Sexual Health & Family Planning
Australia
Certificate in Sexual
And Reproductive Health

NATIONAL CURRICULUM

An Education Program for
Medical Practitioners
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### List of Family Planning Organisations

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Introduction

Sexual Health & Family Planning Australia

Sexual Health & Family Planning (SH&FPA) is the national body of the six state and two territory sexual health and family planning organisations and is affiliated with the International Planned Parenthood Federation.

Mission statement

To facilitate the provision of high quality sexual and reproductive health, nationally and internationally.

Vision

All people to enjoy sexual and reproductive health

Values

Everyone should:

- Have the right to make informed choices about their sexual and reproductive health, without harm to others
- Be free from all forms of discrimination
- Exercise self-determination in fertility and sexual expression
Background

The national curriculum document remains extensively based on the comprehensive Family Planning South Australia Curriculum Document for the Certificate in Sexual Health developed in 1997 by postgraduate medical education consultants with input from RACGP, RANZCOG, University of Adelaide, Flinders University and other representative stakeholders.

The certificate was renamed the Sexual Health & Family Planning Australia Certificate in Sexual and Reproductive Health in 2000 to reflect work of the national committee and the change in name of the national body of the state based Family planning organisations.

The national curriculum document has been further revised in 2008 by the senior medical staff of the state members of SH&FPA to reflect current developments in medical education and adult learning needs. In particular, the document has been revised to reflect the RACGP QI&CPD requirements.
Definitions

The terms ‘sexuality’ and ‘sexual health’ are used throughout the curriculum document. Although interrelated, they are separate concepts.

Sexuality

Sexuality is much more than sex, and is unique and individual to each person. It is influenced by many things, including culture, tradition, society and the environment, and shaped by each person’s own experiences and personal beliefs. It is a part of who we are, what we think and feel about ourselves and our bodies, and how we act towards others.

Sexuality develops and changes throughout a person’s life. The relationships in which people express their sexuality are many and varied. At its best it is a joyous and enriching part of who we are and our relationships. Sometimes it can be expressed or perceived in negative and destructive ways, such as coercive sexual activity, sexual violence and homophobia.

Sexuality is a resource we have for living.

Sexual health

Sexual health is the degree to which a person enjoys their sexuality. There may be physical sexual health issues, such as having a sexually transmissible infection or having a physical disability which interferes with sexual activity; or psychological issues to do with sexual activity, relationships or their sexuality. It is, however, more than these issues alone.

The World Health Organisation defines sexual health to be: “a state of physical, emotional, mental and social well-being in relation to sexuality…not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence”.

The World Health Organisation (WHO) also adopts the position that “reproductive health implies that people are able to have a responsible, satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so”.

Overview of the Certificate

The award of the Sexual Health & Family Planning Australia Certificate in Sexual and Reproductive Health certifies that the participant has demonstrated a level of competence in knowledge, skills, behaviours, attitudes and organisational systems which enables him/her to practice appropriately in the area of sexual and reproductive health in primary health care.

Recognition

This certificate is recognised by the Royal Australian College of General Practitioners, Australian College of Rural and Remote Medicine, Royal Australian and New Zealand College of Obstetricians and Gynaecologists and the Australasian Chapter of Sexual Health Medicine of the Royal College of Physicians under the RACGP QI&CPD and ACCRM QA&CPD programs. Both components of the course (theoretical and clinical) attract points.

The Sexual Health & Family Planning Australia Certificate in Sexual and Reproductive Health (or equivalent) is one of the requirements for eligibility to work in family planning clinics around Australia and is a requirement for doctors training as Sexual Health physicians.

Course requirements

To be awarded the Sexual Health & Family Planning Certificate in Sexual and Reproductive Health, participants must:

1. Complete the core theoretical unit

2. Undertake clinical attachments in family planning clinics, comprising:
   • one observation clinic
   • participatory clinics
   • one men’s health clinic (which may be observational only)
   • completion of the Clinical Practice Portfolio

3. Satisfactorily complete the assessment process, which includes:
   • Formal assessment at the completion of the theory component
   • Continuous assessment during the clinical attachments and completion of the Clinical Practice Portfolio.

