This statement is part of the curriculum produced by the Royal College of General Practitioners (RCGP) which defines the learning outcomes for the discipline of general practice and describes the skills you require to practise medicine as a general practitioner in the National Health Service (NHS) of the United Kingdom. Although primarily aimed at the start of independent work as a general practitioner, it must also prepare the doctor beyond the training period and provide support for a professional life of development and change.
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KEY MESSAGES

- Across the UK there is a difference of over 13 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 70% more likely than women to die from those cancers that are not specific to one sex or the other. Men are also 60% 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
- 66% of men are overweight or obese compared with 57% 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
- Primary care services are used 20% less by men than women
CASE ILLUSTRATION

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.

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

<table>
<thead>
<tr>
<th>Primary care management</th>
<th>Who might I wish to refer Gerald on to for further care or assessment? How do I broach the subject of erectile dysfunction with a man?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Person-centred care</td>
<td>How might I encourage Gerald to see me again for follow up? What if he isn’t too keen on coming back, now he has seen me as requested by his wife? Do I feel I need to screen Gerald for any mental health issues? How might I broach this with him?</td>
</tr>
<tr>
<td>Specific problem-solving skills</td>
<td>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? Which, if any, of Gerald’s symptoms particularly worry me?</td>
</tr>
<tr>
<td>A comprehensive approach</td>
<td>How would I tackle the issues Gerald presents with in the consultation? How and what would I prioritise? Would I undertake health promotion in this consultation with him?</td>
</tr>
<tr>
<td>Community orientation</td>
<td>Why is it that 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? How might Gerald’s financial and employment prospects affect his health?</td>
</tr>
<tr>
<td>A holistic approach</td>
<td>What has happened in Gerald’s life that could have an impact on his health and in what ways? What social and cultural issues could be at play here?</td>
</tr>
<tr>
<td>Contextual features</td>
<td>If I deal with all these problems in the consultation and run late, what impact could this have?</td>
</tr>
<tr>
<td>Attitudinal features</td>
<td>What are my personal concerns about the use and abuse of alcohol that could influence my attitude to patients? 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?</td>
</tr>
<tr>
<td>Scientific features</td>
<td>As a GP how will I ensure that I am up to date on the latest information on the management of two of Gerald’s symptoms?</td>
</tr>
</tbody>
</table>
LEARNING OUTCOMES

The following learning outcomes or objectives relate specifically to the management of men’s health. These learning outcomes are in addition to those detailed in the core statement, Being a General Practitioner. The core statement and this statement should be used in conjunction with the other curriculum statements. In order to demonstrate the core competences in the area of men’s health you will require knowledge, skills and attitudes in the following areas:

The RCGP areas of competence

1 1 Primary care management

This area of competence is about how you manage your contact with patients, dealing competently with any and all problems that are presented to you. (This area of competence is not limited to dealing with the management of the practice.)

This means that as a GP you should:

1.1 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
1.2 Know that men may need more encouragement both to attend surgery and to articulate the full extent of their health problems during consultation
1.3 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
1.4 Identify those non-male specific conditions that are found to be more prevalent or have a different presentation in men, such as depression
1.5 Manage primary contact with patients who have a male genito-urinary problem
1.6 Identify how the extended role of the practice nurse, health visitor and other surgery staff is effective in delivering health promotion for men
1.7 Explain the indications for urgent referral to specialist services for patients with testicular lumps and suspected prostate cancer
1.8 Know of conditions affecting men where there is a low index of suspicion such as breast cancer and osteoporosis

2 Person-centred care

This area of competence is about understanding and relating to the context of your patients as individuals, and developing the ability to work in partnership with them.

This means that as a GP you should:

2.1 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
2.2 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
2.3 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
2.4 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
2.5 Describe the particular difficulties that adolescent and young adult males have when accessing primary care services
2.6 Demonstrate a non-judgemental, caring and professional consulting style to minimise embarrassing male patients
2.7 Advocate the need for appointments and other services to be available outside the traditional ‘working week’ and for easy-to-use booking systems (e.g. online)
2.8 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.

3 Specific problem-solving skills

This area of competence is about the context-specific aspects of general practice, dealing with early and undifferentiated illness and the skills you need to tolerate uncertainty, and marginalise danger, without medicalising normality.

This means that as a GP you should:

3.1 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

3.2 Use knowledge of the relative prevalence of all medical conditions in men compared to women to assist diagnosis
3.3 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
3.4 Intervene urgently with suspected malignancy and have a low threshold for the referral of testicular lumps
3.5 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.
3.6 Describe the potential impact of workplace health hazards on men
3.7 Know about overweight and obesity issues in men and where to refer them for weight management

### 4 A comprehensive approach

This area of competence is about how you as a general practitioner must be able to manage co-morbidity, co-ordinating care of acute illness, chronic illness, health promotion and disease prevention in the general practice setting.

This means that as a GP you should:

4.1 Identify the patient’s health beliefs regarding illness and lifestyle, and either reinforce, modify or challenge these beliefs as appropriate
4.2 Engage men in discussion about symptoms, and the link between lifestyle and health
4.3 Promote well-being by applying health promotion and disease prevention strategies appropriately (e.g. safe sex)
4.4 Use consultations with infrequent attendees opportunistically for health education
4.5 Describe the impact of illness, in both the patient and his family, on the presentation and management, and of men’s health problems
4.6 Know the screening programmes available to men and be able to discuss these with patients
4.7 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
4.8 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
4.9 Use the practice’s patient communications (newsletters, websites) to provide men’s health information
4.10 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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5 erectile dysfunction guidelines accessible on [www.bssm.org.uk](http://www.bssm.org.uk) (accessed February 2012)
6 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
**5 Community orientation**

This area of competence is about the physical environment of your practice population, and the need to understand the interrelationship between health and social care, and the tensions that may exist between individual wants and needs and the needs of the wider community.

