

**ipm**

**institute of psychosexual medicine**

unique training | enlightened approach

# PROSPECTUS

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**Founded 1974**

# What is Psychosexual Medicine?

Psychosexual Medicine is practised by doctors who understand how emotional factors, not always experienced at conscious level, interfere with sexual performance and enjoyment. As with non-directive psychosexual counselling it involves active listening and reflection, but patients present to doctors expecting a physical and psychological examination of their complaints.

The underlying causes of a problem may be physical or psychological in varying proportions, but are rarely limited to one or the other. The attitudes, anxieties and fantasies revealed during the consultation and the physical examination are particularly relevant to the understanding of the sexual problem.

## The Training

### **What are the principles of the training offered by the Institute of Psychosexual Medicine (IPM)?**

The Institute of Psychosexual Medicine is a professional organisation, registered as a charity, which provides education, training and research in psychosexual medicine for qualified medical practitioners who maintain their annual registration with the GMC, revalidating every five years.

Psychosexual Medicine is a type of brief therapy, based on psychoanalytical principles, but drawing on medical knowledge and skills, where appropriate. Balint proposed the basic psychoanalytical principles of this type of therapy. IPM Members have modified and expanded these principles.

**The first principle of psychosexual medicine is the active listening to the narrative of the patients.** That is, not only listening to the words, but also noting how they are said, the patient's non-verbal communications, and what is not said. The listener formulates interpretations, which can be offered or reflected back to the patient based on what has been heard, experienced and observed. The interpretations can be tested by noting the patient's response and reflecting on this again with the patient. Unlike wide-ranging traditional psychoanalytical therapy, the narrative, interpretation and reflection are focussed onto the sexual difficulty.

***"IPM training helped me become more sensitive to the many "clues" in the doctor/patient relationship that I had previously missed or felt unimportant" SCMO Sexual Health***

**The second principle concerns the use of a genital examination, or the possibility of it.** Patients bring their whole bodies to doctors, and expect the physical, social, emotional and mental aspects to be examined. During the genital examination, the psychosexual doctor notices what happens, and the emotional responses of both the patient and the doctor. The genital examination is reflected on and interpreted in the same way as the narrative part of the consultation.

**The third principle is one of formulating hypotheses as the consultation progresses, to order the gathered facts into a general rationale that makes sense of them.** The hypotheses are constantly tested with the patient, and may be confirmed or discarded as new facts are discovered.

***"Interpreting the Doctor/patient relationship with the patient in a way that helps the patient in his/her sexual relationship is now an important skill in all my work" SCMO Family Planning***

**The fourth principle is the use of the shared understanding of the facts and feelings to help discover the truth.** The collaboration between the patient and the doctor uncovers defences and unconscious factors. Everyone develops defences and unconscious behaviours to protect his or herself from hurt, and the psychosexual doctor needs to act compassionately in this sometimes painful journey in the unravelling of the patient's problem. The investigation during the consultation is concerned not only with the narrative and physical examination, but also with feelings produced in the doctor and the patient. The feelings in the doctor are a valuable source of information about what feelings the patient might arouse in other people and how these might be produced. The doctor has to be aware of which feelings arising within him or herself are produced by the patient and which are his or her own.

## **For which doctors is IPM training useful?**

Doctors who wish to train in psychosexual medicine should be practising in a field of medicine where sexual problems present themselves on a regular basis e.g. primary care, family planning, genito-urinary medicine, gynaecology and urology and are able to carry out (a physical) examination of the genital area

Training is appropriate both for doctors who wish to improve their skills in managing patients with psychosexual problems in their every day work setting, and for those who wish to gain a specialist qualification which accredits them to accept referrals.

