

Making the case for sex and gender in healthcare professional education

Translating the evidence from sex and gender (S&G) research into regulatory practice will lead to more targeted, effective opportunities for prevention, treatment and care. Currently, some S&G consideration are integrated into medicines regulation and information. However, many gaps continue to persist, so steps must be taken to make improvement in Europe in the future.

The failure to acknowledge the impact of sex and gender (S&G) differences affects the quality of health care provision, precisely what good healthcare professional education seeks to prevent. There must be a commitment to mainstream an evidence-based gender perspective throughout all healthcare professional curriculum, at all levels of undergraduate, graduate, and continuous education for medical, nursing and pharmacy as well as all allied healthcare professionals.

S&G considerations must be integrated into healthcare professional education in order to move forward.

How do sex and gender impact on health and the delivery of care?

The overall health of the European Union (EU) has improved over recent decades, yet that improvement has not been experienced equally everywhere or equally across the population. Large health inequalities can exist across EU Member States.¹ Sex and gender (S&G) are recognised as important determinants of health influencing access to health services and how health systems respond to their different needs.

Inequalities are usually influenced by the intersection of multiple factors, such as biological differences and, sex/gender roles, age, socio-economic background, religious orientation and ethnicity. Women and men living in poverty and/or in vulnerable situations often experience poor access to health services.² In addition, patient access to and understanding health promotion and disease prevention material can affect timely, affordable, good quality and appropriate treatment and care. There are also significant gaps in available data on health care-related issues—from the utilisation of health care facilities to participation in health care programmes.

Today, chronic diseases represent a major share of the burden of disease in Europe and are responsible for 86% of all deaths.³ Sex and gender affect all aspects of disease: development, incidence, prevalence, symptoms, diagnosis and progression of both infectious and chronic diseases and also prevention and care. Thus, healthcare professionals must consider the interaction of sex and gender, and disease in order to deliver the most efficient and effective quality care to patients.

Why should sex and gender be included in healthcare professional education?

Apart from reproductive health, it is rare that sex and gender are considered in healthcare professional education curricula. Over the last ten years, the importance of sex and gender in medical healthcare research and treatment of medical conditions has been increasingly recognised. However, the need for integration of this knowledge into healthcare professional education curriculum still remains a challenge. One example of where this has been done well is for example at Monash University in Australia, where sex and gender issues have been integrated in all parts of the undergraduate medical curriculum, as well as in tutorials and cases for teaching, meaning that gender competence is included also in the assessment of doctors.⁴

Acknowledging the impact of sex and gender differences in medicine, increases the quality of health care provision⁵ and thus, the quality of healthcare professional education. A patient-centred evidence-based sex and gender perspective is required throughout healthcare professional curricula including all levels of undergraduate, graduate and continuous education for medical, nursing and pharmacy as well as all allied healthcare professionals across Europe. Incorporating information generated from the growing discipline of sex and gender based medicine in educational and training programmes improves access to high quality health care and, thereby, improves patient outcomes.

High quality education and training is fundamental to achieving high quality healthcare. Professional knowledge, skills and competences must be updated continuously. High quality education and training at all levels must respect ethical and professional codes, and enshrine up-to-date evidence-base for practice and treatment. There are the moral and ethical obligations to counteract avoidable health inequalities, which can be caused by a variety of factors, including sex and gender. Historically, there has been a male-bias in healthcare professional education and training that needs to be corrected. Medical knowledge and science have developed largely in the absence of consideration of sex & gender.

Sex & gender sensitive responsive healthcare in the future requires education and training of all health professionals involved in the delivery of care.

What European policies impact healthcare professional education?

Healthcare professional education remains the remit of each individual country, so there is no harmonisation of healthcare professional education across Europe.

Each EU Member State has its own regulatory body that accredits, regulates and evaluates healthcare professional education. The EU has passed legislation relevant to the healthcare community and is participating in a number of efforts to synchronise the education systems across Europe.

As a result, there is an opportunity for associations for Health Professional Education to start working on European sex and gender integration standards in health professional education.

