



INTERNATIONAL STANDARDS  
for  
SEXUAL MEDICINE SPECIALISTS  
(PHYSICIANS & SURGEONS)

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**APPROVED BY THE GENERAL ASSEMBLY OF THE WORLD  
ASSOCIATION FOR SEXUAL HEALTH, ON 23<sup>RD</sup> JUNE 2009,  
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## ACKNOWLEDGEMENTS

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## **INTRODUCTION**

The International Standards for Physicians and Surgeons specialising in Sexual Health has been prepared by the World Association for Sexual Health (WAS) on behalf of, and in consultation with, experienced sexologists working in the discipline. The purpose is to provide the profession with a benchmark for the knowledge, skills and attributes of an effective and ethical, professional service provider, specializing in this particular branch of Sexology.

High quality performance in practice is the aspiration of the profession. A high standard of performance ensures the effectiveness of practice and promotes the status of the Sexologist and Sexology. It also provides protection for those who seek services from professional sexologists.

The practice of Sexual Medicine involves a holistic approach to the assessment and diagnosis, and the planning, implementation and evaluation of appropriate interventions in the management of sexual health.

The entry level of education for medical specialists specializing in sexual medicine and/or surgery is a recognised degree in medicine and postgraduate training in Sexual Medicine and/or Surgery.

The standards for practice are articulated in a number of competencies which provide indicators for the development of outcome objectives for education programmes. In this document the Standards are presented with accompanying elements, criteria and examples of evidence that may be used to indicate the Standard has been achieved.

A synopsis of educational requirements in the foundation sciences required for postgraduate education in sexology is available in a separate document. A summary of the three domains of learning: knowledge, skills and attitudes, may also be accessed through WAS. Further information and assistance is available through WAS.

## **BACKGROUND**

The World Association for Sexual Health, as the umbrella organisation representing 150 sexology associations, world-wide, seeks to elevate the standards of education and practice in all specialist areas of Sexology. Having adopted the WHO working definitions of Sexuality and Sexual Health (2000) the WAS Advisory Board approved the Definitions of Sexology Specialisations in 2007.

Initially three working parties were established in 2007, one for each area of the discipline areas of behavioural, educational and medical sexology. Each working party had representatives from the relevant specialists and professional educators. A common template was provided to each working party to facilitate the development of the standards and to ensure consistency across the disciplines.

Following the finalisation of each working party's activities, the Standards of Practice documents were presented to the WAS Advisory Board for ratification and then to the WAS General Assembly for approval in June 2009.

## THE CONTEXT OF SEXUAL MEDICINE & SURGERY

The Standards apply to a wide range of medical and surgical services, specialising in sexology, including the following.

Providing interventions to individuals in response to assessed needs for patients

- ⇒ with differing physical and cognitive abilities
- ⇒ from a range of age groups
- ⇒ from a range of cultural and language backgrounds
- ⇒ with differing social and economic circumstances
- ⇒ with differing family and relationship situations
- ⇒ from a range of sexual orientations and experiences
- ⇒ with a range of abilities
- ⇒ with altered mental states.

Services are provided through:

- ⇒ private practice
- ⇒ government and non-government institutions including health and social services
- ⇒ community settings

### The Client

In this document the term *client* is used to reflect the modern approach to service provision, where the emphasis is on equity, autonomy and personal responsibility, (*cf* Guiding Ethical Principles, WAS 2005). The term *client* may refer to an individual, a couple, a family or a group. In many practices and institutions the term *patient* is used in preference to the term *client*, both terms refer to the recipient(s) of professional services.

### Diversity

Awareness of diversity is vital when working in sexual medicine. The physician or surgeon specialising in sexual medicine must have the capacity to see beyond her/his own socio-cultural and psycho-sexual experiences and to present an objective approach to their practice. Attitudes vary considerably and the specialist must be prepared to consider how different belief systems and experiences might influence such concepts as:

- ⇒ sexual morality and norms
- ⇒ relationships and family systems
- ⇒ differences in modesty and personal values
- ⇒ seeking professional services and the structure of service provision
- ⇒ disability and dysfunction

## The Client/Patient Centred Approach

The practice of sexual health medicine incorporates assessment, interpretation and analysis of findings, planning, intervention and evaluation. The services provided will be determined by a range of factors, including the profile of the client, the setting and the nature of presenting requirement, concerns or problems.

## THE STANDARDS

There are nine Standards, each of which covers a key outcome area required for all specialists. All standards are equally important.

- Standard 1 Demonstrate professional standards appropriate to Sexual Health Medicine
- Standard 2 Communicate effectively
- Standard 3 Access, interpret and apply information for the continuous improvement of practice
- Standard 4 Assess the client/patient
- Standard 5 Interpret and analyse the assessment findings
- Standard 6 Develop an appropriate treatment plan
- Standard 7 Implement safe and effective interventions
- Standard 8 Evaluate the effectiveness and efficiency of interventions
- Standard 9 Operate effectively across a range of settings

### Format of the Standards

The Standards are formatted with a title, explanatory statement, elements and criteria, followed by examples of evidence that will allow the Standards to be met.