***“The Skills I have gained through IPM training helps me on a daily basis in consultations with every type of patient.” A GP Principal***

## **For which type of problem will IPM training help?**

- Vaginismus, loss of libido, difficulties with orgasm
- Non-consummation and dyspareunia
- Erectile dysfunction, ejaculatory problems and other penile problems
- Chronic pelvic pain or genital pain, recurrent discharge with or without a physical cause
- Emotional and psychosexual sequelae of sexually transmitted infections
- Contraceptive related problems (including the inability to use any method) ; repeated requests for abortions ; emotional effects on sex life of miscarriage
- Vasectomy and sterilisation requests with a hidden agenda of sexual problems
- Emotional and psychosexual effects of surgical interventions, including TOP
- Psychosexual sequelae of sexual abuse
- Sexuality and terminal care
- Effects of ageing disability or illness on sexuality
- Psychosexual problems related to infertility and ending of fertility

***“Many patients attend GUM clinics complaining of vaginal discharge and abdominal pain with negative findings. I began to realize that in some cases there was an underlying psychosexual element. I felt powerless to help such patients before IPM training” SpR GUM***

## What does IPM training involve?

### Theory of IPM training

The IPM provides a system of education, training and research carried out within Seminar groups, during which discussion and analysis of single doctor/patient interactions enable individual doctors to become more skilful at the four principles described above.

The Seminar is a meeting of experienced doctors, moderated and facilitated by a recognised IPM Seminar Leader. The Seminar group listens to, interprets, and reflects on the work done by an individual doctor in a single doctor-patient interaction, in the same way that the doctor works with the patient to formulate a hypothesis about the underlying cause of the sexual problem.

***“Joining in seminars has given me the opportunity to share problem cases”.***

During group discussion in the seminar, a detailed study of the consultation is made. It is here, when the emphasis is on the doctor-patient interaction, that clarity can be found. Pain, sadness, anger, or other emotions may be seen behind the presenting symptom. The physical and genital examinations may provide valuable insights into the patient's problems.

***“I am now able to deal with difficult consultations eg: the angry patient more proficiently” Lead Clinician Contraceptive and Sexual Health***

Defences encountered in consultations can be recognised and understood. For instance, the flight from the present difficulty into past history, either by the patient who finds the past more comfortable than the present, or by the doctor who asks questions to avoid the pain of the distressed patient. Other defences displayed by the doctor can include unthinking routine questioning, avoidance of an examination, or giving advice or reassurance. Patients and doctors may together avoid looking at the sexual problem by socialising or sexualising the consultation, which may prevent the doctor from behaving in a professional manner.

***“ I no longer feel an insane urge to run away from the patient who says, “It’s a long story...””***

Good doctoring in the field of psychosexual medicine does not involve clever instant solutions. The doctor starts from a position of not knowing anything about the problem or its solution. By focussing on the interaction between the doctor and the patient, paying attention to the patient's contribution, ways can be found to help him or her to a solution of the problem.

***“IPM training has helped me understand I do not have all the answers, the patient is the EXPERT” SCMO Sexual Health***

Psychosexual medicine, as practised by doctors trained by the IPM, is a precise and focussed method derived from psychoanalysis and applied to problems that are suitable for brief therapy. Normally, a short series of consultations – perhaps five or six – will be sufficient. During training, stress is laid on recognising that sexual difficulties may be symptoms of serious psychopathology, personality disorders or chronic social, relationship and emotional problems that require more specialised treatment. Investigations and referral will need to be considered when brief therapy is not appropriate.

Doctors in training will be expected to supplement the practical training by wide general reading as well as attending scientific meetings arranged by the IPM and allied organisations. They should also read the Journal of the IPM.

## **What are the practical aspects of the training?**

Doctors interested in training will be given the opportunity to discuss the type and length of training in advance.

## **The Training Seminar**

The Training Seminar is formed by a group of doctors who meet with a recognised IPM Seminar Leader. Each seminar lasts for two hours, and one seminar fortnightly or two seminars monthly are held during academic terms. There are six seminars in a term.

These basic training courses run for a period of two years **as outlined in Table 1 (page 6)**.

