

This week

Pulling together

One of the great things about being a doctor is that you can make a real difference to people's lives. I know it doesn't always feel like it from the comfort of a plastic NHS chair, but our training and experience does give us the chance to make an impact. So it's natural that faced with the scale of human misery in the wake of the Asian tsunami, doctors from all around the world feel driven to put their skills to good use. This is what aid agencies have told me when I've phoned them, and I've heard from several medics aching to know how they can help. Many health professionals are already doing their bit. I'm hoping that Career Focus can also do its bit to help—by pulling together the collective wisdom and experience of our readers. How can doctors make a difference in a situation like this? Is giving money the best option? How practical is it to go to the worst hit areas and tend the sick or bereaved in person, and is there anything else that would help? If you have a useful suggestion or a relevant experience, please send a rapid response to this article via our website at www.bmjcareers.com/careerfocus. We'll publish the best ideas as letters over the next few weeks. We'll also be running a feature article on the broader issues of how to make a difference.

Our authors, too, are pulling together in our Tips on . . . columns this week. There's advice on dictating letters written by a specialist registrar and a personal assistant, and tips on working with nurses written by a senior house officer with honest input from the nursing staff on his ward. This should be gold dust for any junior doctor who doesn't know a grade D from a grade F, is baffled by nursing shifts, or simply wants to get on well with nursing colleagues. That really can make a difference.

Finally, health experts from all sorts of backgrounds seem to be working together as sexologists. As Kevan Wylie sees it, "no single discipline has dominance or exclusivity." How refreshing.

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career focus

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The Garden of Love (1602) by Karel Van Mander

Becoming a sexologist in the United Kingdom

Doctors from all sorts of backgrounds now call themselves sexologists—practitioners of the evolving science of sexology. **Kevan Wylie** explains what it is, and how you can get involved

A sexologist is someone who practises sexology, and the field of sexology plays host to a variety of different clinical and educational specialists. Sexology is an evolving science and so there isn't a universally agreed description of what it means, but the World Association for Sexology has a working definition of sexology as a generic term encompassing the study of all aspects of sex and sexuality.

Broadly speaking, sexual health is one of the specialties involved in sexology, and a sexual health physician is typically a person with a recognised medical qualification who is usually working either in the field of sexually transmitted infections, sexual medicine, sex therapy, sex counselling, sex education, or sexological research. The medical specialties in sexual medicine include psychiatry and psychotherapy, and physicians specialising in endocrinology, urology, gynaecology, and genitourinary medicine.

The skills you'll need

Being a sexologist requires an awareness of and empathy with potential sexual dysfunction and an ability to broach these subjects in a non-judgmental way with patients. Training in communication skills—as a student and as a doctor—is a vital foundation. Sexual problems are usually assessed by a multidisciplinary team, but these teams are often poorly developed. It's certainly important to be aware of the benefits of an interdisciplinary approach, and you'll need to be able to work closely with colleagues in order to build a complete picture of the problem. A good example of this would be erectile dysfunction (ED), previously called impotence, which may have strong psychological and organic aetiological factors. Many sexual functions will have comorbidity—for example patients with ED may also have secondary rapid ejaculation to ensure orgasm occurs before loss of

Box 1: Organisations offering training

- Institute of Psychosexual Medicine—<http://www.ipm.org.uk/>
- British Association for Sexual and Relationship Therapy—<http://www.basrt.org.uk/>
- European Federation of Sexology—www.europeansexology.com
- European Society for Sexual Medicine—www.essm.org
- Royal Society of Medicine—http://www.rsm.ac.uk/academ/forsm_fp.htm
- Porterbrook Clinic—www.porterbrookclinic.org.uk
- Sheffield Hallam University—http://www2.shu.ac.uk/prospectus/op_pglookup1.cfm?id_num=SSL015&EY=2002&ey=2003
- University of Central Lancashire—<http://www.uclan.ac.uk/>
- Relate—<http://www.relate.org.uk/>

the erection. You'll also need to be aware of the impact on relationships and on couples.

How to become a sexologist

There are various routes into this specialty and no single discipline has dominance or exclusivity. Some of the medical specialties have assumed a core responsibility for certain areas, for example, urology has tended to deal with the majority of cases of ED. But even ED is increasingly being seen as a non-surgical condition that can be treated by physicians from a number of specialties with easy access for patients through primary care services.

Training

The Institute of Psychosexual Medicine has provided additional psychosomatic training for doctors interested in this



area. Another approach to teaching has been through approved courses of the British Association for Sexual and Relationship Therapy. These include courses run by Relate as well as the multidisciplinary MSc and postgraduate diploma courses run by Sheffield Hallam University and the University of Central Lancashire. Other more informal approaches include specialist registrar attachments to existing clinical services, attachment units for specific PhD/MD research projects, and short courses and training events run by various associations and societies, including the Royal Society of Medicine. At the moment the European Federation of Sexology and the European Society for Sexual Medicine are looking at a collaborative approach to establishing core training in sexual medicine across Europe (see box 1 for information on training and courses).

Opportunities

The opportunities for clinicians who train in this specialty are endless. In my case what began as two special interest sessions became a full time post within four years. It involved running a regional psychosexual and couples' relationship therapy service in the NHS, the andrology service within a urology service, the regional gender dysphoria unit, and responsibility for training medical undergraduate students (all students and with specific seven week attachments for clinical options) as well as being course director for the postgraduate certificate, postgraduate diploma, and MSc university accredited course.

Research and lecturing

In addition there are many research opportunities and invitations to advise the Department of Health, WHO, and various pharmaceutical companies as new molecules and treatment options emerge. The huge range of the specialty affords opportunity to attend diverse clinical meetings and to lecture to an increasing number of interested colleagues across the medical disciplines.

One of the favourable aspects of specialising in sexology is the opportunity for interdisciplinary and multidisciplinary work at clinical, pharmacological, and physiological levels. There are evolving and exciting opportunities to stimulate and challenge the existing knowledge base—for example, the safety of various medications in cardiovascular compromised patients. Different conceptions of sexual response are starting to evolve and there are excellent opportunities for publishing innovative research in the UK journals for sexual and relationship therapy and other renowned journals in the field.

Box 2: Advantages and disadvantages

Advantages

- Wide spectrum of specialties involved—both multidisciplinary and interdisciplinary, allowing team development
- Challenging and demanding new field of medicine
- Chance to develop and influence service delivery
- Good research opportunities
- A chance to integrate medical and psychological approaches to treatment and therapy in clinical care

Disadvantages

- Limited training opportunities
- Limited resources
- Need to argue recognition for clinical practice in this discipline
- Limited supervision opportunities and gaining accreditation
- Limited career progression
- May need to add to existing workload until service established and commissioned

The disadvantages

Some of the negative aspects to working as a sexologist are that you may be considered a maverick and scorned by many of your colleagues for working in an area of "unconfirmed medicine." The peer group support is usually small, which can be difficult for clinical supervision and seeking second opinions. Finances for providing clinical services are often limited, and inevitably providers who develop services will end up with long waiting lists.

The future

The future for sexology is immense. For example, there are increasing opportunities for both the pharmacological and psychological approaches as the physiology and anatomy is further understood. It was only a few years ago that the anatomy of the clitoris was clearly described and this application alongside innovative ways of measuring vaginal blood flow are two areas where patient awareness and demands are likely to increase over the coming years. As a specialty we need more clinicians who are interested and want to join us.

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