



Australian Government

Australian Government response to the
House of Representatives Standing Committee on Health Report:

Skin Cancer in Australia: Our National Cancer

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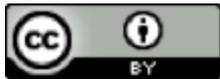
Skin Cancer in Australia: Our National Cancer

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Introduction

The Commonwealth Government (the Government) welcomes the work the House of Representatives Standing Committee on Health (the Committee) undertook to inquire into melanoma and non-melanoma skin cancers and thanks all those who contributed to the Committee's Inquiry.

The Committee's report, *Skin Cancer in Australia: Our National Cancer* (the report) was tabled in Parliament on 24 March 2015 and acknowledges the great advances that have already been made in the area of preventing and treating skin cancer in Australia. The report makes 12 recommendations to improve the prevention and treatment of skin cancers in Australia.

Australia has amongst the highest incidence of skin cancer in the world. However, Australia performs well in controlling this cancer, which is demonstrated by our very high relative 5 year survival rate for melanoma which was at 90 per cent in the period 2009-2013¹. Although our rapidly ageing population will mean an overall increase in many cancers in the foreseeable future, there is now emerging evidence that the last 30 years of public health preventive measures are beginning to reduce the incidence of melanoma (the more serious and potentially fatal type of skin cancer). For people aged less than 40 the incidence rate has dropped from a peak of 13 cases per 100,000 in 2002 to an estimated 9.4 per 100,000 in 2016².

It is within this context that the Government's response to the recommendations has been developed. The Government's response to the report's recommendations is set out below.

Prevention

Recommendation 1

The Committee recommends that national sporting bodies and associations which engage in outdoor activities adopt sun smart policies modelled on a similar template to that of Cricket Australia and Surf Life Saving Australia incorporating aspects relevant to their sport.

Response

The Australian Government supports this recommendation and acknowledges that many sporting bodies actively implement sun smart policies. There are also a number of resources available to sporting bodies including Sports Medicine Australia's Ultraviolet (UV) Exposure and Heat Illness Guide.

The Australian Government, through the Australian Sports Commission (ASC), will create a register of sun smart policies adopted by Nation Sporting Organisations (NSOs) and where sun smart policies are not already in place offer assistance to NSOs to develop and implement a policy.

¹ Australian Institute of Health and Welfare 2017. Cancer in Australia 2017. Cancer series no.101. Cat no. CAN 100. Canberra: AIHW.

² Australian Institute of Health and Welfare, (AIHW), *Skin Cancer in Australia*, 2016, p.v

For the ASC's Sporting Schools program, relevant sun smart messaging will be included on the web site, with corresponding templates and promotional materials provided to the extent possible.

Recommendation 2

The Committee recommends that the Department of Education work with states and territories to encourage the adoption of sun smart policies in Australia's secondary schools which would include:

- Expanding high school curricula to cover healthy sun-aware behaviours; and
- Providing more covered outdoor learning areas.

Response

The Australian Government supports this recommendation, noting that constitutionally the delivery of school education is the responsibility of state and territory education authorities. The Department of Education and Training will bring this recommendation to the attention of state and territory government and non-government education authorities through the appropriate forums.

The Government is providing funding to all schools across Australia totalling \$73.6 billion over the forward estimates (2016–17 to 2019–20). Education authorities have the flexibility to apply this funding to their schools as they determine, including for capital projects such as covered outdoor learning areas.

In September 2015 all education ministers endorsed the Australian Curriculum from Foundation to Year 10 in eight learning areas following an independent Review of the Australian Curriculum in 2014. The Australian Curriculum: Health and Physical Education addresses health and safety in a variety of contexts that allow state and territory government and non-government education authorities to continue to deliver healthy sun-aware information to high school students.

Recommendation 3

The Committee recommends that local governments give consideration to providing extended covered (shade) areas over swimming pools.

Response

The Australian Government notes this recommendation.

Local government is constitutionally the responsibility of state and territory government.

The Australian Government continues to support local government through untied funding provided under the Financial Assistance Grant program.

In 2016-17, \$2.3 billion will be provided to local government in untied funding under the Financial Assistance Grant program which allows councils the flexibility to allocate funding to local priorities.

The Department of Health will bring this recommendation to the attention of the Australian Local Government Association.

Early Diagnosis and Training

Recommendation 4

The Committee recommends that the Department of Health include information reminding people to seek a skin cancer check when letters are sent out as part of the National Bowel Cancer Screening Program and that information be provided by general practitioners at health assessments for people aged 75 years and older.

