and supervising trainees are exacerbated in outer metro, regional and rural areas as there are fewer supervisors to call upon, and those who do supervise must balance this role with delivering on an increasing demand for clinical services[13].

This means jurisdictional support is urgently required to expand public hospital services, incorporating both dermatologists and trainees, into new teaching hospital units in outer metropolitan and regional/rural areas where there are associated medical school clinical teaching units. The system is extremely fragile particularly in outer metro, regional, rural and remote areas. Even larger regional centres outside of metropolitan areas face possible future workforce depletion unless they too can be eligible for new streams of funding and support.

Investment is needed in support for trainees, supervisors and Fellows to boost workforce growth and retention in outer metro and regional areas

Maldistribution of the workforce is not only impacting on the availability of specialist dermatology services but on growing the future workforce.

The sustainability of the specialist workforce relies not only on adequate funding for training placements but on sufficient numbers of clinical supervisors being available and willing to train and support the next generation of doctors[14].

There are limited dermatology trainee positions in regional and rural areas as there are fewer dermatologists in these locations. In addition, exposure to rural and regional training is not always sufficient to motivate future rural practice. Evidence shows that there needs to be a parallel effort to ensure that the opportunity itself is viewed by the trainee as a positive, high quality experience[15]. It is recognised that positive rural experiences are critical at all stages of the training continuum, as evidence suggests that this has the potential to positively influence individual considerations on practising in rural and remote regions in the longer-term[16].

The ACD has recently undertaken a project with support from Zest Health Strategies to assess and better understand the needs of the regional, rural and remote dermatologist trainee and specialist supervisor workforce to inform a strategic approach to improve recruitment and retention to regional, remote and rural practice[17, 18]. Insights from this project may be helpful in informing how training programs can be as effective and sustainable as possible to ensure we make the most of our State's human capital.

Ensuring the longevity and sustainability of training in regional settings may require additional resource allocation, not only to ensure that the quality of training matches that of major centres and that trainees are exposed to a diversity of clinical cases, but also to improve consultant retention and productivity. The case mix, workload, responsibility, on call, continuing medical education and unpaid work related time in some provincial consultant positions can provide challenges to recruitment and retention. Due to the lack of administrative and clinical support in regional centres, there may considerable differences in the consultant job description which can negatively impact productivity and retention in the long term.

Investment is needed in strategies and infrastructure to better support trainees and Fellows in regional, rural and remote Australia. Jurisdictions have a key role to play in working with ACD and others working to improve the quality of trainee and supervisor experiences so that the benefits of the state's investment in increasing the capacity and productivity of our regional and rural workforce can be realised.

Full utilisation of human capital in the health sector must be underpinned by appropriate accreditation and standards

It is critical that in supporting our health workforce to perform to their full scope of practice that we ensure patient safety and quality care is delivered by all medical practitioners dealing with dermatological conditions. This means both the health workforce and the community needs to have clarity about who is qualified to do what.

An appropriately skilled primary care workforce, supported by appropriate referral pathways and transparent accreditation processes, would ensure clarity and consumer confidence in the healthcare they receive. The example of skin cancer care provides a useful case study.

A case study: Skin cancer care

The proliferation of skin cancer clinics in Australia over the last 15 – 20 years, without accreditation and regulation, has placed the Australian public at risk of unnecessary medical procedures. In 2015, MBS billing for excision of benign lesions was 5.6 times greater for skin cancer general practitioners (GPs) than dermatologists[19]. The majority of these skin cancer GPs are in NSW and QLD.

GPs perform skin checks and minor procedures, discuss an individual's skin cancer risk and provide advice on the frequency of surveillance or the need for specialist dermatologist care. People who are at high risk of skin cancer or require complex care should be referred to a dermatologist by their GP.

Skin cancer clinics are primary care practices predominantly staffed by GPs with an interest in skin cancer. GPs working in skin cancer clinics may have undergone some additional training, although no special qualifications in skin cancer are required to work in these practices. The lack of accreditation processes for skin care clinics makes it hard for consumers to assess the quality of care they are likely to receive.

The ACD offers courses to GPs on skin cancer detection and diagnosis to ensure that GPs are appropriately skilled and understand appropriate referral pathways to dermatological care. However, there is currently no requirement for GPs working in skin cancer clinics to complete appropriate upskilling courses such as these.

The variety of different education providers, with no accreditation standards, leads to a confused public and a lack of consistency in the skillsets of medical practitioners working in this space.

There is an urgent need for action to deliver better patient outcomes, a reduction in over-servicing and more efficient utilisation of the health dollar. To achieve this, we need:

- Independent and rigorous accreditation processes for skin care clinics
- Provision of funding and endorsement of ACD to set the standards in skin cancer GP education and training.

