



Education Committee Mission Statement

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On behalf of the ESSM Executive Committee
and the Educational committee
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Introduction

Sexuality is presumably the most important element in our life by which one person is related to another. There is a body of evidence that medical professionals do not have adequate knowledge of sexuality, to serve their patients with sexual complaints in a professional way. Sexual dysfunction is a common problem which affects millions of men and their partners across all age groups. Sexual dysfunctions usually affect quality of life, self-image, confidence and mood and quite often result in partnership and other social problems. Until now the majority of patients with sexual problems suffers in silence without seeing a qualified specialist in sexual medicine, thus missing the chance for a better sexual life.

To treat patients with sexual problems adequately, physicians must not only have profound knowledge but also show a neutral and professional attitude towards sexual issues..

Physicians are expected to show a certain level of understanding and appreciation regarding the impact of psychological, medical and surgical conditions on sexual functions. The term 'Sexual Medicine' encompasses all domains of sexuality in both sexes and related educational and training initiatives are aiming at a better professional standard related to patient services in this field. The importance of sexuality in the medical domain is well established and related educational programs for physicians and students are the logical consequence of our common efforts for the benefit of all the million of sufferers.

Background

Sexual medicine is the branch of medicine concerned with human sexuality and its disorders. Sexual medicine attempts to improve sexual health through the prevention, diagnosis, treatment, and rehabilitation of conditions or diseases that involve sexual function, sexual and/or partnership experience and behavior, gender identity, and sexual trauma and its consequences. Sexual medicine takes into account the individual and couple dimensions as well as the knowledge and methods of medical, psychological, and social sciences. Sexual medicine attempts to improve sexual health of men and women through multiple and diversified strategies including prevention, diagnosis, treatment, and rehabilitation.

The best way to incorporate sexual medicine into clinical practice is to address actively sexual problems. Most healthcare providers are either embarrassed or concerned about the time it takes to deal with sexual issues of their patients.

Effective management of the doctor's role in relation to sexual issues requires profound knowledge, and empathy, use of the appropriate patient's language and, a non-discriminatory attitude towards the patient's complaints. Patients are expecting their physicians open-minded even to rare and uncommon sexual attitudes and needs.. Some educational programs in this field aim at supporting and improving students' communication skills for sexual health consultations, but to date only few initiatives and programs have addressed and reached a broader medical community.

There is a growing body of evidence in the literature over the past 2 decades that sexual problems are relatively common afflicting between 10–52% of men and 25–63% of women. On the other hand satisfying sex life is considered as an important part of a healthy and satisfying life according to 84% of married women and 94% of married men. There is an increasing awareness regarding sexual health and problems in the public

domain including the mass media over the recent years. However, despite increased public and professional awareness and increasing patients' demand, sexual problems and dysfunctions are among the highest underdiagnosed and undertreated diseases so far.

There are many obstacles for adequately addressing sexual health issues with either physician's or patient's discomfort, insufficient training and knowledge, ignorance of the prevalence and importance of sexual concerns and last but not least time concerns. Even when patients want to discuss their sexual issues they see themselves confronted with insurmountable barriers once they are seated in front of the doctor's desk. One of the major barrier for outing themselves is the personally perceived doctor's authority not allowing them to speak about their sexual problems. Frequent barriers for physicians to deal with sexual issues are insufficient knowledge and inadequate training in communication skills; lack of information about treatment options; time constraints and inadequate reimbursement. Physicians may also have difficulties to keep objectivity and neutrality. Once they are dealing with sexual issues of their patients.

Both Patients' and physicians discomfort finally often result in omission of adequate medical counseling and care related to sexual complaints. In 2000, the World Health Organization (WHO) published a document entitled *Promotion of Sexual Health*, which defined sexual health and urged physicians to take the lead in addressing sexual health concerns of patients. The WHO recognized that *all physicians need more training in sexual health*, and that *physicians specializing in reproductive health need more in-depth training in sexuality issues*.

