International Journal of Dermatology

Community dermatology

The contribution of the nursing service worldwide and its capacity to benefit within the dermatology field

Steven J. Ersser, RN, CertTHEd, PhD, Vineet Kaur, DNBE, MAMS, DipGUM, Pat Kelly, RPN, RPM, PHC, Arne Langøen, RN, Susan A. Maguire, RN, BA(Hons), Noreen H. Nicol, RN, PhDc, FNP, Barbara Page, RN, and Corrine Ward, MSc, RN

International Skin Care Nursing Group Advisory Board, Covent Garden, London, UK

Correspondence
Professor Steven J. Ersser, RN, PhD (Lond)
Centre for Wellbeing & Quality of Life
Bournemouth House
Bournemouth University
BH1 3LH
UK
E-mail: sersser@bournemouth.ac.uk

Abstract

The nursing service is a significant element in the dermatological capacity to respond to skin care and dermatological needs worldwide. Although it is an area of development often neglected by dermatologists, it is one that is undergoing rapid and substantial evolution. This paper outlines the initiatives undertaken by nurses to enhance their contribution, and examines the development of nursing within the dermatology field. It argues for the need to develop a service delivery model in dermatology care that utilizes specialist-nursing expertise to cascade dermatological knowledge and skill through primary care. The paper summarizes the strategic importance of nursing in dermatology care delivery, whether in resource-rich or -poor countries, and its unmet potential in the capacity to benefit and meet skin care and dermatological care needs. The paper specifically focuses on the development work led by the International Skin Care Nursing Group (ISNG) to stimulate and develop the capacity of nursing to respond to these widespread needs through promoting service delivery models that operate interdependently with dermatologist-led care.

Introduction

It is timely for this paper to build on that published over a decade ago on the nursing contribution to meeting dermatology and skin care needs worldwide,[1] given the International Society of Dermatology's recent initiative to examine the capacity of dermatology professionals to benefit those in need. Finlay and Ryan's early paper[2] highlighted that skin disease is highly prevalent across the world, some of which may result in skin failure that has major social and economic impacts on individuals and communities. However, it is less established that there is a significant and growing contribution of the nursing service to meet the skin care and dermatological needs, and this has seen rapid development over the last decade. The significant lack of dermatologists worldwide, most of who are based in the hospital sector, means that expertise in skin care cannot always be delivered to those who need it. The nursing service represents one of the world's largest and most significant health resources; many skin care and dermatological needs are amenable to nursing intervention and support. This paper briefly outlines initiatives by nurses to do this and examines the development of nursing within the dermatology field. It logically follows that there is a need to adopt a strategic approach that identifies the educational needs of nurses, harnesses the appropriate expertise, shares good practice, and operates in close interprofessional collaboration with dermatologists. In this regard, it highlights the specific work led by the International Skin Care Nursing Group (ISNG) to stimulate and develop the capacity of nursing to respond to these widespread needs through promoting service delivery models that operate interdependently with dermatologist-led care.

Therefore, this paper outlines the strategic importance of nursing in dermatology care delivery, whether in resource-rich or -poor countries, the important part nursing plays and its unmet potential in the capacity to benefit and meet skin care and dermatological care needs. To realize this potential there is a need for the development of interprofessional team working, support for nursing development and education, and identification of service delivery models that effectively integrate and complement

their expertise. Dermatologists will have sufficient capacity worldwide to meet this range of need when engaged in an active partnership with other health professionals, with nurses being a critical group.

A model for delivering skin care worldwide through nursing integration

The nursing care of people's skin remains an enduring and ubiquitous feature of nursing practice across all nations, due to the importance of effective skin function. Significant global variations exist in the epidemiological pattern of ill health, with the high prevalence of chronic inflammatory skin conditions in the developed world, and skin infections and infestations in developing countries aggravated by climate and poverty. Skin problems often have a profound psychological, social, and economic impact on individuals and communities through disabling effects, such as soreness of skin and disfigurement, and due to disease ranging from atopic eczema and psoriasis to leprosy and lymphatic filariasis. Ong and Ryan's original analysis[3] indicated that 70% of the population in developing countries experience skin disease, with 3 billion people in 127 developing countries not having access to even the most basic skin care. Despite the enormous prevalence of skin conditions, dermatological and skin care expertise remain a limited resource. Dermatologists often provide a specialist service in urban areas, as exemplified in India. Poor rural communities, where the need is greatest, often significantly lack access to expertise and support.

