



Specific interest groups (SIGs)

Abuse and Violence in Families	2
Addiction Medicine	2
ADHD, ASD and Neurodiversity	2
Aerospace Medicine.....	3
Aged Care	3
Allergy	4
Antenatal and Postnatal Care	4
Breastfeeding and Lactation Medicine (BFLM).....	4
Breast Medicine	5
Business of General Practice.....	5
Cancer and Palliative Care	5
Cardiology	5
Child and Young Person's Health	6
Climate and Environmental Medicine	6
Custodial Health.....	6
Dermatology	7
Diabetes	7
Digital Health and Innovation	7
Disability	8
Diving and Hyperbaric Medicine	8
Disaster Management.....	8
Energy-Limiting and Post-Infection Conditions (ELPIC)	9
Integrative Medicine	10
Hospital Medicine.....	10
Migrant, Refugee and Asylum Seeker Health.....	10
Military Medicine and Veterans' Health.....	11
Musculoskeletal, Sport and Exercise Medicine.....	11
Obesity Management.....	11
Pain Management	11
Poverty and Health.....	12
Psychological Medicine.....	12
Public Health	12
Respiratory Medicine	13
Sexual Health Medicine	14
Social Prescribing	14
Transgender and Gender-Diverse Healthcare.....	14
Travel Medicine	14
Urgent and Emergency Presentations to Primary Care.....	15

Abuse and Violence in Families

The aims of RACGP Specific Interests Abuse and Violence in Families are:

- advocacy
- empowerment
- management
- prevention of violence.

This SI group encompasses all of the issues in the RACGP Manual *Abuse and violence: working with our patients in general practice* (White Book) and also involves those GPs that are working in the area of sexual assault forensics.

Addiction Medicine

Addiction medicine is an important part of general practice. The RACGP curriculum contains a section on this area of practice. It is apparent that there is a tiering of involvement in this area of general practice within the profession.

The SIG is for GPs who:

- have contact with drug and alcohol issues as part of typical general practice
- work in areas with a higher burden of drug and alcohol problems
- who choose to practice for all or part of their working week in environments specific to addiction either in a hospital or community setting.

The context in which a general practitioner engages in addiction medicine varies from state to state and is also dependent, to an extent upon the regulations imposed by the state and territories.

The role of this SIG is to develop the skill and knowledge set of doctors either in these areas of practice or for doctors seeking to enter practices with high presentation loads of addiction medicine through:

- developing professional development opportunities
- collaborating with other organisations to deliver training and education opportunities specific to addiction medicine
- collaborating to design and create educational resources for addiction medicine
- creating networks for GPs in addiction medicine offering peer support and peer education
- facilitating or driving more primary care research into addiction medicine to develop a sound evidence-base relevant to the practice experience of doctors
- being a point of contact for GP advocacy and support in addiction medicine for representations to regulators and governments and in reverse, external organisations and governments to seek assistance or advice.

ADHD, ASD and Neurodiversity

Attention deficit hyperactivity disorder (ADHD) is a neurodevelopmental disorder causing a persistent pattern of inattention and/or hyperactivity and impulsivity. Contrary to popular belief, the symptoms do not disappear in adulthood. People do not 'grow out of it.' Like ADHD, ASD is a neurodevelopmental disorder. Whilst not as common as ADHD, its effects on the individual and their family are often even greater. It is also recognised that 50% of ASD individuals will have co-existing ADHD.

Symptoms of ADHD typically occur in the first 5-10 years of life. Comorbidities such as ASD, ODD, Dyslexia and Dysgraphia are common. Severe impacts on learning, behaviour and development are common. Current estimates place the number of ADHD children in Australia at 350,000. Adult ADHD is estimated to affect at least 3% of the adult population of Australia (500,000 individuals). Of that 3%, it is further estimated that 75% are unaware that they have the condition, and thus are both unassessed and untreated. These statistics, and their implications, are comparable in seriousness to the epidemic of maturity onset diabetes currently afflicting Australians.

GPs need to understand much more about ADHD and its broad ramifications in order to serve their communities. ADHD and ASD are poorly represented in undergraduate medical curricula across Australia.

A Deloitte Access Economics study, commissioned by the Australian Association of ADHD Upskilling of GPs in the diagnosis and management of ADHD and ASD is long overdue. There are insufficient Paediatricians and Psychiatrists to manage the caseload. Many patients could be managed within general practice, with only more complex cases being referred for shared care. Access to Paediatricians and Psychiatrists is often problematic, due both to extended waiting times and higher costs. Access to the public health system is typically difficult, and frequently non-existent.

Professionals (AADPA) in 2019, concluded that the annual cost to the Australian economy of untreated ADHD was in the order of \$20 billion per annum. Disproportionate numbers of ADHD individuals are to be found in custodial populations throughout Australia. Substance use disorder is also common.

Aerospace Medicine

Travel by air is an important personal and social need for the Australian community, for example in maintaining contact with family or accessing health services remote from their homes. GPs are increasingly required to advise patients and their families regarding their fitness to fly as a passenger. At the same time, patients increasingly have multiple medical conditions that each may cause them to suffer a deterioration when exposed to the aviation environment and to air travel in a broader sense.

