House of Commons Library

Debate Pack
13 October 2025
Number CDP 2025/0190

By Elizabeth Rough,
Nikki Sutherland

Debate on histological testing of all excised moles

Summary

There will be a debate in Westminster Hall on 23 October 2025 on the histological testing (examining tissue or cells under a microscope for diseases) of all excised moles. The debate was proposed by Richard Quigley MP (Labour) and Ben Goldsborough MP (Labour).

1 Histological testing of all excised moles

1.1 What are moles?

The NHS explains that moles are "small, coloured spots on the skin" that may be flat, raised, smooth or wrinkled.[1] They are caused by skin cells, called melanocytes, growing in clusters, rather than spread out across the body, creating pigmented marks.

Moles are common, can appear anywhere on a person's skin and are mostly harmless, though the NHS stresses that if they change size, shape or colour they should be checked by a GP. [2] In a small percentage of cases, moles may be a sign of melanoma, a type of skin cancer. The ABCDE checklist is used by doctors to assess moles for signs of melanoma:

- "A - asymmetrical

  This refers to the shape of the mole or abnormal patch of skin.

  Melanomas are likely to have an uneven shape. The two halves may be different shapes or sizes (asymmetrical).

  Normal moles usually have a more even shape and the two halves are similar (symmetrical).

- B - border

  This refers to the edges of the mole or abnormal patch of skin.

  Melanomas are more likely to have irregular edges (borders) that are blurry or jagged.

  Normal moles usually have a smooth, regular border.

- C - colour

  This refers to the colour of the mole or abnormal patch of skin.

  Melanomas are often an uneven colour and contain more than one shade. A melanoma might have different shades of black, brown and pink.

1 NHS, Moles, July 2023
2 NHS, Moles, July 2023

Normal moles usually have an even colour. If they have 2 colours in them, the colours are normally symmetrical across the 2 halves.

- D - diameter

  This refers to how wide the mole or abnormal patch of skin is.

  Most melanomas are more than 6mm wide. But they can be smaller if diagnosed early.

  Normal moles are usually about the size of the end of a pencil or smaller.

- E - evolving

  Evolving means changing.

  Melanomas might change in size, shape or colour. Or you might notice other changes such as:

  bleeding

  itching

  a change in sensation to a mole or area of abnormal skin

  a mole becoming crusty".[3]

Cancer Research UK notes that melanomas "can stand out from other moles [on the body]. So, if a mole looks very different or is much darker than others you have, you should get it checked. Even if you have none of the ABCDE signs".[4]

1.2 What does 'histological testing of excised moles' mean?

An 'excised mole' is one that has been cut out from the skin.

'Histological testing' refers to the examination of tissue specimens (in this instance, part of the mole) under a microscope to help diagnose diseases like melanoma.

3 Cancer Research UK, Symptoms of melanoma skin cancer, January 2025
4 Cancer Research UK, Symptoms of melanoma skin cancer, January 2025

1.3 Government commitments to speed up diagnosis

There is a commitment in the NHS Long Term Plan (2019) to provide a faster diagnosis for people through the introduction of the Faster Diagnosis Standard (FDS, 2022).

If a person is referred to a specialist with a suspected melanoma, they should receive an appointment within two weeks under the Urgent Suspected Cancer Referral pathway. The pathway should ensure patients receive a diagnosis of cancer (or that cancer is ruled out) within 28 days of referral.

The government also notes that since 2023/24, the NHS has been rolling out "teledermatology services".[5] This involves a medical photographer, using high-tech camera equipment, taking photos of the skin problem, which are then reviewed virtually by a consultant dermatologist. According to the government, in areas where teledermatology has been fully implemented:

> […] improvements in workforce capacity have been seen doubling the number of patients that can be reviewed per clinic in some cases, and improving faster diagnosis standard performance.[6]

NHS England's Getting It Right First Time (GIRFT) national report (PDF) provided recommendations to:

> […] to encourage the wider use of technology to ensure skin cancer patients get faster and more equitable access to care. GIRFT is also planning a programme to support primary care colleagues, offering training for new staff to recognise harmless skin lesions, like moles and warts, with the aim of reducing unnecessary referrals to hospital and freeing up capacity for other patients on the waiting list.[7]

