RACGP

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

## Allergy and immunology

RACGP Curriculum and syllabus for Australian general practice (7th edition): Allergy and immunology.

**Disclaimer**

The information set out in this publication is current at the date of first publication and is intended for use as a guide of a general nature only and may or may not be relevant to particular patients or circumstances. Nor is this publication exhaustive of the subject matter. Persons implementing any recommendations contained in this publication must exercise their own independent skill or judgement or seek appropriate professional advice relevant to their own particular circumstances when so doing. Compliance with any recommendations cannot of itself guarantee discharge of the duty of care owed to patients and others coming into contact with the health professional and the premises from which the health professional operates.

Accordingly, The Royal Australian College of General Practitioners Ltd (RACGP) and its employees and agents shall have no liability (including without limitation liability by reason of negligence) to any users of the information contained in this publication for any loss or damage (consequential or otherwise), cost or expense incurred or arising by reason of any person using or relying on the information contained in this publication and whether caused by reason of any error, negligent act, omission or misrepresentation in the information.

**Recommended citation**

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

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

Published September 2026

© The Royal Australian College of General Practitioners 2026

This resource is provided under licence by the RACGP. Full terms are available at www.racgp.org.au/usage/licence. In summary, you must not edit or adapt it or use it for any commercial purposes. You must acknowledge the RACGP as the owner.

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

Allergy and immunology 4
- Context 4
  - References 4
- Learning outcomes 5
- Key areas of learning 6
- Opportunities for learning 7
  - Words of wisdom 7
  - Learning strategies 7
  - Case example 9
- Learning resources 10
- Assessment 11

# Allergy and immunology

## Context

More than 8 million Australians (about 30% of the population) are affected by allergic disease, with many managing multiple allergic conditions.[1] Allergic rhinitis is the most common (about 24% of Australians) and about 7% of Australians report a food allergy.[2]

Atopy is defined as: '…the genetic tendency to develop allergic conditions such as allergic rhinitis, asthma and atopic dermatitis (eczema). Atopy is usually associated with heightened immune responses to common allergens, especially inhaled allergens and food allergens.[3]

The term allergic disease covers several disease states, including but not limited to, atopic dermatitis (eczema), allergic rhinitis (hay fever), allergic asthma, food allergy, drug allergy, latex allergy, insect and tick allergy, anaphylaxis, and cold urticaria.[1]

Allergic conditions can have a significant impact on a patient and family's life, and GPs are able to provide education and support to manage the conditions throughout life. This includes advice on food allergy prevention and keeping abreast of current guidelines and advice.

An understanding of immunology is a prerequisite to understanding and managing allergic conditions, and it is also important when identifying patients who may have an underlying immunodeficiency or more commonly an iatrogenic immunodeficiency. Patients being treated for cancers and common autoimmune and inflammatory conditions may be considered severely immunocompromised.[4] A person being immunocompromised can impact many presentations, treatments, and preventive care methods. A key role of GPs is to identify the potential breadth of impacts and be able to access information to support that person's care.

### References

1. Deloitte Access Economics. Costly Reactions: The economic and social cost of allergic disease in Australia, Report for the Australasian Society of Clinical Immunology and Allergy (ASCIA) and the National Allergy Council. 2025. Available at: https://www.allergy.org.au/ascia-reports-economic [Accessed 6 Oct 2025]
2. Wang Y, Koplin J, Davies J, et al. Prevalence and sociodemographic variation of allergic diseases in Australia: findings from the Australian National Health Survey. *Clin Exp Allergy* 2026 as online ahead of print. doi: 10.1111/cea.70288
3. American Academy of Allergy, Asthma & Immunology. Atopy Defined [internet]. [Updated 7 Aug 2024]. Available from www.aaaai.org/Tools-forthe-Public/Allergy,-Asthma-Immunology-Glossary/Atopy-Defined [Accessed 6 Oct 2025]
4. Australian Technical Advisory Group on Immunisation (ATAGI). Australian Immunisation Handbook - Types of medical conditions and immunosuppressive therapy and associated levels of immunocompromise. Australian Government Department of Health and Aged Care, Canberra, 2024. Available at: https://immunisationhandbook.health.gov.au/resources/tables/table-types-of-medical-conditions-and-immunosuppressive-therapy-and-associated-levels-of-immunocompromise [Accessed 6 Oct 2025]