The GP needs to be able to make assessments in order to provide holistic care for patients, supporting not just their clinical outcomes but also these other social determinants of their health and welfare.

In 2018, GPs were invited by the Civil Aviation Safety Authority (CASA) to make a major contribution to aviation safety. GPs are now authorised to certify some private pilots to fly, through the application of the Commercial Driver's License Standards (The CASA Class 2 Basic Medical. Many GPs also perform examinations of patients flying recreational aircraft (RAAus) or parachuting.

In order for GPs to safely and effectively perform these roles, it is important for them to understand the aviation environment, the reasoning behind the medical standards for pilots, and how disease states can impact on a pilot's ability to safely fly. In terms of patient advocacy and support, the impact of the aviation environment on health and on chronic disease should be considered by GPs when assessing fitness to fly, in order to avoid in-flight emergencies for passengers and crew.

Medical defence organisations (MDOs) also acknowledge the importance of GPs having suitable qualifications and experience in performing their duties, and this includes in assessment of fitness to fly as pilot or passenger.

Aged Care

General practice, in setting the context of care under which it operates as 'person centered, continuing, comprehensive and coordinated whole-person healthcare to individuals and families in their communities', defines general practice as having, as part of its responsibility, a pivotal role in dealing with the health matters and complex co-morbidities that characterise the aging process. With Australian Institute of Health and Welfare statistics and industry projections still suggesting an aging population and the call for residential aged care places tipped to rise by in excess of 80,000 by 2020, there is clear evidence that the aged care impact on general practice is on an upward trend. In addition questions around end-of-life care, and the burden of chronic disease in the aging population, make this an important group within the RACGP, focusing on developments within the aged care, a very important tool.

The RACGP has a good understanding of its role in aged care and has historically been active in lobbying for better access to primary care for the aged. The RACGP curriculum statement sets the benchmark for the treatment of the aged in general practice. Both the advocacy and curriculum development activities of the RACGP are enhanced and supported by this SI group.

RACGPSI Aged Care is an active networking body and reference group for the RACGP, while feeding valuable experience into the development of educational activities and review of existing materials.

Allergy

RACGP Specific Interests Allergy acts as an educational support, reference group and networking body for general practitioners with an interest in allergy focused primary care and will also assist external stakeholders in making decisions regarding allergy diagnosis and management in the Australian community.

Allergic diseases affect one in five Australians and the number affected is rapidly increasing. Combined with this rapid growth, allergic diseases may be deleteriously impacted as a consequence of delayed access to medical care and long waiting times for specialist care, especially in rural areas. In the past, the undergraduate teaching in this area has been limited or non-existent, leading to some primary care physicians feeling ill prepared to deal with these issues in their practice. Consequently, there is a need for a more unified approach to allergic diseases.

With this in mind the [National Allergy Strategy](#) developed by the [Australian Society of Clinical Immunologists and Allergists](#) (ASCIA), has flagged a shared care approach between general practitioners (GPs) and specialists in this area. Many allergic diseases could be managed in primary care with better education of GPs and the collaboration between GPs and specialist allergists could be greatly improved.

Antenatal and Postnatal Care

General practitioners have a long history of involvement in antenatal and postnatal care, both as the hub of the primary care process as it exists in Australia and also as the custodian of the obstetric health and ultimately the delivery of a large segment of the uncomplicated live births in much of Australia's history.

This involvement was formally recognised in 1980 with the formation of the Joint Consultative Committee between the RACGP and the Royal Australian and New Zealand College of Obstetrics and Gynaecology to oversee the development and adoption of appropriate standards and skills maintenance for GPs who practice in this area. The administration of the JCCOG was ceded to RANZCOG in 2009.

Additionally, over the last two to three decades, there has been a shift in the level and quality of GP involvement in antenatal- delivery- postnatal care cycle as referral to specialist O&G and delivery in larger regional centres rather than small local hospitals has become the norm for many.

This SI group supports those members who so wish to discuss and share their skills in this area and expand their knowledge and that of their colleagues. GPs who still work in this area as part of their practice will benefit from the opportunity to network with fellow GPs.

Breastfeeding and Lactation Medicine (BFLM)

Breastfeeding and Lactation Medicine (BFLM) is a vital area of primary care that requires an in depth understanding of maternal and infant health, as well as endocrine and psychosocial factors. It encompasses the physiological processes of lactation and conditions such as mastitis, low milk supply, relactation, CMPA, induced lactation, along with feeding challenges related to maternal or infant health. General practitioners are often the first point of contact for families and play a critical role in supporting breastfeeding and infant feeding. Yet structured education and formal support for GPs in this field remain limited, despite the significant health and economic benefits of effective infant feeding support.

RACGP Specific Interests Breastfeeding and Lactation Medicine provides a professional home for GPs interested in this area. We aim to foster peer connection, shared learning, and access to evidence-based education while strengthening recognition of BFLM as an essential component of general practice.

