

Practical Strategies to Enhance Dermatologists' Capacity for Specialised Patient Care, 22 February 2026

Rationale

Multiple factors currently threaten the delivery of dermatological care, including:

- A declining number of practising dermatologists
- An increasing workload, particularly administrative tasks, which reduces time available for direct patient care
- A generational shift in working patterns, with younger dermatologists seeking a more balanced work–life integration, resulting in fewer clinical hours and a reduced number of patient consultations
- Direct patient access to specialised (secondary and tertiary) care, often bypassing first-line healthcare providers
- Rising patient expectations for immediate access to care and interventions, even when these are not medically indicated
- The spread of misinformation about skin health through social and conventional media, leading to unnecessary “reassurance” consultations
- An increase in non-essential “skin checks”
- Growing demand for specialised dermatological care for minor or self-limiting skin conditions

Furthermore, in the coming years, the number of newly trained dermatologists is expected to decline further. In the French-speaking part of Belgium, for example, the number of new dermatologists will be limited to a maximum of three per year per university as per government regulations. This will inevitably place additional pressure on the existing workforce.

Several measures may help increase the proportion of time dermatologists can devote to delivering specialised, high-quality patient care.

The following pages present a series of practical strategies developed by a Working Group of dermatologists from diverse practice settings—including solo practices, group practices, and (university) hospital environments—between October 2025 and January 2026.

The Working Group wishes to emphasise that dermatological care in Belgium is predominantly delivered close to the patient's home. Most care takes place in solo practices or small group practices, often involving one or a few dermatologists working alongside first-line and other second-line healthcare providers. This organisational model is not being questioned. On the contrary, several of the proposed measures are specifically intended to support solo practitioners and smaller group practices.

The authors aim to encourage innovation and support practical experimentation in the coming years. Dermatologists are invited to share their experiences and best practices with the wider community via the Society. Ultimately, our patients will benefit if we succeed in increasing the time we can dedicate to providing specialised dermatological care.

Disclaimer

The underlying document is designed to provide “suggestions” and not “obligations”. Some of these suggestions may not be applicable to your working setting. The suggestions should be seen as inspirational items to help to improve efficiency

General suggestions

Don't delay to tomorrow what you can do today, or could have done yesterday (<i>as your mother already told you</i>)
Waiting room educational videos, posters and leaflets aimed at patient education
Patient feedback surveys
Regular evaluations of what is going well and what is going wrong, and how can you improve
Concentrate on your patients face, not on your computer screen
Consider operating in a dermatologist team or group practice with first line. Advantages: <ul style="list-style-type: none"> - Mutualization of admin staff/nurse => shared costs - Allows splitting up competences => sub specialization increases experience, helping to speed up decision taking, speed up consultation time, increases individual credibility, expertise and knowledge. - Specialise admin staff, Dermatological Nurse Specialist (DNS) and dermatologists to specific tasks but do not forget to train staff to handle multiple tasks, allowing for flexibility and coverage during absences - Organisation of care during holidays, sickness leave, pregnancy - Emergencies
Change is a step-by-step process: implement one change and evaluate quickly. Adapt where needed.

What can you, as a dermatologist do, to increase the number of hours you are delivering specialised care to patients?

What	How
Respect follow-up guidelines for medication surveillance	See list (Annex 1)
Avoid unnecessary control visits	See National Practical Skin Cancer Guidance Document (BADO) (Annex 2)
Optimize workflow	Group specific tasks within specific timeslots: <ul style="list-style-type: none"> - Allergy tests - Surgery - Freezing of warts - Photodynamic Therapy - Standard skin checks
Lesion-directed examination	Lesion directed skin examination only checks one single lesion that the patient has observed “new” or “changing”
Adress one problem per consultation	Do not ask: <i>any other questions?</i> Have a clear message (A4 page) in the waiting area (Annex 4): A consult can handle a maximum of two dermatological conditions – not more. If there are multiple conditions, the most important one will be dealt with AND follow-up appointments can be scheduled to tackle the remaining ones.
Incentivise GP referral	<ol style="list-style-type: none"> 1) If referral via GP => quicker access to a timeslot (can this be set-up in your agenda system?) 2) Provide a referral template to the GPs from the surrounding area (Annex 5) (And ask patients to upload the letter when scheduling an agenda appointment)
Train GPs	Invite GPs from your area for a two-hour meeting on most common dermatological conditions.
Reporting to GP, other HCP	Only when relevant Do not repeat if not required Experiment with automatic fill out systems Experiment with voice recognition (example: https://ai.corilus.be/)

