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JOHANNESBURG OFFICE
EXAMINATIONS & CREDENTIALS

June 2022

R E G U L A T I O N S

FOR ADMISSION TO THE HIGHER DIPLOMA IN SEXUAL HEALTH & HIV MEDICINE

OF THE

COLLEGE OF FAMILY PRACTITIONERS OF SOUTH AFRICA

H Dip Sexual Health & HIV Med(SA)

The examination is only offered once a year, during the Second Semester, from SS 2019[1]

1.0 BACKGROUND AND MOTIVATION FOR THIS DIPLOMA

Improving Sexual and Reproductive health globally is a leading health priority of the World Health Organisation. Good Sexual Health and the absence of Sexually Transmitted Infections or Sexual Dysfunction is central to the wellbeing, life satisfaction and quality of life of our patients. Medical doctors are overwhelmingly the first point of contact for those presenting with such problems, and thus forms a large part of Primary Care practice. Sexual health concerns have historically been given little undergraduate time, and currently there are no opportunities for the study of Sexual Health at a postgraduate level.

Globally, increasing interest and engagement with Sexual Health, rapidly changing social norms and evolving concepts of Sexuality create an increasing need for interested medical clinicians to further their education in this important sub-speciality. This diploma offers an opportunity for postgraduate training in the principles and practice of Sexual Medicine providing expertise to those working both in urban, and more distant rural environments. The Diploma will also improve the doctor's basic knowledge as well as clinical skills and competences in the diagnosis and management of HIV and the Sexual Transmitted Infections.

2.0 EDUCATIONAL AIMS, SCOPE, AND OBJECTIVES OF THIS DIPLOMA

2.1 To provide theoretical, contextual and clinical knowledge in the practice of Sexual Medicine, including that of HIV and other STIs.

2.2 To promote expertise and clinical competence, with the acquisition of the skills necessary for the evaluation and management of problems related to Human Sexuality including Sexually Transmitted Infections and HIV, leading to improved medical care in rural and urban communities outside the larger training centres.

2.3 To promote the highest standards of practice in Sexual Health throughout Southern Africa, with a view to increasing access to competent, non-judgemental sexual health services and the promotion of sexual rights and freedom.

2.4 Empower Practitioners to supervise and train interns and community service doctors in Sexual Health including HIV medicine and STI's and serve as role models for the care of these clients.

2.5 While this higher qualification will achieve all that is detailed above, it will not allow the successful candidate to claim qualification as a Sexologist.

3.0 … /

[1] Timing of the examination effective SS 2019

3.0 TARGET GROUP/S FOR THIS DIPLOMA

Expertise in Sexual Health including treatment of STI's, and HIV infection is necessary across a wide variety of clinical environments. There is little opportunity for undergraduate exposure and no other postgraduate opportunity to study in the field. This diploma is for any medical doctor who wants to increase their theoretical knowledge, skill, and clinical competence. It is aimed towards elevating standard of care to that of expertise but does not reach a level allowing of the successful graduate to claim qualification as a sexologist.

4.0 ADMISSIONS REQUIREMENTS TO REGISTER FOR THE HIGHER DIPLOMA IN SEXUAL HEALTH & HIV MEDICINE OF THE COLLEGE OF FAMILY PRACTITIONERS OF SOUTH AFRICA.

4.1 Qualification and registration

4.1.1 The candidate must be registered with the Health Professions Council of South Africa (HPCSA)

OR

Foreign graduates in medicine, surgery, obstetrics, and gynaecology whose qualifications are recognised by the Health Professions Council of South Africa.

AND

4.1.2 The candidate must have completed internship, with at least another 15 months clinical experience.

5.0 Regulations and requirements for admission to the Examination for the Higher Diploma in Sexual Health & HIV Medicine of the College of Family Practitioners of South Africa. (H Dip Sexual Health & HIV Med (SA)

The CMSA Senate, through its Examinations and Credentials Committee, will review all applications for admission to the examination, and may also review the professional and ethical standing of the candidate

5.1 Registration Requirements

The candidate must be registered with the Health Professions Council of South Africa (HPCSA).

5.2 Portfolio (1100 notional hours altogether) 2 See Appendix A for Portfolio requirements.

The portfolio should reflect the instruction, experience and training which must be accompanied by the relevant certified evidence of compliance.

Components of the Portfolio (1100 notional hours altogether)

a. *Clinical / Practical Training* (600 notional hours altogether)

i. Clinical Patient Studies (400 notional hours)
ii. Logbook of skills and procedures (200 notional hours)

b. *Theoretical Training* (400 notional hours)

i. Record of Accredited education and training activities
ii. CME courses, articles written, journal clubs, postgraduate courses.

c. *Self-reflection* compulsory (100 notional hours)

5.3 The Candidate is strongly recommended to become a member of the Southern African Sexual Health Association (SASHA) and the Southern African HIV Clinicians Society during the time of the diploma and to attend their ongoing programme of professional development.

6.0 … /

[2] The total amount of notional hours expected for the diploma will include 100hrs for exam prep, and 1100hrs for the portfolio, totalling 1200hrs.

'Notional learning hours' are the estimated learning time taken by the 'average' student to achieve the specified learning outcomes of the course-unit or programme. They are not a precise measure but provide students with an indication of the amount of study and degree of commitment expected. Notional learning time includes teaching contact time (lectures, seminars, tutorials, laboratory practicals, workshops, fieldwork etc.), time spent on preparing and carrying out formative and summative assessments (written coursework, oral presentations, exams etc.) and time spent on private study, whether in term-time or the vacations.

6.0 FORMAT OF THE EXAMINATION

6.1 Written examination

One Multiple Choice Question (MCQ) paper of 120 single best answer questions for a total duration of 3 hours will assess all aspects of sexual health and HIV medicine.

6.2 Clinical examination (OSCE)

An objective structured clinical examination (OSCE) will assess candidate's skills in sexual health and HIV medicine. This may be by an online interview, physical interview with a simulated patient (SP), by a video submission, or a combination of both.

6.3 Evaluation of the examination

- Candidate must achieve an aggregate mark of 50% or more in the written papers in order to be invited for the clinical component of the examination.
- In order to pass the overall examination, candidates must obtain:
  - 50% or more in the written papers; and
  - 50% or more for the OSCE examination.

7.0 ADMISSION AS A DIPLOMATE

7.1 The candidate having passed the examination and having been admitted as a recipient of the Higher Diploma in Sexual Health & HIV Medicine of the College of Family Practitioners of South Africa, will be asked to sign a declaration, as under:

I, the undersigned, ……...…… do solemnly and sincerely declare

that while a member of the CMSA I will at all times do all within my power to promote the objects of the CMSA and uphold the dignity of the CMSA and its members

that I will observe the provisions of the Memorandum and Articles of Association, By-laws, Regulations and Code of Ethics of the CMSA as in force from time to time

that I will obey every lawful summons issued by order of the Senate of the said CMSA, having no reasonable excuse to the contrary

and I make this solemn declaration faithfully promising to adhere to its terms

Signed at ……...……..……. this ……..... day of

……. 20 ……..

Signature ……..……

Witness ……
(who must be a Founder, Associate Founder, Fellow, Member, Diplomate or Commissioner of Oaths)

7.2 A two-thirds majority of members of the CMSA Senate present at the relevant meeting shall be necessary for the award to any candidate of a Diploma

7.3 A Diplomate shall be entitled to the appropriate form of certificate under the seal of the CMSA

7.4 In the event of a candidate not being awarded the Diploma (after having passed the examination) the examination fee shall be refunded in full.

7.5 The first annual subscription is due one year after CMSA registration (statements are rendered annually)

Detailed Syllabus

Candidates will be expected to have covered the following topics during their training:

1.1 General Considerations pertaining to Sexual Health

- Sexual Rights: Sexual and Reproductive health care as a human right.
- Ethical and Legal Considerations in Sexual Health
- Cultural considerations in Sexual Medicine
- Research methodologies in Sexual Health.

