



More Than Skin Deep

5 solutions to managing Canada's dermatologist shortage and preventing wider patient impacts



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Canada has a shortage of dermatologists.

There are just over
800 certified dermatologists
for 40 million people.

This is remarkably low.
By comparison, France's
68 million citizens have
3,752 dermatologists.¹

The French also have long wait times, but not as long as **in Canada where the ratio is one dermatologist for every 50,000 population.**

Here, patients face months-long wait times and in some cases years with chronic and acute skin conditions that worsen and impact their quality of life. In the case of skin cancer, one of the most deadly diseases dermatologists diagnose, delayed access can lead to more advanced stages of cancer and **lower survival rates.** There is also a shortage of dermatologists in hospitals where missed diagnosis of emergencies with skin involvement due to a lack of access to a dermatologist, can be deadly (e.g. drug reaction).



The cost of delayed diagnoses

In addition to the human cost, delays in diagnosing and treating skin conditions **lead to more complex care and expensive treatment.** Late-stage treatment is more costly and serious conditions mean the patient will need additional trips to their primary care provider, dermatologist or even hospital depending on the severity of their situation. This is not to mention the out-of-pocket costs for patients as well as lost productivity to the economy due to absence or inability to work and disability claims.

¹ Lilley Z. Long wait for dermatologist appointments in France. The Connexion [Internet]. 2023 Sep. Available from: <https://www.connexionfrance.com/practical/long-wait-for-dermatologist-appointments-in-france/106438#>.



An overburdened health care system

This problem connects to the wider challenges affecting our health care system. Workforce shortages, particularly among doctors, nurses, and specialists like dermatologists, **have led to long wait times and overburdened health care professionals.** The COVID-19 pandemic has intensified these issues, revealing systemic weaknesses and **adding strain to an already stretched system.** Geographic disparities mean rural and remote areas struggle even more for access to care, exacerbating health inequities.

Moreover, innovation and our ability to address emerging health threats effectively have been hampered by insufficient funding for health research and the slow adoption of digital health technologies. And finally, further inefficiencies are caused by the inconsistent policy coordination between federal and provincial governments.



Solve this problem to solve more

The shortage of dermatologists in Canada reflects broader systemic challenges. Addressing this shortage presents an opportunity to implement policies and innovative solutions that can serve as a model for solving wider health care system problems.

Addressing the dermatology problem requires comprehensive collaboration and sustainable reforms. **By tackling this issue head-on, Canada can take a firm step towards building a more resilient, equitable, and efficient health care system** that better serves all its citizens.

From **life-altering** to **life-threatening** diseases

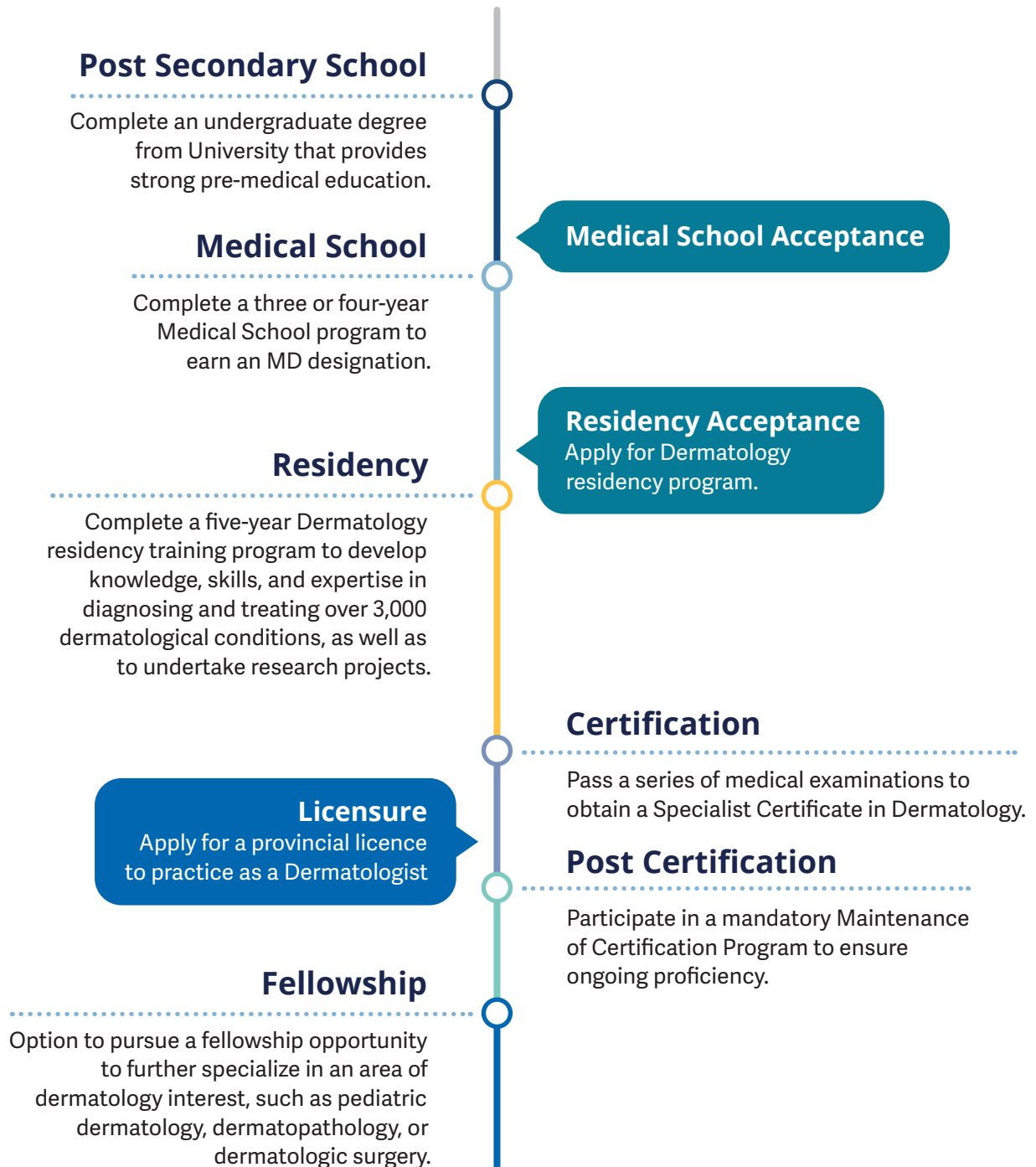
Dermatology is a medical specialty that deals with a wide array of acute and chronic skin conditions, many of which can be life-altering or life-threatening, such as melanoma.

