

# The RCGP Curriculum: Clinical Modules

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## ➤ 3.07 Men's Health

### Summary

- Across the UK there is a difference of over 14 years in male life expectancy, depending on where you live
- Under the Equality Act 2010, as a general practitioner (GP) you have a legal requirement to deliver services in such a way that they do not result in direct or indirect discrimination against one sex or the other
- Men are more likely than women to die prematurely; 42% of men die before age 75 compared to 26% of women
- Men are 67% more likely than women to die from those cancers that are not specific to one sex or the other. Men are also 56% more likely to develop those cancers and have poorer survival rates
- 76% of people who kill themselves are men
- Men's mental and emotional health problems often emerge in different ways from women's and are not always textbook cases; boys are four times more likely to be diagnosed as having a behavioural, emotional or social difficulty
- 65% of men are overweight or obese compared with 58% of women, but most weight-loss services attract mostly women
- Men tend to have less healthy lifestyles than women; for example, men are more likely to drink alcohol to excess, more likely to smoke, have a poorer diet, more sexually transmitted infections and higher HIV rates; they also take more illegal drugs and have more accidents
- GP services are used 20% less by men than women; pharmacy services are used even less by men

### Knowledge and skills guide

#### Core Competence: Fitness to practise

This concerns the development of professional values, behaviours and personal resilience and preparation for career-long development and revalidation. It includes having insight into when your own performance, conduct or health might put patients at risk, as well as taking action to protect patients.

This means that as a GP you should:

- Recognise that relationships with male patients may be different depending on the gender of the doctor, and intervene when this is adversely affecting the doctor–patient relationship, e.g. sexual advances from the patient
- Accept that your own gender experience may influence your decisions as a GP – although personal experience should not affect a doctor’s views, sometimes this does occur

### **Core Competence: Maintaining an ethical approach**

This addresses the importance of practising ethically, with integrity and a respect for diversity.

This means that as a GP you should:

- Demonstrate a non-judgemental approach towards male health beliefs, and encourage the expression and modification of these beliefs, where appropriate

### **Core Competence: Communication and consultation**

This is about communication with patients, the use of recognised consultation techniques, establishing patient partnership, managing challenging consultations, third-party consulting and the use of interpreters.

This means that as a GP you should:

- Know that men may need more encouragement both to attend surgery and to articulate the full extent of their health problems during consultation
- Know that men may be both more reticent and less articulate about their health than women, and describe strategies to compensate for this during the consultation
- Know that men may present with more than one health problem at a time and that men may mask mental/emotional health problems with physical symptoms
- Describe the impact of gender on individual views and lifestyle, and formulate strategies for responding to this. For example, some men may have limited control over lifestyle choices, such as those from low socio-economic groups, or living with an addiction
- Know that men from different cultural backgrounds may have widely differing attitudes towards health and expectations of the doctor. They may also seem more dismissive about their symptoms than women, but be no less concerned
- Demonstrate a non-judgemental, caring and professional consulting style to minimise embarrassing male patients
- Utilise the consultation to help change behaviour so that male patients are confident in behaving differently on subsequent occasions; this will mean sharing information with the patient, adopting a shared decision-making style of consultation.

### **Core Competence: Data gathering and interpretation**

This is about interpreting the patient's narrative, clinical record and biographical data. It also concerns the use of investigations and examination findings, plus the adoption of a proficient approach to clinical examination and procedural skills.

This means that as a GP you should:

- Know that men consult less frequently but have poorer health outcomes for many conditions. This should lower the doctor's threshold for suspicion of significant disease
- Use knowledge of the relative prevalence of all medical conditions in men compared to women to assist diagnosis
- Identify those non-male specific conditions that are found to be more prevalent or have a different presentation in men, such as depression
- Understand that men's presentation of symptoms for depression and other mental health problems are different from women's
- Know that erectile dysfunction is an early warning for many conditions including coronary vascular disease, diabetes, depression and lower urinary tract symptoms, occurring on average three years prior to the onset of such medical problems<sup>1</sup>
- Describe the potential impact of workplace health hazards on men
- Know about overweight and obesity issues in men and where to refer them for weight management

### **Core Competence: Making decisions**

This is about having a conscious, structured approach to decision-making; within the consultation and in wider areas of practice.

This means that as a GP you should:

- Describe the indications for a prostate-specific antigen (PSA) blood test, explain its role in the diagnosis and management of prostate cancer and be familiar with the Prostate Cancer Risk Management Programme
- Intervene urgently with suspected malignancy and have a low threshold for the referral of testicular lumps

### **Core Competence: Clinical management**

This concerns the recognition and management of common medical conditions encountered in generalist medical care. It includes safe prescribing and medicines management approaches.

