RACGP

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

Gastrointestinal health

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

Context

Digestive problems are managed in more than 10% of general practice consultations[1] and account for nearly 4% of health system spending in primary care.[2] GPs assess and manage a wide range of gastrointestinal presentations in all ages, ranging from the acute and life-threatening to chronic and quality of life impacting. Common presentations include abdominal pain, gastroesophageal reflux disease, constipation, and gastroenteritis.

Among the many presentations, there will be some who have more serious, urgent conditions that need to be identified and managed, for example, an Australian study found that 0.14% of patients presenting with reflux had oesophagogastric cancer.[3] For many children, gastroenteritis can be assessed and managed with advice, safety-netting, and family support, but seriously dehydrated infants will need urgent, time-sensitive care.

Colorectal cancer is the fourth most commonly diagnosed cancer in Australia, and whilst more common in the older population there is an increasing incidence in those aged under 40 years of age.[4] Whilst GPs can promote bowel screening,[5] of the 41.7% participation rate in 2022-2023[6] this did not include people aged under 45 or over 75. GPs are in a position to change health outcomes by providing access to care when these patients present.

GPs will see a wide range of liver conditions, with metabolic dysfunction-associated fatty liver disease (MAFLD) being the most common.[7] Its association with other common conditions means GPs will often be developing holistic management plans for multiple conditions in the same consultation. Appropriately identifying people with cirrhosis and offering them hepatocellular carcinoma surveillance[8] is another role GPs play when providing person-centred comprehensive care.

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Learning outcomes

The GP is able to:

- diagnose, investigate appropriately, and manage emergency gastrointestinal presentations in both children and adults
- diagnose, investigate appropriately, and manage dysphagia, epigastric pain, and reflux
- demonstrate an approach to altered bowel habits
- demonstrate an approach to rectal bleeding or discomfort
- diagnose, investigate appropriately, and manage upper and lower abdominal pain symptoms
- understand the approach to lumps in the groin
- understand and engage patients in appropriate screening for cancers in the gastrointestinal system.

Key areas of learning

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

- gastroenteritis causing dehydration
- acute bowel obstruction
- appendicitis
- ischaemic bowel
- intussusception
- irreducible hernia
- swallowed foreign body
- acute gastrointestinal bleeding
- acute cholecystitis
- acute hepatitis
- acute liver failure
- acute pancreatitis
- peritonitis.

Diagnose, investigate appropriately, and manage dysphagia, epigastric pain and reflux symptoms due to:

- gastro-oesophageal reflux disease (GORD)
- eosinophilic oesophagitis
- oesophageal stricture
- oesophageal achalasia
- oesophageal spasm
- oesophageal cancer
- ulcers – gastric, duodenal, Helicobacter pylori.
- gastric adenocarcinoma.

Understand the approach to altered bowel habits caused by:

- irritable bowel syndrome
- diarrhoea
- toddler's diarrhoea
- viral gastroenteritis
- bacterial gastroenteritis
- giardiasis
- traveller's diarrhoea
- worms and parasitic infection
- constipation
- faecal incontinence
- malabsorption syndromes
- coeliac disease
- fructose and lactose intolerance
- food intolerance
- food allergy
- short bowel syndrome
- Hirschsprung's disease
- bariatric surgery

- medications, including long term proton pump inhibitor (PPI) use.

Understand the approach to rectal bleeding caused by:

- bowel cancer
- inflammatory bowel disease including Crohn's disease and ulcerative colitis
- haemorrhoids
- fissures.

Diagnose, investigate appropriately and manage upper abdominal pain symptoms due to:

- cholelithiasis
- chronic pancreatitis
- pancreatic malignancy
- pyloric stenosis.

Diagnose, investigate appropriately and manage lower abdominal pain symptoms due to:

- diverticular disease
- diverticulitis
- bowel cancer
- sigmoid volvulus.

Diagnose, investigate appropriately and manage upper abdominal conditions caused by:

- chronic liver disease
- hepatitis B and C
- metabolic associated fatty liver disease
- liver cirrhosis
- primary biliary cholangitis
- autoimmune liver disease
- alcoholic liver disease
- portal hypertension.

Understand the approach to discomfort in the rectum caused by:

- skin tags
- thrombosed haemorrhoid
- anal abscess
- anal pruritus
- rectal prolapse
- rectal cancer
- proctitis
- pilonidal sinus.

Understand the approach to lumps in the groin caused by:

- direct and indirect inguinal hernia
- moral hernia
- incisional hernia.

Understand and engage patients in appropriate screening for cancers in the gastrointestinal system.

Opportunities for learning

Words of wisdom

- Be mindful of the need to offer screening for blood-borne viruses to patients where we know there can be underdiagnosis. These groups include patients from culturally diverse backgrounds, refugees, those that identify as Aboriginal or Torres Strait Islander, or patients with high-risk behaviours. Screen for other blood-borne conditions if one is diagnosed.

