

Dermato-Venereology in the Nordic Countries

Danish Dermatology 2003

Karsten Fogh and Gregor B.E. Jemec

E-mails: kfogh@dadlnet.dk and
ccc2845@vip.cybercity.dk

The number of specialists in Denmark is declining, the recruiting of new specialists is low, and the population is increasingly aware of the need for dermatological treatment and counselling. Danish dermatology is currently facing a number of challenges. Many of these changes are common to other Nordic dermatologists, and it is fair to ask whether these problems are not general, structural and faced by all of us, as well as beyond our capability to handle? No doubt general demographic changes are influencing the fortunes of dermatology in Denmark as well, but the world is not static. In periods of dynamic change some opportunities may disappear, but many new will present themselves to the careful observer. Change is therefore fortunately as much an opportunity as a problem, and it may therefore be of general interest to hear how the challenges are being met in Denmark.

Organisations

Danish dermatologists are organised into three partially overlapping organisations: The Danish dermatological Society (DDS), the Danish Dermatologists' Organisation (*Danske Dermatologers Organisa-*



Karsten Fogh



Gregor B.E. Jemec

tion, DDO) and The Association of Danish Dermatology Residents (*Yngre Dermatologer*, YD). In addition, specialist nurses have an independent organisation (*Faglig sammenslutning 17*, FS17).

The DDS was founded in 1898. Over more than 100 years DDS has been through intense changes that are the basis of its current standing.

The aim of DDS is to serve and promote dermatology in Denmark. It is the scientific and over-arching society through which general development, education and co-operation with other scientific societies is channelled. The DDS has regular contacts with its Nordic sister societies in order to facilitate co-operation and development. Membership is by proposal by two existing members, and requires a career of more than one year in clinical dermatology.

The DDO is primarily an association of dermatologists in private practice and deals predominantly with organisational and economical issues of relevance to private practice. In recent years the DDO has also shown interest in participating in training and quality assurance.

YD is a resident organisation aimed at promoting educational activities for residents. The Association organises various educational and social activities including subscriptions to journals, meetings, visits to dermatological departments abroad and runs an exchange programme with University of North Carolina/Duke University.

Steps have been taken to promote closer collaboration between these organisations in order to give more weight to arguments in support of dermatology. The changes occurring in the general structure of Danish

health care make such collaboration even more important. The well-established organisational structures will therefore continue to be an important asset for Danish dermatology.

Structure of Danish dermatology

Danish dermatology consists of private practice and hospital-based dermatology.

The majority of dermatological treatments are performed in private practice. Each of the county's 14 administrative units (*Amter*) have contracts with practising specialists of dermato-venerology, to ensure even access to specialist care over the entire country. Reimbursement from the local authority requires the dermatologist to have a contract with the local authority, and the number of contracts is restricted. It is possible to operate independently without such contracts - relying entirely on fee-for-service payments - but very few dermatologists have chosen this form of practice.

Currently there are four major departments based at University Hospitals: Department of Dermatology, KAS Gentofte and Department of Dermatology, Bispebjerg Hospital (both part of the University of Copenhagen), Department of Dermatology, Odense University Hospital and Department of Dermatology (Marselisborg), Aarhus University Hospital). In addition, smaller de-

partments have appeared over the last 7 years at Roskilde Amts Sygehus (affiliated with the University of Copenhagen), Kjellerup/Viborg Hospital and Hørsholm Hospital.

Currently the organisation of local authorities is being subject to criticism, and changes may occur. A government commission will present a report of possible alternative structures before the end of 2003. This report is awaited with some interest, not only by dermatological organisations, but by the local authorities as well. The local authorities are therefore pursuing a variety of initiatives in order to preserve as many existing administrative structures as possible.

In addition to changes in administrative structures, significant changes are also expected in the reimbursement structure. Previously, Danish hospitals have been governed by budgets allocated by the hospital-owners, whereas the general trend is towards a higher degree of activity-based reimbursement. This is done through the introduction of DRG's (Diagnosis Related Groups) and an easing of previous restrictions on referrals between specialists and hospitals. In this context, dermatology may prove to be a considerable source of liquidity to hospital-owners because of the limited capital outlays necessary. It is many times more expensive to build a department of nephrology, for example, than a department of dermatology, and

although the nephrology DRG's are more valuable than the dermatology DRG's, production volume can overcome these differences.

Postgraduate training in Danish dermatology

The hospital-based departments are responsible for treatment, research and education of medical personal (both pre-graduate and post-graduate). Post-graduate education of dermatologists in Denmark is based on guidelines from The National Board of Health. DDS has recently been actively involved in the revision and re-writing of these guidelines resulting in a new and individualised programme for young doctors entering dermatology. The guidelines are now available: www.sst.dk. The programme is mainly carried out at the university departments, but a small fraction of the programme is carried out in private dermatology practise. Entry into this programme is competitive and many applicants will have completed a PhD before entering.

