RACGP

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

Respiratory health

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

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Recommended citation

The Royal Australian College of General Practitioners. Curriculum and syllabus for Australian general practice (7th edition). Respiratory health. East Melbourne, Vic: RACGP, 2026.

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Published September 2026

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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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Respiratory health

Context

Chronic respiratory disease is a major contributor to Australia's morbidity, healthcare utilisation, and inequity. In 2024, approximately 8.5 million Australians (34% of the population) reported having a chronic respiratory condition such as asthma or chronic obstructive pulmonary disease (COPD).[1] Of these, an estimated 638,000 (2.5%) live with COPD, which accounted for 3.6% of total disease burden and about half of the total respiratory disease burden in 2023.[2,3] Respiratory disease remains among the leading causes of disability and lost healthy years in Australia, particularly through non-fatal burden.[3] For Aboriginal and Torres Strait Islander peoples, the burden is significantly higher, especially among women.[4] Lung cancer is estimated to be the 4th most commonly diagnosed cancer in Australia in 2025.[5] The National Lung Cancer Screening Program, which began in 2025, aims to improve health outcomes and save lives by detecting lung cancer early in high-risk, asymptomatic individuals.[6]

General practice is often the first point of contact for respiratory complaints, including cough, wheeze, dyspnoea, sore throat and exacerbations of asthma or COPD. GPs frequently report managing respiratory conditions as a major component of consultations.[7,8] Because respiratory pathologies intersect with comorbidities such as cardiovascular disease, obesity, and mental health disorders, and are influenced by social determinants like smoking, air quality, housing and occupational exposures, GPs must adopt a holistic, patient-centred and prevention-oriented approach. Advances in vaccination, inhaler therapy, telehealth, integrated care models, and digital monitoring tools are changing the landscape of respiratory care.[9–11] GPs are well placed to lead early detection, longitudinal management, exacerbation prevention and equitable access across urban, rural and remote settings. Embedding culturally safe, inclusive care is essential for at-risk populations, including Aboriginal and Torres Strait Islander peoples, those in rural and remote regions, and people with socioeconomic disadvantage.[12]

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Learning outcomes

Please note: The *Neurological presentations* unit has the specific learning outcomes, key areas of learning, and learning resources relating to sleep disorders.

A GP is able to:

- elicit and synthesise a respiratory history, identify red flags, and formulate an appropriate differential diagnosis
- perform and interpret respiratory examinations and basic investigations (spirometry, peak flow, auscultation, and chest X-ray interpretation) safely and competently
- integrate physical, psychosocial, and comorbid care in managing respiratory conditions and exacerbations
- apply preventive and population health principles, including vaccination, smoking cessation, environmental control, and early detection strategies
- manage acute respiratory presentations including exacerbations, respiratory infections, and shortness of breath, with timely referral when required
- use evidence-based guidelines and risk stratification tools to tailor long-term respiratory care
- respond to social determinants of health and advocate for equitable respiratory health access
- apply ethical, legal, and safety principles in respiratory care, including infection control and oxygen therapy.

Key areas of learning

Diagnose, investigate appropriately, and manage emergency respiratory presentations in both children and adults, including:

- acute exacerbation of asthma and COPD
- epiglottitis
- croup
- typical and atypical pneumonias
- bronchiolitis.

Diagnose, investigate appropriately, and manage cough, wheeze, and shortness of breath symptoms due to:

- asthma
- COPD
- croup
- typical and atypical pneumonias
- bronchiolitis
- acute bronchitis
- pertussis
- tuberculosis (TB)
- lung abscess
- occupational lung disorders, for example, asbestosis, silicosis, pneumoconiosis
- cystic fibrosis
- bronchiectasis
- interstitial lung disease
- inhaled foreign body.

Diagnose, investigate appropriately, and manage chest pain symptoms due to:

- pneumothorax
- pleurisy
- pulmonary embolism.

Diagnose, investigate appropriately, and manage haemoptysis symptoms due to:

- typical and atypical pneumonias
- bronchiectasis
- tuberculosis
- acute bronchitis
- neoplasia
- pulmonary embolism
- cystic fibrosis
- trauma
- pulmonary arteriovenous malformations.