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<sup>1</sup> erectile dysfunction guidelines accessible on [www.bssm.org.uk](http://www.bssm.org.uk)

This means that as a GP you should:

- Know that men currently tend to be poorer users of all primary care provision and that service providers have a statutory duty to achieve gender-equitable use of services where appropriate
- Demonstrate knowledge and describe the management of the key male-specific medical conditions, while noting that the most serious non-sex specific health problems are more common in men and tend to occur earlier in the lifespan
- Manage primary contact with patients who have a male genito-urinary problem
- Know of conditions affecting men where there is a low index of suspicion such as breast cancer and osteoporosis<sup>2,3</sup>

### **Core Competence: Managing medical complexity**

This is about aspects of care beyond managing straightforward problems. It includes multi-professional management of co-morbidity and poly-pharmacy, as well as uncertainty and risk. It also covers appropriate referral, planning and organising complex care, promoting recovery and rehabilitation.

This means that as a GP you should:

- Identify the patient's health beliefs regarding illness and lifestyle, and either reinforce, modify or challenge these beliefs as appropriate
- Describe the impact of illness, in both the patient and his family, on the presentation and management, and of men's health problems
- Use the male-targeted information (e.g. from the Men's Health Forum) that is available to reinforce advice given during consultations and for general health promotion
- Know that healthcare provision for men can extend into other settings, thereby increasing opportunities to target men other than in the clinic, e.g. in the workplace or in leisure settings<sup>4</sup>
- Know how to empower patients to recognise when they can self care safely and when they must visit the GP. This will require competence in sharing information and encouraging greater communication between patient and clinician.

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<sup>2</sup> Micheli A, Ciampichini R, Oberaigner W, et al. The advantage of women in cancer survival: an analysis of EURO-CARE-4 data *European Journal of Cancer Prevention* 2009; 45(6):1017–27

<sup>3</sup> Lee H, McGovern K, Finkelstein JS, et al. Changes in bone mineral density and body composition during initial and long-term gonadotropin-releasing hormone agonist treatment for prostate carcinoma *Cancer* 2005; 104(8):1633–7

<sup>4</sup> Kitty K, White A. Tackling men's health – reflections on the implementation of a male health service in a rugby stadium setting *Community Practitioner* 2011; 84(4): 29–32

### **Core Competence: Working with colleagues and in teams**

This is about working effectively with other professionals to ensure good patient care. It includes sharing information with colleagues, effective service navigation, use of team skill mix, applying leadership, management and team-working skills in real-life practice, and demonstrating flexibility with regard to career development.

This means that as a GP you should:

- Identify the role of the practice nurse, health visitor and other surgery staff in delivering health care and health promotion for men
- Explain the indications for urgent referral to specialist services for patients with testicular lumps and suspected prostate cancer<sup>5</sup>
- Use the practice's patient communications (newsletters, websites) to provide men's health information

### **Core Competence: Maintaining performance, learning and teaching**

This area is about maintaining performance and effective CPD for oneself and others, self-directed adult learning, leading clinical care and service development, participating in commissioning, quality improvement and research activity.

This means that as a GP you should:

- Understand that there are key statistical differences between the health of men and women<sup>6</sup>
- Be aware that the evidence base for men's different presentation of symptoms, particularly for mental health conditions, is still emerging and that postnatal depression in men is under-diagnosed<sup>7,8</sup>

### **Core Competence: Organisational management and leadership**

This is about the understanding of organisations and systems, the appropriate use of administration systems, effective record keeping and utilisation of IT for the benefit of patient care. It also includes structured care planning, using new technologies to access and deliver care and developing relevant business and financial management skills.

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<sup>5</sup> Albers P, Albrecht W, Algaba F, *et al.* *Guidelines on Testicular Cancer* European Association of Urology: 2009, <http://uroweb.org/guideline/testicular-cancer/>

<sup>6</sup> European Commission. *The First State of Men's Health in Europe Report* European Commission: Brussels, 2011 (White A, *et al*)

<sup>7</sup> Madsen SAa. Men's mental health: fatherhood and psychotherapy *The Journal of Men's Studies* 2009; 17(1):15–30

<sup>8</sup> Madsen SAa, Juhl T. Paternal depression in the postnatal period assessed with traditional and male depression scales *Journal of Men's Health & Gender* 2007; 4(1):26–31

This means that as a GP you should:

- Describe the particular difficulties that adolescent and young adult males have when accessing primary care services<sup>9</sup>

### **Core Competence: Practising holistically and promoting health**

This is about the physical, psychological, socioeconomic and cultural dimensions of health. It includes considering feelings as well as thoughts, encouraging health improvement, preventative medicine, self-management and care planning with patients and carers.