A dermatologist specializes in the diagnosis and treatment of the skin, the largest organ of the body, treating the skin, hair, nails, and mucous membranes (e.g. lining inside the mouth, nose and eyelids). The skin plays a major role in protecting the body from external factors such as bacteria, chemicals, and temperature.

Dermatologists diagnose and treat more than 3,000 diseases in both children and adults, engaging in a variety of patient care that combines cognitive skills with surgical skills.

What does it take to become a dermatologist in Canada?

Experienced dermatologists can accurately diagnose a patient's skin condition often simply by visual inspection. In fact, a 2019 study found that most could **achieve up to 80% clinical diagnostic accuracy.**² No other medical specialist can diagnose skin conditions with this level of certainty. **Here's why.**



² McCusker S, Dawn G. Personal diagnostic accuracy ratings reflect clinical acumen. Clin Exp Dermatol. Epub 2019 Dec 25; 45(5):596-598. doi: [10.1111/ced.14165](https://doi.org/10.1111/ced.14165).

Beyond the skin

A dermatologist is an expert doctor able to diagnose and treat a range of skin conditions, but their work covers a broad range of health issues:

- 1. Complex Skin Conditions:** Dermatologists treat a variety of skin conditions, such as acne, eczema, psoriasis, rosacea, and dermatitis, but they also manage more complex skin diseases like autoimmune skin disorders, and infections (bacterial, viral, fungal). In addition, dermatologists treat severe drug reactions and provide care for hospitalized patients, particularly those in oncology, helping them manage medication side effects.
- 2. Skin Cancer:** A dermatologist plays a vital role in the prevention, diagnosis, and treatment of skin cancer. For patients showing initial symptoms, this includes conducting skin checks to detect suspicious moles or lesions and performing biopsies to diagnose skin cancer early. If cancer is detected, dermatologists develop and implement a treatment plan, which may involve surgical removal, topical therapies, or more advanced procedures like Mohs surgery, radiation or chemotherapy.
- 3. Surgical Treatments:** Dermatologists are trained in dermatologic surgery to remove skin cancers, moles, warts, cysts, and other skin growths. They may also perform biopsies to diagnose various skin conditions and use lasers to treat birthmarks and scars.
- 4. Hair and Nail Disorders:** Dermatologists diagnose and treat hair and nail disorders, including hair loss (alopecia), fungal infections, and other abnormalities.
- 5. Pediatric Dermatology:** Some dermatologists specialize in treating skin conditions in children, including birthmarks, eczema, and genetic skin disorders.
- 6. Allergies and Immune-related Skin Conditions:** They also address skin problems caused by allergies, immune system disorders, and other systemic diseases.
- 7. Cosmetic Procedures:** Dermatologists perform cosmetic procedures to improve the appearance of the skin. These can include treatments for wrinkles, age spots, and scars, as well as procedures like Botox injections, fillers, chemical peels, laser therapy, and microdermabrasion.
- 8. Education and Prevention:** Dermatologists provide guidance on skincare routines, sun protection, and the prevention of skin damage and disease. Their guidance is individualized to the patient and their skin-disease.
- 9. Research and Innovation:** Many dermatologists participate in research and development activities, including clinical trials and work within research centres, contributing to the advancement of innovations in dermatological care.



Dermatologists are also able to detect other underlying conditions and can refer patients to other specialists when necessary.

