

paramount importance. I am confident that giving students a framework of standard questions and phrases and then allowing them the combined privacy and space to practice the use of such in a safe learning environment will improve their confidence in sexual history taking.

**P189 "… GIVING SOMETHING BACK TO THE GAY COMMUNITY BY TAKING PART": GAY AND BISEXUAL MEN'S UNDERSTANDINGS OF PARTICIPATION IN BEHAVIOURAL RESEARCH**

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**Background/introduction** Studies exploring public participation in health research have not, to date, included the perspectives of gay and bisexual men taking part in behavioural surveillance research. Understanding factors which motivate men to participate in behavioural research, and their perceptions of feedback on anonymous HIV antibody tests are important in the design of future studies.

**Aim(s)/objectives** The aim of this qualitative study was to gain insight into men's motivations for participation in the Gay Men's Sexual Health Survey (GMSHS), and their understandings of, and views on, HIV testing as part of the survey.

**Methods** Semi-structured telephone interviews were conducted with 29 gay and bisexual men who participated in the 2011 GMSHS. Men were recruited in 13 licensed premises on the commercial 'gay scene' in Edinburgh and Glasgow. Data were analysed thematically, focusing on motives for participation and perceptions of not receiving individual feedback on HIV status.

**Results** Most men expressed sophisticated understandings of the purpose of behavioural research and distinguished between this and individual diagnostic testing for HIV. Men's accounts suggested a shared understanding of participation in research as a means of contributing to 'community' HIV prevention efforts. Among the men interviewed feedback on HIV status was not deemed crucial.

**Discussion/conclusion** Continuing to engage with gay and bisexual men, and practitioners working within these communities, is vital to engendering trust in, and support for, future behavioural research. This is particularly important during the process of developing new and innovative research strategies. Further research is needed to explore men's perceptions of participation in research, and their perspectives on receiving feedback on testing, within wider contexts.

**P190 WE DON'T NEED NO SEX EDUCATION: DO YOUNG PEOPLE VALUE THE KNOWLEDGE THEY GAIN FROM SCHOOL AND SEXUAL HEALTH SERVICES?**

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**Introduction** There remains ongoing debate regarding the value of sex education in schools and if today's young people subsequently rely on alternative resources to learn about sex and relationships.

**Aims** As a provider of sexual health services for young people aged under 25 we wanted to establish if there was an expectation amongst service users for us to provide sex education.

**Methods** Questionnaires were distributed to all service users between April and September 2014. Questions were designed to assess how sexual knowledge had been acquired, and which method of knowledge acquisition was most valued.

**Results** 179 service users completed questionnaires. 160 were female, 149 were heterosexual. Median age was 18.6 years.

177 (98.9%) reported receiving sex education at school which predominantly covered reproduction and contraception. Comparing methods of knowledge acquisition advice from friends was the most valued (84, 46.9%), followed by sexual partners (57, 31.8%) and family (56, 31.3%). Formal sex education was only valued by 34 (19.0%), with sexual health clinic advice valued by 32 (17.9%).

The desire for more sex education at school was mixed with 74 (41.3%) wanting more and 106 (59.2%) requesting no change or were unsure. 46 (25.7%) requested an increase in education from our clinic.

**Conclusion** Service users valued knowledge gained from peers and family over current methods of formal sex education with no significant desire to increase current educational provision. Sexual health services should engage young people in discussions regarding this peer-based learning to reinforce good sexual health and dispel inevitable myths.

**P191 SURVEY OF GENITAL DERMATOLOGY TRAINING AMONGST GENITOURINARY MEDICINE (GUM) SPECIALIST REGISTRARS**

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**Introduction** There has been no recent review of genital dermatology (GD) training for GUM trainees. The 2010 GUM specialist registrar curriculum states specific learning objectives that trainees should meet by CCT.

**Aim** In order to evaluate and improve training, the BASHH GD Special Interest Group (SIG) conducted an online survey to assess specialist registrar training in GD.

**Methods** The survey was designed through Survey Monkey and cascaded to trainees across the UK in 2014.

**Results** 42 trainees responded, representing several deaneries (50% London) and grades. 68% of trainees receive GD training through adhoc clinical teaching; 85% through formal lectures. 26%, 32%, 37% have attended specialist GD clinics by gynaecologist, GUM physician, dermatologist respectively. Mean confidence in managing specific conditions varied from 5 (vulval pain syndromes) to 7.5 (fungal infections) (1–10 confidence scale). 47% were ≥7/10 confident in topical steroid use (1–10 confidence scale). Independently able to perform procedures: 21% punch biopsies, 63% fungal scrapings, 15% curettage.

50% of trainees are satisfied with GD training with 69% feeling they will be adequately trained by CCT. 58% would like a formal qualification in GD to be available.

**Discussion** Training in GD is variable with mixed confidence in diagnosis, treatment and practical procedures. Many trainees feel