



FAMILY PLANNING  
ALLIANCE AUSTRALIA

Reproductive and Sexual Health Policy and Advocacy



Family Planning  
Alliance Australia

National Certificate in  
Reproductive and Sexual  
Health for Doctors

National Curriculum  
May 2016



## Family Planning Organisations

### New South Wales

Family Planning NSW [www.fpnsw.org.au](http://www.fpnsw.org.au) 328-336 Liverpool Rd Ashfield, NSW, 2131 02 8752 4300

### Queensland

TRUE Relationships and Reproductive Health [www.true.org.au](http://www.true.org.au) 230 Lutwyche Rd, Windsor, Qld, 4030 07 3250 0200

### Victoria

Family Planning Victoria [www.fpv.org.au](http://www.fpv.org.au) 901 Whitehorse Rd, Box Hill, Vic, 3128 03 9257 0100

### Australian Capital Territory

Sexual Health and Family Planning ACT [www.shfpact.org.au](http://www.shfpact.org.au) Lvl 1, 28 University Ave, Canberra, ACT, 2601 02 6247 3077

### Tasmania

Family Planning Tasmania [www.fpt.asn.au](http://www.fpt.asn.au) 421 Main Rd, Glenorchy, Tas, 7010 03 6273 9117

### Western Australia

Sexual Health Quarters [www.shq.org.au](http://www.shq.org.au) 70 Roe St, Northbridge, WA, 6003 08 9227 6177

### Northern Territory

Family Planning Welfare Assoc of the NT [www.fpwnt.com.au](http://www.fpwnt.com.au) Unit 2, The Clock Tower Centre, 2 Dick Ward Rd, Coconut Grove, NT, 0810 08 8948 0144

### South Australia

SHine SA [www.shinesa.org.au](http://www.shinesa.org.au) 64c Woodville Rd, Woodville, SA, 5011 08 8300 5399



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## 1.0 Introduction

Family Planning Alliance Australia is the nation's peak body in reproductive and sexual health. It promotes advances in public health through policy insight and advocacy and represents leading health and education agencies across Australia.

### **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

## 2.0 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 (SHFPA) 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 was further revised in 2008 by the senior medical staff of the state members of SH&FPA to reflect developments in medical education and adult learning needs. In particular, the document was revised to reflect the RACGP QI&CPD requirements.

This document has moved through a further iteration in 2014-2016 where the structure, learning objectives and assessment were reviewed and updated by the senior medical staff and educators of the state members of FPAA. The document has been retitled to reflect the evolution of SH&FPA into the Family Planning Alliance Australia (FPAA). The Course is now named 'Family Planning Alliance Australia National Certificate in Reproductive and Sexual Health for Doctors'.



### 3.0 Using this curriculum

This curriculum document describes the planned sequence of instruction and related assessment required to be completed by an individual to be presented with the FPAA 'National Certificate in Reproductive and Sexual Health for Doctors'. Curricula may be developed from multiple starting points. This curriculum document started with the development of learning outcomes and as such these learning outcomes are the cornerstone focus of this document.

This document is not a syllabus (an outline and summary of topics to be covered) and nor is it a list of prescribed content. It is the responsibility of each local jurisdiction to develop their own education and teaching program based on this curriculum document and accreditation requirements. Local courses may vary considerably in teaching methodology and content. National standardisation is to be found in the common learning outcomes and common assessment measures found in this curriculum document.

This curriculum document is to be used in conjunction with:

1. The FPAA National Certificate in Reproductive and Sexual Health for Doctors Procedural Document. This document illustrates information about enrolment, cost, areas of administrative responsibility, and reporting requirements.
2. Written Examination
3. Role Plays
4. Clinical Practice Portfolio

### 4.0 Definitions

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

#### 4.1 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.



## 4.2 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”.

The WHO definition and discussion may be found at [http://www.who.int/reproductivehealth/topics/sexual\\_health/sh\\_definitions/en/](http://www.who.int/reproductivehealth/topics/sexual_health/sh_definitions/en/) and it is further explored and developed by the world association for sexual health at [http://www.worldsexology.org/wp-content/uploads/2013/08/declaration\\_of\\_sexual\\_rights\\_sep03\\_2014.pdf](http://www.worldsexology.org/wp-content/uploads/2013/08/declaration_of_sexual_rights_sep03_2014.pdf)

## 5.0 Overview of the Certificate

The award of the Family Planning Alliance Australia National Certificate in Reproductive and Sexual Health for Doctors certifies that the doctor has demonstrated a level of competence in knowledge, skills, behaviours, attitudes and organisational systems which enables them to practice appropriately in the area of sexual and reproductive health in primary health care.