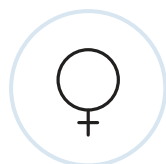
They take a multidisciplinary approach to care, focusing on both preventative measures and effective skincare routines. Patient education is a key aspect of their practice, ensuring that individuals are well-informed about their skin health and the steps they can take to maintain it.

Leading 100 years of dermatological care in Canada



1925

Four Canadian doctors come together to conceptualize an inter-urban dermatological society. It is first known as the Canadian Branch of the British Association of Dermatology.



1935

Dr. Mary Eliza Scofield is the first woman to practice dermatology in Canada.



1947

The society is officially renamed the Canadian Dermatological Association.

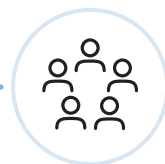


1960

The official crest and logo of the CDA is decided on during the 35th annual meeting in Banff, Alberta.

1926

Dr. Barney Usher becomes the first dermatologist to have his name attached to a disease entity.



- **May 1926.** The society is formally established in London, Ontario.

- **June 1926.** The first meeting of the society, a two-day affair, is held in Montreal.

1939

Dermatology is recognized as a specialty by the Royal College of Physicians and Surgeons of Canada.



1952

Dr. Harold Orr was the first dermatologist to be elected President of the Canadian Medical Association.



1963

Dr. William Pace revolutionizes the treatment of acne with benzoyl peroxide.





1972

An official dermatology curriculum becomes standardized across Canada with unified examinations set to begin at the Royal College of Physicians and Surgeons of Canada.



1975

In October, the first issue of the CDA journal is published.



1982

Surgery is accepted as an integral part of the dermatology specialty under the Royal College of Physicians and Surgeons of Canada dermatology training curriculum.

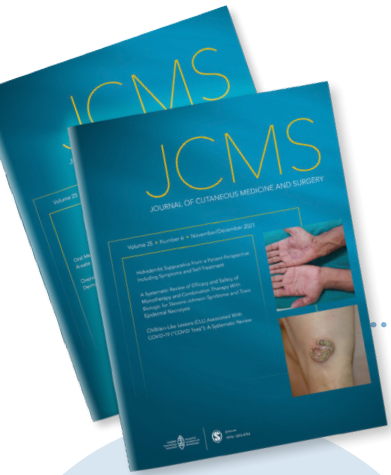
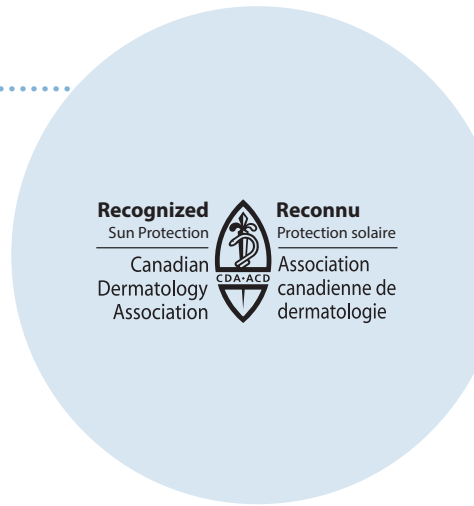
1987

Drs Jean and Alastair Carruthers discover the cosmetic properties of botulinum toxin.



1989

The CDA launches the Sun Protection Program.



1996

The CDA launches the first publication of the Journal of Cutaneous Medicine and Surgery.



2013

The CDA launches the Skin Health Program.

2021

The CDA starts the skin of colour awareness initiatives and launches The Skin Diversity Learning Series.



2023

Advocate. Protect. Support. CDA's advocacy efforts get underway.



Heather's Journey

Calgary, AB



Reclaiming her Life

At 44, Heather was diagnosed with breast cancer, which led to widespread dermatitis as a result of her aggressive treatment. For Heather, the disease felt like it was taking away not just her health, but more of her identity and how she was seen. Her diagnostic journey was challenging, filled with misdiagnoses and ineffective treatments that left her feeling frustrated and isolated.

The turning point came when she consulted a dermatologist who conducted comprehensive patch testing, a process that detects delayed allergic contact dermatitis reactions by exposing the skin to potential allergens over days. This personalized and thorough approach was crucial, as it identified triggers from both her cancer medication and certain personal care products, leading to a tailored treatment plan. As Heather's skin healed, her mental well-being improved, enabling her to regain her confidence and vivacious nature and return to her role as a senior business leader in full form.

Heather's experience underscores the critical role of dermatological care and the importance of addressing the unique needs of each patient. Her journey highlights how healing her skin was not just about restoring her appearance; it reflected her renewed sense of self and balance. Personalized care empowered Heather to reclaim her life, demonstrating how essential it is to recognize the profound emotional impact of skin conditions on patients' overall identity and confidence.

Peter's Story

Toronto, ON

Dealing with Psoriasis

After moving to Canada, Peter's psoriasis escalated dramatically, covering his body and causing intense pain and constant itching, leaving him feeling isolated and ashamed. Everyday tasks became difficult, and the emotional toll of the condition was overwhelming.

A visit to the dermatologist marked a turning point for Peter.

