EUGenMed Expert Workshop

4 March 2015, European Economic and Social Committee, Brussels, Belgium

The failure to acknowledge the impact of sex and gender (S&G) differences will affect the quality of health care provision, precisely what good medical education seeks to prevent. There must be a commitment to mainstream an evidence-based gender perspective throughout medical curriculum, including in graduate, medical, nursing, rehabilitation, pharmacy, continuing medical education and continuing nursing education programmes. This workshop examined how S&G consideration can be best integrated into medical education.

Co-Chairs

Dr. Katrín Fjeldsted, President, Standing Committee of European Doctors (CPME), Iceland
Dr. Petra Verdonk, VU University Medical Centre, the Netherlands

Executive Summary

As part of the FP7-funded European Gender Medicine (EUGenMed) Project, the European Institute of Women's Health (EIWH) organised a workshop on 4 March 2015, bringing together a multidisciplinary, multi-sectarian group of approximately fifty experts to discuss *Sex and Gender in Medicines Regulation and Medical Education*.

Peggy Maguire, Director General of the EIWH, opened the afternoon session and welcomed the expert participants. **Dr. Katrín Fjeldsted** of the Standing Committee of European Doctors (CPME) and **Dr. Petra Verdonk** of the VU University Medical Centre co-hosted the afternoon session, which explored the integration of sex and gender in medical education.

EIWH Board Member **Prof. Karen Ritchie of** INSERM, chaired a panel of speakers who outlined examples of best practice for integrating sex and gender in medical education.

Dr. Petra Verdonk of the VU University Medical Centre presented the challenges of sex and gender mainstreaming in medical education based on her experience of integrating sex and gender issues in eight medical curricula in the Netherlands.

Prof. Dr. Margarethe Hochleitner of the Medical University Innsbruck detailed the successful integration of sex and gender in different curricula at the Medical University, Innsbruck and gave examples of best practice. Speakers from Charité—Universitätsmedizin presented their current efforts to integrate sex and gender in medical education.

Dr. Ute Seeland of the Institute of Gender Medicine at Charité—Universitätsmedizin spoke on the extension of sex and gender knowledge in medical education through their online e Gender educational programme. The next presentation was by **Sabine Ludwig** of Charité—Universitätsmedizin who explored how Charité Berlin integrated sex and gender throughout their new modular medical curriculum.

The second panel explored how to move forward and the opportunities to integrate sex and gender in medical education. **Prof. Dr. Hanneke de Haes** of AMC-UvA explained how communication was successfully integrated into medical education and discussed how this practice could be applied to the integration of sex and gender in medical education.

Executive Summary (continued)

Kristina Mickeviciute of the European Medical Students Association spoke on the identification of enhancers and barriers for implementing sex and gender as part of the medical curriculum. The presentation also addressed the sex and gender gaps in medical students' knowledge, expressing enthusiasm for student involvement in designing and implementing future reform efforts. **Dr. Katrín Fjeldsted** of CPME discussed addressing the sex and gender gaps in medical professional knowledge through continuing medical education. Dr. Fjeldsted said, "*To ensure the effective implementation and application of recommendations, medical doctors and medical students must be involved in all discussions on medical education*."

Prof. Dr. Harm Peters outlined the role of the Association of Medical Schools in Europe (AMSE) as the European forum for medical schools, promoting and developing the co- operation between medical schools. The workshop participants also heard how the Association of Medical Schools in Europe (AMSE) sets standard and ensures quality of activities in medical education, including outlining its commitment to advancing equity and social justice.

Dr. Janusz Janczukowicz of the International Association for Medical Education, (AMEE) presented on integrating and co-ordinating sex and gender into medical education cross- nationally and how medical education organisations can support and promote integration and co-ordination of sex and gender into medical education cross nationally across Europe. He outlined the AMEE activities including the guide on gender in medical education, which is currently written.

Following the speakers presentations, EIWH Board Member **Sinead Hewson** of The Dendrite Group facilitated a discussion with participants on next steps, how to move forward to take action following the event. Next steps were outlined and recommendations to be incorporated in the EUGenMed Roadmap were made collaboratively by delegates.

Concluding the session, **Dr. Verdonk** closed the workshop by saying that, "*There must be a commitment to mainstream an evidence-based gender perspective throughout medical curriculum, including in graduate, medical, nursing, rehabilitation, pharmacy, continuing medical education and continuing nursing education programmes*."

