

# Submission : Inquiry into skin cancer in Australia

House of Representative Committee Inquiry into Skin Cancer in Australia  
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Dear Committee,

I am a General practitioner who also works in a skin cancer clinic in Sydney. I have an interest in the management of skin cancers. I have a fellowship with the Royal Australian College of Dermatology (RACGP) and have completed the Certificate of Primary Skin Cancer Management with the Australian College of Dermatology (ACD) and RACGP.

I would like to submit some comments about skin cancer management at the general practice level.

Dermatology training at an undergraduate level, I believe and so would most of my colleagues is poor. I can remember having, maybe, 2 hours of formal training. Understandingly it is probably not the scope for all doctors to need to learn about skin cancer diagnosis and management at an undergraduate level. For prospective fellows of general practice, whether it be through the RACGP or the Australian College of Rural and Remote Medicine, it would therefore fall under their respective training schemes. Formal training with dermatologists would be ideal but the demand for time with the amount of trainees would be significant. General practice supervisors have varying degrees of expertise leading to varying levels of training. I would be interested to see how many newly graduated general practitioners (GPs) feel competent with skin cancer management. Most would be worried about missing a melanoma let alone trying to reduce the amount of excisions required to diagnose one.

There are currently three major groups providing formalised training for GPs. These being through the ACD/RACGP joint Certificate of Primary Skin Cancer Management, through the University of Queensland and Healthcert and through the Skin Cancer College of Australia and New Zealand. These training schemes seem to at least give a basic level of competency but are not necessarily equivalent. Doing a course with one of these groups is not a requirement for GP training.

Skin cancers in Australia are and will remain a major problem. Despite this the GP red book, which is the RACGP publication that helps GPs determine what diseases to screen for, does not recommend formalised skin cancer screening. It does however say to do it opportunistically. In a busy normal general practice setting this is not easy and never takes

just a few minutes, especially if there is any further management to be done. For most this means rebooking at another time. I have found from working in 2 different settings that it is much easier to manage skin cancers from a dedicated practice. There is less time wasted as the clinic room is set purposely for that reason. Many procedures can be done on the spot reducing time and need for multiple bookings. Having other colleagues who are also working there allows for more opinions about suspicious lesions. I was interested in reading Prof Sinclair's experience at St Vincent's in terms of setting up a triage. There they had a number of general practitioners, in his case 4, and one dermatologist. This looks to be an efficient model. How that would work within the Medicare framework would be harder. Rural settings would be even harder.

I would also like to submit that the PBAC look at the effectiveness of field treatment to treat solar keratosis. Cost for the patient is always an issue. For cryotherapy, if 10 lesions are removed then the cost is usually carried by Medicare not by the patient. But if there is a field of change which would be more appropriately treated with a field treatment then the cost is entirely carried by the patient, unless they are DVA patients. Pensioners especially are unfairly disadvantaged. In some of those cases it is monetary concerns that drives the patient to have to return for multiple and often futile attempts at further cryotherapy. I wonder much that costs for Medicare.

Skin Cancer management is a major burden for the Australian community. I hope the committee will be able to help manage this burden.

Yours sincerely,

Felix Choi