



Training Requirement

In SEXUAL MEDICINE

FROM THE MULTIDISCIPLINARY JOINT COMMITTEE IN SEXUAL
MEDICINE



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INTRODUCTION : Sexual Medicine (SM) is a highly specialized post-graduate specialty dedicated to quantitative and objective diagnostic examinations of various diseases and disorders, and psychosocial conditions affecting sexuality. Lately, the discipline has strongly extended also into diagnostics and treatments. The specialty requires both depth in knowledge, clinical skills, attitude and behaviour. The Multidisciplinary joint committee for Sexual Medicine has formulated a new curriculum for training in SM. This document has the aim to present recommended standards and guidelines for training in SM within the European Union (EU) in order to acquire specialist competence in SM. The primary goal is that this curriculum in SM will constitute an approved training program in all countries within the EU where SM is practiced. It is recognized that currently SM is not an independent specialty in EU countries. In addition, there are a number of structural and operational differences in the health care systems, appointment procedures, and training protocols in different countries. Thus, the second goal of this curriculum is to harmonise as much as possible the education and training to achieve equal competency among those medical doctors practicing SM in different EU countries. SM consists of several subfields of services, called “modules” from here on in this document.



Part 1. General information about the Curriculum

Curriculum preparation

The constant development of specialist training and practice dictates the need for a periodical review of the Curriculum to ensure that they are consistent with current practice and fit for purpose. The training curriculum in Sexual Medicine has been developed by the Multidisciplinary Joint Committee for Sexual Medicine (MJCSM). The next review of the Curriculum in Sexual Medicine is planned in 3 years.

Timelines in current educational training preparation

The process of the Educational training development started in-depth in September 2018 and included an extensive review of the status in care delivery and experiences regarding training requirements across European countries. Extensive internal consultation within the MJCSM was followed by a review of different areas of practice, specifically in sexual medicine, andrology, urology, endocrinology, gynaecology, psychiatry and psychology. In March 2019 consensus was obtained within the MJCSM regarding the TR. The consultation of the European Society of Sexual Medicine (ESSM) resulted in minor revisions which have been approved by the MJCSM on 26 June 2019.

Scope of the educational training

This Educational training offers a comprehensive and robust overall training framework created by medical specialists and based on assembled EU-wide educational and training experience. The advantage of specialists trained according to the competency is the harmonization of professional standards and professional mobility across Europe.

The Educational training in SM represents current training practice in most European countries and supports high level of a medical training standard which will support patient safety and high quality of care for the benefit of all European citizens. The expectations from the competencies is that all trainees attain the minimum competencies with further expectations of specific competencies depending on the primary specialisation of the person. It is not possible in a multidisciplinary field such as SM for all practitioners to attain level 4 competencies in all areas. Therefore not all competencies listed in this document are level 4 (for definition see page 8)..

Generic competencies and role

Sexual medicine is a postgraduate specialty dedicated to quantitative and objective diagnostic examinations of various diseases and disorders affecting sexuality. While training may take place at any time post registration, to be eligible to take the FECSM examination, the trainee must be either a



registered medical practitioner accredited as a medical specialist in their country of practice or a General Practitioner/Family Physician with more than 5 years of clinical experience of unsupervised independent practice.

The provision of excellent care for the patient with sexual difficulties, delivered safely, is at the heart of the curriculum.

The aim of the curriculum are to ensure the highest standards of practice in sexual medicine by delivering high quality training and to provide a programme of training culminating in the award of a Fellowship in the European Committee of Sexual Medicine (FECSM).

The curriculum was founded on the following key principles that support the achievement of these aims:

- Systematic progression from the beginning of training through to completion.
- Curriculum standards that are underpinned by robust assessment processes.
- Regulation of progression through training by the achievement of outcomes that are specified within the curriculum. These outcomes are competence-based rather than time-based.
- Delivery of the curriculum by physicians who are appropriately qualified to deliver training in sexual medicine.
- Formulation and delivery of care by doctors working in a multidisciplinary environment.
- Collaboration with those charged with delivering health services and training at all levels.

Equality and diversity are integral to the rationale of the curriculum, which encourages a diverse workforce and therefore 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 who takes care of them are treated fairly and are free from harassment and discrimination.

It is expected that these values will be realised through each individual training centre's equality and diversity management policies and procedures.

The curriculum reflects the most up-to-date requirements for trainees who are working towards a FECSM. It is to be used by trainees as well as by trainers, supervisors and training centres that assist trainees in reaching the required competencies.



Part 2. Domains and competencies in the curriculum

-Components of the Curriculum

The curriculum has been designed around four broad areas:

- **Syllabus** - what trainees are expected to know, and be able to do.
- **Teaching and learning** - how the content is communicated and developed, including the methods by which trainees are supervised.
- **Assessment and feedback** - how the attainment of outcomes are measured/judged with formative feedback to support learning.
- **Training systems and resources** - how the educational programme is organised, recorded and quality assured.

In order to promote high quality and safe care of patients, the curriculum specifies the parameters of knowledge, clinical skills, professional behaviour and leadership skills that are considered necessary to ensure patient safety throughout the training process and specifically at the end of the training.

Therefore, the curriculum provides the framework for physicians to develop their skills and judgement and a commitment to lifelong learning in line with the service they provide.

-Length of training

Trainees progress through the curriculum by demonstrating competence to the required standard. Training can take a variable time, given that it will likely occur in parallel with clinical practice. However, in general terms, by the end of the training, physicians will need to demonstrate:

- Theoretical and practical knowledge related to sexual medicine.
- Clinical skills and judgement related to sexual medicine.
- Generic professional and leadership skills.
- An understanding of the values that underpin the profession of sexual medicine and the responsibilities that come with being a member of the profession.
- The special attributes needed to be a sexual medicine physician.
- A commitment to their on-going personal and professional development and practice using reflective practice and other educational processes.
- An understanding and respect for the multi-professional nature of healthcare and their role in it.
- An understanding of the responsibilities of being an employee of a state healthcare system trust, hospital and/or a private practitioner.

-Educational Framework

The educational framework is built on three key foundations that are interlinked:

- Progression in the development of competent practice.
- Standards in the areas of specialty-based knowledge, clinical skills, judgement and professional behaviour and leadership.
- Framework in assessment, appraisal and feedback.



-Progression of training

The curriculum framework has been designed to define progression in the development of competent practice. This provides a mean of charting progress through the various stages of the training in the domains of specialty-based knowledge, clinical and professional behaviour and leadership (including judgement).

-Standards of training

Sexual medicine physicians need to be able to perform in various conditions and circumstances, respond to the unpredictable and make decisions under pressure, frequently in the absence of all the desirable data. They use professional judgement, insight and leadership in everyday practice, working within multi-professional teams. Their conduct is guided by professional values and standards against which they are judged.

The syllabus lays down the standards of knowledge, clinical judgement, technical, operative and professional skills and behaviour that must be acquired at each stage in order to progress. The syllabus comprises the following components:

- An overview that describes the following points:
 - Details of the sexual medicine as practised in Europe.
 - The scope of practice within Sexual Medicine.
 - The key topics that a trainee will cover by the end of the training.
 - An overview of how, in general terms, the training is shaped.
- Key topics that all trainees will cover by certification and will be able to manage independently, including complications. These are also referred to as essential topics.

-Standards for depth of knowledge

During the training, the appropriate depth and level of knowledge required can be found in the texts listed below. We expect trainees to gain knowledge from these texts in the context of practice defined in the curriculum.

The curriculum requires a professional approach from trainees who will be expected to have an in-depth understanding of the subjects, to the minimum standard laid out below. It is expected that trainees will read beyond the texts below and will be able to make critical use out of it, 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 clinical practice.

The texts are not recommended as the sole source within their subject matter. Infact, there are alternative textbooks and web information that may better suit an individual's learning style. Overtime, it will be important for associated curriculum management systems to provide an expanded and critically reviewed list of supporting educational material.



Standard Operating Practice in Sexual Medicine (2006)

Edited H Porst J Buvat

Blackwell Publishing

The ESSM Manual of Sexual Medicine (2015)

Editors Y Reisman, H Porst et al

Medix Publishers

The EFS-ESSM syllabus of clinical sexology (2013)

Editors: PS Kirana, MF tripod et al

Medica Publishers

Standards for Clinical skills

The purpose and Structure of the Training programme

The Training Pathway

The Syllabus

-Overview and objectives of the Sexual Medicine curriculum (Definition of domains; Learning objectives)

Trainees in sexual medicine will undergo a minimum of 18 months training following either certification in a primary medical discipline or in general practice.

