RACGP

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

Migrant, refugee and asylum seeker health

RACGP Curriculum and syllabus for Australian general practice (7th edition): Migrant, refugee and asylum seeker health.

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We acknowledge the Traditional Custodians of the lands and seas on which we work and live, and pay our respects to Elders, past, present and future.

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Migrant, refugee and asylum seeker health

Context

Australia is one of the most culturally diverse nations in the world, with nearly one-third of the population born overseas.[1] It is essential that our healthcare system is accessible, inclusive, and culturally responsive to the diverse health and wellbeing needs of our communities. General practitioners (GPs), often one of the first points of contact in the healthcare system, are uniquely positioned to address inequities in access and health outcomes for migrants, refugees, and people seeking asylum through person-centred, incremental, and trauma-informed care.[2]

Refugees and people seeking asylum frequently present with complex health needs shaped by pre-migration, migration, and post-migration experiences.[3] Exposure to deprivation, conflict, persecution, and human rights violations, combined with resettlement stressors such as financial insecurity, social isolation, discrimination, and prolonged visa uncertainty, contributes to elevated rates of chronic disease, mental health conditions, and reduced engagement with healthcare compared with other migrant groups.[3] As a signatory to the United Nations Refugee Convention, Australia holds international obligations to protect the health and human rights of all people seeking asylum or refuge, regardless of mode of arrival or visa status.[4]

General practice plays a pivotal role in achieving this though providing comprehensive post-arrival health assessments, including physical and mental health screening, catch-up immunisation, appropriate investigations, management, and referral. GPs require an understanding of recommended screening informed by disease prevalence in countries of origin, the health impacts of forced migration, and culturally responsive, trauma-informed approaches to assessment and care. This knowledge supports effective clinical care, advocacy, and equitable access to healthcare and preventive services.

Ongoing reflective practice is essential to recognise cultural bias, maintain cultural humility, and sustain professional wellbeing. By integrating clinical excellence with inclusive, trauma-informed practice and advocacy, general practice provides an essential foundation for improving health equity among migrant, refugee, and asylum seeker communities in Australia.

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Learning outcomes

The GP is able to:

- Demonstrate culturally responsive, person-centred care that respects diverse cultural perspectives, beliefs and values
- Apply trauma-informed approaches in caring for people affected by forced migration
- Conduct comprehensive, patient-centred post-arrival health assessments for migrants, refugees and asylum seekers to inform ongoing care
- Identify and respond to barriers to equitable access to healthcare for patients from migrant, refugee and asylum-seeking backgrounds
- Develop and maintain strategies to support personal wellbeing and sustain professional performance

Key areas of learning

Demonstrate culturally responsive, person-centred care that respects diverse cultural perspectives, beliefs and values

- understand the influence of culture on health beliefs, behaviours, and decision-making
- demonstrate cultural humility, bias recognition, and reflective practice and an understanding of the pivotal role these skills have in enabling culturally responsive care
- effectively work with professional interpreters to deliver safe, culturally responsive care where language discordance exists.
- demonstrate communication strategies including teach-back and strengths-based communication
- identify useful resources, including multilingual patient information, online explanatory videos, and visual aids to assist in communication about health issues and management.
- explore patient perspectives, explanatory models, and preference

Apply trauma-informed approaches in caring for people affected by forced migration

- understand principles of trauma-informed care: safety, trust, choice, empowerment, collaboration.
- recognise signs of trauma
- work in a way that minimises re-traumatisation
- collaborate with mental health, torture and trauma services, and settlement supports
- consider ways the whole practice and its systems can be trauma-informed
- support patients to navigate systems and avoid traumatisation

Conduct comprehensive, patient-centred post-arrival health assessments for migrants, refugees and asylum seekers to inform ongoing care

Consider risk factors and current guidelines to inform screening for high prevalence communicable diseases common in specific geographical regions:

- malaria
- hepatitis B
- hepatitis C
- helicobacter pylori
- schistosomiasis
- strongyloides
- human immunodeficiency virus (HIV)
- syphilis
- varicella (if older than 14 years)
- sexually transmissible infections
- tuberculosis
- intestinal parasites.

Consider risk factors and conduct age-based screening for high prevalence non-communicable conditions common in countries of origin:

- vitamin D deficiency

- vitamin B12
- ferritin
- other nutritional deficiencies as indicated
- age and ethnicity-appropriate cardiovascular, type 2 diabetes, and renal disease risk assessment
- dental disease

Identify common health conditions and understand referral pathways, if required:

- nutritional disorders (eg iron, B12 and folate deficiencies)
- inherited anaemias (eg thalassaemia, G6PD deficiency, haemoglobinopathies)
- mental health conditions (eg post-traumatic stress disorder, somatisation, complicated grief)
- female genital cutting or circumcision, particularly in prenatal and antenatal settings
- visual and hearing assessments
- low immunisation rate/catch-up immunisation
- in children and adolescents consider impacts of disrupted schooling, assessment of developmental delay and lead exposure, where appropriate.