The government has also said that "improving diagnosis" will be a "key focus" of its forthcoming National Cancer Plan.[8]

1.4 What is 'Zoe's law'?

'Zoe's law' would require all moles or skin tags (soft, skin-coloured growths on the skin) that are removed, either within the NHS or by private cosmetic clinics, to be tested for melanoma. It has been proposed by Eileen Punter, the mother of Zoe Panayi. Zoe died of melanoma in May 2020. She had a

5 Cambridge University Hospitals, Teledermatology service, accessed 24 September 2025
6 HL6338 [on Skin Cancer: Screening], 8 April 2025
7 PQ HL6338 [on Skin Cancer: Screening], 8 April 2025
8 PQ 76519 [on Multiple Myeloma: Diagnosis], 17 September 2025

mole removed in a private, cosmetic clinic which subsequently grew back and was found to be cancerous.[9]

The British Association of Dermatologists recommends that all skin lesions are tested, even if they are removed for cosmetic reasons.[10] This is not currently a requirement, however, and not all moles or skin tags that are removed are sent for testing.

The National Institute for Health and Care Excellence (NICE) has published guidance on when people should be referred for a suspected melanoma and how it should be assessed.[11]

There is no equivalent NICE guidance for cosmetic mole removal because it is not an NHS-funded procedure; it is only available privately.

9 BBC News Online, More than 16,000 sign 'Zoe's Law' mole-testing petition, July 2020

10 HC Deb, 12 December 2022, c861; BBC News Online, More than 16,000 sign 'Zoe's Law' mole-testing petition, July 2020

11 NICE, Melanoma, Health topics A to Z, July 2022

2 PQs

Biopsy Waiting Times

Asked by: Mike Martin

My constituent Julian noticed that he had a mole on his chest that was growing and bleeding. Members of his family had died from skin cancer, so he was very concerned and went to his GP. He was referred to the Kent integrated dermatology service and was told that the results would come back in four weeks. They came back in 17 weeks. I know that this issue is of personal concern to the Minister, so would she please investigate what happened and write to me?

Answered by: Karin Smyth | Department: Health and Social Care

The hon. Member raises an awful case on behalf of his constituent. Of course, our targeting of waiting lists includes diagnostics. What happened in that case should not happen anywhere, and I will ensure that he gets a response as soon as possible.

HC Deb 17 June 2025 | Vol769 c148

GPs: Time with Patients

Asked by: Rebecca Smith

My constituent Dr Toby Nelson, an NHS consultant dermatologist, has started a business that seeks to address the heavy demand on primary care for skin health screening. His business Map My Mole sends an image capture kit to patients to attach to their smartphones. The patients then send a high-resolution image remotely to be reviewed by a specialist consultant, bypassing the need for a GP appointment and freeing up time and resources for both doctor and patient. It has already resulted in a significant drop in skin cancer referrals in pilot GP surgeries. Will the Minister agree to meet Dr Nelson and me to discuss this revolutionary proposal?

Answered by: Stephen Kinnock | Department: Health and Social Care

The hon. Lady raises what sounds like an extremely interesting scheme. She will know that we have a strong commitment in our 10-year plan to shift from hospital to community, and indeed from analogue to digital. The digital aspects of that scheme sound very interesting, so I would be more than happy to take further representations from her.

HC Deb 06 May 2025 | Vol 766 c527

Skin Cancer: Screening

Asked by: Baroness Crawley

To ask His Majesty's Government whether they have made an assessment of the skin cancer detection pilot scheme “Map My Mole” conducted by a small number of NHS GP surgeries in the South West, in particular with regard to potential for reducing unnecessary referrals and for saving NHS time and expense; and whether they plan to deliver home-use technology for detecting and assessing skin cancer risks.

Answering member: Baroness Merron | Department: Department of Health and Social Care

The Department has not made a formal assessment of Map My Mole, the skin cancer detection pilot scheme. The Department is committed to getting the National Health Service diagnosing cancer earlier and treating it faster, so that more patients survive this horrible set of diseases, including skin cancer. To achieve this, the NHS has delivered an extra 40,000 operations, scans, and appointments each week as the first step to ensuring early diagnosis and faster treatment.

Since 2023/24, NHS England has also been rolling out teledermatology services, which allow a virtual review of dermoscopic images. In providers where this has been fully implemented, improvements in workforce capacity have been seen doubling the number of patients that can be reviewed per clinic in some cases, and improving faster diagnosis standard performance.