Response

The Australian Government does not support the inclusion of information reminding people to seek a skin cancer check when letters are sent out as part of the National Bowel Cancer Screening Program. The Government supports in principle the recommendation that information be provided by general practitioners at health assessments for people aged 75 years and older to seek a skin cancer check.

The population targeted for bowel cancer screening has been identified based on evidence.³ There is no correlating evidence to suggest that the same target population would benefit from receiving skin check reminders.

The Bowel Cancer Screening Program identifies eligible individuals for invitation to screen through the Medicare enrolment file. The use of the Medicare enrolment for this purpose is enabled through a service arrangement between the Department of Health and the CEO of Medicare. Medicare data provided for the Program cannot be used for another purpose and therefore the Program is unable to include other health advertising or invitations for other types of screening unrelated to Bowel Cancer screening within program invitations or materials.

The Government notes that people over 75 years can be informed and assessed for skin cancer through health assessments or at any other GP visit. The *Guidelines for preventive activities in general practice*⁴ (the 'Red Book') is a synthesis of evidence-based guidelines from Australian and international sources and provides recommendations for everyday use in general practice. In relation to skin cancer, the red book advises that '*...providing education that raises awareness of the early signs of skin cancer, particularly in people aged >40 years is recommended. Patients can be assessed opportunistically, or when concerned generally, or about a specific skin lesion.*' The Red Book provides further advice regarding the identification of patients at risk and appropriate action depending on risk levels including regular skins checks where appropriate. While age is acknowledged as a risk factor, other

³ Australian Cancer Network Colorectal Cancer Guidelines Revision Committee. *Guidelines for the Prevention, Early Detection and Management of Colorectal Cancer*. The Cancer Council Australia and Australian Cancer Network, Sydney 2005

⁴ The Royal Australian College of General Practitioners. *Guidelines for preventive activities in general practice*. 9th edn. East Melbourne, Vic: RACGP, 2016, p113.

factors such as skin colour, family history and previous history of skin cancer also influence skin cancer risk.

In addition, the promotion of the importance of skin cancer checks during a GP or specialist consultation is supported through a range of Medicare Benefits Schedule items that allow for discussions with patients across a range of health issues. Australia's high survival rate for skin cancers reflects that access to effective primary care services for early detection and evidence based treatment for skin cancers is working well.

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.

Response

The Australian Government supports this recommendation.

The Department of Health has undertaken a literature review of evidence on the effectiveness of public awareness campaigns to increase awareness of the need for skin checks, especially strategies to target high risk groups.

Limited evidence regarding the effectiveness of skin checking campaigns and the ability of campaigns to effectively and sustainably change behaviours in regard to skin checking was found. Overwhelmingly evidence points to the effectiveness of sun aware preventive messages in changing behaviours and reducing the incidence of skin cancers. Doran et al (2016)⁵ measured the cost effectiveness of three skin cancer campaigns conducted by the Cancer Institute NSW and found the benefit cost ratio to be 3.85 due to over 13,000 fewer skin cancers and 112 fewer deaths. Professor Adele Green supports a focus on primary prevention due to the high proportion of skin cancers which are preventable by avoiding exposure to solar UV radiation⁶. Australian community-based intervention research show that evidence-based primary prevention of skin cancer and its antecedent conditions by regular sunscreen application is not only feasible and achievable but economically viable.⁷

⁵ Doran CM, Ling R, Byrnes J, Crane M, Shakeshaft AP, Searles A, et al. (2016). Benefit Cost Analysis of Three Skin Cancer Public Education Mass-Media Campaigns Implemented in New South Wales, Australia. PLoS ONE 11(1):e0147665. Doi:10.1371/journal.pone.0147665

⁶ Submission to the Inquiry into skin cancer in Australia: Prof Adèle C Green (2014)

⁷ Green, A., G. Williams, R. Neale, V. Hart, D. Leslie, P. Parsons, G. C. Marks, P. Gaffney, D. Battistutta, C. Frost, C. Lang and A. Russell (1999). "Daily sunscreen application and betacarotene supplementation in prevention of basal-cell and squamous-cell carcinomas of the skin: a randomised controlled trial." *The Lancet* 354(9180): 723-729. ; Darlington, S., G. Williams, R. Neale, C. Frost and A. Green (2003). "A Randomized Controlled Trial to Assess Sunscreen Application and Beta Carotene Supplementation in the Prevention of Solar Keratoses." *Arch Dermatol* 139(4): 451-455. Green, A. C., G. M. Williams, V. Logan and G. M. Stratton (2011). "Reduced Melanoma After Regular Sunscreen Use: Randomized Trial Follow-Up." *Journal of Clinical Oncology* 29(3): 257-263. Hirst, N. G., L. G. Gordon, P. A. Scuffham and A. C. Green (2012). "Lifetime CostEffectiveness of Skin Cancer Prevention through Promotion of Daily Sunscreen Use." *Value in Health* 15(2): 261-268.).

