



INTERNATIONAL ASSOCIATION OF PSYCHOSEXUAL THERAPISTS

Virtual Colloquium

Participation Policy

Approved by the Executive Board on September 10, 2026

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How to Read This Policy

This Policy has two kinds of text. The numbered provisions state what is required under this Policy, and they are binding. Their wording is deliberate: must states a requirement, should an expectation, and may a permission.

Explanation. Blocks set out like this one are Explanations. They give the reasoning behind a provision, or the context needed to apply it.

An Explanation is not binding and creates no obligation of its own. Where an Explanation appears to conflict with the provision it accompanies, the provision governs.

Provisions are cited by their numbering. III.B.2 is Part III, Section B, provision 2.

This Policy sits alongside the IAPST Code of Ethics and the Association's other membership policies. Where it differs from the Code of Ethics, the Code governs.

I. THE COLLOQUIUM

1. **Purpose.** The Virtual Colloquium is a monthly gathering of the IAPST membership for presentation, discussion, and collegial exchange. It is where members meet one another, hear work in progress, and think together about the questions the field is facing.
2. **Schedule.** The Colloquium ordinarily takes place on the third Wednesday of each month at 12:00 p.m. U.S. Eastern Time, by Zoom, and runs for one hour, unless otherwise announced by the Association.
3. **Access.** Access is available to all IAPST members who are current and in good standing, through the member profile. Registration is required and the joining link is issued on registration.
 - a. Joining links are issued to the registered member and must not be forwarded or shared.
4. **Agreement to This Policy.** Access to the Colloquium requires agreement to this Policy. A member indicates agreement when they first register for a session, and a member who has not agreed is not admitted.
 - a. The Association records which version of this Policy the member agreed to and the date of agreement.
 - b. Members reconfirm their agreement at each annual membership renewal.
 - c. Where this Policy is amended, VII.2 governs.

Explanation. What is asked of a participant here goes well beyond attendance. A member agrees to keep their camera on, to join from a room where no patient could overhear, not to record the session or bring an AI notetaker into it, to de-identify every case they discuss, and not to recommend to a colleague a practice prohibited where that colleague works. Those are obligations, and a member should accept them knowingly rather than be presumed to have absorbed them.
5. **A Benefit of Membership.** Participation in the Colloquium is a benefit of membership, not a right. Access is extended to members who are current and in good standing, on the terms set out in this Policy, and may be suspended or withdrawn. Removal from the Colloquium does not affect membership status or any other benefit.
6. **Continuing Education.** A member who satisfies all of the following receives one IAPST continuing education credit for the session, counting toward the continuing education required to renew IAPST certification:

- a. admission to the session, which closes five minutes after the scheduled start (IV.B.1);
 - b. remaining until the session ends, or leaving not more than five minutes early (IV.B.2); and
 - c. compliance with the camera requirement, or an accommodation approved under IV.A.1.a.
- 7. Verifying Attendance.** Attendance is verified from the session records held by the Association. A member who loses connection briefly and rejoins does not lose credit. A member absent for a substantial part of the session does not receive it.
- 8. Recordings Carry No Credit.** Credit is for live attendance. Viewing a recording carries no continuing education credit unless the Association states otherwise when the recording is made available.

Explanation. The Colloquium is offered without charge to members. A certified member can therefore satisfy the annual continuing education requirement at no cost, which is why that requirement is a commitment of time rather than of money.

Five Colloquia satisfy the five continuing education hours a Certified Member completes each year to renew.

Credit is for live attendance because what the Colloquium offers is the room. A member watching a recording afterward is reading a paper, which has its own value and is not this.

II. LANGUAGE AND TERMINOLOGY

A. Language

- 1. Working Language.** The official language of the Association is English, and the Colloquium is conducted in English.

Explanation. This follows the convention of international scholarship, where English serves as the shared working language across a field whose participants speak many others. It is a practical choice about how an international membership meets in one room, not a statement about whose scholarship or clinical work counts.

- 2. Speaking and Listening.** Many members are speaking in a second or third language. Members should speak a little more slowly than they would at home, avoid idioms where a plain word will do, and give a colleague searching for a word the few seconds they need.

Explanation. A member speaking English as an additional language should never feel obliged to apologize for it. Clear thinking matters more here than fluency.

B. Terminology

1. **Patient.** The Association uses the term patient rather than client, and asks members to do the same in the Colloquium. Where members are describing research participants rather than people receiving treatment, participant is the appropriate term.