### 5.1 Recognition

This certificate is recognised by:

- the Royal Australian College of General Practitioners (RACGP),
- the Australian College of Rural and Remote Medicine (ACRRM),
- the Royal Australian and New Zealand College of Obstetricians and Gynaecologists,
- 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.



## 5.2 Requirement

The certificate is a requirement for any medical practitioner working in a family planning clinic or training as a sexual health physician. It is recommended for, and may be undertaken by, other trainee and practising doctors working in general practice and any area that includes sexual and reproductive health.

## 5.3 Components

To be awarded the FPAA Certificate in Sexual and Reproductive Health, participants must complete the following:

1. Core theoretical component
2. A minimum of seven clinical attachments:
  - a. At least one observational clinic in a family planning facility.
  - b. At least five participatory clinics under the supervision of a Family Planning clinic instructor
  - c. At least one clinic focussed on men's health

An additional 2 participatory clinics may be included to achieve the desired levels of clinical competence.

3. The assessment:
  - a. Embedded assessment during the theory discussion and topics
  - b. Case study exam (written paper) at the end of the theory component
  - c. Role play exam at the end of the theory component
  - d. Continuous assessment during clinical attachments
  - e. The Clinical Practice Portfolio.

## 5.4 Timing

It is expected that all components of the course be completed within one year of commencement. This may be extended due to local jurisdictional requirements or constraints because of extenuating circumstances. Educational best practice suggests all sessions within a clinical attachment be completed within a 6 month period and it is preferred that the clinical attachment be commenced within 12 months of the completion of the theory component. An extension of 6 months is able to be provided at the discretion of the Family Planning Organisation.

The absolute longest length of time between completion of theory and completion of the clinical attachment before the theory is required to be undertaken again is 24 months.

## 5.5 Eligibility Criteria

To be eligible to undertake the certificate, a participant must be a qualified medical practitioner registered to practice within Australia and hold medical indemnity insurance with a recognised medical defence organisation. It is desirable that doctors are 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.

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.



Other professions, eg Nurse Practitioners, may attend at the discretion of local Family Planning Organisations (FPOs). At the discretion of the local FPO, completion of the course may result in the awarding of a Certificate of Attendance.

### **5.6 Mechanisms to complete the Certificate**

Each local jurisdiction offers the FPAA Certificate in Sexual and Reproductive Health through different modes depending on participant preference; presenter and facilitator capacity; cost; and relevant learning principles.

The theory component may be offered face-to-face or through a blended approach of face to face and distance learning (online / readings). The role play assessment of the theory component necessitates a face-to-face feature whatever the mode of delivery. Local jurisdictions build on this minimum face-to-face time to develop the appropriate blend of face-to-face or online for the local circumstance.

Any online component may be delivered through a web-based portal or may be delivered, where internet coverage does not have the required capacity, within a distance learning format.

The clinical attachment is, of its nature, face-to-face and mostly one-on-one supervised learning.

The theory component needs to be completed and associated assessments passed prior to beginning any component of the clinical attachment.

Participants may choose to complete only the theoretical component however without successful completion of the clinical attachment these participants are not eligible for award of the FPAA Certificate.





## 6.0 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.



## 7.0 Course components

The course is divided into nine modules that combine to form the backbone upon which the education program is developed. These are:

1. Reproductive Anatomy and Physiology
2. Talking about reproduction, sex and diversity
3. Sexual and reproductive health matters specific to men
4. Sexual and reproductive health matters specific to women
5. Fertility
6. Unintended pregnancy choices
7. Contraception
8. Sexually Transmitted Infections
9. Legal Issues

Each module has sub-components that are described to assist local jurisdictions in developing content for local education programs. The subcomponents have standardised labelling (eg RSH 03 04 which means Module three, topic four). The subcomponents are listed below and these form the compulsory core for all complete education programs that are able to award the FPAA Certificate in Sexual and Reproductive Health for doctors. Local jurisdictions are welcome to add additional topic areas as local demand suggests, however all core topics must be completed by an individual to be eligible for the Certificate.

