RACGP

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

Travel medicine

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

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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.

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Travel medicine

Context

In recent years, international travel by Australians has increased, now exceeding pre-pandemic levels with over 12 million trips undertaken in the 2024–25 financial year.[1] The general practice consultation is the primary environment to discuss prevention strategies for risks associated with travel, either as part of a dedicated pre-travel consultation or opportunistically, recognising that many individuals will not seek specific health advice prior to travel.[2,3]

Travel-related risks extend beyond infectious diseases and international travel, and it is important that GPs are able to discuss other potential risks such as medical tourism, altitude and climate extremes, accidents and personal safety, as well as individual risks related to extremes of age, pregnancy, or underlying health conditions.

Access to healthcare including screening, treatment, and vaccination services can be more challenging for those residing in or travelling through regional, rural, and remote Australia.[4] Aboriginal and Torres Strait Islander peoples may face additional challenges travelling both within Australia and internationally – including navigating unfamiliar health systems, as well as language and cultural differences at their destination.[5] It is a key skill to be able to discuss travel-related behaviours in a culturally sensitive manner as health beliefs and travel risk prevention behaviours are strongly influenced by past experiences and cultural practice.

Over recent years the emergence of illnesses such as Zika virus, COVID-19, and MPox highlights the need for GPs to remain informed about new and emerging challenges facing travellers. While concerns such as new diseases and increasing antimicrobial resistance persist, they coincide with advances in vaccinations, treatments, and evidence-based prevention strategies for other travel-related conditions.

Travellers continue to face issues including dilemmas around health equity and ethical tourism, alongside their own individual risk. Travel medicine remains a dynamic and complex area within general practice.

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Learning outcomes

The GP is able to:

- conduct a comprehensive pre-travel history and assessment of common travel-related risks and provide tailored pre-travel health advice
- discuss prevention and treatment strategies for common travel-related illnesses including vaccination and chemoprophylaxis
- determine which recommended travel vaccines will be funded by the patient, and where there is eligibility for government-funded vaccines, including regional variations and additional funded vaccines available for Aboriginal and Torres Strait Islander peoples
- consider international and legal requirements for vaccination, documentation of health conditions, and travelling with medications
- support patients in understanding how their personal sociocultural context and beliefs may influence their access to healthcare while travelling
- collaborate with patients and carers to plan chronic condition management during travel and maintain shared health summaries
- investigate and manage common post-travel presentations and consider the public health implications and potential quarantine and isolation requirements
- discuss ethical and social challenges related to international healthcare access and travel-related illness
- establish strategies to remain up to date with epidemiological knowledge of travel destinations and emerging travel health risks.

Key areas of learning

Discuss general travel health advice and prevention strategies, including:

- prevention of infectious diseases:
  - the need for routine, catch-up, and destination-specific vaccinations
  - prevention of blood-borne and sexually transmissible infections
  - insect bite prevention
  - food and water hygiene
- stabilising pre-existing conditions prior to travel
- prevention of non-infectious illness and injury:
  - deep vein thrombosis prevention
  - jet lag management advice
  - advice about minimising risk related to specific activities (eg road traffic accidents, extreme sports, diving, and climate extremes).

Provide destination-specific information and advice to reduce the risk of injury, illness, or infection including from:

- current outbreaks
- risks to personal safety; for example, due to crime, war, or political instability
- altitude-related illness
- ingestion of contaminated food or beverages:
  - hepatitis A
  - traveller's diarrhoea
  - typhoid
  - cholera
- insect-borne (particularly mosquito-borne) infections:
  - malaria (including risk minimisation and prophylactic medication)
  - dengue
  - yellow fever
  - Japanese encephalitis
  - tick-borne encephalitis
  - leptospirosis
  - zika virus
  - chikungunya virus
- aerosol and droplet transmission:
  - influenza
  - coronavirus infections
  - measles
  - tuberculosis
- blood-borne, body fluid, and sexually transmitted infections
  - hepatitis B
  - hepatitis C
  - human immunodeficiency virus (HIV)
  - syphilis
  - gonorrhoea
  - viral haemorrhagic fevers
  - mpox
- exposure to other agents:
  - rabies
  - schistosomiasis

- leptospirosis.

