

MINI REVIEW



## Supporting skin health in the community: A review of pharmacist-led care models

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### ABSTRACT

Community pharmacists are among the most accessible healthcare professionals and possess substantial pharmaceutical expertise, yet their potential remains underutilized, particularly in the management of dermatological conditions. As the healthcare system shifts toward more patient-centred care, pharmacists are increasingly positioned to play a vital role in supporting the safe and effective use of medications. Dermatology represents a significant area of unmet need within primary care, with many individuals self-managing chronic skin conditions such as eczema and psoriasis. This highlights an opportunity for pharmacists to facilitate informed self-care and improve long-term treatment outcomes through medication therapy management and patient counselling. To explore this potential, a literature review was conducted to evaluate the role of community pharmacists in dermatological care. The findings suggest that pharmacists can positively impact self-care for minor skin conditions, though their diagnostic capabilities in dermatology require further development. While preliminary evidence supports their role in managing long-term skin diseases, robust data on clinical outcomes remain limited. Overall, community pharmacists could play a meaningful role in dermatologic care, but further research is needed to define the scope, training needs, and effectiveness of their involvement in this field.

### KEYWORDS

Community pharmacists;  
Skin problems; Eczema; Skin conditions;  
Patient-centered care;  
Medication therapy management

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### Introduction

Skin conditions are a widespread health concern in the UK, with a significant proportion of the population affected annually. In 2006, nearly 24% of the population, around 13 million individuals, consulted their General Practitioner (GP) for a skin-related issue, making dermatological problems the most common reason for new patient consultations in primary care [1]. Similarly, a 2005 online survey of 1,500 adults found that 54% had experienced a skin problem in the previous 12 months.

While GPs serve as the gateway to the National Health Service (NHS), evidence indicates that many individuals choose to manage skin conditions independently. A community-based prevalence study involving 614 participants revealed that 22.5% had skin conditions deemed to require medical attention. Despite this, only 21.5% had consulted their GP within the past six months. Notably, self-care was frequent-31% of individuals with moderate to severe acne relied on self-management compared to only 12% who sought medical treatment [2].

These insights underscore the increasing relevance of self-management in dermatological care and point to a valuable opportunity for community pharmacists to contribute meaningfully in this area. Several UK health policy initiatives have advocated for an expanded scope of pharmacy practice, particularly in promoting self-care and enhancing accessibility to frontline healthcare services. While precise data on the number of dermatology-related consultations within community pharmacies remains limited, the potential for pharmacist involvement is considerable [3]. A wide range of skin conditions can be effectively addressed in pharmacy

settings, and consumer interest is reflected in over-the-counter (OTC) purchasing patterns- skin care products represent 17% of all OTC sales in the UK.

This review examines the available evidence on the effectiveness of pharmacist-led interventions in dermatological care, with a focus on their role in supporting self-care, enhancing treatment adherence, and improving patient outcomes in community settings.

### Skin Conditions Encountered by Community Pharmacists

Two observational studies conducted in community pharmacy settings during the 1990s provided valuable insights into the types of symptom-based issues encountered by pharmacists, particularly those related to dermatology. In research, skin-related concerns were identified as the second most frequently reported category of symptoms, accounting for 23.1% of cases [4]. These included complaints such as rashes, insect bites, and verrucae. Conversely, a study by Smith and Salkind indicated that dermatological issues comprised 12% of symptom-driven consultations, which included conditions like urticaria, acne, eczema, sunburn, and moles.

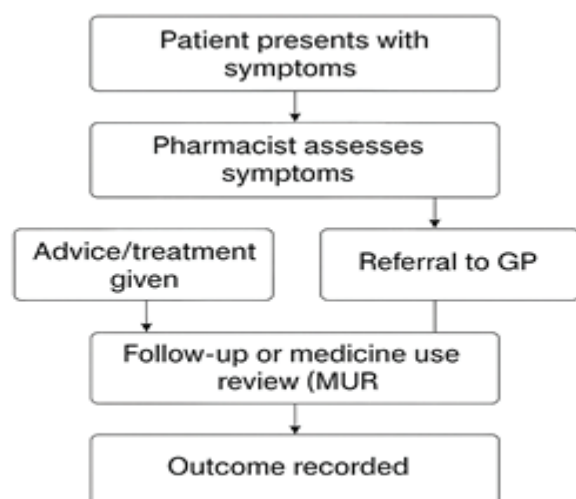
The study documented 735 cases, with the most common issues being head lice (16.3%), insect bites (13.3%), dry skin (10.3%), warts GP and urticarial rashes (9.1%), and acne (5.1%).