Nurses and allied health professionals are largely among or link with the frontline health workers providing primary health care to the rural poor in developing countries. Some of the most commonly encountered skin diseases in the developing world, namely scabies, fungal infections and pyodermas, require relatively low-technology health care strategies that can be used by trained primary care staff for successful management. Nurses worldwide are well placed, by nature of their numbers and skills, to help meet that demand. This can be achieved through a collaborative approach with nurses, dermatologists, and primary care staff working together to develop and cascade nursing and dermatological skills in the community. Furthermore, such a model is suitable for application in both developing and developed countries.[1,3–6]

Typically, the service delivery models within the dermatology service of many countries have given inadequate attention to the effective integration of nursing expertise within secondary and primary care settings. Both developing and indeed many developed countries who would benefit require a service delivery model that provides skin care focused at a primary care level supported by the nursing service, drawing on and cascading specialist expertise that are often based in secondary healthcare facilities. This can only be achieved through clarifying the needs for the dermatology service and examining which nursing interventions, such as those of patient teaching to enhance treatment adherence, complement the service provided by dermatologists and other physicians.

A potentially effective model for delivering skin care worldwide is a community outreach process in which nurses help to transfer specialist skin care expertise to primary care staff and communities from specialist, often urban, hospital centers. While many skin care problems are managed in the community, primary healthcare teams often do not have the specialist skills needed to manage skin care problems effectively. Therefore, it remains the case, as argued previously,[7] that attention is given to the educational process by which knowledge and skill are transferred by nurses across the secondary and primary health sectors, through staff and patients.

In many respects, the challenge in all countries is broadly the same; namely, to find effective ways of diffusing this expertise to the majority who need it, who are based in the community. This may be seen in the development of dermatology nursing in South Africa, extending across the vast African continent, to the extensive evolution of nurse-led clinics by clinical nurse specialists in the UK, and the delivery of care by nurse practitioners in North America. Some of these initiatives are illustrated later, but all are designed to promote access to scarce dermatological expertise. In the UK, there have been moves to develop access to specialized expertise on a large scale through, for example, the nurse-led Eczema Education Programme at St Thomas' Hospital, London, where a specialist dermatology nurse is cascading dermatological nursing expertise to primary care nurses.[7] By virtue of the appropriate nature of their nursing expertise and their relatively large number, nurses are well placed to address the extensive large scale of health needs, especially when supported by the expertise of dermatologists. Therefore, the model has application in enhancing access to skin care expertise in countries with both underdeveloped and advanced health services. In developing countries – with the threat of infection and infestation – the focus is on maintaining skin hygiene and integrity. In developed countries, there is a need for nurses to help patients manage chronic illness, supporting self-management and health promotion, and addressing the problem of poor treatment adherence. This means that nurses may also play a central role in promoting new models of service delivery and providing educational support to ensure effective patient involvement in their management, as well as the evaluation of care and policy development.

An early example of the systematic application of such a model was illustrated by the Project Uniderm initiative, developed with UNESCO by the International Foundation of Dermatology (IFD) for the International Committee of Dermatology in 1997, further developed by the work of its Regional Training Centres in Tanzania (RDTC) and Guatemala.[3] The curriculum on dermatology and epidemiological expertise at the RDTC was aimed at nurses and allied health professionals through a 2-year course of study, whose work of more than 200 graduates has been disseminated across Africa as staff migrated to their home countries where dermatological and nursing expertise may be limited. They were equipped to provide a lead role in delivering skin care expertise and influencing effective health policy in their varied communities. Subsequently, this approach has been developed also in South Africa, led by the nursing and dermatology team at the University of Cape Town; further details are given later. A less resource-intensive version of the model was further extended by the IFD into Guatemala. There was a missed opportunity here to involve nurses in curriculum development, and to enhance the skin care and educational skills of the trainees to ensure they were fully equipped for the challenge.