The purpose of the curriculum is to train sexual medicine physicians who will be able to work independently to a standard equivalent to a hospital specialist in a primary medical discipline. As such, most of their skills will relate to the management of “everyday” sexual medicine and this creates the



basis of the main part of the curriculum, with the competences being completed by the end of the training.



The Scope and Standards of Practice in Sexual Medicine at the time of FECSM

This list defines, in general terms the essential skills and levels of clinical expertise that shall be learnt by a physician in Sexual Medicine when the training is complete. It is unlikely that their expertise will be confined to the descriptions that follow, as most physicians will have developed additional interests and competences by the time they complete the training. There is flexibility within the curricula to accommodate this.

It should be understood that as one's career develops following FECSM, the range and levels of expertise will change in response to the demands of the service, personal aspirations, the needs of patients and the developments in the speciality.

As Sexual Medicine is a multidisciplinary speciality, it is recognised that the level of competence in specific aspects of the patient care will vary depending on the physician's primary speciality. The minimum level of competence and higher level depending on the scope of the work is set within the syllabus.

While it is recognised that gender is not binary, much of the currently available scientific evidence focuses on a binary division. Moreover, there are biological differences in gender that need to be taken into consideration while managing patients. Therefore, the terms "male" and "female" have been used to indicate biological gender, for conditions where there is a difference in the medical approach to the management. The specialist clinician is expected to adapt the management approach with the individual patient whose self-identification does not fall within the gender binary.

The levels of expertise expected are further expressed within the detail of the syllabus.

At the end of the training, all sexual medicine physicians will have an in-depth knowledge, be able to assess and investigate, treat or refer patients with the following list of conditions:

- hypoactive sexual desire disorder
- hyperactive sexual disorder
- male erectile dysfunction
- male ejaculatory dysfunction (premature ejaculation, retrograde ejaculation, delayed ejaculation, anejaculation and painful ejaculation)
- male genital injury (such as penile fracture)
- penile deformity
- priapism
- penile deformity including Peyronie's disease and congenital curvature
- penile dysmorphophobia
- sexual disorders related to medication including contraception
- sexual disorders related to urological disease including prostate disease and penile disease
- sexual dysfunction secondary to endocrine diseases (hypogonadotropic hypogonadism, hypergonadotropic hypogonadism, hyperprolactinemia, diabetes mellitus, metabolic syndrome, obesity,



thyroid diseases, adrenal diseases, growth hormone alterations, delayed and precocious puberty, disorder of sexual development)

- female sexual desire disorder (according to ICD11)
- female sexual arousal disorder
- female orgasmic disorder
- female sexual pain
- female sexual disorders related to medication including hormonal contraception
- sexual disorders related to pregnancy, menopause and aging
- sexual disorders related to gynaecological disease
- sexual disorders related to dermatological disease
- sexually transmitted infections
- gender dysphoria/gender incongruence (GD/GI)
- non-intercourse sexual behaviours
- differing sexual preferences
- sexual trauma and violence
- paraphilia
- cancer
- sexual dysfunctions in different ethical and sociocultural contexts

-Learning objectives

Training includes acquisition of knowledge and expertise in all patient groups undergoing assessment for sexual dysfunctions as well as in all subjects requiring support and medical care for gender incongruence.

For each domain, learning objectives are divided into “knowledge, skills and attitudes” that are deemed necessary to achieve the required level of competencies, as defined by the UEMS:

- Level 1: observer level (has knowledge of, describes)
- Level 2: performs, manages, demonstrates under direct supervision
- Level 3: performs, manages, demonstrates under distant supervision
- Level 4: performs, manages, demonstrates independently

- a. Knowledge competencies are per definition required at a level of competence 1.
- b. Levels of skill competence are reported in the description of the domains.
- c. Specific attitudes: per definition required at a level of competence 4
In brackets are reported the Level of Competency for those candidates with the specific speciality



Objective		Level of competence	Assessment
Generic Competencies			
Knowledge	<ul style="list-style-type: none"> Use a bio-psychosocial model to assess and manage patients presenting with sexual problems 	1	MCQ, EMQ, OSCE, Educational supervisor report, Logbook
	<ul style="list-style-type: none"> Know how to structure a consultation 	1	
	<ul style="list-style-type: none"> Be aware of and use validated questionnaires when indicated 	1	
Skills	<ul style="list-style-type: none"> Establish a relationship with the patient, listen actively and answer the question with sensitivity 	4	MCQ, EMQ, OSCE, Educational supervisor report, Logbook
	<ul style="list-style-type: none"> Overcome barriers to effective communication that may arise from differences in gender, sexuality, culture, language and similar factors 	4	
	<ul style="list-style-type: none"> Be aware of the role of the multi-disciplinary team as well as other specialists and report, when appropriate 	4	
Behaviour	<ul style="list-style-type: none"> Show empathy, compassion and professionalism 	4	Educational supervisor report
	<ul style="list-style-type: none"> Respect the dignity of the patient 	4	
	<ul style="list-style-type: none"> Be non-judgemental especially when one's own beliefs conflicts with that of the patient 	4	
	<ul style="list-style-type: none"> Use ethical consideration to evaluate complex and conflicting situations that arise during a medical consultation 	4	



Objective		Level of competence	Assessment
Manage erectile dysfunction			
Knowledge	<p>Anatomy</p> <ul style="list-style-type: none"> • Have a detailed knowledge of the anatomy of the male genitalia (including micro/macrosopic and embryology) • Have a detailed knowledge of the vascular, lymphatic and nerve supply to the genitalia <p>Physiology</p> <p>To have a detailed knowledge of the following points:</p> <ul style="list-style-type: none"> • The physiology of normal male sexual response • Physiology and neurophysiology of penile erection including the neurotransmitters involved in penile erection • The endocrinology of the normal male sexual response (Hypothalamic- pituitary function, Endocrinology of the Testis, Testosterone metabolism) • Cardiovascular function relevant to sexual dysfunction <p>Pharmacology</p> <p>To have a detailed knowledge of the following points:</p> <ul style="list-style-type: none"> • Neuropharmacology and receptor pharmacology • Endothelial derived modulators of corporal smooth muscle • Oral pharmacotherapy for erectile dysfunction including basic 	<p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p>	<p>MCQ, EMQ, OSCE, Educational supervisor report, Logbook</p>

	<p>pharmacokinetics and pharmacodynamics and adverse events/drug interactions of commonly used drugs</p> <ul style="list-style-type: none"> • Novel oral agents for the treatment of MED • Intracavernosal therapy, topical and intraurethral treatments for MED 	<p>1</p> <p>1</p>	
	<p>Pathology</p> <p>To have a detailed knowledge of the following points:</p> <ul style="list-style-type: none"> • Pathophysiology of Male Erectile Dysfunction (MED) • Risk factors and aetiology of MED • Sexual function and aging • Cardiovascular and metabolic diseases and sexual function 	<p>1</p> <p>1</p> <p>1</p> <p>1</p>	
	<p>Risk and Contributing Factors</p> <ul style="list-style-type: none"> • Biological/Medical: cardiovascular risk, endocrine factors, iatrogenic ED, medical disorders. • Psychological: performance anxiety, personality characteristics, cognitive factors and affective factors • Relational: relationships, contextual factors • Sociocultural: sexual confidence, performance demand, beliefs 	<p>1</p> <p>1</p> <p>1</p> <p>1</p>	
	<p>Therapeutic Options</p> <ul style="list-style-type: none"> • Psychotherapy: Psychoeducation, CBT, sensate focus, couple therapy, attention exercise • Oral pharmacotherapy • Intracavernosal injection 	<p>1</p> <p>1</p> <p>1</p>	



	<ul style="list-style-type: none"> • Intraurethral pharmacotherapy • Vacuum pump devices • Penile implant • Vascular surgery • Novel approaches: Shockwave 	<p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p>	
Skills	<p>To be able to competently:</p> <ul style="list-style-type: none"> • Perform a structured diagnostic interview including listening to the story, (narrative), summarizing, establishing a comprehensive diagnosis with contributing and risk factors • Assess a man with ED including, where appropriate, assessment of his partner • Arrange appropriate investigation of man with ED • Assess or refer the appropriate use of psychological therapy for a man with ED • Be able to assess and manage ED by means of endocrine therapy • Initiate and manage ED by means of oral pharmacological therapy • Be able to administer and teach intracavernosal injection therapy, a vacuum erection device • Be able to determine the indications for surgical management of patient with drug resistant ED 	<p>4</p> <p>4</p> <p>4</p> <p>4</p> <p>1(4)</p> <p>1(4)</p> <p>1(4)</p> <p>1(4)</p>	<p>MCQ, EMQ, OSCE, Educational supervisor report, Logbook</p>
Behaviour	<ul style="list-style-type: none"> • To have an empathetic attitude towards a man with ED and towards his partner 	<p>4</p>	<p>Educational supervisor report</p>



