

# FAQ

## FREQUENTLY ASKED QUESTIONS



PODCAST



WEBINAR



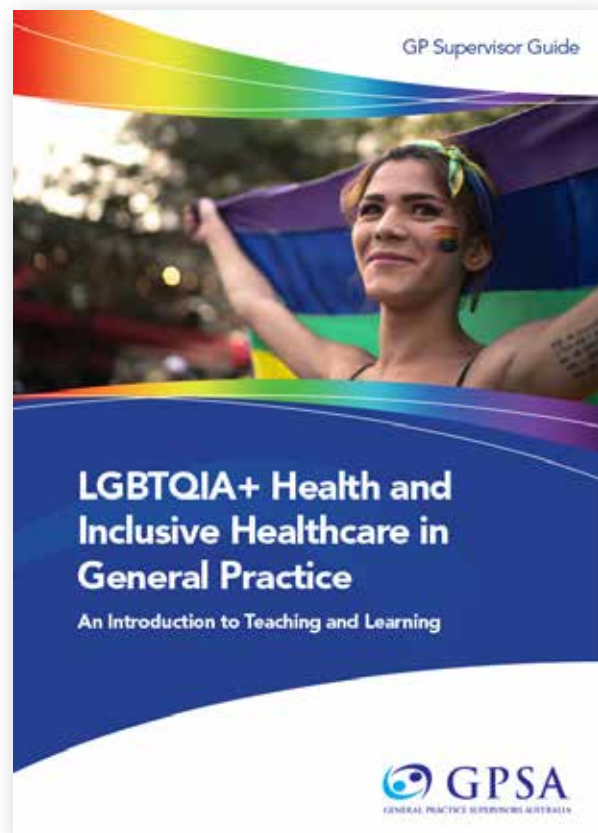
GUIDE

## Teaching Your Registrar About LGBTQIA+ Inclusive Care

### How should we address the issue of LGBTQIA+ inclusive care with our registrars?

GPSA's GP Supervisor Guide LGBTQIA+ Health and Inclusive Healthcare in General Practice: An Introduction to Teaching and Learning ("[the LGBTQIA+ Guide](#)") is the ideal starting point for you to open the conversation about LGBTQIA+ inclusive care with your registrars. Numerous tips and teaching activities are spread throughout the LGBTQIA+ Guide, which is structured in 11 key sections:

- Introduction.
- LGBTQIA+ Key Terms and Definitions.
- Inclusive LGBTQIA+ Care.
- LGBTQIA+ Health Priorities.
- Women's Health.
- Men's Health.
- Health Needs of Trans, Non-Binary & Gender Diverse People.
- Health Needs of People with Intersex Variations.
- Mental Health Issues.
- Healthy Ageing.
- Resources For GPs and Patients.