- Elements The elements are key contributing outcomes of each standard, all of which should be demonstrated by the entry level specialist
- Criteria The criteria describe the knowledge required, actions, demonstrations and level of performance to meet the element. The criteria are work-based criteria that may be used to demonstrate competency.
- Evidence This section provides additional information to help interpret the elements and criteria.

## **STANDARD 1**

### **Demonstrate professional behaviour appropriate to the practice of Sexual Medicine and Sexual Surgery**

This Standard requires the specialist to:

- ⇒ understand relevant codes of conduct
- ⇒ comply with external regulations and legislation
- ⇒ adapt to new approaches
- ⇒ undertake reflective practices and self analysis with all areas of practice

Key issues include:

- ⇒ operating at all times in accordance with external and internal requirements and codes of conduct relevant to Sexual Medicine and Surgery
- ⇒ making judgements about own capacity to provide specific services based on self assessment and taking appropriate action

STANDARD 1	ELEMENT	CRITERIA
Demonstrate professional behaviour appropriate to the practice of Sexual Medicine and Sexual Surgery	1.1 Demonstrate practice that is ethical and in accordance with relevant legal and regulatory requirements.	1.1 Complies with the main elements of the ethical and legal requirements; maintains current information; provides clients with relevant, information, including informed consent. Maintains current, print copies of professional ethics; local regulations and legislation. Complies with occupational health and safety regulations.
	1.2 Demonstrate strategies to maintain and extend professional competence.	1.2 Provides evidence of continuing education strategies; conference attendance; self reflection is used to maintain and extend professional competence. Feedback is sought from colleagues and managers.
	1.3 Operate within professional strengths and limitations	1.3 Self assessment is made about own capacities, based on knowledge and limitations. Services offered are in accordance with defined professional role. Provides evidence of referrals to other specialists. Provides evidence of referrals from other specialists. Undertake client follow-up and evaluations over an appropriate period, after treatment is completed. Maintains records of client outcomes.

## Standard 1 Examples of evidence.

*The following examples of knowledge, behaviours, skills and attitudes will assist in demonstrating achievement of the Standard. The examples are provided as a guide only and are not intended to be an exclusive or inclusive check list*

**Element 1.1** Demonstrate practice that is ethical and in accordance with relevant legal and regulatory requirements.

Applied knowledge and understanding of:

- ⇒ professional law(s) and act(s) and relevant medical association regulations for the jurisdiction
- ⇒ state, county, region, country legislation for relevant professional practice
- ⇒ principles of client rights
- ⇒ principles of open disclosure
- ⇒ standards of sexual medicine and sexual surgery practice and relevant Codes of Conduct
- ⇒ employees legal rights
- ⇒ obligations related to third party insurers
- ⇒ standards for sexual medicine and sexual surgery relevant to the jurisdiction

**Element 1.2** Demonstrate strategies to maintain and extend professional competence.

Strategies may include:

- ⇒ accessing support including mentors, other professionals and managers
- ⇒ evaluation of own performance
- ⇒ undertaking continuing professional development, reflective practice, self directed learning tasks and peer evaluation of performance
- ⇒ conference attendance; participation in professional meetings; submissions to peer reviewed publications;

**Element 1.3** Operate within professional strengths and limitations.

Knowledge of:

- ⇒ legal and organisational restrictions on practice
- ⇒ others to whom clients can be referred including colleagues both within and outside the organisation, specialists and other services
- ⇒ issues to be considered when undertaking self assessment
- ⇒ requirements regarding disclosure of own limitations that may compromise safe and effective practice.



## STANDARD 2

### **Communicate effectively**

This statement encompasses:

- ⇒ the application of verbal and written communication skills
- ⇒ being respectful and sensitive to individual needs and differences and adjusting communication to meet those needs
- ⇒ refraining from making value judgements that are not associated with professional assessments
- ⇒ reflective listening skills
- ⇒ basic conflict resolution and negotiation skills
- ⇒ engaging audience attention

Key issues include:

- ⇒ establishing and maintaining rapport with the client
- ⇒ complying with relevant documentation requirements, including maintenance of records
- ⇒ using professional terminology and lay language appropriately

STANDARD 2	ELEMENT	CRITERIA
Communicate effectively	2.1 Communicate effectively with the client by adapting communication style appropriately: recognising cultural and orientation safety, and cultural and linguistic diversity	2.1 Demonstrates a capacity for non-judgemental tones in conversation; does not make assumptions and relies on client disclosures; uses lay language and other techniques for effective communication; provides diagrams, models and other tools to facilitate understanding. Establishes rapport with client. Employs strategies to address communication difficulties.
	2.2 Communicate effectively with other service providers	2.2 Effective communication with colleagues, team members and other professionals is established and maintained. Written and oral communication follows accepted protocols and procedures to ensure information is conveyed.
	2.3 Prepare and provide documentation according to legal requirements and accepted procedures and standards	2.3 Maintains secured printed or electronic, dated copies of client records with full details of client history, intervention plans, implementation and outcomes. Records are maintained for the statutory period. Clients are provided with relevant material from their records.
	2.4 Prepare and deliver presentations	2.4 Presentations are planned and prepared relevant to audience needs. Information conveyed in a format and style to match audience. A range of strategies are applied