### Module 1: Reproductive Anatomy and Physiology

RSH 01 01	Basic Anatomy and Physiology
RSH 01 02	Adolescent reproductive and sexual health development

### Module 2: Talking about reproduction, sex and diversity

RSH 02 01	Effective reproductive and sexual history taking and communication
RSH 02 02	Attitudes and assumptions
RSH 02 03	Diversity of sex and gender

### Module 3: Sexual and reproductive health matters specific to men

RSH 03 01	Male sexual function and dysfunction
RSH 03 02	Prostate conditions
RSH 03 03	Prostate Cancer screening
RSH 03 04	Lower urinary tract symptoms and pelvic pain syndromes
RSH 03 05	Male genital dermatoses
RSH 03 06	Testicular pain and lumps

### Module 4: Sexual and reproductive health matters specific to women

RSH 04 01	Cervical Cancer Prevention and Screening
RSH 04 02	Female sexual function and dysfunction
RSH 04 03	Female pelvic floor dysfunction
RSH 04 04	Common gynaecological disorders
RSH 04 05	Vulvovaginal disorders. Vaginal discharge
RSH 04 06	Menopause assessment and management
RSH 04 07	Breast Health: cancer screening and common problems

### Module 5: Fertility

RSH 05 01	Preconception care
RSH 05 02	Subfertility



### Module 6: Unplanned Pregnancy Choices

RSH 06 01	Unintended pregnancy choices
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### Module 7: Contraception

RSH 07 01	Long Acting Reversible Contraception (LARC)
RSH 07 02	Shorter acting reversible contraception
RSH 07 03	Barrier methods
RSH 07 04	Fertility awareness based methods, withdrawal and Lactational Amenorrhoea
RSH 07 05	Emergency Contraception
RSH 07 06	Sterilisation (male and female)

### Module 8: Sexually Transmissible Infections (STIs)

RSH 08 01	STIs: clinical presentation, investigations, management & follow up
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### Module 9: Legal Issues

RSH 09 01	Legal issues related to STIs including HIV
RSH 09 02	Sexual assault, domestic and family violence
RSH 09 03	Young people - Legal issues and duty of care around, consent, treatment, risk assessment and reporting requirements
RSH 09 04	People living with a disability

Satisfactory demonstration of competence in each of these areas may be achieved through either the theory component or through the clinical attachment. The learning outcomes associated with each module are divided into those most suited to the theory component and those most suited to the clinical attachment component. Sometimes these overlap. The learning outcomes appear in Section 10.

## 7.1 Theory

The theory component of the Course is divided into discrete topics (usually following the modular format described above) and content and teaching methodologies are developed around each topic. The theory component may be delivered fully face-to-face, through distance individualised learning, or through a web-based platform, or through a combination of these. Jurisdictions develop their education program to reflect local need and to work within the constraints of local capacity and expertise.

At the face to face component, candidates undertake a series of role plays that forms part of the assessment process.

The revised curriculum acknowledges diversity in all forms including gender diversity. This course is not specific to one gender except in modules 3 and 4 where there is a particular focus on either males or females.



## 7.2 Practical

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. Complete a minimum of seven clinical attachments:
  - a. At least one observational clinic in a family planning facility.
  - b. At least five participatory clinics under the supervision of a Family Planning clinical instructor. An additional two (maximum) may be added if required.
  - c. At least one clinic focussed on men's health (e.g. STI clinic, urology outpatients, urologist's consulting rooms, family planning clinic with sufficient male patient mix). While it is preferable that this is a participatory attachment, it is acknowledged that circumstances may dictate that this needs to be an observational clinic.
2. Complete the Clinical Practice Portfolio
3. Participate in a continuous assessment process
4. Demonstrate clinical competency in sexual and reproductive health including an appropriate level of communication and consulting skills at the completion of the clinical attachments

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.

