THE ROYAL AUSTRALIAN COLLEGE OF GENERAL PRACTITIONERS

SENATE SELECT COMMITTEE ON MEN'S HEALTH

The RACGP welcomes the opportunity to contribute to the conversation on men's health and wholeheartedly supports the development of men's health policy.

The RACGP is the professional representative organisation of choice of the majority of general practitioners in Australia. With membership of over 19,000, the College mission is to improve health care for all Australians through advocacy, setting standards, training of general practitioners and practice staff, and providing guidance in implementing evidence-informed clinical care.

The RACGP has statements and programs that support general practitioners or male consumers of health services, including:

1. M5 Men's Health Prevention program
2. Men's health curriculum statement
3. Men's health policy.

All three take a broad, holistic and biopsychosocial perspective on men's health and interactions with the primary health care sector. The RACGP Men's Health Policy (Attachment A) outlines the clinical, lifecycle, sexual, social and cultural factors that impact on men's health. The RACGP Men's Health Curriculum Statement (Attachment B) outlines the rationale for a gendered health perspective and the essential skills required for effective general practice engagement of men. These statements underpin the College's approach to men's health.

There is, however, much that we do not know about Australian men and their health:

1. Men's health seeking behaviour is the subject of anecdotal debate but limited research;
2. Men's access to health services is the subject of anecdotal debate and some small scale research but needs further systematic investigation;
3. Men's access to general practice services is less than that of women. We do not know the facilitators and barriers to that access as they affect Australian men.

In relation to the specific issues under consideration by the Senate Committee, the RACGP offers the following comments.

(1) Level of Commonwealth, state and other funding addressing men's health, particularly prostate cancer, testicular cancer, and depression,

There is a lack of research into men's health issues[1]. There is considerable anecdotal information about men's health seeking behaviours, men's lack of interest in health care, and the lack of men-friendly health services. However there is no significant research in this area to inform the future funding of men's health care and services.

The focus on cancer and depression is commendable, as men are more likely to die from suicide than women. There are, however, other issues and factors that are significant in men's health. For example, compared with

[1] Gregory AT, Lowy, MP and Zwar, NA (2006) *Men's health and wellbeing; taking up the challenge in Australia,* in MJA 185(8), p. 411

women, men are more likely to live with, and die from coronary heart disease, stroke, vascular disease, lung cancer, emphysema and HIV/AIDS[2].In addition, problems with reproduction or the urological systems including STDs also have a significant impact on men's lives.

The RACGP Men's Health Policy (Attachment A) outlines the clinical, lifecycle, sexual, social and cultural factors that impact on men's health.

The RACGP recommends that funding for research into men's health issues is increased; this research should target health specific areas, health seeking behaviour and health usage.

(2) Adequacy of existing education and awareness campaigns regarding men's health for both men and the wider community,

The RACGP is not aware of any national overarching education and awareness campaign aimed at men's health.

The RACGP appreciates the Australian Governments seeding support for the M5 Men's Preventive Health Program[3] that encourages men to 'find a GP' and seek help early. The focus is a 'call to action', for men to take steps to improve their health in ways that are meaningful for them and to link with a general practitioner to make this happen. This ongoing program seeks broad engagement of non government organisations like Beyond Blue, Foundation 49 and members of the Men's Health Alliance as well as good commercial organisations such as Bergen Bread and Target, to ensure that men's health messages are heard in both traditional and non-traditional environments.

Complementing this is the Men's Health Week, auspiced by Australian General Practice Network, that focuses more broadly on men's health concerns.

Other men's programs, such as Pit Stop, the Men's Shed take a different approach, placing men's health messages in settings that are comfortable or interesting for men. While recognising the success of these models, the College prefers an approach that is encompassing of all men. Cars, sheds, sports and macho images are attractive to some but not all men. . Programs need to take account of ethnicity, race, culture, sexuality, age, and class. In particular it is essential that programs target those men most at risk:

- Aboriginal and Torres Strait Islanders;
- Those with low socio-economic status, including the unemployed;
- Those with low literacy and low health literacy skills;
- Those who are disabled;
- Those in institutional care.
- Those who are veterans of conflict;
- Culturally and linguistically diverse men; and
- Those with addictive problems, including alcohol, tobacco and other drugs, gambling, pornography and overwork.