Peggy Maguire, Director General of the European Institute of Women's Health opened the workshop by welcoming the experts, stressing the importance of the session and introducing the co-chairs.

Panel A: Examples on How to Best Integrate S&G in Medical Education

Chair: Prof. Karen Ritchie, Imperial College London, Director INSERM and EIWH Board Member, France

Making a gender difference. Challenges of sex and gender mainstreaming in medical education

Dr. Petra Verdonk, VU University Medical Centre, the Netherlands

Dr. Verdonk began by stating that curricula are accommodated to the interests of new groups due to pressure from social movements outside institutions. A Dutch national project to integrate gender-mainstreaming (GM) in all medical curricula started in 2002 and finished in 2005. GM is a long-term strategy that aims to eliminate gender bias in existing routines for which involvement of regular actors within the organisation is required.

In this presentation, some of the challenges of GM in medical education we met were discussed. Steps taken in the national project included the evaluation of a local project, establishing a digital knowledge centre with education material, involving stakeholders and building political support within the schools and national bodies, screening education material and negotiating recommendations with course organisers, and evaluating the project with education directors and change agents. Data are gathered from interviews and document analysis. Dr Verdonk went on to say that factors playing a role are distinguished at three levels:

1. policy level, such as political support and widespread communication of this support;
2. organisational level, such as a problem-based curricula and procedures for curriculum development and evaluation, and;
3. faculty's openness towards change in general and towards feminist influences in particular, and change agents' position as well as personal and communicative skills.

Successful GM in medical education is both a matter of strategy as well as how such strategy is received in medical schools. She concluded her presentation by stating that a time-consuming strategy could overcome resistance as well as dilemmas inherent in GM. In addition, more female teachers than male teachers were openly accepting. However, women were situated in less visible and less powerful positions. Hence, GM is accelerated by alliances between women aiming for change and senior (male) faculty leadership. Recently, the curriculum at VUmc in Amsterdam was screened anew; a few words will be said about the new lessons learned.

Integrating sex and gender in different curricula at the Medical University Innsbruck

Prof. Dr. Margarethe Hochleitner, Medical University Innsbruck, Austria

Prof. Hochleitner began by asking the question—how does one integrate Gender Medicine into the curriculum? The goal is to integrate Gender Medicine into all human, dental and molecular medicine curricula of the Medical University of Innsbruck as a "regular" subject.

Gender Medicine is integrated as a compulsory course in the curricula for human, dental and molecular medicine at the Medical University of Austria, namely in the third semester (Fundamentals and Terminology of Gender Medicine) and the tenth semester (Clinical Relevance of Gender Medicine) and also in the compulsory examinations (SIP1 and SIP2). Moreover, Gender Medicine is a compulsory part of the Clinical PhD programme, three semesters and a final examination. After several years, Gender Medicine is fully integrated as a "regular" compulsory subject. Prof Hochleitner said that the University currently has approximately 200 diploma theses and about 25 PhD posters on Gender Medicine. Furthermore, Gender Medicine is fully integrated in physicians' post-graduate training and since 2014, the Medical Association has issued a diploma in Gender Medicine. Finally, in Innsbruck University Gender Medicine is included in the training for all allied healthcare professions such as nursing and at the University of Applied Healthcare Sciences.

Extension of S&G knowledge in medical education–the concept of eGender

Dr. Ute Seeland, Institute of Gender Medicine, Charité—Universitätsmedizin, Germany

Dr. Seeland said that research on medical education should inform our understanding of best learning strategies, teaching methods and assessment. Research on medical education with respect to sex and gender (S&G) aspects is rare. Some recommendations for S&G medical education curricula are available in a few countries. However, the systematic implementation of new knowledge fields all over Europe still remains a challenge. The gender community is becoming aware of the importance of evidence in S&G educational decision-making. Workshop participants followed the ideas presented with respect to the areas that should be developed in the medical education research field.

The first area should be systematic, organised communication between basic researchers and teachers, because evidence-based knowledge is essential ot medical expertise and high quality medical education. The second area is the establishment of a European "Teacher-Pool" by performing a shared European teacher training. This approach is time- and cost effective, the best possibility to ensure a high standard of evidence-based teaching quality. The third area of development should be research on how should we test the S & G aspects/content for a performance assessment. The aim is to award a certificate attesting specific knowledge in gender medicine teaching that is recognised in all European countries.