Objective		Level of competence	Assessment
Management ejaculatory dysfunction including premature ejaculation, retrograde ejaculation, delayed ejaculation, anejaculation and painful ejaculation			
Knowledge	<p>Anatomy</p> <ul style="list-style-type: none"> • Have a detailed knowledge of the anatomy and embryology of the genitalia and reproductive system (including microscopic, macroscopic and embryology) • Have a detailed knowledge of the vascular, lymphatic and nerve supply to the genitalia and reproductive system and abdominal/pelvic organs <p>Physiology</p> <p>To have a detailed knowledge of the following:</p> <ul style="list-style-type: none"> • Physiology of the normal male sexual response • Neurophysiology of ejaculation • Physiology ejaculation including neurotransmitters and hormones involved in ejaculation • Endocrinology of male sexual function (Hypothalamic- pituitary function, Endocrinology of the Testis, Testosterone metabolism) <p>Pharmacology</p> <p>To have a detailed knowledge of the following:</p> <ul style="list-style-type: none"> • Neuropharmacology and receptor pharmacology of ejaculation • Pharmacotherapy (including topical agents) for ejaculatory disorders including basic pharmacokinetics and pharmacodynamics and adverse 	<p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p>	<p>MCQ, EMQ, OSCE, Educational supervisor report, Logbook</p>

	<p>events/drug interactions of commonly used drugs</p> <p>Pathology</p> <p>To have a detailed knowledge of the following:</p> <ul style="list-style-type: none"> • Pathophysiology and classification of ejaculatory disorders including premature ejaculation, retrograde ejaculation, delayed ejaculation, anejaculation and painful ejaculation <p>Risk and Contributing Factors</p> <ul style="list-style-type: none"> • Biological/Medical: genetic predisposition, hormonal, penile abnormalities, prostatic disease • Psychological: personality characteristics, cognitive and affective factors • Relational: relationship expectations • Sociocultural: beliefs and expectations <p>Therapeutic Options :</p> <ul style="list-style-type: none"> • Psychotherapy • Topical treatments • Oral pharmacotherapy • Surgery • Novel approaches 	<p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p>	
Skills	<p>To be able to competently:</p> <ul style="list-style-type: none"> • Perform a structured diagnostic interview including listening to the story, (narrative), summarizing, establishing a comprehensive diagnosis with contributing and risk factors 	<p>4</p>	<p>MCQ, EMQ, OSCE, Educational supervisor report, Logbook</p>



	<ul style="list-style-type: none"> • Assess a man with ejaculatory dysfunction including, where appropriate, assessment of his partner • Arrange appropriate investigation of man with ejaculatory dysfunction • Assess the appropriate use of psychological therapy for a man with ejaculatory dysfunction • Initiate and manage ejaculatory dysfunction by means of pharmacological therapy 	4 4 4 4	
Behaviour	<ul style="list-style-type: none"> • To have an empathetic attitude towards a man with ejaculatory dysfunction and towards his partner 	4	Educational supervisor report



Objective		Level of competence	Assessment
Manage male sexual desire disorder			
Knowledge	<p>Anatomy</p> <ul style="list-style-type: none"> • Have a detailed knowledge of the anatomy of the brain area related to desire • Have a detailed knowledge of the neurotransmitters and endocrine factors regulating sexual desire <p>Physiology</p> <p>To have a detailed knowledge of the following points:</p> <ul style="list-style-type: none"> • The physiology of normal male sexual response • Physiology and neurophysiology of brain area related to desire, including the neurotransmitters and endocrine factors involved in desire • The endocrinology of the normal male sexual response (hypothalamic- pituitary function, endocrinology of the testis, testosterone metabolism) • Psychological and psychiatric factors relevant to sexual dysfunction <p>Pharmacology</p> <p>To have a detailed knowledge of the following points:</p> <ul style="list-style-type: none"> • Neuropharmacology and receptor pharmacology • Hormones and their receptors • Oral pharmacotherapy for desire disorder, including basic pharmacokinetics and pharmacodynamics and adverse events/drug interactions of commonly used drugs 	<p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p>	<p>MCQ, EMQ, OSCE, Educational supervisor report, Logbook</p>



	<p>Pathology</p> <p>To have a detailed knowledge of the following points:</p> <ul style="list-style-type: none"> • Pathophysiology of male sexual desire disorder • Risk factors and aetiology of male sexual desire disorder • Sexual function and aging • Endocrine and psychiatric diseases and sexual function <p>Risk and Contributing Factors</p> <ul style="list-style-type: none"> • Biological/Medical: endocrine disease, systemic diseases, neurological conditions, iatrogenic, substance misuse • Psychological: cognitive and affective factors • Relational: relationship expectations, partners' sexual problems • Sociocultural: beliefs and expectations <p>Therapeutic Options</p> <ul style="list-style-type: none"> • Psychotherapy • Treating underlying condition 	<p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p>	
Skills	<p>To be able to competently:</p> <ul style="list-style-type: none"> • Perform a structured diagnostic interview including listening to the story, (narrative), summarizing, establishing a comprehensive diagnosis with contributing and risk factors • Assess a man with sexual desire disorder including, where appropriate, assessment of his partner • Arrange appropriate investigation of man with sexual desire disorder 	<p>4</p> <p>4</p> <p>4</p>	<p>MCQ, EMQ, OSCE, Educational supervisor report, Logbook</p>



	<ul style="list-style-type: none"> • Assess the appropriate use of psychological therapy for a man with sexual desire disorder • Be able to manage sexual desire disorder by means of endocrine therapy • Initiate and manage sexual desire disorder by means of pharmacological therapy 	<p>4</p> <p>1(4)</p> <p>4</p>	
Behaviour	<ul style="list-style-type: none"> • To have an empathetic attitude towards a man with sexual desire disorder and towards his partner 	4	Educational supervisor report

Objective		Level of competence	Assessment
Manage penile deformity			
Knowledge	<p>Anatomy</p> <ul style="list-style-type: none"> • Have a detailed knowledge of the anatomy of the male genitalia (including micro/macrosopic and embryology) • Have a detailed knowledge of the vascular, lymphatic and nerve supply to the genitalia <p>Physiology</p> <p>To have a detailed knowledge of the following points:</p> <ul style="list-style-type: none"> • The physiology of normal male sexual response • Physiology and neurophysiology of penile erection including the neurotransmitters involved in penile erection • The endocrinology of the normal male sexual response (hypothalamic- pituitary function, endocrinology of the testis, testosterone metabolism) • Cardiovascular function relevant to sexual dysfunction <p>Pharmacology</p> <p>To have a detailed knowledge of the following points:</p> <ul style="list-style-type: none"> • The neuropharmacology and receptor pharmacology of penile erection • The pharmacology of the agents used for the treatment of Peyronie’s disease <p>Pathology</p>	<p style="text-align: center;">1</p> <p style="text-align: center;">1</p> <p style="text-align: center;">1</p> <p style="text-align: center;">1</p> <p style="text-align: center;">1</p> <p style="text-align: center;">1</p> <p style="text-align: center;">1</p> <p style="text-align: center;">1</p> <p style="text-align: center;">1</p>	<p>MCQ, EMQ, OSCE, Educational supervisor report, Logbook</p>

	<p>To have a detailed knowledge of the following points:</p> <ul style="list-style-type: none"> • The classification of penile deformity • The pathophysiology of penile deformity including Peyronie’s disease • The risk factors and aetiology of penile deformity <p>Risk and Contributing Factors</p> <p>Be aware of the role of the following aspects:</p> <ul style="list-style-type: none"> • Psychological • Relational • Sociocultural <p>Therapeutic Options</p> <ul style="list-style-type: none"> • Medical and mechanical therapies for the treatment of penile deformity • Surgery 	<p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p>	
Skills	<p>To be able to competently:</p> <ul style="list-style-type: none"> • Perform a structured diagnostic interview including listening to the story, (narrative), summarizing, establishing a comprehensive diagnosis with contributing and risk factors • Assess a man with penile deformity • Arrange appropriate investigation and manage with penile deformity • Be able to determine the indications for surgical management of patient with penile deformity 	<p>4</p> <p>4</p> <p>2(4)</p> <p>2(4)</p>	<p>MCQ, EMQ, OSCE, Educational supervisor report, Logbook</p>
Behaviour	<ul style="list-style-type: none"> • To have an empathetic attitude towards a man with priapism and towards his penile deformity 	<p>4</p>	<p>Educational supervisor report</p>