Areas of nursing expertise that are directly relevant to preventing or managing skin disease and its physical, psychological and social consequences include:

1 health promotion and patient teaching;
2 aiding comfort (physical, psychological and social), symptom alleviation, and promoting psychological adaptation and coping;
3 promoting function and independence in activities of daily living;
4 administering therapeutic regimes, and enhancing patient and family adherence through education;
5 promoting skin hygiene and effective routine skin care to maintain skin and tissue integrity;
6 coordination of care.

Penzer and Ersser[8] expand on such nursing expertise, applied to the skin care dermatological field, in an evidence-based text.

In developed countries, the emergence of nurse practitioner roles with greater decision-making autonomy reflects a response to deliver health care to those whose needs are otherwise poorly met, often due to their geographical remoteness from urban facilities and/or the chronic nature of their disease. In countries such as the UK, where general practitioners control access to specialist medicine, specialist nurses are working closely as a resource with primary care physicians and nurses. Some degree of role blurring is bound to occur as nurses and allied health workers undertake some responsibilities previously performed by doctors; however, nurses maintain the core functions described above. It is important that medical and nursing expertise is carefully integrated and held in balance to maintain optimum therapeutic benefit. There is a need to debate these issues to establish what constitutes the most effective delivery models in different care contexts, and nurses are involved directly in this process, both at a strategic and policy level and at a practical service delivery level. The detailed analysis of this issue is beyond the scope of this paper.

ISNG

If nursing is to highlight and develop its contribution to skin care and dermatological needs worldwide and promote access to high-quality care, then a strategic response is required. No international nursing organization that focused on skin care and dermatology existed before the ISNG was established and formally launched in 1999 at the VIII International Congress of Dermatology in Cairo. It was established to improve skin health and skin care worldwide through promoting the contribution of the nursing service as a key resource. ISNG has focused on creating educational opportunity for nurses, role development, and there is potential for further research evaluation of skin care dermatology nursing to determine its precise contribution, which ISNG are promoting.

The founding ISNG members confirmed their commitment to the aims of the group and agreed that there was the need to build an expert international committee. The overall aim of the group has been to enhance international nursing standards of practice, education, policy, management and research related to care of the skin, and sexually transmitted disease. The specific objectives of ISNG include: (i) promote nursing education, development and evidence-based practice for nurses related to skin health and skin care; (ii) facilitate collaboration with nursing networks and other health professionals on skin health and skin care; (iii) raise awareness of skin disease and skin health as a public health concern of significant impact on individuals and populations; (iv) highlight the lack of support and resources for nursing that prevents realization of the full potential to meet skin care-related health needs; (v) promote nursing involvement in international dermatology policy-making; and finally (vi) maintain an expert nursing Advisory Group to provide a resource on nursing-related skin health and skin care. ISNG is essentially a networking and nursing expertise-based organization that provides a basis and focus for bringing skin care nurses together to promote nursing education, and develop the contribution and capacity of dermatology nurses worldwide to meeting skin care needs.

In its launch year, ISNG secured charitable and unrestricted sponsorship to appoint a Project worker (Rebecca Penzer) for 3 years at the University of Southampton School of Nursing in the UK, to develop a base for ISNG and enhance its contribution. The inaugural Advisory Board was set up chaired by the nurse Dr. Steven Ersser, supported by nursing activists and senior influential nurse leaders from across most continents. They are complemented by an Indian dermatologist, Dr. Vineet Kaur, an established supporter of nursing development.

ISNG membership varies, but ISNG have had up to 265 members from over 30 countries. It has created educational opportunities, and stimulated development and debate in other continents, with initiatives countries such as India, South Africa – as well as in the USA and Australia – often linked to existing dermatology conventions. Only a limited number of developed countries have well-established national dermatology nursing groups. ISNG has supported the development of skin care within various regions of the world, and has supported some national dermatology groups that are starting out, such as the Australian group (ADNA) in its early stages.

