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## Co-chair of Session 1.4 Medicines Regulation and Medical education

## 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!
  - 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