Royal Australasian
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Te Whare Piki Ora o Māhutonga

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Skin Cancer New Zealand
Attention: Abbie Cameron
Chair, Skin Cancer Nurses Special Interest Group
Member, Skin Cancer New Zealand Executive

Via email: nurseabbiecameron@gmail.com

Subject: Skin Cancer Nursing Practice Guidelines

Tēnā koe Abbie

Te Whare Piki Ora o Māhutonga – the Royal Australasian College of Surgeons (RACS) has had a copy of your draft Skin Cancer Nursing Practice Framework shared with us by the New Zealand Association of Plastic Surgeons (NZAPS). We have seen a copy of NZAPS' submission on the Framework and would like to express our support for their feedback. In addition, we would appreciate this opportunity to share some feedback of our own.

In general, we welcome the Skin Cancer Nursing Practice Framework and support the majority of the domains. Working within a team, skin cancer nurses are a valuable member for ensuring good patient care. We share NZAPS' view that developing consistent nursing guidelines, and nursing pathways, is positive for the management of skin cancer in Aotearoa New Zealand.

Our main concern with the proposed Framework relates to Domain 6: Procedural and Surgical Management; specifically, the appropriateness of proposed training requirements and the low volume of cases needed for credentialling. We are also concerned with Domain 4 in relation to level and verification of diagnostic skill.

RACS is accredited by the Australian Medical Board (in conjunction with the Medical Council of New Zealand) to provide surgical training. As part of this accreditation, the training of a plastic surgeon must meet set standards and criteria which are reviewed on a regular basis to ensure the quality of the education, training and assessment of plastic surgeons.

The Framework proposes that training can be provided by completing courses with the "Skin Cancer College of Australasia". These courses are designed for medical practitioners who have completed a medical degree with greater depth of knowledge and clinical skills in skin cancer so have a greater foundational start than nurses seeking further training. The Skin Cancer College of Australasia also does not appear to be an accredited body, and it is unclear whether the proposed Framework involves any accreditation by the New Zealand Nursing Council.

As currently drafted, the framework outlines a pathway for non-medically trained practitioners to perform independent diagnostic and therapeutic surgical procedures - including comprehensive diagnostic assessment, punch biopsies, full ellipse excisions, and deep dermal closures - with a credentialing threshold of a 20-case logbook. In RACS' view, the proposed logbook of 20 cases is much too light, being a lot less than a surgical trainee would be expected to complete before they are entrusted to perform skin excisions independently. In practice, 20 cases would only constitute approximately four half-day theatre lists for skin excisions.

Lowering the technical and educational benchmarks for diagnosis and surgical execution will inevitably exacerbate these issues, ultimately placing a heavier corrective burden on our

respective tertiary services. Surgical management of more complex skin cancers - comprehending complex oncological dynamics, planning anatomical margins, mitigating structural risk, and executing multi-layered closures – should be done as part of a team working alongside a specialist who has appropriate vocational training and experience with complex decision making and complications. Short training courses and a 20-case logbook cannot replicate the years of clinical oversight required to safely navigate surgical variations, tissue tension, or acute or late complications.

Regarding the capabilities assessments, currently they only cover two domains of the Knowledge, Skills and Attitudes framework commonly used in medical education. The “Attitudes” aspect is vital for developing and expressing professionalism, and would be a positive addition to the assessment framework. For example:

- Professionalism, integrity, and ethical responsibility
- Empathy and patient-centered care
- Commitment to lifelong self-reflection and learning
- Collaborative teamwork and cultural humility

It may also be beneficial to consider capability assessment on a five point, rather than a three-point, scale. For example:

Level 1: Allowed to observe the activity only.

Level 2: Allowed to execute under direct, proactive supervision (the supervisor is physically present in the room).

Level 3: Allowed to execute under indirect, reactive supervision (the supervisor is immediately available if called).

Level 4: Allowed to execute independently without direct supervision (unsupervised practice).

Level 5: Allowed to supervise others executing the activity.

Regarding the capability summary records, we believe that starting with informed consent misses out several key steps. This includes assessment of the skin lesion, clinical decision making, diagnosis, and planning the correct procedure. We also note that the stated learning outcomes are lower on Blooms Taxonomy – it would be preferable to have some higher-level outcomes to ensure synthesis rather than just application of knowledge.

We appreciate the opportunity to provide feedback on the Skin Cancer Nursing Practice Framework, and would be happy to discuss our submission further.

Nāku noa, nā.

Dr Sharon English, FRACS

Chair, Aotearoa New Zealand National Committee

RACS represents more than 8300 surgeons and 1300 surgical Trainees and Specialist International Medical Graduates across Aotearoa New Zealand and Australia. We are the accredited training provider in nine surgical specialities. RACS is the leading advocate for surgical standards, professionalism and surgical education in Aotearoa New Zealand and Australia. Our mission is ‘To improve access, equity, quality and delivery of surgical care that meets the needs of our diverse communities’. Health advocacy is a central competency of a surgeon, and a core value of this College.