## STANDARD 2 Examples of evidence

*The following examples of knowledge, behaviours, skills and attitudes will assist in demonstrating achievement of the Standard. The examples are provided as a guide only and are not intended to be an exclusive or inclusive check list*

**Element 2.1** Communicate effectively with the client, adapt communication style recognising cultural and orientation safety, and cultural and linguistic diversity

Demonstrate communication strategies such as:

- ⇒ applying effective verbal and non-verbal communication processes including written communication
- ⇒ adapting communication content and style in recognition of the impact of language, culture, abilities, age, gender and presenting problem(s)
- ⇒ addressing possible communication needs of specific groups
- ⇒ adjusting communication to meet specific needs of client
- ⇒ conflict resolution
- ⇒ active listening and reflection
- ⇒ how to access appropriately trained interpreters

Demonstrate commonly used communication strategies with clients in relation to:

- ⇒ conducting effective medical and psycho-social sexual history recording
- ⇒ consultations with peers and other professionals
- ⇒ outlining proposed intervention procedures and alternatives
- ⇒ giving medical/post-surgical management instructions to the client and others
- ⇒ receiving and giving feedback

**Element 2.2** Communicate effectively with other service providers

Ability to adapt communication style with others including:

- ⇒ medical and nursing colleagues
- ⇒ sexologists from other disciplines
- ⇒ referring agencies
- ⇒ psychologists
- ⇒ social workers
- ⇒ specific support groups
- ⇒ support staff
- ⇒ students
- ⇒ representatives of hospitals and other institutions
- ⇒ government agencies

Understanding of:

- ⇒ protocols for reporting to various service providers
- ⇒ professional terminology, including medical, biological, behavioural and educational

**Element 2.3** Prepare and provide documentation according to legal requirements and accepted procedures and standards

Thorough understanding of:

- ⇒ legal and statutory requirements relevant to jurisdiction
- ⇒ common formats and conventions for documentation
- ⇒ record keeping, security and longevity requirements

**Element 2.4** Prepare and deliver presentations

**Utilises**

- ⇒ methods to engage audience
- ⇒ different styles and learning principles relevant to the demographics of the audience

## STANDARD 3

### **Access, interpret and apply information for the continuous improvement of practice**

This Standard encompasses the understanding and application of a range of information management skills required of the specialist, including –

- ⇒ applying foundation knowledge and understanding of the concepts and practices of medical , surgical and behavioural sciences
- ⇒ rational, critical, logical, conceptual and independent thinking that supports delivery and continuous improvement of services
- ⇒ analysis, synthesis and interpretation of information relevant to the professional role
- ⇒ application of professional reasoning steps and processes related to assessing and meeting client needs
- ⇒ application of research skills that support and promote the quality of care provided
- ⇒ information technology literacy and the use of information systems, including storage, maintenance and accessing information

Key issues include –

- ⇒ compliance with internal and external accountability requirements
- ⇒ ability to source, access and make use of a wide range of information
- ⇒ addressing ethical issues in relation to research and information management

STANDARD 3	ELEMENT	CRITERIA
Access, interpret and apply information to continuously improve practice	3.1 Demonstrate a high standard of working knowledge and understanding of the theoretical concepts and principles relevant to the practice of sexual medicine and surgery	3.1 Employs and records intervention procedures that reflect theoretical concepts and principles and are supported through sound research, leading to evidence based practice.
	3.2 Apply contemporary forms of information management to relevant areas of practice.	3.2 Demonstrates current IT and other communication skills; uses appropriate technologies for records, information, education and research.
	3.3 Apply an evidence-based approach to own practice	3.3 Demonstrates a working knowledge of commonly used research methodologies. Employs techniques that have clearly been evidenced as effective and where relevant, undertakes trials to validate practices. Critically evaluates the effects of own work. Applies systematic formulae for measuring and recording client information and intervention outcomes.
	3.4 Acquire and apply new knowledge and skills to continuously improve own practice	3.4 Attends workshops and professional meetings; reads peer review journals across several disciplines. Critically evaluates new techniques prior to use.

## STANDARD 3 Examples of evidence

*The following examples of knowledge, behaviours, skills and attitudes will assist in demonstrating achievement of the Standard. The examples are provided as a guide only and are not intended to be an exclusive or inclusive check list*

**Element 3.1** Demonstrate a high standard of working knowledge and understanding of the theoretical concepts and principles relevant to the practice of Sexual Medicine and Sexual Surgery

Knowledge and understanding of:

- ⇒ biological sciences including anatomy, physiology and pathophysiology; human development through the life-span; detailed anatomy, physiology and pathophysiology of the female and male uro-genital system, the reproductive systems; understanding of the function of the endocrine system
- ⇒ basic neuroanatomy and neurophysiology
- ⇒ theoretical concepts of sexology, for example history and research; cross cultural sexual mores and marital conventions; sexual attitudes and beliefs; models of medical and/or surgical practice; relationships
- ⇒ behavioural sciences particularly relevant to medical management, for example developmental psychology; neuro-psychology; cognitive psychology; human emotions
- ⇒ society and culture, for example the role of socialization; the influence of culture; belief systems
- ⇒ the effects and interconnections of biological, psychosocial and cultural factors on human sexual attitudes, behaviours and aspirations
- ⇒ the effects of relationships with partners, peers, family and friends on client care
- ⇒ definitive diagnostic models and techniques
- ⇒ case assessment and treatment planning
- ⇒ treatment evaluation and modification

