Health Education England

Evidence Brief: Dermatology

Contents

Produced by the HEE Knowledge Management team Evidence Briefs offer a quick overview of the published reports, research, and evidence on a workforce-related topic.

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Key publications – the big picture

GIRFT recommendations address dermatology workforce shortages and call for wider use of technology November 2021, NHS England and NHS Improvement
The Getting It Right First Time (GIRFT) national report for dermatology makes recommendations to recruit and retain skilled clinicians in dermatology, as well as making greater use of new technology. The report highlights a range of recommendations to increase training and optimise the skills of the wider team to help fill the gaps. It also looks at how clinicians can embrace new ways of working to get their diagnoses right first time.

Dermatology: GIRFT Programme National Specialty Report August 2021, NHS England and NHS Improvement
Workforce shortages are a key factor in the increasing use of high-cost locums and other short-term initiatives in an attempt to control waiting lists. Around a third of units have very serious staffing shortages, with some closed to routine dermatology referrals and only providing an urgent skin cancer service. In some areas of southern England, where neighbouring units have partially or fully closed, there is very limited access to NHS consultant dermatologists.

Workforce shortages have had the greatest impact on people with distressing and disabling skin disorders that are non-cancerous. This is because the NHS prioritises resources to meet cancer targets, including skin cancers. Hospitals are asked to make sure that staff focus on seeing people with skin cancers soon which, if there are shortages of staff, means longer waits for people with non-cancerous but serious skin diseases.

It is essential that shortages in the dermatology medical workforce are addressed if we are to provide equal access to quality dermatology care. We have looked in detail at the issues affecting each of the key workforce groups and have recommended a set of solutions to tackle shortages

Dermatology Training Curriculum August 2021, Joint Royal Colleges of Physicians Training Board
This curriculum defines the purpose, content of learning, process of training, programme of assessment and quality management for dermatology higher specialist training leading to the award of completion of training (CCT).

A Guide to Job Planning for Dermatologists May 2021, British Association of Dermatologists
A guide to job planning for consultants, including managing on-call work and Teledermatology.

Delivering care and training a sustainable multi-specialty and multi-professional workforce December 2019, British Association of Dermatologists
Key recommendations for improvement:
1. To acknowledge that a critical mass of Dermatology Consultants is required to adequately train and safely supervise complex healthcare teams for service delivery and patient care. Adequate support is required for not only retention, but due to the increasing burden of skin disease, expansion of this cohort of senior clinicians.
2. To provide equity of access for all patients with skin disease, not just those with suspected skin cancer.
3. To ensure equity of access for follow-up as well as new patients.
4. To commission 7-day dermatology services and specialised services.

5. To support all departments to develop technological innovation to improve triage of referrals to secondary care and direct capacity to those patients who need it most.
6. To improve dermatology diagnostic skills in primary care.
7. To conduct focus-group work to determine what dermatology patients want from their consultation and whether these needs vary with disease type and patient age.

2019 Audit of UK Dermatology Coverage May 2019, All Party Parliamentary Group on Skin
Between January and March 2019, the APPG on Skin (APPGS) sent and received Freedom of Information (FOI) requests from NHS Foundation Trusts in England, whilst the Dermatology Council of England sent the same FOIs to Scottish Regional NHS Boards, Welsh Health Boards and Northern Irish Health and Social Care Trusts. The FOIs sought dermatology information from each NHS provider on substantive Consultant Dermatologists, locum Dermatology Consultants, emergency room dermatology provision, and Dermatology Consultant work, substantive or locum, taking place in the community. The FOIs targeted secondary care provision and did not cover all dermatology expertise, such as Advanced Nurse Practitioners and GPs with an extended role in dermatology. The results provide a national picture of each nation's provision of secondary care dermatology, as well as revealing individual providers and areas that are particularly challenged to provide adequate Dermatology cover.

Transforming elective care services dermatology January 2019, NHS England
Opportunities to improve dermatology services include: developing clear multidisciplinary pathways and care models that address patients' physical and psychological needs (British Association of Dermatologists, 2014); enabling well supported self-management (Association of the British Pharmaceutical Industry, 2018); better use of teledermatology (British Association of Dermatologists, 2014); a clear model for community dermatology (British Association of Dermatologists, 2013) including how best to use nurses, pharmacists and GPs with extended roles to ensure that patients receive the right treatment and care in the most appropriate setting (Royal College of General Practitioners, 2018); and specialised education for both patients and GPs.