- The role of the Health Care Professional in Sexual Health.
- Communication Skills \ Clinical History taking
- Taking a history in sexual medicine.
- Physical examination in Sexual Medicine (Male/Female)
- Use of Assessment forms and Measurement tools in Sexual Medicine

- Anatomy, Physiology, and development of Male and Female sex organs.
- The Human Sexual Response.
- Sexuality through the Life Stages
- Developmental of Sexual Orientation and Gender identity.

- Psychosocial Evaluation and Treatment methods in Sexual Medicine.
- Counselling of the individual and couples in Sexual Health
- Working in a Multidisciplinary team
- Treatment modalities in Sexual Health

1.2 Sexual Health

- **Male Sexual Disorders**
  - Desire Disorders
  - Male Erectile dysfunction
  - Male Ejaculatory dysfunction
  - Penile disorders
    - Penile deformity
    - Penile injury
    - Priapism
  - Sexual disorders related to urological disease,
  - including prostate and penile disease and Male Pelvic Pain
  - Penile dysmorphophobia

- **Female Sexual Disorders**
  - Female interest/arousal disorders
  - Female orgasmic disorder
  - Female sexual pain disorder
  - Female sexual disorders as related to reproductive and gynecological problems
  - Female sexual disorders as related to pregnancy and menopause

- **Health of Transgender and Diverse Sexualities.**
  - Terminology and Clinical Contexts
  - Gender Incongruence and dysphoria.
  - Gender affirming Health care
  - Managing the health of Transgender persons

- **Other problems related to Human Sexuality**
  - Problems associated Atypical Sexual Preferences (Paraphilias)
  - Kink and the BDSM Community
  - Problems associated with "Hypersexuality"
  - Polyamory and Consensual non-monogamy
- **General Medical and Sexual Disorders**
  - Sexual Health and the Elderly
  - Cancer and Sexuality
  - Sexuality and the Endocrine system
  - Mental Health and Sexuality
  - Sexuality and rehabilitation after pelvic surgery
  - HIV, STI's and their effect on Sexuality
  - Sexuality and Disability
  - Fertility and Sexuality
  - Chronic disease and Sexual Health (Diabetes Mellitus, Heart diseases, etc)
  - Herbal and Traditional treatments of Sexual Disorders.
- **Gender based Violence and Sexual assault**
  - Epidemiology of sexual assault
  - Key issues for the provision of services
  - The law relating to sexual offences
  - Investigating rape and serious sexual offences:
    - evidence of early complaint.
    - interviewing victims.
    - the role of specialist officers.
    - forensic requirements
  - Consent and Confidentiality
  - Non-forensic issues in management of rape in adults and children
  - Post exposure prophylaxis.

2.0 Sexually Transmitted Infection.

- **Epidemiology of STIs; organisation of STI services**
  - Epidemiology of STIs in developing countries: interactions between STIs and HIV
  - Epidemiology of STIs in developed world
  - Developing and providing an STI clinical service
  - Epidemiology of STIs in core groups; young people, sex workers, men who have sex with men (MSM), injecting Drug Users, Transgenders, Lesbians
  - Syndromic case management
  - Advantages and disadvantages of this approach
  - Partner notification
  - Surveillance programmes and reporting
- **Clinical Aspects of STI treatment.**
  - Natural history, diagnosis and management of STIs, pelvic inflammatory disease and related disorders and their complications
  - Microscopic identification and isolation of organisms causing STI
  - Immunology of HIV infection and other STIs
  - Anti-microbial chemotherapy and its adverse effects
  - Diagnosis and management of all stages of HIV infection, including Acquired Immuno-Deficiency Syndrome (AIDS)
  - Diagnosis and management of sexually transmitted infections including hepatitis viruses and vaccination against them
  - STI and HIV dynamics
  - Special problems of vulnerable groups like men who have sex with men (MSM), homosexual women, children, adolescents, sex workers and injecting drug users

- Detection and treatment of cervical and other genital pre-malignant and malignant conditions.
- Colposcopy
- Diseases affecting the genital, anal and rectal epithelium
- Requirements of the medical services for STIs, in developed and developing countries
- Prevention strategies for STIs
- Behavioural change counselling on sexual lifestyles

Treatments of STI's

- **Vaginal/Urethral Discharge syndrome**

  - Management of vaginal discharge in adults
  - Bacterial vaginosis (BV), Candidiasis and trichomoniasis (TV): new findings
  - Microbiology of gonorrhoea, chlamydia, TV, BV, candida (include point of care and laboratory-based tests)
  - Gonorrhoea in women and complications
  - Gonorrhoea in men
  - Treatment of gonorrhoea
  - Uncomplicated non-specific genital infections (NSGI) in women
  - Persistent vaginal discharges
  - Pelvic inflammatory diseases
  - Bacterial vaginosis
  - Uncomplicated non-gonococcal urethritis (NGU) in men
  - Persistent and recurrent NGU
  - An approach to vaginal discharge in the female child
  - Management of enteric syndromes (proctitis, proctocolitis and enteritis)

- **Genital dermatoses and complication of STIs**

  - Genital dermatoses (scabies, pthirus pubis infection, molluscum contagiosum, balanitis)
  - Epidemiology, sequelae and problems of diagnosis of Pelvic Inflammatory Disease
  - Epididymo-orchitis, Prostatitis
  - Recurrent thrush
  - Vulval itching and irritation
  - Pelvic pain syndromes
  - Management of sexually acquired reactive arthritis
  - Recurrent cystitis presenting at STI/HIV clinic

- **Genital, anal and perianal Ulcer Diseases**

  - Lymphogranuloma venereum, Chancroid, donovanosis - Etiology, symptoms and signs, diagnosis and complications, counselling, prevention and treatment
  - Syphilis: clinical aspects (aetiology and pathology, course of disease)
  - Syphilis: laboratory aspects including CSF
  - Syphilis screening: interpretation of lab results, treatment and follow up
  - Syphilis in pregnant women, syphilis and HIV co-infection
  - Management of syphilis in individuals with penicillin allery
  - Management including reactions to treatment in HIV negative and HIV positive patients
  - Outcome of untreated syphilis and clinical interpretations of treponemal serology
  - Management of the following:
  - Positive treponemal serology in pregnancy
  - Urethritis/scrotal swelling/balanitis and balanoposthitis/ Trichomoniasis/Candidiasis
  - Generalised rash and lymphadenopathy
  - Swollen joint
  - Red eye
  - Ophthalmia neonatorum
  - Granuloma inguinale (Donovanosis)

- **Genital Herpes**

  - Virology, immunology and clinical features
  - Epidemiology, natural history, asymptomatic shedding
  - Interactions between Herpes Simplex Virus (HSV) and HIV infection
  - HSV diagnostics
  - Therapeutic interventions and vaccine studies
  - Management of:
  - Herpes in pregnancy
  - Psychological aspects of HSV infection

- **Other viral infections**

  - ABC of viral hepatitis
  - Viral hepatitis: diagnosis and vaccination issues
  - Basic virology of Human Papilloma Virus (HPV)
  - The role of condom use, circumcision
  - Anogenital warts: treatment options
  - HPV-associated cancers and precancerous lesions
  - Cervical cancer: epidemiology
  - HPV in the immunocompromised patient
  - The use of colposcopy in GUM and cervical screening
  - The use of alternative/appropriate technologies in developing world
  - SA National cervical screening guidelines
  - Vaccine preventable sexually transmitted infections including South Africa roll-out of HPV vaccine

