New Developments in Education and Training in Sexual Medicine

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ABSTRACT

Introduction. The past 12 months have been historic ones for the field of Sexual Medicine in that we have seen the creation of the European Board examination in Sexual Medicine with the title of “Fellow of the European Committee on Sexual Medicine” (FECSM) offered to successful candidates.

Aim. The study aims to promote a high standard of care in Sexual Medicine.

Methods. An important way of promoting high standards of care is by the development of training, regulation, and assessment framework. The background to these developments and the recent educational activities of the European Society for Sexual Medicine (ESSM) are described in this article.

Results. The creation of the Multidisciplinary Joint Committee on Sexual Medicine (MJCSM) under the auspices of the European Union of Medical Specialists, with the primary purpose to develop the highest possible standards of training in Sexual Medicine in Europe, made it possible to create a process for qualification in Sexual Medicine. The ESSM educational activities created opportunities to support trainees in Sexual Medicine and the first MJCSM exam was held in Amsterdam with a high overall success rate.

Conclusion. These activities are intended to improve quality. The FECSM examination is the first of its type and provides a real opportunity for Sexual Medicine physicians to demonstrate and document their knowledge.

Key Words. Education; Training; Qualification; Sexual Medicine

Introduction and Short History

The past 12 months have been historic ones for the field of Sexual Medicine in that we have seen the creation of the European Board examination in Sexual Medicine with the title of “Fellow of the European Committee on Sexual Medicine” (FECSM) offered to successful candidates. The background to these developments is described in this article.

In the west, Sexual Medicine therapy was available on only a limited scale in the first part of the last century, and then only to a select part of the population. During the second part of the century Sexual Medicine developed into a thriving branch of health care and it is now available, if needed, to most men and women around the world. The physicians who provide this care have largely been self-taught and come from a variety of medical disciplines including urology, gynecology, venereology, psychiatry, and primary care. Latterly, the fields of endocrinology and cardiovascular medicine have also contributed to the development of the specialty. The quality of care provided by these physicians has thus far been unregulated and has only been demonstrable by audit, by presentation of data at meetings, by publication in peer-review journals, and by the publication of guidelines by scientific societies.[1,2]

Despite this growth in the field of Sexual Medicine, it is not currently recognized in Europe (and indeed in other parts of the world) from a
regulatory perspective as either a specialty or as a subspecialty of another discipline. In addition, significant differences exist between the regulation and recognition of medical specialties in the different European countries, and this has had a major impact on, firstly, the way that sexual medicine health care is provided, secondly, on the standard of care that is provided, and thirdly, on the way in which the population can access the service [3].

One way of promoting high standards of care is by the regulation and assessment of training. Assessment is most typically by examination, but latterly, especially in relation to clinical and technical skills, the use of assessment in the workplace has grown. The objectives of assessment are to improve the professional performance of the individual clinician by careful and extensive evaluation of all aspects of his or her practice, and there is typically an assessment of the knowledge, the clinical skills, the technical skills where appropriate, and the behaviors and attitudes of the individual. For the individual, the motivation for undergoing such an assessment is complex [4]. Certainly, it is often required for regulatory reasons, but other reasons include personal growth as a practicing clinician, an opportunity to increase self-confidence, and a desire to improve standards of care. Given the lack of recognition as an independent specialty, no assessment framework has been developed to date to underpin training in sexual medicine.

In 2003, John Pryor approached the Executive Committee of the European Society for Sexual Medicine (ESSM) with an idea of seeking to develop a regulatory framework for Sexual Medicine under the auspices of the European Union of Medical Specialists (UEMS). In the years that followed, a group of highly distinguished experts in the field was assembled. This group (who was appointed as the so called “Academy of Sexual Medicine”) developed a short curriculum for sexual medicine. The ESSM, under the Presidents Francesco Montorsi and Ian Eardley, appointed John Dean to be the Director of Education with a remit to develop a training program in sexual medicine including an annual Summer School, which has continued to be held in Oxford and which seeks to teach attendees the relevant components of the curriculum. Delegates from all over the world have subsequently attended the summer school. Simultaneously, there were attempts to create an overarching regulatory structure via UEMS. This involved the creation of a Multidisciplinary Joint Committee in Sexual Medicine (MJCSM) with representatives of the European Board of Urology (EBU), the European Board and College of Obstetrics and Gynaecology (EBCOG), and the European Board of Psychiatry (EBPsych) together with representatives of ESSM. The politics of UEMS are complex and it was not until March 2010 that Ian Eardley was able to present the concept of an MJCSM to the UEMS council. The proposal was unanimously approved, and in October 2011 the MJCSM met for the first time [5].