It is expected that all components of the Certificate should be completed within one year of commencement unless otherwise negotiated.
Eligibility Criteria for Participants

To be eligible to undertake the certificate, a participant must be a qualified medical practitioner registered to practice within the relevant state and hold medical indemnity insurance with a recognised medical defence organisation. In some negotiated circumstances doctors may attend the theory component without registration and/or indemnity but these are essential for completion of the clinical attachment. It is desirable that doctors have at least two years post graduation and it is desirable that they have some experience in community based general practice and/or hospital based gynaecology.

Recognition of Prior Learning

Recognition of prior learning can be obtained through individual negotiation with the appropriate State Medical Director/Educator. Any doctor who is uncertain whether they require core level training will be asked to submit a portfolio documenting previous qualifications and experiences.

Options to Complete the Certificate

The Sexual Health & Family Planning Australia certificate in Sexual and Reproductive Heath can be completed in the following ways:

- as an intensive training course (combining both theoretical and clinical components) completed in a single block of several weeks
- as a five to six day workshop covering all theoretical units, followed by clinical attachments
- as ‘stand alone’ modules of theoretical units, followed by clinical attachments
- by distance education for the theoretical component, with the assessment and clinical attachment organised through the relevant State-based family planning organisation.

The availability of each of these options will be dependent on the course structure offered by each relevant state-based family planning organisation.

Participants may choose to complete only the theoretical component but without completion of clinical attachment are not eligible for award of the SH&FPA Certificate.
The Course Components

Theoretical Units

The four theoretical units which must be completed include:

1. Women’s Sexual and Reproductive Health
2. Men’s Sexual and Reproductive Health
3. Contraception
4. Sexually Transmissible Infections (STIs)

These units can be completed within a week-long course, as individual modules or by distance education, as offered by the state-based Family Planning organisations.

Clinical Attachments

Clinical attachments provide the opportunity for participants to develop and extend their knowledge and skills in clinical practice under direct supervision.

To successfully complete the clinical requirements of the Certificate, participants must:

1. Undertake clinical attachments comprising:
   - a minimum of one observation clinic in family planning
   - participation in clinical sessions until clinical competency is achieved (usually requires minimum of five to a maximum of nine sessions)
   - a minimum of one clinical attachment in men’s sexual health (e.g. STI clinic, urology outpatients, urologist’s consulting rooms), which may be observational only. This is organised by the participant.
2. Complete the Clinical Practice Portfolio
3. Participate in a continuous assessment process
4. Demonstrate clinical competency in sexual and reproductive health including appropriate level of communication and consulting skills at the completion of the clinical attachments

All theoretical components must be completed prior to commencement of the clinical attachments. This requirement may be waived in special circumstances. Approval should be obtained from the State Medical Director/Educator.

All clinical attachments (apart from the men’s health attachment) must occur under the supervision of Family Planning accredited clinical trainers. The clinical supervisor’s role is to provide immediate, individual feedback and guidance to each participant; to assess the participant’s demonstrated knowledge, skills, behaviours and attitudes; and to share their own expertise and experience.
Clinical experience

Course participants are required to complete a Clinical Practice Portfolio which includes a log of their clinical experience in the family planning clinical attachments and the men’s sexual health clinical attachment.

A number of ‘essential’ clinical tasks in sexual and reproductive health have been identified and are outlined in the Clinical Practice Portfolio. At the completion of the clinical attachments, participants are expected to have performed these tasks on a number of occasions and have demonstrated competency in each.

A number of other clinical tasks have been identified as ‘desirable’. Participants are encouraged to obtain experience in these areas, but they are not considered essential components of the Certificate course.

A series of competencies have been developed for each of these clinical tasks and these provide the basis for continuous assessment of the participant’s progress at each participatory clinical attachment.
Assessment

A continuous assessment process throughout the Certificate Course has been developed. This process aims to identify strengths and any significant ‘weaknesses’ or gaps in knowledge, problem solving and consulting skills, while also providing structured feedback and encouraging self-reflection. Different assessment methods – multiple choice questions, live simulations, written simulations and standardised real-life testing – may be employed during the course.

The formal assessment process for the Certificate may include:

- Written paper
- Role Plays
- Short Case studies
- Reflective assessment journal
- Theory workbook
- Assessment during clinical attachments

To be eligible for assessment, participants are required to have completed all four theoretical units.

Assessment in the Theoretical Component

Role Play Assessment/Case Study Discussion

The purpose of the role plays is to provide a constructive learning experience for trainees, and to assess their clinical communication skills.

