RACGP

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

Military and veterans' health

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

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). Military and veterans' health. 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

Military and veterans' health 4
Context 4
References 4
Learning outcomes 5
Key areas of learning 6
Opportunities for learning 8
Words of wisdom 8
Learning strategies 9
Case example 11
Learning resources 12
Assessment 13

Military and veterans' health

Context

Context

General practitioners (GPs) are central to the provision of healthcare for the nearly 500,000 ex-serving members of the Australian Defence Force (ADF).[1] GPs may also provide health services to the nearly 60,000 permanent ADF members and 33,000 reservists.[2] Nearly 4% of serving ADF members are Aboriginal and Torres Strait Islander peoples.[2] Serving ADF members may choose to visit a GP for additional health services. ADF GPs and GP registrars are central to maintaining the health of the ADF workforce, including the dual responsibility of balancing the patient's interests with those of their employer.

The primary healthcare needs of serving and ex-serving ADF members include those of comparable non-serving populations. These include occupational medicine, musculoskeletal conditions, mental health, chronic pain and Aboriginal and Torres Strait Islander health. The health needs also include those specific to military service (eg aviation or underwater medicine).

Military systems have traditionally been male-oriented, and factors such as training demands, operational roles, body size differences and ill-fitting equipment can contribute to female-specific health issues.[3,4] GPs should consider these factors when assessing and managing female ADF members and veterans.

After discharge, ex-service members may lack experience in navigating the Australian health system and be unaware of specialist service access, wait times and out-of-pocket costs of care. GPs can assist veterans to re-engage with the civilian primary healthcare system and Department of Veterans' Affairs (DVA) services.

GPs need to be attuned to the specific healthcare needs of veterans, noting ~14% of ADF discharges are due to medical conditions that prevent continued service.[5] After transition, particularly involuntary transition, some veterans experience a significant worsening of mental health symptoms, including risk of suicide and self-harm.[6] Frequent relocations and long separations during service can reduce social support and strain family relationships, further affecting mental health.[6] GPs should aim for early identification of physical and mental health conditions.

References

1. Australian Bureau of Statistics. Service with the Australian Defence Force: Census. Canberra: ABS; 2021. Available from: https://www.abs.gov.au/statistics/people/people-and-communities/service-australian-defence-force-census/latest-release [Accessed 12 Jan 2026].
2. Department of Defence. Annual Report 2024-25. Canberra: Australian Government Department of Defence; 2025. Available at https://www.defence.gov.au/sites/default/files/2025-10/Defence-Annual-Report-2024-25.pdf [Accessed 12 Jan 2026].
3. van den Berk Clark C, Chang J, Servey J, Quinlan JD. Women's Health and the Military. Prim Care 2018;45(4):677–86.
4. Kinsman N, Kelsall H, Tomic D, et al. Reproductive and Female Health in the Australian Defence Force 2002-2023: A Systematic Review and Synthesis. Mil Med 2026;191(3-4): e763-e771.
5. Australian Institute of Health and Welfare. Understanding the wellbeing characteristics of ex-serving ADF members [Internet]. Canberra: AIHW, 2022. Available from: https://www.aihw.gov.au/reports/veterans/wellbeing-characteristics-of-ex-serving-adf/contents/separations-from-the-australian-defence-force [Accessed 12 Jan 2026].
6. Australian Institute of Health and Welfare. Serving and ex-serving Australian Defence Force members: suicide monitoring 1997 to 2023. Web report. Canberra: AIHW; 2025. Available at https://www.aihw.gov.au/reports/veterans/serving-ex-serving-adf-suicide-monitoring-2025/contents/about [Accessed 2 Nov 2025].

Learning outcomes

The GP is able to:

- Create the opportunity for patients to discuss health issues that may relate to military service
- Assess and manage presentations, being aware of military service, in a sensitive manner and with a trauma informed approach
- Identify military health-related general practice conditions and injuries
- Describe the pattern of general practice and military health issues affecting defence force personnel and veterans
- Manage the potential tensions between the medical requirements of the defence forces with those of the patient
- Encourage veterans to re-engage with the primary healthcare system upon service discharge appropriate manner
- Understand eligibility requirements for DVA entitlements and an overview of the application process.