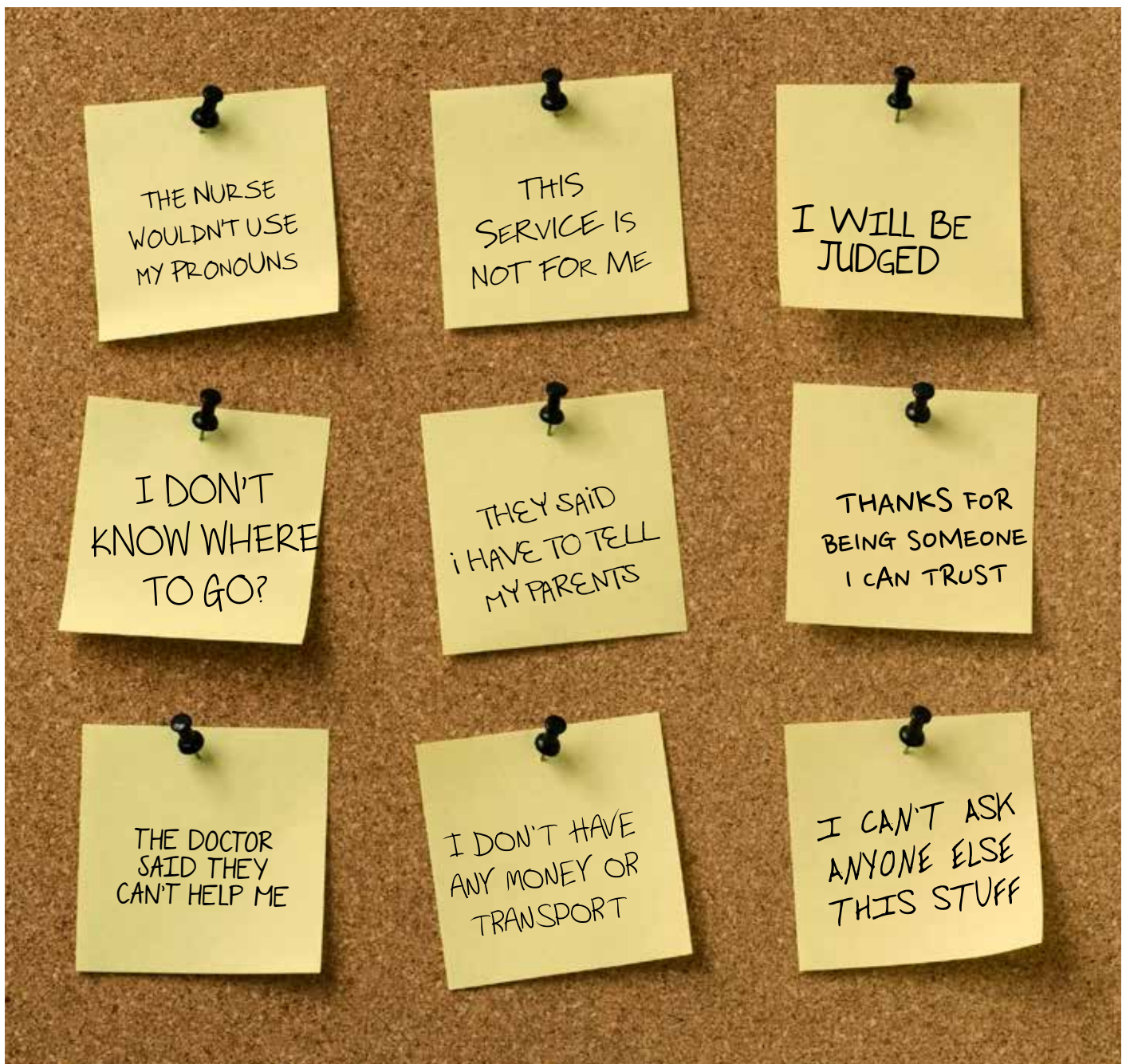
*"This is a sensitive topic, and it is 'ok to get it wrong', as long as you approach your own personal and professional development from a position of open-mindedness and respect."*

– Dr Asiel Adan Sanchez

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As a lead-in to this topic and the LGBTQIA+ Guide, you might ask your registrar to consider what their LGBTQIA+ patients would say about your clinic:



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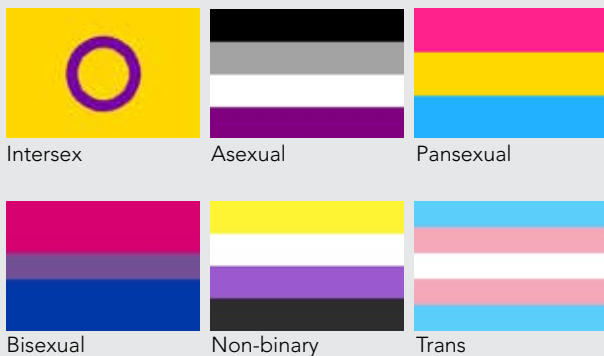
### What are the levels of the LGBTQIA+ inclusive journey through the clinic?