***“I now have an all round perspective on consultations” GP Principal***

## **The Further Training Seminar**

Some doctors may seek to make Psychosexual Medicine a field of special interest, and if they demonstrate enthusiasm and an aptitude, may be recommended by the Seminar Leader to proceed to further training. This further training course may take up to two years.

In a Further Training seminar, doctors will continue to study the doctor-patient interaction and will be more aware of the less conscious elements occurring in the consultation. Recognition and use of unconscious material should now be part of each encounter. Further emphasis is placed on differential diagnosis and the selection of suitable cases for treatment by this method of brief psychosomatic therapy. More complex problems may be encountered, and after consideration of all the management options, longer periods of therapy may be offered if appropriate.

Doctors in Further Training may consider receiving referrals within their own local work setting but it is essential that they have the Diploma of the IPM and a commitment from their employing authority to support their continued training to obtain the Membership Examination. IPM Members will be expected to obtain re-accreditation of their specialist status with the IPM every five years.

***“I enjoyed IPM seminars because they stimulated parts of my brain that no other training has ever reached” GP Principal***

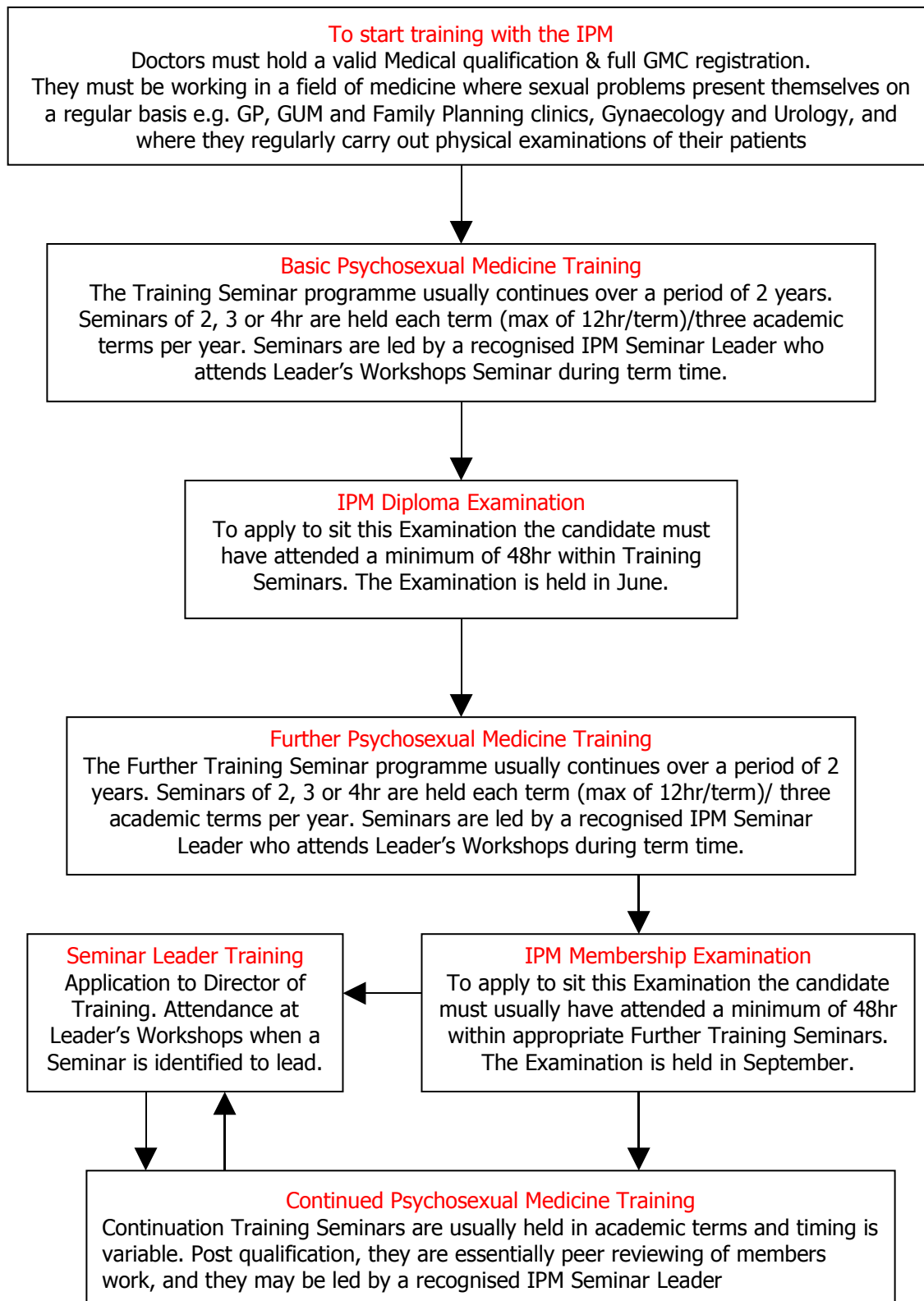
## **Seminar Leadership Training**

Doctors who wish to become recognised IPM Seminar Leaders must hold Membership of the IPM, and must have demonstrated an aptitude and interest in the techniques and dynamics of seminar work.

The skills of leadership are achieved by attending the seminars (Leaders' Workshops) with other Seminar Leaders. At the Workshop the Seminar Leader presents the events and cases discussed during their seminar training groups. The focus is on understanding the group events and examining the skills of the leader in managing the group discussions and situations that arise out of the cases presented in the seminar. Seminar Leaders are expected to be aware of the theoretical underpinning of group dynamics and leadership techniques but the emphasis in the Workshop is training for practical skills.

Further details regarding the selection, training, recognition of Seminar Leaders may be obtained from the IPM office.