The ISNG is now going into its 12th year, having grown and developed significantly over time. Further changes are imminent. Since May 2010 the new Board Chairperson and ISNG President is Corinne Ward, a Tissue Viability Specialist Nurse from Malta, former President of the Maltese Nursing Association, and the European Chair of the Commonwealth Nurses Federation. ISNG has an established website http://www.isng.org and a London-based Secretariat.

International affiliates, development and recognition of the nursing contribution

By 2010, ISNG was a legally incorporated organization, with a Secretariat based in London. Prior to the set up of ISNG, the International Skin Care Nursing Working Group was the precursor group to ISNG, harnessing nursing expertise through the development of ISNG. The group consists of nurses representing 13 countries and some medical colleagues, supporting our aims. The vision and planning for an international nursing networking group was established through a working group that met in 1998 at Oxford Brookes University in England. Professor Terence Ryan was invited to be a member of this working group, which sought to learn from the experience of medicine in developing the international dermatology organizations.

ISNG has gained in recognition over the last decade with its affiliation to the International League of Dermatology Societies (ILDS) in 2010 and that with the International Council of Nurses (ICN) in 2003. Since 2008, ISNG has been recognized as the nursing sister society to the European Academy of Dermatology and Venereology (EADV). ISNG also has links with important bodies such as the International Foundation of Dermatology (IFD), with whom ISNG share many objectives. Through these various bodies, ISNG has focused on promoting and developing educational opportunities for dermatology nurses and skin care expertise as a fundamental nursing activity for all nurses. ISNG continues to lead the nursing meetings at the World Congress of Dermatology (2002, 2007 and 2011) and since 2009 at the autumn EADV event.

Illustrations of the nursing contribution and capacity building

Public health contributions of the nursing service: morbidity control of lymphatic filariasis

From its inception, ISNG has sought to collaborate not only with dermatology initiatives but also with major skin-related public health programs. One such example is that from 2000, ISNG linked with the World Health Organization, transcending the normal scope of dermatology through promoting effective skin care within the WHO lymphatic filariasis morbidity control program. Lymphatic filariasis is a highly successful parasitic infestation and a major cause of disability worldwide, affecting an estimated 120 million people.[9] It is prevalent in Africa, southern Asia, the western Pacific Islands, the Atlantic coast of South and Central America, and the Caribbean. Morbidity control depends on effective skin care to reduce lymphadenitis within the lymphedematous limb and urogenital tissue. Edematous limbs are in part caused by damaged lymph vessels due to the presence of filarial worms. Greater damage and disfigurement are caused by the constant bacterial infections to which edematous legs are prone, causing inflammatory responses and leading to elephantiasis. These clinical effects can have a huge impact on quality of life, but these can be ameliorated through relatively simple skin hygiene and moisturization measures, coupled with elevation and gentle exercise, that can significantly decrease the incidence of these inflammatory episodes and many cases sufficient to reduce the deformity caused by edema. Nursing skills are most important here to help provide an effective educational support program, working in close conjunction with key members of local communities, to enhance take up and disease control. ISNG was involved in developing skin care program and educational material for testing in parts of Africa on fundamental skin care; ISNG members tested these through ethnographic fieldwork. This is a tangible example of how nurses with skin care expertise

could be harnessed to significantly impact on major international public health problems.

Region-specific contributions and capacity building

ISNG has worked in various regions of the world to examine and develop the contribution of nurses, mainly through creating educational opportunities and promoting awareness of different models of intervention and service delivery through the nursing service. In addition, we highlight here briefly key national nursing dermatology organizations, which ISNG seeks to link with and collaborate with, as well as supporting also those nurses in the vast majority of countries that have no dermatology-specific nursing organization. These are now illustrated in some of the major regions of the world.