Key areas of learning

Understanding the patient and their service experience

- recognise and respect a patient's reluctance to disclose their past service history and events that may have occurred during military service
- outline the personal barriers that patients may have in disclosing their military-related health
- demonstrate sensitivity around discussing military and veteran health and a history of military service with patients and their families
- understand the experience and meaning of military culture in relation to health and mental health.

Assess and manage presentations, being aware of military service, in a sensitive manner and with a trauma informed approach

- incorporate military and veteran health issues and past military service into history-taking, including mental health
- sensitively and respectfully take a history and perform an examination in the context of reluctance by the patient to discuss past events and trauma
- use a trauma-informed approach in the management of conditions related to military service
- be aware of the culturally appropriate services available to Aboriginal and Torres Strait Islander ADF members.

Understand the defence force personnel and veterans population and the epidemiology of their health conditions

- describe the pattern of general practice conditions affecting defence force personnel and veterans
- describe the military health issues specific to various groups within the ADF, for example, women
- outline the participation of Aboriginal and Torres Strait Islander peoples in the ADF
- describe the:
    - occupational health hazards in the military environment
    - health hazards associated with overseas deployment by geographical region
    - social impacts of military service
    - psychological risks and benefits of military service

Military health-related conditions and injuries

- identify military health-related general practice conditions and injuries early, especially in ex-serving defence force members
- understand common presentations in serving and ex-serving Australian Defence Force (ADF) members and their possible aetiologies related to military service:
    - environmental health conditions, including exposure to agents more likely to occur in a military setting. If suspected, these will require referral for specialist assessment. (For more information on environmental hazards see the Occupational and environmental medicine unit.)
    - acute and chronic musculoskeletal conditions
    - acute and chronic pain
    - mental health conditions including depressive disorders and anxiety disorders, such as post-traumatic stress disorder (PTSD)
    - substance use disorder
    - comorbid medical conditions.

Defence force and patient requirements

- manage the potential tensions between the medical requirements of the defence forces with those of the patient
- respect confidentiality when serving members choose to access civilian GP services rather than ADF health services
- counsel serving ADF members using civilian GP services in fulfilling their obligations to advise defence health services of any treatment that has the potential to affect their employability or deployability
- describe the requirements for working with external agencies that manage medical and welfare needs of active and former defence personnel

Post ADF discharge

- assist veterans to fully re-engage with the primary healthcare system upon service discharge in a culturally safe and appropriate manner
- provide information and advice to support the veteran to increase their civilian and DVA health system literacy.

DVA entitlements and engagement and supporting veterans to navigate the system

- claims and compensation process, including the conduct of unbiased impairment assessments
- provide reports to address specific requirements of a patient's claim
- detail how eligible patients and their families can access medical and other assistance
- understand the different categories of entitlements for veterans (different veteran card types)
- demonstrate understanding of the difference between Commonwealth Superannuation Corporation (CSC) entitlements and other specific entitlements (superannuation versus worker's compensation)

ADF doctors and registrars

Additional areas of content and focus, and at times extension of the core skills of a specialist GP, include:

- Garrison Health – the provision of health services to entitled ADF personnel including training of ADF medical personnel and providing operational health support to the ADF.
- conducting medical risk assessments and advising on mitigation; for example, fitness for operational duties
- working closely with international colleagues on joint operations and in joint health facilities, operating independently overseas in both developed and less developed nations
- provision of aviation and/or underwater medicine services in support of flying and diving operations
- provision of advice to Command regarding maintaining optimum workplace health and performance in demanding conditions.

Deployments to remote national and international locations during operations and exercises may require additional skills; for example, emergency medicine and trauma skills, retrieval medicine, tropical medicine and refugee health. This includes working in remote environments with restrained resources.

Opportunities for learning

Words of wisdom

- The Department of Veterans' Affairs (DVA) defines a veteran as any person who has served more than one day or is serving in the Australian Defence Force (ADF). Older legislation defined the term "veteran" based on service under war-like conditions overseas. When working with older veterans, use the terms 'serving' and 'ex-serving' when describing Australian Defence Force (ADF) members in preference to terms such as 'veteran', which some people may interpret as applying only to people who have been in a war zone.