Other programs target specific health concerns. Movember, for example, focuses on prostate cancer and mental health.

[2] Begg, S et al (2007) *The burden of disease and injury in Australia 2003*, PHE 82. Canberra, AIHW
[3] http://www.m5project.com.au/

Each of these campaigns are apparently popular in the community and workplace. However there has been no evaluation of the effectiveness of current, general and specific men's heath promotion campaigns. There are national promotion campaigns that have evidence of success (quit smoking)[4]. Any men's health focused awareness campaign needs to learn from these examples.

The RACGP recommends that any overarching education and awareness campaign carefully considers the impact of male stereotyping and the social constructs of masculinity

The RACGP recommends that existing men's health programs are evaluated to identify need, uptake and impact.

The RACGP recommends research to identify strategies that encourage men to develop a 'have a GP' habit early in life.

(3) Prevailing attitudes of men towards their own health and sense of wellbeing and how these are affecting men's health in general,

Research suggests that men tend to delay contact with health care providers, use services infrequently and are disengaged from traditional forms of health marketing and promotion[5]. The RACGPs M5 Project seeks to address some of these issues through an appeal to men's sense of community and relationship, through use of innovative media, like Target catalogues and the use of inspirational men who have benefited from early intervention from a general practitioner.

However, it is essential that further research is undertaken to explore health literacy and male attitudes and preferences to identify optimal ways to target healthy living messages to men.

There are over 6000 general practices across Australia providing services to men every day. Australia's general practitioners are busy. General practice is ubiquitous with 98 full time equivalent general practitioners for every 100,000 Australians. Around 88% of the Australian population visit a general practitioner each year[6]. However when considering gender, men represent only 42.9% of encounters[7] or approximately 46 million consultations each year.

Workforce misalignment and shortages of both GPs and practice staff can negatively impact on the services that are available. This is further limited by the limited availability of appointment times out of working hours.

Promising innovative models have been trialled, for example, in Ballarat where health screening was offered in small and medium blue collar industries[8]. The pilot highlighted that many men were unaware of their health status, were unhealthy and did not have health attending habit.

[4] Hurley, SF & Matthews, JP (2008) *Cost effectiveness of the Australian National Tobacco Campaign*, in Tobacco Control 17(6), p. 379-84.
[5] While, A et al (2006) *Is there a case for differential treatment of young men and women?* In MJA 185(7) p. S10-S14
[6] Britt H, Miller GC, Charles J, Henderson J, Bayram C, Harrison C, Valenti L et al 2008. *General practice activity in Australia 1998-99 to 2007-08:*. Canberra: Australian Institute of Health and Welfare p.2. Available at http://www.aihw.gov.au/publications/gep/gpaia98-99-07-08-10ydt/gpaia98-99-07-08-10ydt-c01.pdf
[7] As above, p.28.
[8] Fraser, G & Harvey, J (2003) *Healthy men*. An unpublished report for the Department of Human Services.

To provide a more men-friendly service from general practice requires:

1. development of tools and decision aides that reflect men-centric communication, for example, use of concrete examples, motivational interviewing;
2. general practices to be more attuned to male needs. This could include more male environment or an appointment schedule that takes account of the working life of most men.
3. capacity to offer services where men congregate, such as workplaces.

The RACGP recommends that the Senate Select Committee consider the value of preventive health care approaches for men. The ten leading causes of death in men have a link with smoking, nutrition, alcohol and lack of physical activity. There is a lack of knowledge of health preventive activities. In the 2004–2005 National Health Survey, 63% of males considered themselves to be of acceptable weight, however, 62% of males surveyed were classified as overweight or obese based on their BMI. Of the adult males who considered themselves to be of acceptable weight, only half were in the normal BMI range.

The RACGPs *Guidelines for Preventive Activities in General Practice* is an excellent resource that ensures that general practitioners and general practice are equipped with the latest evidence of preventive health care[9].

The RACGP recommends research into men and literacy and into male health seeking behaviour patterns to identify optimal strategies that encourage men to intervene early in health problems.

(4) Extent, funding and adequacy for treatment services and general support programs for men's health in metropolitan, rural, regional and remote areas.

Consideration should be given to alternate funding options to ensure that men receive health care in appropriate environments, for example, in the workplace or afterhours.