The process includes small group work, where each member of the group role plays a designated role of doctor or patient. These will be facilitated by a trained clinician, who will act as an assessor. Following each role play, there will be a structured constructive discussion, enabling the participants to reflect on their learning experience.

Theory Workbook

The purpose of this workbook is for trainees to reflect daily on their learning throughout the course and it will be used to assess participants’ clinical knowledge and their clinical problem-solving abilities.

Written Paper

The written paper aims to assess participants’ clinical knowledge and their clinical problem-solving abilities. This comprises a series of short case studies.

This is a supervised, “closed book” exam which takes place at the end of the theory course.
Programs for participants with additional educational needs

If participants have not reached a satisfactory standard in the assessment process, they will be asked to complete further learning prior to starting clinical training. This could consist of a "take home" exam or further directed reading and reflective activities or other assessments as decided.

Assessment in the Clinical Attachment

A series of competencies related to the clinical tasks required in sexual and reproductive health have been developed. These provide the basis for continuous assessment of the participant’s progress at each participatory clinical attachment.

Each clinical encounter by the participant is assessed using the relevant competencies and immediate feedback on and discussion of the participant’s performance is provided by the supervisor. Any strengths and/or limitations/gaps observed in the clinical encounter are discussed and recorded on the Clinical Progress Sheet.

This standardised, structured assessment of real-life performance in the clinical attachments provides an assessment of all aspects of knowledge, problem-solving and consulting skills, practical skills and attitudes.

At the completion of clinical attachments three to four the supervisor is required to identify any participants who may require additional or specifically focused assistance or training. This is achieved by reviewing the participant’s consultation skills, clinical competency level and clinical experience. Where there is concern about the participant’s progress, the State Medical Director/Educator is notified and appropriate additional education strategies are organised with the participant if required.

At the completion of the clinical attachments, the continuous assessment process should provide documented evidence that the participant has demonstrated clinical competency in sexual and reproductive health and consulting skills.

Failure to Achieve a Satisfactory Standard

Where the participant fails to achieve a satisfactory standard in the various assessment processes, the Medical Director/Educator is responsible for providing specific feedback and negotiating an appropriate additional training program with the participant if possible.
The Curriculum Model

This national curriculum document is based on a conceptual framework which was developed in South Australia for the Family Planning South Australia Curriculum Document. This conceptual framework is based on the notion of women’s and men’s sexual health across the lifespan. It acknowledges the impact of the following factors on the delivery of sexual health care:

- the relationship between clients and doctors who provide sexual health services
- the inherent values and attitudes that doctors bring to their client interactions and interventions
- cultural, social, gender and socio-economic factors
- that sexual health includes biological, psychological and social components
- the importance of preventative sexual health care across age

The curriculum is based on the educational concepts of adult learning, where learning:

- is self-directed
- is driven by the learner’s identified needs
- is integrated into an individual’s learning program
- encourages active participation
- involves reflection on and evaluation of what was learnt.
Aims and Objectives of the Certificate Course

The theoretical and clinical components of this course have been developed with awareness of evidence based current practice in reproductive and sexual health. The completion of all requirements aims to provide doctors with behaviour, attitudes, knowledge, skills, ethics and organisational systems consistent with best practice in reproductive and sexual health and the resources and skills to maintain that level of practice.

Key learning objectives:

Attitudes

- Develop increased awareness of the way in which gender, class, sexual preference and cultural differences in clients may impact on their clinical practice.
- Increase confidence in discussing sexual health and sexuality with women and men
- Increase confidence in assessing young people with sexual and reproductive health needs, including competence to consent to medical treatment
- Increase confidence in counselling women about pre-pregnancy issues and pregnancy choices
- Develop an increased awareness of common sexual health issues of men and women: in particular of specific groups such as Aboriginal people, adolescents, people from CALD backgrounds, people with a disability and older people

Knowledge

- Understand the physiological basis of reproductive and sexual health.
- Understand the developmental, social and psychological aspects of adolescence in relation to reproductive and sexual health.
- Understand the principles of facilitating choices for women and men around fertility management, with a particular emphasis on available contraceptive options.
- Increase knowledge of common menstrual disorders and gynaecological problems, their impact on women’s lives and available treatments
- Understand the assessment and management options for the infertile couple
- Increase knowledge about the menopause and its management
- Understand relevant laws in relation to consent to medical treatment, mandatory child protection reporting and sexual assault
- Increase knowledge of the range of medical conditions and treatments that may result in sexual difficulties and of the current approaches used in counselling clients with sexual difficulties
- Increase knowledge of resources for men and women with reproductive and sexual health problems.
**Skills**