Aims and objectives of the BFLM include:

- Promoting evidence based education and clinical resources for GPs
- Providing peer support for complex breastfeeding and infant feeding issues
- Advocating for equitable access to lactation care across all communities

- Embedding breastfeeding and infant feeding education in GP training and professional development
- Collaborating with other medical colleges - like RACP and RANZCOG to advance breastfeeding medicine and influence policy

Given the frequency and complexity of infant feeding consultations in general practice, and their impact on community health, this SIG addresses a crucial gap within RACGP Specific Interests by advancing education, advocacy, and quality of care in breastfeeding and lactation medicine.

Breast Medicine

RACGP Specific Interests Breast Medicine works with breast physicians and general practitioners with a specific interest in breast medicine to provide opportunities, develop activities such as continuing professional development, and undertake research in this area to the benefit of our patient's health.

Business of General Practice

RACGP Specific Interests Business of General Practice is a resource for current practice owners to develop best practice standards and initiatives, share ideas and resources and to provide input to the College more broadly on practice management issues.

The group's objectives and responsibilities are to:

- provide comprehensive educational events to both existing and prospective practice owners
- encourage newly qualified GPs and Fellows to become practice owners
- provide mentoring and guidance to group members.

Cancer and Palliative Care

Cancer is a common disease and a major health problem in Australia today and general practice plays a significant role, from prevention right through to survivorship or palliative care. At current rates, it is expected 1 in 2 Australians will be diagnosed with cancer by the age of 85.

This year, more than 534,000 new cases of cancer will be diagnosed in the Australian population. Of these, roughly 434,000 people will be treated for one or more non-melanoma skin cancers - two in three Australians will develop at least one of these cancers by the time they are 70. Although these are less serious, they can occasionally be fatal. Nearly 40,000 people will die from the other types of cancer.

Palliative care is an area of healthcare that focusses on the prevention and relief of patient suffering at all stages of disease. Palliative care is helpful for people with a wide range of life-threatening illnesses including cancer and other progressive illnesses. General practice has a key role in identifying patients who may benefit from a palliative care approach.

The aims of the SI group are to provide a:

- forum for discussion of aspects of cancer and palliative care specific to general practice
- forum for development, presentation and dissemination of research
- collective point of contact for the RACGP on topical matters relating to cancer and palliative care in general practice.

Cardiology

Approved by RACGP Council in June 2017, the aim of RACGP Specific Interests Cardiology is to increase awareness of the importance of appropriately managing cardiovascular disease (CVD) and assist general practitioners (GPs) to be better equipped in effectively treating CVD.

In 2014: 2015 it was estimated that 4.2 million (22%) Australian adults aged 18 years and over had one or more CVDs.

The SI group will work with its membership to optimise patient outcomes in general practice, leading to minimising the progression of CVD in people through early detection, and also improving the quality of life of people living with CVD through appropriate medical intervention.

Child and Young Person's Health

GPs see 80% of the Australian population annually and patients under 15 years of age comprise approximately 23% of consultations. A study incorporating an examination of service utilisation by children, aged between 10 and 15 year in the six months prior to the study indicated that GPs had been consulted with regard to 45% of all children. This result is between four and 38 times higher than any other service.

Child and Young Person's Health has been formed to act as a communication and networking group for GPs and others engaged in this area of practice.

Climate and Environmental Medicine

The purpose of the RACGP Specific Interests Climate and Environmental Medicine is to promote the understanding of the impacts of climate change on health to GPs and encourage debate and discussion on the health issues arising from global climate change, which is widely recognised as the foremost environmental challenge of the 21st century.

Governments and other policy makers tend to look at climate change in isolation. The objectives of this group will be broaden the conversation and examine and promote the health co-benefits of good climate change policy, climate action and low carbon lifestyles. Even GPs who are climate change sceptics will accept that more walking and cycling and less consumption of processed food will have positive health benefits.

The RACGP has an important role to play in the promoting, educating and developing resources for GPs in Australia on the health responses to climate change.

The SI group's objectives and responsibilities are to:

- promote a forum and network among RACGP members interested in climate change and other environmental, both built and natural, impacts on health to encourage and facilitate professional development and collaboration
- advocate education and awareness on the impact of environmental policy on health to medical students, general practice trainees and general practitioners in Australia
- establish links to support and promote the increased understanding of the adverse and beneficial impacts the environment and environments policies have health
- act as a resource point for the RACGP on environmental and climate change issues as they impact on general practice in Australia.

Custodial Health

This SI group was formed to assist those general practitioners who work in custodial settings (correctional facilities, police cells and detention centres).

People in custody suffer from a particularly high incidence of mental illness and substance abuse. They also tend to have a high burden of physical disease, a large number of medical risk factors and often little motivation or skills to address their problems. Working in such areas requires specific skills and resources.