**Element 3.2** Apply contemporary forms of information management to relevant areas of practice.

Will include:

- ⇒ knowledge and understanding of relevant literature and other sources relevant to area(s) of practice
- ⇒ understanding basic concepts of professional informatics, including electronic records, electronic image storage, retrieval and decision support
- ⇒ identifying, locating and accessing information/data from a range of sources

**Element 3.3** Apply an evidence-based approach to own practice

Knowledge, understanding and skills in:

- ⇒ commonly used research methodologies
- ⇒ the application of evidenced based practice
- ⇒ critical appraisal of research reports and the literature
- ⇒ data interpretation
- ⇒ rational, critical, logical conceptual and independent thinking

**Element 3.4** Acquire and apply new knowledge and skills to continuously improve own practice

Should include:

- ⇒ demonstrates knowledge of research relevant to practice
- ⇒ can provide evidence of continuing education credits; conference attendance and similar



## STANDARD 4

### **Assess the client**

This Standard encompasses one of the core activities of specialists in Sexual Medicine and Sexual Surgery. That is: to understand a thorough and accurate assessment of the client's presenting problems and concerns, their medical and psychosocial sexual history, and all other information relevant to defining the issues, planning interventions and predicting and evaluating outcomes.

It is expected that the specialist will work in partnership with the client in undertaking assessment and that the holistic needs of the client are considered.

Key issues include –

- ⇒ gaining client informed consent
- ⇒ conducting a systematic, safe and efficient assessment in accordance with accepted procedures
- ⇒ working in an holistic way
- ⇒ maintaining professional and unbiased specialist/client relationships
- ⇒ identifying where further assessment by other specialists is indicated

STANDARD 4	ELEMENT	CRITERIA
Fully assess the client, presenting and relevant issues	4.1 Collect client information and undertake a systematic assessment	4.1 Informed consent is obtained; client information and history is obtained (medical and psychosocial sexual history); presenting problems are explored; information relevant to secondary gain is obtained;
	4.2 Conduct assessment safely	4.2 Risk identification including understanding client's value system, level of concern, cognition sensibilities/embarrassment; appropriate modifications made to suit client's needs
	4.3 Form a preliminary hypothesis	4.3 Information collected is analysed; factors influencing the presenting issues are identified; assessment of goals and expectations and priorities defined; differential diagnoses are hypothesized; potential diagnosis are checked to ensure client needs are within the specialist's scope of practice.

## **STANDARD 4 Examples of evidence.**

*The following examples of knowledge, behaviours, skills and attitudes will assist in demonstrating achievement of the Standard. The examples are provided as a guide only and are not intended to be an exclusive or inclusive check list*

### **Element 4.1** Collect client information and undertake a systematic assessment

Demonstrate knowledge and skills to:

- ⇒ conduct a preliminary interview
- ⇒ obtain a comprehensive medical and psychosocial sexual history
- ⇒ validate information and detect possible issues of secondary gain
- ⇒ complete assessment in timely manner appropriate to client's needs
- ⇒ provide client with preliminary information and, where relevant feed-back
- ⇒ request relevant psychometric and other test from appropriate sources
- ⇒ progressively interpret and apply information to adapt assessment

### **Element 4.2** Conduct assessment safely

Will include:

- ⇒ knowledge and skills in discerning core and contributing factors
- ⇒ interpersonal communication skills to facilitate client's ease of disclosure
- ⇒ skills in early identification of pertinent attitudes and values

### **Element 4.3** Form a preliminary hypothesis

Demonstrate an understanding of:

- ⇒ common causes and presentation of sexual problems, issues and dysfunctions
- ⇒ types, sources and role of information relevant to medical practice
- ⇒ the impact of co-morbidities on assessment
- ⇒ the impact of personal relationships on assessment
- ⇒ the impact of personal history and cultural values on assessment
- ⇒ clinical reasoning algorithms and skills in their use

Demonstrate knowledge and understanding of:

- ⇒ techniques and strategies for arriving at a definitive diagnosis
- ⇒ assessing the need to refer to other professionals

## STANDARD 5

### **Interpret and analyse the assessment findings**

This Standard encompasses the knowledge and skills required of the specialist to consider the interrelationships of presenting signs, symptoms, objective tests and other relevant features of the client's history and current circumstances, including:

- ⇒ the contribution of past medical and psychosocial sexual history and the development of attitudes and values
- ⇒ the interaction of physical, emotional and psychological states and how they impact on sexual health
- ⇒ the impact of society, culture and religion on sexual health, attitudes and behaviour
- ⇒ interpreting assessment findings with respect to gender, age and physical and psychosocial parameters of the client
- ⇒ proposing and identifying differential diagnoses based on probability
- ⇒ recognising and predicting likely intervention effects