3.0 Contraception and Women's Health

- Basic reproductive physiology and anatomy: what is normal?
- Include child and adolescent anatomy and physiology
- Hormonal Contraception: combined oral methods; progestogen only methods: intramuscular, and subdermal; patches, combined injectable methods; vaginal rings
- Barrier methods (emphasis on dual protection)
- Emergency contraception: access to services; legal issues in prescribing
- Intrauterine implants and devices
- Special considerations: obese women, breastfeeding women, postpartum period, women with co-morbidities (dyslipidaemia, superficial venous disorders, Tuberculosis, hypertension, etc)
- Sterilisation: male and female
- Natural family planning
- Medical eligibility criteria (South African contraceptive guidelines)
- Organisation of services: providing services to different patient groups (covered in new national contraceptive policy)
- Integration of services: screening FP clients for STIs – missed opportunities; dual protection
- Ethical issues: working with young persons, confidentiality and consent
  (covered in new national contraceptive policy)
- Family planning and contraceptive choices for women at risk of HIV, women living with HIV, and women on antiretroviral therapy
- Contraception and family planning for special populations; women with disabilities and adolescents
- Traditional methods; lactational amenorrhea method, coitus interruptus, fertility awareness-based method
- Including aspects of fertility and infertility with HIV
- Hormone replacement therapy and modalities of care for menopausal symptoms
- Termination of pregnancy and abortion Act

4.0 HIV Infection

- **Epidemiology and Natural history of HIV Infection**

  - Epidemiology and natural history of HIV Infection
  - Immunological and virological aspects
  - Laboratory services; diagnosis and test interpretation
  - Factors influencing prevalence and trends of HIV infection
  - Impact of HIV infection on Sexual Health
  - Risk assumptions based on epidemiological patterns and sexual behaviour.

- **HIV prevention strategies**

  - The role of voluntary testing and counselling programmes
  - Behavioural change programmes
  - Barrier methods, including microbicides
  - Male medical circumcision
  - Post exposure prophylaxis
  - Pre exposure prophylaxis
  - Structural prevention – government policies, political drivers, advocacies
  - Current updates and challenges in HIV vaccine development

- **Ethical Considerations when working with vulnerable communities**

  - Pre and post-test counselling
  - HIV testing -Couple counselling
  - Confidentiality vs duty to warn
  - Ethical issues specific to paediatrics-Disclosure to a minor
  - Ethical issues specific to the LGBTQ/ Sex Workers/injection drug users
  - Vertical Transmission
  - Individual vs Community good
  - Voluntary testing and counselling as point of entry to care
  - Access to care for foreign patients

- **The Newly-diagnosed patient**

  - HIV test counselling: the pre and post HIV test discussion
  - Evaluation, Staging and treatment initiation of a newly diagnosed patient
  - HIV infection in women / males
  - HIV infection in children
  - HIV infection in LGBTQ Group / Sex workers/etc
  - Nutrition in the HIV infected patient
  - Organisation of laboratory, pharmacy, nutritional and support services

- **Clinical manifestations & Opportunistic infections and management (current and state of the art)**

  - Respiratory manifestations: clinical features, diagnosis and management
  - Dermatological manifestations: clinical features, diagnosis and management
  - Neurological manifestations: clinical features, diagnosis and management
  - Oncological manifestations: clinical features, diagnosis and management
  - Ophthalmological manifestations: clinical features, diagnosis and management
  - Gastro-intestinal and renal manifestations: clinical features, diagnosis and management
  - Evaluation of the patient with a pyrexia of unknown origin.

- **HIV Transmission**
  - Various sexual practices
  - Vertical transmission
  - Occupation-related transmissions
  - Less common modes of transmissions – injection use, pre-mastication, human bites etc

- **Palliative care for the HIV infected person.**

- **HIV infection: antiretroviral therapy**
  - Introduction to antiretroviral therapy
  - Principles of antiretroviral therapy; and monitoring
  - Drug interactions and management of toxicities
  - Paediatric and special populations
  - Prevention of mother to child transmission of HIV infection
  - Management of HIV occupational exposures and other post-exposure prophylaxis
  - Initiation and monitoring of clients on pre-exposure prophylaxis (PrEP)
  - The HIV infected health worker
  - Management of defaulters/re-engagement in care after loss to follow-up
  - Drug resistance: second and third line therapy
  - Clinical trials/vaccine trials in HIV
  - Good clinical practice

A P P E N D I X A

The Portfolio

1. Introduction to the Portfolio

The portfolio provides evidence of learning and development in your attainment of knowledge and working skills and is an ongoing reflection on your process of study during your time as a diplomate in training. It allows you to demonstrate that you have met the outcomes of the training programme demonstrable to the examiners and College of Family Physicians.

The value of the portfolio is enhanced through your regular reflections around situations you encounter in the workplace and engagement with colleagues and parties who can help you to further your knowledge of Sexual Health.

The learning portfolio for the Higher Diploma training in South Africa has been developed through an extensive process of consultation and consensus between all stakeholders and the Family Medicine academic departments in the country. The portfolio does not intend to reflect training and learning in all of these, as some outcomes will be assessed through other means. The outcomes that must be reflected in the portfolio are summarised and should be constantly referred to and kept in mind as you work and learn in daily practice. It is acknowledged that candidates for the diploma may work in many different contexts and that their portfolio's will reflect this.

The Diploma will require overall 1200 notional hours of study altogether and will be broken up into the following:

i. Portfolio Activity: 1100hrs
ii. Examination preparation time: 100hrs

2. Components of the Portfolio

1. *Clinical / Practical: (**600hrs**)*

    1. *Clinical Patient Studies*
        - i. *Sexual health* *(200hrs)*
        - ii. *Contraception* *(40hrs)*
        - iii. *STI's* *(60hrs)*
        - iv. *HIV* *(100hrs)*
    2. *Logbooks of skills and procedures.* *(200hrs)*

2. *Theoretical training: (**400hrs**)*

    1. *Record of Accredited education and training activities*
        - i. *Sexual Health* *(200hrs)*
        - ii. *Contraception* *(40hrs)*
        - iii. *STI's* *(60hrs)*
        - iv. *HIV* *(100hrs)*

3. *Self-Reflection: (**100hrs**)*

3. Purpose of the Portfolio

Your portfolio should help you to:

1. Think consciously and objectively about your own training. This is known as reflective learning and is its primary purpose.
2. Document the scope and depth of your training experiences.
3. Provide a record of your progress and personal development as training proceeds.
4. Provide an objective basis for discussion with your supervisors about work performance, objectives, and immediate and future educational needs.
5. Provide documented evidence for the CMSA of the quality and intensity of the training that you have undergone, as a requirement to sit the Diploma in Sexual Health.

The portfolio is not just a logbook of signed procedures undertaken or witnessed. It should contain your written reflections and systematic documentation of your learning experience. It includes opportunities for you to reflect, to explore, to form opinions, and to identify your own strengths, weaknesses and biases. It allows you to follow your own progress; not only with regard to the training programme, but also in terms of learning goals you have set for yourself. In this way the portfolio provides an opportunity to record and document the subjective aspects of training.