The majority of respondents (78%, n = 780) identified dry skin as the most frequent concern, followed by eczema or dermatitis (72%) and thrush (66%). Pharmacists were also asked to list the three most common skin problems they

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encountered during both summer and winter seasons. Interestingly, just seven conditions made up over 80% of responses (Figure 1) [5]. Although these findings were based on self-reported perceptions rather than direct clinical encounters, the frequently mentioned conditions—such as dry skin, dermatitis, and fungal infections—aligned closely with those identified in earlier observational research.



**Figure 1.** Pathway of managing skin conditions in a community pharmacy.

### Dermatological Diagnostic Ability of Community Pharmacists

When individuals present to community pharmacists with undiagnosed dermatological symptoms, the pharmacist plays a critical role in determining the appropriate course of action. This involves assessing whether the skin issue can be safely managed using "OTC" treatments available in the pharmacy or whether it requires referral to a "GP" for further investigation [6,7]. To make this judgment effectively, pharmacists must possess a foundational level of diagnostic competence, enabling them to differentiate between minor, self-limiting conditions and more serious dermatological issues that necessitate medical intervention.

To date, only a limited number of studies have examined pharmacists' ability to handle dermatological cases in real-world settings. Three small-scale studies have attempted to evaluate pharmacists' clinical decision-making skills when faced with patients seeking advice for skin problems. In one such study involving consumers who had visited community pharmacies for skin-related concerns, 58% ( $n = 105$ ) of respondents reported being satisfied with the advice and care they received [8]. This suggests a moderate level of public confidence in pharmacists' capabilities to manage common skin conditions and offer appropriate treatment or guidance.

In addition to community pharmacy settings, further evidence of pharmacists' effectiveness in dermatology comes from two studies conducted in UK male prisons. These studies evaluated the impact of pharmacist-led dermatology clinics on the health outcomes and satisfaction of incarcerated individuals. The first study found that 96% of inmates ( $n = 102$ ) reported an improved understanding of their skin condition after receiving care at the clinic. In the second study, 85% of

participants ( $n = 106$ ) reported that their skin condition had improved, rating it as "better" or "much better" following treatment [9]. Moreover, 97% of those surveyed expressed a willingness to use the pharmacist-led service again for future skin concerns.

These findings collectively suggest that pharmacists, when provided with appropriate training and support, can effectively contribute to dermatological care. Their role in managing minor skin conditions and enhancing patient knowledge and satisfaction, particularly in underserved or specialized environments like prisons, indicates promising potential for wider implementation of pharmacist-led dermatology services.

### Supporting Patients with Long-Term Skin Conditions

Patients suffering from chronic skin conditions such as eczema, psoriasis, and atopic dermatitis often face long-term challenges that require not only consistent treatment but also ongoing support to ensure the safe and effective use of their prescribed therapies. These individuals frequently manage their conditions at home, which places a strong emphasis on self-care and medication adherence. However, research has shown that many patients lack adequate guidance on how to properly use their medications, particularly topical agents that require specific application techniques and schedules for optimal benefit [10,11].

A focus group study conducted with individuals living with psoriasis highlighted this concern. Participants expressed a clear desire for more personalized advice and education about their treatments. Despite this demand, many reported that they had not received sufficient information or support from healthcare providers. The study revealed a significant gap in the provision of medicine management, indicating a critical opportunity for healthcare professionals, especially pharmacists, to step in and fulfill this unmet need.

In the United Kingdom, the introduction of the Medicines Use Review (MUR) service in 2005 was a strategic move to improve the management of long-term conditions by involving community pharmacists more directly in patient care. The MUR service is structured to provide patients with a dedicated time to review their medications with a pharmacist, address concerns, identify usage issues, and improve understanding of their treatment regimen [12]. This approach is particularly relevant for patients with chronic dermatological conditions, where adherence to treatment plans—such as regular application of emollients or corticosteroids—is crucial for managing flare-ups and maintaining skin health.