Provide ongoing care informed by this early comprehensive assessment and emerging needs.

Opportunities for learning

Words of wisdom

- Australian society is rich with cultural and linguistic diversity. Developing therapeutic relationships with patients from culturally and linguistically diverse communities is an essential and rewarding part of general practice in Australia. Continuously reflecting on your own cultural beliefs and cultural lens and how they impact your consultations and therapeutic relationships is essential in building trust and rapport with patients from all cultural backgrounds.

- To provide effective care, ensure there is adequate time during consultations to explore cultural differences with respect and humility. It is important to remember that each patient is unique and has unique needs, and not to make assumptions based on stereotypes. Take the time to reflect on your cultural lens.

- Consistently offer professional interpreters for consultations and develop strategies to work with interpreters effectively. Keep the interpreting service phone number and your access code accessible in your consultation room. Remember, being able to communicate effectively with patients is crucial to achieving clinical outcomes and a key part of safe clinical service delivery. When claiming for time-tiered MBS items, the total consultation time involved includes the time required to communicate effectively with the patient. Should more time than usual be required to communicate effectively with a particular patient, it is considered reasonable to claim a longer attendance item than might otherwise be expected for the service. This applies to both face-to-face and telehealth services.

- Identify your local referral pathways and find suitable patient information resources in languages used in your community, recognising that patients may not be able to read the language they speak and that resources that present information visually may be most suitable.

- Asking your patients about their country of origin and migration story in a culturally sensitive, trauma-informed way can help establish rapport, help you understand their health risks and protective factors, and inform your screening and clinical decision-making. Many patients who have travelled to Australia as refugees or asylum seekers are likely to have experienced trauma. It is rarely necessary to ask in detail about a patient's trauma history and it is important to consider the potential for triggering a trauma response. It is also important to be aware of the potential role that trauma might be playing in a patient's health.

Learning strategies

On your own

If a patient does not speak English (and you do not speak their language fluently) it is recommended that you work with a qualified interpreter. Identify three of your patients with language preferences other than English. Check if interpreters were offered and used in recent consultations.

- *If interpreters were not offered or engaged, were there any barriers for you and/or the patient? If interpreters were engaged, what strategies did you use to communicate effectively? What resources are available to improve your skills in working with interpreters in consultations?*
- *Create opportunities for interpreters and patients to provide feedback about what worked well and what could be improved during interpreted consultations. If you sense that the communication is not effective, ask for feedback.*

Using practice software, complete an audit of your patients who have migrated from a refugee source country and reflect on strategies that you could use to ensure a culturally safe and trauma-informed approach to consultations.

- *What questions did you ask to explore whether the person had experienced forced migration? Did you consider whether they had experienced trauma? Was your approach trauma informed?*
- *Did you consider the cultural safety of the consultation? In what ways did you endeavour to ensure the consultation was culturally responsive? What could you improve on?*
- *If the person had spent time in Australian immigration detention or in a refugee camp, how might this impact their health?*

With a supervisor

Present case studies of a few patients who have been impacted either by their own, or a family members' migration journey across the lifespan, including infants and children. Discuss how your cultural lens impacted these consultations.

- *Do you routinely reflect on your cultural lens?*
- *Did your cultural bias impact clinical decision-making or management decisions in these consultations? How?*
- *Did health beliefs or concerns about stigma seem to impact the patients' perceptions of symptoms or treatment?*
- *What is your supervisor's experience in delivering more culturally responsive care? What tips or tricks did they suggest to overcome any difficulties that you may have had?*

Choose one of your patients (or your supervisor's patients) from a cultural background different to your own. Are there local referral pathways, resources or community supports that you are unaware of and that are available to improve health and reduce barriers to care.

- *Do you consider culture and language when referring and linking patients with community resources?*
- *What online multilingual and culturally appropriate patient information resources are there? How can you easily access this information? Are there resources for children and adolescents? Are there any visual aids to help patients comply with treatment for common conditions?*

Review five of your patients (children and adults) considering the impact of migration. With your supervisor, discuss your approach to prevention (through screening and management) of conditions that the patient may have risk or protective factors for that are related to ethnicity, culture, religion and/or migration experience (eg thalassaemia, developmental delay, diabetes, vitamin D, iron or B12 deficiency, hepatitis B or C, latent tuberculosis, female genital cutting or circumcision).