The objectives of your portfolio are to:

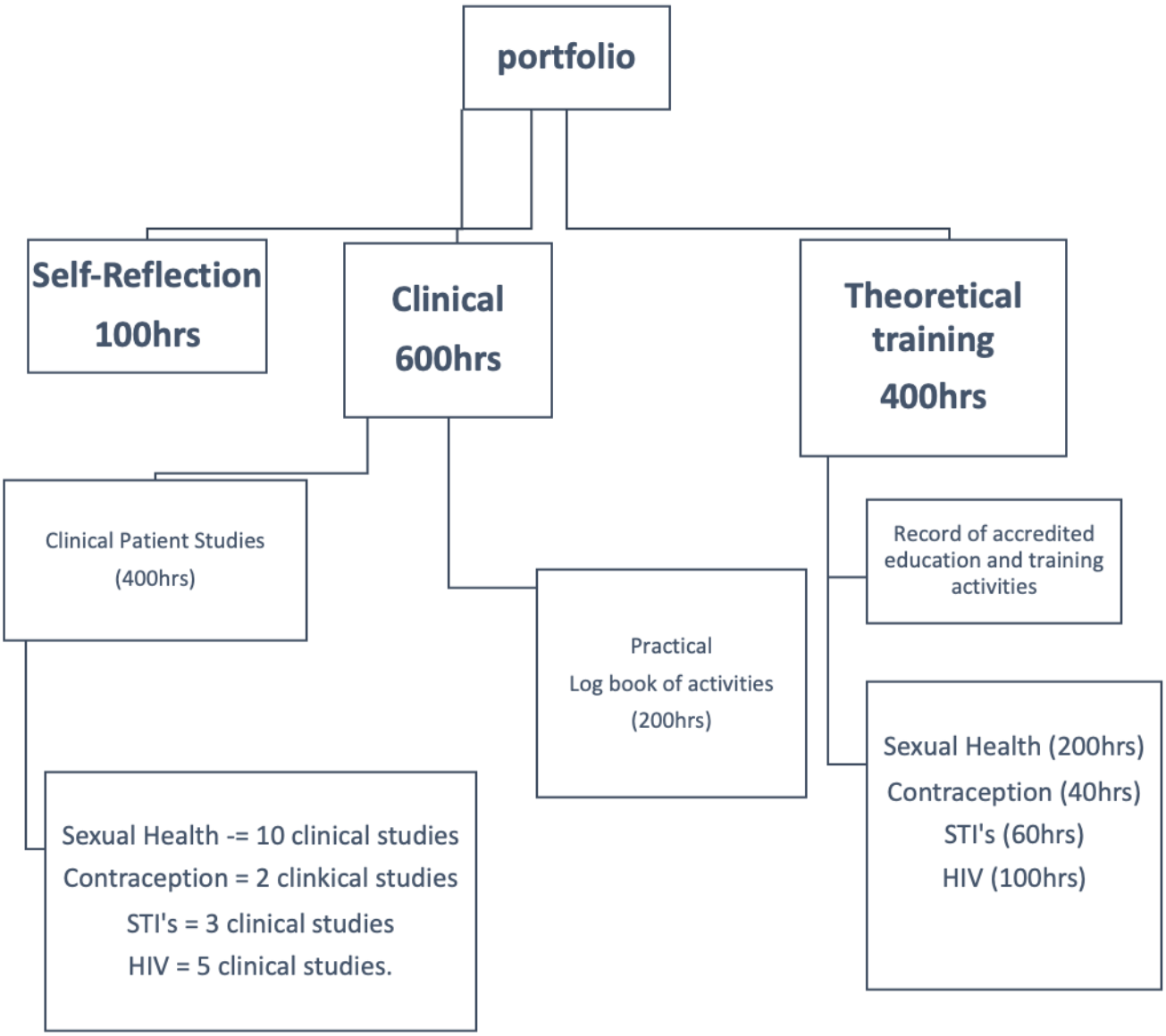
- develop a structured learning plan
- identify goals and actions required to achieve them
- record progress in achieving those goals
- document personal strengths
- identify areas needing improvement

This portfolio is a cumulative record of your personal learning, goals, needs, strategies and activities throughout your training programme. The sections in the portfolio are not exhaustive, but rather an indication of the minimum that you should be doing. You will learn a great deal more than what is contained in your portfolio.

4. Preparing a Learning Plan

We suggest you construct for yourself a learning plan that includes the following objectives:

1. Identification of prior learning
2. Identification of current learning needs (objectives)
3. Planning of activities to meet these needs
4. Timelines and support required to enable these activities
5. How learning will be evaluated (with the suggested tools)


portfolio
Self-Reflection
100hrs
Clinical
600hrs
Theoretical
training
400hrs
Clinical Patient Studies
(400hrs)
Practical
Log book of activities
(200hrs)
Record of accredited
education and training
activities
Sexual Health -= 10 clinical studies
Contraception = 2 clinkical studies
STI's = 3 clinical studies
HIV = 5 clinical studies.
Sexual Health (200hrs)
Contraception (40hrs)
STI's (60hrs)
HIV (100hrs)

1. Clinical / Practical Training

Clinical Studies.

General guidelines.

Clinical studies make up most of the written assignments. They are used to provide evidence of learning in any of the following areas:

1. Understanding of assessment and management principles in Sexual Medicine
2. Adoption of a patient-cantered framework.
3. An appreciation of wider social and cultural factors lending context to the clinical problem.
4. Application of the principles of evidence-based medicine in diagnostic and treatment planning.
5. Clinical competence (e.g., patient studies that demonstrate diagnostic reasoning, bio-psycho-social approach)
6. Use of Multi-dimensional, and the multi-disciplinary team in management strategies.

Guide to the presentation of Clinical Studies (See Addendum Ia and Ib)

Clinical studies should reflect a deep engagement with the clinical and theoretical subject matter and show evidence of the following specific skills:

1 **Practising holistically**, utilising a biopsychosocial approach, appropriate to the presenting problem.
2 **Information gathering and interpretation**: Appropriate history taking, examination and utilisation of investigations to gather information, with a systematic approach to integration.
3 **Making a diagnoses and decision making**.
4 **Clinical Management**: Including involvement of the patient in decision making and considering best evidence.
5 **Managing Medical Complexity**: Including integrating the doctor and patients' feelings, viewpoints, differing agenda's and interpersonal challenge.
6 **Working with Colleagues and in teams**: Appreciation of the role of the multi-disciplinary team in the treatment of Sexual Health Problems.
7 **Community orientation**: Wider social and cultural contextualization.
8 **Ethical approaches**: Understanding the ethical dimensions of the case, including sensitivity to patient rights, respect for autonomy, equity and justice.
9 **Personal Reflection**: With reference to a capacity to reflect on the doctor's own biases and cultural orientation towards the challenging subject of sexual medicine.

Distribution of Clinical Histories

I.	Sexual Health	=	10 clinical studies
II.	Contraception	=	2 clinical studies
III.	STI's	=	3 clinical studies
IV.	HIV	=	5 clinical studies.

SEXUAL HEALTH CLINICAL STUDIES (10)

In Addendum Ia & Ib, a more detailed reference on Patient based discussion notes and a guide to the Sexual Health Clinical patient study is to be found.

The subjects marked with an asterisk signify core learnings.

The 10 studies should include at least:

2 of the Core subjects (noted with an asterix*)

3 from Male Sexual Dysfunction
3 from Female Sexual Dysfunction
2 from General category

1. Male Sexual Dysfunction

1. Erectile dysfunction in a young man with no co-morbid medical problems. *
2. Erectile dysfunction in the older man with co-morbid cardiovascular pathology. *

Any combinations of Sexual Dysfunction including Erectile dysfunction, Premature ejaculation, Reduced desire, orgasmic, in:

3. Lower urinary tracts pathology (LUTS) (Prostate/Bladder/urethra)
4. Neurological Disease
5. Disability, including spinal cord injury
6. Cancer, including prostate cancer.
7. Endocrinopathies, including Diabetes mellitus
8. Peyronies disease
9. Mental health disorders (Anxiety/Depression)
10. Psychosocial difficulty

- Cases marked with an asterisk are core learnings.
- Cases should include at least 1 case of Men who have sex with Men. (MSM)
- There should be at least once case each for a primary presentation with:
    - Erectile dysfunction
    - Premature Ejaculation
    - Disorders of Desire.

2. Female Sexual Dysfunction

Disorder of desire and arousal: *
1. In a Young female
2. In a Menopausal/Post-menopausal female

With any or combinations of Sexual Dysfunction including Reduced desire, Orgasmic disorder, Genito-pelvic pain and penetration disorder or all of the above.