Government health policy documents, such as the white paper *Choosing Health through Pharmacy*, have recognized the importance of pharmacists in chronic disease management and explicitly encourage their involvement in MURs for conditions requiring complex self-management. Community pharmacists, due to their accessibility and frequent interaction with patients, are ideally positioned to provide these reviews and offer ongoing medication-related support.

Supporting this policy direction, a national survey was conducted to assess how extensively MURs were being implemented by community pharmacists for patients with long-term skin conditions. The findings revealed that 44% of pharmacists ( $n = 866$ ) had conducted MURs for dermatological

conditions. When pharmacists were asked to rate their confidence in performing MURs specifically for dermatology patients on a five-point scale, the average confidence score was 3.5, suggesting a moderate level of self-assurance. However, the study did not evaluate the direct clinical outcomes of these interventions, leaving open the question of whether MURs lead to measurable improvements in disease severity or quality of life for dermatology patients [13]. Despite this, evidence from other chronic conditions, such as asthma, suggests that pharmacist-led MURs can significantly improve symptom control and adherence.

In addition to MURs, several smaller studies have explored the specific impact of pharmacist-led interventions on dermatological outcomes. One such study demonstrated that when pharmacists provided advice on the proper use of emollients, children with eczema experienced a noticeable reduction in symptom severity. Another study focusing on patients with atopic eczema found that pharmacists were able to identify a total of 1,597 drug-related issues among 370 patients. Notably, concerns surrounding the use of topical corticosteroids accounted for 20% of these issues. In response, pharmacists made 1,747 interventions, the majority of which (76%) were delivered through verbal counseling and education [14,15]. This study concluded that pharmacists are well-equipped to resolve many of the common medication-related concerns experienced by patients with chronic skin diseases.

A further study reinforced these findings by showing that pharmacist counseling significantly improved patients' willingness to use topical corticosteroids. The study emphasized that many patients initially harbored fears or misconceptions about these medications, often leading to underuse or non-adherence. With targeted education from pharmacists, however, patients became more comfortable with their treatment, ultimately improving therapeutic outcomes.

Together, these studies present a compelling case for the enhanced role of community pharmacists in the management of chronic skin conditions. By offering personalized medication reviews, addressing patient concerns, and providing clear, evidence-based guidance on therapy use, pharmacists can make a meaningful contribution to improving patient outcomes and quality of life in dermatological care.

### Health Promotion in Dermatology

Community pharmacists have long been recognized for their valuable role in promoting public health and engaging in preventative healthcare initiatives. In the field of dermatology, one of the most significant contributions pharmacists can make is educating the public on effective sun protection practices to help reduce the risk of developing skin cancer [16]. As skin cancer remains one of the most common and preventable forms of cancer, targeted health promotion in this area is particularly critical.

A study conducted in Arizona aimed to evaluate pharmacists' knowledge of skin cancer and their involvement in prevention counseling. The findings revealed a moderate understanding, with the average knowledge score being 5.8 out of a possible 10 [17]. Interestingly, the pharmacists' depth of knowledge about melanoma and other forms of skin cancer was found to be more strongly linked to personal experience-such as

having a family member affected by the disease and years of professional experience, rather than formal education or training in dermatological care.

Further evidence supporting the role of pharmacists in sun safety education comes from a randomized controlled trial conducted. The study investigated the effect of a targeted training program on pharmacists' counseling behavior regarding skin cancer prevention. When exposed to standardized patients who presented situations where sun protection advice was appropriate, pharmacists who had received the training were 66% more likely to provide counseling compared to those in the control group [18]. This significant increase in intervention rates suggests that with the right educational tools and training, pharmacists are well-positioned to act as front-line educators in skin cancer prevention.

### Patient Perspectives

A focus group study exploring the perspectives of healthcare professionals, including dermatologists, nurses, and pharmacists-investigated their roles in the management of dermatological conditions. Pharmacists in the study viewed themselves as playing a dual role: serving as initial points of contact for screening skin issues and as the final checkpoint before treatment, ensuring patients understood and adhered to the guidance originally provided by physicians [19]. Additionally, pharmacists emphasized their responsibility in reinforcing key information shared by doctors and verifying patient comprehension to promote proper care.