Today's patients expect their physician to be adequately educated, and comfortable in discussing sexual issues with them, taking the lead in the discussion. At least the patients can expect that they may be referred for their sexual complaints to a specialist wherever possible. At present sexual health training in graduate medical education is either unaddressed or underrepresented. According to Rosen et al., "Residency training in Sexual Medicine has been largely neglected, with little attention given to educational curriculum development or implementation; and only few programs provide training in sexual problem management across disciplines or subspecialties (e.g., family medicine, internal medicine, OB-GYN, urology, and psychiatry).

Depending on the physician's final specialization typical sexual issues related to the respective specialization should be a mandatory element of either curriculum.

Elements for medical education and training in Sexual Medicine are in particular:

- lectures on sexual health contents: instruction by experts on complex biomedical issues.
- case-based seminars: interactive, generate adult learning
- workshops and patient panels: exposure to multiple viewpoints
- training in interviewing couples: modeling of complex interaction
- discussion groups: exploration of feelings and self-reflection
- immersion/desensitization: exposure to alternative practices
- scripted role-play: observe expert demonstration of interviewing/counseling skills
- role-play (individual): practice eliciting sensitive information in a safe environment (open-ended questions and normalizing statements)
- standard patient scenarios: structured practice with immediate feedback
- observed structured clinical encounters (OSCEs): competency assessment and evaluation

- video review of live encounters: individualized feedback and self-reflection
- clinical and research electives: personalized in-depth exposure
- faculty development: enhance dissemination and multidisciplinary interaction
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Contents for such training curricula should be similar to undergraduate education and the program should be based on the best available evidence-based medicine and include:

Knowledge

- 1 Anatomy and physiology of the sexual response
- 2 Psychology
- 3 Biological basis of human sexuality
- 4 Sexual development
- 5 Sexual identity and orientation
- 6 Gender identity
- 7 Sexual behavior
- 8 Sexual dysfunction
- 9 Cross-cultural and religious issues in sexual health
- 10 Sex and relationships
- 11 Sex and reproductive health
- 12 Sex and aging
- 13 Sex and the effect of medical problems and their treatments
- 14 Therapeutic interventions for sexual dysfunction
 - Sex therapy/counseling
 - Medications
 - Surgery
 - Office-based counseling
 - Sexual psychotherapy
 - Medico-legal aspects of sexuality and sexual behavior
 - Ethical aspects of sexual medicine
 - Sexual research
 - History of sexual medicine

Skills

Communication

- With professionals
- With patients and partners

Education

- With professionals
- With patients and partners

- Clinical assessment
- Clinical management
- Clinical governance
- Administrative skills
- Research skills
- Advocacy skills

For Sexual Medicine as a relatively new discipline, programs for specialist training and specialist accreditation are needed. Yet, so far there is no consented training and

accreditation process neither on an international nor on a national level for medical practitioners as is the case for nearly all other medical disciplines. Consequently, professionals, patients, and officials/ regulators may be uncertain about the credentials of some sexual medicine specialists.

In 2004, John Pryor, past president of ESSM, was invited by the Society's Executive Committee to explore the possibility of establishing a European qualification in Sexual Medicine. The EASM was convened as a joint venture between ESSM and the European Federation of Sexology, with the ESSM as the underwriting society. The members of its foundation Board of Trustees (John Pryor [Chairman], John Bancroft, Hartmut Bosinski, Ian Eardley, Walter Everaerd, Kirstin Fugl-Meyer, Marc Ganem, Dimitris Hatzichristou, Willy Pasini, Robert Porto, and Gorm Wagner) were selected to reflect the diversity of clinical practice in the field and to provide a pan-European perspective. The trustees met for the first time on December 3, 2004 and, over the period of about 2 years, they developed a syllabus for Sexual Medicine identifying the professional skills of the future Sexual Medicine specialist and the cornerstones of the new specialist qualification.

