

Assessing training in sexual dysfunction for genitourinary medicine registrars

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Summary: The training programme for specialist registrars in genitourinary medicine (GU) lists sexual dysfunction (SD) as 'beyond essential, core curriculum' despite many GU medicine clinics offering this service. A cross-sectional study was performed of all trainees on the British Association for Sexual Health and HIV mailing list. Data collected included frequency of clinics attended and involvement, any training and interest in future training. A total of 39/76 (51%) responses were received. In total, 20/39 (51%) work in departments with no SD clinic provision, and 12/39 have had some training in SD. In routine GU medicine consultation, 85% trainees are consulted regarding SD at least monthly. In all, 19/39 (49%) work in areas with weekly SD clinics; however, only three trainees were involved. Thirty-four out of 39 (87%) expressed interest in training and 31/39 (79%) respondents would like to see SD training added to the SpR curriculum. Fifty-one percent of juniors work in units without SD provision. Even when SD clinics occur, only three trainees are routinely involved and a large training opportunity is being missed. Despite this, 12/39 trainees have sought out extra training in the form of seminars, courses and meetings. Eighty-five percent wished to have SD as part of the core curriculum as they may ultimately work in an area where these skills are required.

Keywords: sexual dysfunction, BASHH, training

INTRODUCTION

Up to 40% of the general population in the UK and USA report sexual dysfunction (SD) symptoms.¹ In practice, general practitioners (GPs) only rarely report SD in their notes, whereas a large majority of such patients feel that GPs might be the most appropriate person to discuss these issues with.² On the whole, GPs and their practice nurses in the UK neither feel competent to deal with SD issues nor in practice do they proactively enquire about them.^{3,4} It has been suggested that this may be because health-care workers are themselves embarrassed to talk about sex.⁵ Kell and Curless⁶ have argued that genitourinary (GU) medicine clinics are in fact the ideal place for those with dysfunctions to be managed because sexual histories and questions are a major part of the health care worker/patient interaction. This is born out by surveys of SD in GU medicine clinics where high rates of these problems are reported.⁷ However, a recent survey of SD service in UK GU medicine clinics found a wide disparity in the level of facility available and in the grade of professionals involved in the assessment of these patients with SD services being provided by consultants (43%), nurses (35%), sex therapists (32%) and psychologists (22%).⁸ Only 3% of SD services were reported to involve specialist registrars (SpR). The training programme for SpR in GU medicine lists SD as 'beyond essential, core curriculum' despite many UK GU medicine clinics offering this service.⁹ However, experience in psychosexual medicine and erectile

dysfunction clinics are listed as possible areas for independent self-directed learning.⁹

We report the findings of a BASHH (British Association for Sexual Health and HIV) Special Interest Group in SD survey identifying current provision of training in this field and assessing whether trainees feel this meets their learning needs.

METHODS

An anonymous questionnaire was emailed to all members of the BASHH registered as a trainee. The questionnaire was designed by the authors and piloted among the target population. The questionnaire collected information including demographic data and details of current involvement in SD clinics. Participants were asked to indicate involvement in these clinics on a Likert scale that included the responses 'always', 'often', 'sometimes', 'rarely' or 'never'. They were asked if it is routine to enquire about sexual function in GU medicine clinic and how often in these clinics patients with difficulties with sexual function present. Questions also addressed any prior training in SD, any interest in this and whether or not it should be included in training curriculum. The questionnaire concluded with space for further comments.

RESULTS

A total of 39/76 (51%) completed questionnaires were received. The characteristics of the respondents are shown in Table 1. Most were women 25/39 (64%) and most were full time

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Table 1 Demographics of survey respondents

	No. of respondents (n = 39)	% of respondents
Full time	30	70
Women	25	64
Year of training		
1	12	31
2	6	15
3	8	21
4	8	21
Out of programme	3	8
Other	2	5
Region		
Mersey	3	8
North Thames	7	18
North Western	1	3
Northern	2	5
Oxford	1	3
South Thames	5	13
South Weston	2	5
Trent	1	3
Wessex	2	5
West Midlands	3	8
Yorkshire	5	13
Northern Ireland	2	5
Scotland	4	10
Wales	1	3

Table 3 Frequency and trainee involvement in SD clinics

	Frequency of reported SD clinics occurring	Frequency of SpR involvement	
At least weekly	17	Never	9
		Rarely	5
		Often	1
		Always	1
Monthly	2	Never	1
		Often	1
None	20		

SD = sexual dysfunction; SpR = specialist registrars

30/39 (77%) with response from all training stages. There was cross-regional response with 12/39 (31%) from London, 18% response from the devolved nations, 13% from Yorkshire and the remainder from the rest of England. 20/39 (51%) work in departments with no SD clinic provision. Those that have clinics addressing this area cover a wide range of subjects including ejaculatory dysfunctions, disorders of desire and arousal and sexual phobias (see Table 2). Out of 39 trainees, 16 report that these clinics occur weekly, one stated occurs several times per week and two reported monthly clinics. Only three trainees are involved in these clinics – one always and two often (Table 3).