Developments in Asia: the case of India

Raising awareness of the potential of dermatology nurses to enhance the quality and reach of the service delivery is a precursor to developing practice. ISNG has played a key role in this area mainly through initiatives in India. Dermatology nursing was first introduced to India as a concept in 2004 at the national conference of the Indian Association of Dermatologists, Venereologists and Leprologists (IADVL) in Mumbai, where Board member Dr. Vineet Kaur organized a special focus session on dermatology nursing.

Since that year, rapid development in recognition and involvement has taken place. Each year since 2004 these focus sessions have become an integral part of the national conference, providing a unique platform for discussion on this important topic. International speakers have shared their experiences with the Indian audiences and highlighted the contribution of nurses trained in skin care. After the initial resistance, dermatologist colleagues have gradually accepted the invaluable role trained dermatology nurses can play as members of dermatology teams. There have been various initiatives around the country in departments of dermatology with renewed thrust on training nurses working in wards and outpatient departments. This has extended to encompass other health professionals, such as auxiliary nurse midwives.

Based on the impact of the joint efforts of the ISNG and the IADVL, Dr. Kaur has been appointed as the national coordinator of a Special Interest Group on Dermatology Nursing within the IADVL. The group is now focused on examining the standardization of training for nurses at the pre-registration level throughout the country by producing a national curriculum and then holding training workshops. The task group comprises three ISNG Board members and a range of prominent Indian dermatologists, including those from the military. This will require further work with the Indian Nursing Council, which oversees nursing education in India.

Further developments in South East Asia have taken place recently. The concept of dermatology nursing as a specialist area was introduced in Nepal at the South Asian Regional Conference on Dermatology (SARCD) in Kathmandu in 2009. ISNG developed a special focus session on dermatology nursing for the first time. This was well received and will now be carried forward to future meetings.

Developments in Africa

Much of the work of ISNG in Africa has focused on Tanzania and, more recently, on South Africa, which serves as a key education base for specialist dermatology nurses in Africa. In South Africa, with a critical shortage of doctors, nurses have had to expand their roles in order to meet the demand for adequate healthcare services especially in the community and rural areas. There is approximately one dermatologist per 4 million of the population. Among registered South African dermatologists, 90% serve 20% of the population that are in the private sector. Some of these dermatologists do part-time work together with the remaining 10% serving the public sector, mainly in tertiary institutions in cities. In the rural areas, there has always been a lack of adequate dermatological resources.

To meet the demands for dermatological care in the primary care setting a dermatology training course for nurses was developed in 1997 by the Division of Dermatology at the University of Cape Town. The 2-month full-time course is run annually for post-qualified registered nurses working at primary care clinics. The principle was not to train nurses as dermatologists, but to provide them with knowledge of basic dermatology. The nurses have now been educated to diagnose, treat and provide practical management of common skin disorders, such as eczema, psoriasis, bacterial and viral infections, fungal infections and the effects of parasites and arthropods on the skin. With the very high incidence of HIV-infected patients in this country, many complicated by tuberculosis and being treated with multidrug therapy, the incidence of drug reactions is rising rapidly, which includes those that are life threatening. As such, nurses are being taught to recognize all life-threatening skin disorders and to recognize when patients need referral for specialist treatment. At the end of September 2010, a total of 150 registered nurses had completed the course from a number of African countries, including South Africa, Zambia, Zimbabwe, Botswana, Niger, Sierra Leone and Kenya. On their return to their respective workplaces, the majority of these nurses have established a dermatology day care service in their communities. In some rural areas

nurses have no access to dermatologists and need to work alone. However, the remainder of them have direct access to dermatologists at the tertiary hospitals by either telephone or tele-dermatology. Pat Kelly, Chief Professional Nurse, Dermatology Nurse Tutor and ISNG Board member, is the coordinator of the dermatology course. She remains in contact with the nurses and advises them when necessary in establishing day care clinics in their communities.