The trustees were clear in their opinion that the qualification should be more than just an academic test and it was agreed that candidates for the new qualification, with the proposed title of the Fellowship of the European Academy of Sexual Medicine, must also:

- be registered as a specialist in an appropriate discipline, which could include family medicine/general practice;
- have clinical experience in the field of Sexual Medicine of a yet-to-be-determined duration, supervised by recognized teachers;
- have attended a minimum of 120 hours approved structured teaching, covering the basic knowledge as identified in the syllabus; and
- on completion of the above conditions, pass an examination; the format of the examination remained to be decided.

Today the most extensive postgraduate CME program was initiated by the European Society for Sexual Medicine (ESSM) in 2007. The ESSM launched the Oxford course, a 2-week residential program of 76 hours of teaching, discussion, and sexual health interviewing and counseling skills training, conducted by international experts. This course was designed to be a first effort toward compliance with the "structured teaching requirements" anticipated for professional qualification as a sexual health specialist under the new European Division of Sexual Health (see further, John Dean report). The 9th European School of Sexual Medicine was held in Budapest, between 16th and 25 October 2015.

Concerning accreditation, the first meeting of parties interested in the establishment of the Multi-disciplinary Joint Committee on Sexual Medicine (MJCSM) was held in Malaga on 17th September 2010. It was chaired by Ian Eardley, ESSM President and member of the European Board of Urology, and representatives from ESSM, the UEMS Board of Psychiatry, the European Board and College of Obstetrics and Gynaecology, and Dr John Dean, ESSM Director of Education in attendance. The represented boards supported the establishment of the MJCSM. It was also agreed that involvement of the Boards of Endocrinology and Dermatology is desirable resulting in their invitation to participate.

Formal approval for the foundation of the MJCSM would be sought from UEMS and draft by-laws for the MJCSM were agreed by the group. In 2011, approval for a MJCSM was given by the UEMS. Members of the group have been allocated sections of the existing syllabus and to begin developing items for an MCQ examination component of the proposed “particular qualification”. Since 2012 an theoretical exam is taking place with more than 350 fellows from all the world continents

On the other hand , the need for a training program providing basic knowledge and science in Sexual Medicine on a lower level than the particular specialization in Sexual Medicine for interested physicians from different disciplines was expressed by the current ESSM president Prof.H.Porst. In February 2011, during a brain storm meeting of the Executive Committee of the ESSM a decision was made to increase the related efforts and provide the stage for this special educational program in Sexual Medicine For this purpose the chairman of the scientific committee (Dr A. Salonia) started with the development of an **ABC master course** in Sexual Medicine (see further), which will take place for the first time during the annual ESSM meeting, in Milano in December 2011.

The respective educational and training programs, must be properly validated and professionally supervised. In agreement with universal standards, it is recommended to establish regional and international centralized infrastructures for these projects finally allowing standards for accreditation Sexual Medicine.

Future developments

A proposal had been received from the Dutch SSM to run a national programme in association with the School of Sexual Medicine. This programme would be based upon a web-based learning management system and a series of one and two-day courses delivered over the course of a year. This structure was desirable in The Netherlands, as many doctors would like to benefit from the ESSM teaching programme but could not take two weeks from their practice to attend the Oxford course. The course would also be delivered in Dutch, rather than English. The Dutch Society will collaborate with the Free University of Amsterdam to deliver presentations, supporting materials (hand-outs, slide-kits, etc.) and questionnaire assessments through a Web-based Learning Management System (LMS). The LMS is already used to deliver a range of university courses, including courses for health professionals.

Special modules tailored for different cultural groups and in different languages could easily be added. The project as proposed would provide the opportunity for specialist Sexual Medicine learning to a world-wide audience. Participants could subscribe individually or have their subscription paid for by a sponsor (institution or industry). There is a negligible difference in running costs between delivering this for 200 and 2000 doctors, but a very big difference in the potential income.

