RACGP

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

Women's health

RACGP Curriculum and syllabus for Australian general practice (7th edition): Women's health.

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The Royal Australian College of General Practitioners Ltd

100 Wellington Parade

East Melbourne, Victoria 3002

Tel 03 8699 0414

Fax 03 8699 0400

www.racgp.org.au

ABN 34 000 223 807

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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.

Contents

Women's health 4
Context 4
References 4
Learning outcomes 5
Key areas of learning 6
Opportunities for learning 9
Words of wisdom 9
Learning strategies 9
Case example 12
Learning resources 13
Assessment 14

Women's health

Context

Women's health is a core component of general practice. Women and people requiring women's health care bring diverse strengths, knowledge, and lived experiences that inform shared decision-making and care planning across the lifespan. Almost nine in ten Australian women attend a GP within a 12-month period, making general practice the most commonly accessed health service for women.[1] GPs provide care across the lifespan, from adolescence through to post-menopause, managing reproductive and sexual health, chronic conditions, psychological wellbeing and the impacts of family, domestic, and sexual violence. Women's health concerns are consistently among the top reasons for presentation in general practice,[2] reflecting both their prevalence and the pivotal role of GPs in addressing them.

Chronic disease is common among women, with more than half experiencing at least one long-term condition, often alongside multimorbidity.[3] Women carry a greater proportion of their health burden from non-fatal illness than from premature mortality, with major contributors including anxiety disorders, musculoskeletal disease, reproductive health issues, and cardiovascular disease.[3,4]

Preventive care is central to women's health, reflected by the RACGP Red book's expanded focus on women's health.[5] GPs play a key role in early detection and screening for cancers (breast, cervical, uterine, and ovarian) and in promoting timely antenatal engagement. In 2023, only 60% of women commenced antenatal care within the first 10 weeks, highlighting opportunities for earlier intervention.[6] Family, domestic and sexual violence disproportionately affects women, with one in four reporting partner violence since age 15.[7] GPs are often the first point of disclosure and must provide trauma-informed care and effective referral pathways.[8]

Women's health is shaped by intersectional social, cultural and structural determinants, including caregiving responsibilities, socioeconomic status, geographic location, cultural background, Aboriginal and Torres Strait Islander identity, and sexual and gender diversity. Inclusive, patient-centred approaches and advocacy for equity are essential. By combining preventive, acute, and chronic disease management with trauma-informed and culturally safe practice, GPs can improve outcomes and reduce disparities for women across their lifespan.

References

1. Australian Institute of Health and Welfare (AIHW). The health of Australia's females. Canberra: AIHW, 2023.
2. The Royal Australian College of General Practitioners. Health of the Nation 2024. East Melbourne: RACGP, 2024. Available from: https://www.racgp.org.au/general-practice-health-of-the-nation
3. Australian Institute of Health and Welfare (AIHW). Chronic conditions and multimorbidity in Australia 2023. Canberra: AIHW, 2023.
4. Australian Institute of Health and Welfare (AIHW). Burden of disease in Australia 2024. Canberra: AIHW, 2024.
5. The Royal Australian College of General Practitioners. Guidelines for preventive activities in general practice. 10th ed. East Melbourne, Vic: RACGP; 2024. Available from: https://www.racgp.org.au/clinical-resources/clinical-guidelines/key-racgp-guidelines/view-all-racgp-guidelines/preventive-activities-in-general-practice
6. Australian Institute of Health and Welfare (AIHW). Australia's mothers and babies 2023: Antenatal care. Canberra: AIHW, 2024.
7. Australian Bureau of Statistics. Personal Safety Survey, Australia, 2021–22. Canberra: ABS, 2023.
8. Australian Institute of Health and Welfare (AIHW). Family, domestic and sexual violence: National data landscape 2022. Canberra: AIHW, 2022.

Learning outcomes

Please note: The 'Sexual health and gender diversity' unit has the specific learning outcomes, key areas of learning, and learning resources in regard to contraception, and the 'Pregnancy and reproductive health' unit has the specific learning outcomes, key areas of learning, and learning resources in regard to fertility and pregnancy.

The GP is able to:

- demonstrate professional, inclusive and culturally safe communication with women – including transgender, gender-diverse, and non-binary patients with female sex organs
- perform respectful, competent examinations and procedures (breast, pelvic, and cervical screening) ensuring informed consent, privacy, patient comfort, and use of a chaperone when appropriate
- assess and manage presentations related to menstrual disorders and vaginal bleeding across the lifespan
- assess and manage presentations related to transitions, such as puberty, perimenopause, and menopause
- assess and manage presentations related to pelvic pain, vulval, or vaginal symptoms
- assess and manage breast health concerns
- apply preventive care principles including by promoting and undertaking appropriate cancer screening
- recognise and respond to the influence of social and structural determinants on women's health and support equitable access for Aboriginal and Torres Strait Islander women, culturally and linguistically diverse women, rural and remote women, and sexually and gender diverse individuals
- apply ethical and legal principles (confidentiality, consent, and mandatory reporting) in all women's health consultations.

