

2022 RACGP curriculum and syllabus for Australian general practice

Women's health

Rationale

Instructions

This section provides a summary of the area of practice for this unit and highlights the importance of this topic to general practice and the role of the GP.

General practitioners (GPs) contribute significantly to the healthcare of their female patients, with almost nine out of ten women seeing their GP in the previous 12 months.¹ Women's health-related matters are also the fifth most reported reason for presentation in general practice.²

GPs therefore need to be skilled in effectively and comprehensively managing many areas related to women's health. This includes issues related to the breast, female reproductive system and hormonal changes that can impact functioning and quality of life. One in two Australian women are estimated to have one or more chronic condition(s). Psychological issues are the most common chronic conditions in women,³ and research has shown that one in four women had spoken to their GP about their emotional and psychological health in the past year.⁴

General practice management of women's health includes considering the different health outcomes that women experience compared to men. For example, women have a higher life expectancy than men and experience more of their total disease burden due to living with disease rather than from dying early from disease and injury.⁵ Nearly half (44%) of the total burden of disease for women is from cancer, followed by musculoskeletal conditions and cardiovascular disease.⁶ Breast cancer is the most common cancer diagnosed and the second most common cause of cancer death in women.⁵ GPs need to have a thorough understanding of the risk factors for breast, ovarian, cervical and uterine cancer and need to be competent in discussing cancer risks, promoting breast health awareness and arranging screening, appropriate investigations and managing any suspicious clinical presentations.⁷ A shared approach to survivorship care is beneficial, and GPs need to be skilled at communicating and working within multidisciplinary patient-centred teams.⁸

Family, sexual and domestic violence predominantly affect women. One in six women experience physical or sexual violence, and one in four women has experienced emotional abuse by a current or previous partner since the age of 15.

Women with disabilities, women who live in rural and remote areas, Aboriginal and Torres Strait Islander women, and women who identify as lesbian or bisexual are twice as likely to report physical or sexual violence by a partner.⁹ GPs need to use a trauma-informed approach and be skilled in screening for domestic and family violence, assessing safety and providing patients with support and information about appropriate services.¹⁰

In managing women's health, GPs also need to take into consideration the social roles and responsibilities expected of women, particularly regarding women being care providers to children and possibly ageing parents, and the associated physical and mental load. It is essential that all GPs advocate for gender equity and provide inclusive, individually appropriate healthcare to increase access to health services and reduce social and health inequalities experienced by socially disadvantaged women, rural and remote women, Aboriginal and Torres Strait Islander women, women from culturally and linguistically diverse backgrounds, including refugees, and sexually and gender diverse individuals.

References

1. Australian Bureau of Statistics. *Patient Experiences in Australia: Summary of Findings, 2019–20*. ABS cat. no. 4839.0. Canberra, ACT: ABS, 2020 (<http://www.abs.gov.au/statistics/health/health-services/patient-experiences-australia-summary-findings/latest-release>) [Accessed 28 September 2021].
2. The Royal Australian College of General Practitioners. *General practice Health of the Nation. Chapter 1: Current and emerging issues*. East Melbourne, Vic: RACGP, 2021 (<http://www.racgp.org.au/health-of-the-nation/chapter-1-current-and-emerging-issues/1-1-common-health-presentations-in-general-practic>) [Accessed 20 November 2021]
3. Australian Bureau of Statistics. *National Health Survey: First results 2017–18*. ABS cat. no. 4364.0.55.001. Canberra: ABS, 2018 (<http://www.abs.gov.au/statistics/health/health-conditions-and-risks/national-health-survey-first-results/latest-release>) [Accessed 28 September 2021].
4. Australian Bureau of Statistics. *Survey of Health Care, Australia, 2016*. ABS cat. no. 4343.0. Canberra, ACT: ABS, 2018 (<http://www.abs.gov.au/ausstats/abs@.nsf/mf/4343.0>) [Accessed 28 September 2021].
5. Australian Institute of Health and Welfare. *The health of Australia's females*. Cat. no. PHE 240. Canberra, ACT: AIHW, 2019 (<http://www.aihw.gov.au/reports/men-women/female-health>) [Accessed 28 September 2021].
6. Australian Institute of Health and Welfare. *Australian Burden of Disease Study: impact and causes of illness and death in Australia 2015*. Australian Burden of Disease series no.19. Cat. no. BOD 22. Canberra, ACT: AIHW, 2019 (<http://www.aihw.gov.au/reports/burden-of-disease/burden-disease-study-illness-death-2015/summary>).
7. The Royal Australian College of General Practitioners. *Red Book. Guidelines for preventive activities in general practice*. 9th edn. East Melbourne, Vic: RACGP, 2018.
8. Cancer Australia. *Shared cancer follow-up and survivorship care*. Strawberry Hills, NSW: Cancer Australia, (<http://www.canceraustralia.gov.au/clinicians-hub/shared-follow-care>) [no date] [Accessed 20 November 2021]
9. Australian Institute of Health and Welfare. *Family, domestic and sexual violence in Australia: Continuing the national story 2019*. Canberra, ACT: AIHW, 2019 (<http://www.aihw.gov.au/reports/domestic-violence/family-domestic-sexual-violence-australia-2019/contents/summary>) [Accessed 28 September 2021].
10. The Royal Australian College of General Practitioners. *White Book. Abuse and violence – working with our patients in general practice*. 5th edn. East Melbourne, Vic: RACGP, 2021.