Impact on the evolution of the Oxford Programme: If successful, this development in Web-based learning may lead to changes in the Oxford programme; it may be possible to reduce the duration and cost of the course from 2012 onwards, by having a residential skill acquisition/attitudinal development course, supported by on-line knowledge acquisition for registered participants.

Commercial opportunities: The greatest commercial opportunities might arise from developing GP and non-specialist learning modules, including some on men’s and

women's health; These modules would incorporate continuous and summative assessment processes, and might be recognised by the award of a certificate of completion by the Society. .

The Commitment of the ESSM

The European Society for Sexual Medicine is the first and only association which committed and started a structured educational program in broad level of education.

As stated in this report the activities started in 2004 with the foundation of the Academy for Sexual Medicine. In the following years activities were focused on the development of specialized in depth training program for Sexual Medicine experts. Efforts were made to establish an accreditation program within the frame-work of the UEMS.

It seems that in this field success was obtained. The Oxford School of Sexual Medicine is successful and as very useful rated by participants.

MJCSM has been recently established and hopefully the UEMS "particular qualification" in Sexual Medicine will be available in a year.

The next step is the development of educational opportunities at a basic level of education in Sexual Medicine.

For coordination of all these activities, recently an Educational Committee of the ESSM was founded and the first meeting of this committee will be held in June 2011 in Amsterdam.

Chairman of the committee is Y. Reisman (NL), urologist and sexologist. The committee members are:

- Giovanni Corona(It), endocrinologist
- Natalio Cruz(S), urologist
- Beatrice Cuzin (F), urologist
- Christina Damsted Petersen (D), gynaecologist
- John Dean (GB), sexual medicine physician, director of education
- Ilan Gruenwald(IL), urologist
- Evie Kirana(G), psychologist
- Rene Kropman (NL), urologist
- Hartmut Porst(D),

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Appendix II: **European School of Sexual Medicine** **Draft Curriculum**

1. Introduction

Sexual Medicine is a discipline concerned with the impact of psychophysiology, relationships, socio-cultural influences, developmental effects, sexual preference and variations, gender identity and inter-gender differences on the sexual function and experience of men and women of all ages, both as individuals and within the context of their relationships. Its aim is the restoration or improvement of function, and the optimisation of sexual experience and well-being, and of personal and interpersonal satisfaction with sexuality.

The provision of excellent care for men and women with concerns regarding sexuality and sexual behaviours, delivered safely, is at the heart of the curriculum. Its aims are to ensure the highest standards of evidence-based Sexual Medicine practice and the delivery of high quality training. The curriculum is broad-based to ensure that physicians are more than just technical experts, and have adequate knowledge of Sexual Medicine that may extend beyond their usual area of practice. In particular, physicians who work exclusively with men must have adequate knowledge of Sexual Medicine practice for women, and those focussing primarily on biomedical aspects of Sexual Medicine must have adequate knowledge of psycho-socio-cultural aspects of Sexual Medicine practice, and of psychotherapeutic interventions.

Equality and diversity are integral to the rationale of the curriculum. It encourages policies and practices that:

- Ensure every individual is treated with dignity and respect irrespective of their age, disability, gender, religion, sex, sexual orientation and ethnic, national or racial origins;
- Promote equal opportunities and diversity in training and the development of a workplace environment in which colleagues, patients and their carers are treated fairly and are free from harassment and discrimination.

2. The Syllabus of Sexual Medicine

The syllabus of Sexual Medicine is intended to provide a general overview of the areas of medicine that must be covered within the curriculum. It was developed by an expert panel drawn from members of the European Society for Sexual Medicine and European Federation of Sexology. It deliberately avoids specifying what “must” be learned, as that might seem to imply that learning is limited to the topics listed. The syllabus represents a “starting point” from which the aspiring physician should develop and expand their learning.

