

Health workforce and psoriatic disease

Psoriatic disease is an autoimmune disease that includes two specific inflammatory conditions. The two conditions, psoriasis and psoriatic arthritis, result from an overactive immune system.

Psoriatic disease is a chronic disease and, in many cases, requires lifelong care, monitoring, and continuous management. The quality of treatment and disease management is dependent mainly on the health workforce. The healthcare workforce is responsible for providing/prescribing the right treatment, monitoring the disease evolution, and providing prompt diagnosis and management of comorbidities. Lack of healthcare workers or skills within the workforce results in diagnostic delays or errors, poor treatment and, consequently, uncontrolled disease development and comorbidities. The shortage of health care workforce poses an existential threat to public health systems.

What is at stake?

People with psoriatic disease are generally treated by their general practitioner (GP). If their symptoms are particularly severe or not responding well to treatment, their GP may refer them to a dermatologist.

Although most dermatologists are familiar with skin lesions of psoriasis, they may be less accustomed to musculoskeletal manifestations of psoriatic arthritis and lack the training to provide psychological support for patients¹. Recognising and managing comorbidities such as psoriatic arthritis is essential for the holistic care of people with psoriatic disease². GPs and dermatologists should be aware of the signs and symptoms of psoriatic arthritis and other comorbidities. Yet, a lack of adequate training of GPs and other healthcare professionals (HCPs) results in low awareness of psoriatic disease³. This lack of awareness of the clinical spectrum of psoriatic arthritis, which is compounded by short consultation appointments that prevent a thorough clinical examination, contributes to the substantial unmet needs among people with psoriatic disease^{1,2,4}. Even if

About the thematic briefs

The 2022 IFPA Forum will bring together stakeholders from the psoriatic community to develop a roadmap for action and promote regional uptake and implementation of the recommendations put forward in the World Health Organization (WHO)'s Global Report on Psoriasis. The Forum discussion will focus on the most pressing unmet needs of people with psoriatic disease and the quality of care. It will be structured around the following five themes:

- **Psoriatic disease, mental health, stigma, and quality of life**
- **Health workforce**
- **Access to early diagnosis, proper treatment, and financing for psoriatic disease**
- **Involving patients and patient organisations in decision-making processes**
- **Digital transformation and telemedicine**

symptoms are apparent, HCPs who lacks specific knowledge about psoriasis and psoriatic arthritis may not recognise the seriousness of the condition².

For an accurate diagnosis of psoriatic arthritis, a referral to a rheumatologist is necessary. Improving health service coverage and realising a high standard of care for people with psoriatic disease depends on the availability, accessibility, acceptability, and quality of health workers³. Without enough well-trained professionals, it is impossible to provide high-quality and universally accessible health services to meet the health care needs of people with psoriatic disease and other conditions.

Even after a diagnosis of psoriatic disease, there are challenges associated with treating the condition. Psoriatic disease is often undertreated, despite the availability of effective therapies⁵. Healthcare specialists lack knowledge or experience to treat skin conditions⁵. For instance, in the UK, there is inadequate education in medical schools and a lack of standardised mandatory training for GPs⁶. On average, UK medical students, receive no more than six days of training in dermatology in undergraduate training even though a quarter of GP appointments concern the skin⁶. A more able primary care workforce would reduce the pressure on secondary care.

Policy and practice in Europe

Across Europe, the availability of dermatologists is relatively heterogeneous. Survey data on dermatologists in European countries ranged from 15 dermatologists per 1 million inhabitants in Ireland to 100 dermatologists in Greece⁷. The weighted mean of European physicians with dermatological specialty was about 50 dermatologists per 1 million inhabitants, while in some large European countries like Germany, France, and Italy indicated 60 to 70 dermatologists per 1 million inhabitants⁷. Collectively, among 33 European countries surveyed, the percentage of dermatologists per practicing physician was merely 1.51%, weighted by the number of inhabitants⁷.

In settings with limited access to health care professionals, the lack of access to medical specialists, including dermatologists, rheumatologists, psychiatrists, cardiologists, and pediatricians, is even more acute³. In Europe, the projected demand for adult rheumatology providers

is estimated to greatly exceed the clinical full-time practitioner workforce by up to 102 % by 2030, which stresses the need for innovative strategies to manage access to health care⁸ and the need for increasing the health workforce supply. Shortages in the health workforce in Europe have proved a challenge in access to care, particularly for personalised treatment and management of the disease. There is a need to increase the skills and capacity of primary HCPs for psoriatic disease diagnosis, treatment, and management.

The uneven geographic distribution of the health workforce and difficulties in recruiting and retaining health care professionals in remote and sparsely populated areas is another challenge in many European countries⁹. In all countries, the density of physicians is generally greater in urban regions⁹, reflecting the concentration of specialised services such as dermatology in urban centres and physicians' preferences in living and practice in cities. Technologies, services, and tools for telemedicine in Europe are increasingly becoming an integral part of the health care system to bridge the gaps in care that can arise from provider shortages⁸.



Acting on health workforce shortages

1. Umbrella organisations of health care providers (HCP) must strengthen pathways for physicians and nurses (clinicians) recruitment and retention. Long-term support for health workforce development must be institutionalised to continue a recruitment and retention initiative.
2. The usage of telemedicine should be implemented in response to the projected shortages in the clinical workforce. The development of telemedicine guidelines tailored to the needs of people with psoriatic disease

to ensure continual care is a critical step to standardising the use of telemedicine. The goal is to inform enhanced care provision and address access and physician workforce shortages.

3. The development of solutions such as teledermatology can also contribute to faster dermatological diagnosis in countries with a lack of skin care specialists. Guidelines for training people with psoriatic disease and clinicians should be established to use eHealth systems efficiently.



Key takeaway

Increasing the connection between different health care professionals is crucial, considering that psoriatic disease may have a range of comorbidities requiring other specialists.

About IFPA

Founded in 1971, IFPA is the international federation of psoriatic disease associations. We are the psoriatic disease community. Our members represent over 60 million people living with psoriatic disease. Together, we advocate for progress.

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