**TABLE 1: Training Programmes provided by the IPM**



# **The Examinations**

## **The Diploma Examination**

**The Aim of the Diploma Examination** is to assess basic skills in psychosexual medicine.

Candidates will be expected to demonstrate these skills through case presentation and discussion with the Examiners on the day of the Examination.

**The Objectives of the Diploma Examination** are to assess skills in the:

1. Consultation:
  - Listening
  - Observing non-verbal communications
  - Checking understanding of the patient's problem
  - Identification of overt and covert problems
2. Recognition of the doctor-patient interaction including feelings recognised that became apparent during the consultation
3. Use of the doctor-patient interaction including the feelings recognised during the consultation
4. Recognition of the patient's defences occurring during the consultation
5. Recognition of the doctor's defences occurring during the consultation
6. Psychotherapeutic use of a physical examination whether performed or not
7. Negotiation of appropriate plans for:
  - further appointments for brief therapy
  - investigations
  - length of treatment
  - sensitive disengagement
  - referral elsewhere when patients are not suitable for brief psychosexual therapy or lie outside the doctor's level of competency in this specialty
8. Ability to reflect on interpretations used, and their effect, during the consultation
9. Ability to consider possible alternative interpretations and strategies for treatment during discussion with the Examiners

Candidates are advised:

- to have attended scientific meetings arranged by the IPM whenever possible
- to have read widely on this topic to supplement their practical training including the Institute of Psychosexual Medicine Journal
- to keep some form of reflective diary

### **Eligibility to sit the Diploma Examination:**

Candidates:

- Must be medically qualified and working in a post bringing them into contact with patients with psychosexual problems
- Must be a current (Training) Subscriber of the IPM
- Must have attended an IPM Training Seminar led by a recognised IPM Seminar Leader
- Must have attended a minimum of 48 hours within an IPM Training Seminar. If this has not been achieved it is the Candidate's responsibility to provide the Examining Board with evidence to support why this is not necessary in their case. It is rare for sufficient IPM skills to have been attained before this minimum time recommendation.
- Must have presented at least two cases per term which have been recorded by the Seminar Leader (minimum of 6 cases)

A report from the candidate's Seminar Leader will be requested on receiving a Diploma application form.

