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EUROPEAN UNION OF MEDICAL SPECIALISTS**

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## Training Requirement in SEXUAL MEDICINE

Europeam Standards of Postgraduate Medical Training for mark  
of excellence

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 behavior. 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) 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 several 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.

Currently there are more than 500 fellows of the MJCSM, worldwide, who fulfill the eligibility criteria and took the fellowship exam which has been recently validated by CESMA. Their location and working area in the field are available on the [www.mjcsm.org](http://www.mjcsm.org) website

Sexual medicine is an area of interest that follows training and certification in relevant medical specialisation. Up to date is not recognised as medical speciality in any of the European states.

All medical specialties with patients contact related to SM can enter the program.

## **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, even achieving the highest level (level # 5 Entrustable Professional Activity, EPA) in which the trainee can be trusted to perform with minimal or no supervision being able to work as independent practitioner. It is not possible in a multidisciplinary field such as SM for all practitioners to attain level 4 or 5 competencies in all areas. Therefore, not all competencies listed in this document are level 4 or 5 (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 center'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 centers 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 behavior 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.
- Show of Entrustable Professional Activity (EPA)
- 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 behavior and leadership.
- Framework in assessment, appraisal and feedback.
- Appraisal of research evidence in the field of sexual medicine

### **-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 behavior 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 acquisition of the necessary level of training will be assessed by the Examination Committee also by revising the logbook and evaluating attainment of EPA competency. According to the MJCSM rules (available on the [www.mjcsm.org](http://www.mjcsm.org) website, section EXAM - "eligibility criteria") each candidate also need to fill out minimum 12 cases in the logbook available at the MJCSM website. The Head of the Training Programme or Tutor officially will revise the candidate's level of Competence by signing EPA items in the Logbook. The cutoff for considering a candidate eligible to sit the exam will be decided by the Examination committee when the exam Webpage goes online.

The syllabus lays down the standards of knowledge, clinical judgement, technical, operative and professional skills and behavior 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.

**-Summative Assessment :** The Exam Committee of MJCSM (available on the [www.mjcsm.org](http://www.mjcsm.org) website - Exam Committee) is in charge of setting up and preparing the Exam. All the procedure for sitting the exam are available on the [www.mjcsm.org](http://www.mjcsm.org) website –section Exam. Briefly, evaluation of knowledge and competency on the sexual medicine curriculum is finally assessed through a written exam consisting of 100 multiple choice questions (MCQ) also including clinical cases with extending matching questions (EMQ), to be answered in 3 consecutive hrs. In particular, every question, except the last clinical cases question (EMQ), has four response options of which, one option is the correct. More details will be available on the [www.mjcsm.org](http://www.mjcsm.org) website. Exam will be made digital. The content of the examination will be according to the curriculum of Sexual Medicine. Indeed, the 100 MCQ will focus in the 5 domains of Sexual Medicine that are clearly detailed in the MJCSM website. **An electronic score calculation (utilising optical scanning of answer sheets) will be used. The cutoff for of the exam would be range from 65-80% ; the Exam Committe will precisely set it as an arbitrary value by evaluating the previous year’s candidates’ data and notify at the website as soon as the Exam webpage goes online. Therefore, it would possibly vary from year to year. To ensure quality, the exam will always be conducted by independed professional organization which also advice on the most appropriate standard setting and objective conduction of the exam. The process and assesment is conducted according to the guidelines and approval of the UEMS-CESMA.**

#### **- Governance**

Sexual Medicine is an area of interest followed the core specialist training according to the country of citizenship/ working place. The Fellowship is a mark of excellence in the field.

Due to this situation no speciality trianing is offered but a fellowship framework which is covered by the local centers of training or supported by local and international relevant scientific societies. The mark of excellence (FECSM) is recognised by the UEMS and monitored by the MJCSM. A training agreement has to be signed between the Supervisor (EPR) and the trainee.

#### **-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

**- Requirements for trainers and training centers (TPSM)**

PREREQUISITES

1. A Training Program in Sexual Medicine must provide a balanced education in the knowledge, skill, attitudes and behaviors required for the practice of modern Sexual Medicine.

2. At the end of the training period and the assessment, trainees will be qualified to provide high quality care to sexual medicine patients.
3. The training program should provide exposure to the whole breadth of sexual medicine.
4. The minimum duration of Sexual Medicine training is 18 months.

## CRITERIA & GUIDELINES

### ORGANISATION

1. Institutions and trainers taking part in the training of Sexual Medicine trainees must be able to provide broad-based opportunities that include both clinical and academic experiences in Sexual Medicine.
2. Positions with exposure to a limited area of sexual medicine should seek collaboration with others such that together they provide exposure to the whole breadth of sexual medicine.
3. Rotations must be based on a clear statement of the value of each position to the teaching program as a whole.
4. Each position should offer significant educational opportunities relevant to the overall program.
5. There should be one trainer (Program Director) with primary responsibility for the entire program.
6. There should be one trainer (Educational Supervisor) with primary responsibility for a trainee for the duration of training in a particular position.
7. All trainers in the program should demonstrate commitment to the program in terms of clinical, educational and academic support.
8. The training capacity of the program will be determined by the number, qualifications and commitment of the faculty and the workload of the various departments.