The UEMS

The UEMS [5] was founded in 1958, 1 year after the Treaty of Rome, with the goal of defending the interests of European medical specialists in the emerging Europe. It is the UEMS’ position that the quality of care is directly linked to the quality of training. Its main actions include the setting of standards in medical training, being an advocate for competence-based training and assessment, the development of a mechanism for the evaluation of the competence for medical specialists, and the development of European-wide examinations. At its heart there is a desire to have Europe-wide standards, with the term “harmonization” reflecting this objective.

The UEMS represents the national bodies of specialists to the Standing Committee of Doctors of the European Commission. The UEMS is not funded by the European Commission but by the national medical bodies, which are responsible for sending representatives. In the United Kingdom, for example, the British Medical Association acts as a facilitator while the Royal Colleges and Faculties choose the individual delegates.

The UEMS is an umbrella organization that includes more than 50 medical disciplines. The most important are the 39 Specialist Sections, which represent independently recognized medical specialties. They each have a Board as a subgroup, which usually works with the relevant European Society, with a view to defining European standards of medical education and training. Where areas of medical practice span two or more medical specialties, it is possible to create a Multidisciplinary Joint Committee that can provide the oversight for developing standards, curricula, and examinations. The MJCSM is one such committee, with representatives from the Boards of Urology, Obstetrics and Gynaecology, and Psychiatry, and with expressions of interest from the Boards of Endocrinology and Venereology.
The MJCSM

The MJCSM bylaws were approved by the relevant Boards and by UEMS, with the appointment of Ian Eardley as Chairman, Yacov Reisman as Secretary, and Sabine Kliesch as Treasurer. The primary purpose of the MJCSM is to develop the highest possible standards of training in Sexual Medicine in Europe. To achieve this objective, there are a number of functions that are being addressed by the Committee including:

• development of a curriculum in Sexual Medicine
• setting of educational standards for training institutions
• accreditation of training institutions
• identification of minimal requirements for training
• development of an assessment framework, including development of an examination

While all these areas of work are under way, priority was given to the development of an examination that was blueprinted to the original syllabus developed by the Academy of Sexual Medicine. An exam committee under the Chairmanship of Johannes Bitzer and including representatives from different disciplines (gynecology, urology, basic science, psychiatry, psychology, and family medicine) was established in order to develop criteria for eligibility, to receive and assess applications, to develop the examination, and finally to actually conduct the examination [6].

ESSM Educational Activities

Just as the MJCSM was being “born,” ESSM president Hartmut Porst initiated the ESSM education committee. The primary responsibility of the Committee is to support trainees in sexual medicine by providing educational opportunities to help them to be successful in the forthcoming examination. Among the activities that the committee oversaw included the following.

ABC Master-Course

An ABC master-course was introduced, which provided educational opportunities for both beginners and specialists in the field, and which incorporated endocrinological, urological, surgical, gynecological, psychological, and psychiatric components. This ABC master-course in Sexual Medicine was originally conceived as a course for “beginners” but it has rapidly become apparent that it is an opportunity for those who would like to update their knowledge in Sexual Medicine.

Syllabus for Sexual Medicine

While the MJCSM has used the original syllabus that was defined by the Academy, this was a short document that provided little detail for a candidate seeking to pass the examination. Another problem facing prospective candidates for the examination was that there are a few textbooks in sexual medicine that actually cover the whole of the discipline. In response to this challenge, the Education Committee developed “The Syllabus for Sexual Medicine,” a multiauthor and multidisciplinary textbook covering all the different aspects of Sexual Medicine for both sexes. Most of the authors of this comprehensive syllabus were members of the ESSM Education Committee, and the timescales for the development of the book were extremely short. It parallels the MJCSM syllabus and is divided into four sections:

1. General considerations in Sexual Medicine, including history, anatomy, physiology, endocrinology, and psychology, as well as sexual development and orientation
2. Male sexual disorders and considerations
3. Female sexual disorders and considerations
4. Mixed topics including identity disorders, addiction, paraphilia, cancer and sexuality, and sexually transmitted diseases

The book and the interactive CD-ROM were presented at the annual meeting of ESSM in Amsterdam in December 2012.

The ESSM Revision Course

A 3-day “crash” course in sexual medicine was held in Amsterdam immediately prior to the examination. The course provided an overview of all the areas in the MJCSM curriculum and provided guidance about exam-taking skills and practice in completing a Sexual Medicine multiple choice question (MCQ). The objectives of the course were not only to revise the relevant knowledge in Sexual Medicine but also to enable attendees who routinely practice Sexual Medicine to improve their clinical skills. Two hundred seventy-five participants from 50 countries attended the course and the course feedback was strongly supportive of the content, the style, and the quality of the course.

