



Examining topics affecting the recruitment and retention of physicians and advanced practice professionals

## ***Dermatology: Supply, Demand, Compensation and Recruiting Trends***

A resource provided by Merritt Hawkins, the nation's leading physician search and consulting firm and a company of AMN Healthcare (NYSE: AMN), the largest healthcare workforce solutions company in the United States.

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### **Introduction**

Merritt Hawkins, the nation's leading physician and advanced practitioner search and consulting firm, produces a series of surveys, white papers, speaking presentations and other resources intended to provide insight into various healthcare staffing and recruiting trends.

Topics for which Merritt Hawkins has provided data and analyses include physician compensation, physician practice metrics, physician practice plans and preferences, rural physician recruiting recommendations, physician retention strategies, physician visa requirements, and the economic impact of physicians, among a variety of others.

This white paper examines supply, demand, compensation and recruiting trends in dermatology.

### **What Dermatologists Do**

Dermatologists are physicians who have expertise in the care of the body's largest and fastest growing organ – the skin. This includes treatment of normal skin and diagnosis and treatment of diseases of the skin. Dermatologists also specialize in skin appendages, such as hair and nails. These physicians are also responsible for helping patients with the improvement of their physical appearance as it relates to the skin, hair and nails; for example, lessening the appearance of wrinkles or scars.

Dermatologists may have training and experience in areas such as electrosurgery (surgical use of high-frequency electric current for cutting or destroying tissue), cryosurgery (which involves freezing tissue), laser surgery, and excision surgery (involving removal by cutting) with appropriate closures (including skin grafts).



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Dermatologists treat approximately 3,000 skin conditions and diseases. Among the conditions they treat are:

- **Vitiligo:** The skin loses melanin, leading to patches of lighter colored skin.
- **Acne:** One of the most common diseases in the U.S., acne is a disease affecting the oil glands of the skin.
- **Dermatitis and eczema:** Dermatitis is inflammation of the skin.
- **Fungal infections:** Fungus can infect the skin, nails, and hair
- **Hair disorders:** Including hair loss caused by alopecia, head lice and others.
- **Nail problems:** Including fungal infections and ingrowing toenails.
- **Psoriasis:** This is a chronic, autoimmune skin disorder that speeds up the growth of skin cells.
- **Rosacea:** Rosacea causes redness in the face, similar to blushing.
- **Skin cancer:** Almost 5 million people receive treatment for skin cancer in the U.S. every year, and one in five people in the U.S. will develop a form of skin cancer in their lifetime.
- **Shingles, or herpes zoster:** This viral infection affects the nerve endings in the skin and causes a painful rash.
- **Warts:** These are contagious, benign skin growths that appear when a virus infects the top layer of skin.

## Medical Procedures Used

Dermatologists use a range of medical and cosmetic surgical procedures when treating patients, including:

- Allergy testing
- Biopsies:
- Chemical peels
- Cosmetic injections
- Cryotherapy
- Dermabrasion
- Excisions of lesions
- Hair removal and restoration
- Laser surgery/tattoo removal
- Mohs surgery (Mohs surgery is only performed by Mohs surgeons and requires additional medical training).
- Psoralen combined with ultraviolet A (PUVA)
- Skin grafts and flaps
- Tumescent liposuction
- Vein therapy

## Practice Settings

Dermatologists may work in any healthcare institution. Hospitals employ dermatologists to assist patients in the acute phase of skin injury. Medical office suites may keep dermatologists on staff to expand their



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health care services. Some dermatologists choose to work in laboratories, researching new dermatological conditions and coming up with plausible treatment theories. A dermatologist may also work in academia, spending their time training up-and-coming dermatologists in a medical school.

However, dermatology is almost always an outpatient function, meaning dermatologists typically work in clinics or group practices, though dermatologists do sometimes complete rounds, caring for hospital inpatients or completing emergency assessments. Dermatology practices may be owned by dermatologists themselves, or owned by hospitals or private equity groups. Typically, board certified dermatologists spend the majority of their time in outpatient clinics or completing related surgeries.

On occasion, dermatologists work as part of a team of consultants with plastic and maxillofacial surgeons and oncologists in order to best aid patients suffering from diseases such as skin cancer. Dermatology is a medical specialty that often features a set schedule and requires very few weekends as compared to other types of physicians.