When he downplayed his physical and emotional challenges, insisting he was fine, the dermatologist's acknowledgment that it was okay not to be okay made Peter feel truly heard and understood.

With an official diagnosis and the introduction of a biologic medication, Peter began to see significant improvements in just a few months. His physical symptoms, including painful shedding, started to disappear. With his dermatologist's unwavering support, Peter's mental health improved as well. This care not only restored his skin but also helped him rebuild his confidence, enabling him to return to work as a copywriter and engage with life in ways he hadn't been able to for years.

Jaida's Fight

Toronto, ON



Battling Melanoma

At 27, Ontario-based Jaida's life took an unexpected turn when she was diagnosed with stage 1 melanoma. Incredibly, she might have overlooked the mole on her back if not for a school presentation on skin cancer that she remembered from grade school. This early awareness prompted her to seek help, ultimately leading to an early diagnosis and starting a challenging journey involving surgeries, recovery, and the emotional toll of managing a serious illness during the pandemic.

When a second melanoma spot appeared on her ankle in 2021, Jaida's care became more intensive. Through each step, she found extensive support from her dermatologist, whose responsiveness provided comfort and eased her anxiety. Now, with regular check-ups and advanced mole mapping, Jaida feels assured her health is in very capable, and caring, hands.

Jaida's experience has transformed her perspective on dermatology. She now sees her dermatologist as crucial to her recovery and what will be her lifelong screening efforts. The compassion and expertise of her dermatologist helped her regain both health and peace of mind. Today, she advocates for melanoma awareness and early detection, emphasizing the essential role of compassionate dermatological care in managing skin conditions and supporting overall health.



Canada's dermatology problem in 2 parts

Part 1. There aren't enough dermatologists.

Across Canada there are just over 800 certified dermatologists to treat the entire patient population, that's only about 2 dermatologists per 100,000 people.

In the U.S. the overall density of dermatologists is approximately 3.4 per 100,000 people.³ In both countries, these numbers get worse in rural and remote areas with urban centres holding a higher concentration of dermatologists. The scarcity in rural areas creates inequitable access to dermatological care.

While this scarcity can have deadly consequences in the form of undiagnosed skin cancer, dermatologists are being increasingly recognized for their important role in managing skin conditions which are now the world's fourth leading non-fatal disease burden.⁴ Melanoma more than tripled in the last 30 years and continues to be one the rise.⁵ Most skin issues are not fatal, but patients living with them face lower quality of life, anxiety and depression, all of which add to Canada's mental health challenges.

Not enough Residency Spaces: The shortage is due in part to the low number of residency positions in Canada, including dermatology. Not enough residency spaces reduces the number of new dermatologists entering the workforce.

3 Glazer AM, Rigell DS. Analysis of Trends in Geographic Distribution of US Dermatology Workforce Density. *JAMA Dermatol.* 2017 May 10; 153(5):472-473. doi: [10.1001/jamadermatol.2016.6032](https://doi.org/10.1001/jamadermatol.2016.6032).

4 Prasad S, Bassett IV, Freeman EE. Dermatology on the global stage: The role of dermatologists in international health advocacy and COVID-19 research. *Int J. Womens Dermatol.* 2021 Oct 23;7(5PartA):653-659. doi: [10.1016/j.ijwd.2021.10.003](https://doi.org/10.1016/j.ijwd.2021.10.003).

5 Melanoma Canada [Internet]. Oakville: The Organization; c2010- [cited 2023 Sep]. What is melanoma? Available from: https://melanomacanada.ca/understanding-skin-cancer/melanoma/what-is-melanoma/?gad_source=1&gclid=Cj.

The cost of running a practice: For dermatologists who run their own practice, rising costs such as rent, utilities, staffing and advanced medical equipment, contribute significantly to the financial burden. The financial strain is compounded by challenges in billing and reimbursement. For example, they are currently unable to bill for delegated work and telehealth appointments in most jurisdictions. This can make it increasingly expensive to operate a private dermatology practice.

Making medical dermatology sustainable: Fees for medical dermatology have not kept pace with the growing demand and cost of running a dermatology practice. Having more dermatologists, and reimbursing them at appropriate rates for their work, will help more medical students choose dermatology and make medical dermatology a priority.

Part 2. The average wait time is beyond the medically accepted time frame.

On average the wait time to see a dermatologist is 5 months [94-172 days]⁶, but in some cases can take years⁷ depending on the province or territory, and is particularly long in rural and remote areas.

In Quebec⁸

Currently, about
105,773
patients are waiting for
dermatology services.

65.7% of these
patients are experiencing
wait times longer than
the standard period.

Only **46.8%**
of consultations are
completed within the
expected timeframe.

A burden to the patient: Prolonged wait times leads to the worsening of skin conditions, increased patient anxiety, and potentially more complex and costly treatments down the line.⁹ As the population of Canada ages, research shows an increased burden of skin diseases, particularly skin cancers.^{10 11}

Patients also face financial challenges with chronic and untreated conditions leading to absences from work or in the worst cases, the inability to work which adds economic strain. If they are in rural and remote areas, there is often the additional cost of travel expenses to see a specialist.