Competencies and learning outcomes

Instructions

This section lists the knowledge, skills and attitudes that are expected of a GP for this contextual unit. These are expressed as measurable learning outcomes, listed in the left column. These learning outcomes align to the core competency outcomes of the seven core units, which are listed in the column on the right.

Communication and the patient–doctor relationship	
Learning outcomes	Related core competency outcomes
The GP is able to:	
<ul style="list-style-type: none"> demonstrate a professional, inclusive and culturally sensitive approach when discussing health concerns with female patients, including transgender, gender diverse and non-binary patients with female sex organs 	1.1.1, 1.2.1, 1.3.1, 1.4.1, 1.4.3
<ul style="list-style-type: none"> sensitively take a sexual health and history, including sexual dysfunction 	1.1.1, 1.1.2, 1.2.1, 1.3.1
<ul style="list-style-type: none"> sensitively screen for domestic and family violence and use a trauma-informed approach in communicating with patients about abuse and violence 	1.1.2, 1.2.2, 1.2.3, 1.3.1, 1.4.1, 1.4.3

Applied knowledge and skills

Applied knowledge and skills	
Learning outcomes	Related core competency outcomes
The GP is able to:	
<ul style="list-style-type: none"> collect and interpret a clinical history of conditions related to women's health that includes consideration of red flags and leads to a provisional diagnosis 	2.1.1, 2.1.3, 2.1.4, 2.1.8, 2.1.10
<ul style="list-style-type: none"> perform respectful examinations and procedures, including pelvic examination, cervical screening and breast examinations, using a chaperone when appropriate 	2.1.2, 2.1.5, 2.1.6
<ul style="list-style-type: none"> use patient-centred management plans for conditions related to women's health 	2.1.9, AH2.1.2, 2.2.2, 2.3.1, AH2.3.1, 2.3.4

Population health and the context of general practice	
Learning outcomes	Related core competency outcomes
The GP is able to:	
<ul style="list-style-type: none"> identify and screen women at increased risk of breast, cervical, uterine and ovarian cancer using cancer risk assessment and risk management support tools where appropriate 	3.1.1, 3.1.3
<ul style="list-style-type: none"> discuss lifestyle factors that increase the risk of disease in women 	3.1.1, 3.1.4, 3.2.3
<ul style="list-style-type: none"> advocate for equitable access to healthcare in Aboriginal and Torres Strait Islander women, culturally and linguistically diverse women, rural and remote women and individuals who identify as sexually and gender diverse 	3.1.4, 3.2.1, 3.2.2, 3.2.4, AH3.2.1, RH3.2.1

Professional and ethical role	
Learning outcomes	Related core competency outcomes
The GP is able to:	
<ul style="list-style-type: none"> reflect on any potential gender-based or heteronormative biases that impact on patient care 	4.2.1, 4.2.2, AH4.2.1

Organisational and legal dimensions	
Learning outcomes	Related core competency outcomes
The GP is able to:	
<ul style="list-style-type: none"> maintain patient confidentiality and explain to patients when legislation requires them to disclose information, for example, mandatory reporting of child abuse 	5.2.1, 5.2.3
<ul style="list-style-type: none"> explain and document consent for relevant procedures, for example, breast and pelvic examinations 	5.2.2, 5.2.3, 5.2.4
<ul style="list-style-type: none"> use appropriate recall systems for abnormal results and health screenings related to women's health 	5.1.1, 5.2.3

Words of wisdom

Instructions

This section includes tips related to this unit from experienced GPs. This list is in no way exhaustive but gives you tips to consider applying to your practice.

Extension exercise: Speak to your study group or colleagues to see if they have further tips to add to the list.