On the other hand, some patients reported experiencing inconsistencies in the advice received at the pharmacy, which occasionally conflicted with the information given by other healthcare providers. While there was a consensus among participants that each healthcare professional offered a complementary role in skin problem management, an evident communication gap was identified between pharmacists and other healthcare providers. This disconnect has raised concerns about the clarity and utilization of pharmacists' roles in dermatology care.

In another recent qualitative investigation focused on patient behavior, researchers examined why individuals often seek support from community pharmacies for undiagnosed skin concerns. The study found that patients were primarily drawn to pharmacies due to the ease of access and convenience, the professional nature of the advice available, and the ability to quickly determine if a referral to a physician was necessary. Additional factors included the patients' familiarity and comfort with their local pharmacist, as well as the perception that their skin issues were minor and could be managed without a doctor's visit.

These findings highlight the untapped potential of community pharmacists in dermatology and underscore the need for clearer definitions and improved integration of their role within the broader healthcare team.

### Possible Future Developments

Future developments in community pharmacy's role in managing skin conditions are poised to enhance patient care



through several key advances. One important area is strengthening collaboration between pharmacists and other healthcare professionals, such as dermatologists and general practitioners. Improved communication channels and referral pathways could ensure that patients receive consistent advice and coordinated treatment, addressing current gaps where conflicting guidance can cause confusion. Another significant development involves expanding and standardizing dermatology-specific education and training for pharmacists. By incorporating focused modules into pharmacy degree programs and offering ongoing professional development, pharmacists will be better equipped to accurately assess, diagnose, and manage minor skin conditions. This will increase their confidence and reduce discrepancies in patient counseling. Moreover, pharmacies may begin offering specialized dermatological services, including dedicated skin health consultations, minor ailment clinics, and medicine use reviews tailored to chronic skin diseases like eczema and psoriasis. Such services would support patients in effective self-management, improve treatment adherence, and potentially reduce the burden on primary care [20]. Overall, these advancements will help clarify and expand the pharmacist's role in dermatology, making them an accessible, trusted resource for skin health advice and management, ultimately improving patient outcomes and satisfaction.

## Conclusion

Community pharmacists have significant untapped potential in the management of dermatological conditions, particularly in supporting patient self-care and improving treatment outcomes for chronic skin diseases. As easily accessible healthcare professionals, pharmacists are well-positioned to offer timely advice, reinforce treatment regimens, and guide patients in the effective use of both prescribed and over-the-counter therapies. However, to fully realize this potential, there is a need for clearer role definition, enhanced dermatological training, and improved collaboration with other healthcare providers. Establishing specialized dermatology services within community pharmacies and integrating pharmacists more fully into the dermatology care pathway could lead to more consistent, patient-centred care. By addressing current gaps and investing in targeted education and interprofessional support systems, community pharmacists can play a more prominent and effective role in dermatological health management, ultimately leading to better patient experiences and clinical outcomes.

## Disclosure statement

No potential conflict of interest was reported by the authors.

