Many years ago, as the nurse practitioner (NP) role was continuing to unfold and new NPs were exploring many different venues for practice, I remember reading an article written by a dermatologist. He claimed that he was quite supportive of the NP role, but after a trial using an NP in his office, he had concluded that it was a specialty role that was not really appropriate for an NP. There was little information presented about how he had reached that conclusion. I do remember that he concluded that even most physicians know little about dermatology and would require extra education and experience to adequately care for the many dermatology problems seen in primary care.

What the author did not address in his brief article was whether NPs could learn to address the common dermatology problems seen in practice if they also had additional education and experience. I suspect we all believe now that the answer would be “yes.”

Dermatologic problems are almost universal in our patients. If you closely examine the skin of your patients, you will probably find some abnormality in every one of them. Many clinicians admit they feel uncomfortable with the diagnostic and evaluation process required for dermatology problems. Not only are we uncomfortable; we know that an inaccurate or missed diagnosis may mean pain, irritation, or discomfort for the patient; at the worst, it may mean a missed diagnosis of skin cancer that can have significant consequences. Thus, referral to a specialist is the common course for both physicians and nurses for common derm problems.

Over the past 10 years, an increasing number of nurses and NPs have been employed in dermatology and cosmetology practices. They have created their own role there. How has that happened? Advances in technology that allow nurses to consult electronically with dermatology specialists at another site—either dermatologists or dermatopathologists, advanced photographic and diagnostic databases that can be accessed in practice, and greater specialty education such as that instituted by the University of South Florida’s doctorate of nursing practice Dermatology Residency Program have all helped the nursing profession, and NPs in particular, to develop their dermatologic assessment and diagnostic skills.

The successful expansion of NPs into dermatology practice has not gone unnoticed by our dermatologist colleagues. Many derm NPs are now feeling legislative and regulatory pressure initiated by organized medicine that is reminiscent of problems seen with expansion of other NP roles. The ability for derm NPs to practice ultimately may depend upon continued support of other nursing groups, such as the American College of Nurse Practitioners, to help represent this new group of NPs.

As editors and board members of the Journal for Nurse Practitioners, we have spoken to many readers as we travel to different conferences. We have heard that dermatology is one of the areas in which you desire more specialty information. To meet this need, in early 2012 we introduced the department, “Discerning Dermatology,” edited and occasionally written by Miriam Kravitz, a board member from the National Academy of Dermatology Nurse Practitioners. We are pleased now to feature this specialty issue that focuses on dermatology issues of which NPs should be aware. We hope JNP will be part of your continuing dermatology education and practice resources.