This means that as a GP you should:

- Know the importance of the parental fathering role in family structures
- Describe the psychological, social, cultural and economic problems caused by unemployment amongst men
- Describe the health needs of gay, transgender and bisexual men (beyond sexual health) and their partners (e.g. you should understand their lifestyle and risk factors)<sup>10</sup>
- Know the health needs of black and minority ethnic men (e.g. the differing disease prevalence in black and minority ethnic (BME) communities)
- Describe the social and cultural pressures that may be unspoken but which may underlie the reluctance of male patients to seek timely help and may inhibit male patients from expressing their health concerns (e.g. being seen in the surgery by a neighbour or close friend and having to explain why)
- Engage men in discussion about symptoms, and the link between lifestyle and health
- Promote well-being by applying health promotion and disease prevention strategies appropriately (e.g. safe sex)
- Use consultations with infrequent attendees opportunistically for health education
- Know the screening programmes available to men and be able to discuss these with patients

### **Core Competence: Community orientation**

This is about involvement in the health of the local population. It includes understanding the need to build community engagement and resilience, family and community-based interventions, as well as the global and multi-cultural aspects of delivering evidence-based, sustainable healthcare.

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<sup>9</sup> Berrington A, Stone J, Falkingham J. The changing living arrangements of young adults in the UK *Population Trends* 2009; 138 (winter): 27–37

<sup>10</sup> King M, Semlyen J, Tai SS, *et al.* A systematic review of mental disorder, suicide, and deliberate self harm in lesbian, gay and bisexual people *BMC Psychiatry* 2008; 8:70

This means that as a GP you should:

- Describe the features of a successful men's health service, including cultural and social awareness
- Know how to evaluate the effectiveness of the primary care service you provide from the male patient's point of view
- Understand equality legislation<sup>11</sup>, such as the Health and Social Care Act 2012 in England that refers to tackling inequalities and the NHS Equality Delivery System<sup>12</sup>, and the implications for you as a GP
- Develop practical means of engaging with men more effectively regarding their health
- Be able to review the role of well-man clinics in primary care
- Know that men's presentation with aggressive behaviour could be a sign of psychological stress
- Know the local male-targeted health programmes or services for referral
- Recognise important variations in men's health according to ethnicity, social class and geography e.g. being aware that male circumcision is important for several religious groups
- Describe the local demography, social deprivation and failings in service provision that may contribute to poor male health

## Case discussion

Gerald Hinks is a 58-year-old former warehouseman who lost his job 12 months ago when his company had to make cuts. He has been married for 33 years and his two children have left home and live some distance away. His wife, Debbie, works part time in the local newsagent, which provides a very small income on top of the benefits that Gerald receives.

Gerald hasn't really consulted much with you in the past ten years as he has only attended once to have his pandemic flu jab, which he needed because his elderly mother used to live with him until she unfortunately passed away four months ago.

You saw Debbie the other day in the local supermarket, when she mentioned to you that Gerald seemed quite tired recently and has been keeping her awake by getting up at night two or three times. She has found it hard to get up at five am for her job owing to the broken sleep she is getting. She asks you what might be wrong with Gerald. She also laughs out loud and says, 'And Doc, he can't keep me pleased any more either – get him sorted out will you.' You make your excuses and leave Debbie contemplating which bottle of wine she is going to buy.

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<sup>11</sup> Equality and Human Rights Commission. *The essential guide to the public sector equality duty: England (and non-devolved public authorities in Scotland and Wales)*. 2012 (online resource)

[http://www.equalityhumanrights.com/uploaded\\_files/EqualityAct/PSED/essential\\_guide\\_update\\_nov.pdf](http://www.equalityhumanrights.com/uploaded_files/EqualityAct/PSED/essential_guide_update_nov.pdf)

<sup>12</sup> NHS. *A refreshed Equality Delivery System for the NHS*. 2013. <http://www.england.nhs.uk/wp-content/uploads/2013/11/eds-nov131.pdf>

The next week you see Gerald's name on your appointment list and welcome him to your consulting room but notice he has a slightly altered gait and that he has gained weight. He tells you that in recent months he has been needing to urinate more and more during the night and this has led him to feel very tired the day after. He also finds himself quite thirsty a lot of the time. He didn't want to bother you but his wife had nagged him to come down. He has been decorating the front room recently and found he had a dreadful case of back pain, which won't go away with pain killers.