- Demonstrate the ability to take a comprehensive sexual history
- Demonstrate the ability to counsel clients in regard to the client’s own requirements and choices for contraception
- Demonstrate confidence in discussing and providing accurate and appropriate information about sexually transmissible infections
- Demonstrate competence in collecting appropriate specimens and in providing treatment and post-test discussion for sexually transmissible infections as appropriate
- Demonstrate the ability to competently perform a breast, vulval, vaginal and pelvic examination and to take a Pap test
- Understand and/or demonstrate the use and initiation of common forms of contraception.
- Be able to examine male genitalia for a basic STI screen.

**Population Health**

- Outline the role of the various national screening and vaccination programs and other preventive health care options in the maintenance of reproductive and sexual health
- Discuss sexually transmissible infections and their epidemiology, prevention, diagnosis and treatment including local epidemiology relevant to their area of practice.
- Understand the doctor’s role in contact tracing of STIs in their state.

**Ethics/behaviour**

- Demonstrate a willingness to reflect on personal attitudes to sexuality and sexual health and to understanding how these may impact on clinical practice
- Be aware of personal practice limitations and refer appropriately
- Identify the doctor’s role in duty of care and demonstrate this in client interactions
- Be aware of legal issues in sexual and reproductive health care which affect clinical practice

**Organisational Health Systems**

- Be able to manage the processes and procedures needed in cervical screening; to effectively communicate Pap test results, including abnormal results, with appropriate follow up and recall.
- Identify and use evidence based guidelines and systems for the appropriate management and follow up of reproductive and sexual health problems in practice.
- Consistently use protocols to support informed consent processes in the use of procedural contraceptive methods
Teaching and Learning Opportunities

Teaching and learning opportunities in the Certificate will occur in four interrelated settings:

- Specific educational events which provide structured learning experiences with an emphasis on clinical cases and group process
- Clinical attachments which provide a breadth of clinical experience with one to one teaching and feedback, and critical reflection
- Independent learning through reading and self-audit
- Assessment components which will encourage self-evaluation as well as providing structured feedback.

Course participants are encouraged to be responsible for their own learning, and will have exposure to a range of learning activities. Methods of teaching and learning which will be employed throughout the course may include:

- Pre-course reading and activities
- Reflective journal review (particularly with the distance education option)
- Clinical audit (particularly with the distance education option)
- Small group discussion
- Problem-based tutorials
- Clinical case presentation and discussion
- Role-plays
- Presentations
- Demonstration of practical skills
- Clinical observation
- Structured tutor client sessions with feedback
- Clinical practice with direct observation and feedback
- Clinical log of experiences with self-evaluation and monitoring.
Curriculum Units

Unit 1 Women’s Sexual and Reproductive Health

Unit 2 Men’s Sexual and Reproductive Health

Unit 3 Contraception

Unit 4 Sexually Transmissible Infections
UNIT 1 Women’s Sexual and Reproductive Health

Aim

To enable doctors to:
- manage sexual and reproductive health in women across the lifespan.
- manage common gynaecological conditions in clinical practice

Objectives

At the completion of the module, doctors should be able to:
- Describe physiology relevant to reproduction, female sexuality and the menstrual cycle
- Describe the relevant changes of adolescence, including physiological, social and emotional changes.
- Understand developmental changes in adolescence relevant to sexual behaviour and risk taking in young women
- Demonstrate an understanding of the physiology, social impact and varying effects of the menopause on the lives of women and an awareness of the varying treatment options women may utilize
- Demonstrate awareness of the impact of cultural, social and psychological factors on women’s sexual health
- Demonstrate an understanding of the sexual health issues for women from specific groups including Aboriginal women, adolescents, women with a disability, ageing women, culturally and linguistically diverse women and women with partners of either or both sexes
- Demonstrate confidence in discussing sexual health issues with women
- Articulate and reflect on their own attitudes to the individual woman’s expression of her sexuality and sexual health concerns
- Demonstrate knowledge of appropriate referral sources for women with sexual health problems
- Discuss current understandings of the availability, benefits and limitations of screening and prevention for breast, cervical and ovarian cancer.
- Competently perform breast, vulval, vaginal and pelvic examinations and collection and preparation of a Pap test
- Be able to discuss Pap test results with women including aetiology and the management of abnormal results
- Be aware of cervical screening processes and procedures, including recruitment, communicating Pap test results, and appropriate follow up and recall systems.
- Demonstrate an understanding of current pre-conception information and assessment.
- Be able to give accurate information on options, appropriate clinical assessment and strategies to facilitate unplanned pregnancy choices.
- Discuss the legislative framework for abortion provision and adoption in the state in which they practice
- Describe the history, examination, first line investigations and treatment options that may be needed when dealing with an individual or couple with sub-fertility
- Demonstrate knowledge of the range of common menstrual and gynaecological conditions affecting women across their lifespan, from menarche to menopause
- Describe strategies for diagnosis, investigation, management and appropriate referral of common gynaecological conditions
- Discuss potential psychological, sexual and social impacts of common gynaecological conditions
- Be aware of the range of medical conditions and treatments which may result in sexual difficulties and current approaches employed in counseling clients with sexual difficulties
- Be aware of the impact of sexual abuse, sexual assault and intimate partner violence, and describe a framework for the assessment and management of clients who present following sexual assault

