

Background

- The literature highlights the role of Australian general practitioners (GP) in the management of skin cancers. [1]
- With melanoma incidences on the rise, there have been discussions into whether lower risk stage IA patients could safely be followed up with their GPs for annual surveillance full skin examinations (FSE). [2]

Objectives

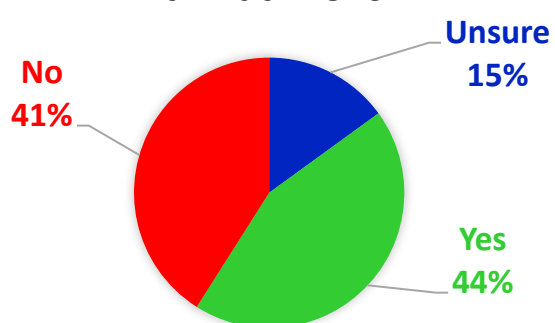
- This study explores the level of confidence of South Australian (SA) GPs in undertaking FSEs including factors that could support discussions around shared care between GPs and dermatology units for lower risk patients.

Methods

- An online survey was distributed to SA GPs via email, newsletters and social media between 5th December 2021 and 30th January 2022.
- Descriptive statistics were used to describe survey responses.
- Pearson's Chi-squared analysis was used to investigate associations between key variables of interest and explanatory variables.
- Logistic regression analysis was used to model odds ratios for associations between the dependent variable and independent variables.

Key Findings

Comfortable performing annual FSEs



Statistically significant relationships (P<0.05)

- Scope of work
- Working experience >20yrs
- Additional training

- GPs with special interest - 50x more comfortable than generalists in FSEs
- 100% of Skin Cancer GPs were comfortable with FSEs
- GPs with >20yrs experience – 6x more comfortable with FSEs vs <5yrs
- GPs with Certificate training - 3x more comfortable with FSEs
- 100% of GPs with Diplomas or Masters were comfortable with FSEs

- Dermoscopy and detecting melanoma recurrences were reported to be skills with lower levels of confidence (Figure 1)
- Over 50% indicated they were not confident or only slightly confident in these skills

Other considerations for shared care

- The majority of respondents referred to private dermatologists and plastics surgeons (31% and 27%) followed by public dermatology and plastic surgery units (17% and 12%)
- 77% of GPs would feel supported undertaking FSEs if rapid access referral pathways were allocated for patients who developed suspicious lesions.
- Preferred upskilling modalities included, face to face sessions in a dermatology unit (39%), dermatologist run webinars (25%) and certificate course (20%).

Figure 1: GP skillset and level of confidence in aspects of skin cancer management

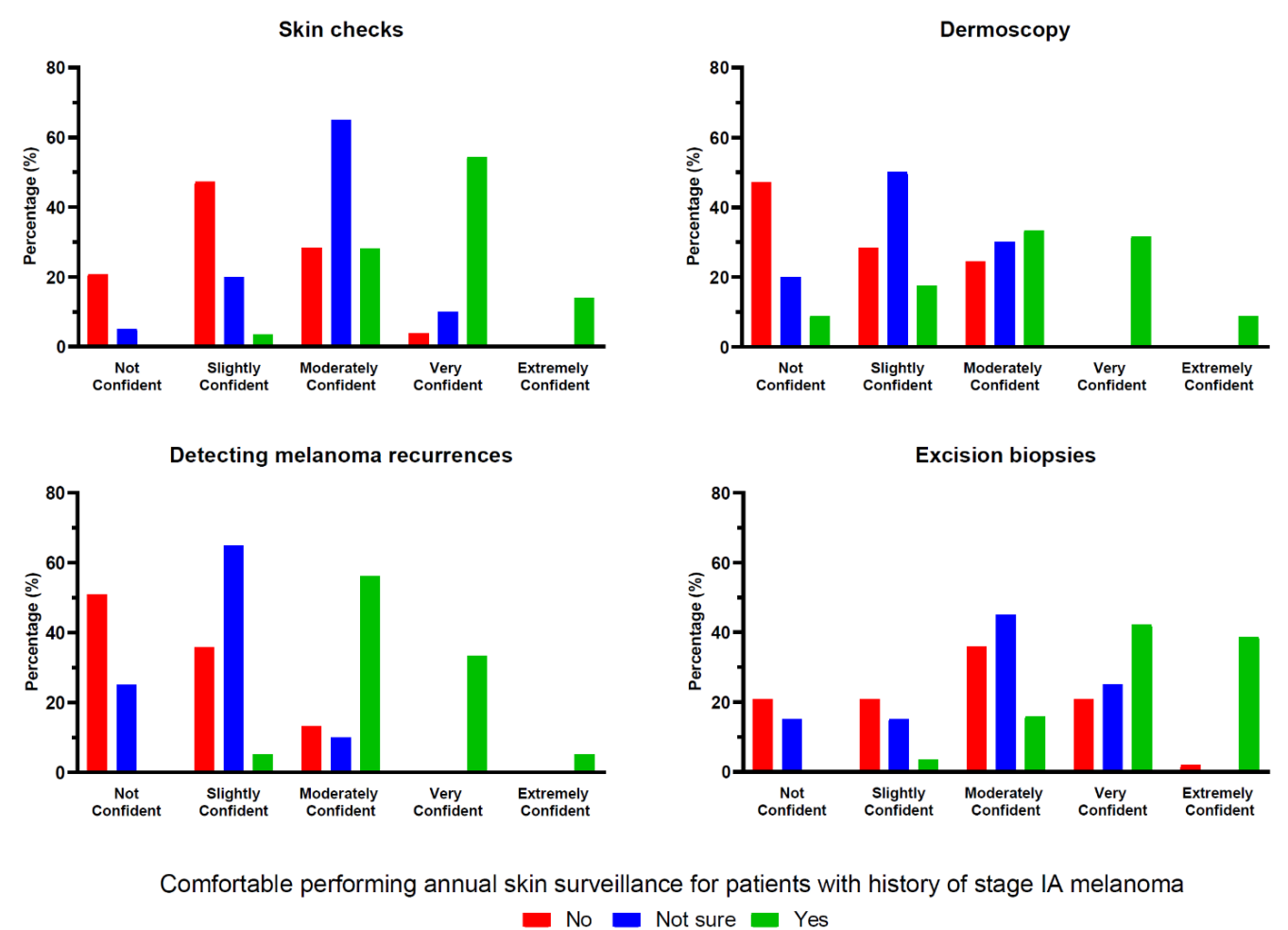


Illustration of statistical significance between the likelihood of being comfortable performing annual skin checks and respondent's skillset confidence (all 4 explanatory variables, P<0.001)

Conclusions

- At present there are a subset of SA GPs who are comfortable undertaking FSEs and therefore could be engaged in shared care with specialists.
- Further considerations have to be made in the areas of upskilling and supporting the workforce to enhance engagement in shared care.
- These efforts will not only continue to have a positive impact on the implementation of shared care models, but also directly improve patient access to dermatologists for non-skin cancer related presentations across South Australia

References

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- Cancer Australia. Melanoma of the skin statistics [Internet]. Canberra ACT: National Cancer Control Indicators; 2021. Available from <https://www.canceraustralia.gov.au/affected-cancer/cancer-types/melanoma/melanoma-skin-statistics>

Acknowledgements

- Royal Australian College of General Practitioners SA/NT Branch
- The Adelaide General Practitioners Referral Network
- Primary Health Networks including Adelaide and Country SA, Local Health Networks

