



THE AUSTRALASIAN COLLEGE
OF DERMATOLOGISTS

Skin cancer - When to see a health professional?

It Australia has one of the highest skin cancer rates in the world. At least 2 in 3 Australians will be diagnosed with skin cancer in their lifetime.¹

Most skin cancer cases in Australia are due to excessive exposure to ultraviolet radiation (UV),² making skin cancer one of the most preventable cancers. Increasing community awareness of skin cancer prevention, good sun protection behaviours and early detection are key to reducing the risk of skin cancer.

The Australasian College of Dermatologists (ACD) has developed a fact sheet that provides information on seeking advice from a health professional.

For more information about skin cancer statistics in Australia, see College's statement on the [Impact of Skin Cancer in Australia](#).

ACD Recommendations

- ✓ Check all areas of your skin regularly. Be alert to any new or changing moles and spots and if you notice anything new or different over 4-6 weeks, see your general practitioner (GP) promptly.
- ✓ GPs remain at the front line of skin cancer detection as they have the knowledge and skills to perform skin checks and minor procedures, discuss your individual skin cancer risk and provide advice on the frequency of surveillance or the need for specialist dermatologist care.
- ✓ Skin cancer clinics are practices which are predominantly staffed by GPs. GPs working in skin cancer clinics may have chosen to undertake some additional training, although no special qualifications are required to work in these practices.
- ✓ People who are at high risk of skin cancer or have a suspicious mole or spot which may require complex care should be referred to a dermatologist by their GP or skin cancer clinic.
- ✓ Dermatologists are medical specialists – doctors with an additional four years' training and experience specifically in the diagnosis and treatment of skin diseases and skin cancer. Dermatologist are trained to recognise and differentiate between changes in the skin that may indicate cancer. As specialists, dermatologists have expert knowledge in the many ways skin cancers can be treated and will work with you to develop the best treatment plan.
- ✓ Dermatologists will work with other medical specialists, such as plastic surgeons, cancer surgeons and medical and radiation oncologists, depending on the patient's diagnosis and treatment needs. Some dermatologists have also undertaken further ACD-accredited post Fellowship training in Mohs surgery, histopathology, and skin reconstruction.

¹ Olsen CM, Pandeya N, Green AC, Ragaini BS, Venn AJ, Whiteman DC. [Keratinocyte cancer incidence in Australia: a review of population-based incidence trends and estimates of lifetime risk](#). Public Health Res Pract 2022 Mar 10; 32(1) Available from: <http://www.ncbi.nlm.nih.gov/pubmed/35290995>

² Olsen CM, Wilson LF, Green AC, Bain CJ, Fritschi L, Neale RE, et al. [Cancers in Australia attributable to exposure to solar ultraviolet radiation and prevented by regular sunscreen use](#). Aust N Z J Public Health 2015 Oct;39(5):471-6 Available from: <http://www.ncbi.nlm.nih.gov/pubmed/26437734>.

When should I go to a GP?

If you notice any new or changing moles and spots over 4-6 weeks, you should see your general practitioner (GP) promptly.

GPs remain at the front line of skin cancer detection. They have the knowledge and skills to perform skin checks, discuss your individual skin cancer risk and provide advice on the frequency of surveillance or the need for additional specialist medical care. GPs can also remove small pieces of tissue (also known as biopsy) to confirm a diagnosis of skin cancer and perform minor excisions and other treatment options.

GPs are the appropriate coordinator of primary patient care. Your GP will have an overarching view of your medical history, previous treatments and relevant morbidity, as well as any other factors which may impact your health.

Your GP should refer you to a specialist dermatologist for a skin check, assessment or treatment if you are at high-risk of skin cancer or have a suspicious or confirmed mole that requires more complex care.

If you are concerned about skin cancer, you can ask for a referral to see a dermatologist.

As GPs represent the first line of patient care, they are encouraged to undertake upskilling and continuing medical education in skin cancer surveillance and management.

Should I go to a skin cancer clinic?

Skin cancer clinics are practices predominantly staffed by GPs with an interest in skin cancer. GPs working in skin cancer clinics may have chosen to undertake some additional training, although no special qualifications are required to work in these practices. Some clinics also employ doctors with no GP training.

Like standard GP practices, they provide a primary service. While no referral is needed, it is important to be aware that there is no requirement for skin cancer clinics to report outcomes from your visit back to your regular GP. Going to a skin cancer clinic for a skin check and to a GP for other health concerns may result in you having multiple primary care providers.