Objective		Level of competence	Assessment
Management of injury to male genitalia			
Knowledge	<p>Anatomy</p> <ul style="list-style-type: none"> • Have a detailed knowledge of the anatomy of the male genitalia (including micro/macrosopic and embryology) • Have a detailed knowledge of the vascular, lymphatic and nerve supply to the genitalia <p>Physiology</p> <p>To have a detailed knowledge of the following:</p> <ul style="list-style-type: none"> • The physiology of normal male sexual response • Physiology and neurophysiology of penile erection including the neurotransmitters involved in male sexual response • The endocrinology of the normal male sexual response (hypothalamic- pituitary function, endocrinology of the testis, testosterone metabolism) <p>Pharmacology</p> <p>To have a detailed knowledge of:</p> <ul style="list-style-type: none"> • The neuropharmacology and receptor pharmacology of penile erection, ejaculation and orgasm <p>Pathology</p> <p>To have a detailed knowledge of the following points:</p> <ul style="list-style-type: none"> • The types and sites of injuries to the genitalia • The pathophysiology of injuries to the genitalia 	<p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p>	<p>MCQ, EMQ, OSCE, Educational supervisor report, Logbook</p>

	<ul style="list-style-type: none"> • The risk factors, aetiology and consequences of injuries to the genitalia • Psychological consequences of man with injuries to the genitalia <p>Risk and Contributing Factors</p> <ul style="list-style-type: none"> • Psychological • Relational • Sociocultural <p>Therapeutic Options</p> <ul style="list-style-type: none"> • Range and place of medical, psychological, mechanical and surgical therapies (including the surgical techniques) for the treatment of injuries to the genitalia 	<p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p>	
Skills	<p>To be able to competently:</p> <ul style="list-style-type: none"> • Perform a structured diagnostic interview including listening to the story, (narrative), summarizing, establishing a comprehensive diagnosis with contributing and risk factors • Assess a man with injuries to the genitalia • Arrange appropriate investigation of man with injuries to the genitalia Initiate and manage penile deformity • Be able to determine the indications for surgical management of patient with injuries to the genitalia 	<p>4</p> <p>2(4)</p> <p>2(4)</p> <p>2(4)</p>	<p>MCQ, EMQ, OSCE, Educational supervisor report, Logbook</p>
Behaviour	<ul style="list-style-type: none"> • To have an empathetic attitude towards a man with injuries to the genitalia 	<p>4</p>	<p>Educational supervisor report</p>



Objective		Level of competence	Assessment
Manage male priapism			
Knowledge	<p>Anatomy</p> <ul style="list-style-type: none"> • Have a detailed knowledge of the anatomy of the male genitalia (including micro/macrosopic and embryology) • Have a detailed knowledge of the vascular, lymphatic and nerve supply to the genitalia <p>Physiology</p> <p>To have a detailed knowledge of the following points:</p> <ul style="list-style-type: none"> • The physiology of normal male sexual response • Physiology and neurophysiology of penile erection including the neurotransmitters involved in penile erection • The endocrinology of the normal male sexual response (hypothalamic- pituitary function, endocrinology of the testis, testosterone metabolism) • Cardiovascular function relevant to sexual dysfunction <p>Pharmacology</p> <p>To have a detailed knowledge of the following points:</p> <ul style="list-style-type: none"> • Neuropharmacology and receptor pharmacology of penile erection • Pharmacology of the agents used for the treatment of priapism 	<p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p>	<p>MCQ, EMQ, OSCE, Educational supervisor report, Logbook</p>

	<p>Pathology</p> <p>To have a detailed knowledge of the following points:</p> <ul style="list-style-type: none"> • Pathophysiology of priapism • Risk factors and aetiology of priapism <p>Clinical knowledge</p> <p>To have a detailed knowledge and understanding of the following points:</p> <ul style="list-style-type: none"> • Classification of priapism • Investigation of priapism including the use and limitations of blood tests, Doppler US, MRI and arteriography • The range and the place of medical, mechanical therapies and surgery (including the surgical techniques) for the treatment of priapism (all types) • The outcomes, including complications of all therapies for men with priapism 	<p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p>	
Skills	<p>To be able to competently:</p> <ul style="list-style-type: none"> • Perform a structured diagnostic interview including listening to the story, (narrative), summarizing, establishing a comprehensive diagnosis with contributing and risk factors • Assess a man with priapism • Arrange appropriate investigation of man with priapism • Initiate and manage priapism • Be able to undertake cavernosal irrigation and administer intracavernosal injection therapy • Be able to determine the indications for surgical management of patient with priapism 	<p>4</p> <p>2(4)</p> <p>2(4)</p> <p>2(4)</p> <p>2(4)</p> <p>2(4)</p>	<p>MCQ, EMQ, OSCE, Educational supervisor report, Logbook</p>



Behaviour	<ul style="list-style-type: none">• To have an empathetic attitude to a man with priapism and to his partner	4	Educational supervisor report
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Objective		Level of competence	Assessment
Manage male sexual disorder related to aging			
Knowledge	<p>Anatomy</p> <ul style="list-style-type: none"> • Have a detailed knowledge of the anatomy of the male genitalia (including micro/macrosopic and embryology) and the brain areas related to sexual desire • Have a detailed knowledge of the vascular, lymphatic and nerve supply to the genitalia <p>Physiology</p> <p>To have a detailed knowledge of the following:</p> <ul style="list-style-type: none"> • The physiology of normal male sexual response • The physiopathology of aging • Physiology and neurophysiology of sexual response, including the neurotransmitters and vascular compartments involved in sexual response • The endocrinology of the normal male sexual response (hypothalamic-pituitary function, endocrinology of the testis, testosterone metabolism) and its modification during aging • Main cardiovascular, metabolic and neurological functions relevant to sexual dysfunction <p>Pharmacology</p> <p>To have a detailed knowledge of the following points, especially in the elderly:</p> <ul style="list-style-type: none"> • Neuropharmacology and receptor pharmacology • Endothelial derived modulators of corporal smooth muscle 	<p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p>	<p>MCQ, EMQ, OSCE, Educational supervisor report, Logbook</p>

	<ul style="list-style-type: none"> • Assess and manage endocrine diseases related to aging, including hormonal replacement therapies • Oral pharmacotherapy for erectile dysfunction including basic pharmacokinetics and pharmacodynamics and adverse events/drug interactions of commonly used drugs • Novel oral agents for the treatment of man sexual dysfunction • Intracavernosal therapy, topical and intraurethral treatments for man sexual dysfunction <p>Pathology</p> <p>To have a detailed knowledge of the following points:</p> <ul style="list-style-type: none"> • Pathophysiology of male sexual dysfunction during aging • Risk factors and aetiology of male sexual dysfunction during aging • Sexual function and aging-related hormonal alterations • Sexual dysfunction and its relationship with chronic diseases and hormonal alterations • Cardiovascular and metabolic diseases and sexual function <p>Risk and Contributing Factors</p> <ul style="list-style-type: none"> • Biological/Medical: cardiovascular risk, endocrine factors, iatrogenic ED, medical disorders • Psychological: Performance anxiety, personality characteristics, cognitive factors and affective factors • Relational: Relationships, contextual factors • Sociocultural: sexual confidence, performance demand, beliefs. 	<p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p>	
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	<p>Therapeutic Options</p> <ul style="list-style-type: none"> • Range of medical, hormonal and mechanical therapies for treatment of sexual dysfunction • Psychological therapies relevant to the treatment of a man with sexual dysfunction • Surgery 	<p>1</p> <p>1</p> <p>1</p>	
Skills	<p>To be able to competently:</p> <ul style="list-style-type: none"> • Perform a structured diagnostic interview including listening to the story, (narrative), summarizing, establishing a comprehensive diagnosis with contributing and risk factors • Assess a man with sexual dysfunction including, where appropriate, assessment of his partner during aging • Arrange appropriate investigation of man with sexual dysfunction during aging, including hormonal testing • Assess the appropriate use of psychological therapy for a man with sexual dysfunction during aging • Be able to manage sexual dysfunction by means of endocrine therapy during aging • Initiate and manage sexual dysfunction by means of pharmacological therapy during aging • Be able to administer and teach intracavernosal injection therapy or vacuum erection device in the elderly • Be able to determine the indications for surgical management of patient with drug resistant ED 	<p>4</p> <p>4</p> <p>4</p> <p>1(4)</p> <p>1 (4)</p> <p>4</p> <p>2 (4)</p> <p>2 (4)</p>	<p>MCQ, EMQ, OSCE, Educational supervisor report, Logbook</p>
Behaviour	<ul style="list-style-type: none"> • To have an empathetic attitude towards a man with sexual dysfunction and towards his partner 	<p>4</p>	<p>Educational supervisor report</p>