A burden to hospitals: Delayed care is more costly than early intervention, especially when it comes to skin cancer. Late-stage or delayed diagnosis and treatment where a condition has progressed means the cost of their treatment is more expensive. These delays result in increased hospitalizations and avoidable visits to other parts of the health system. Poorer health outcomes due to delayed treatment increases long-term health care costs as patients need to rely on the system for a longer period.

In cases where there are particularly long delays, patients may turn to an overuse of emergency services adding burden to the system. Emergency departments become congested due to non-urgent dermatological needs.

- 6 Liddy C, Moroz I, Affleck E, Boulay E, Cook S, Crowe L, et al. How long are Canadians waiting to access specialty care?: Retrospective study from a primary care perspective. *Can Fam Physician*. 2020 Jun;66(6):434-444. PubMed PMID: 32532727; PubMed Central PMCID: [PMC7292524](https://pubmed.ncbi.nlm.nih.gov/32532727/).
- 7 Liddy C, Moroz I, Affleck E, Boulay E, Cook S, Crowe L, et al. How long are Canadians waiting to access specialty care?: Retrospective study from a primary care perspective. *Can Fam Physician*. 2020 Jun;66(6):434-444. Available from: <https://www.cfp.ca/content/cfp/66/6/434.full.pdf>.
- 8 Open database: Tableau de bord – Performance du réseau de la santé et des services sociaux [Internet]. Quebec (QC): Gouvernement du Québec. Available from: <https://app.powerbi.com/view?r=eyJrjoiOTFmZjc4NzAtMTBkMS00OTE5LWE4YjQtZTlzOTc5NDZjNmZlIiwidCI6IjA2ZTFmZTI4LTVmOGItNDA3NS1iZjJlWFIMjRiZTFhNzk5MiJ9>.
- 9 McMullen E, Kirshen C. Solutions for Addressing the dermatologist Shortage in Rural Canada: A Review of the literature. *J Cutan Med Surg*. 2024;28(4):365-369. doi: [10.1177/12034754241247521](https://doi.org/10.1177/12034754241247521).
- 10 Bridgman AC, Fitzmaurice C, Dellavalle RP, Aksut CK, Grada A, Naghavi M, et al. Canadian Burden of Skin Disease From 1990 to 2017: Results From the Global Burden of Disease 2017 Study. *J Cutan Med Surg*. 2020;24(2):161-173. doi: [10.1177/1203475420902047](https://doi.org/10.1177/1203475420902047).
- 11 Canadian Skin Cancer Foundation [Internet]. Edmonton: The Organization; c2002- [cited 2020 Mar 26]. Basal Cell Carcinoma. Available from: <https://www.canadianskincancerfoundation.com/skin-cancer/basal-cell-carcinoma/>.

5 Solutions

for improving dermatological care in Canada

1



Educate the public on the importance of dermatological care.

Raising public awareness about skin health and the critical role of dermatologists through targeted campaigns can significantly influence both individual and policy-level decisions.

Patients living with common skin conditions like eczema, psoriasis and acne, for example, may not be taking the early steps they need to keep their conditions from worsening. By educating the public on the importance of dermatological care and the benefits of preventive care programs, especially when it comes to skin cancer, these campaigns can help reduce the incidence of advanced skin conditions.

Increased public support and understanding of dermatologists' contributions can also encourage policymakers to prioritize the needs of dermatologists, ultimately leading to improved care and outcomes.

Empowering individuals with knowledge through health promotion and prevention initiatives is key to fostering a proactive approach to skin health. The CDA is working on increasing public awareness campaigns and working with different stakeholders and patient advocacy groups to help improve public awareness.



Support **team-based** and interdisciplinary collaboration models.

Dermatologists often encounter skin conditions that are linked to or indicative of broader systemic health issues, such as autoimmune diseases, diabetes, or infectious diseases. By working closely with other specialists, such as rheumatologists, primary care physicians, and oncologists, dermatologists can ensure that underlying health issues are identified and managed appropriately.

Better outcomes: This collaborative approach allows for a more holistic understanding of the patient's health, leading to better diagnosis, treatment plans, and overall patient outcomes. For example, when a dermatologist collaborates with a primary care physician, they can more effectively manage chronic and acute skin conditions like psoriasis, which may require coordination with other treatments the patient is receiving.

In cases where skin issues are a side effect of medications prescribed for other conditions, communication between dermatologists and the prescribing physician is essential to adjust treatment plans without compromising the patient's overall health.

Better referrals: Interdisciplinary collaboration facilitates smoother referral processes, ensuring that patients are directed to the right specialist quickly and efficiently. This reduces delays in diagnosis and treatment, which is particularly important for conditions like skin cancer, where early detection is critical. This could be improved with increased dermatological education in medical schools, improving a general practitioner's understanding of dermatological care and their confidence in managing common skin diseases. This would also help them refer appropriately when their initial management fails.