## History of Dermatology

Treating the skin with chemicals dates back to the ancient Egyptians who used arsenic on the skin to kill cancer. They also used animal oils, salt, alabaster, and sour milk to improve the appearance of skin. Cleopatra was reputed to take milk baths, enjoying the cosmetic benefits of lactic acid, an alpha-hydroxy acid, for softer, smoother skin.

One of the earliest known sources documenting skin ailments is the Ebers Papyrus, a medical document from ancient Egypt dating to around 1500 BC. It describes various skin diseases, including ulcers, rashes, and tumors, and prescribes surgery and ointments to treat the ailments.

The Greeks and Romans used mixtures of pumice, frankincense, myrrh, and tree resins to lighten the skin, remove freckles, and smooth wrinkles. Turkish treatments used fire to lightly singe the skin for exfoliation. And, in India, women sought soft, smooth skin from a mixture of urine and pumice applied to their faces.

According to Wikipedia, "In 1572, Geronimo Mercuriali of Forlì, Italy, completed *De morbis cutaneis* (translated "On the diseases of the skin"), which is known as the first scientific work to be dedicated to dermatology. In 1799, Francesco Bianchi wrote the book *Dermatologia* which is the first comprehensive textbook of modern dermatology written for the students of medicine. "

"Scientific dermatology began on Nov. 27, 1801, when the Hôpital Saint-Louis, in Paris, was officially dedicated to the treatment of cutaneous diseases, with Jean Louis Alibert at its head. It was Alibert and later teachers who were responsible for directing American physicians toward dermatologic study."

Today, dermatology is a firmly established medical specialty in which physicians can be board-certified and in which they can subspecialize.



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## Education and Training

Completion of a bachelor's degree is the first higher-education step toward becoming a dermatologist. Although candidates complete a broad range of undergraduate majors, students should complete the courses that the American Association of Medical Colleges found most medical schools require as prerequisites: biology, physics, and chemistry, along with written and oral communication course study.

College graduates next must graduate from an accredited medical school and then complete a three-year dermatology residency. Once accepted and matched with a residency program, residents will spend 36 months seeing patients, learning to treat and diagnose skin, hair and nail conditions, and receiving surgical training, such as skin and nail biopsies, cryotherapy, injections and excisions.

Dermatology is one of the most competitive medical specialties. Only 61% of graduating medical students who select dermatology as their first choice of residency are typically matched with a position in the field. By contrast, 98% those pursuing internal medicine and 99% seeking family medicine as their first choice typically are matched.

To practice as a dermatologist residents must:

1. Secure a license. Licensing requirements vary by state, and dermatologists must sit for a state exam in each state in which they plan to practice medicine.
2. Become board certified. In order to become board certified in dermatology, medical doctors must meet all of the following requirements:
  - a. Graduate from an accredited medical school in the U.S., Canada or an international school approved by World Health Organization (WHO).
  - b. Hold an unrestricted license to practice in at least one state.
  - c. Complete required training for dermatology specialty, as dictated by the American Board of Dermatology.
  - d. Test for and pass American Board of dermatology (ABOD) exam for dermatology
3. Dermatologists should be aware some maintenance of certification (MOC) activity should be completed every three years and physicians must pass the MOC exam in their specialty or specialties every 10 years, per ABOD requirements.

## Subspecialty Options

Dermatologists interested in specializing even further can apply for and complete fellowships in one of the three American Board of Dermatology-approved sub-specialties. These include Dermatopathology, Pediatric Dermatology, and Procedural Dermatology. Following the successful completion of a fellowship, Dermatologists may apply to sit for their respective sub-specialty exam.

Dermatology subspecialties focus on specific treatment areas or procedures, including:



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## **Dermatopathology**

A dermatopathologist is a pathologist or dermatologist who specializes in the pathology of the skin. This field is shared by dermatologists and pathologists. Usually a dermatologist or pathologist will complete one year of dermatopathology fellowship.

