RACGP

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

Sexual health and gender diversity

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

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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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Sexual health and gender diversity

Context

Sexual Health

Sexual health encompasses physical, emotional, mental, and social wellbeing in relation to sexuality and is more than merely the absence of disease, dysfunction, or infirmity.[1] It considers many factors including gender identity, sexual orientation, intimacy, reproduction, and pleasure. In Australia, GPs are often the first point of contact for patients to discuss sexual health concerns, making their role in delivering inclusive and holistic care essential. Patients bring diverse strengths, identities, and lived experiences that shape their sexual health, relationships, and decision-making. Recognising and working in partnership with these strengths supports effective, person-centred care.

While the majority of Australians identify as heterosexual, recent data estimates that approximately 4.5% of Australians aged 16 years and older identify as lesbian, gay, bisexual, trans, gender diverse, intersex, or queer (LGBTIQ+) with approximately 0.9% of age 16-and-over Australians identifying as trans or gender diverse.[2] It is important to acknowledge the limitations in this data due to underreporting, diverse identities, and evolving language.

It is well established that many people who are lesbian, gay, bisexual, queer, intersex, or asexual experience poorer health outcomes compared to those who are heterosexual.[3] These disparities are often compounded by intersecting forms of discrimination, including but not limited to racism, ableism, and the ongoing impacts of colonisation.[4] GPs must be aware of this intersectionality and how it can impact on health access, experiences, and outcomes. Clinicians should engage in self-reflection and awareness of their own personal biases to avoid making assumptions about any person's sexuality, gender, or lived experience.[5]

Sexual health care involves a wide range of services including testing, prevention, and management of sexually transmitted infections (STIs) and blood-borne viruses (BBVs), pregnancy care, the prevention and management of unwanted pregnancy, and screening for interpersonal and intimate partner violence. Creating safe, affirming, and inclusive environments is essential in providing quality sexual health care. This involves addressing barriers to access and advocating for culturally appropriate, holistic, individualised care – especially for priority populations such as Aboriginal and Torres Strait Islander peoples, culturally and linguistically diverse populations, gender diverse individuals, and people in rural and remote areas where structural and systemic barriers may impact access to care.[6]

By challenging stigma and promoting education around consent and safe sex, GPs play a crucial role in reducing sexual health disparities and supporting the diverse needs of all patients.

Gender Diversity

Approximately 0.9% of Australian identify as transgender or gender diverse, meaning how they feel about their gender might not match their sex at birth.[2] Transgender and gender-diverse patients seek care for all aspects of their healthcare and have a right to be treated with respect and provided with care in alignment with evidence-based medicine, just as all patients do. GPs have a significant role to play in respecting and acknowledging those who are transgender and/or non-binary through the use of correct names and pronouns and providing gender-affirming healthcare. Some research indicates that transgender and gender-diverse people might face health disparities, especially regarding higher risk of cardiovascular disease, impaired fertility, and risk of death due to external causes. Risk factor modification is an important aspect of health care in this population, recognising the importance of equitable access to care and tailored, person-centred health support.

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Learning outcomes

The GP is able to:

- communicate about sexuality and sexual health in a manner that is respectful and responsive to the person's beliefs, sexuality, gender, and culture – without bias or judgement, utilising appropriate language and terminology
- support shared understanding and informed decision-making about pregnancy prevention, safer sex, and consent
- sensitively ask about sexual abuse, including intimate partner violence and child abuse, following appropriate reporting requirements where needed
- diagnose and manage conditions related to sexual health
- identify, screen, and appropriately manage patients at increased risk of STI, including consideration of public health measures such as contact tracing and notification
- contribute to gender affirming care for gender diverse patients
- explain and address the potential impacts of marginalisation, stigmatisation, and discrimination on the health of sexually and gender-diverse individuals and their access to healthcare
- support and contribute to inclusive, anti-discrimination practice environments that promote the safety and wellbeing of sexually and gender-diverse individuals.

Key areas of learning

STIs and blood-borne viruses

Through a comprehensive sexual health history, work in partnership with patients to determine and facilitate appropriate screening of asymptomatic patients for STIs and BBVs based on individual history, preferences, and context.