Dr. Seeland recommended starting to close these gaps in S&G medical education the use and further development of the "e Gender" platform. This web-based platform is easily to access from everywhere in Europe and is based on a blended learning concept S&G knowledge is provided in eight medical disciplines. This platform is well suited to promote communication between basic researchers and teachers. These products can be assigned to the specific eGender "learning tools" provided at the eLearning courses. The eGender platform should be the communication and knowledge base for harmonising gender medicine education in Europe and help to integrate S&G aspects as a compulsory part in medical curricula. Funding is needed to support research in education, the development of pedagogical valuable teaching materials with the aim to develop and extend "eGender" to a European-wide E-learning system for education and networking.

Curricular integration of sex and gender aspects into the new modular medical curriculum at Charité Berlin

Ms. Sabine Ludwig, Charité—Universitätsmedizin, Germany

Ms. Ludwig began by explaining the background and methodology for the integration of sex and gender aspects. A new modular outcome-based, interdisciplinary medical curriculum was introduced at Charité-Universitätsmedizin Berlin in 2010. The central declared goal was to systematically integrate gender and sex aspects into the new medical curriculum in order to guarantee that future doctors have adequate knowledge, practical and communicative skills on gender differences as far as the development, diagnosis and therapy of diseases is concerned to consider gender dimensions in their research.

A gender change agent was directly appointed into the curriculum development team to ensure direct interactions with the key players of the curricular change process of the faculty. The change agent implemented and followed a systematic approach. The basis was a wide-ranging research on potential sex and gender-related knowledge, skills and attitudes to be integrated in a specific, module themes. During the faculty-wide module planning process, the change agent constantly participated in the planning sessions, consulted with faculty members involved and assisted them in the formulation of gender learning objectives. With this approach, compulsory gender-related courses, gender-related knowledge/skills and gender-sensitive language were widely implemented throughout the curriculum in all teaching formats ranging from lectures and seminars to clinical skills courses, problem-based learning, communication training and students' assessment and feedback.

A systematic approach and the appointment of a gender change agent can be key to successful integration of gender and sex aspects into a new medical curriculum. The change agent played a dual role. First, it identified sex and gender issues relevant to the curriculum, place them in the appropriate module session and provide counselling to module planners. Secondly, it built a network of stakeholders involved in the curricular planning process.

Panel B: Moving Forward—What are the Opportunities to Integrate Sex and Gender in Medical Education?

Chair: Ms. Sinead Hewson, Managing Partner of the Dendrite Group and EIWH Board Member, the Netherlands

How communication was successfully integrated into Medical Education—can we use the same strategy for integrating sex and gender?

Prof. Dr. Hanneke de Haes, Department of Medical Psychology, AMC-UvA, Netherlands

Prof. De Haes said communication has been successfully implemented in many medical education curricula in Western Europe. One has to ask whether something could be learned from the communication experience given the barriers encountered to achieving the acceptance of gender issues.

First, contextual or political factors are helpful. Lay pressure was extremely important and influential as concerned citizens increasingly ask for input in the doctor patient relationship and treatment decisions. Legal obligations were installed and blueprints/guidelines in medical curricula were developed. These are most powerful when the leadership of organisations supports them. Also, translating communication criteria in obligatory programmes further enhances the students' motivation to adopt communication teaching.

Secondly, if change is to be accepted, one must consider the motivation of the medical profession, particularly the importance of communication. Medical professional need to advance the health of patients in an effective and efficient manner. Thus, doctors' value of gathering appropriate information, providing clear information, making good decisions and providing advice about disease and treatment related behaviour that is most likely to maximise patient outcomes. There must be a good relationship building and an empathic attitude by the doctor towards the patient. By making these goals concretely behavioural, clinicians can learn to be more effective in their daily consultation practice.

Thirdly, there is an important need to develop a perfect presentation at the centre of the medical training. This involves attracting the best teachers and providing the best didactic, visual design. The success of communication training in medical education, thus, has quite abstract as well as very concrete roots and has to be approached from a top down as well as a bottom up approach.

How can we address the sex and gender gaps in medical students' knowledge?

Ms. Kristina Mickeviciute, European Medical Students Association, Lithuania

Ms. Mickeviciute explained to the participants that sex and gender differences have been proven to impact medical outcomes, so they should be incorporated into the training of doctors. She said that there are enhancers in integrating sex and gender into medical curricula:

1. the general interest because of the topic appeal;
2. the involvement of all stakeholders;
3. the use of tools, which would translate theory into practice.