Course participants are required to complete a Clinical Practice Portfolio which covers a log of their clinical experience across all of the clinical attachments. Relevant learning outcomes 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 achieved these outcomes and have demonstrated competency in each.

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.

## 7.3 Variation

Unforeseen circumstances can interrupt the achievement of all competencies associated with the clinical attachments. As an example, presenting conditions seen by the participant across the time of a clinical attachment may not cover all learning outcomes required. While every effort is made by the local Family Planning organisation to structure clinical attachments so that all learning outcomes are able to be achieved, this is sometimes not possible.

Where clinical attachments do not accommodate all learning objectives, role plays may be used in lieu of direct patient interaction. Inclusion of role plays as a back-up for scenarios in clinical attachments is at the discretion of the local jurisdiction and is kept to the essential minimum.



## 8.0 Assessment components

A continuous assessment process throughout the 'Family Planning Alliance Australia National Certificate in Reproductive and Sexual Health for Doctors' has been developed. This process aims to identify strengths and any significant 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 includes:

1. Embedded assessment during the theory discussion and topics
2. Case study (written paper) at the end of the theory component
3. Role play exam at the end of the theory component
4. Continuous assessment during clinical attachments
5. The Clinical Practice Portfolio.

All assessment is directly related to the learning outcomes for the course.

### 8.1 Embedded assessment in the theory component

The theory component of the course contains practical exercises. These may include Multiple Choice Questions; Short Answer Questions; Extended Answer Questions; Matching Exercises; Pairing; etc. These are to assist the learner to assess their own knowledge and progress through the course.

### 8.2 Case study exam (written exam)

Case studies are to be completed at the end of the theory component and form part of the summative assessment of the theory component of the course. They are contained in a written examination. The written paper aims to assess participants' clinical knowledge and their clinical problem-solving abilities. This is composed of a series of short case studies.

### 8.3 Role plays

The purpose of the roleplays 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 knowledge and learning experience.

### 8.4 Continuous assessment during clinical attachments

A series of learning outcomes related to the clinical tasks 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 a 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. 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 remediation is organised as needed.

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

### **8.5 The Clinical Practice Portfolio**

The clinical practice portfolio forms part of the summative assessment of the Course. Participants are to record all clinical tasks undertaken during each clinical attachment.

### **8.6 Pass Rate**

Participants are required to pass 70% of the written assessment (the case studies) and participants are required to pass 60% of the role play scenarios. Participation in 100% of the theory component is required. Where sections of the theory component have been missed, it is at the discretion of the local Medical Director or Medical Education Coordinator, if the reasons for missing sections of theory are valid, and whether the participant is able to progress to the assessment and clinical attachment. Participants must pass the written and role play assessments prior to commencement of the Clinical Attachment.

100% of competencies are required to be successfully completed in the clinical attachment.

### **8.7 Re-examination and remediation**

Any participant who fails to attain 70% in the written exam (the case studies) may be given one opportunity to complete a take-home exam at a time no longer than 1 month from the original assessment date.

Any candidate who fails to attain 60% in the role play assessment will be given feedback on the areas that they need to improve upon and an opportunity to re-sit the role play assessment at the discretion of the local jurisdiction's medical educator. Suggestions to assist the candidate might include:

- practice role plays with a colleague/friend or access support through their GP training provider
- Review the STI Guidelines page on sexual history taking available at <http://www.sti.guidelines.org.au/resources/how-to-take-a-sexual-history#how-to-take-a-sexual-history>



- Register on the Chapter of Sexual Health website and look at the sexual health module. <https://elearning.racp.edu.au/index.php>
- Attendance at an observation clinic (a fee may be charged for this)
- Attendance at a course designed to improve communication skills
- Attendance at a course designed for those with little experience in Reproductive and Sexual Health in the Australian setting.

Any participant who does not achieve the required competencies during the 5 clinical attachments organised for the participant, the participant is able to undertake a further two clinical attachments to improve clinical skills and achieve these competencies. Where this is unsatisfactory, extra clinical attachments and extra remediation and teaching by the course facilitators is able to be organised however this may incur extra cost to the participant.