- Recognise that the most important aspect of the initial consultation is developing a relationship with the patient, especially in the context of prioritising the management of multiple, complex and chronic health issues. Patients may not disclose the extent of their conditions when they first present, sometimes due to the traumatic nature of past events. Patients will disclose relevant information in their own time once they feel safe within the patient–doctor relationship. To facilitate this relationship, learn about and incorporate knowledge of the stages of the military service lifecycle into patient assessment and management. For example, recruitment, garrison, operations, return home, transfer from permanent to reserve forces, and discharge.

- Understand that transition from the ADF is a major life event impacting the veteran and their family. It may be voluntary or involuntary but requires a change in occupation, workplace conditions, social networks and may involve relocating from the current residence to a new residence in the same or a different location. A Medicare-funded Veteran health assessment may help the ex-serving member to realise that there may be a problem. Once problems are identified, the veteran should be encouraged to apply for DVA support to allow rapid access to a comprehensive system of treatment support. Many ex-serving members can be referred for psychiatry, psychology and mental health social work, and occupational therapy services. Family members may be eligible for some benefits

- GPs are central to the management of mental health conditions in serving and ex-serving members as part of a multidisciplinary team. Perhaps the most important thing a GP can do is to encourage and empower their ex-serving patients to fully re-engage with the civilian primary healthcare system and DVA services. Many serving members have become accustomed to accessing healthcare through their defence health service and consequently may have low health literacy and familiarity with navigating the civilian health system. Ex-service organisations have DVA-trained individuals who can assist in lodging claims and accessing support. Ex-serving patients are strongly encouraged to access an advocate's support to guide them through the claims process.

- Clinicians providing healthcare to serving ADF members may need to reconcile the patient's needs with those of the employer, like occupational medical officers who may face professional challenges when providing health services for an employer.

Learning strategies

On your own

Identify who is eligible for a veteran health check. Find out how to perform this health check.

- *Who is eligible?*
- *What is the process and procedure for performing the health check? What templates can you use to document the process?*
- *Did you access any of the DVA online training information or information for GPs listed in the learning resources section to help you understand more about getting the most value out of the health check?*

Explore the range of DVA services available for eligible patients.

- *What are the range of veteran cards and what services do they cover?*
- *How do patients apply for DVA services and benefits? What is the role of veteran advocates in accessing these services?*
- *Outline how ex-serving members can access mental health services.*

Write a plain language, brief explanation of the role of DVA benefits and the application process and use this as a basis to provide information to eligible patients.

- *What key DVA benefits did you include in your explanation? How did you outline the steps of the application process? Did you include the role of advocacy services?*

With a supervisor

Present a case of one of your ex-serving ADF member patients to your supervisor. Use the assessment areas listed in this unit to identify key management issues. If you have not seen a military patient, use the case study above as an example.

- *How did you identify the patient as being a serving or ex-serving member?*
- *Were there any sensitivities around taking a history about military service?*
- *Was the patient's presentation related to current or past military service? If yes, describe how.*
- *How did you deal with the key management issues you identified? Were some issues more urgent than others? How did you prioritise them?*
- *Did you or do you plan to access DVA services for this patient? Which services?*

Discuss the uncertainty and complexity of managing ex-serving members with complex psychological problems. Include in your discussion issues around the assessment of self-harm and safety of the patient, and the safety of their family and friends.

- *What are some common comorbidities seen in ex-serving members?*
- *How are conditions and problems prioritised during management?*
- *How do you assess self-harm? What increases the risk of self-harm to the patient, and harm to others, such as their families and social supports? How are these risks managed?*

In a small group

Role-play the following scenarios.

a. Sensitively taking a history of military service and potentially past traumatic events.
b. Sensitively taking a history of an ex-serving member who has been exposed to significant trauma. (Refer to the resource Specific populations and trauma types: Military and ex-military personnel, chapter 9 from the Australian posttraumatic stress disorder (PTSD) guidelines.) After reviewing the resource, include potential traumatic events that an ex-serving member may have been exposed to.

- *What presentations may suggest the need to screen for conditions such as PTSD?*
- *How do you screen for potential PTSD? How can these skills be applied in your practice to other groups of people at risk of PTSD?*

Contact a local veteran's group and invite a member to talk about their experiences of health services.