Content

- Physiology of female sexuality and reproduction including puberty, menstrual cycle, conception, sexual response and menopause.
- Physiological, developmental and social changes of adolescence relevant to female sexual and reproductive health
- Primary and secondary preventative activities for female sexual health including the role of national screening and vaccination programs for breast and cervical cancer.
- Current understandings of screening advice for breast and ovarian cancer in women including those at high risk
- Communication issues and strategies for Pap test results including the implications of abnormal results and the role of HPV infection and vaccination.
- Sexual health needs of women from specific groups. Understanding the barriers to effective health care and strategies to overcome these.
- The comprehensive sexual history: what to include and how to take a good relevant history.
- Clinical skills training in performing breast, vulval, vaginal and pelvic examinations and taking a Pap test.
- Approaches to negotiation of safer sex practices for women and to understanding the impact of their cultural and social background and its effect on the expression of their sexuality.
- Common gynaecological conditions: aetiology, prevalence, investigations, diagnosis and treatment options and impact on women at different ages.

Conditions include:
- Primary and secondary amenorrhoea
- Common vulvo-vaginal conditions
- Premenstrual syndrome
- Polycystic ovarian syndrome
- Ovarian cysts
- HMB – Heavy Menstrual Bleeding
- Endometriosis
- Uterine fibroids
- Inter-menstrual and post-coital bleeding
- Urinary incontinence
- Post-menopausal bleeding.
- Counselling for common gynaecological conditions with particular emphasis on potential psychological, sexual and social consequences of these diagnoses
- Pre-conception issues and evidence based advice
- Pregnancy options, counseling strategies and models
- Medical and surgical methods of abortion including relevant legislation, clinical assessment prior to and post abortion follow up
- Subfertility: assessment/investigation, management and referral options in primary care including personal impact and psychosocial issues
- Sexual difficulties: assessment, management and referral options of common conditions in primary care
- Domestic violence and sexual assault, responding to disclosure, and assessment and management following sexual assault
- The menopause and its social, psychological and physical effects on women. The range of current treatment options.
UNIT 2 Men’s Sexual and Reproductive Health

Aim

To enable doctors to:

manage sexual and reproductive health in men across the lifespan.

Objectives

At the completion of the module, doctors should be able to:

- Describe physiology relevant to male reproduction sexuality and sexual health problems
- Describe the relevant changes of adolescence, including physiological, social and emotional changes.
- Understand developmental changes in adolescence relevant to sexual behaviour and risk taking in young men
- Demonstrate awareness of the impact of cultural, social and psychological factors on men’s sexual health
- Demonstrate an understanding of the sexual health of men from specific groups including Aboriginal men, adolescents, men with a disability, ageing men, culturally and linguistically diverse men and men with partners of either or both sexes
- Discuss the role of preventive health care in the maintenance of men’s sexual health
- Discuss current understandings of the availability, benefits and limitations of screening and prevention for prostate and testicular cancer.
- Demonstrate knowledge of referral sources for men with sexual health problems
- Articulate and reflect on their attitudes to individual men’s sexual health
- Discuss the impact of erectile dysfunction, its aetiology and diagnosis and management options available
- Understand the role of examination of external male genitalia in symptomatic clients

