



## Royal Australasian College of Physicians

### The Role of Sexual Health Physicians

2014

#### Preamble

The Royal Australasian College of Physicians (RACP) recognises that sexual health is an essential element of a person's health and wellbeing, and advocates a dual clinical and public health approach to sexual health medicine. This statement complements other policy work produced by the RACP regarding issues pertaining to sexual health, including [Confidential Health Care for Adolescents and Young People](#) and [Female Genital Mutilation/Cutting](#).

The RACP has developed this statement on the role of sexual health physicians to

1. Outline the key principles of sexual health medicine;
2. Clarify the role of the sexual health physician; and
3. Highlight two key areas of need in the community where the provision of appropriate, targeted and easily accessible sexual health treatment is pivotal for maintaining both individual wellbeing and population health in the community.

#### 1. Sexual Health Medicine in Australasia: Key Principles

- The RACP recognises and supports the World Health Organisation (WHO) statement that sexual health is a broad area that encompasses 'human rights related to sexual health, sexual pleasure, eroticism and sexual satisfaction, sexually transmitted infections (including HIV/AIDS) and their complications, (sexual) violence, female genital mutilation, sexual dysfunction, sexuality, gender identity and mental health related to sexual health.'<sup>1</sup>
- The RACP supports policy and practice which facilitates appropriate, sensitive, targeted and effective medical treatment concerning healthy sexual relations, including freedom from sexually transmitted infections, unplanned pregnancy, coercion and physical or psychological discomfort associated with sexuality.
- Sexual health medicine deals with the individual, population, social, interpersonal, microbial and immunological factors that contribute to sexually transmissible infections (STIs) including HIV and other blood borne viruses, sexual assault, sexual dysfunction and fertility regulation. Sexual health physicians are committed to the promotion of good sexual health at both the individual and population level. This is best achieved through education, behaviour change, advocacy, policy development,

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<sup>1</sup> [http://www.who.int/reproductivehealth/topics/sexual\\_health/issues/en/index.html](http://www.who.int/reproductivehealth/topics/sexual_health/issues/en/index.html)

targeted medical and laboratory screening, clinical service provision, surveillance and research, and specialist support of primary care and associated medical specialties.

- It is critical that individuals with sexual health concerns are able to self-refer to specialist sexual health services as it provides opportunities for enhanced surveillance and complements the coordination of health services. In addition to management of complex symptomatology, involvement of specialist sexual health physicians in the management of emerging sexually transmitted infections and contact tracing in complex sexual networks assist in the management of the public health aspects of infectious diseases, particularly among high risk populations.

## **2. The Role of the Sexual Health Physician**

A sexual health physician provides a clinical and a public health perspective to issues related to sexual health. Sexual health physicians complete advanced training in sexual health medicine following on from either a fellowship in a related discipline or basic specialist physician training. The curriculum covers clinical, public health, immunological and microbial aspects of the management of sexually transmitted infections and HIV infection; reproductive health and management of lower genital tract symptomatology in both genders. Knowledge and demonstration of skills in program coordination and leadership, research and teaching are a requirement for completion of training.

The majority of specialists in Australia and New Zealand are employed in multidisciplinary teams in public sexual health and HIV clinics. Other specialists are employed in reproductive health and family planning settings or in private practice. Areas of special interest include sexual assault, sexual dysfunction, chronic genital pain, transgender care, colposcopy, high resolution anoscopy and psychotherapy. Specialist sexual health physicians work collaboratively with specialist nurses and allied health professionals in multidisciplinary sexual health services. Specialist sexual health physicians have the skills required for leadership and management roles in integrated sexual and reproductive programs and services.