The aims of the group are:

- networking for doctors working in these settings
- educational support
- standards for custodial settings
- standardising professional development needs in custodial settings in an evidence based manner and developing resources and opportunities
- defining where custodial medicine lay in the context of general practice and where the unique issues may sit
- working to develop a curriculum for doctors in the system and new to the system with formal recognition of area specific training
- creating the opportunity to develop evidence based best practice in Australian custodial settings

- a forum for development, presentation and dissemination of research
- to champion the needs of special subgroups within the environment including indigenous people, women, young people and the group of incarcerated people as a whole.

Dermatology

The purpose of RACGP Specific Interests Dermatology is to promote the understanding of the treatment and care needs of people living with skin and other dermatological problems to GPs, to encourage active debate and discussion on these health issues and develop appropriate resources for GPs.

The group's objectives and responsibilities are to:

- promote a forum and SI group for RACGP members committed to improving their understanding and service provision to people with skin disorders and facing other dermatological issues
- advocate education and awareness of the health and wellbeing needs of people with dermatology treatment needs to medical students, general practice registrars and general practitioners in Australia
- act as a resource point for the RACGP on dermatological treatment practices and emerging issues as they impact on general practice in Australia
- actively promote and support the role of the GP as the primary care giver for most dermatological conditions.

Diabetes

RACGP Specific Interests Diabetes places emphasis on the central role general practice has in managing people with diabetes.

The aims of the SI group are to:

- Foster and support fellow GPs in diabetes management in general practice
- Develop and support quality education for general practitioners in diabetes care
- Develop and support research skill networks within general practice related to diabetes and its management
- Facilitate fellow GPs in practical implementation of quality standards of diabetes care in the community.

Digital Health and Innovation

Health Informatics has been defined by WHO as 'an umbrella term used to encompass the rapidly evolving discipline of using computing, networking and communications: methodology and technology: to support the health-related fields', including general practice.

Health informatics and eHealth more broadly, is seen to be increasingly important in ensuring system efficiencies and improving quality of patient care, and the rise in computer use in general practice is responsible for creating the largest electronic database of clinical information in the country.

The introduction of new technologies into general practice presents challenges for GPs. Future developments in the areas of a national health record system, e-billing and telehealth will need to be monitored by GPs and practice teams. General practitioners must be mindful of the potential risks of information management, including security and privacy issues, and need to be familiar with computer security guidelines.

This SI group supports those members who wish to discuss and share their knowledge in health informatics with their colleagues.

The proposed aims of the SI group are to provide a:

- forum for discussion of aspects of Health Informatics specific to general practice
- forum for development, presentation and dissemination of research
- collective point of contact for the College on topical matters relating to health informatics in general practice.

Disability

One of the six priority outcomes of the Australian Government's National Disability Strategy 2010- 2020 is 'people with disability attain the highest possible health and wellbeing outcomes throughout their lives' (Department of Social Services 2012).

GPs are the most common first point of contact for health issues for Australians with disability, as with all Australians. In 2012, 95% (or 3.8 million) of people with disability living in households visited a GP at least once for their own health in the previous 12 months, including 22% who saw a GP for urgent medical care. (AIHW, June 2015).

People with disabilities are particularly vulnerable to deficiencies in healthcare services. Depending on the group and setting, persons with disabilities may experience greater vulnerability to secondary conditions, co-morbid conditions, age-related conditions, engaging in health risk behaviours and higher rates of premature death. They also encounter a range of barriers when they attempt to access healthcare including prohibitive costs, limited availability of services, physical barriers, and inadequate skills and knowledge of health workers. (WHO, 2015)

The purpose of RACGP Specific Interests Disability is to promote the understanding of the needs of people living with disability to GPs, to encourage active debate and discussion on these health issues and develop appropriate resources for GPs.

The group's objectives and responsibilities are to:

- promote a forum and group among RACGP members committed to improving their understanding and service provision to people living with disability
- advocate education and awareness of the health and wellbeing needs of people living with disability to medical students, general practice registrars and general practitioners in Australia
- support GP members in their understanding and role in the National Disability Insurance Scheme (NDIS)
- act as a resource point for the RACGP on disability issues as they impact on general practice in Australia.

Diving and Hyperbaric Medicine

Compressed air diving is a popular sport for Australians and tourists requiring recreational diving assessments. The aquaculture industry is Australia's fastest growing primary industry with commercial divers requiring annual diving medicals. GPs are best placed to provide these specialised medicals. Diving related injuries can present to GPs at any time and do not always require sub-specialist input from a Hyperbaric and Diving Medicine Unit. GPs provide pivotal roles in the hyperbaric and diving medicine sphere from point of entry assessment of divers in the community, to holding Consultant and Head of Department appointments in Hyperbaric and Diving Medicine Units, and representation on the SPUMS Executive Committee (and in the future on the ANZCA sub-committee).

Diving and hyperbaric medicine is a complementary subspecialty for general practice. GPs can access postgraduate courses in Hyperbaric and Diving Medicine through SPUMS and the Royal Australian Navy (Medical Officer's Underwater Medical course).