In Canada, the process for a patient to see a dermatologist typically involves the following steps:



Visit to Primary Care Provider: Patients usually begin by consulting their primary care provider (PCP), which could be a family doctor, nurse practitioner, or another general health care provider. In most provinces, patients cannot directly access specialists like dermatologists without a referral from a PCP.

Duration: Days or weeks wait depending on access to a PCP.

Referral from the PCP: If the PCP determines that a specialist is needed to assess or manage the skin condition, they will issue a referral to a dermatologist. The PCP may choose a specific dermatologist based on patient preferences, availability, or specialist recommendations.

Duration: Typically a few days.

Wait Time for Appointment: After the referral, the patient is placed on a waiting list, which can vary depending on the urgency of the condition, the dermatologist's availability, and the province. Non-urgent cases might experience longer waits, while urgent cases may be expedited.

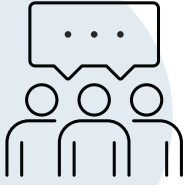
Duration: Weeks, months or in some cases years.

Dermatologist Consultation: Once the patient receives an appointment, they will see the dermatologist for assessment and diagnosis. The dermatologist may provide treatment directly, prescribe medications, or refer the patient for further tests or treatments if necessary.

Follow-up: Depending on the diagnosis, the dermatologist may recommend follow-up appointments, ongoing care, or a discharge back to the PCP for regular management.

Duration: A few weeks to months depending on the case's urgency.

In provinces like Quebec, some clinics allow self-referral to a dermatologist, but this is less common in most other regions. The process is also influenced by factors like health care access in rural vs. urban areas.



Better staff retention: Team-based care models can be a good example of interdisciplinary collaboration. The CDA is currently exploring different approaches which would allow dermatologists to provide supervision of teams to enable more comprehensive dermatology care with the help of other non-dermatologist health professionals.

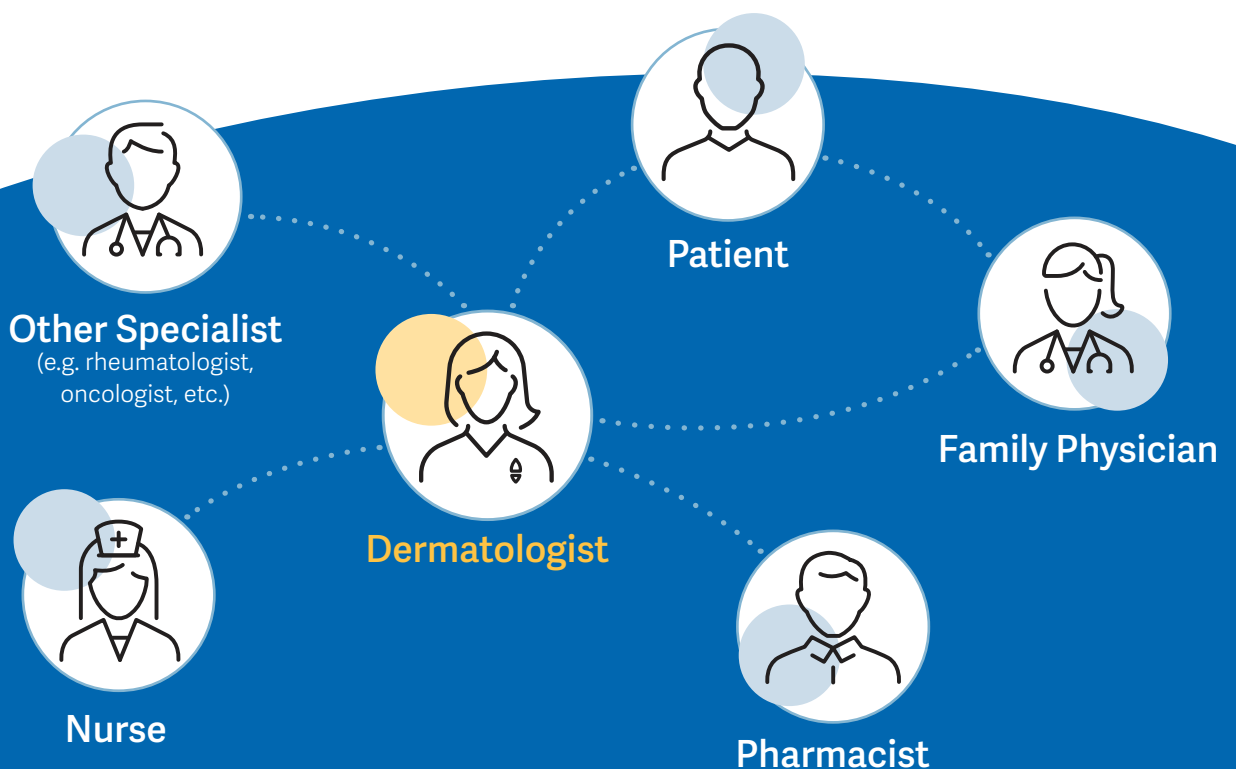
These team-based models can not only help provide patient-centred care and reduce wait times through more efficient collaboration but can also help retain health care professionals through better work-life balance and improved mental health.

