RACGP

Curriculum and syllabus for Australian general practice (7th edition)

Men's health

RACGP Curriculum and syllabus for Australian general practice (7th edition): Men's health.

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We acknowledge the Traditional Custodians of the lands and seas on which we work and live, and pay our respects to Elders, past, present and future.

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Men's health

Context

Men's health in Australian general practice extends beyond male-specific sexual and reproductive conditions to include the broader patterns of health risk, illness, and help-seeking that shape men's health outcomes across the life course. Men attend general practice less frequently than women and often present later in the course of illness, creating missed opportunities for prevention, early detection, and timely intervention. This makes the role of the specialist GP central to improving men's health outcomes.[1]

GPs are well placed to provide first-contact, continuous, and person-centred care for men of all ages. This includes opportunistic and planned preventive care, and early identification of physical and mental health conditions. GPs can also support behaviour change related to physical activity, nutrition, alcohol and other drug use, and smoking – with particular attention to risk-taking behaviours (eg hazardous alcohol use, injury, and suicide risk). Men experience higher rates of injury, occupational harm, substance use, and suicide. GPs play a key role in recognising these risks, providing early intervention, supporting safe work practices and occupational risk reduction, and coordinating care with other services.[2–4]

Sexual and reproductive health concerns, including prostate, testicular, and penile conditions, commonly present in general practice and may be associated with embarrassment or delayed presentation. GPs support men through sensitive communication, shared decision-making, and evidence-based counselling, including around prostate-specific antigen (PSA) testing where individual preferences and values are important.[5–7]

Social and cultural factors strongly influence men's engagement with healthcare. Aboriginal and Torres Strait Islander men experience significant health inequities, shaped by historical, cultural, and systemic factors, and may face additional barriers to accessing culturally safe care. Culturally safe practice includes respect for Men's Business and trust-building over time.[8–10] Men in rural and remote communities have higher exposure to health risks, occupational hazards and reduced access to services, requiring flexible, generalist, and community-responsive models of care.[11]

By building trusting relationships over time, addressing risk-taking behaviours and occupational risk, and integrating prevention into everyday care, GPs can reduce health disparities and improve health outcomes for all Australian men.

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Learning outcomes

The GP is able to:

- demonstrate a structured approach to a man presenting for a health check and provide general preventive care, especially related to mental and physical health
- opportunistically engage in health promotion and disease prevention when not the presenting problem
- sensitively explore mental health and wellbeing with male patients, including identifying presentations where it may be relevant even if not the presenting problem
- diagnose and manage common health conditions that affect male patients including testicular, prostate, and penile issues
- sensitively explore, diagnose, and manage male sexual issues
- reflect on personal attitudes and values about masculinity, the role of men in society, and how this may influence interactions with patients, their families, and carers
- understand and work to address the challenges and barriers men face in accessing healthcare.

Key areas of learning

Engage men in care, and offer relevant prevention and screening

Understand potential barriers and enablers to care for men

Describe methods to address barriers

Provide recommend screening and preventive activities

Be able to discuss prostate screening advice to allow the man to understand their options and make a decision

Assess and manage specific men's health concerns, including:

- prostate:
  - prostatitis
  - benign prostatic hypertrophy
  - urinary difficulties
  - prostatic cancer
- testicular problems:
  - testicular pain
  - undescended testicle
  - hydrocele and varicocele
  - testicular torsion and torsion of a testicular appendage
  - epididymo-orchitis
  - testicular cancer
- penile problems:
  - phimosis
  - paraphimosis
  - balanitis
  - urethritis
  - hypospadias
  - Peyronie's disease
  - priapism
  - penile cancer
- sexual issues:
  - erectile dysfunction
  - ejaculation problems
  - loss of, or reduced, libido

- breast problems:
    - normal breast changes in adolescence
    - gynaecomastia
    - breast lumps and cancer.

Carry out relevant procedures (eg testosterone implant, catheter insertion)

Provide appropriate management of common men's health presentations and encourage appropriate follow-up

Please note: Assessing and managing presentations related to fertility, prevention and treatment of sexually transmitted infections, and pregnancy prevention is included in the *Sexual health and gender diversity unit*.

Opportunities for learning

Words of wisdom

- Men may be reluctant to present to a GP often, so be flexible and opportunistic to provide preventive health checks when they do present so that important screening is done. This is especially important in rural areas where there may be additional barriers to men presenting.

- Be comfortable talking to and engaging men about their mental health and sexual concerns, such as erectile dysfunction, loss of libido and urinary symptoms, when appropriate. Normalise common male problems and don't be embarrassed to use appropriate terminology such as erection, ejaculation etc, to make men feel at ease to talk freely about their concerns.

- Be aware of the challenges and barriers that men, including Aboriginal and Torres Strait Islander men, may face in accessing healthcare. Ask about barriers and things that can make it easier to engage and consult. In building a therapeutic relationship, strive to collaboratively overcome those during and after a consultation.

- Be able to provide advice on reliable sources of online information and patient focused handouts to men about their conditions during a consultation. This will allow them to consider this information in their own space and time.

- Remember to keep an open mind about potential presentations and diagnoses. Males can have eating disorders, body dysmorphic disorder, breast cancer and many other conditions that may have a strong female predominance. Considering them allows prompt diagnosis and appropriate management.

Learning strategies

On your own

From your current knowledge, what is your approach to a consultation with a man presenting with scrotal or testicular discomfort and a lump?

- *What differential diagnoses did you consider? What clinical history and examinations will help you formulate a provisional diagnosis? Did your investigations confirm your provisional diagnosis?*
- *Check guidelines or an evidence-based resource and compare the information with what you currently know.*

Explore your understanding of common foreskin problems that may occur in men at all stages of life.