GPs with advanced training in hyperbaric and diving medicine (SPUMS Diploma and Advance Diploma through ANZCA) hold current hospital appointments in this field. GPs make up the largest percentage of specialists who provide diving medicals as listed on the SPUMS website.

Diving and hyperbaric medicine incorporates assessment and care of divers and related injuries (eg DCI, barotrauma). It can be a complementary therapy for wound care (eg diabetic ulcers), radiation proctitis, cystitis and soft tissues injuries; prevention and treatment of osteoradionecrosis. As well as other less common conditions, including central retinal artery occlusion, sudden sensorineural hearing loss, refractory osteomyelitis and deep tissue infections, anaerobic tissue infections (eg gas gangrene and anaerobic fasciitis), and compromised skin grafts and flaps.

Disaster Management

Disasters and major emergencies can cause injury, illness and death on a large scale. In order to manage these impacts effectively, the response by health services must be integrated with contemporary emergency management to ensure best practice from a proven model of management.

The primary objective of any general practice involvement in emergency management is to coordinate the provision of an appropriate and balanced primary care response by general practitioners and practices in a way that utilises their unique and community based medical knowledge and that maximises the effectiveness of their contributions while maintaining continuity of primary health care services and protects their safety as much as possible.

The RACGP has developed guiding materials to aid its members in dealing with disasters and their aftermath, maintaining and restoring primary care services to affected communities. RACGP Specific Interests Disaster Management supports the RACGP in its response to the needs of its members by:

- acting as a GP advisory/resource group to other bodies involved in disaster management
- facilitating the interface between general practice and established disaster response agencies
- providing a group of GPs who can offer support and education to other GPs / GP groups when disaster occurs
- developing international connections with GPs interested in disaster management to share best practice.
- assisting with ongoing upgrading of disaster resources for RACGP
- developing/offering/facilitating courses in disaster management
- developing a pool of GPs who can provide support to areas/communities affected by disaster.

The RACGP has developed, and continues to develop, resources and materials to support its members in delivery of quality patient care in all situations and under all conditions. There can be no greater strain on the delivery of whole person, coordinated care than the disruption associated with natural and man-made disasters. The RACGP continues to support its members by providing education, advocacy and services and this SI group complements the work already undertaken in supporting GPs in disaster situations.

Energy-Limiting and Post-Infection Conditions (ELPIC)

Post-viral and energy-limiting conditions, including Long COVID, ME/CFS, Fibromyalgia, Postural Orthostatic Tachycardia Syndrome (POTS), and related disorders, present significant challenges to healthcare systems, patients, and communities. General practitioners are critical in managing these multifaceted and often misunderstood conditions. RACGP Specific Interests Energy-Limiting and Post-Infection Conditions (ELPIC) creates an essential platform for collaboration, education, advocacy, and research to support primary care practitioners and their patients effectively. The SIG aims to provide targeted support and resources to assist GPs in navigating the emotional and professional complexities of managing patients with chronic, energy-limiting conditions.

Objectives

- Provide targeted education to improve GP diagnostic and management skills for energy-limiting and post-infection conditions.
- Develop a comprehensive repository of evidence-based guidelines, clinical tools, and resources.
- Establish a collaborative network of GPs, allied health professionals, specialists, and researchers to foster knowledge exchange and shared expertise.
- Cultivate partnerships with hospitals, specialist clinics, academic institutions, and patient advocacy groups.

Advocacy

- Represent GPs in policy discussions to advocate for improved funding, resources, and recognition of energy-limiting and post-infection conditions.
- Address disparities in access to care, ensuring equitable patient support.

Research

- Encourage GP involvement in clinical research and trials to enhance evidence-based practices.
- Promote innovative models of care such as multidisciplinary teams, telehealth solutions, and patient-centred care strategies.

Integrative Medicine

Integrative medicine refers to the blending of conventional and complementary medicines and therapies with the aim of using the most appropriate of either or both modalities to care for the patient as a whole. Integrative medicine, like general practice, embraces and encourages a holistic approach to practice incorporating patient involvement in self-health care, prevention and lifestyle interventions. Integrative medicine encompasses more than complementary medicine, although the integration of complementary medicine is an important and obvious aspect of integrative medicine.

RACGP Specific Interests Integrative Medicine believes that its establishment within the RACGP is an important step toward acknowledging and supporting this important practice of health care. This working group reflects the philosophies and core values of the RACGP and believes that an RACGP supported Diploma in Integrative Medicine will complement the holistic centred learning of the FRACGP for those with an interest in this area of practice.

Hospital Medicine

It is widely recognised that GPs play a key role in the provision of care in rural, outer urban and suburban hospitals. While emergency departments are the most common setting for their involvement, they can also provide ongoing medical care in general and speciality wards, obstetrics, mental health, drug and alcohol, custodial health, palliative care, intensive care and preadmission clinics.

The aim of the SI group is to provide a networking, communication and education mechanism for GPs and other medical practitioners working in hospital medicine. The group also seeks to increase awareness of the fact that GPs working in hospitals do not have clear links to other GPs working in other hospitals. Transfer of knowledge within the hospital sector is reliant on hospital and area health services deciding what is to be introduced at each hospital. Pragmatic, whole person patient management is, at least anecdotally, easier to implement with GPs working in hospitals either as the admitting doctor or as part of the hospital inpatient team.