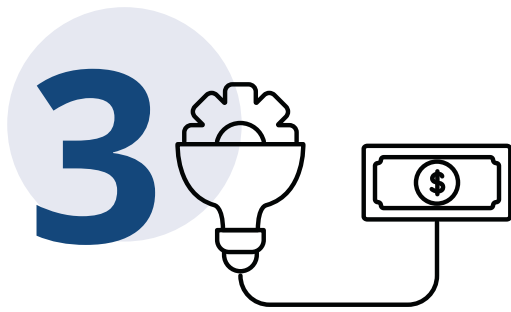
To enable these team-based models, there needs to be more support from government on reducing barriers for better incentives through the exploration of different payment structures. Provincial governments should allow dermatologists to bill for delegated work where wait times are

highest, which will help dermatologists hire more health professionals such as nurses, nurse practitioners, and physician assistants to their teams.

For example, if a dermatologist could rely on nurse practitioners and physician assistants to do initial assessments and help manage treatment plans (while dermatologists remain back-up in case of need) the dermatologist could spend more time diagnosing patients and seeing patients with more serious conditions. The current system restricts dermatologists from billing for that work so that they can pay these providers for their work.

In all of these scenarios, the CDA strongly believes that optimum care for patients is delivered under the leadership of a certified dermatologist who provides direct, on-site supervision to all non-dermatology personnel.



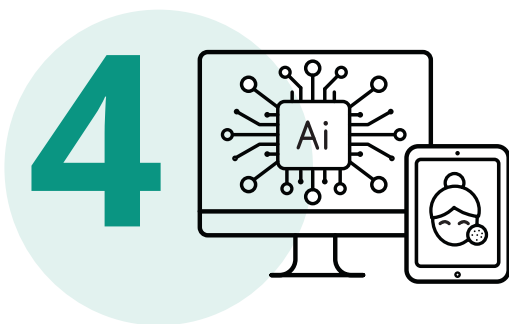


Fund innovative investments for specialty care.

In 2023, the federal government provided \$45.3 million to fund a project through Employment and Social Development Canada and their Sectoral Workforce Solutions program that focused on **team-based care**. This project was “an initiative designed to build the capacity of interprofessional, comprehensive primary care practitioners working in teams through improved training, retention and planning tools.”¹²

Team Primary Care was an interprofessional initiative of the Foundation for Advancing Family Medicine and was co-led by the College of Family Physicians of Canada and the Canadian Health Workforce Network, in partnership with over 100 health professional and educational organizations across Canada.

The CDA applauds the government’s support of innovative solutions to the health human resources issue and would like to see similar investment for specialties in Canada which could complement the work being done in primary care.



Invest in technology and training.

Investing in innovation in the profession is an effective way to address challenges faced by **dermatologists**. Technological advancement and training on these advancements for dermatologists can streamline care for patients, often at a low cost.

Invest in teledermatology:

For rural and remote areas especially, teledermatology can offer significant benefits in terms of greater access to care. While in-person appointments are best practice, virtual can be an alternative in some cases.

¹² The College of Family Physicians of Canada [Internet]. Mississauga: The College; c1954- [cited 2024 Sep]. Federal Funding to Transform Primary Care Training in Canada. Available from: <https://www.cfpc.ca/en/news-and-events/news-events/news-events/news-releases/2023/federal-funding-to-transform-primary-care-training>.



Virtual appointments allow patients to send pictures and provide descriptions of their skin conditions, enabling efficient diagnosis and treatment and removing the need for an in-person visit.

This approach is valuable for initial diagnosis and triage and helps to prioritize patients based on their condition. By improving efficiency, teledermatology can not only reduce costs for the health care system but can help lower out-of-pocket expenses for patients, particularly those who would otherwise need to travel long distances for care.

Invest in AI and Digital Technology:

AI and digital photography can be helpful tools to enhance dermatology by improving diagnostic accuracy and elevating patient care. AI can support dermatologists in analyzing skin condition images, identifying intricate patterns, and providing more precise assessments that may not always be visible to the human eye. Digital photography captures high-resolution, detailed images that aid in accurate diagnosis, continuous monitoring, and personalized treatment planning. Furthermore, it offers reliable documentation of skin changes over time, facilitating more informed treatment decisions and better long-term care.

However, it is crucial that these technologies are used under the direct supervision of dermatologists and their teams to ensure patient safety and optimal outcomes. By integrating these tools with the expertise and clinical judgment of dermatologists, patient

care remains at the forefront, while AI and digital photography act as valuable aids for precise assessment and improved monitoring of skin conditions.

Also, while these technologies can provide efficiencies, Health Canada needs to ensure there are mechanisms in place for the regulation of these tools to ensure the safety of the patients. As health technology and medical devices evolve, Health Canada needs to invest in agile regulation practices that can incorporate these new devices into the regulatory system.