### What are the key LGBTQIA+ terms we should make our registrars aware of?

Under the ABS Standard 2020, LGBTQIA+ terminology gives the definitions for key terms as:

- Diverse sexual identities
  - Lesbian, gay, bisexual, pansexual, queer, asexual, other.
- Diverse gender identities
  - Trans, non-binary, gender diverse, gender queer, other.
- Intersex variations



### What should we focus on to ensure we present the practice as LGBTQIA+ inclusive?



Frontline tips for an inclusive practice (see page 21 of the LGBTQIA+ Guide) can be summarised as:

Overt signs	Intake forms	Communication
Rainbow sign, posters	Gender options – Female, Male, Other	Use preferred name and gender
Lanyards	Sexual orientation	Avoid using titles
LGBTI-specific health promotion materials	Sex status	Assure confidentiality
Non-discrimination statement	Optional self-identification on forms	Have a feedback process



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How can we encourage our registrars to ask rather than assume the gender status of their patients?

Encourage your registrar to:

- Use appropriate language. eg. How do you describe your gender? What was your sex recorded at birth?  
Page 3 of new RACGP standards offers some suggestions for language use etc. <https://www.racgp.org.au/FSDEDEV/media/documents/Running%20a%20practice/Practice%20standards/5th%20edition/Collecting-and-recording-information-about-patient-sex-gender.pdf>
- Make no assumptions about sex, sex characteristics, gender, or sexual identities. (Note the results of the Private Lives 3 study below, showing the diversity of sexual orientations associated with different gender identities below)

A major study conducted in 2019, "Private Lives 3", examined the intersections of sexual orientation and gender identity with revealing results. The LGBTQIA+ Guide provides more detail about this study along with a lot of exercises and tools to help you reflect on and teach LGBTQIA+ inclusive care.

### Why do registrars need to know about their patients' LGBTQIA+ status?

Holistic care	Health disparities
<p><b>Patients want us to know</b> Establishes a more open and trustful relationship to disclose other health issues.</p>	<p>Attention to underlying reasons for disparities. Eg. Causes of higher rates of Mental health, AOD use and STIs.</p>
<p><b>Social context is important</b> May have reduced family support networks and feel some social isolation.</p>	<p>Providing relevant and safe referrals. LGBTQIA+ safe services and support groups</p>