## References

1. Le Roux E, Edwards PJ, Sanderson E, Barnes RK, Ridd MJ. The content and conduct of GP consultations for dermatology problems: a cross-sectional study. *Br J Gen Pract.* 2020. <https://doi.org/10.3399/bjgp20X712577>
2. Zureigat M, Fildes K, Hammond A, Mullan J, Bonney A, See JA. General practitioners' attitudes towards acne management: 'Psychological morbidity and the need for collaboration'. *Aust J Gen Pract.* 2019;48(1/2):48-52. <https://doi.org/10.31128/AJGP-06-18-4609>
3. Pathak GN, Chandy RJ, Shah R, Feldman SR. The Pharmacist's role in dermatology: Patient medication adherence. *J Dermatol.* 2023;50(9):1099-1107. <https://doi.org/10.1111/1346-8138.16895>
4. Chahine B, Cherfane M, Sakr F, Safwan J, Dabbous M, Akel M, et al. Community pharmacists' perceptions and role in the management of common dermatological problems in Lebanon: a cross-sectional study. *Int J Pharm Pract.* 2021;29(6):573-579. <https://doi.org/10.1093/ijpp/riab056>
5. Cowdell F, Dyson J, Long J, Macleod U. Self-reported skin concerns: an epidemiological study of community-dwelling older people. *Int J Older People Nurs.* 2018;13(3):e12195. <https://doi.org/10.1111/opn.12195>
6. McPhillips H, Wood AE, Harper-McDonald B. Critical thinking and diagnostic reasoning when advanced practitioners assess and treat skin conditions. *Br J Nurs.* 2021;30(22):1278-1286. <https://doi.org/10.12968/bjon.2021.30.22.1278>
7. Cayci AB, Rathbone AP, Lindsey L. Practices and perceptions of community pharmacists in the management of atopic dermatitis: a systematic review and thematic synthesis. *InHealthcare.* MDPI. 2023;11(15):2159. <https://doi.org/10.3390/healthcare11152159>
8. Giua C, Floris NP, Schlich M, Keber E, Gelmetti C. Dermatitis in community pharmacies: a survey on italian pharmacists' management and implications on corticophobia. *FARMACIÁ.* 2021;68(3):671-677. <https://doi.org/10.3897/pharmacia.68.e70452>
9. Pathak GN, Chandy RJ, Shah R, Feldman SR. The Pharmacist's role in dermatology: Patient medication adherence. *J Dermatol.* 2023;50(9):1099-1107. <https://doi.org/10.1111/1346-8138.16895>
10. Tull TJ, Jackson K, Smith CH, Pink AE. Developing an online patient education resource for topical therapy: a pilot study. *Br J Dermatol.* 2020;182(2):508-509. <https://doi.org/10.1111/bjd.18443>
11. Bazen A, Sevagamoorthy A, Barg FK, Takeshita J. 417 Adherence to topical therapy for atopic dermatitis: barriers and facilitators. *J Investig Dermatol.* 2020;140(7):S54. <https://doi.org/10.1016/j.jid.2020.03.425>
12. Kayyali R, Gebara SN, Hesso I, Funnell G, Naik M, Mason T, et al. Shared decision making and experiences of patients with long-term conditions: has anything changed? *BMC Health Serv Res.* 2018;18:1-10. <https://doi.org/10.1186/s12913-018-3575-y>
13. Latif A. Community pharmacy medicines use review: current challenges. *Integr Pharm Res Pract.* 2018;83-92. <https://doi.org/10.2147/IPRP.S148765>
14. Lau WM, Donyai P. Knowledge, attitude and advice-giving behaviour of community pharmacists regarding topical corticosteroids. *Pharm.* 2017;5(3):41. <https://doi.org/10.3390/pharmacy5030041>
15. Cheong JY, Hie SL, Koh EW, de Souza NN, Koh MJ. Impact of pharmacists' counseling on caregiver's knowledge in the management of pediatric atopic dermatitis. *Pediatr Dermatol.* 2019;36(1):105-109. <https://doi.org/10.1111/pde.13708>
16. Mir JF, Estrada-Campmany M, Heredia A, Rodríguez-Caba C, Alcalde M, Espinosa N, et al. Role of community pharmacists in skin cancer screening: A descriptive study of skin cancer risk factors prevalence and photoprotection habits in Barcelona, Catalonia, Spain. *Pharmacy Practice (Granada).* 2019;17(3). <https://doi.org/10.18549/PharmPract.2019.3.1455>
17. Lucas MA, Loeschler LJ, Pacheco CL. Nurse practitioners' knowledge of prevention guidelines and counseling practices related to primary prevention of skin cancer among adolescents in Arizona. *J Dermatol Nurses Assoc.* 2016;8(6):368-377. <https://doi.org/10.1097/JDN.0000000000000257>
18. Henrikson NB, Morrison CC, Blasi PR, Nguyen M, Shibuya KC, Patnode CD. Behavioral counseling for skin cancer prevention: evidence report and systematic review for the US Preventive Services Task Force. *JAMA.* 2018;319(11):1143-1157. <https://doi.org/10.1001/jama.2017.21630>
19. Pathak GN, Chandy RJ, Shah R, Feldman SR. The Pharmacist's role in dermatology: Patient medication adherence. *J Dermatol.* 2023;50(9):1099-1107. <https://doi.org/10.1111/1346-8138.16895>
20. Harvey J, Shariff Z, Anderson C, Boyd MJ, Ridd MJ, Santer M, et al. How can community pharmacists be supported to manage skin conditions? A multistage stakeholder research prioritisation exercise. *BMJ open.* 2024;14(1):e071863. <https://doi.org/10.1136/bmjopen-2023-071863>