1. Concomitant use of Contraception
2. Genito-urinary pathology, including pelvic surgery.
3. Neurological Disease
4. Disability, including spinal cord injury
5. Cancer, including breast or reproductive organ cancer.
6. Endocrinopathies, including Diabetes mellitus
7. Mental health disorders (Anxiety/Depression)
8. Psychosocial difficulty
9. Chronic disease and multiple medical Co-morbidities.
10. Related to infertility, or other reproductive problems.
11. The pregnant or post-partum woman.

- Topics marked with an asterisk are Core Learnings.
- Topics should include at least 1 case of women who have sex with woman.

3. General

There should be at least 2 clinical studies including the topic of the following:
(note, these can overlap with other subjects as listed above.)

- Gender based violence and sexual assault
- Transgender or gender non-conforming adolescent
- Other: Atypical sexual preferences, hypersexuality, or “Sex Addiction”
- Sexuality in persons over the age of 65
- Unconsummated relationship.

CONTRACEPTION And WOMEN'S HEALTH CLINICAL STUDIES
(Addendums IIa and IIb)

2 Clinical Studies altogether.
Choice of these case studies would be selected so that each case is different from the other.

20 Logged consultations, covering contraception and Women's Health.

STI CLINICAL STUDIES

STI – Short Case (3 cases) - Managed in your clinical practice

- Behavior Modification Counselling: - Risky Sexual Behavior
- Syndromic management of patients with STI (male/female/ transgender, etc.)
- Management of Hepatitis B (including Notification to infection control, Vaccination etc.)
- Microscopic identification and isolation of organisms causing STI

3 from the following choices.

- Urethral syndrome in a man
- Vaginal/Urethral syndrome in a woman
- Genital Dermatosis
- Herpes Simplex
- Genital ulcer disease
- Genital warts/HPV/Vaccination
- Syphilis

HIV CLINICAL STUDIES (5)

5 from the following categories.

- A newly diagnosed patient.
- HIV in a pregnant woman
- Occupational exposure
- Case of drug resistance
- An Ethically challenging case
- Sexual Dysfunction with HIV
- Complicated medical case
- Palliative care in HIV

HIV – Short Case (5 cases) - Managed in your clinical practice.

- Point-of-care- Pre and Post counselling and testing for HIV
- Prepare (counselling, investigations, etc.) and initiate patients on HAART
- Pre – Exposure consultation (discordant couples, sex workers, etc.)
- Post Exposure consultation - (sexual-bust condom) or Rape
- Needle stick injury and post exposure prophylaxis
- Adherence counselling for a patient on HAART
- Virological failure on 1st Regimen, 2nd Regimen
- Counseling on common HAART drugs side effects
- Referral of a patient for resistance testing

Ethical considerations – HIV/STI (1 case) - Managed in your clinical practice

- Management of None – disclosure of HIV status to partner (Confidentiality vs duty to warn)
- Sexual Transmitted Infection - in a minor (less than 16 years old) Reporting to Social Worker
- Partner notification slip – (Confidentiality)
- Vertical transmission – Disclosure of HIV status to child (over 14 years)
- Any other Ethical dilemma

Practical Training

LOGBOOKS

SEXUAL HEALTH

- Intra-cavernosal injection
- Practical demonstration of Vacuum assisted erection device.
- Use of Questionnaires and screening tools.
- Doppler studies (If available in candidates region)
- Portfolio of interviews with patients.

CONTRACEPTION

- Logbook of 20 patients in addition to 2 clinical studies.

STI:

- Logbook of 20 patients for STI management

HIV

- Logbook of 30 patients for HIV management.

2.Theoretical Training

A total of 100 hours is required in each of the components of the HD.

Sexual Health	50 hours
HIV	25 hours
STI	15 hours
Contraception and hormonal treatment	10 hours

Hours spent during training should represent a spread of exposure across the syllabus.

Record of Accredited education and training activities

Attendance at, or own presentations, of post-graduate meetings, lectures, workshops, symposia or congresses relevant to Sexual health and HIV

(Attach Certificates of Attendance if applicable)

Date	**Duration (hrs)**	**Presenter** (Self/other)	**Topic**	**Event**

CERTIFICATES of courses relating to Sexual Health and HIV

(Copies of Certificates must be attached)

COURSE	INSTITUTION	DATE	COURSE DIRECTOR

ANY OTHER LEARNING EXPERIENCE RELEVANT to Sexual Health and HIV medicine, that has not been captured, e.g., journal article publications:

3. Self-Reflection

Being a conscious practitioner in general, and in Sexual Medicine in particular calls for a heightened level of self-awareness.

As part of the Higher Diploma we ask that you:

1. Write a general essay of 500 words on your reflections of your engagement with the subject matter of the Diploma.
2. Reflect on 3 cases specifically. Guidelines for the latter are given below.

Clinical Question Analysis

This sheet should be with you during your practice and act as a guide to ask questions in a moment of reflection alone after the patient consultation. It can also be used to reflect on other challenges or situations that arise in clinical practice.

a. The Situation and/or Patient Actually Met Needs (PAN) at time of consultation

.....

.....

.....

b. The Situational Difficulty and/or Patient Unmet Need (PUN) (on Reflection)

.....

.....

.....

c. MY Problem, difficulty, questions or observations (including my emotional reactions on reflection)

.....

.....

.....

d. MY (Doctor) Educational Need (DEN) (Which aspects of this encounter or situation do I need to find out more about to improve?)

.....

.....

.....

e. How did I close the learning loop i.e. what did I do in my practice differently or implement what I learnt?

.....

.....

.....

Addendum Ia

GUIDE TO THE SEXUAL HEALTH CLINICAL PATIENT STUDY

Sexuality is defined by the World Health Organization (WHO) as "a biopsychosocial phenomenon comprised of physiologic functioning, psychological factors specific for each person, and sociologic/interpersonal/cultural environment contributors to personal sexual health and well-being"

The clinical patient study is a comprehensive biopsychosocial or integrated study. Pick a clinical case that challenges you and demonstrate your ability to apply the biopsychosocial theory as it applies to the Sexual Health problem in question.

WHAT IS THE PURPOSE OF THE CLINICAL PATIENT STUDY?

1. It demonstrates academic as well as clinical prowess – it is a scholarly endeavor, and you thus need to read and link it with literature.
2. You must be able to demonstrate learning: Integrated assessment, diagnosis, new management, therapeutics, drugs, communication skills, special needs patients, complexity, social determinants of health, referral issues, rare conditions, lifestyle issues, disagreement on worldview /health beliefs, cultural diversity, community resources and dealing with limitations of the health care system and medical profession.
3. Reflect on a situation with a patient, colleague, disease, system etc. that challenged you and used it as the starting point of your clinical patient study.
4. Identify the human developmental tasks, the family life cycle and intimate relationships of the patient.
5. Be aware of the whole person (illness experience vs disease).
6. Synthesize and integrate biopsychosocial, legal and ethical elements into the holistic patient management.
7. Identify the need for provider well-being: Introspection or caring for the caregiver; what are you going to do about self-care and stress reduction?
8. Identify our own limitations – it means I can say "I do not know". Reflect on the possible barriers and facilitators to care of the patient with a sexual health problem that you have encountered.
9. Identify and deal with health system limitations that compromise patient care (advocacy role as health care providers)
10. Reflect on practice and make the necessary changes in practice.
11. You must be able to tell the story of the patient and your own learning, growth, and professional maturation as a Physician.

HOW DO I SELECT THE PATIENT I AM GOING TO WRITE ABOUT?

Be guided by the following 'test' questions:

1. Did this patient challenge me? If so, how?
2. Did this patient push my buttons or test my limits in terms of knowledge, skills, professionalism, emotions, and boundary issues? Did it evoke judgement or provoke judgement?
3. Did I know what to do with this patient? In hindsight, did I do everything I could for this patient?
4. Did this patient trigger my curiosity to learn more?
5. Did I manage my uncertainty around this patient as well as I could have?
6. Did the health system (nurses, colleagues, other specialties, equipment, and stock-outs) impact on my ability to do my best/optimally manage my patient?
7. Did you experience something similar in the past and the present patient opened 'Pandora's box'?