However, there are also barriers:

1. the conservative nature of medicine;
2. resistance from regulatory perspective; and
3. financing.

She then detailed the role that medical students play in medical curricula development, such as identifying the gaps; evaluating medical curriculum; increasing awareness; advocacy for implementation; and involvement in policy making. Ms. Mickeviciute outlined the importance of involving medical students to address sex and gender gaps in education.

How can we address the sex and gender gaps in medical professional knowledge through continuing medical education?

Dr. Katrín Fjeldsted, President, Standing Committee of European Doctors (CPME), Iceland

The Standing Committee of European Doctors (CPME) represents national medical associations across Europe. Dr. Fjeldsted said that doctors are committed to contributing the medical profession's point of view to EU and European policy-making through pro-active cooperation on a wide range of health and healthcare related issues.

It is at the core of CPME's mission to promote best possible quality healthcare for every patient according to his or her needs. High quality patient care must, therefore, consider sex and gender specific requirements. At the same time, CPME has a strongly policy stance on equal opportunities, relating not only to the profession itself, but to health and healthcare as a whole. As set out in the 2001 CPME Policy on Equal Opportunities, gender differences are one of the dimensions in which discrimination cannot be tolerated.

She went on to say that to achieve high quality equitable healthcare, it is necessary to reflect awareness for sex and gender based patient needs in medical education and training, research, health technologies, medical ethics and the everyday patient-doctor relationship. CPME looks forward to the outcomes of the EUGenMed project and its recommendations on how to improve patient care for a healthier Europe.

Association of Medical Schools in Europa (AMSE): Standard setting and quality assurance

Prof. Dr. Harm Peters, Association of Medical Schools in Europe (AMSE), Germany

Prof. Peters' presentation provided an overview on the mission, vision, values and objectives of the Association of Medical Schools in Europe (AMSE). AMSE's major goal is to ensure and enhance the quality and quality standards of medical education in Europe by serving as the European forum for medical schools. AMSE closely works together with the World Federation for Medical Education (WFME) and the Association of Medical Educators in Europe (AMEE). Advancing equity and social justice are among the key values of AMSE. Regarding Gender Medicine, AMSE is committed to lead innovation in medical education and to contribute to the setting of standards in medical education for good practice.

How can we integrate and co-ordinate sex and gender into medical education cross-nationally across Europe?

Dr. Janusz Janczukowicz, AMEE—an International Association For Medical Education, UK

Integrating and coordinating gender and sex-related elements into medical education should go far beyond implementing education outcomes related to gender medicine. It should embrace all domains of medical education, including gender inclusive assessment, gender friendly programmes and a safe educational environment, together with the appropriate faculty development programmes.

Dr. Janczukowicz stated that one of the key issues in implementing gender into medical education is a correct understanding of all intersecting factors. The differences between countries, cultures and local contexts include not only educational standards but first of all knowledge and perception of gender equality with the resulting varied readiness to accept change. Consecutively, both the starting point and the methods applied to implement gender and sex into medical curricula should be carefully adjusted to local needs to avoid rejection at both individual (learner's and teacher's) and institutional levels. Identifying appropriate national and institutional change leaders should promote the collective approach with the consecutive long-lasting results.

The International Association for Medical Education, AMEE, identifies diversity, and inclusiveness as the crucial factors in contemporary medical education. AMEE is currently working on the guide on Gender in Medical Education and is willing to develop co-operation with members forming the Special Interest Group in this area.

TOWARDS A EUROPEAN S&G ROADMAP: RECOMMENDATIONS

1. **Develop a policy paper on sex and gender in medical education. Generate accessible and inclusive publications.**

2. **Set up a European stakeholder group on sex and gender in medical education.**

3. **Educate teachers on the importance of integrating sex and gender into medical education. Encourage interactive education.**

4. **Work with students to integrate sex and gender in medical education, improving medical education. Adjust curricula to improve content, focusing on well being.**

5. **Improve communication of the importance of sex and gender in medical education, expanding to a wide audience. Develop a clear definition of "medical education."**

6. **Promote the diffusion of best practice of integrating sex and gender into medical education using evidence to improve patient outcomes.**

7. **Hold a symposium on sex and gender in medical education.**

EUGenMed Project
Project: http://eugenmed.eu
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