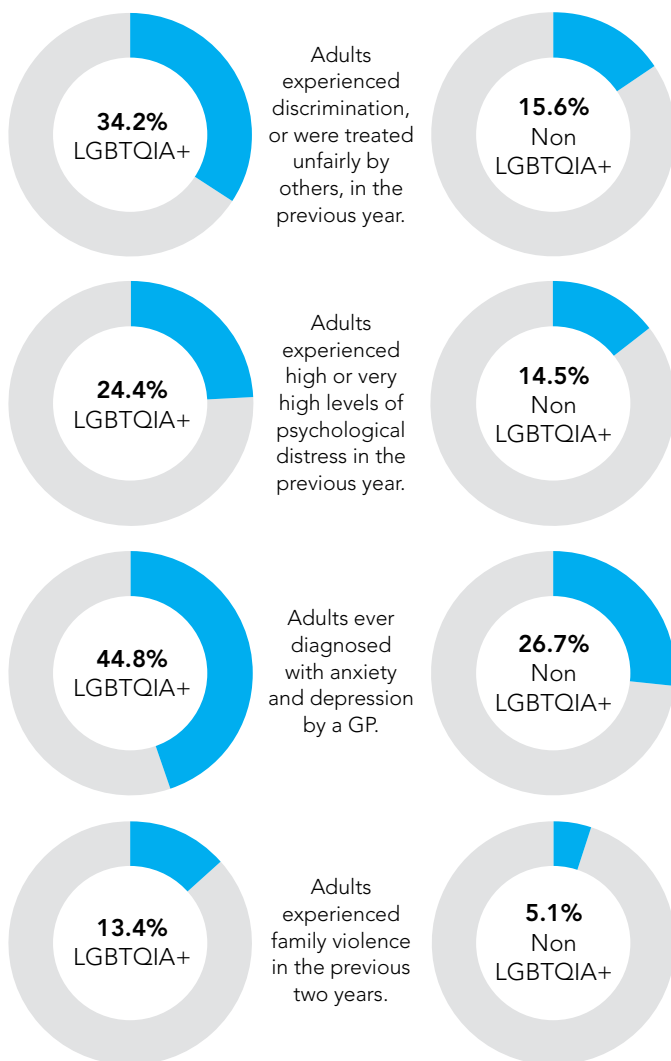


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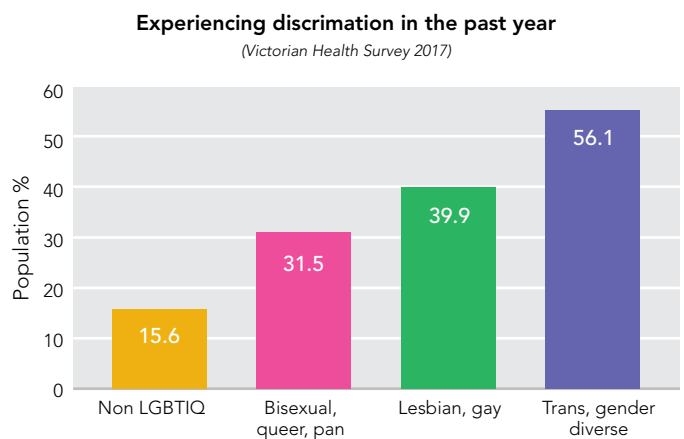
### What should our registrars know about the discrimination and violence their LGBTQIA+ patients are likely to face?

One of the main health inequalities facing LGBTQIA+ people relates to their mental health. LGBTQIA+ people are much more likely than non-LGBTQIA+ people to experience depression, anxiety, and suicidality. This stems from often repeated experiences of trauma, discrimination, and marginalisation due to their minority sexual orientation, sex characteristics or gender identity, which is often termed minority stress. These experiences also differ within the subgroups and are much more likely for trans or non-binary people, and pansexual, bisexual, or queer people. Statistics relating to experience of discrimination of LGBTQIA+ and it's effects are detailed below:

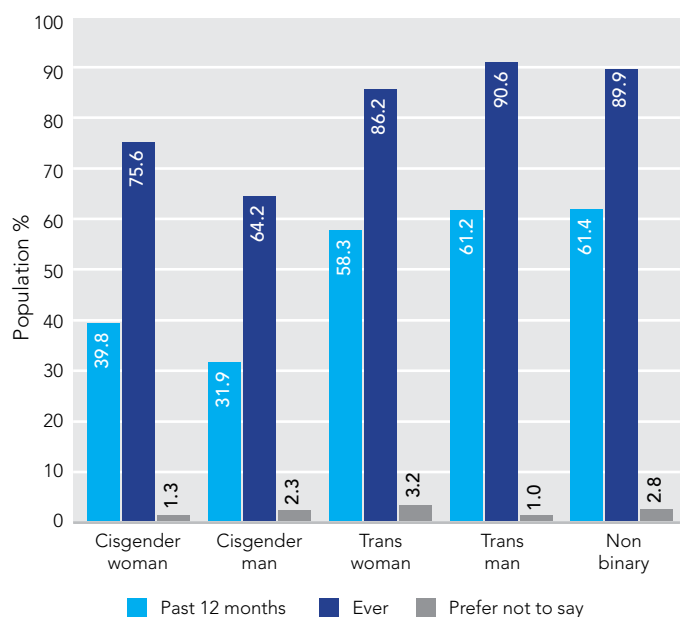


Vic Population Health Survey 2017 (n=33,654; LGBTQIA+=5.7%),

Discrimination varies within the LGBTQIA+ community:



There is also a high probability of suicidality for patients identifying as trans-gender or non-binary:



Source: [Private Lives 3 National Report](#)

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### What tips should we give our registrars about demonstrating inclusive practice in the consultation?

- Use affirmed name for transgender patients.
- Introduce your pronouns.
- Ask about person's pronouns.
- Assure confidentiality.
- Clarify Medicare name of patient.
- Documentation – software, does the patient want this information available for whole clinic or just specific practitioners?
- Use inclusive language for partners and sexual practices.
- Ask about preferred names for body parts.