You discuss the issues with him, check his blood pressure and weight, ask about his smoking and alcohol intake, and advise him that you would like to undertake a few tests to check out some of his symptoms. You find out that he is drinking two cans of strong lager each night, as well as three or four large whiskies – to try and help him sleep.

You ask him if there is anything else worrying or bothering him but he denies this. You arrange to see him again in two weeks' time. After Gerald leaves you think about what he has told you and start typing into the computer the tests you need to order.

## Reflective questions

To help you understand how the GP curriculum can be applied to this case, ask yourself the following questions:

Core Competence	Reflective Questions
<p><b>Fitness to practise</b></p> <p>This concerns the development of professional values, behaviours and personal resilience and preparation for career-long development and revalidation. It includes having insight into when your own performance, conduct or health might put patients at risk, as well as taking action to protect patients.</p>	<p>What are my personal views about the use and abuse of alcohol that could influence my attitude to patients?</p> <p>What are my personal preconceptions about men and the 'male role', and how might it influence my interaction with Gerald? How and why might my experience of this consultation differ if this patient was female?</p>
<p><b>Maintaining an ethical approach</b></p> <p>This addresses the importance of practising ethically, with integrity and a respect for diversity.</p>	<p>Would I have shared with the patient his wife's concerns and if so what ethical dilemmas could it have presented?</p>
<p><b>Communication and consultation</b></p> <p>This is about communication with patients, the use of recognised consultation techniques, establishing patient partnerships, managing challenging consultations, third-party consulting and the use of interpreters.</p>	<p>How might I encourage Gerald to see me for follow up?</p> <p>Do I feel I need to screen Gerald for any mental health issues? How might I raise this with him?</p> <p>How do I broach the subject of erectile dysfunction with a man?</p> <p>How do I handle the fact that I have already been given information about Gerald from Debbie? Should I involve Debbie in the management of Gerald's poor health, given that she spoke to me originally?</p>

<p><b>Data gathering and interpretation</b></p> <p>This is about interpreting the patient's narrative, clinical record and biographical data. It also concerns the use of investigations and examination findings, plus the adoption of a proficient approach to clinical examination and procedural skills.</p>	<p>What aspects in the history are concerning, and what else do I need to do to explore any other red flags?</p> <p>What clinical examination seems appropriate?</p> <p>What investigations would I want to request?</p> <p>How can I ensure that I do not run late whilst addressing all the issues?</p>
<p><b>Making decisions</b></p> <p>This is about having a conscious, structured approach to decision-making; within the consultation and in wider areas of practice.</p>	<p>Which, if any, of Gerald's symptoms particularly worry me?</p> <p>How do I manage the presentation of undifferentiated illness and disease?</p> <p>What is my approach for managing uncertainty?</p>
<p><b>Clinical management</b></p> <p>This concerns the recognition and management of common medical conditions encountered in generalist medical care. It includes safe prescribing and medicines management approaches.</p>	<p>Am I up to date with the guidelines for managing erectile dysfunction.</p>
<p><b>Managing medical complexity</b></p> <p>This is about aspects of care beyond managing straightforward problems. It includes multi-professional management of co-morbidity and poly-pharmacy, as well as uncertainty and risk. It also covers appropriate referral, planning and organising complex care, promoting recovery and rehabilitation.</p>	<p>How would I tackle the issues Gerald presents with in the consultation? How and what would I prioritise?</p> <p>Would I undertake health promotion in this consultation?</p>
<p><b>Working with colleagues and in teams</b></p> <p>This is about working effectively with other professionals to ensure good patient care. It includes sharing information with colleagues, effective service navigation, use of team skill mix, applying leadership, management and team-working skills in real-life practice, and demonstrating flexibility with regard to career development.</p>	<p>Who else might I involve in Gerald's assessment?</p>
<p><b>Maintaining performance, learning and teaching</b></p> <p>This is about maintaining performance and effective CPD for oneself and others. This includes self-directed adult learning, leading clinical care and service development, participating in commissioning*, quality improvement and research activity.</p>	<p>How can I ensure that I am up to date on the management of erectile dysfunction?</p> <p>What key national guidelines influence men's health provision?</p>