Take comprehensive sexual health history, perform physical examinations, arrange appropriate investigations, and diagnose and manage patients with:

- STIs, infections associated with sex, and BBVs presenting with:
- vaginal discharge, abnormal vaginal bleeding
- urethral discharge, dysuria, urinary frequency
- abdominal or pelvic pain
- genital or anal itch, pain, swelling, skin changes, lesions
- fever, joint symptoms, rash, nodules
- STIs, infections associated with sex, and BBVs diagnosed on asymptomatic screening or following assessment of symptoms, including:
- chlamydia
- gonorrhoea
- trichomonas
- mycoplasma
- syphilis
- bacterial vaginosis
- candidiasis
- genital herpes
- human papillomavirus (genital warts, cervical cancer)
- mpox
- hepatitis B
- hepatitis C
- human immunodeficiency virus (HIV).

Be able to undertake a sexually transmitted infection (STI) specimen collection.

Appropriately manage notifiable conditions.

Support / facilitate contact tracing in a respectful, confidential, and patient-centred manner.

Support patients to understand and choose prevention strategies for STIs and BBVs.

Assess a patient's risk of HIV and suitability for pre-exposure prevention and post-exposure prevention of HIV and arrange appropriate management.

Provide healthcare that is inclusive of and safe for LGBTIQ+ people, including transgender and gender-diverse people

Understand the terms sex at birth, gender, and sexual orientation.

Recognise that patients presenting to general practice are diverse in gender (eg cisgender, transgender, gender fluid, or intersex) and sexual orientation (eg heterosexual, homosexual, bisexual, pansexual, or asexual).

Recognise that LGBTIQ+ people may present to their GP with issues including:

- physical health
- mental health
- sexual and reproductive health
- alcohol and other substance use
- domestic and family violence
- psychosocial stress, including relationship stress, parenting and family stress, work stress, homelessness and financial hardship
- health screening and preventive healthcare.

Understand that stigmatisation, judgement, misgendering patients, homophobia, and transphobia by individual healthcare providers and health and other institutions causes significant harm to LGBTIQ+ people and communities – contributing to health inequality and health inequity.

Recognise that intersecting social and structural determinants (eg cultural identity, geographic location, disability, access to education, or disability) may influence healthcare access and outcomes for LGBTIQ+ people

Understand that culture and religious background influence both a patient's and a GP's experience of sex, sexuality, and gender.

Pregnancy prevention

Through a comprehensive sexual and reproductive health history, determine risk of pregnancy.

Support informed choice and decision-making by provision of education about prevention of pregnancy.

Assess a patient's current and previous contraception, contraception preferences, and indications and contraindications for all types of contraception.

Recognise that safe sex discussions should include information about consensual sex, pregnancy prevention, access to emergency contraception and STI prevention.

Understand the UK Medical Eligibility Criteria for Contraceptive Use for use of different types of contraception.

Understand potentially relevant legal issues, including:

- the principles of informed consent and confidentiality as applied to sexual health
- the age of consent in your state or territory
- prescribing contraception to mature minors in your state or territory
- mandatory reporting in your state or territory.

Prescribe contraception:

- emergency contraception
- oestrogen and progesterone contraception: combined oral contraceptive pill and vaginal ring
- progesterone-only contraception: progestogen-only pill, contraceptive implant, contraceptive injection (Depo), and intrauterine devices (IUDs)
- non-hormonal contraception.

Prescribe contraception in specific situations:

- mature minor
- patient with contraindications to oestrogen
- postpartum patient
- peri-menopausal patient.

Be able to remove an IUD.

Provide information about and refer patients for sterilisation:

- vasectomy
- tubal ligation or occlusion
- hysterectomy.

Opportunities for learning

Words of wisdom

- Sexual healthcare requires effective history-taking, examination, and use and follow-up of appropriate investigations. There are a range of evidence-based guidelines and resources that can help. It is rewarding and makes a difference in the lives of individual patients and in public health outcomes.

- Be open and respectful and ask the questions you need to deliver appropriate care. Record and obtain information of sex at birth, sex, and gender correctly and without judgement. Having an approach to sexual healthcare that is patient-centred and gender affirming allows tailored care to individual patients, helps to establish rapport and a trusting therapeutic alliance, and increases patient adherence to healthcare advice and treatment. Reflect on how your own beliefs, values, and assumptions may influence your care, and take steps to ensure this does not impact patient safety or experience

- Gender-diverse people do not necessarily present to GPs for gender or sexual health related issues but most often present with the same full range of medical problems as any other patient. Patients should neither experience stigmatisation nor criticism for their gender expression or their identity, nor do they usually wish their gender diversity to be at the forefront of the consultation if they present for an unrelated issue. However, where relevant to comprehensive history taking, discussions about medications or anatomy/body parts can be explained to help normalise the conversation.