UK Dermatology specialist trainee career intentions March 2018, Clinical and Experimental Dermatology
In summary, the results of the BAD 2016 trainee survey suggest that trainees plan to work on average for 7.6 years in the 10 years following CCT. There was a 50% decrease in trainees who were interested in academic work. This data collection enables the association to consult with the Department of Health, Public Health England and Health Education England, who provide intelligence to the health and care systems to inform workforce planning decisions at a national and local level. This information on careers choices will help predict consultant vacancies and regional workforce distribution and thereby projected workforce demand.

Further investigation is required to understand why trainees are turning from academic careers, which, if confirmed, threatens the future of academic dermatology. Unless national workforce planning takes into account the career plans of trainees that will affect their availability to fill NHS roles, there will be no resolution of the current workforce crisis.

How can dermatology services meet current and future patient needs, while ensuring quality of care is not compromised and access is equitable across the UK? 2015, The King's Fund
There is an uneven distribution of all types of specialist staff, resulting in unmet patient need. Based on recommended

numbers of dermatologists from the Royal College of Physicians no region has enough dermatologist consultants, and the South East Coast, North East, and East Midlands have the lowest coverage of consultants. There is a shortage of consultants, particularly in rural or remote areas and there are areas with a high number of consultant vacancies and high use of locums –just over 50% of respondents to a survey undertaken for this project felt that there were not enough consultant dermatologists. However, a similar proportion of survey respondents advocated that new models of working should be explored, spreading the limited consultant resource further and using it more efficiently.

The speciality doctors, specialist nurses and GPwSIs form a significant component of the dermatology workforce. However, in the absence of any national data for these staff groups, we have not been able to determine exactly how many there are in total or their geographical spread. It is also unclear how well integrated they are into the consultant-led service. Overall there isa lack of clear workforce strategies for these staff including: recruitment; retention; formalising training; accreditation; career development and succession planning, though steps are being taken to improve the position for GPwSIs. Where services have been successfully developed using nurses, GPwSIs, and specialty doctors and activity shifted from the consultants it has often been the result of an individual's enthusiasm and expertise, particularly the local consultants.

Dermatology has not been a compulsory part of the GP training, leaving many GPs lacking the necessary diagnostic skills to deal with what is a significant proportion of their workload.

There are also limited numbers of specialist dermatology hospital pharmacists. They could be a valuable source of specialist expertise but there is a lack of clarity around their role as part of a consultant-led multi-disciplinary specialist dermatology service.

Case Studies

Designing a sustainable integrated dermatology service with Somerset ICS 2022, NHS South, Central and West
There is now a greater understanding of the best ways to deliver dermatology services within Somerset, utilising the existing workforce. We provided innovative ideas for securing additional workforce through training and supervision packages to future-proof sustainable services. This includes plans for completing sufficient activity for CPD and re-accreditation requirements of the current workforce.

Delivering care, and training a sustainable multi-specialty and multi-professional workforce: Dermatology Outpatient Case Studies December 2019, British Association of Dermatologists
The case studies are presented in three broad categories:

1. Technology to enhance service delivery;
2. Developing sustainable and integrated teaching models;
3. Developing consultant-led multi-professional and multi-specialty teams.

In each case study the author describes the drivers for change, the barriers they faced and the impact this has had on patient care. The clear themes which emerge serve as models for how to inspire and encourage healthcare professionals to take ownership and implement changes for the mutual benefit of staff and patients alike.

HEE Star

More resources and tools are available via the HEE Star (search for **dermatology**)

HEE National Data Programme

HEE staff can look at the National Data Warehouse (NDL) SharePoint site to find out more about datasets and Tableau products.

