Workshop 1.4A Results
Sex and Gender in Medical Education

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Background to the Workshop

- The failure to acknowledge the impact of sex and gender (S&G) differences will affect the quality of health care provision.
- 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.
Medical Education - Background Brief

Sex and Gender in Medical Education
Sex and gender (S&G) are recognized as important determinants of health for women and men as they can influence access to health services and/or how health systems respond to their different needs. Both biological aspects as well as sociocultural aspects of being male or female, as well as their intersections, play a role in health and health care. The overall health of the EU population has improved over recent decades, yet that improvement has not been experienced equally everywhere, or by all. Large health inequalities can exist both between and within EU Member States.¹

Women and men living in poverty or in vulnerable situations often experience poorer access to health services.¹ Inequalities are usually influenced by the intersection of multiple factors such as biological differences and gender roles, age, socio-economic background, religious orientation and ethnicity. 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 utilization 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 80% of all deaths.³ Sex and gender affect all aspects of disease prevention, development, incidence, prevalence, symptoms, diagnosis and progression of both infectious and chronic diseases. Medical professionals must consider the interaction of sex, gender and health in order to deliver the most efficient and effective quality care to patients.

Cardiovascular disease (CVD). Traditionally regarded as a male disease, CVD is the number one killer of women worldwide. The risk of CVD in women is still often underestimated in the medical community and in women themselves. The symptoms of heart disease in women can be different from those commonly seen in men, which may be at least partially due to gender differences in communication styles and underlying heart disease. For instance, the clinical manifestation of heart disease develops 7–10 years later in women compared to men.⁴

Diabetes. While men overall have higher rates of diabetes than women, women between the ages of 20–34 have higher rates than men of the same age, most due to gestational diabetes (a form of diabetes in non-diabetic women during pregnancy).⁵ Furthermore, gestational diabetes is a risk factor in women for developing diabetes later in life. Additionally, throughout Europe, people with low education levels are more likely to develop diabetes and die as a result. Women of some ethnic minority groups appear to have an increased risk of developing diabetes.⁶


Please visit our website for the full background briefing: http://eurohealth.ie
Expert Workshop on
S&G in Medical Education

• 4 March 2015
• European Economic and Social Committee, Brussels, Belgium
Workshop Panel A

Examples on How to Best Integrate Sex and Gender in Medical Education

- **Chair: Prof. Karen Ritchie, Imperial College London, Director INSERM, and EIWH Board Member**
- **Dr. Petra Verdonk, VU University Medical Centre: Challenges of sex and gender (S&G) mainstreaming in medical education**
- **Prof. Dr. Margarethe Hochleitner, Medical University Innsbruck: Integrating sex and gender in different curricula at the Medical University Innsbruck**
- **Dr. Ute Seeland, GiM, Charité—Universitätsmedizin: Extension of S&G knowledge in medical education—the concept of eGender**
- **Ms. Sabine Ludwig, Charité: Curricular integration of sex and gender aspects into the new modular medical curriculum at Charité Berlin**
Moving Forward—What are the Opportunities to Integrate Sex and Gender in Medical Education?

- **Chair:** Sinead Hewson, Dendrite Group and EIWH Board Member
- **Prof. Dr. Hanneke de Haes, AMC-UvA:** How communication was successfully integrated into Medical Education?
- **Ms. Kristina Mickeviciute, European Medical Students Association:** How can we address the S&G gaps in medical students’ knowledge?
- **Dr. Katrín Fjeldsted, CPME:** How can we address the S&G gaps in medical professional knowledge through CME?
- **Prof. Dr. Harm Peters, AMSE:** Association of Medical Schools in Europa (AMSE): Standard setting and quality assurance
- **Dr. Janusz Janczukowicz, AMEE:** How can we integrate and coordinate S&G into medical education cross-nationally across Europe?
Workshop Discussion
Workshop Recommendations

1) Develop a policy paper on S&G in medical education. Generate accessible and inclusive publications.

2) Set up a European stakeholder group S&G in medical education.

3) Educate teachers on the importance of integrating S&G into medical education. Encourage interactive education.

4) Work with students to integrate S&G 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.
Medical Education: Moving Forward
EUGenMed Final Conference 30 June 2015

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Medical Education and the EU

- Medical education is not only about physicians!
  - Harmonising higher education
  - Recognition of professional qualifications
  - Voluntary
- EU directive 2005/36/EC: “med educ should not solely be concerned with science of medicine…”
- Accreditation, regulation, evaluation of medical education with MS
- How to influence stakeholders on a European level?
Learning from Stakeholders and Others

- Good practices gender mainstreaming
  - the Netherlands, Austria, Germany
- What could we learn from the integration of communication in medical education?

- Medical schools-AMEE and AMSE
- Physician organisations-CPME
- Student organisations-EMSA
Students as Drivers for Change
Recommendations

- Work with students!
- Policy brief S&G in medical education
- European stakeholder group
- Educate teachers, adjust curricula
- Encourage interactive education
- Improve communication
- Involve all health professions
- Disseminate best practices and evidence for improved patient outcomes
Call for Action

- Alliances – top down and bottom up

- Support us to:
  - develop and maintain Alliances
  - execute projects at national and local levels
  - involve health professionals, nursing, pharmacy, health scientists, etc.
  - develop innovative and digital education material, modules, symposia
  - train teachers
Presentation

- Dr. Med. Ute Seeland, Institute of Gender in Medicine (GiM), Charité-Universitätsmedizin Berlin, Germany
Panel of Discussants

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

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

• **Ms. Maeve Cusack**, Screening Promotion Manager at National Cancer Screening Service in Ireland
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Please visit http://eugemed.eu or http://eurohealth.ie for the full press release and workshop report.
Thank you. Any questions?

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