## **3. Areas of Need for Sexual Health Services in the Community**

### *Area of Need 1: Groups at high-risk of HIV infection.<sup>2</sup>*

Australia is experiencing the highest rates of new HIV infections in 20 years. There were 1253 cases of HIV infection newly diagnosed in Australia in 2012, representing a 10 per cent increase from new diagnoses in 2011. Seventy per cent of these new diagnoses of HIV occurred among men who have sex with men.<sup>3</sup> Data reveals that testing rates and routines

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<sup>2</sup> According to the Australian Department of Health's Seventh National HIV Strategy 2014-2017 (<http://www.health.gov.au/internet/main/publishing.nsf/Content/ohp-bbvs-hiv>) these groups include people living with HIV, gay men and other men who have sex with men, Aboriginal and Torres Strait Islander people, people from high HIV prevalence countries and their partners, travellers and mobile workers, sex workers, people who inject drugs and people in custodial settings.

<sup>3</sup> The Kirby Institute. *HIV, viral hepatitis and sexually transmissible infections in Australia Annual Surveillance Report 2013*. The Kirby Institute, the University of New South Wales, Sydney, NSW.

are inadequate in some population groups.<sup>4</sup> The estimated average time from infection to diagnosis in Australia is too long, at approximately 3.4 years.<sup>5</sup>

Suboptimal HIV management not only leads to adverse health outcomes for the patient, but also leads to higher rates of antiretroviral resistance in the community, with consequent public health problems and more expensive and more complex treatments being required. Unlike other areas of health, failure to provide adequate preventative, educational and treatment services to groups at high-risk of HIV infection can result in major public health consequences.

Sexual health physicians oversee and provide a range of sensitive, appropriate measures aimed at reducing the incidence of HIV infection in the community and improving testing and management practices. These measures span evidence-based advice, education, research and evaluation, testing, management, surveillance, care and support for people living with and at risk of HIV infection. Routine clinical practices include HIV related tests, treatment regarding anti-HIV drugs and other HIV related medicines (and ensuring patients understand when they can access treatments with no out-of-pocket expenses), counselling and referrals to other appropriate health and welfare services. Sexual health physicians educate priority populations and non-specialist colleagues regarding HIV rapid testing in non-laboratory settings. They oversee multi-disciplinary teams and integrated models of care, and also provide non-specialist colleagues with education regarding new HIV related technologies and research, particularly in non-specialist HIV services and community-based organisations.

#### Area of need 2: Adolescents and young adults

Pregnancy, childbirth and sexually transmitted infection (STI) are major contributors to overall morbidity in the adolescent and young adult group.<sup>6</sup> A 2003 Medical Journal of Australia article cited legally induced abortions as the second most common hospital procedure and reason for hospital admission in young Australian women aged 12-24.<sup>7</sup> The same article found that issues relating to family planning and female genital disorders (combined) represented the most common reason young women consulted general practitioners.<sup>8</sup>

International literature has demonstrated adolescents delay seeking prescription contraception for an average of one year after initiating sexual activity, with half of adolescent pregnancies occurring in the first six months of sexual activity.<sup>9</sup> In Australia, teenagers are the most frequent users of emergency contraception at Australian Family

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<sup>4</sup> De Wit J, Mao L, Holt M & Treloar C (eds) *HIV/AIDS, hepatitis and sexually transmissible infections in Australia: Annual report of trends in behaviour* (2013), Sydney: Centre for Social Research in Health, The University of New South Wales.

<sup>5</sup> Jansson J, Kerr C & Wilson P, 'Predicting the population impact of increased HIV testing and treatment in Australia, Sexual Health', [www.publish.csiro.au/journals/sh](http://www.publish.csiro.au/journals/sh), published online 7 February 2014.

<sup>6</sup> Skinner, S Rachel and Hickey, Martha, 'Current priorities for adolescent sexual and reproductive health in Australia', *The Medical Journal of Australia* 2003; 179 (3): 158-161.

<sup>7</sup> Moon L, Meyer P, Grau J, 'Australia's young people: their health and wellbeing 1999', *Australian Institute of Health and Welfare*, 1999.

<sup>8</sup> Ibid.

<sup>9</sup> Alan Guttmacher Institute, *Sex and America's teenagers*, New York: AGI, 1994.