Key issues include –

- ⇒ working within one own capabilities and providing referrals where required
- ⇒ working in partnership with the client and, where indicated, their partner

STANDARD 5	ELEMENT	CRITERIA
Interpret and analyse the assessment findings	5.1 Compare findings with client's health needs, expressed goals and aspirations and with statistical norms	5.1 Norms for the client's sexual health status are established. Assessment findings are compared with client's norms. The extent of the condition(s) and all relevant factors are determined and discussed with client to develop a course of action
	5.2 Compare findings with current knowledge, expectations and practice for the presenting condition(s) and include or exclude alternative diagnosis	5.2 Conventional expectations of the presenting condition within the context of the client's medical and personal history are defined. Indicators are related to the conclusions of the assessment. Additional information is taken into consideration when making comparisons between presenting client and current practice for similar condition(s). Actual findings are compared with expected findings and diagnostic hypotheses are considered
	5.3 Re-evaluate, as required, to develop a justifiable and sustainable hypothesis	5.3 Differential diagnoses are outlined in order of probability. Appropriate tests are performed to refine diagnosis. Hypotheses are confirmed or refuted. Results of assessment are correlated with additional information to reach justifiable conclusions. Current scientific arguments and sound reasoning are incorporated into the decision making process

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5.4 Prioritize client's medical needs, realistic goals and expectations

5.4 Medical needs, goals and expectations are identified in collaboration with the client. Interrelationships between presenting condition, medical and psychosocial sexual history are identified

5.5 Identify areas that are outside skills and expertise and refer client appropriately

5.5 Conditions and situations that are beyond the management skills of sexual medicine and/or the expertise of the specialist are identified. Appropriate referrals are made to other professionals, including fellow medical specialists

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## STANDARD 5 Examples of evidence

*The following examples of knowledge, behaviours, skills and attitudes will assist in demonstrating achievement of the Standard. The examples are provided as a guide only and are not intended to be an exclusive or inclusive check list*

**Element 5.1** Compare findings with client's health needs, expressed goals and aspirations and with statistical norms

Applied knowledge and understanding of:

*- the following as relevant to sexual medicine*

- ⇒ physical causations of sexual dysfunction:
  - acute conditions
  - chronic conditions and physical disabilities
  - effects of medication
  - diseases involving systems not directly related to the urogenital and reproductive systems
- ⇒ psychosomatic causations
- ⇒ the interrelationship of physical and psychological causative factors
- ⇒ signs of pathology
- ⇒ normal and abnormal patterns of development
- ⇒ sexual health throughout the life-cycle
- ⇒ optimal level of function within the context of presenting client and partner(s)
- ⇒ psychological and emotional impact of sexual problem(s)/dysfunctions
- ⇒ legal status of client's expressed goals and aspirations

**Element 5.2** Compare findings with current knowledge, expectations and practice for the presenting condition(s) and include or exclude alternative diagnoses

Applied knowledge and understanding of:

- ⇒ aetiology, indicators and pathologies of common dysfunctions
- ⇒ the relationship between presenting disorder(s) and anticipated presentation based on standard expectations and practice
- ⇒ common relationships between presenting disorder and other factors within the client's environment
- ⇒ common psychosocial elements of the client's presenting problems

**Element 5.3** Re-evaluate, as required, to develop a justifiable and sustainable hypothesis

Applied knowledge and understanding of:

- ⇒ sources and mechanisms capable of causing a range of common problems, issues and dysfunctions
- ⇒ differential tests and procedures
- ⇒ current information on the validation of different tests and procedures

**Element 5.4** Prioritize client's medical needs, realistic goals and expectations

Recognises, understands and incorporates into intervention planning the client's:

- ⇒ cognitive capacities for recognising and accepting realistic goals
- ⇒ physical capacities for meeting realistic goals
- ⇒ cultural, social, religious and legal issues that may impact on meeting medical needs, aspirations and goals

**Element 5.5** Identify areas that are outside skills and expertise and refer client appropriately

Applied knowledge and understanding of:

- ⇒ common conditions and situations where sexual medicine and/or sexual surgery are likely to be effective
- ⇒ conditions or situations for which there is no evidence that sexual medicine and/or sexual surgery is likely to be effective
- ⇒ appropriate referral procedures



## STANDARD 6

### **Develop an appropriate intervention plan**

This Standard encompasses one of the core activities of the specialist.