Diagnose, investigate appropriately, and manage pain and voice change symptoms due to:

- acute sinusitis
- tonsillitis
- pharyngitis
- laryngitis
- pertussis.

Understand the common presentations and management of respiratory illness resulting from exposure to climate factors such as:

- air pollution, including bushfire smoke
- thunderstorm asthma.

Understand the approach to an upper respiratory tract infection.

Understand the approach to chronic cough.

Understand the approach to presentations potentially caused by cancers of the upper or lower respiratory tract.

Understand the National Lung Cancer Screening Program.

Understand the approach to the management of respiratory trauma, including:

- inhaled foreign body
- pneumothorax.

Be able to perform procedures specific to respiratory health medicine, including:

- correct spirometry performance and interpretation
- demonstration of inhaler devices and spacer technique, including a face mask for young children
- collection of sputum and nasopharyngeal swabs for pathology
- chest X-ray interpretation
- peak flow recording and interpretations
- nebuliser therapy.

Consider certification implications for work and capacity to work as it relates to occupationally acquired respiratory diseases.

Consider public health notification requirements related to respiratory diseases such as tuberculosis and pertussis.

Consider guidelines for oxygen therapies in acute presentations and in the management of chronic respiratory diseases

Understand and engage patients in appropriate screening for diseases of the respiratory system, and preventive lung health care which includes vaccinations, smoking cessation, and occupational and environmental exposures.

Opportunities for learning

Words of wisdom

- Start every respiratory consultation with an open question to explore the patient's context, exposures, and the functional impact of their symptoms. Be alert to red flags such as haemoptysis, weight loss, or silent respiratory distress in children – quiet, inactive young patients are often more unwell than those who are active and playful.

- Understanding a patient's health literacy is essential when developing treatment plans for chronic conditions such as asthma, COPD, interstitial lung disease and bronchiectasis. Use diagrams, written timetables, or simple instructions (eg number of puffs, inhaler timing, steroid tapering schedules) to improve adherence and confidence in self-management. Additionally, always check inhaler technique and adherence – incorrect use is one of the most common and correctable gaps in respiratory care, even among patients with long-term asthma or COPD.

- Consider multimorbidity and overlapping conditions (eg asthma, COPD, allergic rhinitis, sleep apnoea, and cardiac disease) and address contributing factors such as smoking, environmental exposures, and weight gain. Frame smoking cessation as a fundamental component of respiratory management and tailor strategies to readiness for change.

- When approaching chronic respiratory disease, utilise all available supports, including multidisciplinary team care and pulmonary rehabilitation, to deliver a holistic, person-centred plan. Encourage shared action plans and ensure prompt review for exacerbations. Telehealth can be used effectively to maintain engagement, particularly in rural and remote settings. Use objective measures such as spirometry, peak flow, and patient reported outcome measures (PROMs) – such as Asthma Control Test (ACT), Asthma Control Questionnaire (ACQ), mMRC, and Chronic Airways Assessment Test (CAAT) – to guide diagnosis, monitor progress, and support shared decision-making.

- For patients with occupational exposure–related lung disease (eg silicosis, asbestosis, pneumoconiosis, and some lung cancers), explore potential workers compensation pathways to ensure funded access to investigations and care.

Learning strategies

On your own

Review a case of a child with wheeze.

- *What was your differential diagnosis list?*
- *What is your current management plan?*
- *Compare your management plan to the asthma guidelines and reflect on any differences. If there are differences, what is the reason, and is there anything that could be changed?*
- *What monitoring or follow-up has been arranged? Are there any lifestyle factors to consider for the child and/or extended family members?*

Carry out a nasopharyngeal swab.

- *How would you practise infection control when you do this?*
- *Where could you find a video that demonstrates how to do a swab? What could you learn from this video?*

Review a case of an adult who presented with a symptom or sign that could be consistent with lung cancer but also has a range of other potential causes.

- *How did you assess and manage the presentation?*
- *How would you decide when to consider lung cancer as a potential differential?*
- *How does that compare to guidelines?*

With a supervisor

Review a case of an adult patient with chronic cough.

