

19 July 2021

Katrina Patterson
Chief Executive
MelNet

By email: melnet@melnet.org.nz

Quality Statements to Guide Melanoma Diagnosis and Treatment in New Zealand

Dear Katrina

Thank you for inviting the New Zealand Medical Association (NZMA) to provide feedback on the above consultation. The NZMA is New Zealand's largest medical organisation, with about 5,000 members from all areas of medicine. The NZMA aims to provide leadership of the medical profession, and to promote professional unity and values, and the health of all New Zealanders. Our submission has been informed by feedback from our Board, Advisory Councils and members.

We welcome the development of the draft quality statements to guide melanoma diagnosis and treatment in New Zealand. We understand that the document has been developed by the National Melanoma Working Group (NMWG), with support from MelNet and Te Aho o Te Kahu, the Cancer Control Agency. We believe the draft document is very good and much needed, and we commend all those who have contributed to it. We particularly like the emphasis on prevention and the specific advice on UV exposure and mitigation. Our further feedback is limited to the following specific points below.

Quality statement 1.2: Training of primary health care professionals

While this point is welcome, there is a view that it would be useful to have a corresponding statement regarding the training of secondary care professionals such as dermatologists, surgeons, and radiation oncologists.

Good practice points 1.2.3 and 2.1.1 Primary health care professionals are trained in the use of the dermatoscope

It would be useful to strengthen these practice points by the addition of phrasing such as "and such training is adequately funded and resourced" although we acknowledge this may be outside the scope of the current consultation.

Quality statement 2.4: Time to diagnosis

We suggest this point should be expanded such that it is clear that the time to diagnosis of 5 working days in 80% of cases relates to the time from the biopsy being taken. Furthermore, while we support this timeframe as the gold standard, we suggest it may be useful for the document to recognise limitations to achieving this, such as the increased workload during a pandemic.

Quality statement 5.1: Clinical follow-up and surveillance

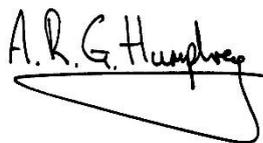
We believe that there are strong grounds for a national database to facilitate follow up, particular for patients that move, although the development and availability of a national electronic health record should help with follow up.

Good practice point 2.2.1: Excision of suspicious lesions

This point states that suspicious lesions should be excised within 2 weeks of being identified. Yet if referral to secondary or tertiary care is required and a patient is unable to pay for private treatment, it is difficult to envisage how this timeframe will be possible. To help drive progress towards meeting this timeframe, we contend there is a strong case for fully funding excision biopsies in primary care, although we acknowledge this is outside the scope of the current consultation.

We hope our feedback is helpful and look forward to seeing the finalised document.

Yours sincerely

A handwritten signature in black ink that reads "A. R. G. Humphrey". The signature is written in a cursive style and is underlined with a long horizontal stroke.

Dr Alistair Humphrey
NZMA Chair