- Develop both pharmacological and non-pharmacological strategies to manage constipation in children. Non-pharmacological methods are extremely important, and giving parents written plans with advice is helpful as there is a lot of information to remember. Going through the handout together with the parents in the consultation room is another useful strategy.

- Understand how to manage diarrhoea in children, including how to manage it at home, when to refer to non-GP specialists or hospital, and 'time out' guidelines (for childcare and school).

- Ensure your practice has an adequate recall and reminder system for investigating bowel cancer. Remember, although uncommon, bowel cancer can affect young people and so a diagnosis of colorectal cancer should be considered in all patients with persistent iron deficiency or ongoing unexplained symptoms. The faecal occult blood test (FOBT) is a screening tool for asymptomatic patients, not for symptomatic patients. If a patient is symptomatic, they should be referred straight to the gold standard diagnostic investigation.

- Consider screening for coeliac disease in patients who present with persistent, unexplained gastrointestinal symptoms.

Learning strategies

On your own

Review the literature to identify the common causes of nausea.

- *Compare this with patients you have seen in practice with nausea symptoms.*
- *Reflect on your assessment and investigation approach to a patient with nausea. Are there any causes you have not previously considered?*

Review a case of a child with chronic diarrhoea.

- *What is your current management plan?*
- *Compare your management plan to the 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?*

With a supervisor

Review a case of a patient with acute abdominal pain.

- *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 would you manage this patient? What suggestions does your supervisor have? Do they have any tips for managing this type of presentation?*

Present a teaching session that discusses the impact of geographical location on how patients with liver disease are assessed for fibrosis, cirrhosis, and – if appropriate – hepatocellular carcinoma screening, including access to non-GP specialist services and investigations.

- *Consider rural and remote areas and the difference there may be in accessing timely investigations and healthcare.*
- *Consider patients who are away from their own home or community (eg refugees or Aboriginal and Torres Strait Islander people).*
- *Reflect on the session and ask your supervisor for feedback.*

In a small group

Role-play how you might sensitively inform a patient about a bowel cancer diagnosis.

- *How did you go? How did the 'patient' feel, and how well did they understand the discussion? Get feedback from the group.*
- *How can you explain medical terminology in simple terms so the patient can understand?*
- *Consider role-playing other challenging scenarios, such as a diagnosis of irritable bowel syndrome or chronic abdominal pain due to anxiety.*

Role-play explaining to a patient or a patient's family (if the patient is a child) the treatment guidelines for chronic gastrointestinal conditions (eg coeliac disease, Crohn's disease, ulcerative colitis, metabolic associate fatty liver dysfunction).

- *How did you go? How well did the 'patient' understand? Get feedback from the group.*
- *Does the group have other ideas for how to approach explaining this condition?*
- *Role-play the same scenario again but using some of these different approaches. Change the scenario to a patient from a culturally and linguistically diverse background, or a child with special needs.*

With a friend or family member

Discuss bowel cancer screening with a family member or friend.

- *Have they done the bowel cancer screening test? Did they find it difficult? What would they have liked to know about it? What made them complete the test?*
- *If they haven't done the test, explain to them what is involved. If they are under the age of 45, would they consider doing this test once they reach 45?*

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

- *How did they address the constipation? What did they find helpful? Where did they find information? Did they have any unmet needs?*
- *What did you learn that you can apply to your practice?*

Case example

Michael, a 55-year-old man, presents for his repeat script for pantoprazole. He mentions that for the last few months he has occasionally noticed some blood in the toilet bowl, and he hopes you can manage that as well.

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

Communicator

- How would you discuss bowel cancer screening with Michael if he was from a culturally and linguistically diverse background? Or if he identified as Aboriginal or Torres Strait Islander?
- How would you sensitively ask about high-risk behaviours that could cause this presentation?
- How would you explain to Michael how to take a rectal swab to exclude rectal infections and STIs?

Clinician

- What are the acute gastrointestinal conditions that must not be missed in this presentation?
- What other symptoms would it be important to ask Michael about regarding this presentation?
- When would you send Michael directly to hospital?
- What red flags are important to screen for in this case?
- What are your differential diagnoses for Michael? What if he had a negative bowel cancer screening test four months ago?
- What advice would you give Michael if he had only had one episode of bright rectal blood on the toilet paper?
- How would your management change if Michael had a diagnosis of haemorrhoids or colon cancer?
- How would your advice differ if Michael was a child?
- What would the differential diagnoses be if this was a 33-year-old female?
- What would the differential diagnoses be if this was a child (with rectal bleeding)? Would you organise any investigations?
- What questions would you ask Michael to help you review his need for pantoprazole?
- How would you manage the repeat prescription request?
- What concerns may Michael have about having a colonoscopy or gastroscopy?
- How might your management be affected if you were working in a rural or remote setting?

Health advocate and leader

- How do you ensure you have an effective recall system?

Professional

- How would you respond if Michael refused to have his rectal bleeding investigated?

Scientist, educator and researcher

- 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