Objective		Level of competence	Assessment
Manage the patient with Gender Dysphoria/ Gender Incongruence (GD/GI)			
Knowledge	<p>Definitions</p> <ul style="list-style-type: none"> • Have a detailed knowledge about diagnostic criteria • Be familiar with nomenclature, diagnostic work-up, standards of care (WPATH) • Have knowledge about the legal situation and epidemiology • Have knowledge about possible social and occupational consequences of transitioning • Have knowledge about possible fertility conservation options <p>Treatment</p> <p>To have a detailed knowledge of the following:</p> <ul style="list-style-type: none"> • Medical interventions therapy for trans individuals (efficacy, safety, contraindications) during adolescence and adulthood • Transition-related surgeries (Which techniques exist? What is the outcome?) • Options for fertility preservation • Other confirming medical interventions (such as techniques for hair removal and speech therapy) • Counselling or psychotherapy (coping with GD/GI, risk factors for mental health, co-occurring mental health issues) • Counselling side-effects of coming out in relation to friends, family and occupation Health care for GD/GI children and adolescents (including puberty suppression and gender-affirming hormonal treatment) <p>Physiology</p>	<p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p>	<p>MCQ, EMQ, OSCE, Educational supervisor report, Logbook</p>

	<p>To have a detailed knowledge of the following points:</p> <ul style="list-style-type: none"> • Time course of hormonal effects (e.g., breast growth in trans women or facial hair in trans men) <p>Clinical knowledge</p> <p>To have a detailed knowledge and understanding of the following:</p> <ul style="list-style-type: none"> • Classification of GD/GI • The range of medical and mental health care for the treatment of GD/GI • The clinical management of therapies (start of hormonal therapy, surgery etc.) • The outcomes, including complications of all therapies in the context of GD/GI 	<p>1</p> <p>1</p> <p>1</p> <p>1</p>	
Skills	<p>To be able to competently:</p> <ul style="list-style-type: none"> • Assess a person with GD/GI • Be able to determine the indications for hormonal and surgical management of persons with GD/GI during adolescence and adulthood 	<p>4</p> <p>2 (4)</p>	<p>MCQ, EMQ, OSCE, Educational supervisor report, Logbook</p>
Behaviour	<ul style="list-style-type: none"> • To have an empathetic attitude towards a persons with GD/GI and towards partners and family 	<p>4</p>	<p>Educational supervisor report</p>



Objective		Level of competence	Assessment
Manage the patient with compulsive and paraphilic sexual behaviours			
Knowledge	<p>Definitions</p> <ul style="list-style-type: none"> • Have a detailed knowledge about compulsive and paraphilic sexual behaviours • Be familiar with the difference between paraphilic disorder and paraphilia • Have knowledge about the prevalence of paraphilia-associated thoughts and arousals <p>Treatment</p> <p>To have a detailed knowledge of the following points:</p> <ul style="list-style-type: none"> • When treatment is indicated • Pharmacological options to reduce sex drive (SSRI, antipsychotic medications, cyproterone acetate, GnRH-analogues) • Side effects of these substances • How patients with paraphilic arousal patterns may benefit from counselling and specific psychotherapy <p>Clinical knowledge</p> <p>To have a detailed knowledge and understanding of the following points:</p> <ul style="list-style-type: none"> • Classification of paraphilic disorders and disorders of sexual preference (in DSM-5, ICD-10/11) • Being aware, that compulsive sexual behaviour is differently conceptualized and viewed by various clinicians (as addiction, OCD-spectrum disorder or disorder of impulsivity). 	<p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p>	<p>MCQ, EMQ, OSCE, Educational supervisor report, Logbook</p>

	<ul style="list-style-type: none"> • Criteria for compulsive sexual behaviour/hypersexuality (suggested hypersexuality criteria for DSM-5; excessive sexual drive in ICD-10; and compulsive sexual behaviour in ICD-11). • Differences between paraphilic disorders and sexual offending • The role of different paraphilic disorders (especially pedophilia, sexual sadism, exhibitionism, voyeurism, frotteurism) for the risk of sexual (re)-offending • The basic principles of risk, need and responsivity for the assessment and treatment planning • The range of medical and psychotherapies for the treatment of paraphilic disorders • The clinical management of atypical interests 	<p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p>	
Skills	<p>To be able to competently:</p> <ul style="list-style-type: none"> • Perform a structured diagnostic interview including listening to the story, (narrative), summarizing, establishing a comprehensive diagnosis with contributing and risk factors • Assess a patient with paraphilic interests or disorder • Be able to determine the indications for pharmacological or psychotherapeutic therapies for patients with paraphilic disorders 	<p>4</p> <p>4</p> <p>2 (4)</p>	<p>MCQ, EMQ, OSCE, Educational supervisor report, Logbook</p>
Behaviour	<ul style="list-style-type: none"> • To have an empathetic attitude towards a patient with paraphilic interests and towards partners and family 	<p>4</p>	<p>Educational supervisor report</p>



Objective		Level of competence	Assessment
Manage the woman with arousal disorder			
Knowledge	Anatomy		MCQ, EMQ, OSCE, Educational supervisor report, Logbook
	The anatomy of the clitoris, vulva, the vagina including	1	
	Differentiated knowledge about tissues, innervation vascularisation, hormonal receptors and hormonal activity	1	
	Physiology		
	Central and peripheral (neurological, vascular, hormonal) mechanisms of arousal including lubrication	1	
	Pathology		
	Definitions of DSMV and ICD 11	1	
	Pathophysiological mechanisms: including neurovascular and hormonal alterations	1	
	Risk and contributing factors		MCQ, EMQ, OSCE, Educational supervisor report, Logbook
	Biological, Medical		
<ul style="list-style-type: none"> • Hormonal alterations, including menopause, premature menopause, hypogonadotropic hypogonadism, hyperprolactinemia, use of hormonal contraceptives, alterations of growth hormone, thyroid diseases 	1		
<ul style="list-style-type: none"> • Cardio-Metabolic diseases factors (diabetes mellitus, obesity, metabolic syndrome) 	1		
<ul style="list-style-type: none"> • Endocrine factors 	1		
<ul style="list-style-type: none"> • Smoking 	1		
<ul style="list-style-type: none"> • Pelvic floor disorders 	1		
<ul style="list-style-type: none"> • Lower urinary tract symptoms (LUTS) 	1		
<ul style="list-style-type: none"> • Pelvic surgery 	1		
<ul style="list-style-type: none"> • Neurological diseases 	1		

	<ul style="list-style-type: none"> • Drugs: Anti-hormones, radio-, chemo-therapy <p>Psychological:</p> <ul style="list-style-type: none"> • Anxiety, Depression • Lack of knowledge and experience (masturbation etc.) • Traumatic sexual biography (separation, violence, abuse) <p>Relational:</p> <ul style="list-style-type: none"> • Conflict about needs and expectations • Lack of communication skills to negotiate about differences <p>Sociocultural:</p> <ul style="list-style-type: none"> • Poverty/Low income, Working conditions • Sexual norms 	<p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p>	
	<p>Therapeutic options:</p> <p>Systemic and Local hormonal treatment (estrogens, testosterone, DHEA, SERM)</p> <p>Drug Treatment (PDE-5-inhibitors; calcium antagonists) Sexual counselling</p> <p>Body centred sex therapy</p>	<p>1</p> <p>1</p> <p>1</p>	<p>MCQ, EMQ, OSCE, Educational supervisor report, Logbook</p>
Skills	<p>To be able to competently:</p> <p>Perform a structured diagnostic interview including listening to the story, (narrative), summarizing, establishing a comprehensive diagnosis with contributing and risk factors.</p>	<p>4</p>	<p>MCQ, EMQ, OSCE, Educational supervisor report, Logbook</p>



	<p>General physical exam;</p> <p>Specialised examinations in collaboration with specialists to:</p> <ul style="list-style-type: none"> o examine female genitalia with special focus on the vulva, clitoris, vestibule and the vagina. o suspect (Exclude) vulvovaginal diseases, also towards referring to perform colposcopy/vulvoscopy whenever appropriate. 	<p>4</p> <p>1 (4)</p>	
	<p>Develop a treatment plan together with the patient based on shared decision making.</p> <p>Asses indication for hormonal treatment and medical therapies taking into account contraindications</p> <p>Sensate focus, body centred psychotherapy, sexocorporelle, physiotherapy; masturbation exercises, systemic couple therapy.</p>	<p>4</p> <p>2 (4)</p> <p>2 (4)</p>	<p>MCQ, EMQ, OSCE, Educational supervisor report, Logbook</p>
Behaviour	<p>Empathic listening, encouraging to talk ; Offer feedback opportunities, encourage questions ;Give follow up dates ;Be patient regarding change</p>	<p>4</p>	<p>Educational supervisor report</p>