This means that as a GP you should:

5.1 Describe the features of a successful men’s health service, including cultural and social awareness
5.2 Know how to evaluate the effectiveness of the primary care service you provide from the male patient’s point of view
5.3 Understand equality legislation and its implications for you as a GP
5.4 Develop practical means of engaging with men more effectively regarding their health
5.5 Be able to review the role of well-man clinics in primary care
5.6 Know that men’s presentation with aggressive behaviour could be a sign of psychological stress
5.7 Know the local male-targeted health programmes or services for referral

**6 A holistic approach**

This area of competence is about your ability to understand and respect the values, culture, family structure and beliefs of your patients, and understand the ways in which these will affect the experience and management of illness and health.

This means that as a GP you should:

6.1 Know the importance of the parental fathering role in family structures
6.2 Describe the psychological, social, cultural and economic problems caused by unemployment amongst men
6.3 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)
6.4 Know the health needs of black and minority ethnic men (e.g. the differing disease prevalences in black and minority ethnic (BME) communities)

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8 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
6.5 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)

The essential features of you as a doctor

The three essential features (EFs) below are concerned with the features of you as a doctor which may influence your ability to apply the core competences to real life in the work setting.

**EF1 Contextual features**

This essential feature is about understanding your own context as a doctor and how it may influence the quality of your care. Important factors are the environment in which you work, including your working conditions, community, culture, financial and regulatory frameworks.

Examples of this are:

- **EF1.1** Recognising important variations in men’s health according to ethnicity, social class and geography
- **EF1.2** Describing the local demography, social deprivation and failings in service provision that may contribute to poor male health

**EF2 Attitudinal features**

This essential feature is about your professional capabilities, values, feelings and ethics and the impact these may have on your patient care.

Examples of this are:

- **EF2.1** Recognising 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
- **EF2.2** Demonstrating a non-judgemental approach towards male health beliefs, and encouraging these beliefs to be expressed and modified, where appropriate
- **EF2.3** Discussing that male circumcision is important for several religious groups
- **EF2.4** Understanding that men’s presentation of symptoms for depression and other mental health problems are different to women’s
- **EF2.5** Accepting 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
EF3 Scientific features

This essential feature is about the need to adopt a critical and evidence-based approach to your work, maintaining this through lifelong learning and a commitment to quality improvement.

Examples of this are:

EF3.1 There are key statistical differences between the health of men and women.

EF3.2 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.

EF3.3 Late-onset hypogonadism has been found to have a biological basis for about 2% of men.

EF3.4 Osteoporosis is traditionally seen as a problem for older women and many of the clinical standards are targeted at women. There are problems of low bone density in young male athletes, men with specific health problems and hereditary factors. A growing number of men develop the condition as a result of hormone ablation therapy for prostate cancer.

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11 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
LEARNING STRATEGIES

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 2007 the focus was on long-term conditions, in 2008 it was men and work, in 2009 it was men and access to services, in 2010 the focus was on physical activity and in 2011 the focus was on men’s health and new technologies.

Work-based learning – 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!).

Non-work-based learning

The Men’s Health Forum has a website (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 Society of Public Health in collaboration with the Men’s Health Forum runs programmes: see www.menshealthforum.org.uk/21777-rsph-mens-health-training-2-february-2011.
LEARNING RESOURCES

Examples of relevant texts and resources

- 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
- EIWH. Women’s Health in Europe: facts and figures across the European Union Dublin: European Institute of Women’s Health, 2006
- Mackie A. Screening for Prostate Cancer: review against programme appraisal criteria for the UK National Screening Committee (UKNSC) 2010, www.screening.nhs.uk/prostatecancer (accessed February 2012)

• Richardson N, Carroll PC. Getting men's health onto a policy agenda – charting the development of a National Men's Health Policy in Ireland Journal of Men’s Health 2009; 6(2):105–13

• Robertson S, Williamson P. Men and health promotion in the UK: ten years further on? Health Education Journal 2005; 64(4):293–301


• Wilkins D. Tackling the Excess Incidence of Cancer in Men: proceedings of the expert symposium held at Leeds Metropolitan University on November 16th 2006 London: Men’s Health Forum, 2006

• Wilkins D. Untold Problems: a review of the essential issues in the mental health of men and boys London: Men’s Health Forum for the National Mental Health Development Unit, 2010

• Wilkins D and Kemple M. Delivering Male: effective practice in male mental health London: Men’s Health Forum for the National Mental Health Development Unit, 2011


Web resources

British Society for Sexual Medicine (BSSM)
For guidelines and membership.
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

The European Men’s Health Forum
www.emhf.org

RCGP Curriculum 2010, Statement 3.07 Men’s Health, revised 30 May 2012
International Men’s Health Week
Occurs annually and is synchronised around the world.
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. The annual World Congress is held in Vienna.
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

Male health
Fast, free, independent advice from the Men’s Health Forum.
www.malehealth.co.uk

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. They also run a ‘consumer’ website for men, www.malehealth.co.uk.
www.menshealthforum.org.uk

Trends in Urology and Men’s Health
Content can be accessed online free of charge
www.trendsinurology.com
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