Registered Charity no: 298172
Email: admin@ipm.co.uk
Website: www.ipm.org.uk

Institute of Psychosexual Medicine

Building 3 Chiswick Park
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Training and Membership enquiries

Prospectus

Psychosexual Medicine

Psychosexual Medicine is psychosomatic medicine applied to sexual disorders. It offers a type of brief therapy, based on psychoanalytic skills introduced by Drs Michael Balint and Tom Main and developed by Institute Members.

It is practised by professionals who understand how emotional factors, not always experienced at conscious level, interfere with sexual performance and enjoyment.

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.

These skills are used briefly in a single consultation or over a longer period. This may be in primary care, secondary care, in hospital or in a community settings.

For a patient, engaging with an IPM trained professional is the beginning of a special therapeutic relationship.

The Institute of Psychosexual Medicine (IPM)

The IPM is a professional organisation, registered as a charity, which provides education, training and research in psychosexual medicine for qualified registered practitioners.

It was founded in 1974 by doctors already working in seminars under Dr Tom Main, a psychiatrist and psychoanalyst who became life President until his death in 1990.

Group leaders were identified to train others leading to a self-sustaining Institute that may call on skills from others when required.

In 2014 training was extended to nurses, physiotherapists and other allied health professionals.

How the skills of Psychosexual Medicine are applied in Consultation and Seminar Training.

Fundamental to IPM training is recognition of a practice that is different from the traditional. The practitioner here is not the expert but with the help of the following skills enables the patient to develop an insight into their own problem.

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1 Observation and listening

An atmosphere may be recognised before the patient and practitioner meet. Patterns of negotiating appointments, urgency, dress and manner are noted. The practitioner learns to listen to the words, how they are said and also to what is not said. Consideration is given as to why the patient has come now.

2 The study and interpretation of the practitioner-patient relationship

The feelings engendered by the consultation are studied, whether they be coming from the patient or the practitioner. Using a psychodynamic approach, feelings aroused by what the patient says and how they behave and the attitude of the practitioner to the patient are seen as possible evidence of the patient's own less than conscious feelings. These feelings, when interpreted, may allow the patient to make connections with their sexual complaint and to understand their problem.

Cases are studied individually without generalisations or assumptions. The professional's personal experiences are excluded from study.

History taking is discouraged. Asking questions must be critically considered and in its place an unstructured form of free flowing acquisition of understanding is encouraged. The value of silence is appreciated.

The practitioner must recognise when tempted to reassure. Such a desire must be analysed to understand what it tells about the evolving practitioner-patient relationship.

Although a patient's problem may be expressed in sexual unhappiness, the focus should be on the understanding of the practitioner-patient relationship as well as the problem the patient brings.

3 The use of the genital examination as a psychosomatic event

Patients present generally believing that in whole or in part their sexual problem may have a physical cause. Patients expect to be examined and a genital examination is frequently necessary to aid diagnosis.

The practitioner learns to conduct the examination in a safe setting that allows the patient to express their feelings about their difficulties. It also provides a less guarded situation in which to study the practitioner-patient relationship. The attitude of the patient to the examination or prospect of examination and the feelings of the practitioner when performing it may reveal something of what the patient feels about intimacy.

Psychosexual Medicine can only be practised by those who examine in their every day work.

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For whom is IPM training useful?

IPM training appeals to those who desire a deeper understanding than is offered in traditional education.

Such practitioners encounter patients for whom standard medical and surgical treatments have failed and who need an alternative approach.

Those who wish to train in psychosexual medicine must be practising in a field where sexual problems present themselves on a regular basis and where a physical examination of the genital area can be conducted. Such specialities are primary care, sexual and reproductive healthcare, genito-urinary medicine, gynaecology, urology, psychiatry and forensic medicine.

Training is appropriate both for those 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 help me on a daily basis in consultations with every type of patient." A GP Principal

For which type of problem is IPM training useful?