Streamlining European educational systems began with the **Bologna Process** in 1999, which seeks to harmonise third level educational systems in Europe by adopting a system for easily comparability of university degrees. The process aims to facilitate personal mobility from one country to another with regard to qualifications, thereby increasing the attractiveness of European universities and strengthening quality assurance. Participation is voluntary not mandatory. Currently, there are forty-seven participating countries in and forty-nine signatories of the Bologna Process.⁶

Another policy relevant to European education systems is **EU Directive 2005/36/EC**, which involves the mutual recognition of professional qualifications across EU Member States.⁷ The Directive outlines the requirements for undergraduate and postgraduate education as well as healthcare professional development. However, the Directive chiefly concerns the right to pursue a profession in another Member State other than the one in which the person has obtained their professional qualification. Thus, the requirements are not geared specifically towards regulating or evaluating third-level education or the contents of individual curricula.

How can sex and gender be integrated in healthcare professional education and training across Europe?

The lack of one pan-European regulatory institution impedes regulatory development at a European level. However, most Member States collaborate in the Bologna Process and are bound by EU Directive 2005/36/EC to provide some form of regulation. Consequently, there might be an opening to raise awareness of the issue of sex and gender and encourage coordination across borders to share best practice. The inclusion of vocabulary such as “*socio-economic realities*” and the “*social surrounding of the human beings*” in EU Directive 2005/36/EC highlights an existing awareness to combine the clinical component of healthcare professional education with social and cultural questions.

Healthcare professional education in Europe involves many bodies at multiple levels, such as governments, physician associations and local universities. Although the Bologna Declaration works towards greater harmonisation of both undergraduate and graduate programmes across countries in Europe, the aim of the Declaration is for workforce mobility and comparability of degrees, not universal uniformity of curricular content.

There are different approaches to integrate sex and gender into healthcare professional education: single courses (sometimes electives), or integrated (main streaming throughout the curriculum) or both / a combination. Sex, gender must be included in final objectives of programmes, as part of accreditation, in quality criteria and considered by accreditation committees. A multilevel approach is needed and experts much work with each other, Ministries of Health, Ministries of Education, medical schools, universities, student organisations, patient organisations and NGOs and physicians’ associations to integrate sex and gender into healthcare professional education and training.

Steps for Action at EU level to Improve Sex and Gender in Healthcare Education

1. **Health professional organisations and relevant stakeholders, such as the EIWH, should generate and widely distribute and share accessible, and inclusive materials and publications on the importance of including sex and gender in healthcare professional education.**

Materials—such as policy briefings, background documents, reports and other publications—should explain the importance of integrating S&G into healthcare professional education and training, including best practice, existing policy and effective steps for action. These documents should be written in clear and basic language to ensure accessibility as well as diffusion.

2. **Work with policy makers, health professional/student organisations, patient groups and health NGOs, to integrate sex and gender in healthcare professional education, thereby adjusting curricula to improve its content.**

Inform policy makers and students, patient organisations and health NGOs on the importance of integrating sex and gender into healthcare professional education. Promote the diffusion of best practice and lessons learned from the experiences at institutional, local and national levels. Evidence should be used to improve patient outcomes. Interactive education should be encouraged when possible.

3. **Improve the communication of the importance of sex and gender in healthcare professional education, expanding to a wide audience.**

Education and dissemination efforts must include a broad audience of all the key stakeholders in the healthcare field from research to all healthcare professionals to policy-makers, patient groups and health NGOs.

4. **Educate healthcare professionals on the importance of sex and gender in the prevention, development, diagnosis and treatment of various conditions in healthcare professional training.**

Healthcare professional education and training continues post qualification. Training should include education for experienced practitioners through efforts such as symposiums on sex and gender in healthcare professional education in professional conferences.

5. **Support EU-wide collaborative efforts and programme that promote the integration of sex and gender into healthcare professional education and training.**

Sex and gender has not been integrated into various curricula throughout Europe. There is no European mandate in healthcare professional education, but cross-national collaboration should be encouraged.

6. **Promote sex and gender research for healthcare professions education to create tools to inform and develop standards and recommendations.**

Work with international and European organisations (like AMEE, AOME, ASME and AMSE) to set standards for health professional education, providing evidence based standards (e.g. BEME).

Establish a European stakeholder group on sex and gender in healthcare professional education.

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