1. Use a trauma-informed approach in women's healthcare by empowering and avoiding re-traumatising patients. Seeking permission before taking a history and performing an examination is important. Specifically ask Aboriginal or Torres Strait Islander women if it is OK to discuss women's health issues. This is particularly important if the GP is male.
2. Some patients who do not identify as women (transgender and gender diverse people) have female genitalia and reproductive organs (assigned female sex at birth) and may require management of abnormal bleeding or discharge, pain or breast symptoms, and this requires a sensitive approach. Cervical cancer screening and breast cancer screening may also be required.
3. Have a low threshold for performing a urine pregnancy test even if the patient does not consider themselves at risk of pregnancy. This is particularly important with presentations including amenorrhoea, vaginal bleeding or discharge, abdominal or pelvic pain, urinary frequency or urgency, or nausea.
4. Some of the red flags in women's health that are important not to miss are: abnormal vaginal bleeding (postcoital, intermenstrual bleeding, postmenopausal bleeding) or abnormal vaginal discharge, non-healing genital lesions, new breast lesion or symptom, haematuria, bloating, reduced appetite and unexplained weight loss.
5. Opportunistic women's health screening and health promotion can be performed when patients come to see their GP. This is particularly important for patients who may not re-present (eg adolescents and young adults, people with mental illness or substance use) and people who may find it difficult to re-attend (eg people with social and financial disadvantage or transport issues, parents of young children, people who are carers, people in full time employment or study).
6. Whilst many women are eligible for self-collected cervical screening, in some circumstances a speculum examination is still needed. If you are finding it difficult to perform a speculum examination and cannot see the patient's cervix, consider: removing the speculum, using a different size or type of speculum, using adequate lubricant, asking the patient to tilt their pelvis by putting a pillow or their fists under their buttocks, placing a condom or the finger of a glove with the tip cut off over the speculum blades to prevent the vaginal walls from obscuring the view of the cervix, or reinserting the speculum and directing it in a different direction.
7. Remember that women and patients who are assigned female sex at birth with immunodeficiency (women with HIV, women with solid organ transplants) require cervical cancer screening more frequently.

Case consultation example

Instructions

1. Read this example of a common case consultation for this unit in general practice.
2. Thinking about the case example, reflect on and answer the questions in the table below.

You can do this either on your own or with a study partner or supervisor.

The questions in the table below are ordered according to the [RACGP clinical exam assessment areas](https://www.racgp.org.au/getmedia/f93428f5-c902-44f2-b98a-e56d9680e8ab/Clinical-Competency-Rubric.pdf.aspx) (<https://www.racgp.org.au/getmedia/f93428f5-c902-44f2-b98a-e56d9680e8ab/Clinical-Competency-Rubric.pdf.aspx>) and domains, to prompt you to think about different aspects of the case example.

Note that these are examples only of questions that may be asked in your assessments.

Extension exercise: Create your own questions or develop a new case to further your learning.



Aamiina, aged 51, presents with a change in her menstruation and menopausal symptoms which are impacting her quality of life and relationships with her adult children and grandchildren. She has never had cervical cancer screening, breast cancer screening or bowel cancer screening. Her husband died 10 years ago. She is Muslim and originally from Somalia. She came to Australia via a refugee camp six years ago.

Questions for you to consider	Clinical exam assessment area (https://www.racgp.org.au/getattachment/2f8f615f-4c4d-4e51-8c8c-935fb0e2ca10/Clinical-Competency-Rubric-2022.aspx)	Domains
<p>What communication strategies would you use to sensitively take a thorough history?</p> <p>How would you explore Aamiina's understanding of her symptoms?</p> <p>How would you approach this consultation if English is not Aamiina's first language? How would you manage if she attended with her daughter as interpreter?</p>	1. Communication and consultation skills	1,2,5
<p>What specific information would you like to know about Aamiina's menstrual cycle, vaginal bleeding and menopause symptoms?</p> <p>How would you sensitively perform an appropriate physical examination?</p>	2. Clinical information gathering and interpretation	2
<p>Aamiina has had prolonged, irregular heavy periods for six months, and intermenstrual spotting. She has not been sexually active since her husband's death. She has also had low energy, low mood, poor sleep and hot flushes. What diagnoses are you considering? What red flag condition/s are important to consider?</p> <p>What investigations would you consider and why?</p> <p>What if Aamiina was 39 years old? Would you consider other diagnoses and arrange other investigations?</p>	3. Making a diagnosis, decision making and reasoning	2

Questions for you to consider	Clinical exam assessment area (https://www.racgp.org.au/getattachment/2f8f615f-4c4d-4e51-8c8c-935fb0e2ca10/Clinical-Competency-Rubric-2022.aspx)	Domains
<p>You arrange for Aamiina to perform self-collected cervical screening. Aamiina's results show non-16/18 HPV. How do you manage this result?</p> <p>You think Aamiina has late perimenopause. What is your approach to management? How will you ensure she is involved in the decisions about management?</p> <p>What are your management options for her prolonged heavy menstrual bleeding?</p> <p>What about managing menopausal symptoms impacting her quality of life?</p>	4. Clinical management and therapeutic reasoning	2
<p>What barriers to accessing care might exist for Aamiina and how might these be managed?</p> <p>What communication and other approaches in relation to health screening would increase safety and improve communication with culturally and linguistically diverse patients?</p> <p>What screening would you offer Aamiina? What screening would you consider for Aamiina's mental health relating to menopause and her social and emotional wellbeing?</p>	5. Preventive and population health	1,2,3
<p>How would you determine if you are performing clinician-collected cervical cancer screening tests effectively?</p> <p>Where would you look for referral pathways for patients who are culturally and linguistically diverse, including refugee patients?</p>	6. Professionalism	4
<p>How do you obtain and record informed consent for physical examination?</p> <p>Does your medical software capture information about cultural and linguistic diversity?</p> <p>What processes has your practice got in place for managing abnormal results?</p>	7. General practice systems and regulatory requirements	5