## **Procedural Dermatology**

A procedural dermatologist can perform various types of excision surgeries, including Mohs surgery. Physicians trained in this technique must be comfortable with both pathology and surgery, and dermatologists receive extensive training in both during their residency. Physicians who perform Mohs surgery can receive training in this specialized technique during their dermatology residency, but many will seek additional training either through preceptorships to join the American Society for Mohs Surgery or through formal one to two year Mohs surgery fellowship training programs administered by the American College of Mohs Surgery.

## **Pediatric dermatology**

Physicians can qualify for this subspecialty by completing both a pediatric residency and a dermatology residency. Or they might elect to complete a post-residency fellowship. This field encompasses the complex diseases of the neonates, hereditary skin diseases or genodermatoses, and the many challenges of working with the pediatric population.

## **Tele-dermatology**

Teledermatology is a form of dermatology where telecommunication technologies are used to exchange medical information via various forms of media (audio, visual and also data communication, but typically photos of dermatologic conditions) usually made by non-dermatologists for evaluation off-site by dermatologists). This practice type deals with options to view skin conditions over a large distance to provide knowledge exchange, to establish second-opinion services for experts or to use this for follow-up of individuals with chronic skin conditions. Teledermatology can reduce wait times by allowing dermatologists to treat minor conditions online while serious conditions requiring immediate care are given priority for appointments.

## **Professional Organizations**

Dermatologists may be members of several medical societies, including:

- American Academy of Dermatology
- American Dermatological Association
- American Society of Dermatology

## **Supply and Demand Trends**

Supply and demand trends in dermatology reflect those of the wider physician workforce, in which





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pervasive shortages are emerging. The Association of American Medical Colleges (AAMC) in its April, 2019 study projected a shortage of up to 122,000 physicians by 2032. This includes a shortage of up to approximately 55,000 primary care physicians, but an even more severe shortage of up to 67,000 specialists.

As in many other specialties, demand for dermatologists is being driven by population aging and patient lifestyle choices, which for many people includes prolonged exposure to the sun or to sunlamps. Though senior citizens 65 or older represent only 14% of the population, they account for 37% of diagnostic tests and procedures, according to the CDC. The population of people 65 and older is expected to reach 83.7 million by 2050, according to the U.S. Census Bureau, up from 44 million today, a demographic trend that will significantly increase demand for dermatologists and many other types of specialists.

Already today, skin cancer is the most commonly diagnosed form on cancer in the U.S. and its incidence is expected to rise due the factors referenced above.

- ❖ Each year, 5.4 million cases of non-melanoma skin cancer are detected.
- ❖ More new cases of skin cancer are detected every year than the combined cases of breast, prostate, lung and colon cancer.
- ❖ Approximately 87,110 cases of invasive melanoma were diagnosed in 2017 (*Skin Cancer Foundation*).

### **Cosmetic procedures driving demand**

Demand for dermatologists also has increased due to the growing number of cosmetic procedures and treatments that dermatologists perform (derm abrasions, laser hair removal, etc.), some of which did not exist or were rarely performed 20 years ago, but which are very much in demand today

Meanwhile, the supply of dermatologists remains limited, as illustrated by the chart below.

#### **SPECIALTY DEMOGRAPHIC: Dermatology**

<b>Total Physicians</b>	<b>13,214</b>	
<b>Total In Active Patient Care</b>	11,072	
<b>International Medical School Graduates</b>	581	5% (of active patient care)
<b>Board Certified</b>	9,680	87%
<b>Research</b>	92	1%
<b>Administrative/Teaching</b>	125	1%
<b>Last Year Residents</b>	424	4%
<b>Female</b>	5,489	50%
<b>Male</b>	5,583	50%
<b>45 and over</b>	7,738	70%
<b>55 and over</b>	4,964	45%

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Source: *Physician Master File. American Medical Association*

As these numbers indicate, there are only about 11,000 dermatologists in the U.S. today in active patient care roles. Of these, about 50% are women, though women comprise only about 36% of all physicians. This affects total physician FTEs in the specialty, as female physicians typically work fewer hours and see fewer patients on average than do male physicians, while often retiring earlier (see Merritt Hawkins' 2019 *Survey of Women Physicians*).