Planning clinics,<sup>10</sup> 45 per cent of sexually active Australian high-school students do not use condoms consistently,<sup>11</sup> and 31 per cent use condoms without another form of contraception.<sup>12</sup>

A well documented consequence of non-use or misuse of contraceptives is the high incidence of chlamydia amongst adolescents and young adults. Australian Institute of Health and Welfare data revealed there were about 80,800 chlamydia infections reported in Australia in 2010 – a sixfold increase since notifications began in 1994. Young people aged 15-29 years accounted for over 80 per cent of the cases,<sup>13</sup> with the under-25-years age group consistently cited as having the highest chlamydia infection rates in Australia.<sup>14</sup> In addition, chlamydia infections are often asymptomatic,<sup>15</sup> meaning reported incidence rates are likely to be underestimates.<sup>16</sup> The health, social and economic consequences of chlamydia infections, especially if untreated or repeat infections, are considerable. Ascending infection is the main cause of pelvic inflammatory disease (PID), and adolescents are at greater risk of this complication than adults.<sup>17</sup> PID may lead to tubal infertility, chronic pelvic pain and ectopic pregnancy, with the consequent substantial burden on public health funds during the adult years.<sup>18</sup>

Sexual health physicians oversee and implement multi-sectoral and interdisciplinary approaches to contraceptive planning, programming and integrated service delivery to support educational and clinical services for adolescents and young adults, often within the non-threatening environment of a community sexual health clinic. Sexual health physicians also provide appropriate educational information for both providers and patients about prevention, counselling, treatment, care and referral for complex cases. Oversight of such services also means that sexual health physicians provide enhanced surveillance for monitoring of emerging disease trends and outbreaks, early recognition of antibiotic resistance or drug reactions and to target testing to improve resource allocation.

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<sup>10</sup> Mirza T, Kovacs GT, McDonald P, 'The use of reproductive health services by young women in Australia', *Australian and New Zealand Journal of Obstetrics and Gynaecology* 1998; 38: 336-338.

<sup>11</sup> Lindsay J, Smith A, Rosenthal D. 'Secondary students, HIV/AIDS and sexual health 1997' (Monograph Series. Report No. 3) Melbourne: La Trobe University, Centre for the Study of Sexually Transmissible Diseases, 1997.

<sup>12</sup> Lindsay J, Smith A, Rosenthal D, 'Conflicting advice? Australian adolescents' use of condoms or the pill'. *Family Planning Perspective* 1999; 31: 190-194.

<sup>13</sup> 'Chlamydia rates rising', *Australia's health 2010*, Australian Institute of Health and Welfare, 2010, 202-219.

<sup>14</sup> Roche P, Spencer J, Lin M, et al, 'Australia's notifiable diseases status, 1999', *Annual report of the National Notifiable Diseases Surveillance System*. 2001; 25: 190-245.

<sup>15</sup> Burstein GR, Gaydos CA, Diener-West M, et al, 'Incident Chlamydia trachomatis infections among inner-city adolescent females', *JAMA* 1998; 280: 521-526.

<sup>16</sup> Skinner, Rachel and Hickey, Martha, 'Current priorities for adolescent sexual and reproductive health in Australia', *The Medical Journal of Australia* 2003; 179 (3): 158.

<sup>17</sup> Westrom L, 'Incidence, prevalence and trends of acute pelvic inflammatory disease and its consequences in industrialised countries', *American Journal of Obstetrics and Gynaecology* 1980;138(7) : 960-964.

<sup>18</sup> Skinner and Hickey, 'Current priorities for adolescent sexual and reproductive health in Australia': 158.

## **Conclusion**

Sexual health, when viewed affirmatively, encompasses the rights of all people to have the knowledge and opportunity to pursue a safe and threat-free sexual life.

1. Sexual health physicians provide a clinical and a public health perspective to issues related to sexual health.
2. Sexual health physicians have the skills required for leadership and management roles in integrated sexual and reproductive programs and services.
3. Two examples of key areas of need for sexual health services in the community include groups at high risk of HIV infection, and adolescents and young adults.