Poverty and rurality amplify disadvantage. There are sub-groups in our community who experience poor health outcomes. It is important that men from the Aboriginal and Torres Strait Islands , those from low socio-economic groups and those in rural and remote areas have access to services at similar levels to the rest of Australia. Community based and culturally sensitive services are essential to meet basic medical needs, specialist medical needs, community based mental and social health services as well as community centric services. General practice is one component within the wider health and wellbeing network for men.

The RACGP, through its *Using Information Wisely* program, encourages general practitioners and practice teams to use their consultation-gathered information for quality improvement. The strategy uses a software application that allows GPs to easily analyse their practice information to identify gaps in servicing, identify particular patient groups and particular conditions that could be better managed. The RACGP believes that this quality improvement program could be used to support better care for men in general practice through:

1. establishing recall and reminder systems to ensure that men are proactively managed within a general practice;
2. identifying under servicing of men in health priority areas, such as cardiovascular health, and providing proactive care;
3. targeting men for the MBS 45-49 health check

[9] http://www.racgp.org.au/guidelines/redbook

By drawing men into general practice, it is possible to then provide opportunities for care coordination, linking men to community based and specialist services. It also facilitates preventive care, enabling GPs to work with men to make lifestyle changes that can improve their health, or to identify and manage health issues before they become serious.

Men face access issues which are aggravated in rural and low socio-economic areas, reducing health services impact on whole communities.

The RACGP recommends the exploration of options to improve access including email consultation, phone, video conferencing and broadening the scope of delegated authority items in the Medicare Benefits Schedule.

The RACGP recommends that consideration of these options, with the profession, offer opportunities to improve health care, assure accountability and minimise red tape for the general practitioner.

RACGP FURTHER RECOMMENDATIONS

The RACGP has given considerable thought to men's health issues in recent years and recommends that the Australian Government develops a men's health policy that
recognises an approach to men's health involving prevention, promotion and acute health management. That policy should consider the recommendations already listed in this submission and:

- recognise the pivotal role of the general practitioner in providing and facilitating care for men;
- focus on the education system, in particular on male socialisation during childhood, adolescence and adult hood;
- focus on preventive, promotional and early interventional health services for men;
- ensure more equitable access for all groups of men to services such as men's groups, sexual and reproductive health, workplace health, anger management, post natal depression support and relationship counselling;
- research and then implement strategies that enhance men's ability for active engagement in decision making about their own health and wellbeing;
- develop specialised training in men's health for health care providers;
- foster the provision of services which take into account specific at risk groups and behaviours such as Aboriginal and Torres Strait Islander men, unemployed men, Vietnam and other veterans, conflict survivors, culturally and linguistically diverse men, single men, gay men and men with addictive problems including tobacco, alcohol and other drugs, gambling, pornography and overwork.

Furthermore the RACGP recommends that men and women have equity of access and opportunity to realise their full potential for health. Initiatives that address the health need of one should gender should not occur at the expense of the other gender.

And finally, the RACGP recommends that the Australian Government better utilise the most widespread primary health care network in Australia; general practice. Most Australians have ready access to a general practice that can provide cost effective quality services. With the supportive injection of programs Australia's general practitioners can provide a range of clinical and support services, coordinate care with an array of other providers, including meeting the needs of those at risk.

The RACGP appreciates the opportunity to contribute to the discussion on men's health.

I look forward to hearing from you and continuing to contribute to the discussion.

Kind regards

A/Prof Ron Tomlins
Chair
RACGP National Standing Committee: Quality Care

Men's health

Policy endorsed by the 48th RACGP Council 5 August 2006

The Royal Australian College of General Practitioners' (RACGP) position statement on the role of general practitioners in delivering health care to Australian men.

The Royal Australian College of General Practitioners
General Practitioners

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Background

At the RACGP Annual General Meeting Convocation held on 29 September 2005, members agreed that the RACGP should consider the establishment of a taskforce on men's health and associated position statements. This position statement is in response to this outcome.

Issues

Gender in health care

The RACGP recognises that health is multifactoral. Consequently, it is important to address social, environmental and cultural factors as well as biological and medical factors that influence health and wellbeing. Key social determinants of health include socioeconomic status, race ethnicity, gender and geographic location.

