



## *Women's health*

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1 Palmerston Crescent  
South Melbourne, Victoria, 3205  
T 03 8699 0414  
F 03 8699 0400  
[www.racgp.org.au](http://www.racgp.org.au)  
ABN 34 000 223 807

## Definition

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The general practice management of women's health involves a holistic patient centred approach to the physical, mental and emotional health of women, their families, and their relationships.<sup>1</sup> Women's health needs to be understood in the context of their psychosocial and cultural environment.<sup>2,3</sup>

## Curriculum in practice

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Typical presentations that illustrate how the women's health curriculum applies to general practice include:

- Michelle's mother is at her wit's end. Every month her 14 year old daughter becomes moody and aggressive, just prior to her menses, to such a degree that she has taken to keeping her home from school to avoid the otherwise inevitable detentions. She wants to know, 'Should Michelle start the pill?'
- Annalise is nearing 50 years of age and her periods have become irregular and very heavy. A regular blood donor, she was recently refused because her count was too low. Her serology confirms that her haemoglobin is 97 g/L with a picture of iron deficiency. What investigations are appropriate and which treatment options might be considered?
- Kylie, 31 years of age, has always been a large girl but lately you notice she has also become hirsute and you are able to confirm polycystic ovarian syndrome. Which treatments are most effective in preserving fertility? What other diseases is Kylie at risk of developing?

## Rationale and general practice context

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As 57% of Australian general practice consultations are with women,<sup>4</sup> the gender specific primary health needs of women constitute a significant proportion of the general practice workload.

Women tend to make most healthcare decisions for their family, tend to request more information than men, expect a greater role in decision making, and often have higher expectations of timeliness and quality of healthcare provision.<sup>5</sup>

Barriers to accessing general practice may include:

- general access and equity issues such as financial restrictions, lack of available child care, lack of access to transport
- cultural issues impacting on access to healthcare related to a lack of availability of the appropriate gender or culture of primary health provider and language barriers
- fear of discrimination and disclosure of sensitive issues for a wide range of marginalised and vulnerable groups, including Aboriginal and Torres Strait Islander women; immigrant women; same-sex attracted women; and disabled, abused, homeless and refugee women.

Gender specific health issues in general practice care across a woman's lifespan often involves accessing multiple healthcare providers, including those in relation to reproductive issues. Regular preventive healthcare is also a large part of women's health.<sup>6</sup>

Specific health problems can be related to gender power differences such as lower income than men or being subjected to violence.

The key principles for delivering quality women's healthcare in general practice include:<sup>7,8</sup>

- understanding key gender differences in health and illness
- responding to the particular health needs of women associated with their social roles, responsibilities and position, and reproductive health needs
- understanding the need for women to have access to sensitive healthcare and choices in healthcare providers
- being aware of common differences in practice styles of female general practitioners, including a tendency to provide longer consultations, more preventive health and mental health/counselling
- understanding the strengths, weaknesses and limitations of general practice in meeting women's health needs, including issues of equity and access to health information and services for women.

### National Women's Health Policy 2010

The aims of the women's health curriculum statement are consistent with and support the National Women's Health Policy 2010,<sup>3</sup> which outlines five key goals that aim to improve the health and wellbeing of all women in Australia by facilitating women's access to healthcare services and information, and to encourage the health system and government to be more responsive to the health needs of women.

The National Women's Health Policy 2010 identifies that marginalisation and discrimination can affect access to healthcare resources and states that 'those who are discriminated against, or who cannot find culturally appropriate services, may withdraw from seeking help altogether'.<sup>3</sup> Specific marginalised groups of women highlighted as requiring particular attention for healthcare include Aboriginal and Torres Strait Islander women; migrant and refugee women; and disabled, lesbian and bisexual women.

The policy goals highlight ways that gender inequality and health inequities can be addressed through:

- highlighting the significance of gender as a key determinant of women's health and wellbeing
- acknowledging that women's health needs differ according to their life stage
- prioritising the needs of women with the highest risk of poor health
- ensuring that the health system is responsive to all women, with a clear focus on illness and disease prevention and health promotion
- supporting effective and collaborative research, data collection, monitoring, evaluation and knowledge transfer to advance the evidence base on women's health.