Explanation. Psychosexual therapy is health care, and the term used across the rest of contemporary health care says so.

This is a matter of shared professional language within the Association's own forums, not a judgment about any member's training, practice setting, or standing. Members whose settings or national bodies use other conventions continue to use whatever their work calls for elsewhere. Consistency is asked for here only.

III. HOW MEMBERS TALK TO ONE ANOTHER

A. Why the Colloquium Meets Across Borders

1. **Difference as Substance.** Presenters state where they practice and under what framework, so that no member's context stands as the default. Cultural and religious frameworks are welcome as the substance of a presentation rather than as a caveat at the end.

Explanation. Most of what a therapist knows about sexuality they learned somewhere. Assumptions about what is normal, what is a problem, what a family is, what privacy means, when a person is an adult, and what may be said aloud and to whom are not universal findings. They are largely invisible until someone from another shore describes theirs.

A colleague in Nigeria, Israel, Brazil, Japan, or Germany does not merely practice under different law; they practice among different assumptions about what sex means and what it is for. Hearing that is not a courtesy extended to them. It is the fastest way any member finds the edges of their own training.

2. **Raising Context.** Members are encouraged to say when something under discussion does not map onto their own context.

Explanation. When a colleague describes something that sounds wrong, the first useful question is what it would take for it to be right. Sometimes the answer is a different legal system, a different religious framework, or a different set of expectations about privacy. Sometimes it is that they have seen something you have not. Occasionally they are mistaken, and saying so is a service — but that is the last conclusion to reach, not the first.

B. Disagreement

1. **Disagreement Is Wanted.** Members are encouraged to state positions clearly, to press on reasoning they find weak, and to defend their own positions when pressed.

Explanation. A field where everyone agrees has stopped thinking, and the most useful hour of a colloquium is often the one where two thoughtful clinicians reach different conclusions in front of everyone.

2. **Manner.** Disagreement is directed at reasoning rather than at the person holding it. Where a member believes a colleague has made an error, they say what they see and why, and leave room for a response.

Explanation. There is a difference between telling someone something and correcting them. Offering a perspective, adding a study, or naming a consideration a speaker may not have weighed is a contribution. Announcing that a colleague is wrong, particularly in front of an audience, is something else, and it rarely produces better thinking.

You can say what you mean without being mean when you say it.

3. **Sharing the Air.** Members who have spoken several times while others have not should wait. Moderators manage the queue and may ask a member to hold a further question until others have had theirs.

- a. Members may ask more than one question. A genuine exchange often takes several turns, and a follow-up is better than an unfinished thought.

Explanation. Members who are quicker to speak, more confident in English, or simply more comfortable on a video call will take more than their share without meaning to, and the members who most need to be heard are usually the ones least likely to compete for the floor.

If a question has become a comment, and the comment has become a position, it may be time to let someone else in.

4. **Letting People Finish.** Members wait for a pause rather than interrupting a colleague mid-thought.

Explanation. Interrupting is common in some professional cultures and unheard of in others, which means it lands very differently across this membership. Nobody has ever regretted a shorter contribution.

5. **Conduct Not Permitted.** The following are not permitted, and may result in a moderation action under Part VI:

- a. personal insults, or derogatory remarks about a colleague;
 - b. intimidation or harassment;
 - c. discriminatory conduct;
 - d. sarcasm directed at a speaker, and passive-aggressive remarks directed at a colleague;

- e. talking over a colleague, or repeated interruption after a moderator has asked a member to stop;
- f. refusal to follow a reasonable moderator instruction;
- g. disclosure of confidential information; and
- h. conduct that materially disrupts a session.

Explanation. What is listed above is the floor rather than the standard. The standard is that remarks which would be unacceptable in a professional setting are unacceptable here, and that remarks no better for being said sideways than said plainly are not improved by the sideways delivery.

The provision is written in terms of observable conduct because a sanction has to rest on something a member can be shown to have done. A moderator asking someone to stop, and being ignored, is a fact.

Moderators address such conduct as it arises rather than afterward.

6. **Standing in the Community.** Members engage with reasoning and do not put a colleague's worldview on trial. No member's standing in this community is open to debate on the basis of who they are.

IV. JOINING AND ATTENDANCE

A. Joining

1. **Cameras On.** Members must keep their cameras on for the session.
 - a. A member who is unable to use a camera, whether on a given day or generally, may request an accommodation from the Office of Membership in advance. The Office will respond before the session if the request is submitted sufficiently in advance.
 - b. An approved accommodation does not affect continuing education credit. A member joining without video and without an approved accommodation does not receive credit for that session.