- Think screening! Opportunistic sexual health screening can be performed at appointments for contraception, fertility and pregnancy, cervical cancer screening, and acute presentations. Remember to offer appropriate cancer screening based on anatomy regardless of gender identity in a respectful and inclusive way (eg prostate cancer screening in trans women, cervical cancer screening in trans men).

- Unintended pregnancy can have significant impacts on individuals and their circumstances. Educating patients about pregnancy prevention and providing suitable and safe contraception enables autonomy and is empowering.

Learning strategies

On your own

Identify five patients at your practice who have had sexual health screening. Audit the notes checking for documentation of:

- patient's sex at birth, gender identity, and sexual orientation
- sexual and reproductive history, examination findings, and investigations ordered
- any opportunistic health promotion
- if applicable, any management and follow-up, including use of practice software recall system.

- *What were your findings? How could things be improved?*
- *Where would you find patient information about STIs or BBVs?*
- *What culturally appropriate and accessible patient resources are available for Aboriginal or Torres Strait Islander patients or patients from a culturally and linguistically diverse background?*
- *Where can you find information about notifiable conditions in your state or territory?*
- *What guidelines are available to help with contact tracing? What are the ethical and legal implications to consider when a patient with a positive STI or BBV result refuses to notify their partner(s)? Who could you ask for advice in this situation?*
- *Reflect on how your own assumptions or discomfort may influence how you ask about sexual health, and how you can create a more inclusive and safe environment.*

Identify five patients from your practice who have presented for commencement of contraception for pregnancy prevention. Audit the notes checking for documentation of:

- patient's sex at birth, gender identity, and sexual orientation
- sexual and reproductive history, any relevant physical examination and urine pregnancy test results and investigations
- discussion about contraceptive options, method of action, effectiveness, side effects and risks, and contraindications
- opportunistic health screening or health promotion
- if a contraception was prescribed, documentation of patient education about the contraception.
    - *What were your findings? What could be improved? Were you aware of all the contraceptive methods documented in the notes? Are there any contraceptive options that were not documented in the notes you audited?*
    - *Do you know the indications, contraindications and how to safely prescribe each contraceptive option?*
    - *Where would you find information about contraception options (including male contraception) – indications, contraindications, and how to safely prescribe? Can you create a table of contraception options, including category, effectiveness / failure rate, side effects, risks, contraindications, special indications, limitations including costs and need for procedure?*
    - *What is your approach to discussing and prescribing contraception for mature minors? Would this be different if you were looking after a young person in out-of-home care?*
    - *What health screening and health promotion could you consider discussing at a contraception consultation? How is the recall system affected by record keeping? Reflect whether cervical cancer screening recalls should be sent out according to sex at birth or gender entry.*

With a supervisor

Make a learning plan specific to your learning needs for this unit. Set achievable goals and timeframes and think about how you can meet these goals. Discuss your learning plan with your supervisor. Arrange to follow up on your learning.

- What are your learning goals in relation to sexual health and gender diversity? Over what time would you like to achieve your goals? Consider skills in:
- communication
- taking a history and doing a physical examination
- practical activities such as collecting samples for STI screening, giving a contraceptive injection, or inserting or removing a contraceptive implant or IUD.
- What does your supervisor think are the important areas to focus on? Can they suggest opportunities at your practice to develop skills in this unit?

With your supervisor, discuss your practice's approach to:

- recording a patient's sex at birth, gender, preferred name, and pronoun
- being inclusive of LGBTIQ+ patients, including transgender and gender diverse patients
- addressing potential barriers to patients attending the clinic for sexual healthcare
- mature minors and prescribing contraception
- child safety concerns related to sexual health
- managing abnormal results, including urgent results
- notifiable conditions
- contact tracing for STIs and BBVs
- patient reminders and recalls.
    - *What areas is your practice doing well in? What could be improved?*
    - *What is the age of consent in your state or territory? What are the laws regarding young people consenting to treatment, including contraception?*
    - *What policies or procedures does your practice have in relation to sexual healthcare?*

In a small group

With a colleague, rehearse asking a patient about:

- their gender identity, sex at birth and sex orientation, including explaining the rationale without the patient feeling that their current sex or gender identity is being critiqued
- their current risk of STIs and BBVs and their approach to preventing these
- their current risk of pregnancy and how they prevent pregnancy, if applicable.
    - *Give each other feedback. Did the patient feel respected, safe, and able to engage in the discussion? Did they feel informed about why you were asking? What was effective? What could be improved?*

Rehearse giving instructions to a patient about self-collecting samples for STI screening. Find a patient information resource to help the patient.