The EUROPEAN ACADEMY SYLLABUS of SEXUAL MEDICINE

The Sexual Physician must have acquired, and must maintain, specialised knowledge in the following areas, including relevant basic sciences:

1. Sexual Development
 - a) Sexual differentiation and development, including developmental abnormalities of male and female genital and reproductive systems
 - b) Social and cultural factors in sexual development
 - c) Psychosexual development, including the development of gender identity and sexual orientation
 - d) The incorporation of sexuality into relationships
 - e) Mating strategies and patterns of sexual behaviour

2. Psychology and physiology of sexual response
 - a) Central and peripheral neurovascular mechanisms, including the role of higher brain centres
 - b) Role of hormones and the immune system
 - c) Genital and other peripheral responses
 - d) Orgasm, emission and ejaculation

3. Impact of gender

Similarities and differences between men and women in

 - a) Psycho-physiological processes and how they are experienced
 - b) Patterns of sexual behaviour throughout life
 - c) Sexual attitudes

4. Sexual Orientation
 - a) Theories of causation
 - b) Epidemiology
 - c) Impact on sexuality, sexual response and behaviours
 - d) Evolution of socio-cultural attitudes

5. Ageing and sexuality
 - a) The effect of physiological, psychological and socio-cultural factors on sexuality throughout life
 - b) Changes in sexual response throughout life

6. Sexual dysfunctions in men and women
 - a) Definitions, classification and systems of nomenclature
 - b) Epidemiology, pathophysiology and risk factors
 - c) Differentiation between sexual dysfunction and short term, or transient, alterations of sexual function
 - d) Diagnosis and treatment of sexual dysfunctions
 - i) Desire disorders
 - ii) Arousal disorders
 - iii) Orgasmic disorders
 - iv) Ejaculatory disorders
 - v) Genital pain and pelvic floor disorders
 - vi) Structural/anatomical abnormalities

7. Problematic or variant sexual behaviours
 - a) Paraphilia (exhibitionism, voyeurism, paedophilia, sadomasochism, fetishism, etc.)
 - b) Variant (behaviours other than peno-vaginal intercourse) sexual behaviours
 - c) High risk, compulsive and/or addictive sexual behaviour
 - d) Paraphilia, variant sexual behaviour and the law

8. Gender identity disorders
 - a) Theories of causation
 - b) Definitions, classification and systems of nomenclature
 - c) Epidemiology
 - d) Diagnosis, management and standards of care

9. Impact of other conditions on sexuality and sexual function
 - a) Somatic or psychic disorders and/or their treatment
 - b) Sexually transmitted infections
 - c) Sexual problems related to reproduction
 - d) Iatrogenic sexual problems, including the impact of drugs, surgery and radiation
 - e) Sexual violence and abuse

9. Clinical management of sexual disorders

- a. Principles
 - i) Evidence based medicine
 - ii) Combination of psychosomatic and somato-medical approaches
 - iii) Interdisciplinary collaboration in Sexual Medicine
 - iv) Patient- and couple-centred care
- b. Methods
 - i) Establishing and managing a Sexual Medicine service
 - ii) Educational
 - iii) Psychotherapeutic
 - iv) Pharmacological
 - v) Physical and surgical
 - vi) Integrative care

10. Ethical and legal aspects of Sexual Medicine

11. Research methods related to Sexual Medicine

12. History of Sexual Medicine

The Sexual Physician should be able to apply their knowledge to the many different situations where Sexual Medicine can benefit patients, and be prepared to use this expertise in collaboration with colleagues in other specialties.

Sexual Medicine is an innovative specialty and the Sexual Physician must ensure that they keep abreast of advances in the discipline by taking part in Continuing Medical Education in all its forms.