Published Peer Reviewed Research

Education and training

Barriers and facilitators for implementation of a national recommended specialty core-curriculum across UK medical schools: a cross-sectional study using an online questionnaire
March 2022, BMJ Open
There have been concerns of feelings of inadequacy among junior doctors and GPs due to a lack of training at UG levels for some specialties. With over 13 million primary care consultations for skin diseases each year13 and most GP postgraduate training schemes having no dermatology, improving minimum UG dermatology teaching and learning standards across UK medical schools would help address the training gaps experienced by GPs and junior doctors

The objective of our study was to determine the potential barriers and facilitators to implementation of a national recommended UG specialty-specific core curriculum, using dermatology as a representative specialty.

Celebrating 20 years of the UK Dermatology Clinical Trials Network. Part 2: education, training and capacity building
February 2022, Clinical and Experimental Dermatology
Much of the UK DCTN education and training work has been shaped and developed using a ‘bottom-up’ approach by trainees, other clinicians and healthcare professionals and changing curriculum needs. Educational opportunities offered by the network are crucial in developing an informed and trained workforce for clinical dermatology research and are critical to its future sustainability and growth. Many of today's UK DCTN trainees will become future leaders in clinical research. The investment of time and effort given freely by senior mentors from across the UK is considerable, but the payback in terms of better research awareness and new trial proposals for the UK DCTN pipeline is clear. The success of the UK DCTN is due to engagement from its membership who share a common vision to deliver better evidence-based care for dermatology patients.

Next steps in dermatology training: choosing to enter higher speciality training and the transition from trainee to consultant dermatologist November 2020, Clinical and Experimental Dermatology
Although clinical dermatology formed part of the core undergraduate curriculum for most trainees, the median duration of this was less than 2 weeks and was often combined with other specialities such as ophthalmology and ear, nose and throat. Concern surrounding the limited time allocated to undergraduate dermatology has been raised previously. However, dermatology training offers transferrable skills for other specialities such as rheumatology, and is highly relevant to general practice. Our study demonstrates that dermatology was considered as a career by almost two-thirds of trainees

during medical school, and almost two-thirds of respondents (63%) undertook a dermatology rotation as part of their foundation training and/or CMT. Dermatology trainees confirmed their decision to pursue a career in dermatology during foundation training. This is consistent with other studies reporting that career choice is chiefly dictated by the postgraduate experiences of junior doctors. However, the scarcity of foundation and CMT rotations that include dermatology suggests that those undertaking these may have already fostered an interest in dermatology during medical school.

Fast-tracking teledermatology into dermatology trainee timetables, an overdue necessity in the COVID era and beyond August 2020, Clinical and Experimental Dermatology
One way for trainees to become involved in teledermatology would be to shadow a consultant teledermatology clinic list until they become familiar with the technique. Subsequently, the trainee would take on their own reduced teledermatology list in parallel with the consultant, with a review of all trainee cases at the end of each session; the number of cases per session could be built up gradually over time. Consultant clinic templates and job plans would clearly need to be adjusted accordingly. Such an approach would mirror training techniques practised by other visual specialties such as ophthalmology and radiology. At our centre, we have also established a weekly teledermatology multidisciplinary team meeting attended by consultants and trainees, at which challenging cases are discussed for consensus; this not only enhances patient outcome and safety, but also promotes teledermatology training. We propose that such a model could be adopted widely across NHS trusts.

Workforce demographics

Dermatologist Workforce Mobility Recent Trends and Characteristics February 2022, JAMA Dermatology
(Abstract only)*
Job hopping and other forms of medical practice separation increase operational costs to health care systems and affect patient experiences owing to discontinuity of care and access gaps.1 We sought to determine how frequently dermatologists separate from their practices and to identify physician and practice characteristics associated with practice separation.

Diversity in the Dermatology Workforce: What Can We Do? July 2019, Practical Dermatology
Lack of racial and ethnic diversity in the physician workforce is of concern for several reasons. Underrepresentation of racial and ethnic backgrounds in the medical community means that the insights and rich experience of persons of color are not proportionately influencing the practice of medicine and contributing to the innovation and advancement needed to improve patient care. Additionally, there is evidence that patient care may suffer as a direct consequence of lack of diversity in the medical community. Finally, racial inequity is an injustice that warrants correction.

