RACGP

# Curriculum and syllabus for Australian general practice (7th edition)

## Integrative medicine

RACGP Curriculum and syllabus for Australian general practice (7th edition): Integrative medicine.

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# Integrative medicine

## Context

Integrative medicine (IM) is a patient-centred, evidence-informed approach that emphasises the therapeutic relationship, whole-person care, and the integration of complementary medicine (CM) into conventional healthcare.[1] IM addresses spiritual, social, and lifestyle factors that contribute to health and well-being, as well as illness and chronic disease.[2] CM encompasses diverse practices outside mainstream healthcare, including biologically-based products, mind-body therapies, and traditional medicine systems.[3]

In Australia, CM use remains consistently high, particularly among individuals with chronic conditions or unmet healthcare needs.[4–7] The evidence base for CM is expanding, with many modalities demonstrating strong safety profiles and inclusion in clinical guidelines. Although statutory regulation of select CM practices enhances safety, there are risks, including direct (eg drug–herb interaction), indirect (eg delayed diagnosis or treatment), and financial (most CM use incurs out-of-pocket costs.)[8,9] There are consistently low rates of disclosure of CM use to physicians. Reasons for non-disclosure include lack of inquiry from physicians, fear of disapproval and belief that physicians lack CM knowledge.[10] Traditional medicine systems, such as ayurveda and Aboriginal and Torres 60Strait Islander medicine, reflect culturally significant health practices. Given the widespread use of CM, GPs should possess foundational IM knowledge and skills to support informed decision-making.

A study of Australian GPs found most of those interviewed agreed that IM best practice starts with a good foundation in conventional medicine.[11] Other studies report that patients want their GPs to be informed about CM.[12] IM aligns with core principles of general practice, enhances patient satisfaction, and fosters collaborative, team-based care models – with GPs often serving as coordinators.[11–14] This integration supports holistic, effective, and culturally responsive healthcare delivery.

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## Learning outcomes

The GP is able to:

- demonstrate a respectful and collaborative approach to patient care that acknowledges the patient's values, beliefs, and preferences regarding integrative therapies
- conduct comprehensive assessments that consider physical, emotional, social, cultural, and spiritual dimensions of health
- critically appraise and apply evidence for the safety, efficacy, and appropriateness of integrative medicine therapies used in general practice
- demonstrate informed consent in prescribing complementary therapies
- identify potential interactions between conventional treatments and complementary therapies and manage risks
- ensure side effects of evidenced-based complementary therapies are considered and discussed
- discuss safety concerns and recommendations including potential benefits and risks such as interactions between nutritional or herbal supplements and medication, and financial cost
- work effectively with other healthcare professionals, including those practicing complementary medicine to support evidence based integrative and culturally competent patient care.

## Key areas of learning

Know the prevalence of use of integrative medicine modalities, why they are used, and by whom.

Understand the delivery methods, risks and benefits of commonly used integrative medicine modalities:

- mind-body interventions, such as mindfulness meditation, yoga, tai chi and qigong
- nutritional supplements, herbal medicines and food as medicine, including pre and probiotic supplements
- manipulative and body-based therapies, such as acupuncture, chiropractic, osteopathy and massage
- traditional medicine systems, such as traditional Chinese medicine (TCM), Ayurveda and traditional Aboriginal medicine
- environmental and lifestyle medicine

Understand the potential role of integrative medicine and its limitations in clinical practice. Consider a range of clinical presentations, such as:

- antenatal
- mental health
- cardiovascular
- cancer

Take a non-judgemental comprehensive history on use of integrative medicine modalities including complementary and traditional medicine use.

Provide advice on safe use of integrative therapies, including interactions with medications, and be aware of common interactions of concern, such as with anticoagulants.

Recognise limitations and risks of complementary medicines, including interactions with conventional treatments.

Integrate lifestyle interventions (eg nutrition, exercise, stress management, social prescribing, and sleep hygiene) into patient management plans to support health promotion and disease prevention.

Identify opportunities for preventive health recommendations that utilise evidence based integrative medicine.

Facilitate effective team-based care around the use of integrative therapies, including communicating clearly with integrative medicine providers and referring to qualified providers, where appropriate.

Consult point-of-care evidence-based resources on integrative medicine modalities to inform treatment decisions.

Report side effects appropriately.

Be able to refuse unreasonable requests (eg for unproven pathology tests), in a respectful manner that allows you to maintain a therapeutic relationship.

Consider patients' values, preferences and beliefs, including on use of traditional medicine systems, when advising on use of integrative therapies.

Consider patients' health literacy when advising on use of integrative therapies.

Consider patients' spiritual, psychosocial, and lifestyle needs when taking a history and providing a management plan.

Recognise and respect cultural diversity in health beliefs and practices, particularly in relation to traditional and complementary medicine.