As noted in Recommendation 4 above, medical practitioners provide skin services under the Medicare Benefits Schedule and guidelines are provided in the red book.

Recommendation 6

The Committee recommends that the Royal Australian College of General Practitioners conduct an assessment of ways to provide firm assurance to the public concerning skin cancer clinics. The assessment should consider potential accreditation options as well as a requirement for such clinics to be staffed by a minimum number of suitably qualified and experienced staff including dermatologists.

Response

The Australian Government notes this recommendation.

The Australian Government also notes that Australia's good treatment outcomes for skin cancers reflects good access to effective primary care services for both early detection and evidence based treatment for skin cancers.

The Department of Health will bring this recommendation to the attention of the Royal Australian College of General Practitioners, noting that states and territories are responsible for the accreditation of facilities in their jurisdictions.

Recommendation 7

The Committee recommends that store and forward teledermatology as used by registered medical providers be included on the Medicare Benefits Schedule.

Response

The Australian Government notes this recommendation.

An application to include 'Store and forward teledermatology' on the Medicare Benefits Schedule (MBS) was considered by the Medical Services Advisory Committee (MSAC) in April 2017. The recommendations of the MSAC will be publicly available via a Public Summary Document in the coming months.

The assessment of new and amended medical services proposed for public funding are subjected to a rigorous, transparent and systematic review that is evidence based. Currently this is through the MSAC which is an independent scientific committee comprised of individuals with expertise in clinical medicine, health economics and consumer matters.

If a medical service is not covered under the MBS, applications can be made to the Department for MSAC to consider whether the service warrants public funding. This process ensures that Australians have access to medical services that have been shown to be safe and clinically effective, as well as representing value-for-money for both patients and taxpayers.

If an assessment is supported for public funding by the MSAC, consideration of the financial impact to Government is required.

Recommendation 8

The Committee recommends that:

- Dermatology components of the undergraduate medical curriculum be expanded; and
- Proficiency in the use of the dermatoscope be included in the practical component of all undergraduate medical courses and in rural nursing training courses.

Response

The Australian Government notes this recommendation.

The curriculum and content for undergraduate (or graduate) medical school programs is set by, and is the responsibility of each medical school in Australia. The Medical Deans of Australia and New Zealand (MDANZ) represents the medical schools in their collective interaction with national stakeholders and government. The Department of Health will bring this recommendation to the attention of the MDANZ.

The regulation of the professions of medicine, nursing and midwifery in Australia is the responsibility of the Medical Board of Australia (MBA) and the Nursing and Midwifery Board of Australia (NMBA) respectively. The primary role of the Boards is to protect the public through setting standards and policies that all registered health practitioners must meet in order to practise. Board functions are supported by the Australian Health Practitioner Regulation Agency (AHPRA).

Responsibility for standards of medical, nursing and midwifery education and accreditation of education providers rests with the Australian Medical Council (AMC) and the Australian Nursing and Midwifery Accreditation Council (ANMAC) who work with the MBA and NMBA. These include standards around the need to have an appropriate and evidence-based curriculum, general areas that a curriculum needs to cover, and broad attributes that a graduating medical student should have. As noted above, content detail and the allocation of time and resources to a particular part of the curriculum is regarded as the responsibility of the individual medical school.

Recommendation 9

The Committee recommends that all sun-exposed industries incorporate mandatory sun-safety education in their induction programs.

Response

The Australian Government supports the intent of this recommendation but considers that existing work health and safety legislation and regulations provide sufficient protections for workers in sun-exposed industries.

The model work health and safety laws (adopted by the Commonwealth and all states and territories except Victoria and Western Australia) require a Person Conducting a Business or Undertaking (PCBU) to ensure, so far as is reasonably practicable, the health and safety of their workers, by eliminating or minimising risks to health and safety. The model work health

and safety laws provide for the management of workplace safety risks through a systematic risk management approach based on the level of risk and what it is reasonably practicable to do in the particular circumstances.