NHS England’s Getting It Right First Time (GIRFT) national report has provided recommendations to encourage the wider use of technology to ensure skin cancer patients get faster and more equitable access to care. GIRFT is also planning a programme to support primary care colleagues, offering training for new staff to recognise harmless skin lesions, like moles and warts, with the aim of reducing unnecessary referrals to hospital and freeing up capacity for other patients on the waiting list.

HL Deb 08 April 2025 | PQ HL6338

Skin Cancer

Asked by: Rosindell, Andrew

To ask the Secretary of State for Health and Social Care, what steps he has taken to improve (a) diagnosis and (b) treatment of skin cancer.

To ask the Secretary of State for Health and Social Care, what steps he has taken with relevant authorities to reduce instances of skin cancer in (a) England and (b) Romford constituency.

Answering member: Ashley Dalton | Department: Department of Health and Social Care

The Department will get the National Health Service diagnosing cancer earlier, including skin cancer, and treating it faster so more patients survive. As a first step we have delivered an extra 40,000 operations, scans, and appointments each week during our first year in Government to ensure earlier diagnoses and faster treatment for those who need it most.

Since 2023/24, NHS England has also been rolling out teledermatology services, which allow a virtual review of dermoscopic images. In providers where this has been fully implemented, improvements in workforce capacity have been seen doubling the number of patients that can be reviewed per clinic in some cases, and improving faster diagnosis standard performance.

NHS England's Getting It Right First Time (GIRFT) national report has provided recommendations to encourage the wider use of technology to ensure skin cancer patients get faster and more equitable access to care. Getting It Right First Time (GIRFT) is also planning a programme to support primary care colleagues, offering training for new staff to recognise harmless skin lesions, like moles and warts, with the aim of reducing unnecessary referrals to hospital and freeing up capacity for other patients on the waiting list.

NHS England runs Help Us Help You campaigns in England to increase knowledge of cancer symptoms and address barriers to acting on them, to encourage people to come forward as soon as possible to see their general practitioner. The campaigns focus on a range of symptoms, as well as encouraging body awareness, to help people spot symptoms across a wide range of cancers at an earlier point.

NHS England and other National Health Service organisations, nationally and locally, publish information on the signs and symptoms of many different types of cancer, including skin cancer. This information can be found at sources such as NHS.UK.

HC Deb 21 March 2025 | PQ 38003; PQ 38004 [grouped response]

3 News and further reading

RCN (Royal College of Nursing) Magazine

23 September 2025

How to perform a mole check

BBC News Online

18 July 2025

Family urges mole cancer testing to 'save lives'

NHS

Symptoms: Melanoma skin cancer

Cancer Research UK

Symptoms of melanoma skin cancer

Macmillan Cancer Support

Signs and symptoms of melanoma

British Skin Foundation

Melanoma

Disclaimer

The Commons Library does not intend the information in our research publications and briefings to address the specific circumstances of any particular individual. We have published it to support the work of MPs. You should not rely upon it as legal or professional advice, or as a substitute for it. We do not accept any liability whatsoever for any errors, omissions or misstatements contained herein. You should consult a suitably qualified professional if you require specific advice or information. Read our briefing 'Legal help: where to go and how to pay' for further information about sources of legal advice and help. This information is provided subject to the conditions of the Open Parliament Licence.

Sources and subscriptions for MPs and staff

We try to use sources in our research that everyone can access, but sometimes only information that exists behind a paywall or via a subscription is available. We provide access to many online subscriptions to MPs and parliamentary staff, please contact hoclibraryonline@parliament.uk or visit commonslibrary.parliament.uk/resources for more information.

Feedback

Every effort is made to ensure that the information contained in these publicly available briefings is correct at the time of publication. Readers should be aware however that briefings are not necessarily updated to reflect subsequent changes.

If you have any comments on our briefings please email papers@parliament.uk. Please note that authors are not always able to engage in discussions with members of the public who express opinions about the content of our research, although we will carefully consider and correct any factual errors.

You can read our feedback and complaints policy and our editorial policy at commonslibrary.parliament.uk. If you have general questions about the work of the House of Commons email hcenquiries@parliament.uk.