<p><b>Organisational management and leadership</b></p> <p>This is about the understanding of organisations and systems, the appropriate use of administration systems, effective record keeping and utilisation of IT for the benefit of patient care. It also includes structured care planning, using new technologies to access and deliver care and developing relevant business and financial management skills.</p>	<p>How could I have reflected his wife’s concerns in his notes and should I have done it?</p>
<p><b>Practising holistically and promoting health</b></p> <p>This is about the physical, psychological, socioeconomic and cultural dimensions of health. It includes considering feelings as well as thoughts, encouraging health improvement, preventative medicine, self-management and care planning with patients and carers.</p>	<p>What has happened in Gerald’s life that could have an impact on his health? What social and cultural issues could be at play here?</p> <p>How might Gerald’s financial and employment prospects affect his health?</p>
<p><b>Community orientation</b></p> <p>This is about involvement in the health of the local population. It includes understanding the need to build community engagement and resilience, family and community-based interventions, as well as the global and multi-cultural aspects of delivering evidence-based, sustainable healthcare.</p>	<p>Why do men present less frequently to their GP – what factors should I take into account? What local initiatives am I aware of that address the issues of men’s health?</p> <p>What services are available to support Gerald’s return to employment?</p>

## How to learn this area of practice

### Work-based learning

#### In primary care and secondary care

The time you spend in general practice is ideal for gaining a better understanding of men’s health. Some practices offer ‘health check’ clinics specifically for men. The Men’s Health Forum promotes ‘National Men’s Health Week’, which takes place each June (since 2002). This is an ideal opportunity for the GP trainee to engage, perhaps helping to organise a practice event. Each year, the week focuses on an area of concern, e.g. in 2010 the focus was on men and physical activity, in 2011 it was men’s health and new technologies, in 2012 men and heart disease and in 2013 men and mental health. In June 2014, the focus will be men and work.

#### In secondary care

As a GP trainee you should take the opportunity during your hospital-based placements to attend outpatient clinics in specialties directly relevant to men’s health, such as urology outpatients. Sexual health clinics are also excellent environments to gain a better understanding of men’s health concerns and problems. It is important, however, to recognise that men’s health issues arise across all specialties that you encounter in the secondary care setting (including women’s health!).

## Self-directed learning

The Men's Health Forum has a website ([www.menshealthforum.org.uk](http://www.menshealthforum.org.uk)) that provides a number of informal resources that you will find useful. For GP trainees, your specialty training programme should offer case-based discussions where men's health can be more fully explored (see below).

## Learning with other healthcare professionals

Joint sessions with nursing colleagues provide multidisciplinary opportunities for learning about the wider aspects of men's health, both in primary and in secondary care. For GP trainees, you should take the opportunity to accompany the occasional patient to hospital clinics to gain a better understanding of the 'patient's journey' from a male perspective. The Royal College of General Practitioners, in collaboration with the European Men's Health Forum and the Men's Health Forum runs occasional one-day training programmes on men's health: see [www.rcgp.org.uk/courses-and-events/one-day-essentials.aspx](http://www.rcgp.org.uk/courses-and-events/one-day-essentials.aspx).

## Useful learning resources

### Books and publications

- Adler M. *ABC of Sexually Transmitted Diseases (5th edn)* London: BMJ Books, 2004
- Baker P. *Men's Health and Primary Care: Improving Access and Outcomes* European Men's Health Forum, Brussels, 2013.
- Banks I, Baker P. Men and primary care: improving access and outcomes *Trends in Urology and Men's Health* 2013; 4(5):39-41
- Belfield T, Carter Y, Matthews P, Moss C, Weyman A (eds). *The Handbook of Sexual Health in Primary Care (2nd edn)* London: FPA, 2006
- Cancer Research UK. *Excess Cancer Burden in Men* 2013.  
[http://publications.cancerresearchuk.org/downloads/product/CS\\_REPORT\\_EXCESSBURDEN.pdf](http://publications.cancerresearchuk.org/downloads/product/CS_REPORT_EXCESSBURDEN.pdf)
- Conrad D, White A (eds). *Men's Health: how to do it* Oxford: Radcliffe, 2007
- Conrad D, White A. *Promoting Men's Mental Health* Oxford: Radcliffe, 2010
- Department of Health. *Effective Sexual Health Promotion: a toolkit for primary care trusts and others working in the field of promoting good sexual health and HIV prevention* London: Department of Health, 2003
- Department of Health. *Equality Impact Statement for National Sexual Health Policy*, 2010
- Department of Health and Ageing of the Australian Government. *National Male Health Policy: building on the strengths of Australian males*. Canberra: Department of Health and Ageing, 2010
- De Visser RO, Smith JA, McDonnell EJ. "That's not masculine": masculine capital and health-related behaviour *Journal of Health Psychology* 2009; 14 (7):1047-58
- Dolan A. 'You can't ask for a Dubonnet and lemonade!': working-class masculinity and men's health practices *Sociology of Health & Illness* 2011; 33(4): 586-601
- Gough B, Connor MT. Barriers to healthy eating among men: a qualitative analysis *Social science & medicine* 2006; 62: 387-95
- Johal A, Shelupanov A, Norman W. *Invisible Men: Engaging more men in social projects*. Young Foundation, 2012. <http://youngfoundation.org/publications/invisible-men-engaging-more-men-in-social-projects>
- Jones R, Britten N, Culpepper L, et al (eds). *Oxford Textbook of Primary Medical Care* Oxford: Oxford University Press, 2004
- Kirby R, Carson C, White AK, Kirby M. *Men's Health (3rd edn)* London: Informa Healthcare, 2008