Migrant, Refugee and Asylum Seeker Health

This SI group's specific interest is refugee health and the primary role of the GP in seeing newly-arrived refugees for health assessments as well as caring for people of refugee background who are longer-term residents of Australia.

Each year around 13,750 refugees and humanitarian entrants settle in Australia through the government's refugee and humanitarian program, in addition to significant numbers of people of a refugee background arriving on other visa categories. Newly arriving refugees to Australia have lived in very poor circumstances for extended periods of time with limited access to health care, resulting in the need for comprehensive health assessment and often access to a number of primary health and specialist services for chronic and/or complex health concerns. Many have suffered torture and/or other forms of trauma, often over an extended period of time.

GPs play a crucial role as an introduction to healthcare in Australia through their provision of assessment, intervention and primary care and identifying issues requiring referral to specialist services and/or allied health care. Our skill set comprises knowledge and expertise in a range of areas including infectious and parasitic diseases, specialised mental health and trauma, nutritional deficiency, women's health, sexual and reproductive health and paediatric concerns, all with a specific refugee focus.

The activities of the SIG are to:

- provide GP peer and student education on refugee health
- promote general practice research in refugee health
- assist in policy review and development based on our extensive frontline understanding of issues
- provide mutual peer support and collaborative approaches to care
- liaise with other medical/health and settlement organisations and networks
- provide advocacy in terms of social justice and equality of access for this particularly vulnerable client group.

Military Medicine and Veterans' Health

Military Medicine was originally formed as a Chapter in 2000 to foster formal relations between the Australian Defence Force (ADF) and the RACGP. Part of the SI group's objectives are to promote quality general practice within the ADF setting in accordance with accepted RACGP guidelines. The group also advises the RACGP on matters pertaining to the military aspects of general practice and assists as the consultative body concerning standards in general practice as applied to the ADF.

Membership of Military Medicine is open to all current financial Fellows, members and associates of the RACGP who are:

- current members of the ADF (both full-time and reserve)
- former members of the ADF (both full-time and reserve) who have given at least two years' effective service
- linked to the ADF as a civilian employee, contractor, involved in training ADF registrars, involved in determining RACGP standards for education or clinical practice, involved in research on ADF personnel or veterans or are employees of the Department of Veterans' Affairs
- a current financial member of the RACGP with a specific interest in military general practice.

Musculoskeletal, Sport and Exercise Medicine

The objectives of RACGP Specific Interests Musculoskeletal, Sport and Exercise Medicine are to:

- improve the quality of evidence based healthcare services of GPs working within the SIG's area
- provide the RACGP with a mechanism for responding to the needs of patients treated by GPs working in this area
- provide advice and expertise to the RACGP and its Board when requested
- aid the RACGP in representing the valuable involvement of GPs in the area of musculoskeletal, sport and exercise medicine.
- provide education for other medical and allied health colleagues
- provide input into standards and represent the RACGP on stakeholders groups.

Obesity Management

RACGP Specific Interests Obesity Management acts as an educational support, reference group and networking body for general practitioners with an interest in this area.

The *Australian NHMRC Clinical Practice Guidelines for the Management of Overweight and Obesity* published in 2013, states that the prevalence of overweight and obesity is high and is continuing to increase, affecting more than 60% of adults and nearly 25% of children and adolescents. In addition, obesity has been officially recognised as a disease by the American Medical Association, and as a result, health professionals globally are placing more emphasis on this chronic health condition.

Given that GPs are at the coalface of primary care, they are well placed to put preventative strategies into place. Furthermore, with adequate training they can identify high-risk patients and initiate management, in order to prevent these patients' obesity worsening +/- the development of weight related comorbidities. This not only has cost implications to the individual, but also to society as a whole. Our knowledge about obesity, the factors that contribute to weight gain, and the different treatment modalities are constant changing and evolving as further ongoing research into these areas is being undertaken. The SIG keeps up to date with, and discusses a variety of evidence-based therapies for obesity management.

Pain Management

RACGP Specific Interests Pain Management's objective is to play a pivotal role in helping to achieve better outcomes for pain management in general practice. It aims to achieve this by producing high quality education, peer support, networking with key groups (such as pain management units (PMUs) and the National Pain Summit) and ultimately by working towards an RACGP Specific Interests diploma. The SI group encourages likeminded GPs to be a part of this dynamic group.

Poverty and Health

General practice aims to serve all people, from every community, in every part of Australia. There are many RACGP members working in some of the most disadvantaged communities and they often look after patients with complex health and social care needs. At times, this can be complicated, tiring, and distressing work when they witness the disenfranchisement and disempowerment of people who are socioeconomically marginalised. It is often also rewarding work, sharing the journey of life with people who often have few people to turn to.

