

What is the future of Dermatology; hospital versus office based, NHS versus private?

Synopsis

The future of Dermatology is an exciting one. Advances have been made in digital technologies that aid dermatologists in the diagnosis and treatment of skin diseases. Telemedicine in particular is especially suited to dermatology, and teledermatological services are increasing exponentially worldwide¹. Unfortunately, many advancements in dermatology are not yet tangible. For us, the real question is; what is the immediate future of Dermatology? Will it be hospital or office based, publicly available or a privilege of the private sector? What will this mean for patients?

Inpatient dermatology

Inpatient dermatology has always been an important subspecialty; patients with known cutaneous disorders may present in both ambulatory and hospital settings, and cutaneous issues may arise within an individual secondary to an unrelated illness in an inpatient setting². It is a challenging field, one that requires skilled dermatologists with specific expertise³. It may not be feasible for inpatient dermatology to shoulder the entire burden of dermatological disease, however. There currently is a deficit of 17.4million healthcare workers globally and WHO predictions suggests shortages may exceed 9.9 million physicians, nurses and midwives by 2030^{4,5}. In the UK new trainees are not sufficiently filling the void left by retiring staff, and although there will forever be a need for inpatient dermatological services, there needs to be emphasis on optimising dermatological services in order to cope with the reduction of physicians and the increasing demand of services⁶.

Office based dermatology

Majority of professional care of skin diseases is provided in physicians' offices worldwide⁷. General Practitioners are expected to decide when to refer to secondary care, and when self-management is most appropriate. This traditional service model of 'gate keeping' and referral is suboptimal for patients with long-term cutaneous disorders, partly due to increasing GP workloads but also secondary to inadequate dermatological training received in GP Training years. Public intermediary services- where patients with skin conditions can self-refer- may be a potential solution to this issue. Skin lesion clinics could offer a one-stop service from diagnosis to surgery, with expertise that surpasses that of a usual GP practise. The most achievable goal may be to support GP practice with timely specialist advice available as an alternative to referral.

NHS vs Private dermatology

The NHS suffered under intense pressure in 2019, and one might argue that it is unrealistic to expect the NHS to cope with the entire scope of dermatology in the future⁸. The NHS long term plan 2019 believes technology will redesign clinical pathways, dermatology in particular. Virtual clinics are to take precedence and replace follow up appointments in many cases, further reducing the workload and preventing unnecessary specialist referrals. Some patients may be managed entirely digitally- although this may bring with it a myriad of other issues⁹. Investment into the public health sector has been assured by the NHS's multi-year funding settlement, but the benefits of encouraging private dermatological clinics should not be ignored; private services lessen the demand for public services and shorten NHS waiting times^{10,11}.

Conclusion

The future of dermatology in the UK is somewhat uncertain. In my opinion it is unlikely to follow any one single pathway- be it hospital or office dominated, public or private. It is most likely to become revolutionised within the spheres that it currently exists- most notably with increasing teledermatology and digitalisation. Perhaps dermatology will be primarily addressed via virtual consultations, as hoped by the NHS 2019 long term plan. In this era of personalised medicine, the future of dermatology is bright, even if the future is decidedly undecided.

Word Count: 595

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