Following this programme the doctor is a qualified dermatologist authorised by The National Board of Health. There is no postgraduate exam, but postgraduate training is in the process of reform and does include log-books and a set curriculum. Training in other countries is recognised, provided the contents of the training is equivalent to that obtained in Denmark and the theoretical courses offered are

completed. Specialists from the Nordic countries are accepted on par with nationally trained specialists.

The dermatologists

DDS currently has around 300 members of which around 150 are active members, with the remainder made up of senior registrars, senior members in retirement, international members and members from the pharmaceutical industry. The majority of active members work in private practice (a little more than 100).

The demographic profile of the membership shows that a serious shortage of specialists will occur in the coming 10 years. A prognosis has shown that the number of practising specialists will be reduced by about 50%. This development is not specific to dermatology, but is aggravated by the structure of the speciality in Denmark where the majority of the posts are allocated to private practice. The demographic changes appear already to have made an impact on the number of private practices for sale and their price.

The challenges

For a speciality to prosper it is necessary that it operates successfully on three levels; academic, professional and practical. All three levels are closely interrelated and problems or solutions in one area may therefore affect the other two.

The challenges are:

- Shortage of specialists
- Competition with other specialities
- Continued academic development

The specialist shortage

Dermatology has traditionally been a popular field for many, although the prestige of the speciality is generally perceived as low. In most studies high-profile specialities, such as surgery, are rated as very prestigious, whereas areas such as dermatology and psychiatry are rated very un-prestigious. In spite of this, recruitment has not so far posed any problems in dermatology. Indeed, it has been feared that it is the regular working hours rather than the speciality itself, which has attracted newcomers. It is a common prejudice that dermatology is un-stressful and lucrative. This does not appear to be the case as yet, as dermatology registrars continue to be among the best academically founded trainees, i.e. have long publication lists and more post-graduate degrees than trainees in other specialities.

In practice, the limited number of training posts available therefore is the overriding problem rather than recruitment. The DDS has been advocating an increase in the number of training posts for many years, but funds have not been allocated. It would, however, appear that some movement in this area is taking place and more training posts

will become available although it is unlikely that the number will be sufficient.

Competition with other specialities

The standing and prominence of a speciality is reflected by the number of training posts allocated to the speciality. In Denmark, this rating of how important a speciality is, takes place in hospitals. This means specialities like dermatology, which lean heavily towards private practice, may be at a disadvantage. Specialities that are predominantly represented in practice or in academia are therefore a-priori perceived as weak and may even be considered expendable by specialities that are strongly hospital-based. From the point of view of decision-makers in the hospital, specialities that have a strong clinical problem-solving presence, are more likely to be seen as a resource. The shortage of dermatology training posts may therefore partially be explained by the relative under-representation of dermatology in Danish hospitals.

Continued academic development

Just as recruitment and inter-speciality co-operation are necessary for the growth of dermatology, a continued strong academic presence is vital. In reviews published by the Danish Residents' Association, dermatology registrars regularly compete with registrars from clinical physiology for the title of most

published registrar. This suggests that the current trend towards PhD's as an unofficial prerequisite for obtaining training posts in dermatology is beneficial. The finding that Danish and other Scandinavian dermatologists have the highest per capita impact factor in dermatological world literature further supports this. Similarly, the proportion of qualified dermatologists who hold postgraduate degrees is high.

The general demographic trends, however, pose a threat to this strong position. The increasing shortage of specialists has led to easier access to both university and training, thereby potentially diluting the established patterns of training. However, the strong academic traditions are currently still predominant.

Coping with challenges

At the moment several approaches are being explored to cope with the

challenges to dermatology. Primarily the initiatives have centred on the number of training posts, and here private practice has opened a new possibility of supplementing hospital training and thereby participating in the postgraduate education of dermatologists. In addition, many pre-registration house-officers (interns) have shorter visits to dermatological practices as a part of their rotation in general practice. Private practice thereby offers newcomers a first postgraduate insight into dermatology and thereby aids recruitment.

Changes in hospital structure and funding have meant that smaller departments of dermatology have appeared. These smaller departments are gradually developing and may potentially attract additional applicants as well as resources to dermatology. In some cases the possibility of adding additional training posts is currently being explored.

Academically dermatology remains a strong speciality and new structures are being explored for additional development. In particular, collaboration with allergologists and research into contact dermatitis have proven to be fruitful avenues for generating both academic impact and general growth. Danish dermatology has also benefited from the presence of several pharmaceutical companies based in Denmark that are involved in dermatological research and development.

Change is a challenge as well as an opportunity. Currently change is being driven by larger political and demographical changes in the Danish society. However, utilising the special imaginative capacity of dermatologists for seeing patterns and trends, there is hope that the opportunities will be exploited, and that dermatology will continue to flourish for the benefit of our many patients.