Support safe and culturally appropriate evidence-based traditional medicines, including but not limited to:

- Aboriginal medicine
- Chinese Medicine
- ayurveda
- mind-body medicine.

Consider how to assess quality of complementary medicine products when making recommendations.

Apply ethical principles and legal requirements when recommending or discussing integrative therapies with patients.

## Opportunities for learning

### Words of wisdom

- Keep an open mind. Our patients often bring us the latest news on innovations in IM modalities. Before dismissing a new approach, take some time to read the evidence on it. You might learn something and your patients will be grateful that you took them seriously! Adopting an attitude of curiosity can be very helpful to both you and your patient, and this can include learning about what different cultures use in their traditional medicines and therapies. On the other hand, patients also appreciate their doctor advising them if something is unsafe to take alongside their medication or providing other evidence-based advice. Consider seeking a second opinion or advice if a patient presents with questions and queries which are beyond your scope of practice.

- Get to know the IM practitioners (GPs and / or complementary therapists) in your area and build a collaborative relationship with them. You could use patient and peer feedback to identify who is reputable and reliable, and / or contact the RACGP Integrative Medicine Specific Interest network to establish a relationship with a member in your local area.

- Using IM modalities for your own health and wellbeing may be a great way to understand the value of integrative medicine. For example, some people have found yoga and mindfulness meditation helpful in their daily lives.

- Similarly, looking after your own psychosocial, spiritual, and lifestyle needs is a great form of self-care. Try to get enough exercise, sunshine, fresh air, plant-based wholefoods, and relaxation. Practise self-care and you will feel better for it. These self-care practices can also help you to better understand your patient's experience, strengthening the therapeutic relationship.

- Patients find it very helpful for their GPs to go through their list of complementary therapies, including nutritional supplements, and rationalise their use. You might discover that a patient is 'doubling up' on a particular vitamin or mineral across their supplements and can discuss this with them.

### Learning strategies

#### On your own

Identify and critically appraise three evidence-based resources on complementary therapies.

- *How easy will it be to use these resources during a consultation? What could you do to make it easier? How up to date are these resources? Do they give you enough information to make a decision?*

Do a case note review of at least one patient you have seen who mentioned using a complementary therapy.

- *What was the patient using the therapy for? What beliefs drove this decision?*
- *Did you refer to any evidence-based resources during the consultation? Did you have a conversation about risks and benefits?*
- *Did you enquire about CM use or did the patient volunteer the information? What strategies can you use to make sure you regularly enquire about CM use? Why is this important?*

Identify five herbal or nutritional supplements that are commonly used in Australia.

- *How many people use these in Australia? Why are they using them? What is the evidence for efficacy for different clinical indications? What are the potential mechanisms of action? What are the common adverse events and herb–drug interactions that you need to be aware of?*

### With a supervisor

Ask your supervisor about a patient they have seen who was using a complementary therapy.

- *What strategies did your supervisor use to communicate effectively and respectfully about appropriate use of complementary therapies? Were there any barriers to being able to communicate effectively and how could you or your supervisor overcome them in the future?*
- *What evidence-based resources were referred to in the consultation about the risks and benefits of complementary therapies? Does your supervisor know of any reliable forms of consumer information on complementary medicines that they provide to their patients?*
- *Have they had to report any adverse events, and if so, how was this done?*
- *What can you learn from your supervisor's experience? What take-home messages have you got from this discussion?*

Find out if your supervisor and / or your clinic has a directory of trusted and experienced complementary therapists to refer to, and review this with your supervisor.

- *What information is important to know before referring to a complementary therapist? Does this directory contain that information? If not, can you add it to the directory?*
- *Consider asking one of the therapists if you can sit in on a consultation.*

Discuss the use of commonly used complementary therapies, such as acupuncture, herbs, mindfulness, yoga, and supplements such as fish oils, phytoestrogens, vitamins, and minerals. You could also discuss your findings on the risks and benefits of commonly used herbs and nutritional supplements.

- *How often does your supervisor consider recommending these therapies?*
- *Has your supervisor or anyone at the clinic done extra training in this area? How do they keep up to date with evidence on complementary therapies? What do they know about the safety of these therapies?*

### In a small group

Role-play a case consultation with an older person who uses tumeric or fish oil for osteoarthritis. (You could also write your own case about complementary medicine use, with another modality, context, or condition. You could use the information you gathered on the commonly used herbs and nutritional supplements, or from discussions with your supervisor.)

- *What communication strategies did you use? Try a few different styles of communication, for example, respectful / disrespectful. How did the 'patient' feel in the different scenarios?*
- *How can you explain evidence clearly and succinctly so that patients can understand and are empowered to make informed decisions?*
- *As a group, reflect on how to be prepared for these consultations and the communication strategies that seem to work well.*

Identify a systematic review or meta-analysis that has been published in a peer reviewed journal within the last 12 months of the efficacy of a complementary therapy for your chosen indication. Ask the group to read it and then discuss the article.