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, effects of miscarriage
Vasectomy and sterilisation requests with a hidden agenda of sexual problems
Emotional and psychosexual effects of medical and surgical interventions, including miscarriage and TOP
Psychosexual sequelae of sexual abuse
Sexuality, cancer and terminal care
Effects of ageing, disability or illness on sexuality
Psychosexual problems related to infertility and ending of fertility
Difficulties following childbirth

"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

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For which conditions may an IPM approach to treatment be inappropriate?

Long standing psychiatric conditions
Severe personality disorders
Some with gender dysphoria, fetishes and sexual addiction

Investigations and onward referral are considered when brief therapy is not appropriate.

Training in Psychosexual Medicine

The IPM offers a system of education and accreditation aimed at the acquisition of skills.

Training and research are carried out within Seminars where a group of experienced professionals licensed to perform genital examinations, meet with a recognised IPM Leader who facilitates discussion. The Seminar group listens to, reflects and interprets the work done by an individual in a single professional-patient interaction. The group does not suggest a course of action, rather it assists the professional in engaging more effectively with the patient.

During training small but measurably significant changes will occur in the professional enabling them to focus on the patient's difficulties.

"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 interaction, that clarity can be found. Pain, sadness, anger, shame and other emotions experienced within the consultation may be seen as those behind the presenting symptom. The physical examination 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 must be recognised and understood. For example, the defence of the patient who finds the past more comfortable than staying in the present, or that of the professional who by asking questions avoids the pain of the distressed patient. Other defences may include unthinking routine questioning, avoidance of an examination, or giving advice or reassurance. Patients and practitioners may together avoid looking at the sexual problem by socialising or sexualising the consultation

" I no longer feel an insane urge to run away from the patient who says, 'It's a long story…'"

Group work helps to recognise any deviation from usual practice and use this information to explore whether this in any way stems from the patient's difficulties.

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Good practice in the field of psychosexual medicine does not involve clever instant solutions. One learns to tolerate not knowing everything about the problem or its solution. By focussing on the interaction between the practitioner and the patient, and the atmosphere in the room, ways can be found to help him or her to find a solution.

"IPM training has helped me understand I do not have all the answers, the patient is the EXPERT" Sexual Health Doctor

Practical aspects of training

The IPM offers training for the acquisition of skills. IPM training does not offer accreditation of a defined core of knowledge.

Those in training, Diplomates and Members are individually responsible for staying abreast of developments in their specialist and generalist professional areas especially of the physical causes and treatments of sexual dysfunction.

They are expected to supplement seminar training by wide general reading, including the IPMJ. They should also endeavour to attend Scientific Meetings arranged by the IPM and allied organisations.

Practitioners are required independently to fulfil any registration, accreditation, licensing or other mandatory standards required for medical, nursing, physiotherapy and other practice.

The Basic Training Seminar

The Training Seminar is formed by a group of professionals who meet with a recognised IPM Seminar Leader. Groups meet for 12 hours a term at a time that suits members best. The 12 hours may be divided between 3 to 6 meetings per academic term.

Basic training seminars run for a period of two years after which it is hoped that one develops adequate skills to take the Diploma examination and progress towards accepting referrals.

"I now have an all round perspective on consultations" GP Principal

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The Further Training Seminar

We encourage those who make Psychosexual Medicine a field of special interest. If they demonstrate enthusiasm and an aptitude, they will be recommended by the Seminar Leader to proceed to further training. This further training course usually is for two years.

In Further Training, they will continue to study the professional-patient interaction and will be more aware of the less conscious elements occurring in the consultation. Recognition and use of unconscious material derived from an understanding of the relationship and examination should now be part of each encounter.

Further emphasis is placed on understanding the scope and limits of brief psychosomatic therapy. More complex problems may be encountered and, after consideration of all the management options, referral or longer periods of therapy may be offered if appropriate.

Those in further training may consider receiving referrals within their own local work setting.

Members must recertify their specialist status with the IPM every five years. link here to recertification procedure on website

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

Seminar Leadership Training

Those 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.

Standards expected of an IPM Seminar leader and the attainment process are laid out in ***seminar leader training link***

Examination procedure and standards

Application processes and standards expected are defined ***here***.

Recertification Process

The 5-yearly recertification procedure for Members is detailed ***here***.