



## Federal Pre-Budget Submission 2022-23

January 2022

## About the College

The Skin Cancer College Australasia (SCCA) is the non-profit peak body representing more than 1,150 primary care skin cancer doctors across Australia and New Zealand who provide diagnosis and management of skin cancer.

The SCCA is a self-funded organisation created by general practitioners (GPs) in 2012 to meet the growing demand for clinical education to allow primary care doctors to confidently manage the huge volume of skin cancer cases seen in daily practice. SCCA conducts more than 20 education programs each year reaching around 600 doctors and nurses annually.

More than 95 per cent of SCCA members are fully qualified, registered and practising GPs, who have proactively self-funded their continued education in skin cancer medicine. Many SCCA members are rural and remote practitioners, offering services where specialist dermatologists are unavailable.

### Our Purpose

Australia and New Zealand have the highest incidence of skin cancer in the world. The Skin Cancer College Australasia exists to foster and support the development of primary health care professionals to combat skin cancer and save lives. We achieve this through education, research, advocacy and standards.

### Our Goal

To be the most recognised, respected and trusted body representing primary care skin cancer professionals.

A new genre of medical college centred on inclusive support for all health professionals engaged in the battle to conquer skin cancer.

Where profits have a purpose and skills can grow.

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## Executive Summary

This submission confirms the vital role of primary care skin cancer doctors in managing Australia's most common cancer – especially in regional and rural communities where access to specialist dermatologist services is either very limited or completely unavailable.

### This submission seeks policy support for these initiatives:

1. Ensure GPs continue to control primary care skin cancer education and training.
2. Formal recognition of GPs with a specific interest in skin cancer medicine.
3. Implementation of an accreditation program for primary care skin cancer clinics based on the National Safety and Quality Primary and Community Healthcare Standards.

The SCCA rejects the opinion of some medical colleges that primary care skin cancer doctors have:

- a) placed the Australian public at risk of unnecessary medical procedures,
- b) raised concerns for patient safety and outcomes,
- c) contributed to unnecessary patient and Government expenditure.

## The Facts

### The disease burden

Skin cancer is the most common cancer affecting 2 in 3 Australians by age 70<sup>1</sup>. Medicare records show there are over 950,000 paid Medicare services for non-melanoma skin cancers each year – more than 2,500 treatments each day<sup>2</sup>. This is far more than can be managed by the very small dermatologist workforce in Australia, especially in regional and rural areas.

There are only 550 practicing dermatologists in Australia, and the Department of Health predicts a shortage of 90 full-time equivalent dermatologists by 2030.<sup>3</sup> Fewer than 10 per cent of dermatologists currently base their practice outside of Australia's capital cities.<sup>4</sup>

Within Australia, **skin cancers are the most common cancer managed by general practitioners (GPs)**, who have historically been the first port of call for patients seeking an examination for skin cancer. GPs who focus on skin cancer play a vital role in the diagnosis and management of skin conditions, **especially in geographic areas with limited specialist access.**<sup>5</sup>

In regional areas, GPs with additional peer-reviewed skin cancer education qualifications and accreditation provide vital primary care skin cancer management. A study of Australian GPs showed higher diagnostic accuracy among GPs who specialised in skin cancer, compared to GPs with a broad scope of general practice.<sup>6</sup>

The clinical services routinely provided by GPs include excision biopsies of lesions requiring histological analysis and/or wide local excision of confirmed malignancies. These treatments of skin cancer are safely performed under *local anaesthesia* in hundreds of skin cancer clinics and general practices every day across Australia.

### Access to care is not equitable

Affordability is a barrier to health care for many Australians. **Many of the skin cancer services provided by SCCA members are bulk billed, making access to quality care affordable**, especially for those who cannot afford to consult a specialist. For rural and regional patients, consulting a specialist is made even more expensive by the addition of travel and accommodation costs to visit an urban centre.

Although skin cancer is less common among Aboriginal and Torres Strait Islander people, there is a disproportionately high incidence in these communities of other skin conditions including scabies, atopic dermatitis and contact dermatitis caused by environmental and occupational factors. Regional and rural GPs with a specific interest in skin cancer also provide vital services to manage these skin conditions.