The First MJCSM Exam on Sexual Medicine

The MJCSM organized the first examination with the logistic support of ESSM and it was held in
Amsterdam on Wednesday, December 5, 2012. A decision was made that on this occasion, given the large number of established practitioners in the field, the assessment would be restricted to an MCQ examination only. In future years, there will be a requirement for some sort of assessment in the workplace.

To be eligible to take the examination, the candidate needed to be a registered medical practitioner who was either accredited as a medical specialist in his/her country of practice, or a general practitioner/family physician with more than 5 years’ clinical experience of unsupervised independent practice. All candidates needed to be able to demonstrate approved experience in Sexual Medicine. Finally, all applicants needed to pay an examination fee of 400 Euros. The Examination Committee vetted all applications. Those who were able to pass the examination would be able to use the title Fellow of the Committee in Sexual Medicine with the postnominal designation of FECSM. It is important to emphasize that despite the involvement of the UEMS, the title has no regulatory status in any European country, but is simply what one might call “a mark of excellence.”

The questions used in the examination were written by the Education Committee and were vetted as to their ability to discriminate between candidates. They were subsequently proofread by a native English speaker. Just over one third of the questions focused on “basic” topics, with the rest dealing with higher-level areas of the syllabus. The first qualification examination included 100 MCQs according to Table 1, and the breakdown by topic area is also shown in Table 1.

Of the 376 applicants, 341 were eligible to sit the exam and 323 physicians from 54 countries actually took the exam. The overall success rate was 87.6%. Table 2 shows the numbers of participants by geography, together with the relative success rates. Table 3 shows the distributions of participants according to their medical specialty. The 13 who are designated as being specialists in Sexual Medicine are persons who work purely in Sexual Medicine clinics and have wide experience. “Others” included plastic surgeons, and physicians in internal medicine, neurology, and dermatology.

Eighty-three percent of the MJCSM exam participants took part at the ESSM revision course and 27% had previously taken part in the Oxford Summer School of Sexual Medicine, which was initiated in 2007. Table 4 shows the success rates by prior educational activity.

**Table 1** Distribution of the 100 MCQs according to the different domains of sexual medicine

<table>
<thead>
<tr>
<th>Domain</th>
<th>Total no. of MCQ</th>
<th>Basic knowledge</th>
<th>Higher differentiation level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic science including physiology/hormones/anatomy</td>
<td>15</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>Gender identity disorders, addiction, paraphilia</td>
<td>5</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Mix topics including iatrogenic causes of sexual dysfunctions, cancer, and STD</td>
<td>20</td>
<td>8</td>
<td>12</td>
</tr>
<tr>
<td>Male sex dysfunction</td>
<td>30</td>
<td>12</td>
<td>18</td>
</tr>
<tr>
<td>Female sex dysfunction</td>
<td>30</td>
<td>12</td>
<td>18</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100</strong></td>
<td><strong>38</strong></td>
<td><strong>62</strong></td>
</tr>
</tbody>
</table>

MCQ = multiple choice question; STD = sexually transmitted disease

**Table 2** Geographical distribution of candidates for the FECSM

<table>
<thead>
<tr>
<th>Continent</th>
<th>Total candidates N (% of total candidates)</th>
<th>Successful candidates N (% of candidates from that country)</th>
<th>Unsuccessful candidates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Africa</td>
<td>8 (2.5)</td>
<td>8 (100)</td>
<td>0</td>
</tr>
<tr>
<td>North America</td>
<td>8 (2.5)</td>
<td>7 (87.5)</td>
<td>1</td>
</tr>
<tr>
<td>South America</td>
<td>4 (1.2)</td>
<td>4 (100)</td>
<td>0</td>
</tr>
<tr>
<td>Asia</td>
<td>10 (3)</td>
<td>8 (80)</td>
<td>2</td>
</tr>
<tr>
<td>Australia</td>
<td>4 (1.2)</td>
<td>4 (100)</td>
<td>0</td>
</tr>
<tr>
<td>Europe</td>
<td>229 (71)</td>
<td>204 (89)</td>
<td>25</td>
</tr>
<tr>
<td>Middle East</td>
<td>60 (18.5)</td>
<td>48 (80)</td>
<td>12</td>
</tr>
<tr>
<td><strong>Total N (%)</strong></td>
<td><strong>323 (100)</strong></td>
<td><strong>283 (87.6)</strong></td>
<td><strong>40</strong></td>
</tr>
</tbody>
</table>