- *Are there guidelines to support your approach or to use as a resource?*
- *How would your supervisor have managed these patients?*
- *What strategies did you use to understand how culture may impact health or access to care? How did you explore migration experience and/or whether the patient had experienced trauma? Did you consider whether gender-specific care was relevant?*
- *Ask your supervisor to observe some of your consultations to give feedback on your strengths and areas for further learning.*

In a small group

Role-play a consultation with a patient who has travelled to Australia as a refugee and who presents with chronic pain. Consider the potential impacts of trauma on presentation and options for management. Discuss how you might explore the impacts of torture and trauma with patients. Discuss how experiences of trauma can affect physical and mental health.

- *What trauma-informed consultation strategies can you use to explore the effects of trauma on physical and mental health?*
- *How can the relationship between trauma and physical symptoms be explained to patients?*
- *What local services and resources are available to provide quality care to patients who have experienced trauma? What if you are based in a rural or remote area – are there any telehealth or online resources available?*
- *How do you incorporate questions about cultural health beliefs and/or stigma into consultations?*

Present a case study about a patient who has recently migrated to Australia and outline how you would offer an evidence-based health assessment. Discuss how your approach incorporates an understanding of their ethnic and sociocultural background and migration experience. Discuss each other's experiences and share resources.

- *What resources support evidence-based screening for patients from diverse cultural backgrounds? What factors are important to consider in providing screening?*
- *Does age-based screening for non-communicable diseases vary for some cultural groups/populations?*
- *Which conditions of public health importance should be incorporated into recommended screening for people who have recently migrated to Australia? Do these vary depending on the country of origin?*
- *How would you undertake catch-up vaccination, if required?*
- *What resources are available to support decision-making?*

With a friend or family member

Ask a friend or family member about either their own or their family's migration journey to Australia. How has this impacted their experience in accessing healthcare, either positively or negatively?

- *Were you surprised by any of the issues identified?*
- *How could you as a GP address any barriers to healthcare access?*

Ask a friend or family member to select a region of the world, and then tell them about any specific health screening considerations for that region.

- *What resources can help you make decisions about screening?*
- *What are some common communicable diseases that may be prevalent in this region? Are there any non-communicable diseases that may be more common in this region than in Australia, or present at younger ages? Are there any other factors that may impact the physical or mental health of people migrating from this region?*

Case example

Jamil is a 40-year-old Kurdish man from Iran who presents to your reception desk quite distressed, asking to see a doctor as he needs medicine to help him sleep. Jamil is new to your clinic. He tells the receptionist he has no money to pay for the visit or any medicine. When you call him in from the waiting room you notice that he is standing by the front door of the clinic and he appears anxious and uncomfortable.

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

Communicator

- How would you determine if an interpreter should be used in this consultation?
- If Jamil attended with his brother who speaks English, would it be reasonable to ask him to interpret for Jamil in the consultation?
- How would you organise to use an interpreter?
- What questions might you ask when doing a cultural assessment?
- Would you approach this consultation differently if Jamil was female? How would you ask about her preference to be seen by a doctor of a particular gender? How might you explore concerns about risk of family violence or previous sexual trauma in a trauma-informed way?
- What non-verbal cues have you noticed already?

Clinician

- How would you identify if Jamil is a refugee or seeking asylum?
- Identify the key aspects of taking a trauma-informed history to explore Jamil's sleep difficulties.
- How might you explore whether Jamil has experienced trauma to determine if this is contributing to his presentation?
- What symptoms would make you consider a diagnosis of post-traumatic stress disorder?
- If this was an 11-year-old child with sleep difficulties who had spent time in immigration detention, how would you approach this consultation?
- If Jamil presented with a history of fever and a cough, what differential diagnoses would you consider?
- How would you address Jamil's concerns about destitution?
- How would you manage Jamil if you could not exclude a mental health cause for his symptoms?
- If you were concerned that Jamil was at risk of suicide, how would you assess his risk and manage this?

Health advocate and leader

- At your practice, how do you record a patient's preferred language, ethnicity, and need for an interpreter?
- What is your approach to patients who can't afford to pay for healthcare?

Professional

- Use reflective practice to assess how you feel about this consultation. Do you have any learning needs arising from it?
- If this was a Muslim woman in a burqa, how would you reflect on your own cultural lens to minimise impacts on the consultation?
- Would you have any legal obligations to consider if Jamil presented with psychotic symptoms and was the sole carer of his seven-year-old son?
- If you were concerned that Jamil had a metabolic cause for his agitation and insomnia, how would you gain informed consent for blood tests?

Scientist, educator and researcher

- What resources could you use to ensure a rational approach to screening investigations?

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