#### EXAMPLES OF GENDER-NEUTRAL WORDS FOR BODY PARTS

Gendered reference	Gender-neutral terminology
Breast or chest	Upper body
Ovaries	Internal gonads
Female reproductive organs	Internal reproductive organs
Vagina	Internal genitals/genitals
Vulva	External genital area

- Don't do a genital examination unless required/ offer privacy for swabs etc.
- Consider binary gender markers on forms – pathology/ radiology.
- Don't exclude the possible need for contraception.

### What are some consultation tips for people with intersex variations?

*(from Intersex Variations section of the LGBTQIA+ Guide)*

- Use respectful language that affirms their gender.
- Distinguish sex characteristics, sexual orientation, gender id.
- Medical interventions to satisfy ideas of gender appearance can be human rights abuses.
- Depathologise intersex variations
- Referral to peer support.

### How can we help our registrars enable a vaginal examination?

*(from Women's Health section of the LGBTQIA+ Guide)*

To enable cervical screening and other vaginal examinations for LGBT people, the registrar should be conscious to make sure they:

- Acknowledge barriers including discomfort, gender dysphoria, past trauma.
- Invite the patient to bring a support person.
- Use person-centred language such as gender-neutral words for body parts with gender diverse and trans masculine people.
- Enable greater control by explaining a stop signal, having the patient insert the speculum, offering a mirror.
- Offer vaginal oestrogen therapy for 2 weeks prior to the examination for post-menopausal women and people on testosterone.

### What are the key points to cover in terms of caring for ageing members of the LGBTQIA+ community?

*(from Healthy Ageing section of the LGBTQIA+ Guide)*

- Access to gender affirming care - GP, in the home.
- Context of criminalisation of LGBTQIA+ status in their history.
- Recognising families of choice in decision making over biological family.
- Dementia and loss of inhibition may make more vulnerable to discrimination.



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### What is the psychosocial context we should address?

Like other sexual and gender minorities, people with intersex bodies are stigmatised and individuals can experience high levels of distress and trauma. This distress may persist into adulthood and relate to:

- A history of deliberate non-disclosure of medical histories and diagnostic information. This persists in some areas and can impact individuals' ability to manage their health as well as their engagement with health services.
- Stigmatisation of intersex variations and bodies.
- Infertility – this may be related to their underlying intersex variation, or to surgery during childhood that removed gonads.
- Multiple surgical procedures during childhood.
- Family conflict relating to non-disclosure, sibling abuse or discrimination.

### What should our registrars know about LGBTQIA+ fertility and parenting?

- Roles of GP.
- Affirming choices, understanding chosen family.
- Supporting safe fertility options – to achieve or prevent pregnancy.
- Supporting parents and children.
- Being aware of family violence.

### What are the next steps in clinic-wide LGBTQIA+ inclusion?



HWEI benchmarking  
<https://www.prideinhealth.com.au/pride-in-health-wellbeing-index-and-benchmarking/about-hwei-benchmarking-index/>