Determine –

- ⇒ indications for possible management based on assessment findings
- ⇒ limitations, impediments and contraindications to interventions
- ⇒ options for modification of goals, aspirations and interventions
- ⇒ the client's suitability for planned interventions
- ⇒ the assessment findings warrant referral to another professional

This will entail –

- ⇒ recognising current state of evidence about proposed intervention(s)
- ⇒ rationalising choice of intervention(s) considering presenting disorder(s), client history, current context, ability and needs, best evidence and the specialist's knowledge and skills level
- ⇒ recognises limitations and contraindications to intervention due to co-morbidity and/or socio-cultural factors, and modifies approach to intervention accordingly
- ⇒ developing plans for progressive, gradual and safe return to required level of function and satisfactory relationships
- ⇒ ensures that the client has sufficient knowledge, skills and insight for subsequent self management

Key issues include –

- ⇒ ascertaining the client's understanding of the problems and needs
- ⇒ respecting the client's views and values
- ⇒ successfully negotiating goals with the client
- ⇒ developing interventions that are evidenced based and appropriate to the assessment findings and the client's personal context

STANDARD 6	ELEMENT	CRITERIA
Develop an intervention plan	6.1 Develop rationale for the intervention	6.1 Significant features of assessment findings are identified. Implications for medical intervention, and for the client, are identified. The potential impact of lifestyle, culture, values, attitudes and environment on a plan of intervention are identified. Rationale is developed for the intervention. Opportunities are taken for promoting sexual health care
	6.2 Set realistic short and long term goals with client	6.2 Appropriate education and information is provided regarding the nature of the client's concerns and situation. The client's expectations are determined through consultation. Short and long term consequences are explored with the client. Realistic, shared goals address the client's problems, needs, expectations and potential for change. Where indicated, lifestyle modifications are developed and priorities set in consultation with the client and their sexual partner.
	6.3 Select appropriate intervention(s)	6.3 Options for intervention are identified and justified based on needs and best practice evidence. Options discussed with client and agreed upon. Interventions selected are up to date and follow best practice evidence

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6.4 Prioritize intervention plan with the client and set timetable for meeting goals

6.4 A realistic time plan is established and client agrees to contract

6.5 Determine evaluation plan that uses valid and reliable outcomes

6.5 Relevant evaluation procedures are specified. Suitable outcome measures are determined. Appropriate documentation is maintained

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## STANDARD 6 Examples of evidence

*The following examples of knowledge, behaviours, skills and attitudes will assist in demonstrating achievement of the Standard. The examples are provided as a guide only and are not intended to be an exclusive or inclusive check list*

### **Element 6.1** Develop rationale for the intervention

Applied intervention and understanding of:

- ⇒ a range of interventions that will be effective for the presenting conditions
- ⇒ major stresses and challenges a client and their significant others may face during period of treatment, and for a specified period post-treatment
- ⇒ respecting client's beliefs and attitudes regarding intervention options

### **Element 6.2** Set realistic short and long term goals with client

Ability to:

- ⇒ identify potential for secondary problems to develop
- ⇒ identify potential improvements that are likely to be gained
- ⇒ engage the client and their sexual partner in goal setting

### **Element 6.3** Select appropriate intervention(s)

Selects:

- ⇒ appropriate and effective interventions
- ⇒ current research knowledge about proposed interventions
- ⇒ interventions are within the specialist's capacities and the client's abilities and values
- ⇒ approaches that promote a sexually healthy lifestyle and prevention of recurring problems
- ⇒ options to minimize costs and maintain effectiveness
- ⇒ interventions are based on ethical considerations
- ⇒ interventions are based on legal considerations
- ⇒ interventions that are reasonably expected to have no adverse impact on the client and/or their sexual partner(s)

**Element 6.4** Prioritize intervention plan with client and set timetable for meeting goals

Ability to:

- ⇒ work with client to seek agreement on addressing their needs and expectations, including consideration of such factors as general health, lifestyle, relationship and impact on client's partner, social and economic situation
- ⇒ set management goals
- ⇒ in agreement with the client, set timetable

**Element 6.5** Determine evaluation plan that uses valid and reliable outcomes

Ability to:

- ⇒ set management goals in collaboration with the client
- ⇒ use suitable re-evaluation measures that are reliable, valid and appropriate

## STANDARD 7

### **Implement safe and effective interventions**

Safe and effective interventions encompass medical, surgical, interpersonal, ethical and occupational health and safety considerations. This Standard encompasses the consistent application of knowledge and understanding of all these areas to provide safe and effective medical or surgical interventions. It includes –

- ⇒ working in partnership with the client in relation to the proposed interventions and judging how to motivate the client and, where relevant their partner, to participate in management strategies
- ⇒ providing relevant information to the client in an appropriate way, assessing if the client is able to make an informed decision, and seeking informed consent from the appropriate person
- ⇒ showing empathy for the client's level of comfort, dignity and cultural values, and respecting their right to confidentiality and privacy
- ⇒ demonstrating professional knowledge and skills that ensure that interventions are effective, accurate and responsive to the client's needs and, where relevant, those of their partner
- ⇒ conducting interventions effectively, efficiently and sensitively, minimising embarrassment or discomfort
- ⇒ conducting sexual health promotion activities within the scope of the role
- ⇒ recognising common situations that may require emergency procedures, including possible client centred health or emotional crises, and environmental hazards

Key issues include –

- ⇒ accepting the client's right to refuse a suggested intervention
- ⇒ informed consent and who provides that consent
- ⇒ matching the intervention programme to the problem(s), risk factors and client's needs