Twelve respondents have had training in SD (2 with 2 modalities), this was four BASHH masterclass, eight psychosexual seminars, two local SpR training days, one induction and one person said *ad hoc* advice was available (see Figure 1). In total, 34/39 (87%) respondents expressed interest in training in this area with five unsure if they would want it. Thirty-one respondents would like to see training in this area added to the training curriculum, seven were unsure and one did not want this added. Only 8/39 reported routinely asking about

SD in GU medicine clinic but 26% respondents described encountering this in routine GU medicine clinics on a weekly basis and 62% reported this monthly.

There were three comments referring to the stress that the government 48-hour access target had placed on GU medicine clinics such that all other services were reduced. Four respondents reported feeling inadequately trained to deal with SD and one person stated that psychosexual training was too expensive and funding had been refused.

DISCUSSION

Of those who responded, 51% work in units without SD provision. This corresponds with the regional response to questionnaire in SD services among lead clinicians.⁸ Here also the government 48-hour access target was reported to have changed the focus of GU medicine departments and increased pressure of service provision. Most trainees do not ask about sexual difficulties in GU medicine clinic but 34/39 (87%) are seeing patients presenting these problems weekly to monthly in these clinics. The respondents reported high frequency of

Table 2 Type of SD service available and reported trainee needs

Type of clinic occurring	Freq. of occurrence of SD clinic as reported	Area training requested
Premature ejaculation	15/39 (38%)	31/39 (79%)
Retarded ejaculation	14/39 (36%)	28/39 (72%)
Erectile dysfunction	17/39 (44%)	32/39 (82%)
Disorders of sexual desire	15/39 (38%)	29/39 (74%)
Disorders of sexual arousal	15/39 (38%)	29/39 (74%)
Disorders with orgasm	14/39 (36%)	28/39 (72%)
Sexual phobias	11/39 (28%)	28/39 (72%)
Other	0	
None of the above	20/39 (51%)	

SD = sexual dysfunction

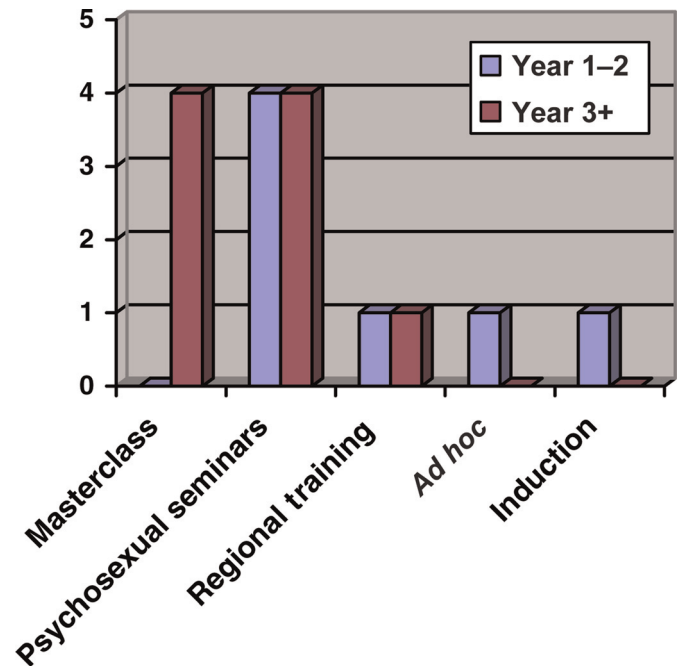


Figure 1 Sexual dysfunction training undertaken by registrars, stratified by training year

SDs encountered; clearly patients with sexual difficulties self-refer to the GU medicine clinic.

Even in those units that offer a SD service, only three trainees were routinely involved. It appears that a large in-house training opportunity is being missed. Some stated that attendance at these clinics is optional and priority is GU medicine training. The focus in psychosexual work is on the emotion in the room during the consultation, this will be altered with an observer and therefore this poses a difficulty for training in this particular discipline. Much SD has an organic basis and therefore it is useful for the assessing clinician to have some knowledge of the assessment and management of SD. How do trainees manage these patients if not trained? Thirty-one percent of trainees have sought out extra training in the form of seminars, courses and meetings. A previous survey of BASHH members found that only 6% of GU medicine physicians had been trained in SD as part of SpR training but 57% currently manage a range of dysfunctions.¹⁰ Eighty-five percent of our respondents wished to have SD as part of the core curriculum as they may ultimately work in an area where these skills are required. Including SD training in the curriculum may help secure funding for training courses and seminars. Also having experience in this area will benefit patients as it provides sexual health advice rather than just infection management. Training may help signpost routes of referral. Mostyn *et al.*¹¹ recently reported that physicians were unaware of psychosexual services available in their own area.

A major issue is the validity of response in anonymous questionnaires. We have no information about non-respondents or trainees who are not members of BASHH. Those trainees with an interest in this area may have been more likely to respond, resulting in a skewed outcome. That said, over half of those emailed responded and the results are consistent with other surveys of GU medicine physicians in the UK.

CONCLUSION

Many trainees working in units with dedicated SD clinics are not involved in these clinics. Despite this, some have sought out extra training in this field. Most wish this area to be an essential part of their training curriculum.

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