The Examination format includes the compilation of a Logbook of six recent short doctor-patient encounters and an oral presentation of two selected cases from this Logbook to the Examiners.

## **The Membership Examination**

**The Aim of the Membership Examination** is to assess specialist skills in psychosexual medicine and competence to work in Specialist Referral Clinics.

Candidates will be expected to demonstrate these skills through case presentation with the Examiners on the day of the Examination.

**The Objectives of the Membership Examination** are to assess specialist skills in the:

1. Recognition of the doctor-patient interaction including feelings that became apparent during the consultation
2. Use of the doctor-patient interaction including the feelings recognised during the consultation
3. Understanding the relevance of the doctor-patient relationship to other relationships in the patient's life and the problems presented
4. Use of insights into the patient's unconscious material and defences recognised during the consultation
5. Recognition and use of insights into the doctor's own defences occurring during the consultation
6. Psychotherapeutic use of a physical examination whether performed or not
7. Negotiation of appropriate plans for:
  - further appointments for brief therapy
  - investigations
  - length of treatment
  - sensitive disengagement
  - referral elsewhere when patients are not suitable for brief psychosexual therapy or lie outside this specialty
8. Ability to reflect on interpretations used, and their effect, during the consultation
9. Ability to consider possible alternative interpretations and strategies for treatment discussed with the Examiners during the Examination

Candidates are advised:

- to have attended scientific meetings arranged by the IPM whenever possible
- to have read widely on this topic to supplement their practical training including the Institute of Psychosexual Medicine Journal
- to keep some form of reflective diary

### **Eligibility to sit the Membership Examination:**

Candidates:

- Must be medically qualified and working in a post bringing them into contact with patients with psychosexual problems
- Must be a Diplomate of the IPM
- Must have attended a Further Training Seminar led by a recognised IPM Seminar Leader
- Must have attended a minimum of 48 hours within an appropriate Further Training Seminar. If this has not been achieved it is the Candidate's responsibility to provide the Examining Board with evidence to support why this is not necessary in their case. It is rare for sufficient specialist IPM skills to have been attained before this minimum time recommendation.

A report from the candidate's Seminar Leader will be requested on receiving a Membership Application Form.

The Examination format includes the compilation of a Logbook of six recent short doctor/patient encounters and an oral presentation of three selected cases from this Logbook to the Examiners.

## **Publications, Research and Audit**

### **Journal**

The Journal of the IPM is published three times a year. It contains articles, reports of meetings, case studies and correspondence, as well as administrative matters. Subscribers (Training), doctors in their first year of training, Diplomates and Members receive copies free of charge. Interested professionals and organisations that have never received IPM training, can apply to the office for ratification of their subscription by Council.

### **Bibliography**

A Bibliography of publications on psychosexual medicine can be downloaded from the IPM Website, sent as an email attachment or obtained from the office on either paper or disk for a small fee.

### **Research**

Research into psychosexual medicine is an important part of the activities of the IPM and is carried out by both individuals and by research seminars. Results are published in relevant journals.

### **Audit**

The IPM has an Audit tool to measure the outcomes of therapy which is reviewed regularly.

## **IPM Scientific Meetings**

The Annual General Meeting is held in the Spring as part of the Annual Scientific Meeting (ASM) – only Members, Diplomates and Subscribers (Training) are able to attend the AGM. Subscribers who have never received IPM training can only attend by invitation. The ASM moves to a different venue each year and is open to all doctors provided they are able to present their clinical work with patients, respecting strict guidance on confidentiality, within the meeting's seminars.

The Autumn Clinical Meeting (ACM) is held at the IPM in Chandos Street. Speakers from outside the IPM, working in related fields, may be invited to present their work to this meeting.

Additionally, clinical meetings are held in regions around the country, organised locally according to demand by the Regional Co-ordinators of the IPM. A summary of the content of the meetings is usually available in the Journal.

