Defining context of gender medicine in medical education, EUGENMED kick-off meeting 7 April 2014

1. Sex and gender hardly integrated
   a. Bikini model (reproductive health)
   b. Beyond reproduction mainly cardiology as ‘established knowledge’
   c. Gender issues e.g. partner violence hardly taught

2. Many different bodies involved in med educ at different levels: governments, physician associations, local universities

3. Bologna Declaration aims towards more harmonization across Europe – undergraduate and graduate programme across countries in Europe aiming for workforce mobility, comparability of degrees (not uniformity!)

4. Many initiatives, local, country, EU: e.g. Umea in Sweden, Charité Berlin, Innsbruck, Dutch nation-wide project, and EUGiM EU-project

5. Different approaches to integrating sex and gender: single courses (sometimes electives), or integrated (mainstreaming)

6. Difficulties
   a. Resources, money
   b. Political support (deans, directors)
   c. Lacking experts in the fields in every medical school
   d. Open-minded faculty
   e. Local change agents, ownership
   f. Time-consuming
   g. Education material, textbook in the Netherlands (hard to transfer from curriculum to curriculum!)

7. Sustainability once it is in, the first curriculum reform it is kicked out again

8. What do we need??
   a. Get into final objectives, assure that it is part of accreditation, quality criteria, visitation committees
   b. Those in power on board!
   c. Ministers of Health, of Education, high level in medical education internationally, alliances with deans and directors of schools, student organizations, patient organizations, presidents of physician associations