### The risk to patient outcomes

The Australasian College of Dermatologists has sought to make the delivery of primary care skin cancer diagnosis and treatment into a turf war. Surely, we are above this? Collaboration versus confrontation is the sensible approach.

**The public's need and what is best for health outcomes is the only thing that should drive government policy.** Patient safety is not at risk when seeking treatment from fully qualified and registered GPs who choose to focus on skin cancer. However, patient safety, morbidity and mortality will be greatly at risk if provision of skin cancer services is restricted to dermatologists only.

Wait times will blow out for surgical excision of life-threatening melanoma, with the obvious sequelae to that. Medicare costs will increase accordingly, as patients will then require further and more extensive treatment rather than a simple and timely/early excision. Patient outcomes will be compromised.

### Community awareness

The March 2015 Report on the Inquiry into Skin Cancer in Australia House of Representatives Standing Committee on Health<sup>7</sup>, contained the following recommendation:

*Recommendation 5: The Committee recommends that the Department of Health consider the effectiveness of public awareness campaigns to increase the awareness of the need for skin checks, especially strategies to target high risk groups.*

**The SCCA has taken action on skin cancer community education by providing free resources** to raise awareness of skin cancer risk and the importance of early detection.

The SCAN YOUR SKIN program has been developed **at no cost to the Commonwealth.**

It includes a simple skin cancer risk prediction tool together with an easy to use guide for recognising the early signs of skin cancer. Plus a [video guide to skin self-examination](#).

In 2021 there were more than 10,000 unique visitors to the [scanyourskin.org](http://scanyourskin.org) website.



**INITIATIVE 1 – Ensure GPs continue to control primary care skin cancer education and training**

**The Issue:**

There is no evidence of adverse patient outcomes where skin cancer treatments are provided by GPs in primary care settings. Accordingly, there is no evidence of inferior clinical skills and knowledge resulting from GP education programs which are designed, delivered and assessed by GPs. Peer-to-peer learning is the established best-practice model for post-graduate applied clinical education within all medical specialties.

Dermoscopy is an essential and leading practice tool used by GPs for diagnosis of skin cancer and melanoma. Dermoscopy gives better detail of the lesion in question rather than simple vision alone. Dermoscopic images can be electronically stored and forwarded to colleagues for a second opinion, as well as for diagnostic correlation with pathology.

Despite the unquestioned efficacy of dermoscopy, the following recommendation from the March 2015 Report on the Inquiry into Skin Cancer in Australia House of Representatives Standing Committee on Health<sup>7</sup>, has *not* been implemented:

*Recommendation 8: Proficiency in the use of the dermatoscope be included in the practical component of all undergraduate medical courses and in rural nursing training courses.*

The SCCA delivers high-quality, evidence-based dermoscopy training to around 350 GPs and practice nurses *each year*. This training is peer-reviewed, practical and includes lectures delivered by experienced skin cancer GPs, dermatologists and surgeons.

Since its inception in 2012, the SCCA has delivered high quality, evidence-based clinical education to more than 6,000 primary care doctors and nurses in Australia. In addition, the [SCCA Accredited Skin Cancer Doctor](#) program identifies GPs who have completed significant extra study and passed rigorous assessment in the diagnosis, treatment and management of skin cancer. Maintaining accredited status requires skin cancer specific ongoing professional development.

SCCA accredited skin cancer doctors meet the criteria to safely undertake office-based surgery as described in the position paper by The Royal Australasian College of Surgeons (RACS), the Australian and New Zealand College of Anaesthetists (ANZCA) and the Australian Society of Plastic Surgeons (ASPS).<sup>8</sup>

The criteria are:

- Registered with AHPRA as a qualified medical practitioner.
- Have a good understanding of local anaesthetic dose calculation and toxicity profile.
- Certified in basic life support with access to appropriate resuscitation equipment.<sup>9</sup>

**Actions required:**

1.1 Avoid policies which remove or limit the ability of GP-driven, non-profit bodies to deliver proven primary care skin cancer education programs which are **fully independent of government funding**.