New ways of working

Dermatology outpatient care in the U.K.: modernizing services requires patients as our partners April 2019, British Journal of Dermatology
What changes does the RCP report recommend? In essence, major reform of outpatient services underpinned by better use of the technology that is already available. The report includes 16 principles for good outpatient care (Table 1). The only principle missing from this list is the importance of continuity of

care. The RCP report also includes seven exemplar projects from around the U.K., although none relates to dermatology (a missed opportunity, as dermatology is so clearly ahead of most other disciplines in the way we operate outpatient services). How have other disciplines responded to the need to deliver excellent services, with limited resources, in a fiscally challenging environment? In short, they have responded with imagination, creativity and innovation. Incremental innovation with tiny improvements to the existing system occurring year on year has been the norm in the National Health Service (NHS) in recent decades. However, the RCP report acknowledges that healthcare in the U.K. has now reached the stage where this is no longer sufficient; something more radical is needed. Common themes are apparent from these seven projects: additional funding was relatively small or was not required; a greater focus on improving the patient experience; technology was often used to underpin the changes; and collaboration and integration of services between primary and secondary care.

How to set up a psychodermatology clinic June 2014, Clinical and Experimental Dermatology *(Abstract only*)*
Psychodermatology is a recognized subspecialty, but lack of awareness among dermatologists and limitation of resources make the management of these patients challenging. Clinicians are often unsure about the practicalities of setting up a psychodermatology service. There is confusion about which model is best suited to which service, and about the development of a psychodermatology multidisciplinary team.

Workforce supply

The Dermatology Workforce Supply Model: 2015-2030 September 2017, Dermatology Online Journal
This study uses a labor economic stock and flow model, which relies on historical trends in growth to predict future events and to estimate future supply of dermatology providers in the United States. Although the supply of dermatology providers is growing faster than the population, it is unknown whether the workforce is keeping pace with the growing demand for medical and cosmetic dermatology services in the United States. The dermatology workforce would likely face considerable shortages without continued growth in PAs and NPs. Increased investment in the training of nurse practitioners and physician assistants may be one effective strategy for addressing provider shortages within the specialty of dermatology.

Dermatology: a specialty in crisis December 2015, Clinical Medicine
The issues that plague dermatology in the UK are widespread, but there are solutions. Crucially, the UK needs more consultant dermatologists to reflect the growing demand on dermatology services. There is also a requirement for more thorough dermatology training in the undergraduate curriculum to provide basic dermatology skills throughout the medical workforce. This is particularly important as skin diseases are often comorbidities to other diseases. There is a vital need for further mandatory dermatology training in the GP curriculum. A more able primary care workforce would reduce the pressure on secondary care.

Too far, too long, too few: workforce planning in dermatology December 2012, Clinical and Experimental Dermatology
Demand for dermatology consultants has increased over the past two decades. Estimates for future numbers of dermatology consultants have sometimes been ignored, possibly because of a false belief that general practitioners practising dermatology and telemedicine would result in a decreased demand for dermatologists. Consequently, there are many vacant consultant posts in the UK. Estimating trainee numbers requires prediction of future demand for consultants over a period of 5–40 years. Our new data should enable accurate increased CfWI

allocation of training posts to allow the shortage of British consultant dermatologists to be corrected.

In conclusion, the choice of part-time work and work abroad will result in a loss of 2.3 years per consultant in the first 10 years after completing training. The limited mobility of dermatology trainees indicates that trainee numbers in each region should match projected local demand.

Competency Frameworks

Clinical Dermatology Nursing Role Descriptors: guidance on scope of practice December 2021, British Dermatological Nursing Group
This document aims to:

- Provide a general consensus on the levels of practice for nurses in dermatology and where relevant link Agenda for Change (AfC) grading
- Support nurses in their career progression
- Support service leads and managers in reviewing workforce requirements and skill mix to support dermatology service provision
- Serve as a framework for education and training development and commissioning
- Facilitate transparency and quality assurance for nursing in dermatology

Pharmacists in Dermatology British Association of Dermatologists
Pharmacists who work in secondary and tertiary care dermatology departments provide a unique skillset and invaluable expertise. This page provides resources supporting the business case for pharmacists in dermatology and outlining job descriptions for these roles.

*Help accessing articles of papers

Where a report/ journal article or resource is freely available the link has been provided. If an NHS OpenAthens account is required this has been indicated. It has also been highlighted if only the abstract is available. If you do not have an OpenAthens account you can self-register here.

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