Women and men experience health differently. Biological sex differences, like reproductive health and sexuality, are responsible for health issues traditionally regarded as men's health or women's health issues. However, gender refers to the different social and cultural roles, expectations, and constraints placed upon men and women by virtue of their sex. When analysing the different experiences and impacts of health on men and women, differences relating to gender, in addition to biological sex, need to be considered.

Gender differences can influence both women and men's:

- exposure to risk factors
- access to and understanding of information about disease management, prevention and control
- subjective experience of illness and its social significance
- attitudes towards the maintenance of one's own health and that of other family members
- patterns of service use
- perceptions of quality of care.[1]

Men's health

Life expectancy

The health and longevity of the Australian population improved markedly in the twentieth century. However, significant discrepancies remain. The life expectancy at birth for men born in the 1990s is 5 years less than women born in 1999. Since the 1970s the gap between men and women's life expectancy has closed (from 18% in 1970 to 10% in 1998).[2]

The Australian Bureau of Statistics' Mortality Atlas Australia (2002) shows that the death rate from the main causes of death is generally higher for men than women. The average death rate per 100 000 persons (1997–2000) includes:

- malignant (cancerous) tumours – 237.8 males vs 146.7 females
- ischaemic heart disease – 190 males vs 119.9 females
- cerebrovascular diseases (strokes) – 65.9 males vs 65.8 females
- chronic lower respiratory diseases (lung problems) – 46.6 males vs 23.2 females
- accidents – 35.6 males vs 17.7 females
- suicide – 21.9 males vs 5.5 females
- diabetes mellitus – 18.8 males vs 13.6 females
- influenza and pneumonia – 13.6 males vs 11.4 females
- motor vehicle traffic accidents – 13.1 males vs 5.5 females
- mental disorders (including dementia) – 9.3 males vs 10.8 females.

Lifecycle risk

Across the lifecycle, men are disadvantaged, eg:

Young adults (15–24 years)

- Males are nearly three times as likely to die as females
- Males are four times more likely to suicide.

Adults (25–64 years)

- Males are twice as likely to die as females
- Males are four times more likely to suicide
- Males are four times more likely to die in other accidents
- Males are at least three times more likely to die from alcoholic liver disease.[3,4]

Men and preventive health

Men are less likely to respond to preventive health care messages, eg. they are more likely to:

- eat foods high in fat
- exercise less (after age 35)
- drink alcohol in excessive amounts
- smoke
- use illicit drugs
- not admit to experiencing emotional stress.[5]

Sexual health

While it is acknowledged that many men perceive their sexual health as central to their being, there is more to men's health than just sexual and reproductive health. While these are important components in the total health care required by men, general practitioners should also take into account the impact of masculinity and the broader health issues facing men.

Social, cultural and other factors

Male socialisation and masculinity, social connectedness and work-life balance significantly impact on health:[6]

- men are more likely to be both the perpetrators of violence and its victims. Violence in all its guises is a significant health issue for Australian men for many reasons including the effect it has on victims, the health impacts of imprisonment of perpetrators, and its deleterious effects on healthy relationships. Males are responsible for the vast majority of cases of domestic violence, and GPs have a responsibility to deal with this appropriately.[7] Exposure of boys to violence during their formative years contributes to a range of issues including homelessness, drug abuse, depression, relationship difficulties and perpetuation of the cycle of violence later in their lives.
- men from low socioeconomic backgrounds are more likely to get sick than men from higher socioeconomic backgrounds, and are more likely to die from a range of health issues including:
  - pneumonia and influenza (265%)
  - cerebrovascular disease (102%)
  - respiratory disorders (98%)
  - suicide (77%)
  - diabetes (74%)
  - lung cancer (55%), and
  - ischaemic heart disease (54%).[8]

Irrespective of their socioeconomic status, men have higher mortality rates than women.[9]