- *Give each other feedback. What was effective? What could be improved?*
- *Did you find a useful patient information resource? What was it? Were there resources suitable for people whose first language is not English?*

Role-play a consultation with a male patient who has sex with males and has presented for a sexual health check-up. With your peers, discuss:

- approach to being non-judgemental
- approach to taking a comprehensive sexual health history
- addressing the patient's ideas, concerns, and expectations
- explaining any necessary investigations, giving the patient information about how to collect samples for STI screening and following up results
- giving the patient information about STI and BBV prevention and checking patient understanding
- giving the patient information about STIs and BBVs.
    - *Which communication strategies were effective? Which health promotion strategies were effective? Which patient education strategies were effective?*
    - *When would you arrange post-exposure prophylaxis for a patient? When would you prescribe pre-exposure prophylaxis (PrEP) for a patient? What investigations would you need to do before prescribing?*
    - *How would you explain to a patient how to take PrEP? What would be your approach to increasing patient adherence with PrEP? How often would you review a patient who was using PREP?*

With a friend or family member

Ask friends or family members what they know about STIs. Try to ask people of different ages, cultural backgrounds and genders. Which ones have they heard of? How do they think they are transmitted? Who do they think is at risk?

- *Has this activity changed how you will educate patients about STIs?*
- *What non-jargon language would you use when talking to patients about STIs to help them understand?*

Ask a friend or family member to share a negative experience of seeing a GP for a sexual health check or to discuss pregnancy prevention. Ask them about any positive experiences, such as how a GP built rapport, or demonstrated good communication, professionalism, knowledge, and skills.

- *Will you change your approach to sexual healthcare based on the experiences of your family member or friend?*

Case example

Ash, a male-presenting, 25-year-old new patient presents at your practice. He reports typical UTI symptoms of frequency and dysuria and returns a positive urine test for leukocytes. His history states sex at birth 'female'.

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

Communicator

- What communication strategies would you use to provide a non-judgemental environment for Ash?
- What communication strategies would you use if you needed to confirm sex at birth or sex and gender being correctly recorded? How would you inquire if these details were not recorded on the practice system at all?
- How would you ensure your approach is culturally safe and responsive if Ash identified as Aboriginal or Torres Strait Islander?
- How would you adapt your communication to ensure it is accessible and culturally responsive if Ash is from a different cultural or language background?

Clinician

- You consider the choice of antibiotics: How would the records including note 'sex at birth – female' influence your management including choice of antibiotics and further testing?
- How would treatment be different in a patient who:
    - was assigned female at birth and is currently female gender
    - was assigned male at birth and is currently male gender
    - was assigned female at birth and is currently male gender
    - was assigned male at birth and is currently female gender?
- What information would you like from Ash to determine risk for future UTIs?
- What prevention strategies would you discuss?
- If Ash was sexually active, would you discuss need for contraception (if applicable)?
- Which preventative health or cancer screening would be appropriate for Ash?
- What strengths, supports, or preferences might Ash bring that could support shared decision-making and care?

Health advocate and leader

- How can your practice systems support correct identification of sex at birth, sex and gender and how someone would like to be addressed? How about changing sex and gender markers in the future?

Professional

- How would you manage a potential mistake due to incorrect assumption of sex at birth (eg prescribing trimethoprim to a transgender man (female at birth, male gender) without having asked about potential pregnancy)?
- What would you do if you have already prescribed trimethoprim and realise that the patient was female at birth, when coming back for a follow up visit? What if the patient is pregnant but has already taken trimethoprim?

Scientist, educator and researcher

- What guidelines may be appropriate for correct recording of sex at birth, sex, and gender markers?
- If you were designing an education session for medical students on the care of transgender patients, what could be three learning objectives you may try to address?
- What is one researchable question that could be relevant to Ash's care?

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