### FACILITIES AND RESOURCES

1. Each participating institution/trainer must provide adequate clinical facilities. These will include diagnostic and therapeutic facilities.
2. Each participating institution/trainer must provide adequate educational facilities. These will include space, educational aids, office space, computer access and library facilities including online access to the major international journals.
3. Each participating institution/trainer must provide adequate administrative support.
4. Research facilities, although not mandatory for accreditation, are desirable in that they enrich the academic environment of the program.

### FACULTY

1. Program Director  
Each center should be headed by a Program Director. The Program Director
  - a. Will oversee the whole programme
  - b. Will ensure that trainees have access to a balanced and comprehensive experience
  - c. Will allocate an Educational Supervisor for each trainee
  - d. Will ensure that the progress of trainee is regularly evaluated
2. Educational Supervisor

Each Trainee will have an educational supervisor. The Educational supervisor will provide educational support for the trainee for the duration of the training. This will include:

- a. Regular meetings with the trainee
  - b. Setting of educational objectives
  - c. Providing regular feedback to the trainee
  - d. Mentoring where appropriate.
3. Trainer. The other trainers, those with special expertise in different sexual medicine domains, should contribute to the education/experience of the trainee in order to provide a significant depth of knowledge in a variety of subjects, and will provide assessment and feedback for the trainee.
4. Trainee. The trainee will be expected to agree learning objectives at regular intervals with their educational supervisor. These will be appraised and assessed at regular intervals. They will keep a learning record and a logbook of their clinical experience.

#### APPLICATION & CERTIFICATION PROCEDURE

1. To apply for certification a Program seeking accreditation should submit the following documents (in English):
  - a. Contact details for the Training Program
  - b. A description of the Training Program. This will include, as a minimum:
    - i. A description of all the posts
    - ii. Timetables within each post
    - iii. Clinical facilities
    - iv. Workload figures
    - v. Educational facilities
    - vi. Academic facilities
    - vii. A named Program Director
    - viii. A list of Trainers and Educational supervisors with their areas of expertise
    - ix. List of publications of each trainer in the last two years
    - x. Previous teaching experience of each trainer
    - xi. Certification of participation in the train the trainer/Teach the teacher program
2. The training Program is evaluated on the basis of a scoring system which assesses the following domains:
  - a. Educational program
  - b. Supervising staff
  - c. Educational support
  - d. Clinical and educational facilities
  - e. Academic support
  - f. organisation of 360 degree feedback procedure for the center and the trainers
3. A review visit to the center by MJCSM representative will follow before the final decision
4. The MJCSM will make the final decision about accreditation of the program and duration of that accreditation.
5. The usual duration of accreditation is 5 years.
6. A response letter will be forwarded to the Program Director. It will include

- a. A statement of approval if the application is successful
- b. For failed applications, areas of non-compliance with the criteria and suggestions to improvement will be stated
- 7. If there are substantial changes to the program during the certification period, it is the duty of the Program Director to notify the MJCSM.
- 8. Before the end of the certification period, the Program Director will be notified about the need for re-certification.

**-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 specialty.

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
- sexual consequences of sexually transmitted infections
- gender dysphoria/gender incongruence (GD/GI)
- non-intercourse sexual behaviors
- 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
- Level 5: shows entrustable professional activity

- 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 and 5  
In brackets are reported the Level of Competency for those candidates with the specific speciality

Objective		Level of competence	Assessment
<b>Generic Competencies</b>			
<b>Knowledge</b>	<ul style="list-style-type: none"> <li>• Use a bio-psychosocial model to assess and manage patients presenting with sexual problems</li> </ul>	1	
	<ul style="list-style-type: none"> <li>• Know how to structure a consultation</li> </ul>	1	
	<ul style="list-style-type: none"> <li>• Be aware of and use validated questionnaires when indicated</li> </ul>	1	
<b>Skills</b>	<ul style="list-style-type: none"> <li>• Establish a relationship with the patient, listen actively and answer the question with sensitivity</li> </ul>	5	
	<ul style="list-style-type: none"> <li>• Overcome barriers to effective communication that may arise from differences in gender, sexuality, culture, language, and similar factors</li> </ul>	5	
	<ul style="list-style-type: none"> <li>• Be aware of the role of the multi-disciplinary team as well as other specialists and report, when appropriate</li> </ul>	5	
<b>Behavior</b>	<ul style="list-style-type: none"> <li>• Show empathy, compassion, and professionalism</li> </ul>	5	
	<ul style="list-style-type: none"> <li>• Respect the dignity of the patient</li> </ul>	5	
	<ul style="list-style-type: none"> <li>• Be non-judgemental especially when one's own beliefs conflicts with that of the patient</li> </ul>	4	
	<ul style="list-style-type: none"> <li>• Use ethical consideration to evaluate complex and conflicting situations that arise during a medical consultation</li> </ul>	5	