3. The Scope of Sexual Medicine Practice

The following list defines, in general terms, the scope of Sexual Medicine practice, and the essential skills and levels of clinical expertise expected of a Sexual Physician in specialist practice. The European School of Sexual Medicine endeavours to prepare physicians to acquire the knowledge, judgement, skills and attitudes required for such practice. It is unlikely that their expertise will be confined to the descriptions that follow, as most will have additional interests and competencies that arise from previous training in their primary specialisation.

The Sexual Physician will expect to see patients who may present with a range of problems and concerns. As used here, the term “manage” equates to diagnosis, assessment and treatment or referral, as appropriate. Where the term “manage” is used, it is expected that the Sexual Physician will *normally* provide competent personal management for the problem specified; where the terms “manage or refer” are used, it is expected that the Sexual Physician will be *capable* of providing competent personal management for the problem specified but may elect to refer to another healthcare provider for management. Where text is italicised within square parentheses, for example [*manage or*], it is not expected that *all* Sexual Physicians will provide personal management for the problem specified. The personal management of specific problems is likely to be influenced by the nature of the Sexual Physician’s practice; where the practice is based in a gynaecology setting, the Sexual Physician may not routinely provide *care* for the full range of sexual problems of men but they should still be able to offer expert *advice*.

In all cases, management of the “patient” implies management within the context of that person’s socio-cultural milieu; it will always involve consideration of their sexual partner(s), not only in terms of partner impact on patient sexual well-being, but also in terms of any partner’s personal sexual well-being. The physician must be able to work with both individuals and couples, according to their needs. This will frequently require the physician to offer advice to both partners in a sexual relationship.

The Sexual Physician who has completed training for independent specialist practice is able to:

Manage the patient (male and female) with concerns regarding their sexual development (physical and psychological)

- Competently diagnose, assess, and manage or refer patients with problems of physical and psychological sexual development
- Be familiar with common misconceptions surrounding physical and psychological sexual development
- Correct misconceptions and competently educate patients about physical and psychological sexual development
- Competently diagnose, assess and manage patients with concerns regarding genital morphology (e.g. men with concerns over penis size)

Manage the patient (male and female) with concerns regarding their sexual relationship(s)

- Have a detailed knowledge of common adaptations that occur within sexual relationships in response to sexual problems
- Competently diagnose, assess, and manage or refer patients with concerns regarding their sexual relationship(s)

Manage the patient (male or female) with concerns regarding their sexual thoughts and behaviours (sexual fantasy, oral and anal sexual activities, masturbation and other non-intercourse behaviours)

- Be familiar with the range of sexual thoughts and behaviours experienced by men and women
- Be familiar with the legal and socio-cultural impact of such thoughts and behaviours in different communities, and their impact on patients and partners
- Correct misconceptions and competently educate patients with concerns about sexual thoughts and/or behaviours

Manage the patient (male and female) with concerns regarding sexual motivation (desire, drive, etc.)

- Competently investigate, diagnose, assess, and manage patients with low or absent desire, including hypoactive sexual desire disorder
- Competently investigate, diagnose, assess, and [manage or] refer patients with sexual aversion disorder

Manage the patient (male and female) with concerns regarding sexual arousal (cognitive, genital/somatic or mixed)

- Competently investigate, diagnose, assess, and manage male patients with erectile dysfunction
- Competently investigate, diagnose, assess, and manage female patients with cognitive, genital/somatic disorder and mixed sexual arousal disorder
- Competently investigate, diagnose, assess, and [manage or] refer male and female patients with persistent genital arousal disorder

Manage the patient (male and female) with concerns regarding orgasm

- Competently investigate, diagnose, assess, and manage male and female patients with delayed/retarded orgasm or anorgasmia
- Competently investigate, diagnose, assess, and manage male and female patients with dysorgasmia