## Related curriculum areas

Refer also to the curriculum statement:

- *Sexual health.*

# Training outcomes of the five domains of general practice

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## 1. Communication skills and the patient-doctor relationship

- WOMT1.1 Understand how gender, power and cultural differences can influence the dynamics of the patient-doctor relationship and consequent effective communication.
- WOMT1.2 Acknowledge how the doctor's gender may also impact on the disclosure of sensitive issues.
- WOMT1.3 Be sensitive to history and examination processes and respect patient autonomy to facilitate good patient care, for example obtaining consent for physical examination including adequate explanation of its purpose, the use of screens and drapes and the role of chaperones.

## 2. Applied professional knowledge and skills

- WOMT2.1 Manage a wide range of gender specific health conditions.
- WOMT2.2 Understand the evidence based knowledge of the physical, psychological, social and cultural factors impacting on these conditions to facilitate quality women's general practice healthcare. For example, understand the impact of hormonal fluctuations on women's physical and mental health including menarche, menopause, premenstrual syndrome, pregnancy, breastfeeding and postnatal changes, and that these occur within a framework of diverse cultural, social, economic, psychological and emotional needs.

## 3. Population health and the context of general practice

- WOMT3.1 Understand how the roles and position of women in Australian society are critical to delivering quality primary care.
- WOMT3.2 Understand how quality care involves recognising that certain cultural groups will need to see only female doctors.
- WOMT3.3 Recognise that there are differing health beliefs and health seeking behaviours of women from different cultures.
- WOMT3.4 Address the health inequalities of socially disadvantaged groups of women including Aboriginal and Torres Strait Islander women, women from culturally and linguistically diverse backgrounds (including those with language barriers), disabled women, women with mental health problems, women living in rural and remote areas, lesbian and bisexual women, single mothers, women with drug and alcohol problems, homeless women, refugees and asylum seekers, women in prison, chronically unemployed women, and women who have experienced abuse at any stage of their life.
- WOMT3.5 Incorporate gender sensitive strategies for women into general practice health promotion and public health prevention programs, while also recognising the diverse backgrounds of women.
- WOMT3.6 Work in conjunction with the other women's health groups to effectively deliver quality care to women such as women's health centres, BreastScreen Australia, as well as community based organisations.

## 4. Professional and ethical role

- WOMT4.1 Respect women's autonomy in their healthcare and decision making. The clinician needs to be aware of their own values and the potential impact of these values on management decisions, especially in sensitive issues such as reproductive medicine.
- WOMT4.2 Understand how effective management of the practical considerations of consent and confidentiality is facilitated by a gender sensitive trusting patient-doctor relationship.
- WOMT4.3 Acknowledge and implement ethical considerations, including referring to female doctors on request, the use of chaperones when appropriate, reproductive ethics and the role of the GP as patient advocate.

## 5. Organisational and legal dimensions

- WOMT5.1 Ensure attention to patient confidentiality and the recording of sensitive medical information to protect women's health, especially when in vulnerable situations such as intimate partner violence.
- WOMT5.2 Know the treating doctor's legal obligations (eg. notification of child abuse, sexually transmissible infections) and how antidiscrimination laws impact on their role in caring for women.
- WOMT5.3 Know age of consent confidentiality issues for young people wanting contraception or referral for termination of a pregnancy.
- WOMT5.4 Know the legal issues relating to abortion, access to assisted reproductive technology, adoption, age of consent, and end-of-life decision making in Australia (as the laws may vary in each state or territory).

# Learning objectives across the GP professional life

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## Medical student

### 1. Communication skills and the patient-doctor relationship

- WOMLM1.1 Apply principles of women centred clinical care, including encouraging an equal partnership, shared decision making and recognising the role of gender and power in the patient-doctor relationship.
- WOMLM1.2 Outline cultural issues in communication pertaining to gender including:
  - WOMLM1.2.1 understanding Australian society and the healthcare needs of women
  - WOMLM1.2.2 being aware that some cultural groups prefer to see doctors of a particular gender or cultural background
  - WOMLM1.2.3 acknowledging the health beliefs and health seeking behaviours of women from different cultures
  - WOMLM1.2.4 understanding the influence of the doctor's gender on disclosure of sensitive issues.
- WOMLM1.3 Demonstrate facilitation of communication with women attending with dependants such as children, disabled/elderly family or friends.
- WOMLM1.4 Demonstrate sensitive and empathic facilitation of disclosure with regard to intimate issues including sexual health, sexual orientation, gender identity, body image and all forms of abuse.