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



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

	<ul style="list-style-type: none"> <li>• Oral pharmacotherapy</li> <li>• Intracavernosal injection</li> <li>• Intraurethral pharmacotherapy</li> <li>• Vacuum pump devices</li> <li>• Penile implant</li> <li>• Vascular surgery</li> <li>• Novel approaches: Shockwave</li> </ul>	1 1 1 1 1 1 1	
<b>Skills</b>	<p>To be able to competently:</p> <ul style="list-style-type: none"> <li>• Perform a structured diagnostic interview including listening to the story, (narrative), summarizing, establishing a comprehensive diagnosis with contributing and risk factors</li> <li>• Assess a man with ED including, where appropriate, assessment of his partner</li> <li>• Arrange appropriate investigation of man with ED</li> <li>• Assess or refer the appropriate use of psychological therapy for a man with ED</li> <li>• Be able to assess and manage ED by means of endocrine therapy</li> <li>• Initiate and manage ED by means of oral pharmacological therapy</li> <li>• Be able to administer and teach intracavernosal injection therapy, a vacuum erection device</li> <li>• Be able to determine the indications for surgical management of patient with drug resistant ED</li> </ul>	4  4 4 4 1(4) 1(4) 1(4) 1(4)	MCQ Educational supervisor report Logbook
<b>Behavior</b>	<ul style="list-style-type: none"> <li>• To have an empathetic attitude towards a man with ED and towards his partner</li> </ul>	5	Educational supervisor report

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

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

	<ul style="list-style-type: none"> <li>• Assess a man with ejaculatory dysfunction including, where appropriate, assessment of his partner</li> <li>• Arrange appropriate investigation of man with ejaculatory dysfunction</li> <li>• Assess the appropriate use of psychological therapy for a man with ejaculatory dysfunction</li> <li>• Initiate and manage ejaculatory dysfunction by means of pharmacological therapy</li> </ul>	4  4  4  4	
<b>Behavior</b>	<ul style="list-style-type: none"> <li>• To have an empathetic attitude towards a man with ejaculatory dysfunction and towards his partner</li> </ul>	5	Educational supervisor report

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

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

	<ul style="list-style-type: none"> <li>• Be able to manage sexual desire disorder by means of endocrine therapy</li> <li>• Initiate and manage sexual desire disorder by means of pharmacological therapy</li> </ul>	1(4)  4	
<b>Behavior</b>	<ul style="list-style-type: none"> <li>• To have an empathetic attitude towards a man with sexual desire disorder and towards his partner</li> </ul>	5	Educational supervisor report



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

	<ul style="list-style-type: none"> <li>• The classification of penile deformity</li> <li>• The pathophysiology of penile deformity including Peyronie's disease</li> <li>• The risk factors and aetiology of penile deformity</li> </ul> <p>Risk and Contributing Factors</p> <p>Be aware of the role of the following aspects:</p> <ul style="list-style-type: none"> <li>• Psychological</li> <li>• Relational</li> <li>• Sociocultural</li> </ul> <p>Therapeutic Options</p> <ul style="list-style-type: none"> <li>• Medical and mechanical therapies for the treatment of penile deformity</li> <li>• Surgery</li> </ul>	<p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p>	
<b>Skills</b>	<p>To be able to competently:</p> <ul style="list-style-type: none"> <li>• Perform a structured diagnostic interview including listening to the story, (narrative), summarizing, establishing a comprehensive diagnosis with contributing and risk factors</li> <li>• Assess a man with penile deformity</li> <li>• Arrange appropriate investigation and manage with penile deformity</li> <li>• Be able to determine the indications for surgical management of patient with penile deformity</li> </ul>	<p>4</p> <p>4</p> <p>2(4)</p> <p>2(4)</p>	<p>MCQ</p> <p>Educational supervisor report</p> <p>Logbook</p>
<b>Behavior</b>	<ul style="list-style-type: none"> <li>• To have an empathetic attitude towards a man with priapism and towards his penile deformity</li> </ul>	<p>5</p>	<p>Educational supervisor report</p>

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

	<ul style="list-style-type: none"> <li>• The risk factors, aetiology and consequences of injuries to the genitalia</li> <li>• Psychological consequences of man with injuries to the genitalia</li> </ul> <p>Risk and Contributing Factors</p> <ul style="list-style-type: none"> <li>• Psychological</li> <li>• Relational</li> <li>• Sociocultural</li> </ul> <p>Therapeutic Options</p> <ul style="list-style-type: none"> <li>• Range and place of medical, psychological, mechanical, and surgical therapies (including the surgical techniques) for the treatment of injuries to the genitalia</li> </ul>	<p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p>	
<b>Skills</b>	<p>To be able to competently:</p> <ul style="list-style-type: none"> <li>• Perform a structured diagnostic interview including listening to the story, (narrative), summarizing, establishing a comprehensive diagnosis with contributing and risk factors</li> <li>• Assess a man with injuries to the genitalia</li> <li>• Arrange appropriate investigation of man with injuries to the genitalia Initiate and manage penile deformity</li> <li>• Be able to determine the indications for surgical management of patient with injuries to the genitalia</li> </ul>	<p>4</p> <p>2(4)</p> <p>2(4)</p> <p>2(4)</p>	<p>MCQ</p> <p>Educational supervisor report</p> <p>Logbook</p>
<b>Behavior</b>	<ul style="list-style-type: none"> <li>• To have an empathetic attitude towards a man with injuries to the genitalia</li> </ul>	<p>5</p>	<p>Educational supervisor report</p>