Manage the patient (male and female) with concerns regarding ejaculation

- Competently investigate, diagnose, assess, and manage male patients with premature ejaculation
- Competently investigate, diagnose, assess, and [manage or] refer male patients with anejaculation
- Competently investigate, diagnose, assess, and [manage or] refer male patients with painful ejaculation
- Competently investigate, diagnose, assess, and manage female patients with concerns regarding ejaculation-like symptoms related to orgasm or sexual activity

Manage the patient (male and female) with concerns regarding pain associated with sexual response or sexual activity

- Competently investigate, diagnose, assess, and manage male and female patients with concerns regarding pain associated with sexual response or sexual activity
- Competently investigate, diagnose, assess, and manage male patients with sexual pain related to NIH Type III chronic pelvic pain syndrome (abacterial chronic prostatitis)

- Competently investigate, diagnose, assess, and manage female patients with sexual pain, unrelated to gynaecological and pelvic disorders, including vaginismus

Manage the patient (male and female) with concerns regarding non-consummation of a sexual relationship

- Competently investigate, diagnose, assess, and [manage or] refer male and female patients with concerns regarding non-consummation of a sexual relationship

Manage the patient (male and female) with concerns regarding sexual orientation

- Have a detailed knowledge of contemporary scientific literature regarding homosexuality and sexual orientation, particularly with respect to the development of sexual orientation, and its impact on relationships and sexual medicine practice
- Be familiar with common misconceptions surrounding sexual orientation
- Correct misconceptions and competently educate patients about sexual orientation
- Competently diagnose, assess, and [*manage or*] refer patients with concerns regarding sexual orientation

Manage the patient (male and female) with concerns regarding gender identity

- Be familiar with contemporary scientific literature regarding gender identity and gender identity disorders, particularly with respect to the development of gender identity, and its impact on relationships and sexual medicine practice
- Be familiar with common misconceptions surrounding gender identity and gender identity disorders
- Correct misconceptions and competently educate patients about gender identity and gender identity disorders
- Competently diagnose, assess, and [*manage or*] refer patients with gender identity disorders and gender dysphoria, including transsexualism and dual-role transvestism

Manage the patient (male and female) with concerns regarding sexual preference, including disorders of sexual preference (paraphilias)

- Be familiar with the scientific literature regarding disorders of sexual preference (paraphilias) and their management
- Be familiar with common misconceptions surrounding sexual preference
- Correct misconceptions and competently educate patients about widely-practised “optional” variations in sexual preference (“sex play”) that do not constitute disorders of sexual preference (paraphilias) and “exclusive” variations that constitute disorders of sexual preference (paraphilias)
- Competently diagnose, assess, and [*manage or*] refer patients with concerns regarding disorders of sexual preference (paraphilias), including sadomasochism, paedophilia, voyeurism, exhibitionism, autogynaephilia and fetishism

Manage the patient (male and female) with sexual concerns arising from contraception, pregnancy and the menopause

- Have a detailed knowledge of physiological and psychological changes in sexuality that occur as a result of use of contraception, during pregnancy, and in the peri- and post-menopausal phases of women’s lives
- Competently diagnose, assess, and [*manage or*] refer patients with concerns regarding physiological and psychological changes in sexuality that occur as a result of use of contraception
- Correct misconceptions and competently educate patients with concerns regarding sexual activity during the course of a pregnancy, including safety issues
- Competently diagnose, assess, and manage or refer patients with concerns regarding physiological and psychological changes in sexuality that occur during pregnancy, or in the peri- and post-menopausal phases of women’s lives

Manage the patient (male and female) with sexual concerns arising from healthy ageing

- Have a detailed knowledge of physiological and psychological changes in sexuality that occur with healthy ageing
- Correct misconceptions and competently educate patients with concerns regarding sexual activity for healthy older people

Manage the patient (male and female) with sexual concerns arising from other medical conditions (including mental health problems) or their treatments, including drug therapy, surgery and radiotherapy