What	How
Consider teleconsultation with GPs	Telespot, Omnidoc, (Not yet reimbursed – but work is ongoing to re-enable this in 2026). Pilot tests showed that 90% of cases where a GP tele-consulted a dermatologist, no visit to a dermatologist was needed.
Use pre-registered medical history	Referral letter uploaded in the 'agenda' system by the patient themselves or communicated electronically by the issuing practitioner. Make adding reasons for agenda obligatory in the agenda system. Consult the Electronic Patient Record before the visit. Have the admin staff call the booked patients to do a first 'triage' (needs to be trained).
Implement a qualitative filing system	<ul style="list-style-type: none"> - Automatic digitisation of all laboratory results, imaging, informed consents and photographs. - Easy digitisation of atypical naevi and dermatoses.
Medical records	Be concise, be relevant, do it immediately after the consultation
Use preformatted forms for blood controls, histology and imaging per type of treatment	
No phone calls during consultations	Dedicate specific time-slots for phone calls
Use email where relevant	
Reduce time of explanations (only 1/10 is remembered by the patient)	Consider disease-related leaflets, flyers, QR-codes. Consider treatment related leaflets, flyers, QR-codes. Provide them personalised notes with instructions for their treatment
Do not waste time to phone patients for results (except emergencies). <i>They are in fine responsible for their health</i>	Provide fixed time slots to contact the dermatologist
Billing	E-billing is mandatory => outsource if possible to hospital, nurse, admin staff, secretary
Keep "emergency" appointments	Agenda organization (via the 'agenda' system). Eg. Cancelled appointments can be kept available for emergency visits.

What	How
Appointments and follow-up	Implement a qualitative agenda management system that allows patients to cancel or reschedule the visit themselves. Oblige/educate patients to write a reason and upload any referral letter or other relevant information. Keep an eye on the agenda yourself as you can best judge how long certain consults take and outsource if possible (admin, medical assistant, nurse)
Automated reminders of visits	Via agenda system and include SMS. Using reminders can significantly decrease the number of no-shows.
Avoid unnecessary movements	Space optimization of consultation rooms, office layout
Optimize space utilization and patient flow	Evaluate the office layout

What can staff do for you to increase the number of hours you face a patient?

The working group identified tasks that could be delegated to other staff in your practice, with the goal of enabling you, as a dermatologist, to focus more on direct patient interaction.

When implementing process changes that integrate staff* into your clinical practice, it is important to keep in mind that any medical act should be supervised by you, as dermatologist. You are ultimately responsible.

When a medical act is entrusted to a nurse, indirect and functional supervision suffices for certain acts. For other acts direct supervision is necessary.

*staff:

- Administrative staff (high school or bachelor diploma (non-medical)),
- Medical administrative assistant (high school diploma + certificate (+/- 780 hours, 1,5 years training)),
- General nurse (bachelor in general nursing),
- Nurse specialist (dermatological nurse specialist (DNS), master degree, since April 2024).

Please note:

- All staff needs proper training to execute certain tasks.

- All staff needs continued training.
- There is a cost linked to employing staff. For example: The IFIC salary scale for a specialist nurse varies (1 Feb 2025) from 5300 euro to 8300 euro (including social security contributions).

What task to entrust to staff	How	Who
Filter the access to consultations, Triage urgent/non-urgent	Specific/predetermined questionnaires	Admin staff, medical assistant, nurse
Send to a GP	For tasks such as: - cryotherapy for viral warts: referral to general practitioner for this therapy – if already treated by GP, rely on nurse for follow-up with indirect and functional supervision. - Blood samples for follow-up of systemic therapy: via laboratory or general practitioner	Admin staff, medical assistant, nurse
Outsourcing of administrative tasks	<ul style="list-style-type: none"> - Biologicals follow-up: Questionnaires to prepare intermediate visits - Renewal of ongoing prescriptions - Simple results (onychomycosis) 	Admin staff, medical assistant, nurse
Optimize workflow	Use 2 consultation rooms Assign the following tasks to staff: <ul style="list-style-type: none"> - Medical record completion, listing current medication - Administrative handling of drug prescription(s), biology controls billing, follow-up - Explanation of photoprotective measures, post-surgical care 	Alternate with medical assistant, nurse
Manage no-shows	Blacklisting is legally not allowed. Inform via email and SMS and a phone-call that a patient did a no-show.	Admin staff, medical assistant, nurse

	Charge €20 administrative handling costs for a no-shows (automate as much as possible the accounts receivable process to decrease administrative burden). Offer agenda slots +X months from current date if a patient with several no-shows makes an appointment.	
Repetitive tasks (Patch testing, Prick testing, ...)	Cluster procedures, organize according to task/procedure	Derm, admin staff, medical assistant, nurse
Stock management (punch biopsies, sutures, needles, syringes, office materials, wound dressing, etc....)	Regular checks	Nurse, admin staff, medical assistant
Surgical instruments and materials	Cleaning, disinfection, sterilization	Nurse