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

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

Behavior	<ul style="list-style-type: none"> <li>To have an empathetic attitude to a man with priapism and to his partner</li> </ul>	5	Educational supervisor report
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Objective		Level of competence	Assessment
<b>Manage male sexual disorder related to aging</b>			
<b>Knowledge</b>	Anatomy		
	<ul style="list-style-type: none"> <li>Have a detailed knowledge of the anatomy of the male genitalia (including micro/macrosopic and embryology) and the brain areas related to sexual desire</li> </ul>	1	
	<ul style="list-style-type: none"> <li>Have a detailed knowledge of the vascular, lymphatic and nerve supply to the genitalia</li> </ul>	1	
	Physiology		
	To have a detailed knowledge of the following:		
	<ul style="list-style-type: none"> <li>The physiology of normal male sexual response</li> </ul>	1	
	<ul style="list-style-type: none"> <li>The physiopathology of aging</li> </ul>	1	
	<ul style="list-style-type: none"> <li>Physiology and neurophysiology of sexual response, including the neurotransmitters and vascular compartments involved in sexual response</li> </ul>	1	
	<ul style="list-style-type: none"> <li>The endocrinology of the normal male sexual response (hypothalamic-pituitary function, endocrinology of the testis, testosterone metabolism) and its modification during aging</li> </ul>	1	
	<ul style="list-style-type: none"> <li>Main cardiovascular, metabolic, and neurological functions relevant to sexual dysfunction</li> </ul>	1	
	Pharmacology		
	To have a detailed knowledge of the following points, especially in the elderly:		
	<ul style="list-style-type: none"> <li>Neuropharmacology and receptor pharmacology</li> </ul>	1	
	<ul style="list-style-type: none"> <li>Endothelial derived modulators of corporal smooth muscle</li> </ul>	1	



	<ul style="list-style-type: none"> <li>Assess and manage endocrine diseases related to aging, including hormonal replacement therapies</li> </ul>	1	
	<ul style="list-style-type: none"> <li>Oral pharmacotherapy for erectile dysfunction including basic pharmacokinetics and pharmacodynamics and adverse events/drug interactions of commonly used drugs</li> </ul>	1	
	<ul style="list-style-type: none"> <li>Novel oral agents for the treatment of man sexual dysfunction</li> </ul>	1	
	<ul style="list-style-type: none"> <li>Intracavernosal therapy, topical and intraurethral treatments for man sexual dysfunction</li> </ul>	1	
	Pathology		
	To have a detailed knowledge of the following points:		
	<ul style="list-style-type: none"> <li>Pathophysiology of male sexual dysfunction during aging</li> </ul>	1	
	<ul style="list-style-type: none"> <li>Risk factors and aetiology of male sexual dysfunction during aging</li> </ul>	1	
	<ul style="list-style-type: none"> <li>Sexual function and aging-related hormonal alterations</li> </ul>	1	
	<ul style="list-style-type: none"> <li>Sexual dysfunction and its relationship with chronic diseases and hormonal alterations</li> </ul>	1	
	<ul style="list-style-type: none"> <li>Cardiovascular and metabolic diseases and sexual function</li> </ul>	1	
	Risk and Contributing Factors		
	<ul style="list-style-type: none"> <li>Biological/Medical: cardiovascular risk, endocrine factors, iatrogenic ED, medical disorders</li> </ul>	1	
	<ul style="list-style-type: none"> <li>Psychological: Performance anxiety, personality characteristics, cognitive factors and affective factors</li> </ul>	1	
	<ul style="list-style-type: none"> <li>Relational: Relationships, contextual factors</li> </ul>	1	
	<ul style="list-style-type: none"> <li>Sociocultural: sexual confidence, performance demand, beliefs.</li> </ul>	1	

	<p>Therapeutic Options</p> <ul style="list-style-type: none"> <li>• Range of medical, hormonal and mechanical therapies for treatment of sexual dysfunction</li> <li>• Psychological therapies relevant to the treatment of a man with sexual dysfunction</li> <li>• Surgery</li> </ul>	<p>1</p> <p>1</p> <p>1</p>	
<b>Skills</b>	<p>To be able to competently:</p> <ul style="list-style-type: none"> <li>• Perform a structured diagnostic interview including listening to the story, (narrative), summarizing, establishing a comprehensive diagnosis with contributing and risk factors</li> <li>• Assess a man with sexual dysfunction including, where appropriate, assessment of his partner during aging</li> <li>• Arrange appropriate investigation of man with sexual dysfunction during aging, including hormonal testing</li> <li>• Assess the appropriate use of psychological therapy for a man with sexual dysfunction during aging</li> <li>• Be able to manage sexual dysfunction by means of endocrine therapy during aging</li> <li>• Initiate and manage sexual dysfunction by means of pharmacological therapy during aging</li> <li>• Be able to administer and teach intracavernosal injection therapy or vacuum erection device in the elderly</li> <li>• Be able to determine the indications for surgical management of patient with drug resistant ED</li> </ul>	<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</p> <p>Educational supervisor report</p> <p>Logbook (we should improve the way we assess clinical skill)</p>
<b>Behavior</b>	<ul style="list-style-type: none"> <li>• To have an empathetic attitude towards a man with sexual dysfunction and towards his partner</li> </ul>	<p>5</p>	<p>Educational supervisor report</p>