## **Administration and Management**

The IPM is a registered Charity No. 298172. It is governed according to the aims and objectives as laid out in its constitution

### **Council**

The Council manages the affairs of the IPM and is elected by the Members. It appoints Honorary Officers as required, including *Chairman, Secretary, Treasurer, Director of Training, Chairman of the Examination Board* and *Editor of The Journal*.

### **Director of Training**

The Director of Training is responsible for the organisation of seminar training and the Leaders' Workshop and is assisted by *Regional Co-ordinators* in each area.

### **Finances**

The IPM is mainly financed through subscriptions. Covenanted subscriptions allow for income tax to be reclaimed and the subscription is approved for professional claims against personal income tax. Donations are encouraged and funding for research actively sought

## **Categories of membership**

**Subscribers (Training)** are doctors who have been in training in a recognised Training Seminar for at least two terms and continue to pay their subscription. They may attend meetings but are not eligible to vote.

**Diplomates** are doctors who have passed the Diploma Examination and continue to pay their subscription. They may attend meetings and are eligible to vote.

**Members** are doctors who have passed the Membership Examination and continue to pay their subscription. Members will be required to submit themselves for re-accreditation every five years. Members may attend meetings and are eligible to vote.

**Subscribers** are those who have not had IPM training but are working in the field of psychosexual medicine. They may attend meetings by invitation but are not eligible to vote.

**Honorary Fellows** are those doctors distinguished for their contribution to the Institute who have been invited by the Council to become Honorary Fellows. They may attend all meetings but are not eligible to vote. Current Membership, Diplomate or Subscriber (Training) status of an honorary Fellow would take precedence over fellowship status.

**Honorary Members** are those distinguished for their work in the field of psychosexual medicine who have been invited by the Council to become Honorary Members. They may attend meetings but are not eligible to vote.

## **Ethical Standards**

Doctors who train with the IPM, Diplomates and Members, Subscribers (Training), are expected to abide by the usual ethical standards of the Medical Profession i.e. those espoused by the GMC. The ethical standards are particularly important in this sensitive area, which is normally of private concern only.

Confidentiality must be closely observed and reporting of cases must obscure the identity of the individuals involved.

Patients must be informed about, and must understand, the nature and purpose of treatment. Patients must be able to give their consent to treatment without being subject to coercion, duress or unreasonable influence. Failure to observe the usual ethical considerations will result in immediate termination of membership.

## **Response to the GMC guidelines on Intimate Examination (December 2001)**

The IPM has produced a Response to the GMC Guidelines on Intimate Examination (December 2001) A copy is available on request.

## **IPM Complaints Procedure**

The IPM complaints procedure is available on request.

## **IPM Equal Opportunities**

The IPM equal opportunities policy is available on request

## **Terms and Conditions of Training**

- To apply for training you should complete and return an Application Form to the IPM Office. Once you have been placed in a group you will be asked to complete a standing order form for payment of fees.
- Training fees are payable per term before the start of each term or by the first day of term at the latest.
- Academic Year runs from September – July of each year
- The IPM reserves the right to alter fees without notice and these may increase at the start of each academic year approximately in line with inflation.
- The IPM issues invoices in advance of the commencement of term. However payment is not dependent upon the receipt of an invoice.
- Any trainee who has failed to pay the tuition fee after receiving reminders from the Administrative Secretary, the Seminar Leader and finally the Director of Training, will be asked to leave the seminar.
- Students whose personal circumstances change after commencing their course, in a sudden and material way, so that, through no fault of their own they cannot comply with these regulations, must contact the Seminar Leader or Administrative Secretary without delay to discuss the problem, and submit satisfactory documentary evidence to support their case.
- No candidate is eligible to apply for either the Diploma or Membership Examination if fees are outstanding
- Tuition fees are non-refundable.

**For information about Training, details of those doctors qualified to take referrals or information on any of the above, please contact the Administrative Secretary at:**

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