FECSM = Fellow of the European Committee on Sexual Medicine

**Future and Conclusions**

The next FECSM examination will take place prior to the next annual ESSM congress in January 2014 in Istanbul. It will be open to newcomers and to those who were unsuccessful in 2012.
Over the next 12 months there will be further work toward the objectives set by the MJCSM. This will include a better-defined curriculum, a more extensive assessment framework, with the inclusion of some form of workplace-based assessment for future candidates. In addition, there will be further work on the standards required for a training institution and we will move toward some sort of accreditation system. All this work will be done by the MJCSM that will also seek collaboration with additional European Boards including Endocrinology and Venereology. Finally the MJCSM will continue to work closely with the professional organization, namely ESSM. It is important, however, for there to be clear differentiation between a body that sets standards and runs examinations (i.e., MJCSM) and a body that delivers education and provides a home for the professionals (i.e., ESSM).

At present the MJCSM must restrict its activities to physicians. There is no parallel system for allied health professionals (AHPs) including psychologists. To try to overcome this problem, the ESSM together with the European Federation of Sexology will soon appoint a task force whose objectives will include the development of similar accreditation processes for AHPs. Our hope is at some time in the future, AHPs will be able to demonstrate their own competence in the field of sexual medicine in a way analogous to the FECSM examination.

The intention is to increase the number of participants and to develop an in-depth program that will offer advanced training in Sexual Medicine.

Taken together, these activities are intended to improve quality. The FECSM examination is the first of its type and provides a real opportunity for sexual medicine physicians to demonstrate and document their knowledge. For the patient, the title FECSM is an indication that the knowledge of the physician has met appropriate standards that apply across Europe. The mantra of the UEMS organization is that by improving the standards of training, we will also improve the standards of care. Whether this translates in the future into formalized training schemes, or regulatory approval of sexual medicine in one or more countries, is at yet unclear. But at least it is a beginning!

Acknowledgments

The MJCSM is composed of Dr. I. Eardley (EBU, chairman), Dr Y. Reisman (ESSM, secretary general), Prof. S. Kliesch (EBU, treasurer), Prof. J. Bitzer (EBCOG), Dr. S. Born (resident), Prof. C. Costa (ESSM), Dr. J. Dean (ESSM), Prof. R. Kirschner (EBCOG), Dr. J. E. Nystrup (EBPsych), Prof. Z. Slavko† (EBPsych).

The MJCSM Exam Committee is composed of J. Bitzer (CH, chairman), B. Cuzin (F), C. Costa (P), E. Kirana (G), J.E. Nystrup (DK), A. Shechter (IL), Y. Reisman (NL).

The ESSM Educational Committee members are: G. Corona (I), N. Cruz (S), B. Cuzin (F), C. Damsted

Table 3  Medical specialty of candidates for FECSM

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Total candidates N (% of total candidates)</th>
<th>Successful candidates N (% of candidates from that specialty)</th>
<th>Unsuccessful candidates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Endocrinology</td>
<td>6 (2)</td>
<td>6 (100)</td>
<td>0</td>
</tr>
<tr>
<td>General practice</td>
<td>36 (11)</td>
<td>34 (94)</td>
<td>2</td>
</tr>
<tr>
<td>Gynecology</td>
<td>38 (12)</td>
<td>32 (84)</td>
<td>6</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>27 (8)</td>
<td>25 (92.6)</td>
<td>2</td>
</tr>
<tr>
<td>Sexual medicine</td>
<td>13 (4)</td>
<td>12 (92.3)</td>
<td>1</td>
</tr>
<tr>
<td>Urology</td>
<td>185 (57)</td>
<td>159 (85.9)</td>
<td>26</td>
</tr>
<tr>
<td>Others</td>
<td>18 (6)</td>
<td>15 (83.3)</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>383 (100)</td>
<td>283 (87.6)</td>
<td>40</td>
</tr>
</tbody>
</table>

FECSM = Fellow of the European Committee on Sexual Medicine

Table 4  Prior educational activities

<table>
<thead>
<tr>
<th>Educational activities</th>
<th>Total candidates N (% of total candidates)</th>
<th>Successful candidates N (% of candidates from that specialty)</th>
<th>Unsuccessful candidates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oxford school</td>
<td>88 (27)</td>
<td>77 (87.5)</td>
<td>11</td>
</tr>
<tr>
<td>Revision course</td>
<td>269 (83)</td>
<td>237 (88.1)</td>
<td>32</td>
</tr>
</tbody>
</table>

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Conflict of Interest: The authors report no conflicts of interest.

References