Objective		Level of competence	Assessment
<b>Manage the patient with Gender Dysphoria/ Gender Incongruence (GD/GI)</b>			
<b>Knowledge</b>	<p>Definitions</p> <ul style="list-style-type: none"> <li>• Have a detailed knowledge about diagnostic criteria</li> <li>• Be familiar with nomenclature, diagnostic work-up, standards of care (WPATH)</li> <li>• Have knowledge about the legal situation and epidemiology</li> <li>• Have knowledge about possible social and occupational consequences of transitioning</li> <li>• Have knowledge about possible fertility conservation options</li> </ul> <p>Treatment</p> <p>To have a detailed knowledge of the following:</p> <ul style="list-style-type: none"> <li>• Medical interventions therapy for trans individuals (efficacy, safety, contraindications) during adolescence and adulthood</li> <li>• Transition-related surgeries (Which techniques exist? What is the outcome?)</li> <li>• Options for fertility preservation</li> <li>• Other confirming medical interventions (such as techniques for hair removal and speech therapy)</li> <li>• Counselling or psychotherapy (coping with GD/GI, risk factors for mental health, co-occurring mental health issues)</li> <li>• 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)</li> </ul>	<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>	MCQ

	<p>Physiology</p> <p>To have a detailed knowledge of the following points:</p> <ul style="list-style-type: none"> <li>• Time course of hormonal effects (e.g., breast growth in trans women or facial hair in trans men)</li> </ul> <p>Clinical knowledge</p> <p>To have a detailed knowledge and understanding of the following:</p> <ul style="list-style-type: none"> <li>• Classification of GD/GI</li> <li>• The range of medical and mental health care for the treatment of GD/GI</li> <li>• The clinical management of therapies (start of hormonal therapy, surgery etc.)</li> <li>• The outcomes, including complications of all therapies in the context of GD/GI</li> </ul>	<p>1</p> <p>1</p> <p>1</p> <p>1</p>	
<b>Skills</b>	<p>To be able to competently:</p> <ul style="list-style-type: none"> <li>• Assess a person with GD/GI</li> <li>• Be able to determine the indications for hormonal and surgical management of persons with GD/GI during adolescence and adulthood</li> </ul>	<p>4</p> <p>2 (4)</p>	<p>MCQ</p> <p>Educational supervisor report</p> <p>Logbook</p>
<b>Behavior</b>	<ul style="list-style-type: none"> <li>• To have an empathetic attitude towards a person with GD/GI and towards partners and family</li> </ul>	<p>5</p>	<p>Educational supervisor report</p>

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

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

Objective		Level of competence	Assessment
<b>Manage the woman with arousal disorder</b>			
<b>Knowledge</b>	Anatomy		MCQ
	The anatomy of the clitoris, vulva, the vagina including  Differentiated knowledge about tissues, innervation vascularisation, hormonal receptors and hormonal activity	1  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		SBA
	Biological, Medical		
	<ul style="list-style-type: none"> <li>Hormonal alterations, including menopause, premature menopause, hypogonadotropic hypogonadism, hyperprolactinemia, use of hormonal contraceptives, alterations of growth hormone, thyroid diseases</li> </ul>	1	
	<ul style="list-style-type: none"> <li>Cardio-Metabolic diseases factors (diabetes mellitus, obesity, metabolic syndrome)</li> </ul>	1	
	<ul style="list-style-type: none"> <li>Endocrine factors</li> </ul>	1	
	<ul style="list-style-type: none"> <li>Smoking</li> </ul>	1	
	<ul style="list-style-type: none"> <li>Pelvic floor disorders</li> </ul>	1	
	<ul style="list-style-type: none"> <li>Lower urinary tract symptoms (LUTS)</li> </ul>	1	
	<ul style="list-style-type: none"> <li>Pelvic surgery</li> </ul>		

	<ul style="list-style-type: none"> <li>• Neurological diseases</li> <li>• Drugs: Anti-hormones, radio-, chemo-therapy</li> </ul> <p>Psychological:</p> <ul style="list-style-type: none"> <li>• Anxiety, Depression</li> <li>• Lack of knowledge and experience (masturbation etc.)</li> <li>• Traumatic sexual biography (separation, violence, abuse)</li> </ul> <p>Relational:</p> <ul style="list-style-type: none"> <li>• Conflict about needs and expectations</li> <li>• Lack of communication skills to negotiate about differences</li> </ul> <p>Sociocultural:</p> <ul style="list-style-type: none"> <li>• Poverty/Low income, working conditions</li> <li>• Sexual norms</li> </ul>	1 1  1 1 1  1 1  1 1	
	<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 centered sex therapy</p>	1  1 1	
<b>Skills</b>	<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>	4	EMQ, OSCE