Questions for you to consider	Clinical exam assessment area (https://www.racgp.org.au/getattachment/2f8f615f-4c4d-4e51-8c8c-935fb0e2ca10/Clinical-Competency-Rubric-2022.aspx)	Domains
<p>How would you perform a gynaecological examination, including speculum examination?</p> <p>How would your approach differ in a patient who had experienced trauma, such as female genital cutting or circumcision?</p> <p>What if she had experienced sexual abuse?</p> <p>What would you do if you could not find Aamiina's cervix? What if there was blood or discharge obscuring the cervix?</p> <p>What would you do if Aamiina wanted screening for sexually transmissible infections at the same time?</p> <p>When would you suggest a clinician collected cervical cancer screening test?</p>	8. Procedural skills	2
<p>If Aamiina has HPV non-16/18 with normal liquid-based cytology, normal transvaginal pelvic ultrasound, and normal colposcopy and cervical biopsy, would you perform other investigations for her intermenstrual bleeding?</p>	9. Managing uncertainty	2
<p>Aamiina presents seven days after colposcopy and biopsy with fevers, chills, light-headedness, malodorous vaginal discharge and pelvic pain. What are your differential diagnoses?</p> <p>What if her anaemia was clinically significant and her Hb was 72g/L?</p> <p>What clinical features would influence your decision to refer her for treatment in hospital?</p>	10. Identifying and managing the significantly ill patient	2

Learning strategies

Instructions

This section has some suggestions for how you can learn this unit. These learning suggestions will help you apply your knowledge to your clinical practice and build your skills and confidence in all of the broader competencies required of a GP.

There are suggestions for activities to do:

- on your own
- with a supervisor or other colleague
- in a small group
- with a non-medical person, such as a friend or family member.

Within each learning strategy is a hint about how to self-evaluate your learning in this core unit.



On your own

Identify five patients from your practice who are overdue for cervical cancer screening. Audit the notes checking for documentation of:

- a. date and result of last cervical cancer screening, previous results and recommendations for next screening test
 - b. risk factors which may indicate need for earlier repeat cervical cancer screening (eg immune deficiency)
 - c. the patient having been seen since cervical cancer screening was due and if screening was discussed and offered opportunistically
 - d. recall being in place for cervical cancer screening
 - e. other necessary health screening being in the recall system (eg breast cancer screening, bowel cancer screening, bone densitometry).
- *What is your practice's process for recalling patients for cervical cancer screening? What happens for overdue screening, including if the previous result was abnormal? If a patient presents for another matter, are overdue recalls apparent in the notes and do you routinely check recalls for anything overdue or due soon?*
 - *How would you explain to a patient the self-collection cervical screening process?*
 - *Where would you find resources about cervical cancer screening to give Aboriginal or Torres Strait Islander patients or culturally and linguistically diverse patients?*

Identify five patients from your practice who have presented with different menstruation issues (amenorrhoea, irregular periods, heavy menstrual bleeding, dysmenorrhoea) or abnormal vaginal bleeding (intermenstrual bleeding, post-coital bleeding, post-menopausal bleeding). Audit the notes checking for documentation of:

- a. first day of last menstrual period
 - b. menstrual history, including age of menarche, cycle length and duration, quantity of bleeding and pain with menses
 - c. sexual and reproductive history, including risk of pregnancy and current pregnancy prevention means, if applicable and previous pregnancies and births
 - d. risk of sexually transmissible infection (STI) and current STI prevention means, if applicable
 - e. previous STI infection
 - f. gynaecological history and medical history: gynaecological conditions or surgery
 - g. recent hormonal contraception
 - h. date and result of last cervical cancer screening test
 - i. relevant physical examination, including urine pregnancy test result, if appropriate.
- *Were there any gaps in documentation? Do the gaps impact your ability to identify and characterise the appropriate differential diagnoses?*
 - *What would you have done differently in each case?*
 - *What is your approach to discussing puberty, menarche, menstrual cycle and abnormal vaginal bleeding?*
 - *What evidence-based guidelines could you use to assess and manage a patient with a similar presentation?*
 - *What patient education resources would be useful for a patient with a similar presentation?*



With a supervisor

Make a learning plan specific to your learning needs in women's health. Set achievable goals and timeframes and think about how you will meet these goals. Discuss your learning plan with your supervisor. Arrange times to review your learning plan together. You might like to consider: communication skills, history-taking, physical examination, including breast examination, speculum examination, bimanual pelvic examination, practical skills, for example, cervical cancer screening and performing endocervical and vaginal swabs.