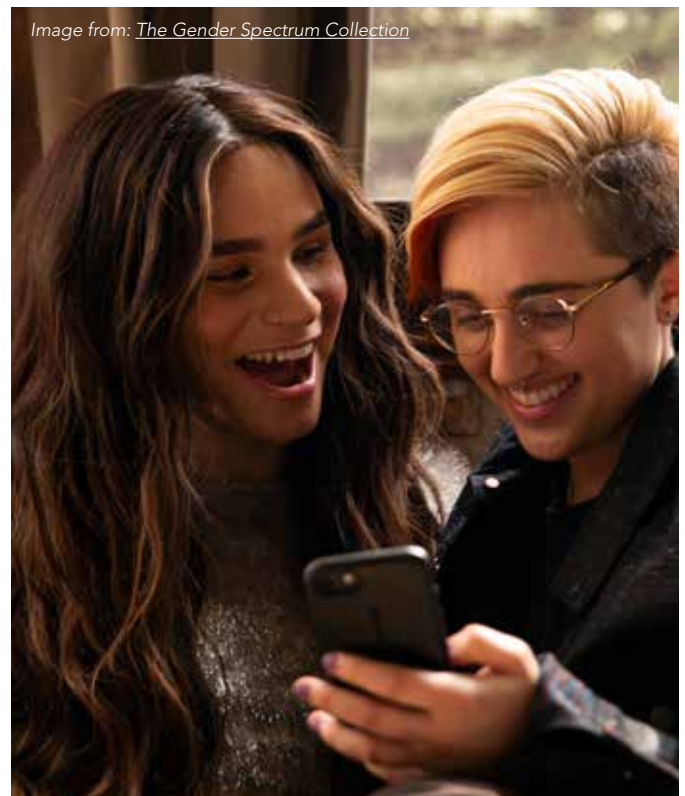


Rainbow Tick accreditation  
<https://www.rainbowhealthvic.org.au/rainbow-tick>

### What are the key points we should focus on with our registrars about LGBTQIA+ inclusive health?

- Encourage discussion re LGBTQIA+ patients.
  - Discuss patient disclosure.
- Use the LGBTQIA+ Guide's inclusive practice tips.
- Use the LGBTQIA+ Guide's teaching activities.
- Understand there are specific health issues for LGBTQIA+ people.
- Provide/find information about LGBTQIA+ resources and support for safe referral (noting the extensive Resources section for GPs and other health professionals in the LGBTQIA+ Guide).
- Respect privacy and the individual nature of the person's life as with all aspects of care (including around disclosure).
- Check assumptions but give opportunities for information.
- Remember most patients have limited information about resources (noting the extensive [Resources section](#) for LGBTQIA+ people in the LGBTQIA+ Guide).

Image from: *The Gender Spectrum Collection*





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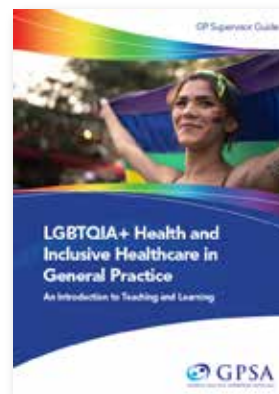
### Resources



All GPSA resources are available [here](#)

#### GUIDES:

- GPSA Supervisor Guide: LGBTQIA+ Health and Inclusive Healthcare in General Practice An Introduction to Teaching and Learning  
<https://gpsupervisorsaustralia.org.au/product/lgbtqia-health-and-inclusive-healthcare-in-general-practice-an-introduction-to-teaching-and-learning/>
- GPSA Clinical Guide: LGBTQIA+ HEALTHCARE Health needs of people with intersex variations  
<https://gpsupervisorsaustralia.org.au/download/12793/>



- Australian Bureau of Statistics (ABS). Standard for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables. Updated January 14, 2021. Accessed September 21, 2021. <https://www.abs.gov.au/statistics/standards/standard-sex-gender-variations-sex-characteristics-and-sexual-orientation-variables/latest-release>
- Hill AO, Bourne A, McNair R, Carman M, Lyons A. Private Lives 3: The health and wellbeing of LGBTQ people in Victoria: Victoria summary report. ARCSHS Monograph Series No. 130. La Trobe University, Australian Research Centre in Sex, Health and Society; 2021. [https://www.latrobe.edu.au/\\_data/assets/pdf\\_file/0005/1229468/Private-Lives-3-The-health-and-wellbeing-of-LGBTQ-people-in-Victoria.pdf](https://www.latrobe.edu.au/_data/assets/pdf_file/0005/1229468/Private-Lives-3-The-health-and-wellbeing-of-LGBTQ-people-in-Victoria.pdf)
- Victorian Agency for Health Information. The health and wellbeing of the lesbian, gay, bisexual, transgender, intersex and queer population in Victoria. Findings from the Victorian Population Health Survey 2017. Updated November, 2020. Accessed September 21, 2021. <https://www.bettersafecare.vic.gov.au/sites/default/files/2020-09/The-health-and-wellbeing-of-the-LGBTIQ-population-in-Victoria.pdf>

Does this resource need to be updated? Contact GPSA: P: 03 5440 9077, E: [admin@gpsa.org.au](mailto:admin@gpsa.org.au) W: [gpsa.org.au](http://gpsa.org.au)  
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