## Learning outcomes

The GP is able to:

- identify and assess allergy presentations to arrive at a working diagnosis that considers red flags
- recognise and manage the acutely unwell patient with an allergic disease, especially anaphylaxis
- select, interpret, and refer as needed for appropriate investigation in the diagnosis and management of allergic diseases
- develop management plans for allergic conditions, including action plans
- demonstrate effective patient education and motivational interviewing when managing patients with health behaviours that contribute to chronic allergic illnesses
- provide evidence-informed advice on dietary and other lifestyle factors involved in preventable allergic diseases especially food allergies in children
- explore potential and labelled medication allergies for likelihood of being true allergy
- describe options for de-labelling when allergies are incorrectly recorded
- identify patients who may be immunocompromised
- provide appropriate management of acute presentations for patients who are immunocompromised
- undertake preventive activities appropriate to a patient's level of immunocompromise

## Key areas of learning

Diagnose, investigate appropriately, and manage:

- allergic rhinitis
- allergic conjunctivitis
- allergic asthma
- allergic dermatitis
- acute urticaria
- chronic urticaria
- insect, animal, and latex hypersensitivities and allergies.

For patients with anaphylaxis:

- promptly identify and provide appropriate emergency care
- develop management plans including specialist and patient / family input
- develop patient held action plans
- explain and be able to demonstrate how to use adrenaline delivery devices
- support patients to understand how to manage anaphylaxis in the context of their life and plans.

In regard to food allergy be able to:

- provide advice on primary prevention
- identify presentations where food allergy is a possibility
- describe the differences in presentations including IgE and non-IgE mediated food allergies
- identify when an adverse food reaction is more likely due to food intolerance rather than allergy.

In regard to drug and medication allergies be able to:

- manage acute presentations
- recognise and manage angioedema
- consider whether a presentation is an allergic reaction, adverse event, or co-incidental presentation, appropriately documenting the diagnosis and providing patient advice
- be aware of methods to ‘de-label’ drug allergies.

Examine and investigate potential allergy presentations including:

- anterior nasal inspection
- using specific IgE blood tests appropriately.

Identify patients with underlying conditions that predispose them to immunodeficiency and:

- be able to access resources to identify level of immunosuppression / risk
- offer appropriate preventive care
- modify treatment of other presentations when needed to account for the impact of the immunosuppression.

For patients with iatrogenic immunosuppression:

- identify the risk
- describe common treatment types that are implicated
- be able to access resources to identify level of immunosuppression / risk
- offer appropriate preventive care
- modify treatment of other presentations when needed to account for the impact of the immunosuppression.

## Opportunities for learning

### Words of wisdom

- Understanding a patient's health literacy is important when prescribing treatment plans for chronic allergic conditions such as asthma, eczema, allergic rhinitis, chronic spontaneous urticaria, and food allergies. Diagrams, charts, and treatment plans can be useful for patients to refer to and share with their significant others. Using templates, such as those provided by Australasian Society of Clinical Immunology and Allergy (ASCIA), can provide clear and evidence-based treatment plans. For example, the ASCIA Eczema and Allergic Rhinitis Treatment Plans specify detailed formulations, dose frequency, and provisions for managing flare ups. This will improve adherence with your treatment plan, including prophylaxis and management of flare-ups.

- All GPs should be prepared to manage anaphylaxis and thus need to have easy access to an emergency trolley, including adrenaline, and know its dosing schedule.

- Regularly check patient technique and understanding of when to use inhaler devices / spacers, nasal sprays, and adrenaline pens. Misunderstanding of correct technique or poor adherence can sometimes go on for years.

- Consider the involvement of workers compensation insurance to fund preventive strategies and healthcare for patients with occupational exposure to allergens, such as in occupational contact dermatitis or asthma.

- When seeing patients with inflammatory or autoimmune conditions consider if their treatment is immunosuppressive and check their understanding of what that may mean if they are unwell and for preventive care.

### Learning strategies

#### On your own

Use practice software to carry out an audit of five of patients (adults and children) with;

- IgE mediated food allergies
- urticaria
- antibiotic reaction, or
- eczema.

Compare your management approach to that found in national guidelines (eg ASCIA).

- *What were the differences between your approach and the guidelines you identified? What would you change in your management of these conditions next time?*

Identify five patients you have seen with iatrogenic immunosuppression.