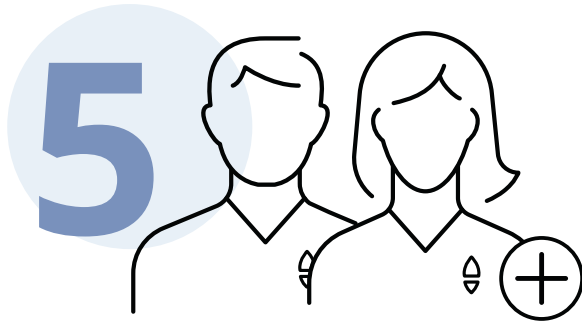
Invest in health research and build relationships:

It is also important that the government invest in health research, which is crucial for advancing medical knowledge and improving patient outcomes. There is also a great opportunity to build and strengthen relationships with the pharmaceutical and biotech industries.

These relationships are essential for translating research discoveries into new treatments, ensuring that breakthroughs in the lab lead to real-world improvements in patient care. This collaborative effort between researchers and industry partners can help accelerate the development of innovative therapies. These advancements can help dermatologists enhance effective care for patients.

Invest in better data collection:

Government should also support the use of consistent methods for data collection and outcome measurement. By standardizing this information, dermatologists can compare results on the latest evidence-based practices, leading to better patient outcomes.



Increase the number of trained dermatologists in Canada.

There must be progress at both the domestic level as well as international when it comes to increasing the number of trained dermatologists in the health care system. This involves the collaboration of multiple stakeholder groups including both the provincial and federal governments, medical schools, teaching hospitals, and professional organizations.

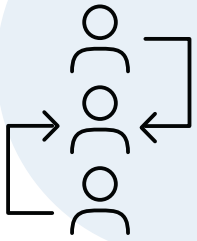
Grow capacity in medical schools: The federal and provincial governments must allocate additional funding to medical schools and teaching hospitals to create new residency positions. This funding would cover salaries, educational resources, and infrastructure needs. With additional resources from government, it would allow medical schools and teaching hospitals to invest in expanding their capacity to train more residents by hiring additional faculty, expanding clinical facilities, and enhancing training programs.

This funding also needs to include incentivizing dermatologists to teach at medical schools to increase the capacity to train more specialists. Currently, the compensation for teaching is significantly lower than what they would earn in clinical practice, and with the increasing costs of running a practice, there is little motivation for them to volunteer their

time. By offering additional incentives, medical schools can make teaching more appealing to dermatologists, helping to address the shortage by increasing the number of trained specialists.

Attract international professionals: From an international standpoint, streamlining the credential recognition process for internationally-trained dermatologists will simplify their path to practicing in Canada, helping to meet the growing demand for dermatological care. Additionally, providing a robust support system to help integrate these international professionals into the Canadian health care system will ensure they can contribute effectively and feel welcomed in their new professional environment.

Increase the number of dermatology positions: In addition to expanding the pipeline for dermatologists in Canada, there also needs to be investment in the expansion of dermatological positions for these professionals. To start, there is a disproportionate number of dermatologists opting to work in urban areas, more are needed in rural and remote areas. The federal government could help provincial and territorial governments with incentive programs for relocation to rural and remote areas.



Programs could include loan forgiveness, relocation bonuses and higher salaries. In addition to this, robust networks to support dermatologists moving to underserved areas are necessary to their success and require funding which governments can help support.

Government can also help increase dermatology positions by supporting alternative practice models such as telemedicine and digital health expansion, team-based care models and collaboration between publicly funded and private clinics.

Investments in public education of skin health needs could also grow awareness of the profession and its importance, leading to increased support from the public. More attention from the public can help lead to more funding and the creation of positions to meet the demand.

Governments also need to ensure that health care workforce planning must include dermatology as a priority. This can be achieved through data-driven workforce assessments, long-term planning, and funding commitments to ensure dermatologists are integrated into Canada's health care strategy.

Retain Current Dermatologists:

The federal government can play a critical role in addressing the shortage of dermatologists by investing in retention strategies that focus on improving working conditions, reducing burnout, and supporting career development. In addition to some of the solutions mentioned

above, like supporting interdisciplinary collaboration, investing in technology to assist dermatologists and providing incentives, there are additional initiatives that would help improve retention.

The government could provide loan forgiveness or grants for dermatologists who commit to practicing in underserved or rural communities, which are often the hardest hit by shortages. They could also enhance targeted funding for wellness programs and bolster provincial and territorial programs to allow better access to mental health services for health care professionals. Also, by including the CDA and dermatologists in policy development targeted at improving health care systems, it can help encourage commitment to the sector and ensure retention activities align with the realities of the burden these shortages have placed on the profession.

Investing in retention ensures that current dermatologists remain engaged and supported, helping to alleviate workforce shortages and improve patient care. Additionally, the costs associated with recruitment—such as advertising, onboarding, and training new hires—are often higher than investing in current staff. Replacing specialized roles, like dermatologists, can have even higher associated costs due to the scarcity of qualified professionals. By prioritizing retention strategies, practices can cultivate a stable work environment, minimize turnover, and ultimately improve the quality of care provided to patients.^{13 14}

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