- Martin LA, Neighbors HW, Griffith DM. The Experience of Symptoms of Depression in Men vs Women. Analysis of the National Comorbidity Survey Replication. *JAMA Psychiatry* 2013;70(10):1100-1106
- Marteau TM, Ogilvie D, Roland M, Suhrcke M, Kelly MP. Judging nudging: can nudging improve population health? *British Medical Journal* 2011; 342: d228
- Nusselder W, Looman C, Van Oyen H, Robine J, Jagger C. Gender differences in health of EU10 and EU15 populations: the double burden of EU10 men *European Journal of Ageing* 2010; 7(4): 219–27
- Payne S. *The Health of Men and Women* Cambridge: Polity Press, 2006
- World Health Organisation. *The European Health Report* Geneva: World Health Organisation, 2009

## Web resources

### British Society for Sexual Medicine (BSSM)

For guidelines and membership [www.bssm.org.uk](http://www.bssm.org.uk)

### College of Sexual and Relationship Therapy (COSRT)

For advice on psychosexual problems for both clinicians and patients. [www.cosrt.org.uk](http://www.cosrt.org.uk)

### The European Men's Health Forum (EMHF)

EMHF is a not-for-profit NGO. It is the only European organisation dedicated to the improvement of the health of men and boys in all its aspects and provides a platform for the collaboration of a wide range of stakeholder groups across Europe. Established in 2001, it has succeeded in raising the profile of men's health through policy development, lobbying, campaigns, conferences and seminars, research and publications, and the provision of information directly to men. [www.emhf.org](http://www.emhf.org)

### Global Action on Men's Health (GAMH)

GAMH was established in 2013 by the EMHF as a collaborative project that brings together men's health organisations, and others which share their objectives, in a new global network. GAMH's mission is to create a world where all men and boys have the opportunity to achieve the best possible health and wellbeing wherever they live and whatever their backgrounds. [www.gamh.org](http://www.gamh.org)

### International Men's Health Week

Occurs annually and is synchronised around the world. [www.menshealthmonth.org/week/index.html](http://www.menshealthmonth.org/week/index.html)

### The International Society of Men's Health

The International Society of Men's Health (ISMH) is the only international organisation dedicated to the rapidly growing field of men's health. The comprehensive scope of men's health brings together multiple disciplines such as urology, cardiology, endocrinology, oncology, gerontology, psychiatry, psychology, sexual and reproductive medicine, public health and others. It organises the biennial World Congress on Men's Health. [www.ismh.org/en](http://www.ismh.org/en)

### Journal of Men's Health (JMH: formerly Journal of Men's Health & Gender)

The official journal of the International Society of Men's Health (affiliated with the European Men's Health Forum). [www.sciencedirect.com/science/journal/18756867](http://www.sciencedirect.com/science/journal/18756867)

### **The Men's Health Forum (MHF)**

MHF is a charity that provides an independent and authoritative voice for male health in England and Wales and tackles the issues and inequalities affecting the health and well-being of men and boys.

[www.menshealthforum.org.uk](http://www.menshealthforum.org.uk)

They also run a 'consumer' website for men, with fast, free, independent advice

[www.malehealth.co.uk](http://www.malehealth.co.uk)

### **Trends in Urology and Men's Health**

Content can be accessed online free of charge [www.trendsingurology.com](http://www.trendsingurology.com)