Explanation. The Colloquium is a meeting of colleagues, not a broadcast. The accommodation route exists so that the camera requirement does not exclude a member for reasons of disability, bandwidth, or circumstance.

2. **A Private Space.** Members join from somewhere their audio cannot be overheard by family, colleagues, or patients, and use headphones. Members must not join from a vehicle, a shared office, a waiting area, or any space where a patient could be present.
 - a. Where privacy cannot be secured for a session, it is better to miss it.

3. **Display Name.** Members set their display name to the name the Association holds for them before joining. Attendees whose names cannot be matched to the membership are not admitted, and moderators cannot resolve this during a session.
 - a. Members may add their country and credentials after their name. In a discussion spanning jurisdictions, knowing where a colleague practices is useful.
4. **Microphones.** Members mute on entry and remain muted unless speaking.
5. **Backgrounds.** Backgrounds meet the same standard as any professional health care setting. A virtual background is often the simplest way to keep a space private.
6. **No Text Chat.** The Colloquium runs without a text chat. Questions and contributions are made aloud, and moderators take questions and manage the queue.

Explanation. This is deliberate. A chat pulls attention away from whoever is speaking and turns what should be a conversation into two conversations, one of which the speaker cannot hear.

7. **Screen Sharing.** Presenters close other applications and disable notifications before sharing.

Explanation. A patient's name appearing in a notification during a screen share is a confidentiality breach, and it is one of the more common ways it happens.

8. **Technical Trouble.** Connection quality varies across the membership. A member who drops may rejoin, and no apology is needed.

B. Attendance

1. **Late Arrival.** Admission closes five minutes after the scheduled start. Members arriving after that point are not admitted.
2. **Early Departure.** Members who leave more than five minutes before the session ends do not receive continuing education credit for that session.

Explanation. The Colloquium runs one hour on a fixed clock and its members are spread across many time zones, so sessions begin and end on time. A member arriving into a presentation already under way disrupts it for everyone who arrived punctually.

V. CLINICAL DISCUSSION AND CONFIDENTIALITY

A. Clinical Discussion Across Jurisdictions

1. **Practices Lawful in Some Jurisdictions and Not Others.** Members must not recommend a practice prohibited in another member's jurisdiction in case discussion, propose it for a particular patient, or advise a colleague to provide, participate in, or refer for it.

- a. This applies to every member regardless of where they practice.
- 2. **The Topic Remains Open.** The discussion of any such practice — its efficacy, the evidence, the ethical arguments on both sides, questions of boundaries and safeguards, why jurisdictions have landed differently, and whether it ought to be permitted where it is not — is entirely open, and members may take strong views.

Explanation. The line is between discussing the question and advising a particular colleague about a particular patient.

Surrogate partner therapy illustrates the difficulty, because its legal and professional status varies among jurisdictions and may be unsettled. Some professional bodies distinguish between discussing the practice generally and arranging, facilitating, or recommending it for a particular patient. That distinction is why this provision is drawn where it is.

Members must not assume that a practice permitted or professionally accepted in one jurisdiction is permitted in another. This Policy does not state the law or the professional standards of any jurisdiction, and nothing in it substitutes for a member's own legal and regulatory advice.

B. Patient Confidentiality

- 1. **De-identification.** All case material presented or discussed must be fully de-identified. Members must not name a patient or give identifying particulars, and must take the same care with details that identify in combination — an unusual occupation, a small community, a distinctive presentation, a date.
- 2. **Differing Standards.** Standards for de-identification differ between jurisdictions. Where a member is unsure, they apply the more protective standard.

Explanation. Reporting obligations also differ, and material shared in the Colloquium reaches colleagues practicing under duties different from the presenter's. Members should consider this both when presenting and when responding.

C. Confidentiality of the Session

- 1. **What Is Said Stays Within the Membership.** Members must not record, screenshot, transcribe, or republish any part of a session, and must not repeat a colleague's clinical material outside it.
 - a. This prohibition includes AI notetakers, transcription services, meeting assistants, summarization tools, and similar automated technologies, whether or not the member is personally present.
 - b. Nothing in this provision prohibits a disclosure required by law or by the IAPST Code of Ethics, or a confidential report made through the appropriate IAPST reporting process.

Explanation. Members present work here on the understanding that it stays among colleagues.