A case study: The importance of credentialing and clinical privilege

It is also important that the drive to increase health workforce productivity does not lead to the employment of practitioners who are not suitably qualified and skew analyses of service gaps used to inform workforce planning. For example:

- Dermatologists are registered medical practitioners who have undertaken an additional four years of specialist training in dermatology. The Australasian College of Dermatologists (ACD) is the sole medical college accredited by the Australian Medical Council to deliver specialist training and continuing professional development of dermatologists. Medical practitioners who have successfully completed the training program are known as Fellows of the College (FACD).

- The stipulation that all clinicians appointed in NSW hospitals to deliver dermatology services are to hold FACD qualification or have applied for Fellowship (evidenced either by completion of FACD exams or by an international recognition pathway assessed and granted by College) is of utmost importance to ensure that patients in NSW Health facilities receive optimal dermatological care.
- Implementing of a policy of credentialing and clinical privilege would help to reveal areas of NSW which are in greatest need of dermatological services, allowing the profession to expand where needed, rather than allowing a service gap to be filled by practitioners who lack appropriate expertise.

Smarter ways to get more from our infrastructure

Technology-enabled models of healthcare have the potential to positively, sustainably and effectively expand the availability of specialist services, such as dermatology, and improve the experiences and therefore retention of the workforce in outer metro, regional, rural and remote communities.

However this potential can only be realised if there is investment in:

- Research to refine these technologies for incorporation into clinical practice
- Piloting new technology-enabled models of care to ensure they are workable in practice
- Generating the business cases for technology-enabled models of care from which the necessary financial and infrastructure supports for jurisdictional and national roll-out can flow
- Ensuring the requisite technology and infrastructure, such as reliable internet connections, is in place and accessible
- Training the workforce in new technology enabled models of care.

Dermatology is a specialty suited to telehealth and to emerging technologies such as artificial intelligence (AI). As recently noted, "AI has the potential to decrease dermatologist workloads, eliminate repetitive and routine tasks, and improve access to dermatological care"[20].

The example of teledermatology using store and forward technology provides a good example of the potential productivity and service accessibility gains from embracing technology-enabled models of care and why the investments outlined above are needed if these benefits are to be realised.

A case study: Teledermatology using Store and Forward technology to improve service accessibility and training

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

Dermatology is a visual specialty, highly suited to the use of digital images for diagnostic and disease management purposes[21]. Teledermatology using Store and Forward technology is an innovative technology based model for service delivery, whereby a patient's digital images and clinical data are

captured by their general practitioner (GP) or other medical specialist and securely forwarded to a specialist dermatologist for assessment, diagnosis and therapeutic recommendation.

This model has been trialled longitudinally in Australia in several settings, demonstrating clinical effectiveness, safety, acceptability, reduced waiting times and out-of-pocket costs, and high patient-reported satisfaction.[22] The technology is supported by international evidence and guidelines, and the ACD has worked with the Centre for Online Health at the University of Queensland to develop Practice Guidelines for Teledermatology.

Teledermatology using Store and Forward technology can also be used for remote clinical supervision, augmenting the capacity and quality of specialist training, particularly within rural and regional settings and providing exposure to a diversity of clinical cases. Experiences in Australia and internationally support the use of Store and Forward as a teaching tool in medical education and specialist dermatology training[23,24].

Expansion and sustainability of technology-based services such as 'derm-telehealth' models requires that trainees on rural and regional placements or participating in rural outreach are able to gain clinical experience and technical expertise in this modality of treatment[7].

However investment is needed to pilot, and put in place the necessary financial and infrastructure supports, to roll out these innovative service delivery models. For example further effectiveness and utilisation data is needed to build the business case for a Medicare Benefits Schedule item for Teledermatology using Store and Forward technology.

The ACD has designed a feasibility study of Teledermatology using Store and Forward technology for the remote delivery of specialist dermatology services to regional, rural and remote areas of Australia, and to collect the additional clinical evidence sought by MSAC but will require Federal and/or State funding for this project to proceed.

Without investment in these types of studies, the significant service accessibility and product dividends that these technologies are likely to offer cannot be realised.

Forward-looking regulation that supports innovation and competition

Taking a user-centric approach to risk provides the opportunity for a more coherent regulatory approach. This will require consistency in the regulatory tools applied registered and non-registered service providers including an increased focus on standards of practice and continuing professional development.

As the medical craft group specialising in complex skin conditions, dermatologists are attending to an increasing number of patients presenting with complications as a result of cosmetic procedures being performed by underqualified or untrained practitioners. If left unchecked, this may amount to a serious public health issue given the rapid expansion of the industry. Cosmetic procedures therefore provide an interesting case study on the need for regulatory settings to be fine-tuned to support innovation, competition and consumer choice whilst at the same time ensuring public safety.