- *What are your specific learning goals for women's health? Over what time period would you like to achieve them?*
- *How can you enhance your learning? Could you sit in with your supervisor, another GP or the practice nurse? Could you discuss cases with your supervisor? Could you use a reflective learning approach and after seeing a patient with a*

presentation or condition, read more about that condition?

With your supervisor, discuss your approach to managing abnormal vaginal bleeding. Discuss where you might find guidelines to guide your management, where you might find patient information, when screening testing becomes diagnostic testing and how you use recalls and reminders. Get feedback from your supervisor.

- *What did you learn from your supervisor? What resources or patient information did they suggest?*
- *Is there any patient information specifically for Aboriginal and Torres Strait Islander or culturally or linguistically diverse patients?*
- *When does cervical screening change to diagnostic testing for abnormal vaginal bleeding? How can you explain this to patients and does anything change from a logistical point of view?*
- *How do you manage these results? Where could you improve?*

Present to your supervisor on polycystic ovary syndrome (PCOS). Use a real case you have seen or create a fictional case study. Then ask your supervisor for feedback. In the presentation, discuss the following:

- a. risk factors for PCOS
 - b. typical and less common presentations
 - c. the impact of PCOS on a patient's social and emotional wellbeing
 - d. potential short-term and long-term consequences of PCOS
 - e. important considerations in patients with amenorrhoea (not due to contraception or pregnancy)
 - f. possible findings on clinical assessment
 - g. differential diagnoses for irregular menses, amenorrhoea and hirsutism
 - h. first line investigations
 - i. diagnostic criteria for PCOS
 - j. management; consider: patient education and useful patient resources, lifestyle advice, pharmacotherapy if not wanting to conceive, management of subfertility, assessment, investigation and management of other metabolic risk factors, health screening
 - k. who you might refer the patient to, such as a non-GP specialist or allied health
 - l. patient follow-up
 - m. strategies you can use to improve patient adherence to lifestyle and medical management.
- *Where did you find guidelines and resources, including patient resources, to address the above points?*
 - *What did you learn from this exercise? How could you incorporate this into your practice?*
 - *Does your supervisor have any other tips or experience which might help you?*



In a small group

Share cases of patients presenting with dysmenorrhoea (or create a fictional case). Discuss:

- a. approach to taking a comprehensive history, including the impact of symptoms on the patient's quality of life and functioning
 - b. addressing the patient's opinions, concerns and expectations
 - c. explaining any necessary physical examination, seeking consent and arranging a chaperone, if appropriate
 - d. giving the patient information about the likely cause of symptoms and the management plan and checking patient understanding
 - e. offering opportunistic health screening and health promotion.
- *What do you think are the most effective communication strategies? The most effective health promotion or education strategies?*
 - *How would you adjust your approach depending on age (adolescent, premenopausal, post-menopausal) for Aboriginal and Torres Strait Islander patients and for patients with a culturally and linguistically diverse background?*
 - *What are the treatment options? How would treatment vary depending on the features of the presentation (eg age of patient, impact on quality of life, desire for pregnancy)? What red flags need to be considered? When should the patient be*

followed up?

Role-play a consultation with a patient who presents with a new breast lump. Discuss:

- a. approach to taking a comprehensive history
 - b. the common causes of breast lumps
 - c. assessing the patient's breast cancer risk
 - d. addressing the patient's opinions, concerns and expectations
 - e. explaining any necessary physical examination, seeking consent and arranging a chaperone, if appropriate
 - f. explaining any necessary investigations
 - g. arranging follow-up of results
 - h. your approach to giving bad news.
- *What resources are helpful to determine a patient's breast cancer risk?*
 - *What is your approach to investigating a new breast symptom? (It's a good idea to be familiar with Cancer Australia's [iPrevent \(https://www.canceraustralia.gov.au/cancer-types/breast-cancer/awareness/iprevent\)](https://www.canceraustralia.gov.au/cancer-types/breast-cancer/awareness/iprevent) and ['The Investigation of a new breast symptom: a guide for General Practitioners 2021 \(http://www.canceraustralia.gov.au/publications-and-resources/cancer-australia-publications/investigation-new-breast-symptom-guide-general-practitioners\)](http://www.canceraustralia.gov.au/publications-and-resources/cancer-australia-publications/investigation-new-breast-symptom-guide-general-practitioners)).*
 - *What structured approach could you use for giving bad news?*
 - *What suggestions did your peers have which you could apply next time?*

Read and discuss the following resources:

- a. [Let's talk about sex \(https://www.racgp.org.au/afp/2017/januaryfebruary/lets-talk-about-sex\)](https://www.racgp.org.au/afp/2017/januaryfebruary/lets-talk-about-sex)
- b. [Global consensus statement on testosterone therapy for women: an Australian perspective \(http://www.mja.com.au/system/files/issues/213_10/mja250837.pdf\)](http://www.mja.com.au/system/files/issues/213_10/mja250837.pdf)
- c. [Sexual difficulties in the menopause \(https://www.menopause.org.au/hp/information-sheets/sexual-difficulties-in-the-menopause\)](https://www.menopause.org.au/hp/information-sheets/sexual-difficulties-in-the-menopause)

