



Introduction to dermatology in primary care

Jeffrey Keir, M.D.

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Corresponding author: Dr. Jeffrey Keir, Northern Rivers Skin Cancer Clinic, Ballina, NSW, Australia. Email: tamarvillage@gmail.com.

It is a great honour to be asked to establish and edit this new section of *Dermatology Practical & Conceptual*. I have had the good fortune to study, work and practice in countries of widely varying socioeconomic status and to be able to concentrate for the last 10 years on delivering dermatology and skin cancer care in primary care practice. This has given me the opportunity to gain a perspective on medical practice internationally and the chance to engage in research, education and teaching in a primary care setting. Having a strong interest in skin cancer management, it is with particular pleasure that I note that this journal is now the official journal of the International Dermoscopy Society and of the Skin Cancer College of Australia and New Zealand.

It is often forgotten how great the burden of skin disease is in primary care around the world, yet there is so little research in the field and even less international teaching and communication on the subject. Surveys of primary care in the Netherlands [1,] Australia [2] and the United Kingdom [3] show the percentage of presentations relating to dermatological conditions are 12.4%, 10.4 % and 8.4 % respectively – about one in ten complaints dealt with in primary care are dermatologically related.

There is also much variability between countries in the medical systems that deliver dermatological care and the interface between specialist dermatologists and primary care practitioners. These range from mainly hospital-centric models, such as in the United Kingdom or Saudi Arabia; to relatively decentralized private practice, such as in Australia; to areas where primary health care is delivered by non-physicians, such as by the Health Extension Officers of Papua New Guinea; by teledermatology, as in remote areas of Canada and Australia; or self care, where there are no accessible

health professionals as in so many parts of the world.

Training and education prospects vary just as widely. I recall the few hours a week of dermatology instruction over a one-month period that I was given in medical school and a textbook that had only twelve A5 pages of diagnostic images. Fortunately, that deficit has been made up as a postgraduate, but not all graduates get that opportunity.

Added to this is the evident great geographic variation of the types of diseases and case mixes encountered, whether they are infectious conditions, such as cutaneous leishmaniasis, or more environmentally influenced conditions, such as skin cancer. Over all of this is added the influence of socioeconomic development and ethnicity.

“Dermatology in Primary Care” will aim to take an international perspective, encouraging and highlighting research originating in primary care and offering teaching and review articles relevant to primary care. Although the section will be necessarily brief in early journal editions, when fully developed, each edition will contain original research, review articles, opinion and editorial comment. In recognition of primary care practitioners being mainly morphologists, and in keeping with the focus of the journal, illustrated notable cases and educational case studies will be prominent. A particular feature of each edition will be a country-by-country perspective on primary care dermatological practice and how care is delivered.

I look forward to a long relationship with the journal and its readers.

Dr. Jeffrey Keir
MBBS MFamMed(Clin) DipPracDerm
Director, Northern Rivers Skin Cancer Clinic, Ballina,
NSW, Australia

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