***IF YOU SCORE LESS THAN 3 "YESES" ON THESE QUESTIONS, THEN CHOOSE ANOTHER PATIENT TO WRITE ABOUT. YOUR ANSWERS TO THESE QUESTIONS SHOULD BE INCORPORATED INTO SECTION 1 (INTRODUCTION) OF YOUR PATIENT STUDY.*

STRUCTURE OF THE CLINICAL PATIENT STUDY

Section 1: Introduction

Motivate the reason for selecting this patient to write about for your patient study. What challenged you about this encounter? (See questions on how to choose a patient) Can you identify a central issue that led you to write this patient study (e.g. a 'mistake'/challenge/gap in your skills or knowledge and the efforts it took you to address it.)

Section 2: Presentation

This is a summary of the clinical presentation of the patient as it happened at the time of the encounter (without editorializing and the knowledge that you have at this moment). It covers presenting complaint; history; physical examination; work-up; initial assessment, including differential diagnoses; initial management; anything else that happened. With regards to the sexual dysfunction, it should include the Predisposing, Precipitating, Maintaining and Contextual factors pertinent to it.

Section 3: Assessment and management at the time of the encounter

Comprehensive biopsychosocial assessment enriched by knowledge of the life stages of human development and the Human Sexual Response cycle. including a genogram and ecomap, and details of management plan to address these.

Genogram: Structurally sound; Correctness; dates (DoB, DoD and marriage/relationship/ divorce etc); diseases; relationships/interaction; Key

Ecomap: Correct structure; Key; Systems reflected; positive and negative energy flow indicated and representing narrative

Section 4: Learning need or the aim of this assignment.

It is the heart of the problem. It describes and defines the learning needs that arose from the challenge(s) mentioned in section 1 above.

Section 5: Discussion

Discussion of the learning needs identified above, including relevant and critically appraised literature where you investigate support for or against what you or others have done. This must be credible, based on the broader literature, and linked to relevant theory and principles of Sexual Medicine.

Section 6: Reflection or introspection

The patient and his/her/their problems or challenges you experienced during the encounter may have touched you in various ways. Reflect on this and on self-care.

Section 7: Conclusion.

Address your initial challenges and learning needs as laid out in Sections 1&4. Now that you know all these things, what would you change or do differently in future, bearing in mind what you did initially? In other words: what was the seismic shift in your knowledge or understanding? This section must be written in the first person. Make it clear that you are taking ownership for your own learning and/or learning needs. You can include issues for further study as well as practical steps for change.

Section 8: Editorial technicalities

References in Vancouver style
Writing and language skills, including style, punctuation, spelling, grammar and syntax.

FORMAT OF THE STUDY

The study must not be more than 7-10 pages (1300-2000 words).
It must be typed in double spacing with Font Arial 12.
References:
More than seven references

*VERY IMPORTANT: The **only identification** on this document will be **your student number** – no names, districts or identifiable training sites. You can use any name for the site that you work e.g., Site X, hospital AA, clinic Z etc. An informed consent for the use of the patient in the study should be taken but needn't be shared unless specifically asked for.*

Addendum Ib
Case-based Discussion Notes Sheet – as a guide to the case studies.
These notes should be consulted and drawn on in the context of a Sexual Health Consultation

Competence	Proposed Questions	Evidence Obtained
Practicing holistically (*physical, psychological, socio-economic and cultural dimensions; patient's feelings and thoughts)*	☐ What do you think was the patient's agenda (her I.C.E.)? How did you elicit this? Why present now? ☐ What effect did the symptoms have on her work, family and other parts of her life? (illness vs. disease) ☐ How did the symptoms affect her psychosocially? What phrase(s) did you use? ☐ What prior knowledge of the patient did you have which affected the outcome of your consultation(s)? ☐ Did you identify any ongoing problems which might have affected this complaint? ☐ How did you establish the patient's point of view? What consultation skills did you use to do this? Other Qs	Note: In general, when asking the registrar to present the case, ask them to also say: 1. what issues they felt the case raised 2. what issues they felt needed resolving? 3. what bits they found challenging/difficult This will help you focus your questions. ☐ Needs development. ☐ Competent ☐ Excellent ☐ Not assessed
Data gathering and interpretation *(gathering and using data for clinical judgement, the choice of examination and investigations and their interpretation)*	☐ Ask about the specifics of the case and diagnoses e.g. what biological features of depression did she show? How long did she have it for? etc ☐ What bits of information did you find helpful in this case? Why? How did you phrase that? ☐What other information did you use to help formulate your diagnosis/decision? ☐ Did you refer to any previous investigations to help you? What were they? ☐ What skills did you use to obtain the history? ☐ What examination did you make? ☐ I see from the notes that there is no reference to examining her "chest"; Do you think this might have been helpful? In what way? ☐ Had you gathered any further information about this case from others? ☐ Was there any other information you would have liked? How would that have helped you? Other Qs	☐ Needs development. ☐ Competent ☐ Excellent ☐ Not assessed

Making diagnoses & decision *(conscious, structured approach to decision-making)*	*DIAGNOSIS* ☐ What were you particularly worried about in this case? ☐ How did you come to your final diagnosis? Remind me which bits of the history and examination were instrumental in this? ☐ Did you use any tools or guidelines to help you? TREATMENT ☐ What were your options? Which did you choose? Why this one? Convince me that you made the right choice.☐ Did you consider any evidence in your final choice? Tell me about it? ☐ How did the patient feel about your choice of treatment? Did this influence your final decision? ☐ Did you consider the implications of your decision for the relatives/doctor/practice/society? Tell me more about how they might feel? How did this influence your final decision? ☐ Did you use any framework or model to help justify your decision? Other Qs	☐ Needs development. ☐ Competent ☐ Excellent ☐ Not assessed
Clinical Management (*recognition and management of common medical conditions)*	☐ What made you prescribe xxx? How did you come to choosing that? What does the evidence say about it? ☐ Had you thought of any other options at the time? What were they? Tell me about some of the pros and cons of these options so I can get an idea of why you went for what you did. Do you know the evidence behind any of these? What were your main priorities here? ☐ Why did you do those investigations? What were you looking for? ☐ Why did you make that referral? What worried you that led to that referral? Did you speak to them? What were you hoping the referral might achieve? What did you actually put in the referral letter? ☐ Did you put into place any follow up/review? How long? Why do you want to see her again? Other Qs	☐ Needs development. ☐ Competent ☐ Excellent ☐ Not assessed

Managing medical complexity (*beyond managing straight-forward problems, eg managing co-morbidity, uncertainty & risk, approach to health rather than just illness)*	☐ How did you generally FEEL about this case? ☐ Do you think the patient kind of pushed you into investigation/referral/treatment with abx? How do you feel about this? What have you learned from this case? ☐ What did you do to alter her help seeking behaviour? ☐ Was there a difference of agendas? How did you tackle this? (eg demanding patient, difficult angry patient, overbearing heartsinks etc). Tell me exactly how you managed to merge agendas. ☐ What made this case particularly difficult? How did you resolve that? ☐ Were there any ongoing problems that added to the complexity of this case? Other Qs	☐ Needs Development. ☐ Competent ☐ Excellent ☐ Not assessed
Primary care admin and IMT (*effective recordkeeping and online info to aid patient care)*	☐ Look at the registrar's electronic recording of information. Do you think it was satisfactory? Ask what the registrar thinks on reflection- "Do you think what you have documented is adequate?" Any important negatives left out? The patient's narrative? Concise yet thorough? ☐ Did you use any online information to help you? What? How? Other Qs	☐ Needs development. ☐ Competent ☐ Excellent ☐ Not assessed
Working with colleagues and in teams *(working effectively; sharing information with colleagues)*	☐ Did you involve anyone else in this case? Why? How did they help? ☐ Did you involve any other organisations in this case? For what purpose? ☐ How did you ensure you had effective communication with others involved in this particular case? ☐ If many people/organisations are involved in the case, ask: "What do you see as your role considering loads of people are involved in this case?" Other Qs	☐ Needs Development. ☐ Competent ☐ Excellent ☐ Not assessed