Then role-play a consultation with a perimenopausal patient who presents with pain with intercourse, reduced sexual desire and satisfaction from sex, and difficulty reaching orgasm. Discuss:

- a. approach to sensitively taking a comprehensive history
 - b. assessing impact on quality of life and relationship
 - c. any red flags
 - d. screening for depression and anxiety, menopause symptoms, domestic violence
 - e. addressing the patient's opinions, concerns and expectations
 - f. explaining any necessary physical examination, seeking consent and arranging a chaperone, if appropriate
 - g. explaining any necessary investigations
 - h. discussing management options
 - i. arranging appropriate referrals and follow-up.
- *What do you think are the most effective communication strategies when talking with a patient about sexual dysfunction?*
 - *What types/classifications of sexual dysfunction are there?*
 - *What medications can cause sexual dysfunction? What physical, emotional, relationship, social and cultural factors may contribute (predispose, precipitate or maintain) to sexual dysfunction?*
 - *How would you approach management? Consider:*
 - *patient education and patient resources, lifestyle advice, managing contributing conditions or issues, pharmacotherapy, who you might refer to (eg non-GP specialist, allied health)*
 - *patient follow-up*
 - *strategies to empower the patient to share decision-making about management.*
 - *What are your management options for:*
 - *female sexual interest/arousal disorder*
 - *female orgasmic disorder*
 - *genito-pelvic pain/penetration disorder*
 - *sexual symptoms or distress without disorder?*
-



With a friend or family member

Practise providing patient education to your friends and family members. You could provide information about: endometriosis, vulvovaginitis in a child, cervical cancer screening and possible results and follow-up, polycystic ovary syndrome or menopause symptoms.

- *Were you able to explain things in a way that your friend or family member could understand? How did you check their understanding?*
- *Can you find some useful patient resources? Could you use these as a guide to structure your education?*

Ask a female friend or family member to share their positive experiences of seeing a GP for a women's health issue. Ask them what the GP did well in terms of establishing rapport, communicating, explaining and managing the health issue, referring them to another healthcare provider (if this was done) and when the GP followed up with them.

- *Will you change your own approach or practice based on their experiences? What can you learn from their experience?*
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Guiding topics and content areas

Instructions

These are examples of topic areas for this unit that can be used to help guide your study.

Note that this is not a complete or exhaustive list, but rather a starting point for your learning.

- Through a comprehensive history, examination and appropriate investigations, diagnose and manage patients with:
 - amenorrhoea, irregular periods, dysmenorrhoea, heavy vaginal bleeding
 - vulval or vaginal itch
 - vulval or vaginal discharge, itch, pain, swelling, skin changes or lesions
 - abnormal vaginal bleeding: intermenstrual, postcoital, postmenopausal
 - pelvic pain, dyspareunia
 - dysuria, urinary frequency, urinary incontinence
 - pelvic organ prolapse
 - menopausal symptoms
 - breast symptoms
 - sexual dysfunction.
- Assess a patient's risk of:
 - cervical cancer
 - endometrial cancer
 - ovarian cancer
 - breast cancer.
- Assess and manage:
 - congenital abnormalities of genitalia in children
 - disorders of menstruation:
 - dysfunctional uterine bleeding
 - premenstrual syndrome
 - premenstrual dysphoric disorder
 - primary amenorrhoea, secondary amenorrhoea
 - post-menopausal bleeding
 - disorders causing pelvic pain:
 - endometriosis
 - adhesions
 - chronic pelvic inflammatory disease

- persistent pelvic pain
- vulval or perineal conditions:
 - labial fusion
 - vulvovaginitis
 - vulvodinia
 - candidiasis
 - vulval cancer
 - genital herpes
 - genital warts
 - lichen sclerosis
 - Bartholin's cyst
 - female genital cutting or circumcision
- vaginal conditions:
 - imperforate hymen
 - bacterial vaginosis
 - vaginismus
 - fistula
 - neovaginal conditions in patients with gender re-alignment surgery
 - pelvic organ prolapse
 - complications from vaginal mesh repair
 - vaginal cancer
- ovarian conditions:
 - polycystic ovary syndrome
 - ovarian cysts
 - ovarian cancer
 - premature ovarian insufficiency
- uterine conditions:
 - uterine fibroids
 - adenomyosis
 - endometrial hyperplasia
 - endometrial cancer
 - uterine prolapse
- cervical conditions:
 - cervical polyps
 - cervical ectropion
 - cervicitis
 - abnormal cervical cancer screening result
 - cervical cancer
- breast conditions:
 - fibroadenoma
 - breast cyst
 - breast abscess
 - mastitis intertrigo
 - breast ductal ectasia
 - breast cancer
 - breast implant complications: leak, rupture, breast implant associated anaplastic large cell lymphoma
 - breast reduction
 - lymphoedema
- nipple conditions:
 - candidiasis
 - supernumerary nipples
 - inverted nipple
 - cracked nipple
 - Paget's disease
- sexual dysfunction
 - female sexual interest/arousal disorder