- Have a detailed knowledge of contemporary scientific literature regarding the effect of medical interventions, including drugs, surgery, radiotherapy, on sexuality
- Work collaboratively with health professionals in other medical disciplines to maintain the sexual well-being of men and women with sexual concerns related to other medical conditions (including mental health problems) or their treatments
- Advise patients and health professionals in other medical disciplines on the prevention of sexual problems related to other medical conditions (including mental health problems) or their treatments (e.g. strategies to reduce the risk of sexual dysfunction, including ED, in patients undergoing pelvic surgery or radiotherapy, and in the selection of drug therapies that have less or no effect on sexuality)
- Competently investigate, diagnose, assess, and manage patients with sexual concerns arising from other medical conditions (including mental health problems) or their treatments (e.g. men who develop sexual dysfunction, including ED, subsequent to undergoing pelvic surgery or radiotherapy)

Manage the patient (male and female) with concerns related to genital dermatology and STI

- Competently investigate, diagnose, assess, and *[manage or]* refer male and female patients with concerns regarding dermatological conditions affecting the genital skin and mucous membranes
- Competently investigate, diagnose, assess, and *[manage or]* refer male and female patients with concerns regarding sexually-transmitted infection

Promote the health and well-being of patients (male and female) in Sexual Medicine practice

- Have a detailed knowledge of contemporary scientific literature regarding men's and women's health (gender-specific medicine)
- Work collaboratively with health professionals in other medical disciplines to maintain the general health and well-being of men and women who may be seen in Sexual Medicine practice
- Advise patients and health professionals in other medical disciplines on the relationship between men's and women's health and sexual well-being
- Competently investigate, diagnose, assess, and manage patients with sexual concerns related to men's and women's health issues

Address the ethical and legal responsibilities of Sexual Medicine practice

- Have a detailed knowledge of, and strictly observe, the ethical obligations of a medical practitioner, especially those of a medical practitioner working in Sexual Medicine practice
- Have a detailed knowledge of the law relevant to Sexual Medicine practice and of your legal obligations in your country of practice, especially with respect to ensuring the safety of children and vulnerable adults
- Be aware of the law, and socio-cultural mores, related to sexual behaviours in the countries and communities in which your patients live, and offer appropriate advice should their behaviours conflict with them

4. Standards for Depth of Knowledge Required in Sexual Medicine

The appropriate depth and level of knowledge required can be found in exemplar texts tabulated below. We expect trainees to have mastery at the depth within the texts and to be able to make use of that knowledge in the context of Sexual Medicine practice defined in the core components of the curriculum above.

The curriculum requires a professional approach from Sexual Medicine trainees, who will be expected to have a deep understanding of the subjects, to the minimum standard laid out below. It is expected that trainees will read beyond the texts below and to make critical use, where appropriate of original literature and peer scrutinised review articles in the related scientific and clinical literature such that they can aspire to an excellent standard in Sexual Medicine practice.

The texts are not recommended as the sole source within their subject matter and there are alternative textbooks and web information which may better suit an individual's learning style. Over time, it will be

important for associated curriculum management systems to provide an expanded and critically reviewed list of supporting educational material.

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5. Assessment and appraisal

The role of the European School of Sexual Medicine is to provide learning opportunities that deliver the curriculum for Sexual Medicine. It provides certificates of completion to participants in its learning activities, which include some formative appraisals, but it does not offer summative assessment or appraisal of Sexual Medicine practice. Summative assessment or appraisal of Sexual Medicine practice is a function of a Sexual Medicine regulatory authority.

The techniques of assessment and appraisal for Sexual Medicine practice will eventually be determined by its regulatory authority. The following techniques are used in contemporary medical education practice and are encouraged by the European School of Sexual Medicine.

- Portfolio of practice
- Workplace-based assessment feedback
- Assigned Educational Supervisor's report
- Research, projects and audit
- Reflective practice
- Case-based discussion and audit as a part of case presentation
- Objective-structured clinical examination (OSCE)
- Multiple-choice question examination

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