In addition, 45% of dermatologists are 55 years old or older and a wave of retirements in the specialty can be anticipated. Though retirements are likely to accelerate, the number of newly trained dermatology residents entering the field is relatively fixed at around 425, due in part to the cap Congress placed on graduate medical education (GME) funding in 1997. It also should be noted that only 5% of dermatologists are international medical graduates (IMGs) compared to about 25% of all practicing doctors. This limits the number of dermatologists on J-1 visas who are more likely to practice in rural or other traditionally underserved areas as a means of obtaining permanent U.S. residence.

Shortages of dermatologists are therefore likely to become more pronounced. A Health Resources and Services Administration (HRSA) workforce analysis projects shortages in a variety of internal medicine subspecialties, including dermatology, as the chart below indicates:

**National Estimates of Physician Supply, Demand and Deficits/Internal Medicine Subspecialties by 2025**

Specialty	Supply 2015	Demand	Deficit/2025
Allergy and Immunology	4,140	4,620	-480
Cardiology	28,560	35,460	-7,080
<b>Dermatology</b>	<b>13,100</b>	<b>13,530</b>	<b>-430</b>
Gastroenterology	15,540	17,170	-1,630
Hematology/Oncology	18,100	19,500	-1,400
Pulmonology	14,110	15,510	-1,400
Rheumatology	6,330	6,610	-280

Source: *HRSA Regional Projections of Supply and Demand for Internal Medicine Subspecialty Practitioners, December, 2016*

The shortage of dermatologists is reflected in in wait times required to schedule a new patient appointment as tracked in Merritt Hawkins' *Survey of Physician Appointment Wait Times and Medicare and Medicaid Acceptance Rates* (see chart below).



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**Average Dermatology Appointment Wait Times/15 Major Metro Markets/In Days**

Year	Days
2017	32.3
2014	28.8
2009	22.1
2004	24.3
% Growth 2004-2017	33.0%

*Source: Merritt Hawkins 2017 Survey of Physician Appointment Wait Times and Medicare and Medicaid Acceptance Rates*

The average wait time to schedule an appointment with a dermatologists increased by 33% from 2014 to 2017, according to Merritt Hawkins’ survey. It should be considered that this reflects appointment wait times in 15 top metro areas in which the number of dermatologists per population is relatively high. It can be presumed that wait times are considerably longer in smaller communities which are frequently medically underserved.

Access to dermatologists may be furthered limited for those who are not insured or who are underinsured. Merritt Hawkins’ survey indicates average Medicare and Medicaid acceptance rates among dermatologists in 15 top metro areas (see below)”

**Dermatology Medicare and Medicaid Acceptance Rates/15 Major Metro Markets**

Medicare	<b>91%</b>
Medicaid	<b>33%</b>

*Source: Merritt Hawkins 2017 Survey of Physician Appointment Wait Times and Medicare and Medicaid Acceptance Rates*

As the survey indicates, only one-third of dermatologists in top metro areas included in the survey accept Medicaid patients, though the great majority (91%) accept Medicare patients.

**Dermatologists Needed Per 100,000 Population**

There are a variety of sources that indicate the number physicians in various specialties required to serve a population of 100,000 people, including ratios compiled by the Graduation Medical Education National Advisory Committee (GMENAC), which now are 40 years old, ratios compiled by academic researchers Hicks and Glenn, and ratios compiled by the consulting firm Solucient.

However, the most recent of these ratios of which Merritt Hawkins is aware were developed by the late Richard “Buz” Cooper, M.D., a nationally recognized expert in physician supply and utilization studies based at the University of Pennsylvania. Dr. Cooper’s ratios are “demand-based” and reflect the number of people required to economically sustain a medical practice by specialty based on historic usage patterns nationally, regionally and at the community level. We believe these are real world numbers and are the most current





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and useful of the most commonly referenced physician-to-population ratios.

According to Dr. Cooper, on a national level, a population of 100,000 people can support 3.6 dermatologists, or one dermatologist per approximately 28,000 people. This is a general number and is likely to vary depending on the economic, social, and health profiles of particular populations.

Ratios from various sources are listed below.

**Dermatologists Required Per 100,000 Population**

<b>GMENAC</b>	<b>Hicks &amp; Glen</b>	<b>Solucient</b>	<b>Richard Cooper, MD</b>
2.9	2.1	3.1	3.6

**Dermatologists in “Absolute Demand”**

Dermatologists have been among Merritt Hawkins’ top 20 most requested types of search assignments for the past several years, ranking 14<sup>th</sup> in 2019.