- mental health is a key area where societal expectations of strength and self reliance contrast starkly with poor communication skills and inadequate resources, especially in rural areas.
- men often work long hours which limits their ability to attend to their health care while rendering them more likely to require it. Almost one-third of Australian workers are working in excess of 48 hours per week with a body of evidence confirming increased health risks to those working longer hours.[10,11] This also impacts on the health of children and families. Providing health care at the work place is a positive step, as long as it does not impact on the maintenance of an ongoing relationship with their GP.[12]
- risk taking has both positive and negative impacts. Positive impacts include the behaviour of men such as soldiers and fire fighters. These are characteristics that we encourage, yet they negatively impact on men in other ways, through smoking, risky sexual activity and aggression. One clear aspect of risk taking involves their reluctance to utilise health resources or to defer utilisation
- certain groups of men face specific risks. These include:
  - the health of Aboriginal and Torres Strait Islander men is worse than any other subgroup in Australia. Excess morbidity and mortality relates to unemployment, poverty, incarceration and low self esteem.[13] Life expectancy for Aboriginal and Torres Strait Islander men is approximately 20 years less than other Australians at 56 years.[14]
  - men in rural areas often have limited access to health services and recreational facilities, and are offered fewer preventive care services. Work for rural men is often hazardous.
  - Vietnam veterans have a death rate 14% higher than the community level.[15] A 1998 study found that veterans had very high levels of mental disorders.[16]

General practice and men's health

General practitioners are well equipped to provide holistic, continuing and comprehensive care to men and their families. However, Bettering the Evaluation and Care of Health (BEACH) data indicates that men continue to access health services at significantly lower rates than women, have briefer consultations later in the course of illness, and tend to leave significant issues unaddressed. Forty-three percent of general practice patient contacts are with men, with reduced utilisation from adolescence to older age.[17]

Finally, while many of our specialist colleagues are necessarily and appropriately involved in provision of health care to men, it is GPs that most men first turn to for comprehensive care. It is therefore important for GPs to be appropriately trained and skilled to provide comprehensive and coordinated care.

There are a number of ways that GPs can improve (encourage) better access by men of their services by utilising an approach which recognises the different ways in which men 'consume' health. Strategies should include:

- developing a consultation style that supports male specific communication: have concrete examples of health care, use surveys to identify concerns, and use motivational interviewing techniques
- creating more 'male friendly' environments: using men's health posters and displays of information related to men; providing evening clinics or appointment schedules that accommodate men working shifts or commuting over distances; promoting a front office culture which acknowledges men's problems with appointments, waiting times, providing as broad a range of services as possible either within the walls of general practices or via cooperative arrangements with other local providers
- offering services in areas where men congregate: offering clinics at sporting facilities, in workplaces or entertainment areas, while seeking to coordinate and cooperate with existing GP and other health service providers
- marketing of GP services to men.

For GPs as a group to make a full contribution to the solution to the problems of men's health will require a 'whole of community' approach. Such a community based paradigm will involve a range of services and interventions, encouraging GP and other health professional participation including:

- male friendly parenting support reflected in the staffing, culture and philosophy of preconceptual and prenatal programs, birthing services, and Maternal and Child Health Services and their equivalents
- educational programs operating from preschool to university, apprenticeship and early work to promote the beneficial aspects of masculinity and to address the deleterious ones that result in many of the serious outcomes detailed above

- workplace based programs which seek to enrich the family and personal lives of Australian men
- sustained workplace based programs which offer check ups for individuals as well as promoting cultural change
- marketing health to men utilising a range of techniques including sporting organisations (such as AFL, NRL, soccer, motor sports, cricket, fishing, racing, golf), the entertainment industry and the media.