Key areas of learning

Diagnose, investigate appropriately, and manage menstrual and bleeding disorders caused by:

- primary and secondary amenorrhoea
- irregular periods
- dysmenorrhea
- endometriosis and adenomyosis
- heavy menstrual bleeding
- dysfunctional uterine bleeding
- premenstrual syndrome
- premenstrual dysphoric disorder.

Diagnose, investigate appropriately, and manage intermenstrual, postcoital, and post-menopausal bleeding due to:

- endometrial polyps
- cervical polyps
- cervical ectropion
- uterine fibroids
- vaginal infections
- cervical cancer
- endometrial hyperplasia
- endometrial cancer.

Diagnose, investigate appropriately, and manage pelvic pain caused by:

- endometriosis and adenomyosis
- adhesions
- ovarian cysts
- chronic pelvic pain
- pelvic inflammatory disease.

Diagnose, investigate appropriately, and manage vulval or perineal conditions caused by:

- labial fusion
- vulvovaginitis
- vulvodynia
- candidiasis
- vulval cancer
- genital herpes
- genital warts
- lichen sclerosis
- Bartholin's cyst
- female genital mutilation/cutting
- dermatoses (including vulval and vaginal itch)
- neoplasia.

Diagnose, investigate appropriately, and manage vaginal conditions caused by:

- imperforate hymen
- infections (candidiasis, HSV, bacterial vaginosis)
- vaginismus
- fistula
- neovaginal conditions in patients with gender re-alignment surgery
- pelvic organ prolapse
- complications from vaginal mesh repair
- neoplasia.

Diagnose, investigate appropriately, and manage uterine conditions caused by:

- uterine fibroids
- adenomyosis
- endometrial hyperplasia
- endometrial cancer
- uterine prolapse.

Diagnose, investigate appropriately, and manage ovarian conditions caused by:

- Polyendocrine metabolic ovarian syndrome (PMOS)
- ovarian cysts
- ovarian cancer
- premature ovarian insufficiency.

Diagnose, investigate appropriately, and manage cervical conditions caused by:

- cervical polyps
- cervical ectropion
- cervicitis
- abnormal cervical cancer screening result
- cervical cancer.

Diagnose, investigate appropriately, and manage women's health presentations and conditions in

- children – prepubescent
- adolescents
- premenopausal patients
- perimenopausal patients
- postmenopausal patients.

Utilise non-pharmacological and pharmacological approaches to address symptoms associated with menopause and perimenopause.

Diagnose, investigate appropriately, and manage breast lumps caused by:

- mastitis
- intertrigo
- breast cysts
- breast abscess
- breast ductal ectasia
- fibroadenoma
- breast cancer.

Diagnose, investigate appropriately, and manage other breast and nipple conditions caused by:

- breast implant complications: leak, rupture, breast implant associated anaplastic large cell lymphoma
- breast reduction
- mastalgia
- lymphoedema
- candidiasis
- supernumerary nipples
- inverted nipple
- cracked nipple
- Paget's disease.

Understand the approach to the management of urinary and pelvic floor disorders, including:

- dysuria, urinary frequency, and urinary incontinence
- pelvic organ prolapse.

Understand the approach to assessment and management of presentations of dyspareunia, changes in sexual desire, arousal, or comfort with intimacy.

Be able to perform procedures specific to women's health medicine, including:

- pelvic examination
- genital examination
- speculum examination
- specimen collection (high vaginal swabs, endocervical swabs)
- cervical cancer screening
- insertion of ring pessary
- IUD removal.

Understand and assess cancer risk (breast, cervical, uterine, ovarian) and implement evidence based screening and risk management. The GP is also able to provide preventive advice on lifestyle, immunisation, and reproductive health planning.

Opportunities for learning

Words of wisdom

- Use a trauma-informed approach in all women's health consultations which includes always seeking consent before histories and examinations and tailoring communication and care to the patient needs.

- Recognise that not all people requiring women's health care identify as women. They may require management of abnormal bleeding, discharge, pain and breast symptoms, and this requires a sensitive approach. Use inclusive language and avoid assumptions about identity, anatomy, or experiences.

- Maintain a low threshold for pregnancy testing in reproductive-age patients with abdominal, pelvic, or menstrual symptoms. This is particularly important with presentations including amenorrhoea, vaginal bleeding or discharge, abdominal or pelvic pain, urinary frequency or urgency, or nausea.

- Opportunistic screening and preventive care are valuable, particularly where there may be barriers to ongoing healthcare access. Offer self-collection for cervical screening to increase participation among under-screened groups.

- Some important red flags in women's health that should not be missed include abnormal vaginal bleeding (such as postcoital, intermenstrual, or postmenopausal bleeding), abnormal or persistent vaginal discharge, non-healing genital lesions, new or changing breast lumps or symptoms, haematuria, persistent bloating, early satiety, reduced appetite, and unexplained weight loss.