2021 marked 50 years since the publication of *The Inverse Care Law* by Julian Tudor, who was a GP working in a disadvantaged community in Wales. He wrote:

'The availability of good medical care tends to vary inversely with the need for it in the population served.'

And 50 years later the inverse care still law holds true, even in universal healthcare systems like Australia and the UK. Tudor-Hart's seminal work has influenced clinicians and researchers who are striving to improve the health status of people living in our most disadvantaged communities Hart (see: *The Lancet*. 50 years of the inverse care law. *Lancet*. 2021;397(10276):767).

This anniversary makes it the ideal time for the RACGP to recognise and further support members who are working in disadvantaged communities and seeing the joys and challenges of 'deprivation and poverty'. The aim of this RACGP Specific Interests group (SIG) is to be an anchor for peer support and learning, plus a single point of expertise and advice for RACGP policy and advocacy related to disadvantage and inequity.

It is well recognised that peer support is an essential factor in reducing burnout. The COVID-19 pandemic disproportionately impacted socioeconomically disadvantaged groups around Australia, in both case numbers and deaths. Many of the RACGP members working with these communities had unprecedented stress placed on them in their work life. We believe this SIG is essential for the ongoing support of colleagues practising in the most deprived communities.

Psychological Medicine

Many members of the RACGP have a high level of training in Psychological Medicine related skills and are practising these skills for a large part of their working week. The training that they have undertaken is diverse with qualifications ranging from BoiMH Level 2 training through to Masters, Diploma or Certificate level university qualifications or else via independent training institutes in psychological methods. RACGP Specific Interests Psychological Medicine was established to bring this eclectic group of practitioners together under the auspice of the RACGP, which represents their background and identity.

The SI group is active and influential in the development, maintenance and recognition of enhanced knowledge and skills in the field of primary care based psychological medicine. This area of medicine, in which GPs provide the majority of the workforce and skill base, lacks a clear pathway to recognition for those GPs practising within the specific interest for some of their practice time. The successful development of an RACGP endorsed diploma will highlight a pool of enhanced skills providers within general practice that will not only offer better health outcomes to patients but can be used for training, supervision, mentoring, support and mental health policy development within the RACGP.

Public Health

Public Health/Population Health is an important part of general practice, as evidenced by Domain 3 Population Health and the Context of General Practice within the RACGP curriculum. Most GPs routinely incorporate some level of population-based approach within their practice, ranging from eg promoting vaccine uptake to individual patients to advocating around public health issues at a community level. The power of primary care to improve population health outcomes is well recognised within the public health community with many public health programs delivered through general practice and engagement with the general practice sector seen as core to developing and implementing public health initiatives.

This SI group aims to strengthen the skills and knowledge of GPs with an interest in public health, and particularly to:

- Create a network for GPs with an interest in public health, offering peer support and peer education
- Explore mechanisms to build the skills, knowledge and qualifications of GPs who have a specific interest in public health, including through exploration of joint training pathways with the Australasian Faculty of Public Health Medicine
- Identify and develop career pathways for GPs with specific interest in public health
- Discuss issues relevant to GPs with a specific interest in public health including identifying practical methods for public health engagement.

Respiratory Medicine

The impact of respiratory disease on patients, families, health services and society is significant, with lung disease accounting for 10.3% of the total burden of disease in Australia in 2010.

The identification, assessment, diagnosis and treatment of most respiratory diseases is a primary care issue and, in Australia, respiratory conditions are believed to be the most commonly managed problems in general practice. Data from the Bettering the Evaluation and Care of Health (BEACH) survey of general practitioners suggest that respiratory conditions were managed in approximately one in five encounters from 2005–06 to 2014–15 (Britt et al. 2015). GPs manage both acute (eg upper and lower respiratory tract infections) and chronic respiratory disorders (eg asthma, chronic obstructive pulmonary disease and allergic rhinitis), have an important role in early detection of lung cancer and often co-manage conditions such as bronchiectasis, lung cancer and cystic fibrosis.

However, there remains challenges in the primary care management of even the more common obstructive respiratory disorders of COPD and asthma. There is ongoing diagnostic and management confusion in general practice despite Australia having some of the best primary care guidelines in the world for both of these disorders that have been developed and promulgated by non-government organisations such as the National Asthma Council of Australia (NACA) and Lung Foundation of Australia (LFA). For many years now both of these organisations have had the support of a GP based group General Practitioners Asthma Group (GPAG) but with limited numbers of members. Members of that group now feel that it would be more beneficial to not only GP colleagues but also the wider health and consumer community to have more formal links to the RACGP by establishing a Respiratory Medicine SI group.

The group works to widen the reach to fellow GPs who have an interest in respiratory medicine and encourage active contribution to improving the management of respiratory health in Australia.

Active links to current NGOs such as NACA, LFA, Asthma Australia and the asthma foundations will be sustained and strengthened as well as links to international organisations such as the International Primary Care Respiratory Group (IPCRG), the World Organization of Family Doctors (WONCA) and GP specific interest groups in other countries (UK, Netherlands, Norway, Sweden). Links to other entities working in the respiratory health arena (such as local health networks, Primary Health Networks, Federal Department of Health, research institutes and universities, and private organisations) will be pursued and fostered.