### 2. Applied professional knowledge and skills

- WOMLM2.1 Demonstrate skills in physical examination, in medically justified circumstances, that creates a sense of comfort and safety for the patient.
- WOMLM2.2 Demonstrate the ability to perform intimate examinations under supervision with sensitivity and care, allowing the woman to control the process, including:
  - WOMLM2.2.1 cervical screening
  - WOMLM2.2.2 pelvic examination
  - WOMLM2.2.3 breast examination.
- WOMLM2.3 Discuss the effect of biological factors on women's health.
- WOMLM2.4 Demonstrate knowledge of women's health issues, problems, conditions and diseases, including those associated with fertility and contraception, pregnancy, childbirth and lactation, menstruation and premenstrual cycles, and the uterus, ovaries and breasts.
- WOMLM2.5 Describe how adolescence, pregnancy, breastfeeding, parenting, menopause and aging are natural events and not pathology.
- WOMLM2.6 Describe the psychosocial component of women's health.
- WOMLM2.7 Outline how forms of abuse, including physical, sexual, emotional, financial and psychological, impact on health.
- WOMLM2.8 Describe the importance of the role of the GP in maintaining and enhancing women's health and wellbeing while avoiding over-medicalisation.

### 3. Population health and the context of general practice

- WOMLM3.1 Describe the particular groups of women that are more likely to suffer health inequalities and describe the impact of these, including barriers to accessing care (eg. lack of availability of a culturally and/or gender appropriate primary health provider), reduced screening rates and increased health risks.
- WOMLM3.2 Describe prevention and screening strategies relevant to women and detail the evidence for their use (using the RACGP *Guidelines for preventive activities in general practice* and the National Health and Medical Research Council guidelines, if available).

### 4. Professional and ethical role

- WOMLM4.1 Describe the preference of some women to see a primary healthcare provider of a particular culture and/or gender, while also considering the need for all doctors to acquire and maintain skills in women's health.
- WOMLM4.2 Demonstrate respect for women's autonomy for health decisions.
- WOMLM4.3 Discuss and reflect on own values, attitudes and approach to ethical issues (eg. termination of pregnancy, contraception for minors, cosmetic surgery).
- WOMLM4.4 Describe the ethical and legal issues of women in Australia to access abortion services and the GP's professional obligation to be nonjudgmental when a woman seeks termination of pregnancy.
- WOMLM4.5 Develop competencies for a team approach to healthcare and inter-professional practice, specifically to enable continuity of care for women seeing more than one healthcare provider.

### 5. Organisational and legal dimensions

- WOMLM5.1 Describe the legal issues surrounding abortion, access to assisted reproductive technology and adoption, age of consent, and end-of-life decision making in Australia (as the laws may vary in each state or territory).

# Learning objectives across the GP professional life

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## Prevocational doctor

Assumed level of knowledge – medical student

### 1. Communication skills and the patient-doctor relationship

WOMLP1.1 Demonstrate the ability to meet all the objectives listed for medical students at a more complex level of skill in all areas.

### 2. Applied professional knowledge and skills

WOMLP2.1 Show competency in the skills of physical examination, in medically justified circumstances, that create a sense of comfort and safety for the patient.

WOMLP2.2 Demonstrate the ability to perform intimate examinations independently with sensitivity and care, allowing the woman to control the process including:

WOMLP2.2.1 cervical screening

WOMLP2.2.2 pelvic examination

WOMLP2.2.3 breast examination.

WOMLP2.3 Provide emotional support for the psychosocial component of women's health.

### 3. Population health and the context of general practice

WOMLP3.1 Describe the particular groups of women that are more likely to suffer health inequalities and describe the impact of these in the hospital setting, including barriers to accessing care (eg. lack of availability of a culturally and/or gender appropriate primary health provider), reduced screening rates and increased health risks.