What task to entrust to staff	How	Who
Light therapies <ul style="list-style-type: none"> - PUVA - UVB - Light UVA, UVB MED testing - Photo allergy/toxicity testing - PDT - Conventional - Artificial Day light - Day light 	Following dermatologist's instructions and with indirect and functional supervision.	Nurse, Dermatological Nurse Specialist (DNS)
Allergy <ul style="list-style-type: none"> - Patch testing (preparation, application, (pre)-lecture) - Prick testing (preparation, application, (pre)-lecture) - Provocation tests 	Following dermatologist's instructions and with indirect and functional supervision.	Nurse, Dermatological Nurse Specialist (DNS)

What task to entrust to staff	How	Who
<ul style="list-style-type: none"> - Photopatchtests - ROAT tests 		
Cryotherapy <ul style="list-style-type: none"> - Viral warts - Seborrheic keratosis - Actinic keratosis 	<p>Following dermatologist's instructions and with indirect and functional supervision</p> <p>Legal base : 21quinquies, §3 - AR du 7 octobre 2002, art. 3 - M.B. du 07/11/2002, p. 50587) de l'arrêté royal n°78 du 10 novembre 1967" la thérapie utilisant la chaleur et le froid (crf cryothérapie) est autorisée sous prescription médicale)." https://www.infirmieres.be/sites/default/files/content-site/pdf/ar_18_juin_1990_-_coordination_8_avril_2016_-_pub.pdf</p>	Nurse, Dermatological Nurse Specialist (DNS)
Surgery <ul style="list-style-type: none"> - Preparing the patient for an intervention - Assistance during procedure - Removal of stitches 	Following dermatologist's instructions and with indirect and functional supervision	Nurse, Dermatological Nurse Specialist (DNS)
Sequential dermoscopy follow-up visits	Following dermatologist's instructions and with indirect and functional supervision	Dermatological Nurse Specialist (DNS)
Injection of <ul style="list-style-type: none"> - Biologicals - Steroids - Vaccines 	Following dermatologist's instructions and with indirect and functional supervision	Dermatological Nurse Specialist (DNS)
Cosmetic and laser procedures <ul style="list-style-type: none"> - Hair removal (excluding the face) - HIFU - Cryolipolysis 	Following dermatologist's instructions and with indirect and functional supervision	Dermatological Nurse Specialist (DNS)

What task to entrust to staff	How	Who
Wound care	Following dermatologist's instructions and with indirect and functional supervision	Dermatological Nurse Specialist (DNS)

What task to entrust to staff	How	Who
Suturing	Under direct dermatologist supervision	Dermatological Nurse Specialist (DNS)
Excisional biopsy	Under direct dermatologist supervision	Dermatological Nurse Specialist (DNS)
Skin biopsy	Under direct dermatologist supervision	Dermatological Nurse Specialist (DNS)
Easy skin problems are identified and dealt with without being submitted to a dermatologist (e.g. via patient self-management, first-line healthcare providers, or DNS)	Under direct dermatologist supervision	Dermatological Nurse Specialist (DNS)
Local anesthesia	Under direct dermatologist supervision	Dermatological Nurse Specialist (DNS)
Laser procedures	Under direct dermatologist supervision List of Society Francaise de Laser	Dermatological Nurse Specialist (DNS)
Skin cancer screening	Under direct dermatologist supervision	Dermatological Nurse Specialist (DNS)

What task to entrust to staff	How	Who
Photoprotection	Advice provision	Admin staff, medical assistant, nurse, DNS
Post-procedure (laser, peeling, surgery, etc)	Advice provision	Admin staff, medical assistant, nurse, DNS
General skin care	Advice provision	Admin staff, medical assistant, nurse, DNS
Atopic skin care	Advice provision	Admin staff, medical assistant, nurse, DNS
Acne skin care	Advice provision	Admin staff, medical assistant, nurse, DNS
HS skin care	Advice provision	Admin staff, medical assistant, nurse, DNS
Skin cancer information	Advice provision	Admin staff, medical assistant, nurse, DNS
Skin disease-related leaflets, flyers, QR-codes	Advice provision	Admin staff, medical assistant, nurse, DNS
Treatment-related leaflets, flyers, QR-codes	Advice provision	Admin staff, medical assistant, nurse, DNS

What task to entrust to staff	How	Who
Follow-up appointment	Under direct dermatologist supervision	Admin staff, medical assistant, nurse, DNS
Prescription of medication following dermatologist instructions	Under direct dermatologist supervision	Admin staff, medical assistant, nurse, DNS
Prescription of blood testing, imaging, histopathology following dermatologist instructions	Under direct dermatologist supervision	Admin staff, medical assistant, nurse, DNS
Advice provision of major adverse effects of medication (pe: Isotretinoïne, mtx, chlormethine)	Under direct dermatologist supervision	Admin staff, medical assistant, nurse, DNS
Advice provision for AD (atopy school)	Under direct dermatologist supervision	Admin staff, medical assistant, nurse, DNS
Advice provision for hand eczema care (cream, gloves)	Under direct dermatologist supervision	Admin staff, medical assistant, nurse, DNS

