DOI: 10.2478/v10249-011-0098-5

Widening competency gaps in the state of the art dermatology

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UDC 616.5-051:614.25

VERSITA

Dermatology is really unique among medical and surgical specialties today; it encompases a huge number of disorders originating either in the skin and subcutaneous tissue, or affecting the skin of other organs. Dermatologists are probably dealing with more diagnoses and disease entities than any other specialists in modern medical practice. Apart from deepening their knowledge about mechanisms of many skin diseases, including their genetic background, and of sophisticated novel medical treatment modalities, new exciting approaches to the management of many skin disorders found their way into the clinical practice of dermatology over the last decades. Some like to dub it procedural dermatology, others simply dermatologic surgery.

As a natural extension of these developments, a further step in the growth of dermatology has been marked by birth of cosmetic dermatology and dermatosurgery. The probable reasons for such changes in dermatology are manifold, but irrespective of the motives, now they must be respected. Though many colleagues, even fellow specialists, feel reluctant to think that a dermatologist should be using a scalpel or a liposuction cannula - it comes with the territory and the bell cannot be unrung. It is indisputable that dermatologists are best suited to treat skin disorders: inflammatory, cancerous or esthetic. Unfortunately, specialty training programs in Serbia and some neighboring countries are obviously short of courses improving knowledge and skills. Ever more competitive environment in the field of medicine forces us to move on.

In a way this is an appeal to all those who are in a position to have an impact on the creation of the specialty training curricula for dermatology, but mostly to those chairing university departments responsible for education. We should not let things slip through our fingers. At the prospects of restricted hospital resources for dermatology, we are threatened from two sides: lack of general medical knowledge and skills (so far considered to be internistics), and failure to master surgical skills pertinent to skin and subcutaneous tissue including phlebology. There are many countries, including Austria, Germany, Spain and UK, which may serve as a good example of how the things should be managed. However, strong opposition may be expected from many colleagues, especially surgeons and internists, but it should not be a reason to give up. The crucial first step for our Dermatological Society, along with chairwomen and chairmen of the University Departments is to include basic specialty training programs in dermatology. These programs should include a minimum of surgical skills (not only skin biopsy or simple excisions), while specialized dermatology centers should offer advanced training in surgical dermatology, phlebology, and some other areas (we actually used to, like allergology). Only a collective effort may make headway. International societies and many colleagues, experts in the field of dermatology, could give best assistance to this purpose. If we fail to react immediately, we simply risk losing a large part of our specialty taken over by others, from doctors to beauticians. It has alredy been happening over the last years. In the near future, we may witness specialists of physical medicine, plastic or general surgery, specialists of "anti-aging medicine", oncologists, pediatricians, rheumatologists and many others, to set standards of care and regulate our practice. It will, of course, be only our fault.

Though dermatosurgery seems to be the weakest point, many other areas, even those well established by our predecessors more than a century ago, may be lost for dermatology: just like allergology and phlebology. The former has already been officially transferred to internists as a subspecialty, and as such it may be lost for future generations of dermatologists.

In some countries of the former Yugoslavia, internists-allergologists have already found themselves best suited to diagnose and treat atopic and contact dermatitis! As a result of our passiveness, phlebology has been limited to conservative care of venous ulcers and a bit of diagnostics but crucial therapeutic aspects of chronic venous insufficiency like ambulatory phlebectomies, foam sclerotherapy or endovenous vein ablation techniques, are being done by vascular surgeons. Nevertheless, the first two procedures have been devised and practiced by dermatologists for decades, and the last modern techniques were mastered and promoted also by our colleagues (S. Schuller-Petrović, T. M. Proebstle, M. P. Goldman, M. Stücker...).

In efforts to reach the goal we may ask and get expert guidelines and advice from many of our foreign colleagues, especially those already having strong connections to our country. They will surely be willing to help.

I do hope that this appeal will find its way to all responsible for remedying our profession, by enabling young colleagues to be actually involved in areas of dermatology so far underrepresented, forgotten and even unregistered within our specialty and subspecialty curricula. With every year lost, we risk to allow others to confine us to "second-class" doctors, prescribing creams and lotions for ill-defined skin changes nobody wants to deal with. In other words, as a specialty, we are signing our own death warrant. The ball is now in the court of the *Serbian Association of Dermatovenereologists* and Heads of University Dermatology Departments. Let's hope they will succeed!