Failure to achieve the competencies required and consequent removal from the 'Family Planning Alliance Australia National Certificate in Reproductive and Sexual Health for Doctors' is at the discretion of the Senior Medical Officer / Educator.

There is an alternative take home assessment that can be used for participants wishing to attain RACGP points but not wishing to sit the formal exam. These participants cannot continue on to Clinical training for the full Certificate.

## 9.0 Certificates

Three different certificates may be issued to Medical Practitioners resulting from participation in, and successful completion of assessment of, the FPAA Certificate in Sexual and Reproductive Health.

### **Successful Completion of Theory**

Participants may choose to complete only the theory component of this Course, including the assessment. A certificate of successful completion of the theory component outlining eligibility for relevant QI & CPD points is awarded in this instance.

### **Successful Completion of Clinical Attachment**

Rarely, a participant may complete the clinical attachment, including achieving competency in relevant learning outcomes but may not be eligible for the FPAA certificate. Where this occurs, a certificate of successful completion of the clinical attachment outlining eligibility for relevant QI & CPD points is awarded in this instance.

### **The Full FPAA Certificate**

The full Certificate is issued to participants who have completed both theory and clinical attachment components and successfully passed all assessment items. This includes eligibility for relevant QI & CPD points to be awarded.



## 10.0 Learning Outcomes

The following learning outcomes are to be assessed using the assessment mechanisms described in section 8.0. Achievement of the learning outcomes at the pass rates described in Section 8.6 will result in the awarding of the 'Family Planning Alliance Australia National Certificate in Reproductive and Sexual Health for Doctors'

Learning outcomes are presented as those that are suitable for achievement through the theory component and / or suitable for achievement through the clinical attachment. Where the learning outcome is presented for both components, the associated tasks developed by the local jurisdiction may assess this learning outcome in both or either the theory and practical components.

### 10.1 Module One: Reproductive Anatomy and Physiology

By the end of the theory component of the Course the participant will be able to:

- Explain the normal menstrual cycle, the physiological changes at menarche and menopause
- Explain the physiology of sexual response
- Describe the normal range of genital anatomy
- Explain the physical, psychological and social developmental changes that occur during adolescence

No additional practical component learning outcomes.

### 10.2 Module Two: Talking about reproduction, sex and diversity

By the end of the theory component of the Course the participant will be able to:

- Take a sensitive and relevant sexual and reproductive history
- Reflect on personal attitudes and values in the clinical practice of reproductive and sexual health
- Demonstrate strategies to enable a non-judgemental approach to practice
- Discuss the diversity of:
  - Sexual identity, attraction and behaviour
  - Gender identity and expression
- Discuss the social attitudes and responses that influence the wellbeing of sexual and gender diverse people

By the end of the clinical attachment the participant will also be able to:

- Take a sensitive and relevant sexual and reproductive history.
- Communicate effectively about reproductive and sexual health.
- Provide respectful, confident, non-judgemental, and culturally appropriate care of individuals with sexual and reproductive health issues.

### 10.3 Module Three: Sexual and Reproductive Health Matters specific to men

By the end of the theory component of the Course the participant will be able to:

- Outline the management of common male sexual problems including erectile dysfunction, premature ejaculation
- Outline the management of common prostate, testicular, and genital conditions
- Explain the role of HPV vaccination





By the end of the clinical attachment the participant will also be able to:

- Competently perform a male ano-genital examination on a model or a patient

#### **10.4 Module Four: Sexual and Reproductive Health Matters specific to women**

By the end of the theory component of the Course the participant will be able to:

- Explain the role of:
  - the national cervical screening program
  - the HPV vaccination program
- Explain the management of abnormal cervical screening results
- Outline the management of common female sexual issues including low libido, and dyspareunia
- Discuss the assessment and management of pelvic floor dysfunction, including urinary incontinence.
- Outline the pathology, clinical features, complications and management options of the common gynaecological disorders
- Describe the diagnosis and management of common and important vulvovaginal conditions
- Outline the assessment and management of women in all stages of menopause
- Outline the investigation & management of common breast problems in primary care
- Explain the risks and benefits of breast cancer screening