### 4. Professional and ethical role

WOMLP4.1 Demonstrate willingness to arrange appropriate referral if own personal values prevent provision of a service, such as termination of pregnancy, contraception for minors, or cosmetic surgery.

### 5. Organisational and legal dimensions

WOMLP5.1 Describe the GP's role in issues relating to guardianship and informed consent for girls and women presenting to hospital for contraception, sterilisation or termination of pregnancy.

# Learning objectives across the GP professional life

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## Vocational registrar

Assumed level of knowledge – prevocational doctor

### 1. Communication skills and the patient-doctor relationship

WOMLV1.1 Demonstrate the ability to meet all the objectives listed for prevocational doctors (WOMLP) at a more complex level of skill in all areas and in the general practice setting.

### 2. Applied professional knowledge and skills

WOMLV2.1 Understand and work with women's priorities for their health, including conflicting priorities that arise as a result of their role as carers.

WOMLV2.2 Be able to pick up cues for a history of physical, sexual, emotional or financial abuse and acknowledge any subsequent psychological impact on the woman's health.

### 3. Population health and the context of general practice

WOMLV3.1 Discuss the advantages and disadvantages of prevention and screening strategies with individual women and the evidence for their use (using the RACGP *Guidelines for preventive activities in general practice* and NHMRC guidelines, if available).

WOMLV3.2 Understand the role of the GP in contributing to women's health in the broader community, including the ability to work with, and refer to, community women's health groups.

### 4. Professional and ethical role

WOMLV4.1 Describe the role of the GP in advocacy for women's health such as human rights and women's health, social justice and social responses to violence against women, and facilitating access and equity with regard to service provision.

### 5. Organisational and legal dimensions

WOMLV5.1 Examine how practice management issues impact on the provision of care to women, including the maintenance of confidentiality by all practice staff.

WOMLV5.2 Describe the GP's legal obligation to ensure that follow up and recall systems for women's health screening and contraception are reliable and effective.

WOMLV5.3 Outline legislation and policy relevant to women's health and how these relate to general practice, including mandatory reporting.

WOMLV5.4 Understand the GP's role in advocacy and support for women who are discriminated against as a result of their gender, sexual orientation, ethnicity or other personal attribute.

WOMLV5.5 Describe health and support services specifically targeted for women.

# Learning objectives across the GP professional life

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## Continuing professional development

Assumed level of knowledge – vocational registrar

### 1. Communication skills and the patient-doctor relationship

WOMLC1.1 Demonstrate maintenance and ongoing development of communication skills specific to women's health in ongoing professional development needs.

### 2. Applied professional knowledge and skills

WOMLC2.1 Demonstrate maintenance and ongoing development of professional knowledge and skills specific to women's health in ongoing professional development needs.

WOMLC2.2 Understand and work with women's priorities for their health, including conflicting priorities that arise as a result of their role as carers.

WOMLC2.3 Be able to pick up cues for a history of physical, sexual, emotional or financial abuse and acknowledge any subsequent psychological impact on health.

### 3. Population health and the context of general practice

WOMLC3.1 Keep up-to-date with changes to prevention and screening guidelines and their evidence base.

WOMLC3.2 Understand national and state women's health policies and apply these to general practice.

WOMLC3.3 Demonstrate the ability to discuss the advantages and disadvantages of prevention and screening strategies with individual women, and the evidence for their use (using the RACGP *Guidelines for preventive activities in general practice* and NHMRC guidelines, if available).

WOMLC3.4 Understand the GP's role in contributing to women's health in the broader community, including the ability to work with and refer to community women's health groups.

### 4. Professional and ethical role

WOMLC4.1 Demonstrate how to apply the role in advocacy for women's health, such as human rights and women's health, social justice and social responses to violence against women, and facilitating access and equity with regard to service provision.

### 5. Organisational and legal dimensions

WOMLC5.1 Demonstrate ongoing review of practice policies and procedures in identifying and dealing with barriers to women accessing healthcare.

WOMLC5.2 Maintain current listings of health and support services specifically targeted for women.

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