STANDARD 7	ELEMENT	CRITERIA
Implement safe and effective interventions	7.1 Obtain informed consent for the proposed interventions	7.1 Appropriate informed consent documents are provided and signed. Strategies are engaged to ensure that the implications of intervention processes and responsibilities are understood by the client and their partner. The relative benefits of each intervention and the implications are explained and discussed with the client and their partner. Realistic expectations of the goals, outcomes and limitations are discussed.
	7.2 Ensure an appropriate environment is maintained	7.2 Private interview areas, and examination rooms are sound proof and occupants are not visible to outsiders. Records are maintained securely. Support staff is instructed on confidentiality matters and have limited access to client information. Information shared only on a need-to-know basis
	7.3 Appropriate safety measures are in place for all who enter the premises	7.3 Appropriate occupational health and safety requirements are met. Clients' rights and specialist's professional ethical principles are prominently displayed
	7.4 Manage adverse events	7.4 Potential adverse events are identified and relevant precautionary measures are taken. Adverse events are recognised, managed appropriately and recorded

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7.5 Provide strategies for client self management

7.5 Clear instructions and, where appropriate, demonstrations, are provided to the client. Regular feedback is provided in terms of meeting sexual health needs. Active client participation in management strategies is encouraged, incorporating motivational strategies. Client responsibility for self-evaluation is encouraged and appropriate tools, timeframes and outcome measures are defined.

7.6 Implement sexual health promotion activities

7.6 Self management for maintaining sexual health and wellbeing is identified and advocated. Where appropriate links to other professionals, to support groups, organisations and other resources are provided

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## **STANDARD 7 Examples of evidence**

*The following examples of knowledge, behaviours, skills and attitudes will assist in demonstrating achievement of the Standard. The examples are provided as a guide only and are not intended to be an exclusive or inclusive check list*

### **Element 7.1** Obtain informed consent for the proposed interventions

Determine:

- ⇒ who is/are the appropriate consent giver(s)
- ⇒ relative benefits and limitations of each proposed intervention
- ⇒ any potential adverse outcome
- ⇒ the client's rights in relation to accepting and refusing interventions
- ⇒ legal and ethical requirements and informed consent
- ⇒ organisational requirements for obtaining and recording informed consent

### **Element 7.2** Ensure an appropriate environment is maintained

Determine:

- ⇒ acoustic and visual security of practice rooms
- ⇒ security of client records
- ⇒ support staff training on confidentiality and other ethical issues is provided

### **Element 7.3** Appropriate safety measures are in place for all who enter the premises

Determine

- ⇒ displays of clients' rights and professional ethics and responsibilities are prominently displayed in waiting areas
- ⇒ professional qualifications and credentials are prominently displayed in an appropriate area
- ⇒ work stations for support staff meet occupational health and safety standards
- ⇒ common areas meet occupational health and safety standards

### **Element 7.4** Manage adverse events

Demonstrate:

- ⇒ ability to recognise adverse events impacting on client care
- ⇒ understanding of the signs of adverse events occurring during medical or surgical intervention
- ⇒ proficiency in managing adverse events that impact on client care
- ⇒ knowledge of emergency procedures for standard adverse events

**Element 7.5** Provide strategies for client self management

Demonstrates:

- ⇒ principles of self management
- ⇒ principles of motivation

**Element 7.6** Implement sexual health promotion activities

Selects strategies considering:

- ⇒ client's age, abilities and socio-cultural background
- ⇒ community providers of sexual health promotion
- ⇒ strategies for preventative sexual health care
- ⇒ the importance of psychosocial and physical factors on individuals from diverse backgrounds and in diverse circumstances

## STANDARD 8

### Evaluate the effectiveness and efficiency of interventions

This Standard encompasses the requirements for medical and surgical specialists specialising in sexual health to establish rigorous and valid mechanisms to identify if expected outcomes are being achieved. This will include –

- ⇒ monitoring client progress by measuring and analysing quantitative and qualitative changes at defined intervals, including systematically reviewing client self assessment
- ⇒ assessing whether interventions have, or have not, effected change
- ⇒ applying the following reasoning processes:
  - systematically noting achievement of goals
  - monitoring limitations and restrictions
  - analysing changes resulting from interventions
  - comparing actual outcomes with expected outcomes and proposing reasons for differences, including taking into account such things as client's unique circumstances, physical health and modifications that might influence progress
  - making defensible judgements on the effectiveness of interventions
- ⇒ identifying factors that may affect outcomes
- ⇒ identifying and addressing safety issues
- ⇒ determining modification in interventions based on changes in client status
- ⇒ recognising where further intervention will not effect significant change

Key issues include –

- ⇒ the collection and accurate analysis of information from and about the client, the presenting problem(s)/dysfunction(s) and their management to form a judgement about how to proceed. This may include continuing with the intervention(s), changing management plan or referring to another service provider

STANDARD 8	ELEMENT	CRITERIA
Evaluate the effectiveness and efficiency of sexual medicine and sexual surgery procedures	8.1 Monitor the outcome of intervention	8.1 Specific and relevant methods of evaluation are used to assess intervention outcomes. Quantitative and qualitative changes are measured safely and accurately and recorded according to accepted protocols
	8.2 Evaluate the outcomes of interventions	8.2 Changes in function, behaviour and quality of life factors are evaluated. Factors that may support or limit successful outcomes, or confound evaluation are identified. The efficiency of interventions and of further interventions is determined in consultation with the client and compared with best practice
	8.3 Determine modification to the interventions	8.3 Modifications are based on outcomes. Modifications are made to reflect changes in client status, knowledge and relative effectiveness of interventions. Modifications are made in consultation with client. Client is referred to other professionals based on outcomes