Annex I

See document: Follow-up Schedules of Medications in Dermatology_FINAL

Annex II

See document: National Practical Skincancer Guidance Document_FINAL

Annex III

Avoid unnecessary control visits	See general guidelines and visit frequencies (Annex 1) See National Practical Skincancer Guidance Document (BADO) (Annex 2)
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Annex IV

Ter attentie van onze patiënten:

Een **volledige huidcontrole** houdt in dat alle vlekjes van kop tot teen gescreend worden. Wij zullen u dan ook vragen om alle bovenkledij, kousen en schoeisel te verwijderen. Ondergoed mag u aanhouden, tenzij anders gevraagd wordt. Het **voordeel** van deze volledige controle is dat de arts alles kan bekijken en kan selecteren wat wel of niet belangrijk is voor eventuele verdere behandeling of opvolging.

Dit onderzoek kan daarom **niet gecombineerd** worden met nazicht van een ander recent of langdurig bestaand huidprobleem.

Wil u naast uw ander huidprobleem een volledige huidcontrole, kan u best overleggen met de arts of dit meteen kan doorgaan of in een 2^{de} afspraak dient te gebeuren.

Met dankt voor uw begrip!

Annex V

Geachte huisartsen en collega-artsen,

Als dermatologiepraktijk streven wij ernaar om kwalitatieve zorg te blijven bieden aan al onze patiënten, zowel de reeds gekende als nieuwe patiënten. Door de toenemende drukte en lange wachttijden in onze praktijk, willen wij u vriendelijk verzoeken om bij het doorverwijzen van patiënten een verwijsbrief naar ons secretariaat te sturen, inclusief een duidelijke vermelding van de urgentie van het probleem.

Met het oog op een efficiënte planning en het waarborgen van een tijdige en zorgvuldige behandeling, vragen wij u de urgentie als volgt aan te geven:

- **Binnen de week:** voor urgente gevallen die snel gezien moeten worden.
- **Binnen de 4 weken:** voor minder dringende maar belangrijke gevallen.
- **Binnen de 3 maanden ten laatste:** voor niet-dringende gevallen die geen onmiddellijke zorg vereisen.

Gezien de huidige drukte in onze praktijk willen wij u vriendelijk verzoeken om enkel goed onderbouwde verwijzingen door te sturen. Dit helpt ons om de beschikbare capaciteit optimaal in te zetten voor patiënten met een dermatologische problematiek die een gespecialiseerde beoordeling vereisen.

Zo kunnen wij in de toekomst niet alleen voor gekende patiënten, maar ook voor nieuwe patiënten, een zorgvuldige planning en de nodige tijd voor elk consult voorzien en patiëntenstop vermijden. Dit stelt ons in staat om kwalitatieve zorg te blijven bieden, ongeacht de wachttijden.

Wij danken u voor uw medewerking en voor het vertrouwen dat u in onze praktijk stelt.

Vriendelijke groeten,

Verwijsformulier Dermatologie – In te vullen door (huis)arts

I. Patiëntgegevens

- **Naam:**
- **Geboortedatum**
- **Rijksregisternummer:**
- **Telefoonnummer:**
- **E-mailadres (indien beschikbaar):**

II. Reden van verwijzing

- Verdachte huidletsels/vlekjesraadpleging
- Ingreep
- Inflammatoire dermatologie
- Infectieuze pathologie (oa wrat, impetigo...)
- Chronisch wondprobleem
- Andere:

Beschrijf het probleem (klinisch beeld, locatie, evolutie, voorgaande behandeling):

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III. Voorgeschiedenis & relevante medische info

- **Bekende huidziekten (vb. eczeem, psoriasis, melanoom...):**
- **Andere relevante medische voorgeschiedenis (vb. immunosuppressie, allergieën, systemische aandoeningen):**
- **Thuismedicatie:**
- **Allergieën:**

IV. Reeds uitgevoerde onderzoeken of behandelingen

- **Biopten, bloedonderzoek, allergietesten? Resultaten (datum, samenvatting):**
- **Indien second opinion graag voorgaande verslaggeving toevoegen**
- **Beeldmateriaal beschikbaar?** Ja Nee (Indien ja, gelieve mee te sturen indien mogelijk)

V. Beoordeling huisarts van de dringendheid

- **Dringendheid:**
 - Hoog – vermoeden maligne letsel / ernstige infectie / snel progressieve aandoening
 - Matig – hinderlijk of slepend probleem, beperkte impact op algemene gezondheid
 - Laag – chronisch, stabiel, vooral cosmetisch storend

VI. Extra opmerkingen of aandachtspunten

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