- *What local ex-serving member and veteran groups are in your area? How do these differ from advocacy groups?*
- *What sensitivities do you need to consider when inviting an ex-serving member to talk about their health experiences? What measures can you put in place to follow up and ensure that the person has been well supported throughout the process?*

Discuss health conditions that are more frequent or unique to military settings (see key areas of learning section).

- *What are the range of conditions that serving and ex-serving members are more likely to experience and acquire? How does military service impact on the aetiology of these conditions? How are they managed?*
- *Are there differences in management approaches for serving and ex-serving members?*

With a friend or family member

Research the history and culture of the Australian Defence Force (ADF) and its broader role in society. Discuss this with a family member or friend.

- *What is their understanding of the role of the defence forces in society? What do they know about the history and culture of the ADF? How does their understanding compare to your research?*

Ask a friend or family member if they know someone who has served or is serving in the ADF.

- *How has their service impacted on their family?*
- *How might this influence your management of a serving or ex-serving member and their family in your practice?*

Case example

Serena is a 48-year-old software engineer who presents with difficulty sleeping, daytime tiredness and back pain. She has intermittent and sometimes severe back pain which he says is from injuries acquired when he was in the Australian Defence Force (ADF).

Serena says the pain sometimes makes her aggressive. Her husband, who she lives with, told him that she really needed to see someone about his moods and that she's fed up with him. Serena says that she's not a good sleeper anymore and has vivid nightmares and dreams. She drinks most days and says she often sits around feeling nothing. She joined the ADF at age 19 and has served in East Timor and Iraq. She identifies as Aboriginal. Serena says that she's come in today to get something to help with the back pain.

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

Communicator

- How will you build a therapeutic relationship with Serena?
- What are the barriers to achieving this?
- How would you ask about her military service?
- How would this be different if Serena was not Aboriginal?

Clinician

- Why is it important to know which arm(s) of the defence force (Navy, Army, Air Force) Serena served in?
- What are the sensitivities about history-taking for a current of former defence force member?
- How would you assess for conditions specific to Serena's military service?
- How would you rapidly assess Serena's safety and the safety of others?
- In Serena's case, what is the interplay between her physical health, mental health, sleep and alcohol use?
- What key features would you be looking for when making any diagnoses?
- How would this differ for a similar case in a male?
- How would you prioritise Serena's differential and possible diagnoses?
- What are your management objectives for Serena?
- How would you prioritise these?
- What might Serena's expectations be of this visit?
- Are you likely to resolve these issues today? If not, how will you manage them?
- What are some of the barriers to Serena accessing treatment?
- How does the complexity of Serena's presentation add to the uncertainty of management
- What strategies would you use to manage this uncertainty?
- What would be your concerns and red flags about Serena?
- How would you assess and manage suicidal ideation?
- How would you assess Serena's safety and the safety of others, such as her supports and family?
- How would Serena's health literacy affect her ability to access support and treatment?
- How would you involve her partner, family and any other supports?

Health advocate and leader

- How would you use a Veteran Health Assessment or a DVA Coordinated Veterans' Care Program assessment in Serena's situation?
- What may be some of the obstacles to care for Serena and options to overcome them?
- If Serena identifies being discriminated against due to being Aboriginal, what are some of the ways you can advocate for change for her and others?
- What potential healthcare team roles may be relevant to discuss with Serena when she is deciding on her healthcare team?
- How do you identify that a patient is a current or former member of the defence forces?

Professional

- If you were providing Department of Veterans' Affairs (DVA) funded services, what are your professional obligations when interacting with the Department?
- If Serena was a current ADF member and you were her medical officer, what would your responsibilities be to her employer?
- If you were providing Department of Veterans' Affairs (DVA) funded services, what are your professional obligations when interacting with the Department?

Scientist, educator and researcher

- What types of evidence gaps may there be that have impacted on Serena's presentation and management?
- What is one researchable question that may be relevant to this presentation and what methodology may be appropriate to answer the question?
- You are approached to participate in research on healthcare for Aboriginal and Torres Strait Islander veterans, what are the cultural safety issues you should consider when thinking about whether to participate?

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