



International League
of Dermatological Societies



Plenary Session 5: Feedback from workshops and defining a forward programme

Chair: Harvey Lui, ILDS

Co-Chairs: Jean Bologna, ILDS

Brigitte Dréno, ILDS

11:00-12:30 Tuesday 12 June 2018

2nd ILDS World Skin Summit

10-12 June 2018, Ho Chi Minh City, Vietnam



Feedback from workshop session 1:
*Removing Barriers and Increasing
Access to Dermatological Care*

Feedback from workshop session 1:

Removing Barriers and Increasing Access to Dermatological Care



Key Points

- Teledermatology
- Role of dermatologists
- Training and education
- Cost of drugs
- Threats

Feedback from workshop session 1:

Removing Barriers and Increasing Access to Dermatological Care



Proposed Actions for Consideration

- Integrating tele dermatology with dermatologists at the local level
- Advocacy to governments – the role of patients in this
- Sharing educational programmes



Feedback from workshop session 2:
*Training and education: needs and
solutions*

Feedback from workshop session 2:

Training and education: needs and solutions



5 Key Points

- 1. Harmonizing** : Regional dermatology fellowship training program (4 x 3 months in expert centers of the region (other countries than country of origin))
- 2. Harmonizing** : Defining length of training (including Dermatopathology) and minimal criteria for being a **board-certified Dermatologist** (worldwide) → will drive harmonization and **protect the “Name” Dermatologist**

Feedback from workshop session 2:

Training and education: needs and solutions



3. ILDS should update the **definition of dermatologist**
4. **Teaching GP “skin doctors”**: Define **core curriculum** and teach openly including pitfalls (when to refer)
5. **Facilitating Education**: Digital platforms (access to educational material incl. Books & Journals, Grand Rounds) & Availability of ILDS speakers for regional teaching online/conventions/workshops.

Feedback from workshop session 2:

Training and education: needs and solutions



Proposed Actions for Consideration

1. Foster regional dermatology fellowship training programs & Digital platforms for easy access to education
2. Define minimal criteria for being a board-certified Dermatologist (applicable world-wide)
3. Update the definition of “dermatologist”

- **Quit complaining.**
- **Put the patient first.**
- **Whoever is looking after that patient needs to be empowered with the knowledge to help that patient.**
- **So educate!**





Feedback from workshop session 3:

*The scope and challenges of
evidence-based care*

Feedback from workshop session 3:

The scope and challenges of evidence-based care

Key Points



- Key Point 1: Majority felt that the ILDRS promote the use of recommended guidelines for regular important diseases
- Key Point 2: The ILDRS should try and find a model to register rare diseases. Registries are important.
- Key Point 3: Evidence based medicine is not an absolute necessity for guidelines
- Key Point 4: Guidelines are used by most but less than once per month
- Key Point 5: No real decision on controversial diseases.

Feedback from workshop session 3:

The scope and challenges of evidence-based care

Proposed Actions for Consideration



- Action 1: Recommended guidelines should be chosen by a committee of experts of the ILDS
- Action 2: Individual societies should become more involved in registries of rare non infectious skin diseases. WHO has all the information on infectious diseases
- Action 3: There should be a bridge between the ILDS and the necessities of the individual countries or societies.



Feedback from workshop session 4:
*Global volunteerism: Addressing the
challenges in global and national
skin health*

Feedback from workshop session 4:

Global volunteerism: Addressing the challenges in global and national skin health



Workshop Aims

- To facilitate Dermatological volunteerism in disadvantaged communities
- To create collaborative programmes between institutions; non governmental organisations and pharmaceutical industry
- To develop strategies to support Dermatologists who work with refugees

Feedback from workshop session 4:

Global volunteerism: Addressing the challenges in global and national skin health



OVERVIEW OF GLOBAL VOLUNTEERISM AT THE RDTC
MOSHI KILIMANJARO

Daudi R. Mavura

VOLUNTEERISM IN DERMATOLOGY IN CAMBODIA
AFTER THE WAR

Chan Vicheth



Feedback from workshop session 4:

Global volunteerism: Addressing the challenges in global and national skin health



Key points

1. To be an effective volunteer takes time and resources, particularly to be useful in a clinical setting.
2. Potential volunteers may have varying skills and experience. This might in specific arenas such as training and education, product manufacture, setting up teledermatological services. A volunteer will be most effective if 'matched' with the needs of the community they hope to serve.
3. The communities wanting help need to feel empowered to document their **current** needs and they may need help to do so. Infrastructure development, training in top five skin conditions or more specifically dermatopathology, on the ground clinical help etc. This will vary with time, geography, resources; May involve a volunteer with relevant experience carrying out a 'volunteering' needs assessment
4. 'Dermatology volunteering' is more likely to attract support from NGOs, philanthropic institutions and pharma if it is shown to be an iterative progressive process which is sustainable, progressive and accountable.
5. Refugees, demonstrate how health needs can change and the 'Dermatology skill' set may be more global than we realise

Feedback from workshop session 4:

Global volunteerism: Addressing the challenges in global and national skin health



Specific actions for the ILDS
realistic, relevant and practical

Feedback from workshop session 4:

Global volunteerism: Addressing the challenges in global and national skin health



Proposed Actions for Consideration

1. Centres requiring aid post adverts with a 'job description' and person specification
2. Potential volunteers post their CVs; detailing their skill set and previous relevant experience.
3. The ILDS acts to 'match.com' the two
4. The ILDS asks volunteers and centres to provide relevant feedback about experience and progress made. A summary of next steps and future needs leading to a progressive and iterative process, ultimately sustainable.
5. Dermatology curricula should be developed to include a global perspective skin health building awareness of how the health needs assessment for a country can change as exemplified by refugees



Facilitated discussion and
agreement of forward
programme for ILDS and
member societies