The model work health and safety regulations include requirements for risks, such as solar UVR exposure, to be managed through a systematic process of identifying hazards and minimising risks using the ‘hierarchy of control’. The hierarchy of control requires PCBU to select the most reasonably practicable control measures from the highest level of protection, by substitution, isolation or implementing administrative or procedural measures (for example, by providing shade or rescheduling work to minimise the risk of solar UVR exposure), to the lowest, by providing personal protective equipment (for example, sun protective clothing and sunscreen).

A PCBU may be able to eliminate the risk to the health and safety of its workers from solar UVR exposure through the implementation of control measures. Where a PCBU is not able to eliminate this risk and uses personal protective equipment as a control measure to minimise risks to health and safety from solar UVR exposure, PCBUs are required to ensure that the equipment is suitable for purpose, maintained and replaced, and used or worn by workers. PCBUs are also required to provide workers with information, training and instruction on the proper use and wearing of the equipment.

Safe Work Australia has published a Guide⁸ on exposure to solar UVR, which provides practical guidance for businesses and workers on how to manage the risks of solar UVR exposure in workplaces.

Treatment and Management

Recommendation 10

The Committee recommends the National Health and Medical Research Council:

- work with relevant stakeholder to urgently update the registered Clinical practice guidelines for the management of melanoma in Australia and New Zealand (2008) and Basal cell carcinoma, squamous cell carcinoma (and related lesions) – a guide to clinical management in Australia (2008), and that these guidelines be updated:
 - shortly after each new treatment is approved by the Therapeutic Goods Administration; or
 - as frequently as recommended by the profession after relevant consultation; and
- that the Department of Health undertake research and analysis of whether clinical guidelines relating to skin cancer treatments can be placed on a digital platform, thereby allowing regular updates and quick and easy distribution of updated best practice for clinicians and practitioners.

⁸ *Guide on Exposure to Solar Ultraviolet Radiation (UVR)*, Safe Work Australia, August 2013

Response

The Australian Government supports this recommendation in principle.

The Melanoma Institute Australia and Cancer Council Australia (CCA) are currently updating the *2008 Clinical practice guidelines for the management of melanoma in Australia and New Zealand*. The guidelines follow a rigorous, systematic approach and are advisedly based on NHMRC methodology, however the Cancer Council has opted not to seek NHMRC approval of the final guidelines which will be completed in 2018.

The revised guidelines are developed on Cancer Council Australia's Cancer Guidelines Wiki Platform with an infrastructure in place to monitor literature updates and update content according to new evidence. After the revised guidelines have been launched, the aim is to convene the multi-disciplinary working group every year to ratify all updates based on the new evidence and identify any new clinical questions to be included in the guidelines.

The National Health and Medical Research Council (NHMRC) has a legislated role to approve clinical practice guidelines developed by third parties according to NHMRC's development standards. NHMRC is not funded to develop clinical practice guidelines and can only do this under contract, when explicitly funded to do so.

NHMRC is working closely with Cancer Council Australia on a number of other cancer guidelines which have or will seek NHMRC approval and have been developed using the wiki guideline development model - a digital platform that allows regular updates and quick and easy distribution of updated guidelines. These include *Clinical Practice Guidelines for Surveillance Colonoscopy* (approved by NHMRC in 2011, with a revised version in development), *PSA Testing and Early Management of Test-Detected Prostate Cancer* (approved by NHMRC in 2015) and *Clinical Practice Guidelines for the Prevention, Early Detection and Management of Colorectal Cancer* (in development, following the NHMRC development standard).

NHMRC has made a number of significant amendments to its guideline approval processes in the past year to encourage more timely development and approval processes and is continuing to review its processes in light of new technology. In October 2015, a policy of only approving guideline recommendations rather than the entire guideline was adopted. This allows guideline developers greater flexibility in changing supporting text without reference to NHMRC. In May 2016 the requirement for developers to advertise public consultation in print media was removed from regulation which further supports the shift to digital development.

Other changes to the NHMRC approval process will be made in response to new technologies for guideline development being more widely used. For example, NHMRC is currently working with the Stroke Foundation to test one of these new approaches for the 2017 update of the national stroke guidelines.

The Department of Health will explore options for updating the '*Basal cell carcinoma, squamous cell carcinoma (and related lesions) – a guide to clinical management in Australia (2008)*'.