Objective		Level of competence	Assessment
Manage female desire disorder			
Knowledge	<p>Anatomy</p> <p>The anatomy of the brain, enhancing and inhibiting pathways and networks;</p> <p>Physiology</p> <p>Endocrine and neurotransmitter pathways and actions involved in the subjective experience of desire.</p> <p>Pathology</p> <p>Definitions of DSMV and ICD 11</p> <p>Pathophysiological mechanisms (stimulating and inhibiting pathways)</p> <p>Risk and contributing factors</p> <ul style="list-style-type: none"> ○ Diseases and Drugs; ○ Hormonal alterations, including menopause, premature menopause, hypogonadotropic hypogonadism, hyperprolactinemia, use of hormonal contraceptives, alterations of growth hormone, thyroid diseases ○ Cardio-Metabolic diseases factors (diabetes mellitus, obesity, metabolic syndrome) <p>Psychological:</p> <ul style="list-style-type: none"> ● Understanding the sexual biography (Negative sexual learning, traumatic life events, vulnerability, sexual temperament). 	<p style="text-align: center;">1</p> <p style="text-align: center;">1</p> <p style="text-align: center;">1</p> <p style="text-align: center;">1</p> <p style="text-align: center;">1</p> <p style="text-align: center;">1</p> <p style="text-align: center;">1</p> <p style="text-align: center;">1</p> <p style="text-align: center;">1</p>	<p>MCQ, EMQ, OSCE, Educational supervisor report, Logbook</p>

	<p>Relational:</p> <ul style="list-style-type: none"> • Partner conflicts about different needs, communication difficulties. <p>Sociocultural: Lack of sex education ; Rigid sexual norms</p> <p>Therapeutic options:</p> <ul style="list-style-type: none"> • Drugs • Hormonal treatment • Sexual Counselling • Masturbation exercises • Working with fantasies • Body centred psychotherapy (sexocorporelle) 	<p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p>	
Skills	<p>To be able to competently:</p> <p>Perform a structured diagnostic interview including listening to the story, (narrative), summarizing, establishing a comprehensive diagnosis with contributing and risk factors</p> <p>Differentiate between primary and secondary, recent or longstanding,</p> <p>General physical exam;</p> <p>Specialised examinations in collaboration with specialists to:</p> <ul style="list-style-type: none"> ○ examine female genitalia with special focus on the vulva, clitoris, vestibule and the vagina. ○ suspect (Exclude) vulvovaginal diseases, also towards referring to perform colposcopy/vulvoscopy whenever appropriate. 	<p>4</p> <p>4</p> <p>4</p> <p>2(4)</p> <p>2(4)</p>	<p>MCQ, EMQ, OSCE, Educational supervisor report, Logbook</p>



	<p>Develop a treatment plan together with the patient based on shared decision making.</p> <p>Assess indication for hormonal or drug treatment taking into account contraindications etc.</p> <p>Sensate focus, body centred psychotherapy, sexocorporelle, physiotherapy; masturbation exercises</p> <p>Systemic couple therapy</p>	<p>4</p> <p>1 (4)</p> <p>1 (4)</p> <p>4</p>	
Behaviour	<p>Empathic listening, encouraging to talk ; Offer feedback opportunities, encourage questions; Give follow up dates; Be patient regarding change</p>	<p>4</p>	<p>Educational supervisor report</p>



Objective		Level of competence	Assessment
Manage female orgasmic disorder			
Knowledge	<p>Anatomy</p> <p>The anatomy of the brain, enhancing and inhibiting pathways and networks; neuroendocrine control; anatomy and physiology of the vagina and the pelvic floor.</p> <p>Physiology</p> <p>Vascular and muscular response, subjective experience</p> <p>Pathology</p> <p>Definitions of DSMV (ICD 11)</p> <p>Pathophysiological mechanisms (inhibiting pathways)</p> <p>Risk and contributing factors</p> <p>Biological, Medical</p> <ul style="list-style-type: none"> ○ Hormonal alterations, including menopause, premature menopause, hypogonadotropic hypogonadism, hyperprolactinemia, use of hormonal contraceptives, alterations of growth hormone, thyroid diseases ○ Cardio-Metabolic diseases factors (diabetes mellitus, obesity, metabolic syndrome) <ul style="list-style-type: none"> ● neurovascular factors) ● Antidepressant medication 	<p style="text-align: center;">1</p> <p style="text-align: center;">1</p> <p style="text-align: center;">1</p> <p style="text-align: center;">1</p> <p style="text-align: center;">1</p> <p style="text-align: center;">1</p> <p style="text-align: center;">1</p> <p style="text-align: center;">1</p> <p style="text-align: center;">1</p> <p style="text-align: center;">1</p> <p style="text-align: center;">1</p>	<p>MCQ, EMQ, OSCE, Educational supervisor report, Logbook</p>

	<p>Psychological</p> <ul style="list-style-type: none"> • Lack of education, experience • Partner conflict • Performance anxiety <p>Relational:</p> <ul style="list-style-type: none"> • Inadequate stimulation <p>Sociocultural:</p> <ul style="list-style-type: none"> • Lack of sex education • Rigid sexual norms <p>Therapeutic options:</p> <ul style="list-style-type: none"> • Sexual Counselling • Masturbation exercises • Working with fantasies • Body centred psychotherapy (sexocorporelle) • Physiotherapy Pelvic floor 	<p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p>	
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Skills	<p>To be able to competently:</p> <ul style="list-style-type: none"> • Perform a structured diagnostic interview including listening to the woman story, (narrative), summarizing, establishing a comprehensive diagnosis with contributing and risk factors • Differentiate between primary and secondary <p>General physical exam;</p> <p>Specialised examinations in collaboration with specialists to:</p> <ul style="list-style-type: none"> ○ examine female genitalia with special focus on the vulva, clitoris, vestibule and the vagina. ○ suspect (Exclude) vulvovaginal diseases, also towards referring to perform colposcopy/vulvoscopy whenever appropriate • Develop a treatment plan together with the patient based on shared decision making. • Asses indication for hormonal treatment taking into account contraindications etc. • Sensate focus, body centred psychotherapy, sexocorporelle, physiotherapy; masturbation exercises • Systemic couple therapy 	<p>4</p> <p>4</p> <p>4</p> <p>2(4)</p> <p>2(4)</p> <p>2 (4)</p> <p>2 (4)</p> <p>2 (4)</p> <p>2 (4)</p>	<p>MCQ, EMQ, OSCE, Educational supervisor report, Logbook</p>
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Behaviour	<ul style="list-style-type: none">• Empathic listening, encouraging to talk• Offer feedback opportunities, encourage questions• Give follow up dates• Be patient regarding change	4 4 4 4	Educational supervisor report
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Objective		Level of competence	Assessment
Manage female sexual pain disorder			
Knowledge	<p>Anatomy</p> <p>Nociceptors and general nerve supply to the vulva, vagina, parametrial tissue</p> <p>Pain transmission via peripheral nerves, spinal cord, neuronal pathways and networks, limbic system, prefrontal cortex</p> <p>Hormones and neurotransmitters involved</p> <p>Pathology</p> <p>Mechanisms of chronic pain in comparison to acute pain</p> <p>Pain memory, amygdala and hippocampus</p> <p>Nociceptive, neuropathic and central pain</p> <p>Clinical types of sexual pain (localisation, differential diagnosis</p> <p>Superficial (Vulvar and vestibular)</p> <p>Deep pain (vaginal, pelvis)</p> <p>Risk and contributing factors:</p> <p>Biological, Medical</p> <ul style="list-style-type: none"> • Vulvovaginal atrophy • Genitourinary syndrome of menopause • Endometriosis 	<p style="text-align: center;">1</p> <p style="text-align: center;">1</p> <p style="text-align: center;">1</p> <p style="text-align: center;">1</p> <p style="text-align: center;">1</p> <p style="text-align: center;">1</p> <p style="text-align: center;">1</p> <p style="text-align: center;">1</p> <p style="text-align: center;">1</p> <p style="text-align: center;">1</p> <p style="text-align: center;">1</p> <p style="text-align: center;">1</p> <p style="text-align: center;">1</p>	<p>MCQ, EMQ, OSCE, Educational supervisor report, Logbook</p>