Community orientation (*management of health and social care of local community)*	☐ Did you think about the implications of your treatment/investigations/referral on the individual patient and on society? Tell me more…OR Is there a potential for harm in the way you approached this case? OR Can you see any ethical dilemmas in this particular case? OR Had you any ethical considerations when dealing with this case? Tell me more. ☐ Had you any thoughts at the time about the cost of treatment/investigation/referral? Other Qs	☐ Needs development. ☐ Competent ☐ Excellent ☐ Not assessed
Maintaining an ethical approach to practice *(ethical practice, integrity, respect for diversity)*	☐ What ethical principles did you use to inform your choice of treatment? ☐ How did you ensure the patient had an informed choice when it came to management? What are patients' rights? How did this influence your handling of the case? ☐ Sick Notes – individual vs. society thing. Other Qs	☐ Needs development. ☐ Competent ☐ Excellent ☐ Not assessed
Fitness to practice (*awareness own performance, conduct or health, or of others; action taken to protect patients)*	☐ Excluding the serious stuff eg What alarm features did you enquire about?; How did you carry out a suicidal risk assessment?; How did you know her headaches are not a result of a brain tumour?; How did you exclude a brain tumour? ☐ Safety Netting – How did you close the consultation? Did you advise on when to come back? What did you say? ☐Are there any other responsibilities you have to patients in general? How do they apply to this case? How did you make sure you observed them? Why are they important? ☐ Did you use a chaperone? ☐ Did you wear a glove before taking blood/doing a PV/PR/giving the injection? Other Qs	☐ Needs development. ☐ Competent ☐ Excellent ☐ Not assessed

** Developed by Dr. Ramesh Mehay, Programme Director Bradford VTS (Dec 2006)*

Addendum IIa

Contraception and Women's health Logbook

1. Counselling on contraception (20 general cases):

File nr/ Patient initials	Date and time	Age and parity	Type of contraceptive	Co-morbidities

TEMPLATE for CONTRACEPTIVE CASES

Date: _____
Patient initials/file nr: _____
Age and sex: _____
Duration of session: _____
Main concern/reason for consultation:

What was included in the counselling session on contraception choices?

What was excluded or not discussed during the session & why was it not alluded to?

What contraception was discussed specifically?

What contraception was decided on by the patient and reason for this?

When would you opt to change the contraception?

Were there any co-morbidities/medical condition/sexual function influencing your advice regarding contraceptive options and why?

Self-reflection on case:

Addendum IIb

WOMEN'S HEALTH CONSULTATIONS
(any including FAMILY PLANNING, STI, PAP-SMEAR , etc.)

File No.	Date & time	Age & Parity	Assessment and management of the problem

Addendum III

HIV CONSULTATION: CASE STUDY

Date…… File number…….

First/follow up visit …….

History

Date of first positive test ……Most recent CD4 count and date ……..

Most recent viral load and date……..

Disclosed to partner(s)? Y / N Partner(s) tested? Y / N

Number and ages of children

Child 1 – age …… pos / neg / not tested / no result
Child 2 – age …… pos/ neg/ not tested / no result
Child 3 – age …… pos / neg /not tested / no result
Child 4 – age …… pos / neg / not tested / no result

Who is treatment supporter?

……

……

History of TB and TB contact

……

……

History of other infections or hospital admissions since diagnosis

……..

Drug history, including ARVs, co-trimoxazole, INH, fluconazole prophylaxis, nutritional supplements, contraception, and traditional medication

……

……

Adherence and side effects

……

……

Current symptoms (ask specifically about cough> 2 weeks, fever, night sweats, weight loss >5%, skin manifestations, STI symptoms, LMP in female clients)

……

……

Psychosocial history (diet, smoking, alcohol, exercise, food security, sleep, anxieties, support systems/ groups, relationships and risk taking behaviour, employment, movement to other areas for work /family, etc.)

……

……

Family planning: Condoms/ oral/ injectable/ tubal ligation

……

Date of last Pap smear: …… **Results**: ……..

Examination

General examination (esp. ENT/skin/weight/ JACCOL)

……

CVS/RESP

……

……

Other relevant findings

……

……

Side room tests

……

……

Special investigations (if done)

……

……

Assessment

Clinical

……

……

Staging of disease

……

……

Psychological

……

……

Social

……

……

Management

Management of presenting complaint

……

……

Management of ongoing problems

……

……

Screening for ARVs, INH and co-trimoxazole prophylaxis (Assessment of need)

……

……

Opportunistic Health Promotion (Sexual behavior/condom use, smoking, alcohol, exercise, family planning, cervical smears, etc.)

……

……

Modification of health-seeking behaviour (Identifying symptoms to present with, education on medication side effects, adherence, attendance at appointments)

……

……

Discussion of disclosure and support groups/counselors if relevant

……

Follow up/referral

……

……

What I learnt from this patient

……

……

Signature of Candidate ……

ANTENATAL HIV CARE: SHORT CASE STUDY ON PMTCT

Date…… File number…… This is visit no…… Age…… Parity…….

Gestation in weeks…… Method used to determine gestational age……..…

RESULTS

Blood pressure…….. mmHg Hgt…….

Urine Dipstix…… Urine glucose…….

HIV Results…….. Rh…….Hb……

RPR…….

SH measurement……cmPresentation……...

Risk factors/problem list

…….

Treatment regimen of patient

……

Other chronic conditions or non-HIV related treatment

…….

Opportunistic infections and treatment

……

Obstetric management Plan

……..…….

Impact of pregnancy on the woman

……...……

Impact of pregnancy on her family/support system

……..……

Information and advice given

……...……..……

What I learnt from this patient

……

Signature of Candidate ……

REPORTS ON ADHERENCE COUNSELLING SESSIONS

Patient initials:……. Patient number: …….

Age: ..... Counselling issue:……

Date:…….. Duration of session: ……..

Brief report on content of session:

.....

Methods used to improve patient understanding

.....

Method of ensuring the patient understood the message

……

Response / attitude of patient to session

.....

What worked well in the session: (self-assessment

……..

How could i improve:(self-assessment)

.....

Signature of Candidate ……

RESOURCES

(this list is a work in progress and subject to change)

SEXUAL HEALTH

Core Readings

Psychiatry and Sexual Medicine: A comprehensive Guide for Clinical Practitioners:
Editors Michal Lew-Starowicz, Annamaria Giraldi, Tillman H.C. Kruger.
Springer 2021

ABC of Sexual Health 3rd edition: Edited by Kevan Wylie. BMJ books. Wiley Blackwell

Principles and Practice of Sex Therapy: 6th Edition. Editors: Kathryn S.K. Hall & Yitzchak M Binik.
Guildford Press: 2020

Recommended reading materials

1. Reisman Y, Porst H, Lowenstein L, Tripodi F, Kirana PS. The ESSM manual of sexual medicine. Amsterdam: Medix. 2015.
2. Kirana PS, Tripodi F, Reisman Y, Porst H. The EFS and ESSM syllabus of clinical sexology. Medix; 2013.
3. Waguih William Ishak (ed) The Textbook of Clinical Sexual Medicine: Springer 2017.
4. Gunasekaran K, Khan SD (Eds) Sexual Medicine – Principles and Practice, Springer. 2019
5. Kingsberg SA, Iglesia CB, Kellogg SU, Krychman ML. Handbook on female sexual health and wellness. Washington, DC: Association of Reproductive Health Professionals. 2011.
6. World Health Organization. Sexual health, human rights and the law. World Health Organization; 2015.
7. Braeken D, Castellanos-Usigli A. Sexual pleasure: the forgotten link in sexual and reproductive health and rights training toolkit. Global Advisory Board for Sexual Health and Wellbeing. https://www. gab-shw. org/resources/training-toolkit. 2018.
8. Erick Janssen (Editor) The Pathophysiology of Sex: by, Indiana University Press: 2007
9. Mitchell L, Howe B, Price DA, Elawad B, Sankar KN, editors. Oxford Handbook of Genitourinary Medicine, HIV, and Sexual Health. Oxford University Press; 2019 May 13

Resources on communication and history taking in Sexual Health.