- *What was their level of immunosuppression?*
- *Have they been offered the appropriate preventive care?*
- *Are there areas for improvement?*

### With a supervisor

With your supervisor discuss a patient presenting with a possible reaction to a food.

- *How did you assess it?*
- *How did you assess the type of reaction and rule in or out options?*
- *Reflect on your management plan: Were there areas that could be improved?*

Review the practice protocol and equipment for recognition and management of anaphylaxis.

- *When was it last used?*
- *Can you identify areas for improvement?*

### In a small group

Research the adrenaline delivery devices that are currently available in the market for patients. Do a role play explaining how to use each of these devices correctly. Ask the group for feedback.

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

Research accurate information about adverse reactions to vaccinations (including anaphylaxis), such as influenza, pneumococcal and COVID-19. Role play explaining;

- likely mechanisms of allergic reactions
- components causing reactions
- testing, and
- the pros and cons of vaccination to a vaccine-hesitant patient or one who has experienced a previous adverse reaction.

Ask the group for feedback.

- *What information did you find? Did you find information that is easy for patients to understand?*
- *What did you find helpful or unhelpful during this role play consultation? How does this change the way you approach these consultations in future?*

### With a friend or family member

Find a friend or family member who has asthma (or has a relative with asthma) and show them an asthma action plan from the Asthma Council of Australia or practice software.

- *How would you use this as a tool to explain how they should manage their asthma?*
- *Did you check their understanding by asking them to explain it back to you?*

Provide education about how to use an anaphylaxis management plan and an adrenaline delivery device. Create some scenarios relating to witnessing possible allergic reactions. Ask what they would do and, if they would use the adrenaline delivery device, ask them to demonstrate correct technique using a trainer device.

- *Did your plan and education lead them to being able to follow the correct steps?*
- *If not, how would you change your education or plan?*

## Case example

James is a 21-year-old university student who presents with worsening 'hay fever' over summer. He mentions he has allergies to nuts and is finding some foods cause his mouth to itch or are hard to swallow.

James is studying social work at university and is concerned about climate change. He has a part-time job at Bunnings. He is busy and often forgets to take (or carry) medication that has been recommended to him (salbutamol puffer, mometasone nasal spray, adrenaline pen device 0.3 mg)

His history includes seasonal hay fever (early morning nasal stuffiness, mouth breather, sneezing a lot in summer), peanut allergy, childhood asthma, infant eczema, and adenoidectomy and tonsillectomy as a 4-year-old.

His chest sounds are reduced with some wheezing. He has reduced chest expansion. There is no dullness to percussion. His nose looks congested with large inferior turbinates but no nasal polyps. His abdominal examination is normal.

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

### Communicator

- What communication strategies would you use to empower James to take control of his current and pre-existing medical conditions?
- If James were a young child and you were talking to a parent or guardian about his symptoms, what communication strategies would you use?
- How might you instruct James in the use of an inhaler device and spacer or adrenaline autoinjector?
- What if James lives with people whose first language is not English, what options are there to communicate with them about how to use the adrenaline if James is unable?

### Clinician

- What further history, examination and investigation findings are necessary to formulate a diagnosis and management plan for James?
- What would your approach be if James were a smoker or lived in rural northern Australia, rather than urban southern Australia, or had an occupation that may have contributed to this presentation?
- What is your problem list for James, in order of priority?

- What presenting features would lead you to refer James to the emergency department?
- What non-pharmacological treatments and pharmacological treatments need to be considered for James?
- What is your approach to a persistent rhinitis presentation for an adult? How would this be different for a child?
- What is your approach to adverse food reactions for an adult? How would this be different for a child?
- How would you ensure your approach is culturally safe and responsive when working with patients from diverse cultural backgrounds?
- Health advocate and leader
- What are potential barriers to care for James and how may you address these?
- What options to address barriers may be available if James identifies as Aboriginal or Torres Strait Islander?
- What presenting features would lead you to refer James for review by an allergy and immunology specialist?
- Which other roles may be part of James healthcare team?

### Professional

- What are your legal or ethical obligations if James had anaphylaxis to eating food at the University cafe, or frequently becomes drowsy after taking hay fever medication and then drives a car?

### Scientist, educator and researcher

- What guidelines would be of particular relevance to James?

## 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