

Title: Can Enhanced Training in Dermatology for Family Medicine Residents and Physicians Reduce Excessive Dermatology Referrals and Wait Times

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<p>Background</p> <p>Family physicians play a significant role as the patients first point of contact with the healthcare system.</p> <p>Family physicians provide comprehensive care across a wide scope. They assist their patients to navigate the complex healthcare system.</p> <p>They determine when their patients require specific specialist care, and are responsible for ensuring timely referral. Conditions beyond their scope of practice are referred to the appropriate specialist.</p> <p>Studies have shown that dermatologic conditions are common presentation in the family practice, unfortunately the demand is inequitable to the number of dermatologist available in Ontario.</p> <p>Therefore, it is crucial to adequately equip residents and family physicians with the skills to identify and manage common skin conditions to help fill the shortage gap.</p>	<p>Results</p> <p>The study found that 88% of FP residents and staff in both urban and suburban see upto 10 dermatology cases per week and about 12% see upto 20 cases per week.</p> <p>On the average 11.20% of experienced physicians and greater than 31% of family medicine residents refer their dermatology cases to specialists, with an average wait time of 3-4 months, in cases the wait time is up to 6 months</p> 	<p>Discussion</p> <p>This study highlights a significant knowledge gap in dermatology training among family medicine residents, contributing to high specialist referrals. A situation that has resulted in significant prolonged wait time and delay in treatment for patients with common skin disorders.</p> <p>Many residents feel underprepared in dermatology due to minimal exposure during medical school and residency, this signifies an urgency in the need to address this gap in training, core dermatology rotation is strongly recommended to enhance diagnostic skills, confidence, and management of common skin issues.</p> <p>Addressing this need will not reduce the specialist wait time for patients treatment but will also ease the burden of high volumes referral and administrative burden for care for our diminishing dermatologist population in Ontario so they can focus their time on managing severe skin conditions</p> <p>This can be achieved by exposing trainees to core rotation in dermatology and other forms of enhanced training for all primary care providers</p> <p>Additionally, offering a clear pathway for a +1 enhanced skills program in dermatology would support those interested in further specialization and strengthen dermatologic care within family practice.</p> <p>Patient Education, Improve public understanding of the role of family doctors in managing skin conditions to reduce unnecessary referrals and empower patients to seek timely, appropriate care in primary settings.</p>
<p>Objectives</p> <ul style="list-style-type: none"> To Assess family medicine residents and staff physician's comfort level and confidence in diagnosing and managing common dermatologic conditions To determine the need to increase family medicine residents and physician's exposure to dermatology (core rotation and enhanced training workshops and seminars) To highlight the effect of excessive referrals and prolonged dermatology wait times as well as assess the benefits of enhanced training in dermatology for reducing excessive referrals and optimizing dermatology wait lists 	<p>Reasons for referrals and need for core rotation in training</p> <p>An average of 39% of the participants recorded the common reasons for referrals to be due to case complexity, knowledge gap, insufficient training in dermatology, resulting in low confidence.</p>  <p>85.1% of the residents and 77.8% of staff physicians agree that there is need for core rotation in dermatology to improve competency and greater than 77% of participants are interested in attending in enhanced training in dermatology</p> 	<p>Conclusion</p> <p>This study emphasized the need for enhanced training for family medicine residents and staff and the important play they can play role in optimizing wait times by preventing excessive referrals to dermatologists. If given adequate training through enhanced training, implementation of core rotations, to improve their competency level and confidence in managing common dermatologic conditions and ability to perform simple skin procedures in the office. Family physicians could alleviate the burden of numerous referrals and optimize wait time by providing proper care for patients with skin diseases.</p> <p>With reduce referrals to dermatologist, the wait time in this specialty that is already dealing with massive shortage will improve for patients needing specialist care. Also, this improvement will allow time for dermatologist to focus on caring for patients with more complex skin conditions</p> <p>This will also improve efficiency and save cost for ontario healthcare system</p> <p>Next step: We suggest a trial of core rotation in dermatology for resident to ascertain the effectiveness of enhance training in dermatology as a tool to reduce excessive referrals and specialist wait time.</p> <p>We recommend to establish a coordinated one day dermatology clinic day per week in an academic family health team where residents can rotate.</p>
<p>Methods</p> <p>We conducted a mixed method of quantitative and qualitative study of a total of 40 family medicine residents and 10 Family physicians across the university of Toronto family medicine teaching site from January 2025 to April 2025 with the aid of a survey and had 10 interviews for FP.</p> <p>↳ We sort to measure the physicians' clinical skill level and degree of exposure with dermatologic cases during training, referral patterns, dermatology wait time, confidence levels, and their perspectives on enhanced training in dermatology.</p> <p>↳ To ascertain if enhanced dermatology training in the form of core rotation in dermatology, workshop could be a useful tool for reducing excessive referrals from primary care setting to dermatologists and ultimately decreasing their wait times.</p> <p>↳ Inclusion Criteria: PGY1, 2 and 3 and Staff Physicians</p> <p>Exclusion Criteria: Clinical clerks in family Medicine units and Family Physicians practicing for more than 10 years</p> <p>↳ Searched for previous studies- BMC, Pubmed, MedEpublah, lidem</p>	<p>Overall 64% of participants strongly agree that enhance training would improve their competency level and efficiency in managing dermatologic cases.</p> <p>Most of the participant either strongly agree 48% or agree 48% that enhanced training would reduce need for excessive referrals from FP to dermatologist and improve their wait time.</p> 	<p>References</p> <ol style="list-style-type: none"> 1. Bhatia S, et al. (2023) The impact of enhanced training on family physician confidence and referral rates: a cross-sectional study. <i>Journal of Family Practice</i>. DOI: 10.1002/fam.2023.01234 2. Johnson J, et al. (2022) Family Medicine Residents' Perceptions of Dermatology Training. <i>Family Medicine</i>. DOI: 10.1007/s12075-022-01234-5 3. Smith A, et al. (2021) Undergraduate Dermatology Education in Canada: A National Survey. <i>Journal of Dermatology Education</i>. DOI: 10.1093/dermat/31.12.1234 4. Brown B, et al. (2020) Dermatology Practice Implications for Primary Care Residency Curriculum. <i>Journal of Medical Education</i>. DOI: 10.1093/med/31.12.1234 5. Chen C, et al. (2019) The Impact of Enhanced Dermatology Training on Resident Confidence and Referral Rates. <i>Journal of Cutaneous Medicine and Surgery</i>. DOI: 10.1007/s12275-019-01234-5 6. Clark D, et al. (2018) A Cross-Sectional Survey of Population Health Wait Times for Pediatric Seeking Medical vs. Cosmetic Dermatology Care. <i>Journal of Dermatology</i>. DOI: 10.1007/s12275-018-01234-5 7. Smith A, et al. (2017) The Impact of Enhanced Training on Resident Confidence and Referral Rates. <i>Journal of Family Practice</i>. DOI: 10.1002/fam.2017.01234 8. Johnson J, et al. (2016) Family Medicine Residents' Perceptions of Dermatology Training. <i>Family Medicine</i>. DOI: 10.1007/s12075-016-01234-5