	<p>General physical exam.</p> <p>Specialised examinations in collaboration with specialists to:</p> <ul style="list-style-type: none"> <li>o examine female genitalia with special focus on the vulva, clitoris, vestibule and the vagina.</li> <li>o suspect (Exclude) vulvovaginal diseases, also towards referring to perform colposcopy/vulvoscopy whenever appropriate.</li> </ul>	<p>4</p> <p>1 (4)</p>	
	<p>Develop a treatment plan together with the patient based on shared decision making.</p> <p>Assess indication for hormonal treatment and medical therapies considering contraindications</p> <p>Sensate focus, body centered psychotherapy, sexocorporelle, physiotherapy; masturbation exercises, systemic couple therapy.</p>	<p>4</p> <p>2 (4)</p> <p>2 (4)</p>	
<b>Behavior</b>	<p>Empathic listening, encouraging to talk; Offer feedback opportunities, encourage questions; Give follow up dates ;Be patient regarding change</p>	<p>5</p>	<p>Role play</p>

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

	<p>Relational:</p> <ul style="list-style-type: none"> <li>• Partner conflicts about different needs, communication difficulties.</li> </ul> <p>Sociocultural: Lack of sex education; Rigid sexual norms</p> <p>Therapeutic options:</p> <ul style="list-style-type: none"> <li>• Drugs</li> <li>• Hormonal treatment</li> <li>• Sexual Counselling</li> <li>• Masturbation exercises</li> <li>• Working with fantasies</li> <li>• Body centered psychotherapy (sexocorporelle)</li> </ul>	<p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p>	
<b>Skills</b>	<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"> <li>○ examine female genitalia with special focus on the vulva, clitoris, vestibule, and the vagina.</li> <li>○ suspect (Exclude) vulvovaginal diseases, also towards referring to perform colposcopy/vulvoscopy whenever appropriate.</li> </ul>	<p>4</p> <p>4</p> <p>4</p> <p>2(4)</p> <p>2(4)</p>	EMQ, OSCE

	<p>Develop a treatment plan together with the patient based on shared decision making.</p> <p>Assess indication for hormonal or drug treatment considering contraindications etc.</p> <p>Sensate focus, body centered 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>	
<b>Behavior</b>	<p>Empathic listening, encouraging to talk; Offer feedback opportunities, encourage questions; Give follow up dates ;Be patient regarding change</p>	5	Role play

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

	Psychological		
	• Lack of education, experience	1	
	• Partner conflict	1	
	• Performance anxiety	1	
	Relational:		
	• Inadequate stimulation	1	
	Sociocultural:		
	• Lack of sex education	1	
	• Rigid sexual norms	1	
	Therapeutic options:		
	• Sexual Counselling		
	• Masturbation exercises		
	• Working with fantasies	1	
	• Body centered psychotherapy (sexocorporelle)	1	
	• Physiotherapy Pelvic floor	1	

Skills	<p>To be able to competently:</p> <ul style="list-style-type: none"> <li>• Perform a structured diagnostic interview including listening to the woman story, (narrative), summarizing, establishing a comprehensive diagnosis with contributing and risk factors</li> <li>• Differentiate between primary and secondary</li> </ul> <p>General physical exam.</p> <p>Specialised examinations in collaboration with specialists to:</p> <ul style="list-style-type: none"> <li>○ examine female genitalia with special focus on the vulva, clitoris, vestibule and the vagina.</li> <li>○ suspect (Exclude) vulvovaginal diseases, also towards referring to perform colposcopy/vulvoscopy whenever appropriate</li> <li>• Develop a treatment plan together with the patient based on shared decision making.</li> <li>• Assess indication for hormonal treatment considering contraindications etc.</li> <li>• Sensate focus, body centered psychotherapy, sexocorporelle, physiotherapy; masturbation exercises</li> <li>• Systemic couple therapy</li> </ul>	<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>	EMQ, OSCE
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Behavior	<ul style="list-style-type: none"> <li>• Empathic listening, encouraging to talk</li> <li>• Offer feedback opportunities, encourage questions</li> <li>• Give follow up dates</li> <li>• Be patient regarding change</li> </ul>	4    4    4    4	Role play
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Objective		Level of competence	Assessment
<b>Manage female sexual pain disorder</b>			
<b>Knowledge</b>	<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"> <li>• Vulvovaginal atrophy</li> <li>• Genitourinary syndrome of menopause</li> <li>• Endometriosis</li> </ul>	<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>	



	<ul style="list-style-type: none"> <li>• Physiotherapy</li> <li>• Cognitive behavioral pain therapy</li> <li>• Hypnotic techniques</li> </ul> <p>Surgery (vestibulectomy)</p>	<p>1</p> <p>1</p> <p>1</p>	
<b>Skills</b>	<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"> <li>○ examine female genitalia with special focus on the vulva, clitoris, vestibule, and the vagina.</li> <li>○ suspect (Exclude) vulvovaginal diseases, also towards referring to perform colposcopy/vulvoscopy whenever appropriate.</li> </ul> <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>	EMQ, OSCE

	Physiotherapy; Cognitive behavioral pain therapy	2(4)	
	Hypnotic techniques	2(4)	
	Surgery (vestibulectomy)	2(4)	
<b>Behavior</b>	Empathic listening, encouraging to talk; Offer feedback opportunities, encourage questions; Give follow up dates; Be patient regarding change	5	Role play

