frequent occupational disease e.g. in agriculture and construction, as well as the most frequent occupational cancer of all branches. The magnitude of affected workers and recent dosimetric UVR measurements showing high annual exposures (>600 SED) are currently stimulating regulatory efforts for improved workplace prevention. The recognition of UVR induced skin cancer as an occupational disease, has proven to be pivotal to this approach.

**Results** UV radiation exposure is the major cause of melanoma and non-melanoma skin cancer (NMSC). Australia has the highest incidence of melanoma in the world and skin cancer accounts for over 80% of all new cases of cancer diagnosed each year. Although sun protection is used by 95% of those exposed at work, only 9% are fully protected.

A 2015 study estimated that 7220 melanomas occurring in Australia in 2010 could be attributed to UV radiation exposure. The incidence of melanoma in those under the age of 25 is stable and is believed to be due to improved sun protection behaviours from education programs, although it may partly relate to the change in the population racial mix.

Evidence shows that a wide range of measures can be effective in reducing the impact of skin cancer. Australia now has extensive prevention programs and it has been estimated that the return on a national skin cancer prevention media campaign is approximately $2.32 for every dollar invested, through reduced healthcare costs.

**Conclusion** This review summarise the impact of UV exposure on skin cancer prevalence in Australia. The policy priorities include reducing UV exposures, education programs and early intervention. These strategies also have the potential for broader applicability in the prevention of other occupational risks.