Provide specific advice for populations at higher risk or with specific circumstances, including:

- Aboriginal and Torres Strait Islander peoples
- travellers visiting friends and relatives overseas
- extended travel
- working or volunteering overseas
- travellers with occupational risk
- travellers attending mass gatherings
- travellers at extremes of age
- pregnant travellers
- travellers with disability
- immunocompromised travellers
- travellers with allergies
- travellers with pre-existing medical conditions (eg diabetes and chronic obstructive airways disease)
- medical tourism
- sex tourism.

Manage conditions and presentations in the returned traveller, such as fever, traveller's diarrhoea, and other specific illnesses.

Provide routine, catch-up, and travel-specific immunisations

Opportunities for learning

Words of wisdom

- Travel advice shouldn't be approached as a checklist but should be tailored to the individual and their risks. Building rapport at the start of the consultation and showing an interest in the planned travel will give you a better idea about the potential risks and help you provide advice tailored to the individual traveller.

- Never make assumptions about the type of travel or activities that may be undertaken based on what people do in their usual environment.

- Always talk about travel insurance and what it does and doesn't cover. Pregnancy and pre-existing conditions are essential to declare to ensure coverage is obtained.

- Travel-related risks exist even in domestic travel. It is still important to discuss travel and travel-related risks to destinations in Australia, particularly for trips of longer duration, those to more remote destinations, or for individuals with pre-existing medical conditions.

- Be prepared to rapidly prioritise travel health. Lots of people won't make a specific appointment for a travel consultation. Encourage them to book a long appointment, where time permits, and use practice systems to help patients indicate that they are attending for a travel health consultation. Use the available consultation time effectively and give patients resources that they can look at afterwards.

Learning strategies

On your own

Identify resources to help you keep up to date with outbreaks or new travel-related risks.

- *Do these match the ones listed in the learning resources section below? Are they appropriate for Australian travellers? What resources can you find for travellers?*

From your current knowledge, identify travel risks for Southeast Asia, South Pacific / Oceania region, Africa, and altitude destinations. Check these risks with the resources you identified above.

- *What did you forget? How could you find this information quickly next time you need it?*

Find out about the dose schedules for vaccine-preventable travel-related conditions.

- *Which dose schedules or recommended vaccinations differ for different age groups, in pregnancy and for Aboriginal and Torres Strait Islander peoples?*
- *How can you find out what vaccinations people have had previously?*

With a supervisor

Review your clinic processes for travel vaccination, including recording data and entering recalls, and discuss with your supervisor any non-rebatable costs for the patient. Are all vaccinations available in the practice? If not, where would you access them?

- *Do you have any questions about this process? Have you used this process with a patient yet? Did you identify any challenges?*
- *Review some cases against the recommended vaccination guidance for the location. Why might clinical management differ (eg cost or time before travel, or underlying medical conditions)?*

Present the management of common post-travel illnesses to your supervisor or to medical students in the practice. Discuss how to access required investigations or referrals.

- *What feedback did you get? What did you learn in the process?*

Discuss what you might include or prescribe for use in a travel medical kit and how this might differ depending on the specific travel health risks related to the individual, the destination, and the planned activities. How would you discuss with patients the use of any prescribed medications? Check your list against recommended first aid kit lists from the suggested travel medicine resources.

- *What did you learn? What can you incorporate into your next consultation?*

In a small group

Role-play how you might sensitively explore travel risks with a patient. Consider scenarios with communication challenges, such as discussion of sexual or drug-related risk behaviours or exploring risks in a cultural context. Give feedback to your colleagues about the strategies they used and any communication challenges.

- *As a group, discuss the approaches used. What are some strategies to talk about travel risks in a sensitive way?*

Discuss a case that is challenging because of patient or destination factors. Discuss situations where things were handled differently from what is recommended, and how you could approach these situations. Discuss why patients may refuse preventive treatment or prophylaxis. Discuss the recommended management approach and times where that differed, and why.