The above model has relied on effective nursing and dermatology collaboration and joint development initiatives. This has extended to the promotion of educational opportunities for continuing education and a bringing together of nurses and dermatologists. In 2006, Pat Kelly organized the First National Dermatology Nursing Symposium in Durban, South Africa: ''Recognizing Specialist Dermatology Nursing in Africa'' running parallel to the 59th Annual Dermatology Congress. The nursing symposium was fully supported and sponsored by the Dermatology Society of South Africa (DSSA). This landmark event sought to empower, re-affirm the invaluable role of nurses in skin care, and highlight the specialist skills of specialist dermatology nursing. In 2008, the Second National Dermatology Nursing Symposium ''National Developments in Skin Care Nursing'' took place, ISNG organized a similar event with DSSA in Cape Town, to continue to highlight the contribution nurses could make to dermatology care in Africa.

In 2010, a significant breakthrough occurred with the accreditation approval of a Post-Graduate Diploma in Dermatology Nursing curriculum by the University of Cape Town, through joint working of the Divisions of Dermatology and Nursing and Midwifery to establish one of only a few such courses in the world. Students will be accepted into the course from August 2011, with preference being given to nurses working in primary care. Such an approach promotes the sustainability of a model that is helping to cascade expertise across the continent.

Developments in the European Union (EU)

The EU has some of the world's most established dermatology nursing groups, including that in the UK, the British Dermatological Nursing Group (BDNG), which was established in 1989 and is supported by a Professional Officer, Susan Maguire, a former President and now ISNG Board member. In Scotland, a Scottish Dermatological Nursing Society has been founded and chaired in 2003 by Barbara Page, who is now Honorary Chair and an ISNG Board member supporting EU development. The UK also has a well-established Dermatology Special Interest Group of the Royal College of Nursing. In Ireland, an Irish Dermatology Nurses Association has also been established.

Aside from the UK and Ireland, there is also a Dutch Skin Care Nursing Society. In Scandinavia, there are three organizations where nurses in dermatology care, skin care and some wound care can network. They mostly take care of the professional interest of the group and arrange a seminar each year. The specific groups are as follows: the Danish group is called Fagligt Selskab for Dermatologiske Sygeplejersker. They are organized as a part of the Danish Nursing Association*, and their current chairperson is Mette Lund-Jacobsen. The Norwegian group is also a subgroup of the Norwegian Nurses Association, and has been established for 20 years. Their group is called NSFs faggruppe for sykepleiere i Dermatologi. The Swedish organization is called DVSS, Dermatologi och Venereologi Sjuksköterskor i Sverige. DVSS is linked to the Swedish Nursing Association, but nurses can also link in with the Swedish Society for Dermatology & Venereology. The three Scandinavian organizations collaborate, so two persons from Norway and Denmark meet at the Swedish year meeting (conference).

From an early stage, the ISNG realized that it would be important for nurses to build their relationship with the EADV, the European Academy of Dermatology and Venereology. In 1999, the ISNG Board supported instigation of the European Skin Care Nursing Network (ESNN) in Amsterdam through one of its Board members, Jos Lablans from Holland, who became its first President. Subsequently the group strengthened and put on nursing educational meetings from 2002 up until 2007, with events in Prague, Barcelona, Paris, Florence, London, Greece and Vienna. In 2008 the final President of ESNN, Barbara Page, explored with Professor Ersser the scope for mutual benefit for ESNN to integrate with ISNG; this was undertaken in 2008 when ESNN was dissolved, with ISNG picking up the liaison role, with EADV as its nursing sister society. The first integrated meeting with ISNG at EADV in Berlin in 2008 followed this. Between 2008 and 2010 moves were made to strengthen this relationship, and these started to come to fruition in 2010. At the EADV in Gothenburg 2010, ISNG staff and other national dermatology nursing organizations met with EADV representatives, including Professor Wojnarowska, agreeing to pursue the strengthening of individual nursing members of the EADV, and the aim in the long term to become specialist members as they make a major contribution to the care of skin and venereology patients. It was proposed that national dermatological nursing societies in Europe, including ISNG, be admitted as supporting membership by Professor Katsambas at the OGM; this was supported by President Frank Powell. It was also proposed that an EADV nursing committee be formed to promote nursing membership, facilitate contact among European nurses, communicate with tissue viability organizations in Europe, and facilitate further connections with nursing societies further afield in North America,

Australia and Eastern Europe. It was also proposed that the EADV nursing education program be supported, as diminishing time for meetings of sister societies had been allocated. This would be a vehicle for future theoretical and practical courses and clinical visits. In time, it is hoped that a nursing representative will become a member of the EADV Board and its key committees to provide effective integration of nursing expertise.