The aim of RACGP Specific Interests Respiratory Medicine is to support primary care to deliver high value patient centred respiratory care and will seek to achieve this through:

- educating primary care health professionals to deliver and influence respiratory care
- promoting and disseminating real life primary care research in respiratory conditions to support policy and education activities
- supporting the RACGP to campaign to influence policy and set standards in respiratory medicine, relevant to primary care nationally and locally: to be the leading professional voice of primary care in respiratory medicine.

This will be implemented by:

- being a responsive and action-orientated member SI group for the RACGP
- establishing links and partnerships with relevant respiratory organisations and professional bodies at local, national and international levels
- alerting SI group members to opportunities to sit on government and NGO committees to ensure primary care is appropriately represented
- responding to consultations on work relating to respiratory conditions managed in primary care:

eg COPD, asthma, respiratory allergy and flu, quality standards for respiratory conditions and respiratory health indicators

- ensuring input from a primary care perspective to consultations on guidelines for respiratory conditions, regardless of the organisations developing them
- putting forward primary care clinicians to represent general practice on any major local, national or global initiatives.

Sexual Health Medicine

RACGP Specific Interests Sexual Health Medicine aims to raise the profile and role of GPs in the provision of high quality primary care within the domain of Sexual Health Medicine.

Australian GPs have a significant role to play in the provision of whole person, continuing and coordinated sexual healthcare of women and men across their life spans. GPs diagnose and manage the majority of sexually transmitted infections in Australia and are the first point of medical contact for most Australians. Sexual Health medicine is a diverse discipline and incorporates the diagnosis and management of acute and chronic medical conditions, individual and public health concerns, sexual function and dysfunction. General practice is ideally suited to deliver comprehensive sexual healthcare.

Social Prescribing

Social prescribing is: referring people to a variety of non-clinical services and activities to improve their health and wellbeing. It recognises the social determinants of health and aims to support individuals to take greater control of their own health. This includes referring patients to a range of programs, activities, services and groups. Examples include volunteering, hobby groups, arts activities, group learning, gardening, befriending groups, sport and leisure groups, cookery, social support groups, health promotion and condition management programs. It is designed to support people with a wide range of social, emotional or practical needs, often with a focus on improving physical and mental health.

Transgender and Gender-Diverse Healthcare

Transgender and gender-diverse people face numerous barriers in seeking healthcare in general practice. GPs who see transgender patients describe multiple barriers to providing the care their patients need. RACGP Specific Interests Transgender and Gender-Diverse Healthcare seeks to change this.

Transgender and Gender-Diverse Healthcare is a term that describes a clinician accepting their patient's gender identity as a part of who they are. It involves listening to the patient, treating them as the expert in their own life and identity, and working to help them make empowered and informed decisions about their healthcare. It recognises that there is nothing abnormal or pathological about having a transgender identity. Instead, it is a natural part of human diversity.

Transgender people experience high levels of discrimination, stigma, social exclusion, and harassment in many aspects of their lives, including in healthcare settings.

Travel Medicine

Over 7.6 million Australians go overseas each year. A significant proportion of this is to destinations with an increased risk of food and water-borne disease, vaccine-preventable disease, blood-borne viruses, malaria and accidents.

Less than 50% of international travellers seek pre-travel health advice, but when they do so it is most often from their GP. Travel health advice is important for healthy and safe travel and has public health implications as the spread of vaccine-preventable diseases, such as measles, are often related to travel.

Good quality travel medicine requires accurate risk assessment and individualised advice. The overall aim of the group is to enhance the quality of travel medicine practice in the general practice setting.

The group also aims to:

- Provide a forum and SI group for RACGP members to support the practise of high-quality travel medicine in primary care
- Support the development and dissemination of education for general practitioners in travel medicine
- Support the development and dissemination of travel medicine resources for general practice
- Encourage and disseminate research on travel medicine in general practice
- Actively promote and support the role of the GP as a key provider of travel medicine advice for the community
- Act as a resource point for the RACGP on travel medicine practice and emerging issues as they impact on general practice in Australia.

Urgent and Emergency Presentations to Primary Care

This SIG has been developed to promote the provision of both after-hours general practice and urgent care clinics. They will support the upskilling of staff, and advocacy for the legislation, funding, and standards required to support the expanded provision of these services for the management of non-life-threatening urgent conditions (NLTUCs).

The proposed activities of the group are:

- Continue fostering established relationships with key stakeholders including RNZCUC, Federal and State Governments, Ambulance Services, PHNs, Health Direct, and relevant General Practice Corporates.
- Develop education for GPs on urgent care
- Inspire better management of urgent and emergency presentations to primary care.
- Influence Federal and State policy on urgent and emergency presentations to primary care.
- Participate and promote research on urgent and emergency presentations to primary care.
- Hold three-monthly meetings.
- Encourage peer groups for case-based discussion.

[Choose your interest group here](#)