- *What advice could you use or what support could you seek if you were faced with a similar situation in practice?*
- *What are the legal requirements in this situation?*

Discuss any possible legal requirements when taking medicines overseas.

- *What is your role as the prescriber?*
- *Set up a travel medication letter template in your medical software that includes information that might be required.*

With a friend or family member

Discuss travel destinations that others have visited, activities undertaken, and any risks that they were aware of. Did they have travel insurance? How did they make that choice? Ask about what healthcare was available, especially if they were unwell or injured while away, and any differences from the Australian healthcare system. Ask about what access they had to health advice and vaccination before they travelled.

- *How does knowing about the type of travel and planned activities influence the way you could give advice to a patient before travel?*

Discuss a dream holiday destination and consider how you would plan to make your trip a safe one. Talk about any costs you might expect as part of your preparation for a healthy trip and research what these might be.

- *If the budget was limited, which costs would you prioritise?*

Practise discussing food and water safety or insect-bite prevention and explain the risks and relevant illnesses using non-medical language.

- *What prevention strategies did you find the most difficult to explain in non-medical language?*
- *Review how these prevention strategies are explained in patient resources. What changes could you make to your explanation?*

Case example

Stefan is a single 24-year-old medical student who is travelling to Uganda for three months for an elective. He is leaving in one month and presents to discuss vaccinations and malaria advice. He thinks he had all his scheduled childhood vaccinations but doesn't have any documentation. On his way to Uganda he's planning on spending a week in Thailand for a full moon party.

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

Communicator

- How could you sensitively ask about and discuss risk-taking behaviours, such as taking drugs and activities that could lead to sexually transmissible infections?
- How would you ask about these issues if the patient was visiting Australia from overseas and became unwell? What language and cultural contexts might you need to consider?

Clinician

- What do you need to know about Stefan's planned activities, modes of travel, and specific itinerary to determine any required prevention strategies?
- What past medical history or family history is essential to discuss in a travel consultation?
- What different travel health issues might you need to consider if this consultation was with a 24-year-old female?
- How would your advice differ if a patient going to these destinations was taking immunosuppressive medication, had type-1 diabetes, was pregnant, or was travelling with young children?
- Would your advice differ if Stefan was visiting friends and family at these destinations?
- What advice could you give if Stefan has not planned his full itinerary or doesn't know what activities he will do?
- What advice would you give about how to manage illness during travel and the symptoms that should make the patient get a healthcare assessment?
- For how long after travel do you need to consider serious travel-related illnesses in your differential diagnoses (eg malaria, dengue, or bacterial diarrhoea)?
- What other factors do you need to consider in a patient with significant chronic illness who wants to travel? Who could you consult to determine if a patient is fit to travel?
- How can you find out what vaccinations a patient has had previously?
- How will you record the vaccinations provided in this consultation?
- What vaccinations require mandatory documentation or certification for travel?
- How do you plan your set-up for vaccinations to minimise the risk of vaccine errors?
- What do you need to consider when getting consent from a patient for a vaccination?
- How would you monitor for, manage, and report any adverse events following vaccination?
- What diagnoses would you need to consider if Stefan presents with a fever, rash, or diarrhoea on his return? Do any of these conditions require urgent notification? Who would you contact for advice?

Health advocate and leader

- What are some challenges for Aboriginal and Torres Strait Islander patients when seeking healthcare whilst travelling internationally? What about when travelling domestically?
- What advice could you give to reduce the risk of road traffic-related injuries during travel?
- What barriers to timely vaccination might there be for people living in rural and remote communities? How can you help patients access the care they need?

Professional

- Many travel consultations take longer than a standard consultation. How could you prioritise the discussion if Stefan was not able to return for further consultations?
- What strategies would you prioritise if Stefan had a limited budget or limited time prior to departure?
- Can you think of any situations that may come up during a travel consultation where your values may not align with the patient's (eg accepting the risk associated with some behaviours)? How would you respond in that situation?
- How might a traveller put a community they are visiting at risk?

Scientist, educator and researcher

- What resources or guidelines would you use to determine recommended prevention strategies for the specific destinations?

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