However, dermatologists rank significantly higher when specialties are rated by number of job openings as a percent of all active physicians in a given specialty, or by what Merritt Hawkins calls “absolute demand.”

The chart below ranks demand for physicians by specialty in this manner, with dermatologists ranking fifth.

**Merritt Hawkins Top Search Assignments as a Percent of All Physicians in Various Specialties (Patient Care Only)**

1. Neurology	.90%
2. Psychiatry	.70%
3. Gastroenterology	.70%
4. Hematology/Oncology	.70%
<b>5. Dermatology</b>	<b>.60%</b>

*Source: Merritt Hawkins 2019 Review of Physician and Advanced Practice Professional Recruiting Incentives*

**Dermatology Compensation**

The competitive nature of dermatology recruiting is reflected in rising starting salaries for dermatologists. The chart below illustrates the increase in starting salaries for dermatologists over the last six years as tracked by Merritt Hawkins’ 2019 *Review of Physician and Advanced Practitioner Recruiting Incentives*.

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	Low	Average	High
<b>Dermatology</b>			
<b>2018/19</b>	\$250,000	\$420,000	\$700,000
<b>2017/18</b>	\$280,000	\$425,000	\$650,000
<b>2016/17</b>	\$250,000	\$421,000	\$1,000,000
<b>2015/16</b>	\$250,000	\$444,000	\$650,000
<b>2014/15</b>	\$265,000	\$398,000	\$550,000
<b>2013/14</b>	\$300,000	\$394,000	\$500,000
<b>2012/13</b>	\$235,000	\$371,000	\$425,000

As these numbers indicate, the average salary offer for dermatologists as tracked by Merritt Hawkins' data has increased by 13% since 2013, signaling increased competition for dermatologists nationwide. Listed below are average compensation numbers for dermatologists as tracked by various other sources. Note that Merritt Hawkins tracks average starting salaries while other sources track total gross compensation physicians would report on their tax returns.

#### Average Dermatology Compensation

<b>Sullivan Cotter</b>	\$502,748
<b>AMGA</b>	\$475,379
<b>Integrated Health Strategies</b>	\$451,724
<b>MGMA</b>	\$455,759
<b>Merritt Hawkins</b>	\$420,000 (average starting salary)

In addition to a starting salary, dermatologists typically are offered a signing bonus (see chart below).

#### Signing Bonuses for Dermatologists

Low: \$10,000	Average: \$32,671	High: \$150,000
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Source: Merritt Hawkins

Physician contracts today also usually feature a relocation allowance, CME allowance, paid health and malpractice insurance, health insurance and a 401k or other retirement vehicle.

### Recruiting Recommendations

Recruiting dermatologists is one of the most difficult challenges in the field of physician recruiting today. One of the reasons dermatologists are so difficult to recruit is related to the style of dermatology practice itself. For the most part, dermatology practice is entirely outpatient, with little to no hospital inpatient work or call/coverage required. Dermatologists do not typically generate significant inpatient or outpatient revenue for hospitals, and dermatologists tend to own their own lasers and other ancillaries, deriving revenue from them directly.



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## **A Coveted Practice Style**

Dermatology also is extremely remunerative, in large part because many dermatology practices focus on cosmetic procedures and treatments that usually are elective and paid for directly by patients, in full, and often in advance. For this reason, dermatologists can work four day weeks or even three day weeks and still earn in the highest percentages of all physicians.

Not surprisingly, dermatology attracts some of the top physicians in the country. Dermatology residency programs get to pick the highest rated medical school graduates – many of them from Ivy League schools. As indicated above, very few dermatologists are international medical graduates – the great majority are graduates of U.S. allopathic medical schools, and only a relative few are graduates of osteopathic schools.

It therefore is important to be flexible when recruiting dermatologists, particularly regarding schedules. The majority of offers dermatologists receive feature four day weeks at the most, and often three day weeks. It also is important to be flexible on candidate parameters, but this is difficult because virtually all dermatologists are cream of the crop when it comes to education and training.