- female orgasmic disorder
 - genito-pelvic pain/penetration disorder.
- Assess and manage women’s health presentations and conditions in:
 - children – prepubescent
 - adolescents
 - premenopausal patients
 - perimenopausal patients
 - post-menopausal patients.
- Perform:
 - pelvic examination
 - genital examination
 - speculum examination
 - specimen collection (high vaginal swabs, endocervical swabs)
 - cervical cancer screening (or discuss self-collection CST)
 - breast examination.
- Provide health screening and understand when diagnostic investigation as opposed to screening is required.
- Provide preventive healthcare.
- Provide patient education about gynaecological symptoms and conditions and breast symptoms and conditions.
- Understand health inequality and health inequity as it applies to Aboriginal and Torres Strait Islander women, culturally and linguistically diverse women, rural and remote women, and patients with sexual and gender diversity.
- Safely prescribe non-hormonal pharmacotherapy and menopause hormone therapy using an evidence-based approach.
- Safely prescribe contraception for gynaecological symptoms and conditions using an evidence-based approach.

Learning resources

Instructions

The following list of resources is provided as a starting point to help guide your learning only and is not an exhaustive list of all resources. It is your responsibility as an independent learner to identify further resources suited to your learning needs, and to ensure that you refer to the most up-to-date guidelines on a particular topic area, noting that any assessments will utilise current guidelines.

Journal articles

A comprehensive guide to clinical assessment, investigation and management of amenorrhoea.

- Klein DA, Paradise SL, Reeder RM. [Amenorrhea: A systematic approach to diagnosis and management \(https://www.aafp.org/afp/2019/0701/p39.html\)](https://www.aafp.org/afp/2019/0701/p39.html). Am Fam Physician 2019;100(1):39–48.

This article provides a systematic approach to assessing sexual dysfunction in general practice.

- Goodwach R. [Let’s talk about sex \(https://www.racgp.org.au/download/Documents/AFP/2017/Jan-Feb/AFP-Jan-Feb-2017-Focus-Goodwach-V2.pdf\)](https://www.racgp.org.au/download/Documents/AFP/2017/Jan-Feb/AFP-Jan-Feb-2017-Focus-Goodwach-V2.pdf). Aust Fam Physician 2017;46(1–2):14–18.

Textbooks

This is a comprehensive text on primary healthcare for women’s health in Australia.

- Mazza, D. Women's health in general practice. 2nd edn. Chatswood, NSW: Elsevier Australia, 2010. (Available from the RACGP library.)

Online resources

Up-to-date evidence-based management of heavy menstrual bleeding, primary dysmenorrhoea and menopause.

- [Therapeutic Guidelines \(http://www.tg.org.au\)](http://www.tg.org.au).

Resources for health professionals and patient on menopause.

- [Australian Menopause Society \(http://www.menopause.org.au\)](http://www.menopause.org.au).

Resources for health professionals and patients on women’s health, including learning modules available for a small cost.

- [Jean Hailes for women’s health \(https://www.jeanhailes.org.au/\)](https://www.jeanhailes.org.au/).

Australian evidence-based guideline for investigating new breast symptoms in general practice.

- Cancer Australia. [The investigation of a new breast symptom: A guide for general practitioners](http://www.canceraustralia.gov.au/publications-and-resources/cancer-australia-publications/investigation-new-breast-symptom-guide-general-practitioners) (<http://www.canceraustralia.gov.au/publications-and-resources/cancer-australia-publications/investigation-new-breast-symptom-guide-general-practitioners>).

A breast cancer risk assessment and risk management tool to facilitate discussion between patients and doctors about breast cancer screening.

- Peter MacCallum Cancer Centre. [iPrevent](https://www.petermac.org/iprevent) (<https://www.petermac.org/iprevent>).

Australian guidelines for cervical cancer screening and investigation of abnormal vaginal bleeding.

- Cancer Council Australia. [National Cervical Screening Program: Guidelines for the management of screen-detected abnormalities, screening in specific populations and investigation of abnormal vaginal bleeding](https://wiki.cancer.org.au/australia/Guidelines:Cervical_cancer/Screening#_ga=2.56686826.1739159731.1632029286-942063520.1632029286) (https://wiki.cancer.org.au/australia/Guidelines:Cervical_cancer/Screening#_ga=2.56686826.1739159731.1632029286-942063520.1632029286).