**Benefits:**

- 1.2 Maintain the availability of robust peer-to-peer GPs training in skin cancer diagnosis and treatment.
- 1.3 Optimise upskilling of the GP workforce to manage Australia’s most common cancer.
- 1.4 Improve early detection of skin cancer which reduces the cost to the health system and improves patient outcomes.

## INITIATIVE 2 – Formal recognition of GPs with a specific interest in skin cancer medicine

### The Issue:

There is currently no mechanism for formal recognition of GPs with a specific interest in skin cancer by the Department of Health, Services Australia, Medical Board of Australia or the Australian Health Practitioner Regulation Agency (AHPRA).

The inability to identify and differentiate GPs with a specific interest (GPSi) results in:

- a) lack of awareness that most skin cancers can be successfully managed in a primary care setting without the need for a specialist referral or waiting for availability of a specialist appointment;
- b) repeated requests from the Department of Health to GPs who focus on skin cancer medicine to explain why their MBS billing does not match the typical billing pattern for other GPs; and
- c) the inaccurate and unjustified perception that doctors working in dedicated primary care skin cancer clinics are not adequately trained, do not provide high-quality patient care, and are over-charging patients and the government.

GPs who have invested their personal time and money to improve their skills, and to focus their practice on skin cancer diagnosis and treatment should not be singled out and criticised; they should be championed and applauded for providing vital services to manage a disease burden which is beyond the capacity of the specialist workforce. They should be recognised by the government and the wider profession for their skills.



In 2015 the SCCA introduced an accreditation program for primary care skin cancer doctors. Currently there are over 650 doctors accredited under the program. This is more than the entire dermatologist workforce.

Accreditation cannot be purchased; it must be earned through significant additional study and passing rigorous assessment. Eligible studies to achieve accredited status can be completed with the SCCA, the University of Queensland, and a limited range of other providers.

### Actions required:

- 2.1 Recommend administrative change to the classification and registration of medical practitioners by AHPRA to allow formal recognition of sub-specialisation by GPs.
- 2.2 Support adoption of the [SCCA Accredited Skin Cancer Doctor](#) program as a robust system for credentialing of GPs with a Specific Interest in skin cancer – GPSi, skin cancer.

**Benefits:**

- 2.3 Provide an accurate understanding of the volume and type of services delivered by GPSI, skin cancer.
- 2.4 Allow patients to easily identify GPs with advanced skills in skin cancer diagnosis and treatment and feel confident about seeking care.
- 2.5 Improve early diagnosis and reduce poor outcomes for regional and rural patients where access to specialist dermatologists is limited or unavailable.

**INITIATIVE 3 – Implementation of an accreditation program for primary care skin cancer clinics based on the National Safety and Quality Primary and Community Healthcare Standards**

**The Issue:**

GPs who are the owners and principals of primary care skin cancer clinics are very willing to implement robust processes to support patient safety and quality of care.

The SCCA has support from the Australian Commission on Safety and Quality in Health Care (the Commission) to use the newly released [National Safety and Quality Primary and Community Healthcare Standards](#) (the National Standards) as the basis of an accreditation program for stand-alone primary care skin cancer practices.

The National Standards aim to protect the public from harm and improve quality providing a nationally consistent framework for delivering health care.

Where the National Standards are implemented, patients can be confident that their healthcare service is committed to delivering and continuously improving safety and quality.



**Action:**

- 1.1 At no cost to the Commonwealth, support the SCCA to develop resources to assist primary care skin cancer clinics to implement the National Standards.

**Benefits:**

- 1.2 Under a collaborative agreement, the Commission will provide oversight of resources developed by SCCA to support practice accreditation, plus provide direct reporting back to SCCA of areas of low compliance which can be improved through focussed education and tailored resources. SCCA will provide direct input to the Commission to inform further development of resources to encourage quality assurance and continuous improvement in primary healthcare settings.

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