2. **Recording by the Association.** Where the Association records a session, that is announced at registration and again at the start of the session.
 - a. A recording captures the presentation. Where the discussion is recorded, that is stated in advance and members are told before discussion begins.
 - b. Recordings are available to members who are current and in good standing, through the member platform, and are not released outside the membership.
 - c. Recordings remain available for twelve months and are retained by the Association for a further twelve months, after which they are deleted.
 - d. A member who does not wish their contribution recorded may say so to the moderator, and that portion is removed before the recording is published.

VI. MODERATION, REINSTATEMENT, AND APPEAL

A. Moderation

1. **Moderators.** The Colloquium is moderated by the Office of Membership. Moderators may mute an attendee or remove an attendee from a session where conduct falls outside this Policy.
2. **Formal Moderation Notices.** Conduct is addressed through formal moderation notices in the following sequence, counted within a rolling twelve-month period. A notice older than twelve months no longer counts toward removal, though it remains on record.
 - a. **First formal moderation notice.** A private note identifying the provision engaged.
 - b. **Second formal moderation notice.** A formal written notice, which may carry temporary suspension of access.
 - c. **Third formal moderation notice.** Removal from the Colloquium.
3. **Immediate Action.** Moderators may act without issuing a prior notice where the conduct is serious. They may mute an attendee, remove an attendee from the session, or suspend access temporarily pending review. Removal from the Colloquium follows only after that review.
 - a. Serious conduct includes breaches of patient confidentiality, harassment or discriminatory conduct, recording a session without authorization, and any conduct that significantly compromises the safety or integrity of the community.
 - b. Where access is suspended pending review, the review begins within fifteen days and concludes within thirty days. The member is given notice of the concern and a reasonable opportunity to respond before a final decision is made.

Explanation. A suspension described as temporary and left without a date is not temporary. The periods above are the outside limits, not the expected pace, and most matters resolve well inside them.

4. **Written Notice.** Every formal moderation notice, temporary suspension, removal, permanent exclusion, or other material moderation action is confirmed in writing to the member. The notice identifies the provision engaged, the action taken, the date it takes effect, its duration where it is time-limited, and any applicable right of appeal under VI.B.3.
5. **Duration of a Suspension.** The Office of Membership determines the duration of a temporary suspension and states it in the written notice. A suspension of more than thirty days is reviewed by the Office at its midpoint, and the member is told the outcome of that review.
6. **Effect.** Removal from the Colloquium does not affect membership status. Where conduct may breach the IAPST Code of Ethics, the Office of Membership refers the matter to the Ethics Committee, which proceeds separately. A moderation decision is not a professional or ethical finding.

B. Reinstatement and Appeal

1. **Reinstatement.** Removal is not ordinarily permanent. A member removed from the Colloquium may request reinstatement in writing to the Office of Membership after twelve months. The Office may reinstate, reinstate on conditions, or decline. A declined request may be renewed after a further twelve months.
2. **Permanent Exclusion.** Permanent exclusion is reserved for conduct of the kind listed at VI.A.3.a. It is decided by the Executive Board on the recommendation of the Office of Membership.
 - a. Before deciding, the Board gives the member written notice of the conduct in question and not fewer than fourteen days to respond.
 - b. The Executive Board's decision on permanent exclusion is final within the Association.

Explanation. Permanent exclusion is decided by the Executive Board itself, which is why there is no appeal from it. An appeal to the same body that made the decision is not an appeal, and the Association would rather say so than offer one that cannot be meaningful.

What takes its place is the opportunity to respond before the decision rather than after it. A member facing permanent exclusion is told what is alleged and has two weeks to answer it.

3. **Appeal.** A member may appeal a removal or a suspension of more than thirty days, in writing to the Office of Membership within thirty days after notice of the decision. The Executive Board decides the appeal on the record, and its decision is final within the Association.

VII. AMENDMENT AND STATUS

1. **Amendment.** The Association may amend this Policy. The current version is published on the Association's website, and the version and revision date appear on the cover.
2. **Notice.** Members are notified of a substantive amendment before it takes effect. Continued participation after that date constitutes acceptance of the amended Policy.
3. **Relationship to the Code of Ethics.** Where this Policy differs from the IAPST Code of Ethics, the Code governs.

VIII. DISCLAIMER

1. **Views Expressed.** Views expressed in the Colloquium are those of the individual members expressing them. The Association does not endorse, verify, or take responsibility for opinions, advice, or information shared by attendees.
2. **Responsibility.** Nothing said in a session is to be treated as clearance to act. Each member remains responsible for their own clinical, ethical, and legal judgment.