- *Create a differential diagnosis list that includes 'not to be missed' diagnoses and red flags.*
- *What did you think was the most likely cause of the symptoms? What investigations were completed for this patient? What additional investigations, if any, would you consider?*
- *How did you manage this patient?*
- *How does this compare to an evidence-based guide for chronic cough?*
- *What suggestions does your supervisor have? Do they have any tips for managing this type of presentation?*

Do a review of your patients to see if they have action plans for asthma and / or COPD, and if their respiratory disease vaccinations are up to date.

- *Ask your supervisor how they approach this.*

In a small group

Role-play how you might sensitively discuss smoking cessation with a long-term smoker.

- *How did you go?*
- *How did the 'patient' feel?*

- *What stage of change did you identify? Get feedback from the group.*
- *How can you explain the benefits of smoking cessation in a meaningful way, so the patient is engaged?*
- *Are there any specific resources / support services that you could utilise if this patient identified as Aboriginal or Torres Strait Islander?*
- *Consider role-playing other challenging scenarios, such as a diagnosis of lung cancer or explaining the pros and cons of vaccination to a parent who is hesitant to have their child vaccinated.*

Research the various inhaler devices that are currently available in the market. Role-play explaining how to use each of these devices correctly to a non-clinical person. Ask the group for feedback.

- *What did you learn from this feedback?*
- *How can you incorporate this into your practice?*

With a friend or family member

Find a friend of family member who smokes or has smoked in the past. Discuss lung cancer screening

- *Would they qualify? Discuss how they might access information or referral for this*
- *If they don't qualify, discuss why they don't with them.*
- *Explain to them what is involved in the screening and follow-up process.*
- *What resources aimed at the community, patients, and health professionals may be useful to assist in the discussion?*

Talk with a family member or friend about their experience with asthma. It may be someone they know of, rather than their own experience.

- *What did they find helpful? What were their fears or concerns at the time of acute exacerbation? Where did they find information? Did they have any unmet needs?*
- *Do they have an asthma action plan? What do they understand of it?*
- *What did you learn that you can apply to your practice?*

Read patient information handouts on respiratory presentations from practice software, John Murtagh Patient Education Handouts, and The Royal Children's Hospital Melbourne Kids Health Information fact sheets.

- *How would you use one of these handouts to explain the condition to a friend?*
- *Which of these sources of handouts did you find most useful?*

Case example

James is a 40-year-old business executive who presents with a cough. His cough started with a sore throat and rhinorrhoea one month ago and has persisted since then. He is feeling breathless on exertion. He has smoked for 30 years intermittently. He does not drink alcohol. He works long hours and has little time for exercise. His history includes seasonal hay fever, childhood asthma, appendicectomy, and treated hypertension. His chest sounds are reduced with some wheezing. He has reduced chest expansion. There is no dullness to percussion.

In a case-based discussion, questions could include:

Communicator

- What communication strategies would you use to empower James to take control of his current and pre-existing medical conditions?
- How would this be different if James identified as Aboriginal or Torres Strait Islander?
- What if you were talking to a parent or guardian of a three-year-old child with a persistent cough?

Clinician

- What further history, examination, and investigation findings are necessary to formulate a diagnosis and management plan for James?
- How would this be different if James identified as Aboriginal or Torres Strait Islander?
- What is your approach to a persistent cough presentation for an adult? How would this be different for a child?
- What would your approach be if James were a non-smoker? What if he lived in rural north Queensland? What about urban South Australia? What if James' occupation may have contributed to his presentation?
- What is your problem list for James, in order of priority?
- What non-pharmacological treatments and pharmacological treatments need to be considered for James?
- How would this problem list and treatments be different for a three-year-old with a persistent cough?
- What presenting features would lead you to refer James to the emergency department?
- What presenting features would lead you to refer James for review by a respiratory specialist?

Health advocate and leader

- What community resources are available to James for his respiratory health and wellbeing?
- Would these resources be different if James identifies as Aboriginal or Torres Strait Islander?
- Would these resources be different if you were practising in rural Australia?

Professional

- What personal biases and limitations may influence your management of James, especially if he continues to smoke?
- How would you work in a culturally safe way with James if he identifies as Aboriginal or Torres Strait Islander?

Scientist, educator and researcher

- What resources or guidelines would you use to determine the recommended diagnosis and investigation strategies for this presentation?
- What resources or guidelines would you use to determine the recommended prevention strategies for 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