Information about self-collection for cervical screening for GPs

- Cancer Council Australia. [FAQs for Providers. Self-collection updates to the National Cervical Screening Program Clinical Guidelines](https://www.cancer.org.au/assets/pdf/national-cervical-screening-program-clinical-guidelines-faqs-for-providers#_ga=2.157244467.90380488.1656383843-1681106285.1656383843) (https://www.cancer.org.au/assets/pdf/national-cervical-screening-program-clinical-guidelines-faqs-for-providers#_ga=2.157244467.90380488.1656383843-1681106285.1656383843)

Overview of the assessment, investigation, management and gynaecologist referral for abnormal vaginal bleeding.

- Cancer Council Australia. [Abnormal vaginal bleeding in pre-, peri- and post-menopausal women: a diagnostic guide for general practitioners and gynaecologists](http://www.canceraustralia.gov.au/publications-and-resources/cancer-australia-publications/abnormal-vaginal-bleeding-pre-peri-and-post-menopausal-women-diagnostic-guide-general-practitioners) (<http://www.canceraustralia.gov.au/publications-and-resources/cancer-australia-publications/abnormal-vaginal-bleeding-pre-peri-and-post-menopausal-women-diagnostic-guide-general-practitioners>).

Information specific to the health of Aboriginal and Torres Strait Islander women.

- Australian Indigenous Health *InfoNet*. [Women](https://healthinfonet.ecu.edu.au/learn/population-groups/women/) (<https://healthinfonet.ecu.edu.au/learn/population-groups/women/>).

International guidelines for the assessment and management of PCOS.

- Monash University. [International evidence-based guideline for the assessment and management of polycystic ovary syndrome](http://www.monash.edu/medicine/sphpm/mchri/pcos/guideline) (<http://www.monash.edu/medicine/sphpm/mchri/pcos/guideline>).

Australian guidelines for the assessment and management of endometriosis and adenomyosis.

- RANZCOG. [Australian clinical practice guideline for the assessment and management of endometriosis](https://ranzcof.org.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical%20-%20Gynaecology/Endometriosis-clinical-practice-guideline.pdf?ext=.pdf) (https://ranzcof.org.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical%20-%20Gynaecology/Endometriosis-clinical-practice-guideline.pdf?ext=.pdf).

Modules

eLearning activities related to women's health.

- The Royal Australian College of General Practitioner. [gplearning](https://www.racgp.org.au/education/professional-development/online-learning/gplearning) (<https://www.racgp.org.au/education/professional-development/online-learning/gplearning>):
 - check, unit 529, July 2016: Cancer
 - check, unit 530, August 2016: Women's health.
 - check, unit 549, May 2018: Female reproductive system
 - check, unit 580, March 2021: Women's health
 - Breast cancer in the young woman
 - Breast cancer screening and diagnostic breast imaging
 - Understanding the renewed National Cervical Screening Program
 - Menstrual disorders MCQ

Online training regarding cervical screening tests and follow-up management for women.

- NPS MedicineWise. [National cervical screening program](https://learn.nps.org.au/course/index.php?categoryid=89) (<https://learn.nps.org.au/course/index.php?categoryid=89>).

This contextual unit covers content that particularly overlaps with the units of Pregnancy and reproductive health, and Sexual health and gender diversity. Where a topic is mentioned but not covered in detail, or for other related presentations such as contraception, please refer to those units.

This contextual unit relates to the other unit/s of:

- [Abuse and violence](https://www.racgp.org.au/curriculum-and-syllabus/units/abuse-and-violence) (<https://www.racgp.org.au/curriculum-and-syllabus/units/abuse-and-violence>)

- [Cardiovascular health \(https://www.racgp.org.au/curriculum-and-syllabus/units/cardiovascular-health\)](https://www.racgp.org.au/curriculum-and-syllabus/units/cardiovascular-health)
- [Child and youth health \(https://www.racgp.org.au/curriculum-and-syllabus/units/child-and-youth-health\)](https://www.racgp.org.au/curriculum-and-syllabus/units/child-and-youth-health)
- [Endocrine and metabolic health \(https://www.racgp.org.au/curriculum-and-syllabus/units/metabolic-and-endocrine-health\)](https://www.racgp.org.au/curriculum-and-syllabus/units/metabolic-and-endocrine-health)
- [Kidney and urinary health \(https://www.racgp.org.au/curriculum-and-syllabus/units/kidney-and-urinary-health\)](https://www.racgp.org.au/curriculum-and-syllabus/units/kidney-and-urinary-health)
- [Mental health \(https://www.racgp.org.au/curriculum-and-syllabus/units/mental-health\)](https://www.racgp.org.au/curriculum-and-syllabus/units/mental-health)
- [Pregnancy and reproductive health \(https://www.racgp.org.au/curriculum-and-syllabus/units/pregnancy-and-reproductive-health\)](https://www.racgp.org.au/curriculum-and-syllabus/units/pregnancy-and-reproductive-health)
- [Sexual health and gender diversity \(https://www.racgp.org.au/curriculum-and-syllabus/units/sexual-health-and-gender-diversity\)](https://www.racgp.org.au/curriculum-and-syllabus/units/sexual-health-and-gender-diversity)

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