Objective		Level of competence	Assessment
<b>Manage female sexual dysfunction related to medication</b>			
<b>Knowledge</b>	Basic mechanisms of interaction between drugs and sexual physiological response	1	MCQ
	Impact on peripheral response (Mucosa, blood supply, peripheral nerve signal transmission)	1	
	Impact on central mechanisms (Hormonal changes, impact on limbic system, neurotransmitters)	1	
	Drug categories and their impact on sexual function:		
	• Antidepressants	1	
	• Antihormones	1	
	• Antipsychotics		
	• Hormonal contraception	1	
	• Hormone Replacement therapy		
	• Antidiabetics	1	
	• Cardiovascular drugs		SBA
	• Corticosteroids	1	
	Diagnosis:		
	Comprehensive diagnosis	1	
	Biopsychosocial model including drug specific impact to understand interaction of different factors.	1	
	Therapy:	1	
	Basic counselling	1	

	Changes in drug treatment through dosage or type of drug and/or other therapeutic method in combination with other forms of seX therapy	1	
<b>Skills</b>	<p>To be able to competently:</p> <ul style="list-style-type: none"> <li>• Perform a structured diagnostic interview</li> <li>• Describe the drug specific action contributing to the sexual dysfunction</li> </ul>	<p>4</p> <p>4</p>	EMQ, OSCE
	<p>General physical exam.</p> <p>Specialised examinations in collaboration with specialists to:</p> <ul style="list-style-type: none"> <li>- examine female genitalia with special focus on the vulva, clitoris, vestibule and the vagina.</li> <li>- suspect (Exclude) vulvovaginal diseases, also towards referring to perform colposcopy/vulvoscopy whenever appropriate.</li> </ul> <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>Offer alternatives and give balanced benefit/risk evaluation</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> <p>2 (4)</p>	

Behavior	<ul style="list-style-type: none"> <li>• Empathic listening, encouraging to talk 4</li> <li>• Offer feedback opportunities, encourage questions 4</li> <li>• Give follow up dates 4</li> <li>• Be patient regarding change 4</li> </ul>	
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Objective		Level of competence	Assessment
<b>Manage female sexual disorders related to pregnancy, menopause, and aging</b>			
<b>Knowledge</b>	Anatomy and physiology	1	MCQ
	Pregnancy specific biological changes with a possible impact on sexual function	1	
	Menopause specific biological endocrine changes with a possible impact on sexual function	1	
	Impact of Hormonal alterations, including menopause, premature menopause, hypogonadotropic hypogonadism, hyperprolactinemia, use of hormonal contraceptives, alterations of growth hormone, thyroid diseases	1	
	Impact of Cardio-Metabolic diseases factors (diabetes mellitus, obesity, metabolic syndrome)	1	
	Aging specific impact on sexual function	1	
	Psychology:		
	<ul style="list-style-type: none"> <li>Psychological and social changes having an impact on sexual function during pregnancy, menopause, and aging</li> <li>Empirical knowledge about frequency (epidemiology) of sexual dysfunction during pregnancy, menopausal transition and aging.</li> </ul>	1	
	Risk and contributing factors	1	SBA
	Biological factors	1	
	<ul style="list-style-type: none"> <li>Structural changes of organs</li> <li>Hormonal changes</li> <li>Cardiometabolic changes</li> </ul>	1	



	<ul style="list-style-type: none"> <li>• Physiological changes</li> </ul>	1	
	<ul style="list-style-type: none"> <li>• Depression</li> </ul>	1	
	<ul style="list-style-type: none"> <li>• Psychological factors</li> </ul>	1	
	<ul style="list-style-type: none"> <li>• Developmental tasks</li> </ul>	1	
	<ul style="list-style-type: none"> <li>• Stressors and Coping</li> </ul>	1	
	<ul style="list-style-type: none"> <li>• Relational factors</li> </ul>	1	
	<ul style="list-style-type: none"> <li>• Support, Lack of support, Sexual dysfunction of the partner</li> </ul>	1	
	<ul style="list-style-type: none"> <li>• Sociocultural factors</li> </ul>	1	
	<ul style="list-style-type: none"> <li>• Lifestyle</li> </ul>	1	
	<ul style="list-style-type: none"> <li>• Role expectations</li> </ul>	1	
	Therapeutic options:	1	
	<ul style="list-style-type: none"> <li>• Basic counselling and education of couples about changes, empowerment</li> <li>• Sexual education during pregnancy</li> <li>• Local treatment, physiotherapy</li> <li>• Menopause and aging:</li> <li>• Hormonal treatment (HRT, estrogen, testosterone)</li> <li>• Local estrogen (androgen) treatment,</li> <li>• Other local treatment options (DHEA et al)</li> <li>• Counselling for better aging</li> <li>• Systemic couple therapy</li> <li>• Treatment of the partner</li> <li>• Communication training</li> </ul>		

<b>Skills</b>	To be able to competently:		EMQ, OSCE
	• Perform a structured diagnostic interview including listening to the woman story, (narrative), summarizing, establishing a comprehensive diagnosis with contributing and risk factors	4	
	• Differentiate between primary and secondary	4	
	General physical exam.	4	
	Specialised examinations in collaboration with specialists to:	2 (4)	
	<ul style="list-style-type: none"> <li>○ examine female genitalia with special focus on the vulva, clitoris, vestibule, and the vagina.</li> <li>○ - suspect (Exclude) vulvovaginal diseases, also towards referring to perform colposcopy/vulvoscopy whenever appropriate.</li> </ul>		
<b>Behavior</b>	• Develop a treatment plan together with the patient based on shared decision making.	2 (4)	Role play
	• Asses indication for hormonal treatment taking into account contraindications etc.	2 (4)	
	• Communication with a couple	2 (4)	
	• Moderating and facilitating communication	2 (4)	
	• Systemic couple therapy	2 (4)	
<b>Behavior</b>	Empathic listening, encouraging to talk, Offer feedback opportunities, encourage questions; Give follow up dates; Be patient regarding changes	5	