By the end of the clinical attachment the participant will also be able to:

- Perform the recommended cervical screening test/s
- Obtain a respectful and thorough history for common gynaecological disorders
- Perform a sensitive and thorough vulval, vaginal and pelvic examination
- Manage common gynaecological problems according to evidence based guidelines
- Assess and manage vulvovaginal disorders
- Assess and manage women with symptoms or concerns related to stages of menopause
- Perform a sensitive and thorough breast assessment and examination

#### **10.5 Module Five: Fertility**

By the end of the theory component of the Course the participant will be able to:

- Assess and advise on maximising fertility, and preconception care
- Explain the common causes of subfertility
- Explain the assessment of subfertility and the options for management

No additional learning outcomes



## 10.6 Module Six: Unintended Pregnancy Choices

By the end of the theory component of the Course the participant will be able to:

- Discuss the ethical and legal issues regarding unintended pregnancy
- Outline the options for care of unintended pregnancy including continuation, adoption, parenting, medical and surgical termination of pregnancy (TOP)

By the end of the clinical attachment the participant will also be able to:

- Provide non-judgemental care for women or couples presenting with an unintended pregnancy.
- Provide non directive decision making regarding unintended pregnancy.

## 10.7 Module Seven: Contraception

By the end of the theory component of the Course the participant will be able to:

- Describe the mechanism of action, efficacy, side-effects, contraindications, risks, advantages and disadvantages of all forms of available contraception
- Describe the function of Medical Eligibility Criteria in contraceptive prescribing and patient selection
- Discuss the concept of typical use vs perfect use efficacy
- Discuss contraceptive options for those in specific circumstances

By the end of the clinical attachment the participant will also be able to:

- Take an adequate patient history to exclude important contraindications to contraceptive methods according to Medical Eligibility Criteria.
- Provide accurate information regarding mechanism of action, efficacy, side-effects, risks, advantages and disadvantages of all contraceptive methods to enable informed choice and consent using effective communication.
- Provide appropriate advice on initiation of contraceptive methods, including Quickstart
- Manage troublesome side effects of contraceptive methods
- Demonstrate competent insertion and removal of the etonogestrel implant

## 10.8 Module Eight: Sexually Transmissible Infections (STIs)

By the end of the theory component of the Course the participant will be able to:

- Demonstrate an understanding of and utilise evidence based, recommended guidelines for STI screening, vaccination and contact tracing.
- Explain the epidemiology of HPV, including its natural history and the impact of vaccination
- Outline the clinical presentation, appropriate investigations, management, local epidemiology and follow-up of the common and important STIs

By the end of the clinical attachment the participant will also be able to:

- Offer STI screening according to evidence based recommended guidelines.
- Assess, manage and follow up common and important STIs
- Sensitively discuss notification and contact tracing



## 10.9 Module Nine: Legal Issues

By the end of the theory component of the Course the participant will be able to:

- Demonstrate an understanding of the legal obligations for notification and contact tracing of STIs
- Discuss important issues to consider when seeing a patient who has been sexually assaulted.
- Identify the main steps in management of domestic and family violence and sexual assault including referral pathways.
- Explain confidentiality and its limits with regard to young people
- Explain the assessment of a young person's capacity to consent to medical treatment.
- Demonstrate risk assessment of a young person.
- Demonstrate an understanding of mandatory reporting requirements for young people.
- Explain communication strategies for working with people living with an intellectual disability to support decision making.
- Demonstrate an understanding of the presumption of capacity to consent to treatment for people with an intellectual disability.
- Demonstrate an understanding of the role of guardianship for a person with an intellectual disability.

By the end of the clinical attachment the participant will also be able to:

- Facilitate confidential STI contact tracing
- Demonstrate an ability to sensitively ask about sexual assault, domestic and family violence.
- Explain confidentiality and its limits to a young person
- Perform a risk assessment of a young person attending for reproductive and sexual health care
- Assess a young person's ability to consent to treatment
- Document a consultation with a young person taking in to account issues of risk of harm and consent