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Confidence of Irish dermatologists in caring for patients with skin of colour

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The first dermatology textbooks and atlases appeared in print in Western Europe at the turn of the 19th century, creating a publication bias towards dermatoses in lighter skin tones. Skin of colour (SOC), a term originating in North America, describes a genetically and culturally heterogenous group of people whose skin is more darkly pigmented than that of white Europeans. According to the 2016 Irish census, 7% of Irish people have SOC. [1] The aim of this study was to assess Irish dermatologists' confidence with dermatoses in patients with SOC, and to identify opportunities to enhance training in dermatology in patients with SOC.

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An online survey was distributed to all members of the Irish Association of Dermatology (IAD) by email. Questions related to demographic details, training in dermatology of SOC, and confidence with dermatology of SOC.

Of 140 members of the IAD, 56 members responded to the survey, equating to a response rate of 40%. Most respondents were female (87.5%) and white (98.2%). Registrars made up 51.8% of respondents, consultants 42.9%, and senior house officers 5.4%. Most (87.9%) respondents had predominantly trained on the island of Ireland (Table 1).

Only 23.2% of members reported receiving formal training in dermatology in SOC (Figure 1A). Half (50%) of members were 'not confident' or 'not at all confident' in diagnosing skin conditions (Figure 1B) and one-third (33.9%) were 'not confident' or 'not at all confident' in managing skin conditions (Figure 1C) in patients with SOC. Lack of exposure was cited as the biggest challenge to looking after patients with SOC by 60.7% of participants (Figure 1D), which was unsurprising as 67.9% of respondents estimated that <5% of their patients had SOC. Specific conditions that were noted to be difficult to diagnose or manage included (i) inflammatory dermatoses (n=29) such as atopic dermatitis and lupus, (ii) pigmentary disorders (n=16) such as melanocytic naevi and vitiligo, and (iii) keloid scarring (n=4). Suggested solutions to improving knowledge included dedicated study days, online resources, cultural training, and dedicated teaching clinics.

This study shows that Irish dermatologists have low confidence in diagnosing and managing conditions in people with SOC. This is consistent with a previous study that showed that only 56% of Australian dermatologists were confident in diagnosing and 75% confident in managing common dermatoses in patients with SOC. [2] This discrepancy in confidence between skin types is important as patients with more darkly pigmented skin are more likely to have negative outcomes from dermatologic disease, including melanoma. [3] It has recently been shown that white skin is over-represented in images of Covid-19-associated-eruptions. [4] With growing awareness of racial equity in medicine, [5] efforts are being made to increase the availability of clinical images highlighting the appearance of dermatoses in SOC. Resources to improve education in SOC include the Skin Diversity Subcommittee of the British Association of Dermatologists, Skin Deep (https://dftbskindeep.com/), and the Skin of Colour Society (https://skinofcolorsociety.org/).

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Irish dermatologists have low confidence with skin pathology in SOC, and specific training could reduce this disparity.

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Table

		n(%)
Gender	Male	7 (12.5%)
	Female	49 (87.5%)
Age	<30 years	11 (19.6%)
	30-45 years	28 (50%)
	>45 years	17 (30.4%)
Ethnicity	White Irish/British/European	55 (98.2%)
	Other*	1 (1.8%)
Grade	Consultant	24 (42.9%)
	Registrar	29 (51.8%)
	Senior House Officer	3 (5.4%)
Dermatology training scheme locations †	Republic of Ireland	43 (73.6%)
	Northern Ireland	8 (14.3)
	England (London)	3 (5.4%)
	England (outside London)	7 (12.5%)
	USA	2 (3.6%)
	Australia	1 (1.8%)
Estimated patients with SOC in clinics	<5%	37 (66.1%)
	5-10%	15 (26.8%)
	>10%	4 (7.1%)

Table 1. Respondent characteristics.

*Not specified for confidentiality reasons †More than one may apply

Figure Legends

Figure 1A. Assessment of previous formal training in dermatology in skin of colour (n=56).

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Figure 1B. Assessment of confidence in diagnosing skin conditions in patients with skin of colour (n=56).

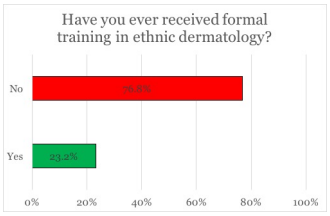
Figure 1C. Assessment of confidence in managing skin conditions in patients with skin of colour (n=56).

Figure 1D. Respondent rankings of challenges to care of patients with skin of colour (n=56).

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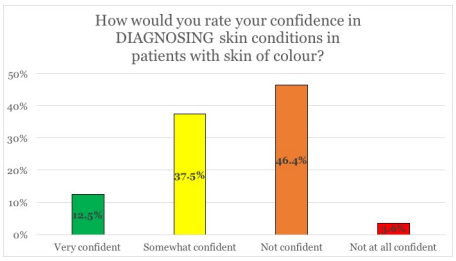
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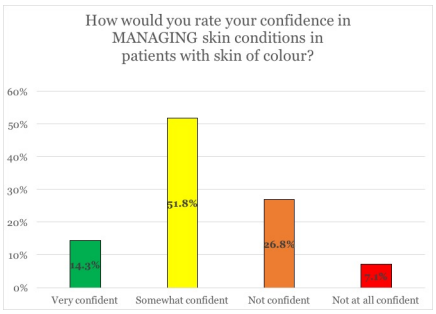
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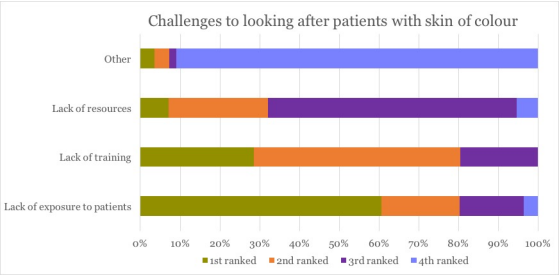
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