Learning strategies

On your own

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

- date and result of last cervical cancer screening, previous results, and recommendations for next screening test
- risk factors which may indicate need for earlier repeat cervical cancer screening (eg immune deficiency)
- the patient having been seen since cervical cancer screening was due, and if screening was discussed and offered opportunistically
- recall being in place for cervical cancer screening
- other necessary health screening being in the recall system (eg breast cancer screening, bowel cancer screening, and 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?*
    - *Who at your practice performs cervical cancer screening?*
    - *Where would you find resources about cervical cancer screening for patients who identify as Aboriginal or Torres Strait Islander or culturally and linguistically diverse patients?*

Review a case of a women who presented with heavy menstrual bleeding.

- *What is your differential diagnosis list?*
- *What is your current management plan?*
- *What if your patient was younger? Older? Would that have changed your management? If so, why?*
- *What monitoring or follow-up has been arranged?*

Create a hypothetical patient who presents post-Breastscreen with no abnormality found, but a breast density of C. Then use iPrevent for that hypothetical patient, working your way through the program to get to the recommendations.

- *Were you surprised what was asked?*
- *How could you incorporate this into your practice?*
- *How would you discuss risk reduction recommendations with a patient?*

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 including 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 patient who identify as 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?*

In a small group

Share cases of patients presenting with Polyendocrine Metabolic Ovarian Syndrome (PMOS) symptoms (or create a fictional case). Discuss:

- approach to taking a comprehensive history, including the impact on the patient's quality of life and functioning
- addressing the patient's opinions, concerns, and expectations
- giving the patient information about the likely cause of symptoms and the management plan, and checking patient understanding
- differential diagnoses for irregular menses, amenorrhea, and hirsutism
- first-line investigations
- diagnostic criteria for PMOS
- offering opportunistic health screening and health promotion
- potential short-term and long-term consequences of PMOS
- important considerations in patients with amenorrhoea (not due to contraception or pregnancy)
- management, with consideration of; 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, and health screening
- the role of lifestyle changes in PMOS for some patients
- who you might refer the patient to, such as a non-GP specialist or allied health
- patient follow-up 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?*
- *What do you think are the most effective communication strategies? The most effective health promotion or education strategies?*
- *How would you ensure your approach is culturally safe and responsive when working with patients who identify as Aboriginal and Torres Strait Islander and those from culturally and linguistically diverse backgrounds??*
- *Reflect on how your own assumptions, biases, and experiences may influence your communication and clinical decision-making.*

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:

- approach to sensitively taking a comprehensive history, including impact on quality of life and relationship
- any red flags
- screening for depression and anxiety, menopause symptoms, and domestic violence
- addressing the patient's opinions, concerns, and expectations
- explaining any necessary physical examination, seeking consent, and arranging a chaperone, if appropriate
- explaining any necessary investigations
- discussing management options
- 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 to (predispose, precipitate, or maintain) sexual dysfunction?
- How would you approach management? Consider:
    - patient education and patient resources, lifestyle advice, managing contributing conditions or issues, pharmacotherapy, and 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 (including self-collect) and possible results and follow-up, PCOS, 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?*

Case example

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 in a case-based discussion could include:

Communicator

- What communication strategies would you use to sensitively take a thorough history?
- How would you explore Aamiina's understanding of her symptoms?
- 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? How would you ensure safe, appropriate, and confidential communication?
- What barriers to accessing care might exist for Aamiina and how might these be managed?
- What communication and other approaches in relation to health screening would increase safety and improve communication with culturally and linguistically diverse patients?

Clinician

- What other symptoms and information would be important to ask Aamiina about regarding this presentation?
- What important condition(s) and red flag symptom(s) are important to consider?
- How would you sensitively perform an appropriate physical examination?
- What are your differential diagnoses for Aamiina?
- What investigations would you consider and why?
- What if Aamiina was 39 years old? Would you consider other diagnoses and arrange other investigations?
- How would you perform a gynaecological examination, including speculum examination?
- How would your approach differ in a patient who had experienced trauma, such as female genital mutilation/cutting? What if she had experienced sexual abuse?
- What are your management options for her prolonged heavy menstrual bleeding?
- What are your management options for managing menopausal symptoms impacting her quality of life?
- When would you consider offering a patient a self-collect cervical cancer screening test?
- What strengths, supports, or protective factors might Aamiina have that could inform her care plan?
- What clinical features would influence your decision to refer her for a gynaecological assessment?

Health advocate and leader

- What screening would you offer Aamiina? What screening would you consider for Amiina's mental health relating to menopause and her social and emotional wellbeing?

Professional

- How do you obtain and record informed consent for physical examination?
- Where would you look for referral pathways for patients who are culturally and linguistically diverse, including refugee patients?
- Does your medical software capture information about cultural and linguistic diversity?
- How do you manage abnormal results? What practice systems exist to assist?

Scientist, educator and researcher

- What resources or guidelines would you use to assist you in managing this presentation?

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