## **Competitive Compensation**

As in all hard to recruit specialties, it is important to be competitive in regard to compensation. Dermatology is one specialty where the private practice model is still pervasive. Private practices generally can offer a base salary that may be less than the MGMA average cited above, but the potential usually is much higher given ancillary income and other benefits of partnership. Hospitals, by contrast, usually must offer a much higher base because they do not offer revenue from ancillaries.

## **Rural Challenges**

Rural or mid-market dermatology searches are particularly challenging. In rural settings, dermatologists generally are diagnosing and treating serious skin problems such as cancer and fungal infections, rather than providing cosmetic services. They must spend more time with each patient treating difficult cases that have a much higher chance of leading to malpractice suits than dermatologists providing mostly cosmetic care.

By contrast, dermatologists in large metro areas may have completely cosmetic-focused practice, providing botox treatments, tattoo removal, hair removal and related services. Nurses, PAs or aestheticians often work up the patients and provide treatments, while dermatologists supervise and sign charts, much like in a dentist's office.

Dermatologists in urban areas therefore can see 50 or 60 patients a day, many of them paying directly for services in the full amount, rather than the discounted amount third parties pay for covered procedures and treatments. Given current demand, dermatologists can virtually pick any city in which to practice and find a job there that offers favorable work conditions.

It is very difficult for rural and mid-market communities to compete for dermatologists under these



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conditions. Often, it may be preferable to recruit a dermatologic PA or NP, or recruit a primary care physician who has some training or experience with dermatology.

## Pediatrics

The most difficult type of search in dermatology is for pediatric dermatology subspecialists. There are very few of these and even the top pediatric hospitals in the country vie for their services, often without success.

Today, an ideal dermatology practice likely to draw candidate interest would include a \$500,000 base salary with a blend of general dermatology, cosmetics and the opportunity to perform Mohs surgery. A three or four day a week schedule would be offered, with a high and immediate signing bonus that is paid quickly. Offering an “ideal” practice is difficult, but it is useful to understand how high the bar is today in dermatology when it comes to practice styles and settings.

## Conclusion

As with all difficult searches, it is important in dermatology search to be flexible, creative, and committed to quick turnarounds, accommodating the schedules of candidates, responding with information as needed, and making an offer as soon as an appropriate candidate is found. Know the market, know what is needed to be successful, and execute the search with the maximum amount of commitment and efficiency as possible.

## About Merritt Hawkins

Established in 1987, Merritt Hawkins is the leading physician search and consulting firm in the United States and is a company of AMN Healthcare (NYSE: AMN), the largest healthcare workforce solutions organization in the nation. Merritt Hawkins’ provides physician and advanced practitioner recruiting services to hospitals, medical groups, community health centers, telehealth providers, and many other types of entities nationwide.

The thought leader in our industry, Merritt Hawkins, produces a series of surveys, white papers, books, and speaking presentations internally and also produces research and thought leadership for third parties. Organizations for which Merritt Hawkins has completed research and analysis projects include **The Physicians Foundation, the Indian Health Service, Trinity University, the American Academy of Physician Assistants, the Association of Academic Surgical Administrators, and the North Texas Regional Extension Center.**

This is one in a series of Merritt Hawkins’ white papers examining a variety of topics directly or indirectly affecting the recruitment and retention of physicians and advanced practice professionals, including physician assistants (PAs) and nurse practitioners (NPs).

Additional Merritt Hawkins’ white papers include:



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- ❖ Physician Supply Considerations: The Emerging Shortage of Medical Specialists
- ❖ Physician Emotional Intelligence: Going Beyond “A-Type” Personalities
- ❖ Ten Keys to Enhancing Physician/Hospital Relations: A Guide for Hospital Leaders
- ❖ Rural Physician Recruiting Challenges and Solutions
- ❖ Psychiatry: “The Silent Shortage”
- ❖ NPs and PAs: Supply, Distribution, and Scope of Practice Considerations
- ❖ The Physician Shortage: Data Points and State Rankings
- ❖ RVU FAQ: Understanding RVU Compensation in Physician Employment Agreements
- ❖ The Economic Impact of Physicians
- ❖ International Physicians and Immigration Requirements: An FAQ
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