Recommendations/conclusions

1. The RACGP believes that men and women should be given equal opportunity to realise their full potential for health. Initiatives that address the health needs of one gender should not occur at the expense of the other gender.
2. The RACGP recognises that GPs have a significant role to play in improving the health of Australia's men. The RACGP will advocate for appropriate funding programs within practices and the community.
3. The RACGP recognises that if health services are to meet the needs of both men and women, the issue of gender needs to be incorporated in the planning and delivery of health services.
4. The RACGP supports initiatives to develop culturally appropriate health services for men.
5. The RACGP will work with key stakeholders to shape health policies relevant to the delivery of health care to men.
6. The RACGP will advocate and promote the development of an Australian Government men's health policy that recognises an approach to men's health involving prevention, promotion and acute health management. The policy should include:
    a. recognition of the pivotal role of the general practitioner in providing and facilitating care for men
    b. a focus on the educational system, in particular on male socialisation during childhood, adolescence and adulthood
    c. preventive, promotional and early interventional health services for men
    d. more equitable access for all groups of men to services such as men's groups, sexuality and reproductive health, workplace health, anger management, postnatal depression support and relationship counselling
    e. strategies that enhance men's ability for active engagement in decision making about their own health and wellbeing
    f. development of specialised training in men's health for health care providers
    g. provision of services which take into account specific at risk groups and behaviours such as Aboriginal and Torres Strait Islander men, unemployed men, Vietnam and other veterans, conflict survivors, culturally and linguistically diverse men, single men, gay men and men with addictive problems including tobacco, alcohol and other drugs, gambling, pornography and overwork.
7. The RACGP encourages GPs to improve better access by men of their services by utilising a 'whole of practice' approach which recognises the different ways in which men 'consume' health.
8. The RACGP recognises that for GPs to make a full contribution to the solution to men's health problems will require a 'whole of community' approach.
9. The RACGP will include men's health as part of the core curriculum for Australian general practice. The curriculum statement on men's health will outline the required knowledge and skills in this area across the learning life of the GP, from medical student through to fellowship and ongoing professional development.
10. In relation to the care provided to men by GPs, the RACGP recommends that GPs:
    a. are familiar with the principles and issues of men's health as outlined above
    b. develop the skills required for the delivery of men's health in conjunction, where appropriate, with the network of other service providers in the community. This applies both to population health approaches and to individual patient contacts. The care provided by GPs should be patient, family and community centred and include the physical, emotional and social aspects of health and wellbeing. Integral to the GP role are skills in communication with male patients and, where appropriate, with their partners, relatives and other carers. General practioners should incorporate appropriate preventive strategies into their practice and act as advocates where appropriate

c. be encouraged by RACGP and other funding sources to engage in research specifically addressing the health needs of men.

The RACGP acknowledges the Australian Medical Association Position Statement on men's health, and the work of Dr Greg Malcher in the development of this position statement.

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CONTENTS

n Rationale

Life expectancy is a health key indicator. On average, Australian men die almost seven years earlier than Australian women. Yet men's health has only recently been recognised as an area of particular need. Statistics from the Australian Institute of Health and Welfare[1] support this view:

> *'Young men aged 15 to 24 are more than three times as likely to die in motor vehicle accidents than young women and four times more likely to die of suicide.*
>
> *Men aged 25 to 64 have a death rate nearly twice that of women in the same age ranges, with major contributors being heart disease, suicide, lung cancer and motor vehicle accidents.*
>
> *Older men aged 65 years and over, die from lung cancer at nearly five times the rate of women, of suicide at nearly four times the rate, and of respiratory disease at nearly three times the rate.*
>
> *For Aboriginal and Torres Strait Islander men, the picture is far worse. An Aboriginal man would be approximately three times more likely to die before the age of five and have a life expectancy some 16 to 18 years shorter than a non-Aboriginal man*.

These major causes of death in men (heart disease, suicide, lung cancer and motor vehicle accidents) rate in the top four causes of morbidity and mortality in Australia. The National Health Goals and Targets aim to reduce their incidence.

Role of the GP

General practitioners have a role in changing this paradigm. Registrars can to assist in raising the profile of men's health. They should be aware of the issues affecting men and be proactive in their management.

Strategy for Improvement

Major improvements to men's health can be achieved by:—

- challenging the way masculinity is defined in Australian culture, and
- recognising the importance of how boys develop socially in our culture.

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[1] Australian Bureau of Statistics 1993 interpreted by Mathers C in a paper presented at the National Men's Conference. Melbourne. 1995.

4 Men's Health

Curriculum Statement

Currently, these are key factors which:—

- lead both men and boys to risk-taking and self-harming behaviours;
- deny them access to the healing effects of emotional release, and
- discourage them from valuing their physical emotional and mental health.

Purpose of this Curriculum Statement

This curriculum statement provides registrars with the opportunity to address key issues in men's health. These include common preventative medical conditions, the problems of those in marginalised groups, and other issues identified in the National Men's Health Policy.

n Learning Objectives

The following learning objectives relate specifically to men's health. It is also important to look at the common learning objectives in Part 3 of the *Curriculum*.

The learning objectives describe the breadth and depth of the knowledge, skills and attitudes required, and relate directly to the content of the *Curriculum,* which is listed alphabetically in Part 5.