<ul style="list-style-type: none"> • PID • Prolapse • Infectious, premalignant and dermatological disease • Pelvic floor disorder • Hormonal alterations, including menopause, premature menopause, hypogonadotropic hypogonadism, hyperprolactinemia, use of hormonal contraceptives, alterations of growth hormone, thyroid diseases • Cardio-Metabolic diseases factors (diabetes mellitus, obesity, metabolic syndrome) 	<p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p>	
<p>Psychological:</p> <ul style="list-style-type: none"> • Anxiety • Posttraumatic reaction • Vicious circle of pain-catastrophizing-tension, attention, more pain etc. • Depression • Hypervigilance 	<p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p>	
<p>Relational:</p> <ul style="list-style-type: none"> • Separation, Rejection 	<p>1</p>	
<p>Sociocultural</p> <ul style="list-style-type: none"> • New sexual norms of functioning and performing 	<p>1</p>	
<p>Therapeutic options:</p> <ul style="list-style-type: none"> • Local treatment of the mucosa and skin (hormones, local analgetics) • Drug treatment of neuropathic pain • Anaesthetic intervention (nerve blockade) 	<p>1</p> <p>1</p> <p>1</p>	

	<ul style="list-style-type: none"> • Physiotherapy • Cognitive behavioural pain therapy • Hypnotic techniques <p style="padding-left: 40px;">Surgery (vestibulectomy)</p>	<p>1</p> <p>1</p> <p>1</p>	
Skills	<p>To be able to competently:</p> <p>Perform a structured diagnostic interview including listening to the woman story, (narrative), summarizing, establishing a comprehensive diagnosis with contributing and risk factors</p> <p>Differentiate between primary and secondary</p> <p>General physical exam;</p> <p>Specialised examinations in collaboration with specialists to:</p> <ul style="list-style-type: none"> ○ examine female genitalia with special focus on the vulva, clitoris, vestibule and the vagina. ○ suspect (Exclude) vulvovaginal diseases, also towards referring to perform colposcopy/vulvoscopy whenever appropriate. <p>Develop a treatment plan together with the patient based on shared decision making.</p> <p>Establish and form a multidisciplinary team to assess the indications for local treatment of the mucosa and skin (hormones, local analgetics)</p> <p>Drug treatment of neuropathic pain.</p> <p>Anaesthetic intervention, (nerve blockade)</p>	<p>4</p> <p>4</p> <p>4</p> <p>2 (4)</p> <p>2 (4)</p> <p>2(4)</p> <p>2(4)</p> <p>2(4)</p>	<p>MCQ, EMQ, OSCE, Educational supervisor report, Logbook</p>



	Physiotherapy ; Cognitive behavioural pain therapy	2(4)	
	Hypnotic techniques	2(4)	
	Surgery (vestibulectomy)	2(4)	
Behaviour	Empathic listening, encouraging to talk ; Offer feedback opportunities, encourage questions ;Give follow up dates ;Be patient regarding change	4	Educational supervisor report

Objective		Level of competence	Assessment
Manage female sexual dysfunction related to medication			
Knowledge	<p>Basic mechanisms of interaction between drugs and sexual physiological response</p> <p>Impact on peripheral response (Mucosa, blood supply, peripheral nerve signal transmission)</p> <p>Impact on central mechanisms (Hormonal changes, impact on limbic system, neurotransmitters)</p> <p>Drug categories and their impact on sexual function:</p> <ul style="list-style-type: none"> • Antidepressants • Antihormones • Antipsychotics • Hormonal contraception • Hormone Replacement therapy • Antidiabetics • Cardiovascular drugs • Corticosteroids <p>Diagnosis:</p> <p>Comprehensive diagnosis</p> <p>Biopsychosocial model including drug specific impact to understand interaction of different factors.</p>	<p style="text-align: center;">1</p> <p style="text-align: center;">1</p> <p style="text-align: center;">1</p> <p style="text-align: center;">1</p> <p style="text-align: center;">1</p> <p style="text-align: center;">1</p> <p style="text-align: center;">1</p> <p style="text-align: center;">1</p> <p style="text-align: center;">1</p> <p style="text-align: center;">1</p>	<p>MCQ, EMQ, OSCE, Educational supervisor report, Logbook</p>



	<p>Therapy:</p> <p>Basic counselling</p> <p>Changes in drug treatment through dosage or type of drug and/or other therapeutic method in combination with other forms of seX therapy</p>	<p>1</p> <p>1</p> <p>1</p>	<p>MCQ, EMQ, OSCE, Educational supervisor report, Logbook</p>
Skills	<p>To be able to competently:</p> <ul style="list-style-type: none"> • Perform a structured diagnostic interview • Describe the drug specific action contributing to the sexual dysfunction 	<p>4</p> <p>4</p>	<p>MCQ, EMQ, OSCE, Educational supervisor report, Logbook</p>
	<p>General physical exam;</p> <p>Specialised examinations in collaboration with specialists to:</p> <ul style="list-style-type: none"> - examine female genitalia with special focus on the vulva, clitoris, vestibule and the vagina. - suspect (Exclude) vulvovaginal diseases, also towards referring to perform colposcopy/vulvoscopy whenever appropriate. <p>Assess medical history and perform a general medical education</p> <p>Refer</p> <p>Develop a treatment plan together with the patient based on shared decision making.</p> <p>Establish collaboration with other medical specialists</p> <p>Explain to the patient the impact of drug treatment</p>	<p>4</p> <p>2 (4)</p> <p>2 (4)</p> <p>4</p> <p>2 (4)</p> <p>2 (4)</p> <p>2 (4)</p>	



	Offer alternatives and give balanced benefit/risk evaluation	2 (4)	
Behaviour	<ul style="list-style-type: none"> • Empathic listening, encouraging to talk • Give follow up dates • Be patient regarding change • Offer feedback opportunities, encourage questions 	<p>4</p> <p>4</p> <p>4</p> <p>4</p>	Educational supervisor report



Objective		Level of competence	Assessment
Manage female sexual disorders related to pregnancy, menopause and aging			
Knowledge	<p>Anatomy and physiology</p> <p>Pregnancy specific biological changes with a possible impact on sexual function</p> <p>Menopause specific biological endocrine changes with a possible impact on sexual function</p> <p>Impact of Hormonal alterations, including menopause, premature menopause, hypogonadotropic hypogonadism, hyperprolactinemia, use of hormonal contraceptives, alterations of growth hormone, thyroid diseases</p> <p>Impact of Cardio-Metabolic diseases factors (diabetes mellitus, obesity, metabolic syndrome)</p> <p>Aging specific impact on sexual function</p> <p>Psychology:</p> <ul style="list-style-type: none"> • Psychological and social changes having an impact on sexual function during pregnancy, menopause and aging • Empirical knowledge about frequency (epidemiology) of sexual dysfunction during pregnancy, menopausal transition and aging. <p>Risk and contributing factors</p> <p>Biological factors</p> <ul style="list-style-type: none"> • Structural changes of organs • Hormonal changes • Cardiometabolic changes 	<p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p>	<p>MCQ, EMQ, OSCE, Educational supervisor report, Logbook</p>



	<ul style="list-style-type: none"> • Physiological changes • Depression • Psychological factors • Developmental tasks • Stressors and Coping • Relational factors • Support, Lack of support, Sexual dysfunction of the partner • Sociocultural factors • Life style • Role expectations <p>Therapeutic options:</p> <ul style="list-style-type: none"> • Basic counselling and education of couples about changes, empowerment • Sexual education during pregnancy • Local treatment, physiotherapy • Menopause and Aging: • Hormonal treatment (HRT, estrogen, testosterone) • Local estrogen (androgen) treatment, • Other local treatment options (DHEA et al) • Counselling for better aging • Systemic couple therapy • Treatment of the partner • Communication training 	<p style="text-align: center;">1</p> <p style="text-align: center;">1</p> <p style="text-align: center;">1</p> <p style="text-align: center;">1</p> <p style="text-align: center;">1</p> <p style="text-align: center;">1</p> <p style="text-align: center;">1</p> <p style="text-align: center;">1</p> <p style="text-align: center;">1</p> <p style="text-align: center;">1</p> <p style="text-align: center;">1</p>	
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Skills	<p>To be able to competently:</p> <ul style="list-style-type: none"> • Perform a structured diagnostic interview including listening to the woman story, (narrative), summarizing, establishing a comprehensive diagnosis with contributing and risk factors • Differentiate between primary and secondary <p>General physical exam;</p> <p>Specialised examinations in collaboration with specialists to:</p> <ul style="list-style-type: none"> ○ examine female genitalia with special focus on the vulva, clitoris, vestibule and the vagina. ○ - suspect (Exclude) vulvovaginal diseases, also towards referring to perform colposcopy/vulvoscopy whenever appropriate. <ul style="list-style-type: none"> • Develop a treatment plan together with the patient based on shared decision making. • Asses indication for hormonal treatment taking into account contraindications etc. • Communication with a couple • Moderating and facilitating communication • Systemic couple therapy 	<p>4</p> <p>4</p> <p>4</p> <p>2 (4)</p> <p>2 (4)</p> <p>2 (4)</p> <p>2 (4)</p> <p>2 (4)</p>	<p>MCQ, EMQ, OSCE, Educational supervisor report, Logbook</p>
Behaviour	<p>Empathic listening, encouraging to talk, Offer feedback opportunities, encourage questions; Give follow up dates; Be patient regarding change</p>	<p>4</p>	<p>Educational supervisor report</p>