- *What are the common foreskin conditions that infant males, boys, adolescents and men might present with? How would you manage such conditions?*
- *What is the role of circumcision in a patient with foreskin problems?*

Identify the last five male patients over the age of 45 years you have seen and review the notes to identify if you undertook any opportunistic health promotion and prevention.

- *What health promotion or screening did you do? How did you manage this in the consultation? Did you ask them to come back?*
- *If you didn't undertake any screening or promotion, why was this? What were the barriers? How could these be overcome? Could you do even just a small amount opportunistically next time?*

With a supervisor

Observe your supervisor inserting an anti-testosterone implant.

- *Describe to them the steps involved during the process*
- *What is the mechanism of action? Discuss the indications/contraindications for its use*
- *What monitoring (blood test or radiology) would you do to screen for any sequelae?*

With your supervisor, discuss your approach to men with symptoms of androgen deficiency.

- *How would your approach differ in managing younger and older men presenting with symptoms of low testosterone?*
- *What ethical and regulatory requirements do you need to consider when prescribing testosterone replacement therapy?*

Men are more likely to engage in risk-taking behaviour. Discuss with your supervisor how you might raise this with men of all ages.

- *What are the possible common risk-taking behaviours at different ages for men? What role can you as a GP play in minimising the harm from these behaviours? How can you discuss this with patients?*

In a small group

Role play a consultation with a man requesting a blood test to check for prostate cancer. Do the role play again changing the scenario: a 75-year-old man with a family history requesting a PSA test, and then a 50-year-old man with symptoms.

- *What resources can you use to discuss the specificity and sensitivity of the PSA test?*
- *What are the risks and benefits of ordering a PSA test in a man with no symptoms or family history of prostate cancer?*
- *Would your approach to ordering a PSA test differ for a 40-year-old man with no symptoms?*

Discuss your approach to assessing and managing a patient with concerns about ejaculation.

- *What are the common ejaculatory problems? What questions do you need to ask and how to do you ask them? How comfortable are you asking such questions?*

- *What strategies can you use to manage conditions that men may find difficult or feel embarrassed about discussing with their GP?*
- *How would you engage with Aboriginal and Torres Strait Islander male patients to discuss sensitive sexual health issues? What impact does communication have on the success of these types of consultation?*

With a friend or family member

Ask a male friend or family member if you can practise explaining a health check. Explain to them what a health check is, why it is important and what will be covered. Ask them what barriers they see in attending for health checks.

- *Ask for feedback on how well you explained health checks. Did they have any questions? Are they more likely to have a health check after your discussion? (Note: Do not offer any medical advice.)*
- *What can you or your practice do to encourage men to have regular health checks?*

Ask a friend of any age if you can practise describing the changes that occur during adolescence and puberty in a male, both physical and psychological.

- *Ask for feedback on how you went. Did you approach this sensitively? What questions did they ask you?*
- *How comfortable were you discussing the changes that occur during puberty?*

Case example

John is 68 years old and presents for a check-up. He has not seen a GP for several years and says that there is nothing wrong with him. He has come to see you at the insistence of his wife after a recent admission to hospital for a urinary tract infection. John tells you that he has trouble with his 'water works' and difficulty maintaining an erection. He puts this down to his age. He has a family history of heart disease. His father had a heart attack at the age of 50 and was diagnosed with prostate cancer at the age of 75. John feels embarrassed talking to you about his symptoms as he feels that this makes him less of a man.

In a case-based discussion, questions relating to each role could be:

Communicator

- What communication skills could you use to help reduce John's feeling of embarrassment?
- You identify several health concerns. How could you engage John to discuss and prioritise these?
- How could you encourage him to return for a follow-up consultation with you?
- What if John identified as Aboriginal or Torres Strait Islander?

Clinician

- What other history do you need to explore during this consultation? What if John was 50 years old?
- What examination would you like to do?
- What diagnoses are you considering?
- What diagnoses would you consider if John was 28 years old and febrile with testicular pain?
- What are your priorities when managing John? How would your management change if he wanted to discuss his concerns about his erection?
- What advice would you give John about prostate cancer screening? How would your advice differ if he had a family history of prostate cancer?
- What other opportunistic screening would you recommend for John?

- What monitoring do you need to consider for a man requiring ongoing testosterone supplementation for medical need?
- How would you approach and manage a consultation with a man who thinks that his recent low testosterone levels are the cause of his tiredness?

Health advocate and leader

- If John identified as Aboriginal or Torres Strait Islander, what specific challenges or barriers might he have in seeking healthcare?
- What systems do you have in place to support John to follow up on the results of any investigations you order?

Professional

- How would you deal with any personal beliefs or attitudes if John was engaging in behaviour that you found unacceptable?
- What if John was 20 years old and requested a testosterone injection for muscle building?
- If John presented to your local rural emergency department with urinary retention, what would you include in your consent to insert a urinary catheter?

Scientist, educator and researcher

- What does the research show about prostate cancer screening? Why do different guidelines have different recommendations?

Learning resources

The curriculum website includes learning resources within each unit.

Assessment

Content in this unit will be assessed in a variety of ways.

Workplace based assessments

Mini-CEX	RCA	MSF	CBD	Reflective exercise	Audit	Mid and end term assessment

Fellowship examinations

AKT	KFP	CCE

KEY

- Expected to be assessed here always
- Often assessed here but not in every example / case / assessment
- May at times be here or contribute to the assessment

ABBREVIATIONS

Mini-CEX – Mini-clinical evaluation exercise

RCA – Random case analysis

MSF – Multi source feedback

CBD – Case-based discussion

AKT – Applied knowledge test

KFP – Key feature problem

CCE – Clinical competency exam