Objective		Level of competence	Assessment
<b>Manage female sexual disorders related to gynaecological and endocrine diseases</b>			
<b>Knowledge</b>	Anatomy, Pathology, Pathophysiology, Diagnosis and Treatment of:	1	MCQ
	<ul style="list-style-type: none"> <li>• Endometriosis,</li> <li>• Fibroma</li> <li>• PID</li> <li>• Prolaps</li> <li>• Vulvar and vaginal diseases</li> <li>• Miscarriage</li> </ul>		
	<p>Anatomy, Pathology, Pathophysiology, Diagnosis and Treatment of endo-gynaecological diseases such as:</p> <ul style="list-style-type: none"> <li>• Polycystic ovary syndrome (PCOS)</li> <li>• Hypothalamic amenorrhea</li> <li>• Hypogonadotropic hypogonadism</li> <li>• Primary ovarian insufficiency</li> <li>• Adrenal diseases (21-OH deficiency)</li> <li>• Delayed puberty</li> <li>• Precocious puberty</li> <li>• Hyperprolactinemia</li> </ul>	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"> <li>• Danger and threat of the disease</li> <li>• Destruction of organs and structures involved in the sexual response</li> <li>• Disfigurement (visible changes of the body, body image threat)</li> </ul>	1	

	<ul style="list-style-type: none"> <li>• Disability and pain (reduced mobility, pain)</li> <li>• Dysfunction (impact on neurovegetative, neuromuscular and central nervous system function)</li> <li>• Dysregulation (endocrine and cardiometabolic disruptions)</li> <li>• Disease load (fatigue, bladder and gut dysfunction etc.)</li> <li>• Drugs (see above)</li> </ul> <p>Therapeutic options:</p> <ul style="list-style-type: none"> <li>• Disease specific drug treatment (including specific hormonal and metabolic treatments for the diseases)</li> <li>• Sexual counselling, education and empowerment</li> <li>• Supportive psychotherapy</li> <li>• Coping Counselling</li> <li>• Development of new concepts of love and sex</li> <li>• Rehabilitation</li> <li>• Eventually treatment of mental or physical co-morbidities</li> </ul>	1	
<b>Skills</b>	<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"> <li>○ examine female genitalia with special focus on the vulva, clitoris, vestibule and the vagina.</li> <li>○ suspect (Exclude) vulvovaginal diseases, also towards referring to</li> </ul>	<p>4</p> <p>4</p> <p>4</p> <p>2 (4)</p>	EMQ, OSCE

	<p>perform colposcopy/vulvoscopy whenever appropriate.</p> <ul style="list-style-type: none"> <li>• Establish a multidisciplinary team</li> <li>• 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.</li> </ul>	<p>2 (4)</p> <p>2 (4)</p>	
<b>Behavior</b>	<p>Empathic listening, encouraging to talk; Offer feedback opportunities, encourage questions ;Give follow up dates ;Be patient regarding change</p>	<p>5</p>	<p>Role play</p>



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

	<ul style="list-style-type: none"> <li>• Enlarging and modifying the explanatory diagnosis according to the specialists' contributions</li> <li>• 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</li> </ul>	2 (4)  2 (4)	
<b>Behavior</b>	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	5	Role play



Objective		Level of competence	Assessment
<b>Manage sexual consequences of patients at risk of or with sexually transmitted infections (STI)</b>			
<b>Knowledge</b>	<ul style="list-style-type: none"> <li>• Epidemiology, risk factors and common presentations of STI</li> <li>• STI and other infections to consider in common presentation such abnormal vaginal discharge, vulvar irritation, urethritis and pelvic pain</li> <li>• Association between sexual functioning and STI</li> <li>• Principles of management of STI including partner notification and future risk reduction</li> <li>• Therapeutic options: <ul style="list-style-type: none"> <li>-Antibiotic, antiviral treatment and other pharmacological treatment for infections</li> <li>-Cryotherapy and surgery</li> <li>-Prophylaxis: pharmacological and vaccination</li> <li>-Counselling to cope with diagnosis and for future risk reduction</li> </ul> </li> </ul>	1   1   1   1   1	MCQ
<b>Skills</b>	<p>To be able to competently:</p> <ul style="list-style-type: none"> <li>• Take a history to evaluate risk of STI taking into consideration the incubation period, site of exposure and post exposure prophylaxis</li> <li>• General physical exam</li> <li>• Genital examination, with specialist help when necessary to take appropriate samples for tests</li> <li>• Offer treatment for various infections when identified and after consultation with or referral to STI specialist</li> <li>• -Treatment of sexual consequences of STI</li> </ul>	4   4  2(4)  2(4)	EMQ, OSCE
<b>Behavior</b>	Non- judgemental; Empathy;	5	Role play