Recommendation 11

The Committee recommends that the Department of Health work with State and Territory counterparts to:

- establish a virtual platform for the multidisciplinary treatment of skin cancer for patients located in regional and remote Australia; and
- further develop and implement best practice models for multidisciplinary care for the treatment of skin cancer patients.

Response

The Australian Government supports this recommendation in principle.

The Rural Health Outreach Fund (RHOF) aims to support people living in regional, rural and remote locations to access a wide range of health care services. The Fund supports a service delivery model that includes a multidisciplinary team based approach in delivering services. These multidisciplinary teams may consist of GPs, medical specialists, allied and other health professionals for people living in regional, rural and remote Australia.

The RHOF supports the use of telemedicine services such as access to and use of support for videoconferencing.

The Commonwealth works with State/Territory based Advisory Fora on how best to deploy resources to address the identified priorities of the RHOF in its jurisdiction.

Multidisciplinary care is recognised as the best practice approach to providing evidence-based cancer care, including skin cancer care. Multidisciplinary care is an integrated team-based approach to cancer care where medical and allied health care professionals consider all relevant treatment options and collaboratively develop an individual treatment and care plan for each patient.

The National Cancer Expert Reference Group, the Council of Australian Governments (COAG)-established expert national cancer forum in Australia, has endorsed a series of Optimal Care Pathways (OCPs) with the aim of providing more consistent cancer treatment and referral protocols. Supported by all state and territory jurisdictions through the Australian Health Ministers' Advisory Council (AHMAC) and the COAG Health Council, the OCPs are tumour specific guides on what care should be provided at each step of the cancer treatment pathway for a range of tumour groups. The OCPs are based on current best practice, including clinical guidelines, care pathways, standards and research.

The composition and role of multidisciplinary teams (MDTs) for the treatment of melanoma and non-melanoma skin cancers are described in the OCP for both melanoma and non-melanoma skin cancers. The Australian Government would support that these OCPs be used

as a key resource in exploring best practice models of care for skin cancer patients both for the development of digital platforms and face to face MDTs.

In addition, Cancer Australia has developed an online multidisciplinary care information hub which provides information to assist the use of telehealth technology and videoconferencing to support multidisciplinary care in regional areas.

Recommendation 12

The Committee recommends that the Australian Government ensure that adequate funds are provided for the non-medical support services of skin cancer patients and their families, particularly support services for those rural patients who have to travel for treatment.

Response

The Australian Government supports this recommendation in principle.

The Australian Government notes that support for patient travel is a state and territory government responsibility and that non-medical support to cancer patients is also provided by all levels of Government.

Since 2010, the Australian Government through the Health and Hospitals Fund has invested \$695 million in the establishment of 27 Regional Cancer Centres and patient accommodation facilities across Australia. These regional cancer centres have been vital in improving access to treatment for people living in regional Australia with melanoma and reduced or removed the travel involved in cancer treatment for many rural Australians. The operation of these centres is managed by state and territory governments.

The Australian Government provides access to psychological support through the *Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Schedule (Better Access) initiative*. This program aims to improve outcomes for people with a clinically-diagnosed mental disorder through evidence-based treatment. Many people with cancer, including skin cancer can often face anxiety and depression related to their cancer. Under this initiative, the Australian Government provides Medicare rebates to patients for selected mental health services provided by general practitioners (GPs), psychiatrists, psychologists (clinical and registered) and eligible social workers and occupational therapists.

The Australian Government provides a range of programs and services to support eligible carers. Carers of people with a chronic medical condition, such as skin cancer, may seek assistance from the national network of Commonwealth Respite and Carelink Centres for emergency respite support. Commonwealth Respite and Carelink Centres provide information about carer support services in their local area, a link to carer support services and assist carers with options to take a break through short-term and emergency respite. Where appropriate, a Centre can help with putting in place regular respite for a carer to reduce the need for unplanned and emergency respite.

In addition, the Australian Government funds the National Carer Counselling Program (NCCP) to provide short-term counselling and emotional and psychological support services for carers. The Australian Government also funds the Carer Information Support Service (CISS) to provide timely and quality information for carers. NCCP and CISS are delivered through Carers Australia's Network of Carer Associations in each state and territory.

On 14 December 2015, Carer Gateway, a national website and phone service, commenced. Carer Gateway provides a recognisable source of clear, consistent and reliable information that will help carers navigate the system of support and services available.