Objective		Level of competence	Assessment
Manage female sexual disorders related to gynaecological and endocrine diseases			
Knowledge	Anatomy, Pathology, Pathophysiology, Diagnosis and Treatment of:	1	MCQ, EMQ, OSCE, Educational supervisor report, Logbook
	<ul style="list-style-type: none"> • Endometriosis, • Fibroma • PID • Prolaps • Vulvar and vaginal diseases • Miscarriage 	1	
	<p>Anatomy, Pathology, Pathophysiology, Diagnosis and Treatment of endo-gynaecological diseases such as:</p> <ul style="list-style-type: none"> • Polycystic ovary syndrome (PCOS) • Hypothalamic amenorrhea • Hypogonadotropic hypogonadism • Primary ovarian insufficiency • Adrenal diseases (21-OH deficiency) • Delayed puberty • Precocious puberty • Hyperprolactinemia 	1	
	<p>Medical treatments and surgical interventions (like hysterectomy, vulvar and vaginal interventions) for the appropriate diseases.</p> <p>Impact of each disease, diagnosis and treatment on sexual function on a peripheral and central level:</p> <ul style="list-style-type: none"> • Danger and threat of the disease • Destruction of organs and structures involved in the sexual response • Disfigurement (visible changes of the body, body image threat) 	1	

	<ul style="list-style-type: none"> • Disability and pain (reduced mobility, pain) • Dysfunction (impact on neurovegetative, neuromuscular and central nervous system function) • Dysregulation (endocrine and cardiometabolic disruptions) • Disease load (fatigue, bladder and gut dysfunction etc.) • Drugs (see above) <p>Therapeutic options:</p> <ul style="list-style-type: none"> • Disease specific drug treatment (including specific hormonal and metabolic treatments for the diseases) • Sexual counselling, education and empowerment • Supportive psychotherapy • Coping Counselling • Development of new concepts of love and sex • Rehabilitation • Eventually treatment of mental or physical co-morbidities 	1	
Skills	<p>To be able to competently:</p> <p>Perform a structured diagnostic interview including listening to the woman story, (narrative), summarizing, establishing a comprehensive diagnosis with contributing and risk factors</p> <p>Differentiate between primary and secondary disorder</p> <p>General physical exam;</p> <p>Specialised examinations in collaboration with specialists to:</p> <ul style="list-style-type: none"> ○ examine female genitalia with special focus on the vulva, clitoris, vestibule and the vagina. ○ suspect (Exclude) vulvovaginal diseases, also towards referring to 	<p>4</p> <p>4</p> <p>4</p> <p>2 (4)</p>	<p>MCQ, EMQ, OSCE, Educational supervisor report, Logbook</p>



	<p>perform colposcopy/vulvoscopy whenever appropriate.</p> <ul style="list-style-type: none"> • Establish a multidisciplinary team • Develop a treatment plan together with the patient based on shared decision making to the individual needs of the patient integrating the above mentioned interventions. 	<p>2 (4)</p> <p>2 (4)</p>	
Behaviour	<p>Empathic listening, encouraging to talk ; Offer feedback opportunities, encourage questions ;Give follow up dates ;Be patient regarding change</p>	<p>4</p>	<p>Educational supervisor report</p>



Objective		Level of competence	Assessment
Manage female sexual disorders in the context of medical conditions			
Knowledge	<p>Anatomy, Pathology, Pathophysiology, Diagnosis and Treatment of medical conditions:</p> <ul style="list-style-type: none"> • Neurological disorders (MS, M Parkinson etc.) • Endocrine disorders (Hyperprolactinemia, metabolic disease, Obesity, PCOS, Diabetes, precocious and natural menopause, Thyroid Dysfunction, Hypothalamic amenorrhea, Hypogonadotropic hypogonadism, adrenal disease etc.) • Cardiovascular diseases • Psychiatric diseases • Dermatological conditions (vulvar disease, Autoimmune diseases etc.) 	1	MCQ, EMQ, OSCE, Educational supervisor report, Logbook
	<ul style="list-style-type: none"> • Oncology (Breast Cancer, Gynaecological cancers etc.) • Urological disorders (Incontinence, OAB) <p>Impact of each disease, diagnosis and treatment on sexual function on a peripheral and central level:</p> <ul style="list-style-type: none"> • Danger and threat of the disease • Destruction of organs and structures involved in the sexual response • Disfigurement (visible changes of the body, body image threat) • Disability and pain (reduced mobility, pain) • Dysfunction (impact on neurovegetative and neuromuscular function) • Dysregulation (endocrine and central nervous system disruptions) • Disease load (fatigue, bladder and gut dysfunction etc.) • Drugs (see above) 	1	



	<p>Therapeutic options:</p> <ul style="list-style-type: none"> • Sexual counselling, education and empowerment • Supportive psychotherapy • Disease specific drug treatment • Coping Counselling • Development of new concepts of love and sex • Rehabilitation • Eventually treatment of mental or physical comorbidities. 	1	
Skills	To be able to competently:		MCQ, EMQ, OSCE, Educational supervisor report, Logbook
	<ul style="list-style-type: none"> • Perform a structured diagnostic interview including listening to the woman story, (narrative), summarizing, establishing a comprehensive diagnosis with contributing and risk factors 	4	
	<p>Apply the medical sexology algorithm taking into account:</p> <ul style="list-style-type: none"> • Pre-existing sexual health or sexual disorders (Body image, gender) • Disease specific factors (8 levels see above) • Response to disease (Affective response, body image, couple dynamics, individual coping) 	4	
	Comprehensive medical sexology diagnosis	4	
	General physical exam;	4	
	Specialised examinations in collaboration with specialists to:		
	<ul style="list-style-type: none"> ○ examine female genitalia with special focus on the vulva, clitoris, vestibule and the vagina. 	2 (4)	
	<ul style="list-style-type: none"> ○ - suspect (Exclude) vulvovaginal diseases, also towards referring to 	2(4)	



	<p>perform colposcopy/vulvoscopy whenever appropriate.</p> <ul style="list-style-type: none"> • Establish a multidisciplinary team • Enlarging and modifying the explanatory diagnosis according to the specialists' contributions • Develop a treatment plan together with the patient (or couple) based on shared decision making to tailor the therapy to the individual needs of the patient integrating the above mentioned interventions 	<p>4</p> <p>2 (4)</p> <p>2 (4)</p>	
Behaviour	<p>Empathic listening, encouraging to talk; Offer feedback opportunities, encourage questions; Give follow up dates; Adapt and modify the working hypothesis and diagnosis; Be patient regarding change</p>	<p>4</p>	<p>Educational supervisor report</p>



Objective		Level of competence	Assessment
Manage patients at risk of sexually transmitted infections (STI)			
Knowledge	<ul style="list-style-type: none"> • Epidemiology, risk factors and common presentations of STI • STI and other infections to consider in common presentation such abnormal vaginal discharge, vulvar irritation, urethritis and pelvic pain • Association between sexual functioning and STI • Principles of management of STI including partner notification and future risk reduction • Therapeutic options : <ul style="list-style-type: none"> -Antibiotic, antiviral treatment and other pharmacological treatment for infections -Cryotherapy and surgery -Prophylaxis: pharmacological and vaccination -Counselling to cope with diagnosis and for future risk reduction 	<p style="text-align: center;">1</p> <p style="text-align: center;">1</p> <p style="text-align: center;">1</p> <p style="text-align: center;">1</p> <p style="text-align: center;">1</p>	<p>MCQ, EMQ, OSCE, Educational supervisor report, Logbook</p>
Skills	<p>To be able to competently:</p> <ul style="list-style-type: none"> • Take a history to evaluate risk of STI taking into consideration the incubation period, site of exposure and post exposure prophylaxis • General physical exam • Genital examination, with specialist help when necessary to take appropriate samples for tests • Offer treatment for various infections when identified or refer for treatment 	<p style="text-align: center;">4</p> <p style="text-align: center;">4</p> <p style="text-align: center;">2(4)</p> <p style="text-align: center;">2(4)</p>	<p>MCQ, EMQ, OSCE, Educational supervisor report, Logbook</p>
Behaviour	Non- judgemental ;Empathy	4	Educational supervisor report