ISNG has also been active in Malta through the work of the Board member and latterly current SNG President Corinne Ward. She has organized a number of educational activities, including a nursing meeting at the EADV meeting (2003) and the ISNG conference. "Skin and Wound Care Through the Ages" was held in December 2005, in conjunction with the Malta Association of Skin and wound Care (MASC), the Maltese Tissue Viability Unit and Directorate Nursing Services of Malta. Amongst other key topics, they even provided a specific opportunity to evaluate the services provided for patients with diabetic foot ulcers in Malta (2009). The Maltese Association of Dermatology through the work of Professor Joseph Pace has been an established supporter of nursing development in dermatology services and latterly through the EADV.

North America

The USA has the most developed, longest established and largest dermatology nursing organization in the world, the Dermatology Nursing Association (DNA). DNA supports the development of this speciality in the USA and Canada, and was formalized in 1981. The DNA has grown to over 3000 members with 26 local chapters. The first issue of DNA's first journal, *Dermatology Nursing*, was published in 1989; its current journal is the *Journal of the Dermatology Nursing Association (JDNA)*. Early explorations to form links with the DNA were made between the ISNG Board during a visit to a DNA convention in 2001 by Dr. Ersser with past and then present DNA Presidents, Nancy Vargo, Noreen Nicol and Janice Harris. This meeting explored potential contributions of DNA in developing skin care nursing worldwide. Noreen Nicol, former DNA President, took the role of DNA liaison to ISNG and ISNG Board member linked to North America. ISNG was identified as a partner organization for a period. At a later stage, DNA Presidents Robin Weber and Cathy Boeck supported further links to ISNG, with specific support for the ISNG-led nursing meeting at the World Congress of Dermatology in 2007. Dr. Ersser subsequently worked as Research Advisor to DNA, to enhance the scientific development within the organization, which provided an opportunity to highlight the work of ISNG and develop an international perspective as a basis for development.

ISNG has also formed links with the Dermatology Nursing Institute (DNI) in the USA. DNI is not another nursing association. DNI is an educational vehicle that advances dermatology nursing practice and patient care. The relationship between ISNG and its North American partners is mutually important, given the level of development of dermatology nursing in the USA, the global reach of ISNG, and the scope for mutual support.

Conclusions

This paper has argued the importance of the contribution of nursing to aid in the effective provision of dermatology service worldwide. If greater access to high-quality services is to be provided, especially to those poor rural communities, nurses will be key partners with other healthcare providers dedicated to meeting the world's skin care needs. Nurses are the largest group of health professionals worldwide, and almost certainly the largest providers of skin care. Nursing and medicine are only at an early stage of exploring and developing effective service delivery and intervention models that enhance the complementary working of dermatology specialist nurses and dermatologists. The development of nursing practice and policy requires nursing expertise to be harnessed to enable those who need it to access the resource. In turn, nurses must network and exchange information internationally with each other and dermatologists and primary care staff to help organize a strategic coordinated response and develop effective models of service delivery, if the initiative is to have wide global impact. Such efforts are being instigated and illustrated here by the International Skin Care Nursing Group, which is now established and recognized as the international voice of dermatology nursing after 12 years of activity. The call to consider where the dermatologist's contribution may circumscribe and how it may be complemented is reflected in the millennium issue of *Archives of Dermatology* by Professor Robin Marks (2000: p. 79)[10], who in his paper on "Who will advise patients about matters dermatological in the new millennium?" stated:

> "*Dermatologists have been accused of thinking that they are the only people who know about skin diseases and that they are the only people sufficiently qualified to treat them. How true is this and is it likely that dermatologists are going to be the major sources of advice on dermatological matters in the new millennium?*"

Nurses are now providing leadership in making the case for the public health importance of healthy skin, complementing that highlighting the importance of dermatological disease and its impact worldwide made by dermatologists. The success of the initiatives, such as

those led by ISNG and others from national dermatology nursing organizations, will depend on effective leadership and coordination, a strong spirit of cooperation and exchange amongst nurses, and close collaboration with and support from medical colleagues.