## STANDARD 8 Examples of evidence

*The following examples of knowledge, behaviours, skills and attitudes will assist in demonstrating achievement of the Standard. The examples are provided as a guide only and are not intended to be an exclusive or inclusive check list*

### Element 8.1 Monitor the outcome of intervention

Ability to apply:

- ⇒ outcome measures and test instruments that are valid, reliable and appropriate to monitor interventions
- ⇒ standardized procedure for documenting quantitative and qualitative changes in client presentation

### Element 8.2 Evaluate the outcome of interventions

Applied knowledge and understanding of:

- ⇒ scientific arguments and key research findings that are relevant to a range of presentations and the accepted medical and surgical management procedures
- ⇒ likely outcome and expectations for a range of given interventions including when a medical or surgical intervention will and will not effect any change
- ⇒ indicators to apply in evaluating success of an intervention
- ⇒ verbal or written methods to critique own performance and reflect on outcomes of intervention

An ability to identify:

- ⇒ possible reasons for variations between actual and expected outcomes
- ⇒ factors that might influence client response and confound the evaluation of outcomes

### Element 8.3 Determine modification to the interventions

An ability to identify:

- ⇒ alternative intervention strategies including the rationale for application
- ⇒ factors that may enhance or limit achievement of successful outcomes
- ⇒ possible physical, emotional or socio-cultural circumstances that may affect further interventions
- ⇒ self help or community resources that may assist the client
- ⇒ when it is not appropriate to continue interventions

## STANDARD 9

### **Operate effectively across a range of settings**

This Standard encompasses the understanding and application of knowledge and skills to ensure the delivery of high quality and safe services in the full range of settings and to the great diversity of clients with whom the specialist is required to work. This includes delivering services that are compatible with current national and international practices. Particular areas covered include -

- ⇒ working effectively across a range of settings and delivery models
- ⇒ working effectively in a team
- ⇒ making the necessary adjustments to maximise the quality of services delivered to clients
- ⇒ effective management of time and work load
- ⇒ undertaking realistic self assessments, recognising own limitations, seeking assistance and making referral or consulting with others, including seeking supervision, feedback and mentoring support
- ⇒ adapting to changing situations including different resource levels
- ⇒ identifying opportunities and ways to improve services provided to clients

Key issues include –

- ⇒ delivering services within current accepted paradigms
- ⇒ working safely and effectively, including working within one's role description and within one's capabilities
- ⇒ contributing to quality improvement processes
- ⇒ compliance with external requirements including registration bodies and local legislation
- ⇒ providing access to high quality services for all clients

STANDARD 9	ELEMENT	CRITERIA
Operate effectively across a range of settings	9.1 Use a model of service delivery relevant to the practice setting	9.1 Work complies with the relevant guidelines, legislation, sexual health care initiatives and the local health and welfare systems. The needs of different settings are identified and services and modes of delivery are adjusted to meet needs. Current accepted approaches to procedure evaluation are demonstrated
	9.2 Work effectively within a team	9.2 Collaborative working arrangements with others is established and practised to provide optimal client care. An holistic approach to client care is promoted. Input provided at meetings and planning discussions. Support and respect for colleagues and other professionals. Advocacy is provided for clients, the sexology profession and the community. The sexual medicine perspective is provided in inter-professional teams, to the client's benefit
	9.3 Manage own work schedule to maximise efficacy, efficiency and safety	9.3 Time management strategies are implemented. Change is effectively accommodated. Strategies employed to minimize risks and enhance safety

## STANDARD 9 Examples or evidence

*The following examples of knowledge, behaviours, skills and attitudes will assist in demonstrating achievement of the Standard. The examples are provided as a guide only and are not intended to be an exclusive or inclusive check list*

**Element 9.1** Use a model of service delivery relevant to the practice setting

Applied knowledge and understanding of:

- ⇒ relevant and current guidelines and legislation that impacts on the provision of specialist medical and surgical services
- ⇒ local and international sexual health initiatives
- ⇒ the way in which service delivery will be affected by factors such as
  - social-cultural context
  - working with individuals and couples
  - working in institutional settings
  - working in private practice
  - working in isolation
  - working with clients with diverse ethnic and linguistic backgrounds
  - working with clients with different gender identities or sexual orientation
  - working with indigenous clients and communities

**Element 9.2** Work effectively within a team

Applied knowledge and understanding of:

- ⇒ different service providers and their roles, and how the medical sexologist works with them to address client's needs

Demonstrate knowledge of:

- ⇒ advocacy processes
- ⇒ processes for working effectively within inter-professional teams

**Element 9.3** Manage own work schedule to maximise efficacy, efficiency and safety

Demonstrate knowledge of:

- ⇒ workload control strategies, including effective time management techniques
- ⇒ strategies to identify and control risks of workplace injury



⇒ policies and defined safe practices as they apply to medical and surgical practices in sexology

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