

SYNOPSIS:

Given the new normal post COVID-19, what changes do you see in dermatology services over the next 5 years?

Introduction:

Drastic changes have been imposed upon dermatology services throughout the COVID-19 pandemic. In-person consultation numbers dropped to single digits, whilst witnessing a three-fold surge in the usage of teledermatology services (1).

Teledermatology:

COVID-19 has dramatically expedited the acceptance and integration of teledermatology into everyday practice (2). Many practices faced the transition from having no teledermatology services, to using it almost exclusively within the span of a few months (3).

Teledermatology not only reduces face-to-face (F2F) interactions but also allows for a more streamlined triage. The flexibility of 'store and forward' (SAF) teledermatology allows for asynchronous dermatology reviews (4). This increases accessibility for consultations, which is particularly pertinent in areas that face health disparities in dermatology service provision. In the future, hospital admission may only be recommended in certain circumstances, such as for patients who require further assessment to confirm their diagnosis (5). Live video conferencing (LVC) offers another alternative that permits immediate physician-patient interaction (18).

However, a shift towards utilising teledermatology will have many pitfalls. Poor image quality and lack of communication can result in misdiagnosis (7). Technology associated

health inequalities must not be overlooked (8). Although SAF offers a higher diagnostic accuracy over LVC, a systematic review showed that LVC is superior when comparing consultation time effectiveness (19). Application of SAF or LVC should be assessed on a case-by-case basis.

Teledermatology also offers a more cost-effective approach compared to F2F consultations, thus increasing its appeal as the NHS continues to face financial pressures during its age of austerity (6).

Education:

Teaching across all specialties has been greatly interrupted, where many dermatology trainees were redistributed to acute or general medicine (9). Webinars and virtual conferences will likely become the mainstay of dermatology training to curtail student gatherings. Photographs collected through teledermatology consultations offers an invaluable resource for dermatology trainees as diagnoses through assessing skin photographs will become increasingly prevalent.

Burnout:

The increasing working hours to tackle the backlog of patients will undoubtedly lead to an increased risk of burnout and technology-associated fatigue (10). A survey revealed that more than 40% of doctors had experienced work-related mental health issues during the pandemic (10). Asynchronous teledermatology may also lead to an increased overlap between personal and work life (11).

A systematic approach to promoting wellbeing is vital as we begin to enter the 'new-normal'. Possible solutions include allocating protected time to pursue academic interests or scheduling time for work to be done alone (11, 12).

Dermoscopy

In efforts to reduce COVID-19 spread, increased use of dermoscopy may arise due to its non-invasive technique. However, given the ability of COVID-19 to remain viable on stainless steel for up to 72 hours, safety measures must be taken to minimise viral spread (13).

Precautions may involve the use of polarised noncontact dermoscopy, as direct contact with the lesion is not required (12), or by simply using a disposable glass microscope slide between the lesion and the dermoscope (15). The dermoscope and the surfaces exposed to the patient should be disinfected, along with appropriate hand sanitisation before and after the consultation, with use of emollients to minimise occupational dermatitis (16).

Albeit rare, a systemic review reported cutaneous manifestations of COVID-19 to include erythematous maculopapular and vascular rashes (17). This prompts the training of dermatologists to recognise potential COVID-19 presentations for appropriate signposting.

Conclusion:

Many unprecedented challenges have been imposed on healthcare services. The ever-fluctuating infection rates render it difficult to predict when dermatology services will resume normality (21). The application of stringent measures will be crucial to prevent disease resurgence whilst ensuring that the clinical needs of patients are met with the best possible care.

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