Content

- The physiological, developmental and social changes of adolescence relevant to male sexual and reproductive health
- Physiology of male sexuality and reproduction including puberty, reproduction, spermatogenesis and the prostate gland
- Primary and secondary preventative activities for male sexual health including the role of screening for prostate cancer and testicular self-examination
- The comprehensive sexual history: what to include and how to take a good relevant history.
• Approaches to negotiation of safer sex practices for men and to understanding the impact of their cultural and social background and its effect on the expression of their sexuality
• General practice urology: diagnosis and management of common conditions including scrotal swellings, penile lesions, epididymo-orchitis and male infertility
• Erectile dysfunction: prevalence, aetiology, diagnosis and management
• Sexual difficulties: assessment, management and referral options of common conditions in primary care
• Clinical skills training in examination of male genitalia and digital rectal examination of the prostate.
UNIT 3  Contraception

Aims

To enable doctors to provide safe and appropriate contraception across reproductive life span

Objectives

At the completion of the module, doctors should be able to:

- Understand the mechanism of action, effectiveness, benefits and side-effects of all forms of available contraception
- Understand the medical eligibility criteria of each contraceptive method and any testing which may be required prior to recommending any form of contraception
- Be aware of currently available contraceptive methods and future trends in Australia
- Demonstrate an understanding of the advantages and disadvantages of each method, including failure rate, relative and absolute contraindications, cost, potential side effects and benefits
- Demonstrate the ability to provide information in an organised manner to facilitate contraceptive choices decisions for women or couples (incorporating medical eligibility, client centred approach to choice and written information provision)
- Initiate and counsel clients on specific issues in commencing their preferred form of contraception
- Demonstrate the ability to assist clients in the management of contraceptive side-effects and to recognise and manage any clinical complications of contraceptive methods
- Explain procedures required for insertion and removal of an IUCD
- Understand the procedures required for the insertion and removal of the contraceptive implant
- Consistently use protocols to support informed consent processes in the use of contraceptive methods
- Be aware of relevant legislation, ethical and medico-legal dilemmas in regard to contraception provision to young people.
Content

- Contraceptive methods: availability, failure rate, mechanism of action, advantages and disadvantages, medical eligibility criteria and method use issues.
- Methods:
  - Combined hormonal contraceptives
  - Progestogen only hormonal contraception
  - IUCDs
  - “Natural” methods (fertility awareness, withdrawal, LAM)
  - Emergency contraception
  - Sterilization (male and female)
  - Barrier methods
- Contraceptive usage across age, including negotiating condom use, contraceptive usage in relation to breast feeding, contraception for the middle years
- Ethical and medico-legal dilemmas in contraception provision
- Appropriate assessment approach with young women and men to meet legislative and ethical requirements in contraception provision
- Counselling strategies to facilitate clients making choices in contraception
- Approaches to common clinical dilemmas in contraception
- Management of complications and side effects of contraceptive methods
- Techniques for diaphragm fitting, implant insertion and removal and intrauterine device insertion and removal.
UNIT 4  Sexually Transmissible Infections

Aim

To enable doctors to

* understand the impact of sexually transmissible infections (STIs) on their clients
* develop strategies to promote prevention of STIs and relevant opportunistic screening in their practice setting
* manage clients with STIs

Objectives

At the completion of the module, doctors should be able to:

* Be aware of the epidemiology, prevention, diagnosis and treatment of sexually transmissible infections including local epidemiology relevant to their area of practice
* Demonstrate knowledge of common STIs and their modes of transmission, prevention, diagnosis and treatment
* Display an ability to take a comprehensive sexual history with regard to risk of STIs including the integration of this history into routine clinical history taking
* Display an ability to provide appropriate pre-test information and post-test counselling for STIs
* Understand the management of STIs and explain treatment options, follow up and partner notification issues
* Discuss potential psychological, sexual and social impacts of common STIs
* Counsel clients to empower them to negotiate safer sex and be aware of any at risk behaviours
* Demonstrate the ability to collect adequate samples for diagnosing STIs.

Content

* History taking in regard to STIs and HIV including pre-test information.
* Clinical skills in specimen collection for the diagnosis of STIs.
* Management and counselling issues for clients with an STI.
* Counselling clients to empower them to negotiate safe sex.
* Sexually transmitted infections and their epidemiology, prevention, diagnosis and treatment, including:
  * Chlamydia
  * HPV
  * Gonorrhea
  * Syphilis
  * Genital herpes
  * Hepatitis B
  * Urethral discharge and NSU
  * HIV