The registrar will be able to:—

Communication Skills and the Doctor-Patient Relationship

- listen to, and understand, the needs of male patients;
- use empathy and supportive strategies to assist male patients to show their emotions and express their needs;
- develop a partnership with male patients that will enable them to understand the behaviours and values that contribute to their health problems;

Applied Professional Knowledge and Skills

- take a sexual history and perform gender-specific basic procedural skills and treatments. (See procedural skills checklist (Tool 4) in the *Curriculum Companion*.);
- outline STI and HIV/AIDS screening protocols and antibody testing, management and support systems for those caring for a person in the final stages of AIDS;

Population Health and the Context of General Practice

- outline harm minimisation strategies, interventions and therapeutic programs for men (e.g. preventing/minimising violence; hazardous drinking; self-harm amongst young men; and occupational issues such as deafness, back problems stress and injury);

- provide opportunistic health promotion and disease prevention within the screening guidelines. (This includes the ability to counsel men about diet, exercise, smoking, hypertension; bowel, testicular and prostate cancer, and lifestyle factors);
- use health promotion strategies to reduce the over-representation of men with cardio-vascular disease, cancer, injuries, suicide, and violence-related issues;
- be familiar with, and encourage the use of, local support services, referral agencies, networks, and groups for men;
- discuss the impact of men's socially constructed attitudes, values and behaviours on their emotional, physiological, and physical health, and their social relationships;
- discuss the social construction of masculinities (e.g. how boys are raised compared to girls) and the effect of cultural attitudes on the social development of boys;
- understand the effect of unemployment, lack of income, drugs, violence and alcohol on the family;
- discuss community attitudes towards sexual violence; the characteristics of perpetrators, and myths about violent acts;
- outline the incidence of, and difference between: experimental, recreational, and compulsive/dependent drug use (including hazardous drinking, cannabis, amphetamines and CNS stimulants);
- understand how the National Men's Health Policy relates to general practice and influences the funding for men's health care;
- understand and support the changes, which are required to make the health care system and general practice more responsive to men's needs;

Professional and Ethical Role

- educate men to be pro-active about their health (e.g. the ability to discuss sexuality and other intimate issues with sensitivity);
- understand their own ethos of masculinity, sexuality, sexual behaviours and violence, and how this impacts on their relationship with male patients, their family, and the victims;
- maintain confidentiality and appropriate social boundaries in a professional relationship;

Organisational and Legal Dimensions

- comply with occupational, health and safety guidelines, in particular, 'at risk' workplace programs;
- comply with the legal provisions that protect 'at risk' persons (e.g. restraint orders, STI's, contact tracing).

4 Men's Health

Curriculum Statement

n Special Considerations

When teaching/learning information in relation to men's health, the broad range of male patients should be taken into account. This includes, for example, patients who are gay, living in rural and isolated areas, non-Australian-born, Aboriginal, aged, or who have a disability, mental illness, or other special needs.

In addition to presenting medical conditions, relevant social, cultural, emotional, spiritual, and socio-economic factors should be considered.

n Teaching and Learning Approaches

General teaching and learning approaches are discussed in Part 6 of the *Curriculum.* Approaches which may be of particular relevance to this statement include:—

- discussion;
- values clarification exercises;
- role play;
- case study presentations;
- placements and visits to men's community organisations;
- tutorial/lectures;
- problem-solving approach, and
- panel discussions/small group work.

n Resources

General resources are set out in Part 6 of the *Curriculum.* The following resources are specifically recommended for the study of men's health.

Recommended Texts and References

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Pols RG, Hawkes D. *Is there a safe level of daily consumption of alcohol for men and women? Recommendations regarding responsible drinking behaviour*. 2nd edition Canberra: AGPS, 1992.

Sampson M. et al *Doctor Patient Communication: The Toronto Consensus Statement*. BMJ, 303,1385-1392, 1991.

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Weller D. et al *Screening for Colorectal cancer*. Knowledge, Attitudes and Practices for South Australian GP, Vol. 160, 16 May. 620-624, 1994.

New Resources

New resources are constantly being developed in this area. For information on the latest materials contact the Virtual Resource Centre at resource.centre@racgp.org.au

Finding and Obtaining Useful Resources

For help in finding and obtaining useful resources, see 'How to Find and Obtain Useful Resources' on page 6—11.