

REPORTS

New Developments in Education and Training in Sexual Medicine

Yacov Reisman, MD, PhD,* Ian Eardley, MD, FRCS,[†] Hartmut Porst, MD, PhD,[‡] and the Multidisciplinary Joint Committee on Sexual Medicine (MJCSM)

*Men's Health Clinic, Amstelland Hospital, Amstelveen, The Netherlands; [†]Department of Urology, Leeds Teaching Hospital Trust, UK; [‡]Private Urology and Andrology Practice and Hospital, Hamburg, Germany

DOI: 10.1111/jsm.12140

ABSTRACT

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

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

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

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

Conclusion. These activities are intended to improve quality. The FECSM examination is the first of its type and provides a real opportunity for Sexual Medicine physicians to demonstrate and document their knowledge. **Reisman Y, Eardley I, Porst H, and the Multidisciplinary Joint Committee on Sexual Medicine (MJCSM). New developments in education and training in sexual medicine. J Sex Med 2013;10:918–923.**

Key Words. Education; Training; Qualification; Sexual Medicine

Introduction and Short History

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

In the west, Sexual Medicine therapy was available on only a limited scale in the first part of the last century, and then only to a select part of the population. During the second part of the century Sexual Medicine developed into a thriving branch of health care and it is now available, if needed, to

most men and women around the world. The physicians who provide this care have largely been self-taught and come from a variety of medical disciplines including urology, gynecology, venereology, psychiatry, and primary care. Latterly, the fields of endocrinology and cardiovascular medicine have also contributed to the development of the specialty. The quality of care provided by these physicians has thus far been unregulated and has only been demonstrable by audit, by presentation of data at meetings, by publication in peer-review journals, and by the publication of guidelines by scientific societies [1,2].

Despite this growth in the field of Sexual Medicine, it is not currently recognized in Europe (and indeed in other parts of the world) from a

regulatory perspective as either a specialty or as a subspecialty of another discipline. In addition, significant differences exist between the regulation and recognition of medical specialties in the different European countries, and this has had a major impact on, firstly, the way that sexual medicine health care is provided, secondly, on the standard of care that is provided, and thirdly, on the way in which the population can access the service [3].

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

In 2003, John Pryor approached the Executive Committee of the European Society for Sexual Medicine (ESSM) with an idea of seeking to develop a regulatory framework for Sexual Medicine under the auspices of the European Union of Medical Specialists (UEMS). In the years that followed, a group of highly distinguished experts in the field was assembled. This group (who was appointed as the so called "Academy of Sexual Medicine") developed a short curriculum for sexual medicine. The ESSM, under the Presidents Francesco Montorsi and Ian Eardley, appointed John Dean to be the Director of Education with a remit to develop a training program in sexual medicine including an annual Summer School, which has continued to be held in Oxford and which seeks to teach attendees the relevant components of the curriculum. Delegates from all over the world have subsequently attended the summer school. Simultaneously, there were attempts to create an overarching regulatory structure via UEMS. This involved the creation of a Multidisciplinary Joint

Committee in Sexual Medicine (MJCSM) with representatives of the European Board of Urology (EBU), the European Board and College of Obstetrics and Gynaecology (EBCOG), and the European Board of Psychiatry (EBPsych) together with representatives of ESSM. The politics of UEMS are complex and it was not until March 2010 that Ian Eardley was able to present the concept of an MJCSM to the UEMS council. The proposal was unanimously approved, and in October 2011 the MJCSM met for the first time [5].

The UEMS

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

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

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

Download English Version:

<https://daneshyari.com/en/article/4270460>

Download Persian Version:

<https://daneshyari.com/article/4270460>

[Daneshyari.com](https://daneshyari.com)