1. Keller, V.F. and Gregory, C.J. 1994. A new model for physician-patient communication. Patient Educ Couns 23(2):131–40. doi: 10.1016/0738-3991(94)90051-5
2. Ross MW, Newstrom N, Coleman E. Teaching Sexual History Taking in Health Care Using Online Technology: A PLISSIT-Plus Zoom Approach During the Coronavirus Disease 2019 Shutdown. Sex Med. 2021;9:100290. doi:10.1016/j.esxm.2020.100290
3. Kingsberg, S.A. 2006. Taking a Sexual History. Obstet Gynecol 33(4):535–47. doi: 10.1016/j.ogc.2006.09.002
4. Kingsberg, S. 2004. Just ask! Talking to patients about sexual function. Sex Reprod Menopause 2(4):199–203. doi: 10.1016/j.sram.2004.11.007
5. Nusbaum MR, Hamilton CD. The proactive sexual health history. Am Fam Physician [Internet]. 2002 Nov;66(9):1705-12. Available from: https://pubmed.ncbi.nlm.nih.gov/12449269/
6. Herbert S. Sexual history and examination in men and women. Medicine [Internet]. 2018 May;46(5):272-6. Available from: https://www.sciencedirect.com/science/article/abs/pii/S1357303918300458 doi: 10.1016/j.mpmed.2018.02.005
7. Avasthi, A., Grover, S., Sathyanarayana, R.T. 2017. Clinical Practice Guidelines for Management of Sexual Dysfunction. Indian J Psychiatry 59(5):91. doi: 10.4103/0019-5545.196977
8. https://shivtoolkit.wordpress.com/references/

Cultural Factors in Sexual Health

1. Ramakuela NJ, and Khoza LB. Sexual challenges among rural menopausal women in Limpopo Province of South Africa. Health SA Gesondheid 19(1):8.
2. Scorgie, F., Kunene, B., Smit, J.A., et al. 2009. In search of sexual pleasure and fidelity: vaginal practices in KwaZulu-Natal, South Africa. Cult Health Sex 11(3):267–83. Doi: 10.1080/13691050802395915
3. Ibine, B., Sefakor Ametepe, L., Okere, M., et al. 2020. "I did not know it was a medical condition": Predictors, severity and help seeking behaviors of women with female sexual dysfunction in the Volta region of Ghana. PLOS ONE 15(1):e0226404. doi: 10.1371/journal.pone.0226404
4. Bhavsar, V. and Bhugra, D. 2013. Cultural factors and sexual dysfunction in clinical practice. Adv Psychiatr Treat 19(2):144–152. Doi: 10.1192/apt.bp.111.009852
5. Cooper, S., Leon, N., Namadingo, H., et al. 2018. 'My wife's mistrust. That's the saddest part of being a diabetic': A qualitative study of sexual well-being in men with Type 2 diabetes in sub-Saharan Africa. PLOS ONE 13(9):e0202413. Doi: 10.1371/journal.pone.0202413

Transgender health

1. Safer JD, Tangpricha V. Care of the transgender patient. Annals of internal medicine. 2019 Jul 2;171(1):ITC1-6.
2. The World Professional Association for Transgender Health; Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People. (WPATH) (https://wpath.org/publications/soc)

Informative Online Resources.

1. The European Society for Sexual Medicine (ESSM): https://www.essm.org/
2. The European Society of Sexual Medicine. (ESSM) School fo Sexual Medicine. https://www.essm.org/education/essm-school-of-sexual-medicine/
3. International Society for the Study of Women's Sexual Health (ISSWSH): https://www.isswsh.org/
4. International Society for Sexual Medicine (ISSM): https://www.issm.info/
5. World Association for Sexual Health (WAS): https://worldsexualhealth.net/
6. Southern African Society for Sexual Health (SASHA): https://sasha.org.za/
7. Sexual Medicine Society of Northern America: (SMSNA) https://www.smsna.org/
8. The Kinsey Institute: https://kinseyinstitute.org/
9. British Association for Sexual Health and HIV: https://www.bashh.org/
10. Toolkit for the Sexual Health & STI communication. https://shivtoolkit.wordpress.com/references/

FAMILY PLANNING AND CONTRACEPTION

Recommended reading materials:

1. Department of Health, Pretoria, South Africa. National Contraception and Fertility Planning Policy and Service Delivery Guidelines: A companion to the National Contraception Clinical Guidelines. Reproductive Health Matters. 2014 May 1:200-3.
2. Patel M. Contraception: Everyone's responsibility. SAMJ: South African Medical Journal. 2014 Sep;104(9):644-.
3. Mansour D, Inki P, Gemzell-Danielsson K. Efficacy of contraceptive methods: a review of the literature. The European Journal of Contraception & Reproductive Health Care. 2010 Feb 1;15(1):4-16.
4. Centers for Disease Control and Prevention (CDC. U S. medical eligibility criteria for contraceptive use, 2010. MMWR. Recommendations and reports: Morbidity and mortality weekly report. Recommendations and reports. 2010 Jun 18;59(RR-4):1-86.

SEXUALLY TRANSMITTED INFECTIONS

Recommended reading materials:

1. National Department of Health, South Africa. Sexually transmitted infections management guidelines, 2018. PHC Chapter 12. Adapted from: standard treatment guidelines and essential medicine list PHC.
2. Workowski KA, Bolan GA. Sexually transmitted diseases treatment guidelines, 2015. MMWR. Recommendations and reports: Morbidity and mortality weekly report. Recommendations and reports. 2015 Jun 5;64(RR-03):1.

HIV

Recommended reading materials:

1. Oxford Handbook of HIV Medicine.
2. Hoffman and Rockstroh. HIV 2015/2016. https://www.hivbuch.de/hivbuch-2015-16-gb/.
3. National Department of Health, South Africa. Guidelines for the provision of pre-exposure prophylaxis (PrEP) to persons at substantial risk of HIV infection. 2018. Pretoria.
4. Bekker LG, Rebe K, Venter F, Maartens G, Moorhouse M, Conradie F, Wallis C, Black V, Harley B, Eakles R. Southern African guidelines on the safe use of pre-exposure prophylaxis in persons at risk of acquiring HIV-1 infection. Southern African Journal of HIV Medicine. 2016 Apr 8;17(1).
5. National Department of Health, South Africa. National guidelines for the management of viral hepatitis. 2019. Pretoria.
6. National Department of Health, South Africa. National clinical guidelines of post-exposure prophylaxis (PEP) in occupational and non-occupational exposures. 2020. Pretoria.
7. National Department of Health South Africa. 2019 ART Clinical Guidelines for the Management of HIV in Adults, Pregnancy, Adolescents, Children, Infants and Neonates.

8. Recommended websites:
   http://www.unaids.org/en/
   http://www.sahivcliniciansociety.org
   http://iapac.org
   http://hopkins-aids.edu
   https://www.who.int/health-topics/hiv-aids
   https://www.knowledgehub.org.za/elibrary/2019-art-clinical-guidelines-management-hiv-adults-pregnancy-adolescents-children-infants
   https://www.nicd.ac.za/diseases-a-z-index/hiv/

JOHANNESBURG
June 2022