**Title: Skin Cancer Surgery: A comparison of Primary and Secondary Care.**

**Background:**Queensland is the skin cancer capital of the world with 3600 melanomas and over 350,000 non-melanoma skin cancers yearly.  There was a back lash a few years ago against unregulated skin cancer clinics and accusations that unnecessary skin flaps were being performed to earn the extra remuneration they attract.  Research demonstrated that GPs and skin cancer clinic doctors diagnose skin cancer with similar accuracy, but those in a skin cancer centre were more likely to have additional training, conduct a whole-body skin check and used computer imaging to assist their diagnosis. Despite this, public hospital minor surgery lists continue to be filled with minor excisions which could be undertaken in primary care, a potentially better use of resources providing more cost effective and timely treatment for patients. **Aims:**We aim to quantify whether there are significant numbers of skin excisions performed in the public system which could be undertaken in primary care and to compare the costs, waiting times and outcomes in the two settings. **Method:** A 12-month retrospective review was undertaken of skin excisions, comparing medical records in a regional hospital with a General Practice. **Results:** Results confirm that patients wait longer in the public hospital system than in primary care (up to 6 months compared to 2 weeks); that complexity is similar in both settings excluding those patients requiring general anaesthetic; and outcomes are not significantly different. It is more difficult to compare costs, but as expected it appears to be less cost effective to undertake excisions in hospital. **Conclusion:**We conclude that GPs could be doing more excisions of skin cancers that are being referred to the hospital outpatient clinic and could consider referring to their GP colleagues rather than to secondary care if they do not have the necessary expertise themselves.