The ISNG is committed to developing the model of practice described. Dermatologists worldwide are gradually acknowledging the crucial role that nursing has to play in strategic planning of skin care services and they remain the principal policy makers. There would be much to benefit policy development through greater formalized involvement of nursing in all key international dermatology organizations, including the ILDS, IFD, International Society of Dermatology, the EADV and indeed key national groups such as the American Academy of Dermatology. To draw attention to the significance of skin-related health needs and build our capacity to respond as a health care team, it is necessary to achieve a united voice from all key health professionals on the level of suffering, disability and poverty created by skin disease.

Nurses have a key role to play in developing appropriate community-based skin care services around the world. We welcome membership of and our ability to contribute along these lines to the International Society of Dermatology's Task Force for Community Dermatology. Through our united expertise and collective endeavors such as this, we are better placed to provide the capacity needed to meet global skin care and dermatological needs, promoting wellbeing and quality of life, whether supporting those living with chronic dermatoses or the infestations and infections that have a major impact in resource-poor countries.

As described in the Editorial by Professor Terence Ryan introducing this series of papers, the *Task Force for Skin Care for All: Community Dermatology* acknowledges three groups of skin care professionals: (i) dermatologists and dermatology nurses; (ii) wound and lymphedema managers; and (iii) those involved in helping to support those living with neglected tropical diseases. As argued above, there have been interventions by ISNG that overlap with the activities of all three groups. In the future, it is our hope that there will be greater collaboration with The World Alliance of Wound and Lymphoedema Care as the route to collaboration with the WHO; indeed "alliance" will be a key strategic imperative in our view. ISNG may indeed become a key route to funding better low-technology skin care as some of these groups develop more complex skills attracting sources of funding not likely to be attractive to, for example, the cosmetic surgery field, which is now such a dominant component of the dermatology field. The development of community dermatology and the work of the International Foundation for Dermatology may be a preferred alliance with nursing in the efforts to secure much needed public health investment.

References

1 Ersser SJ, Penzer R. Meeting skin care nursing needs: harnessing nursing expertise at an international level. *Int Nurs Rev* 2000; **47**: 167–173.
2 Finlay AY, Ryan TJR. Disability and handicap in dermatology. *Int J Dermatol* 1996; **35**: 305–311.
3 Ong P, Ryan TJR. *Healthy Skin for All: A Multi-faceted Approach*. London: Keith Williams, 1998.
4 Grossman H. *Community dermatology- a response and challenge of dermatological health for all*. Hamburg, Germany: European Conference on Tropical Medicine, 1995.
5 Ryan TJ. Worldwide strategy for skin health in a financial strait jacket. *Int J Dermatol* 1992; **31**: 416–421.
6 Ryan TJ. Caretaking of the skin and leadership in public health: for poverty alleviation dermatology's low technology is needed. *Int J Dermatol* 2007; **46**: 51–56.
7 Farasat H, Ersser S, Jackson K, Dennis H. Evaluation of an eczema education programme in a London borough. *Dermatol Nurs* 2010; **22**: Jan–Feb: 32–34.
8 Penzer R, Ersser SJ. *Principles of Skin Care: A Guide for Nurses and Other Health Care Professionals*. Oxford: Wiley-Blackwell, 2010.
9 Dreyer G, Figueredo-Silva J, Neafie RC, Addiss DG. Lymphatic filariasis. In: Nelson AM, Horsburgh CR Jr, eds. *Pathology of Emerging Infections* 2. Washington, DC: American Society for Microbiology, 1998: 317–342.
10 Marks R. Who will advise patients about matters dermatological in the new millennium? *Arch Dermatol* 2000; **136**: 79–80.