Research has shown that GPs working in general practice and those working in skin cancer clinics diagnose skin cancer with similar accuracy.³ In deciding whether to attend a skin cancer clinic, you should consider the qualifications and experience of the medical staff, what you will have to pay and whether it is covered by Medicare, the variety of services offered, and the follow-up provided.

Like GPs in other practices, GPs in skin cancer clinics should refer high risk patients or those with suspicious or confirmed lesions requiring more complex care to a specialist dermatologist.

³ Youl PH, Baade PD, Janda M, Del Mar CB, Whiteman DC, Aitken JF. Diagnosing skin cancer in primary care: how do mainstream general practitioners compare with primary care skin cancer clinic doctors? *Med J Aust.* 2007 Aug 20;187(4):215-20

When should I go to a dermatologist?

If you are at high-risk of skin cancer or have a suspicious mole or spot, you should ask your GP for a referral to a dermatologist.

Dermatologists are specialists trained in the diagnosis and treatment of all skin diseases including skin cancer. They are extensively trained over four years and have expertise in skin surgery techniques and the specific treatment approaches for different tumour types.

Detection and early diagnosis of skin cancer leads to a greater chance of survival. Studies show dermatologists have greater skin cancer diagnostic accuracy than non-dermatologists.^{4,5}

The specialist training and clinical experience means dermatologists can better recognise and differentiate between changes in the skin which may indicate cancer. This translates to a greater efficiency in skin cancer diagnosis and a reduction in the number of unnecessary biopsies and excisions, and as a result, fewer adverse effects associated with excisions and wound repair.

Dermatologists play a central role in skin cancer management and are well placed to help you navigate the healthcare pathway to ensure that you receive appropriate, multidisciplinary skin cancer care.

Depending on your diagnosis and any ongoing care needs, your dermatologist may also refer you to a dermatology sub-specialist for Mohs surgery, to other medical specialists such as plastic surgeons, cancer surgeons, medical and radiation oncologists, or to a hospital melanoma unit.

For more information about finding support and seeing a dermatologist, visit ACD's [For Community webpage](#).

What is Mohs surgery?

A dermatologist might refer you to a dermatology sub-specialist for Mohs surgery.

Mohs surgery is performed by dermatologists who have undertaken further ACD-accredited 12-month post Fellowship training in Mohs surgery, histopathology and skin reconstruction.

Mohs surgery is usually done under local anaesthetic to treat skin cancers that have begun to spread deep into the skin. Mohs surgery may also be used for cancers in areas that are hard to treat, such as near the eye or on the nose, lips and ears.

Mohs surgery is usually done in stages and involves gradually removing the cancer in small slices, checking each slice by pathology until they have removed all cancerous tissue and can only see healthy tissue. This technique aims to reduce the amount of healthy skin that is removed with the cancer.

The surgery occurs over the course of a day and the excision is repaired on the same day. This method ensures the highest cure rate for basal cell carcinoma (BCC) and squamous cell carcinoma (SCC) and is generally most appropriately used on the head and neck. Not all skin cancers are suitable for Mohs surgery.

There may be some circumstances where a dermatologist performing Mohs surgery may delay repair, such as for very large or complex excisions or when cooperation with other surgical sub-specialities such as reconstructive plastic surgeons or oculoplastic surgeons is needed.

⁴ Youl PH, Baade PD, Janda M, Del Mar CB, Whiteman DC, Aitken JF. Diagnosing skin cancer in primary care: how do mainstream general practitioners compare with primary care skin cancer clinic doctors? *Med J Aust.* 2007 Aug 20;187(4):215-20

⁵ Tran H, Chen K, Lim AC, Jabbour J, Shumack S. Assessing diagnostic skill in dermatology: A comparison between general practitioners and dermatologists. *Australas J Dermatol.* 2005 Nov;46(4):230-4.

Other useful ACD skin cancer factsheets

For further information on skin cancer, the Australasian College of Dermatologists (ACD) has developed a suite of factsheets for consumers and health professionals available [here](#), on:

- What types of skin cancers are there?
- Knowing your risk factors and monitoring your own skin
- How do I protect my skin from the sun?

This factsheet is also available online. For more topics, visit dermcoll.edu.au or scan the QR code.

Published October 2022 © ACD

About us

Dermatologists are doctors who are the medical specialists in skin health.

The Australasian College of Dermatologists (ACD):

- Trains and supports dermatologists
- Advocates for better skin health for our communities
- Sets the clinical standard in dermatology



This is a general guide only and does not replace individual medical advice. Please speak to your doctor for advice about your situation. The ACD is not liable for any consequences arising from relying on this information.