- *What databases or resources did you use to identify the article? Were you confident in being able to search for appropriate articles? If not, how could you improve on this?*
- *How can you assess the quality of the systematic review or meta-analysis?*
- *What were the findings and how can you use them within a consultation? How certain were the findings?*
- *How can you communicate the findings to your patients without using jargon?*

### With a friend or family member

Ask friends and / or family members if they have used a complementary therapy in the past 12 months. If they have, ask them: What did they use? Why did they use that therapy? What information did they base their decision on? How did they critically analyse that information? What issues did they consider before using the therapy? How did they choose a complementary therapist (if they decided to see a therapist)? How effective did they consider the therapy to be? Have they recommended it to others and why?

- *Were you surprised by this information? How will it inform your practice?*

Ask your friend or family member to provide some complementary medication and prescribed medications they are aware of. Check combinations in some drug interaction checkers (such as Medscape's Drug Interaction Checker, the Natural Medicines Comprehensive Database, the University of Liverpool Interaction databases, or others you may have access to). Explain the information on any interactions and actions that should be taken to your friend or family member.

- *Did you get the same information? Could they all provide information?*
- *How easy was it for you to explain the outcome, particularly if it involved a common over the counter product that may have interactions?*

## Case example

Ellen is a 53-year-old woman requesting a repeat script for perindopril which she takes for hypertension. She is otherwise well, with normal lipids and fasting glucose done recently. She has a family history of breast cancer (mother had postmenopausal breast cancer). Her blood pressure is 140/90 mmHg which is a little higher than previously recorded for her. She wonders if it is due to poor sleep. Her last menstrual period was two years ago and since then she has struggled with persistent hot flushes and night sweats. She says she does not wish to take any menopausal hormone therapy due to her family history of breast cancer, but prefers 'natural approaches', and has recently started taking a herbal supplement for menopause called 'Menopause Supplements Extra Strength Hot Flash Support', that she purchased online.

In a case-based discussion, questions relating to each role could be:

### Communicator

- What communication strategies can you use to approach this consultation in a non-judgemental and empathic manner?
- What strategies can you use to facilitate shared decision-making?

- How would you approach this case if Ellen wanted to use a traditional medicine from her culture (such as Aboriginal, Torres Strait Islander, or Chinese) for hot flushes?
- How can you communicate effectively with complementary therapists or IM providers if Ellen decides to see one?

### Clinician

- What additional history and examination do you need to assist Ellen in making an informed decision about the use of IM modalities for her hot flushes?
- What are the potential risks associated with the use of this supplement? Think about both direct and indirect risks.
- How will Ellen's family history and medical history influence the decision about whether this supplement is safe?
- What resources can you use to understand the risks and benefits of using this supplement, including information on herb–drug interactions?
- What non-pharmacological strategies (including other IM modalities) can you suggest to Ellen to help her manage her hot flushes and general wellbeing after menopause? What if her main concern was poor sleep causing fatigue?
- How can you monitor the safety of this supplement for Ellen?
- How would you approach the consultation if there are safety concerns about the supplement Ellen wants to use?
- What if Ellen is using a supplement a friend gave her, and can't remember what it is called?
- What preventive strategies would you need to consider for Ellen that are specific to menopause?
- How would you approach managing a patient who is very ill (eg diagnosed with metastatic cancer or presenting with severe depression), and who wants to use IM modalities, either integrated with or as an alternative to conventional treatment?

### Health advocate and leader

- Consider how being in a rural location might affect accessibility to IM practitioners and CM products. How can you support your patients to access high quality CM care?
- What are the potential risks with the manner in which Ellen is purchasing this supplement (ie online)?

### Professional

- How would you approach this consultation if Ellen presents with a list of investigations that have been requested by a complementary therapist, so that the tests can be bulk billed?
- What regulatory issues do you need to consider if Ellen wants to see a complementary therapist?

### Scientist, educator and researcher

- How will you approach the consultation if there is insufficient or inconclusive evidence for the IM modalities that Ellen wants to use?
- Where can you find reliable evidence on complementary medicines?

## Learning resources

The curriculum website includes learning resources within each unit.

## Assessment

Content in this unit will be assessed in a variety of ways.

### Workplace based assessments

| Mini-CEX | RCA | MSF | CBD | Reflective exercise | Audit | Mid and end term assessment |
|---|---|---|---|---|---|---|

### Fellowship examinations

| AKT | KFP | CCE |
|---|---|---|

KEY

- Expected to be assessed here always
- Often assessed here but not in every example / case / assessment
- May at times be here or contribute to the assessment

**ABBREVIATIONS**

**Mini-CEX** – Mini-clinical evaluation exercise
**RCA** – Random case analysis
**MSF** – Multi source feedback
**CBD** – Case-based discussion
**AKT** – Applied knowledge test
**KFP** – Key feature problem
**CCE** – Clinical competency exam