A case study: Regulation of cosmetic procedures

Consumers now have an array of choice in cosmetic health service providers and procedure types. While supporting consumer choice, ensuring that safeguards are in place for consumer protection is

paramount. Certain parts of this industry are freely operating without existing NSW regulation, while others appear to be showing flagrant disregard to safety and quality standards. With this in mind, we welcome the proposal to take a user-centric approach to risk as this would provide the opportunity for a more coherent regulatory approach that takes account of both registered and non-registered service providers.

Cosmetic health service providers range from practitioners registered with the Australian Health Practitioners Regulation Agency (AHPRA), such as doctors, nurses and dentists, as well as non-registered professionals i.e. beauty therapists or laser operators.

Complaints about registered and non-registered health practitioners are dealt with differently by the HCCC. Under the Health Care Complaints Act 1993, investigation and prosecution of serious complaints relating to registered practitioners are undertaken in consultation with relevant professional councils, i.e. the Medical Council of NSW. For non-registered practitioners, no such professional standards bodies exist and these practitioners are held to account according to the Code of Conduct, Public Health Act 2010 and Public Health Regulation 2012. Serious complaints for registered practitioners can lead to cancelation of registration. For non-registered practitioners, a public warning or prohibition warning can be given. For both registered and non-registered practitioners, criminal charges can be laid where prosecution is warranted according to the Director of Public Prosecutions.

While the most severe outcome of criminal prosecution applies to both registered and non-registered practitioners, it is the lack of a professional standards body or an accreditation process for non-registered practitioners which is of concern.

There is no mechanism for professional counselling or performance management or other remediation action, which may act to prevent minor incidents escalating to a major threat to patient or public safety. In contrast, medical, dental and nursing practitioners must not only demonstrate the skills and expertise required to gain qualifications throughout the course of their undergraduate education and post-graduate training where required, but must also undertake continuing professional development to maintain AHPRA registration.

Thus there are several additional layers of oversight and while it can be argued that this is commensurate with the complexity of the health service they are providing, the increasingly risky and technologically-driven cosmetic procedures being performed by non-registered practitioners strongly suggests that more stringent or rigorous oversight is needed for this group of professionals.

Other national government agencies and independent bodies play a critical role in maintaining public health and safety and each with their own remit, including the Therapeutic Goods Administration (TGA), the Australian Commission for Safety and Quality in Health Care (ACSQHC), the Medical Board of Australia (MBA) and Australian Radiation Protection and Nuclear Safety Agency (ARPANSA). The reach of these bodies does not extend to beauty or other non-medical clinics, although products and devices used at these locations must be listed on the Australian Register of Therapeutic Goods (ATRG) held by the TGA. Raids across a number of Sydney-based beauty salons uncovering non-TGA approved goods is evidence of a significant gap in regulatory control with respect to importation.

Furthermore, the MBA guidelines relating to cosmetic medical and surgical procedures apply only to registered medical practitioners; and only those practicing in day surgeries are required to comply

with the National Health and Safety Quality Standards for ACSQHC accreditation. Thus, given the burgeoning non-medical cosmetic market, a cohesive framework is needed to address the considerable regulatory gaps which have allowed questionable and unsafe practices to occur.

The MBA guidelines for registered medical practitioners stratify procedures according to the degree of invasiveness i.e. minor (non-surgical) vs major. Many minimally invasive procedures have an excellent safety profile when performed by competent and qualified practitioners, both registered and non-registered. The type of product or energy device and its manufacturing quality (e.g. TGA approved vs 'black-market') has a bearing on procedural outcomes and risks – beyond practitioner/ practice competency and adherence to guidelines. It is at this regulatory interface where the NSW Health Care Complaints Commission (HCCC) and other regulatory bodies such as the TGA have a critical role to play.

The ACD has therefore recommended that the establishment of a professional council with oversight of non-registered practitioners could assist the HCCC manage complaints for this group, potentially using a stratified approach based on procedural risk.

Conclusion

It is critical for the safe, equitable and sustainable delivery of dermatology services that the NSW government continues to support and invest in the infrastructure for reliable, sustainable and affordable healthcare. Dedicated and expanded funding for outreach is urgently needed to enable service visits and address the unmet healthcare needs of NSW's smaller towns and more remote and isolated populations.

Investment in innovative models of care such as store and forward teledermatology and AI will improve productivity and access to care driving improved and more equitable skin healthcare outcomes.

Taking a user-centric approach to risk provides the opportunity for a more coherent regulatory approach that applies consistently to both registered and non-registered service providers with a focus on early intervention to ensure the NSW workforce is equipped with the skills to deliver services safely.

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