
Que(e)rying Curricula: *addressing inequalities through curriculum development*

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LGBTQIA+?

Stands for lesbian, gay, bisexual, transgender, queer, intersex, asexual

- Covers approximately 5-7% of the UK population.
- So a surgery with a list size of 10,000 patients will have 500-700 LGBT+ patients
- Various other abbreviations used too (e.g. LGBT, LGBTQIAA) but the intention is to be inclusive of all people who do not identify as heterosexual or cis-gendered



Specific health needs – which may not be met

- 1 in 7 LGBT people have avoided seeking healthcare for fear of discrimination from staff
- 1 in 8 have experienced some form of unequal treatment from healthcare staff because they are LGBT
- 1 in 4 have witnessed healthcare staff make discriminatory or negative remarks about LGBT people.
- One in 10 LGBT people have been outed without their consent by healthcare staff in front of other staff or patients.
- One in 20 have been pressured to access services supposed to change or suppress their sexual orientation and/or gender identity whilst accessing healthcare services.



(Renn, 2017)

(Martin et al, 2017)

(Stonewall, 2018)

The community don't always feel safe:

- Increased violent attacks since 2015
- Harassment and assault on campuses
- History of exclusion and expulsion

We know that people who experience childhood trauma:

- Greater rate of chronic illness
- Delayed presentation
- Multiple, complex, intersecting problems
- Mistrust

Patients from the LGBTQ+ community may

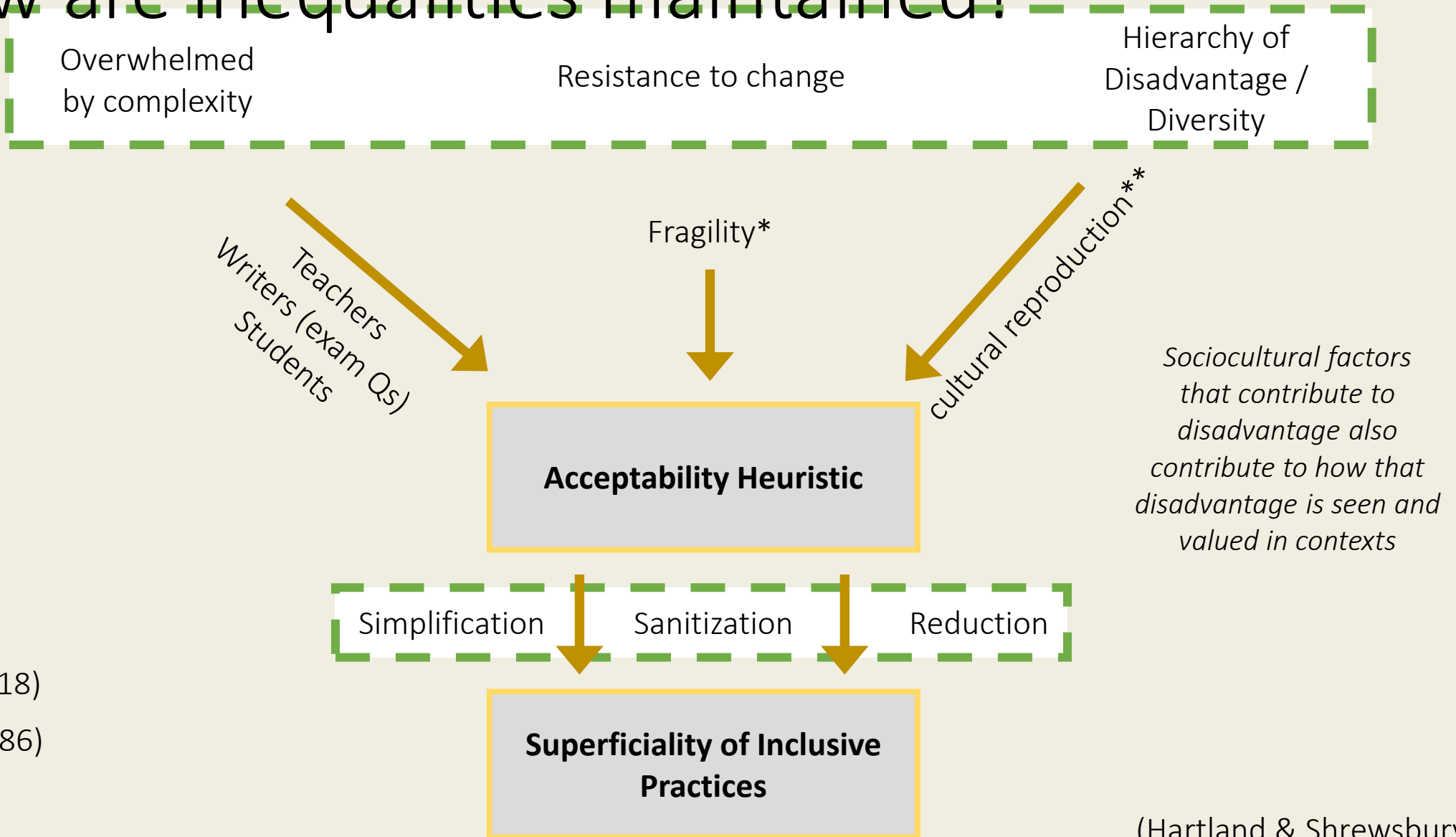
- Fear judgement or 'outing'
- Have been pressured into conversion 'therapy'

Inclusion & Intervention

- *Recognizing a potentially harmful situation or interaction and choosing to respond in a way that could positively influence the outcome*
- Being an ally does not mean jumping in at the heat of the moment
- The psychological and physical safety of yourself and victim is paramount
- What action would be helpful?
- When would it be most constructive?
- Aim to be supportive, restorative to victim, and to initiate a change in behaviour in *system*
- Medical education
 - Where and how represented
 - Teaching and assessment
 - Association or alignment of issues
 - How is the community engaged
 - How are students nurtured and valued
- Clinical practice
 - Adaptive and holistic care
 - Sensitive to diversity
 - Active engagement and active change



How are inequalities maintained?



*Diangelo (2018)

**Bourdieu (1986)

(Hartland & Shrewsbury, 2022)



Understand how your privilege positions you...

...blind spots

...immunity

...power to speak up


You don't see what you don't
shine a light on!

- Your own characteristics, such as age, race, gender empower you to speak up and be vocal about harassment – especially when you are not the target or representative of the target group.

Examples from BSMS

- Integration throughout curriculum:
 - *Y1: Child and family development includes diverse families*
 - *Y2: Anatomy of the pelvis, including range of diverse anatomy in transgender people*
 - *Y2: Endocrine module: Talking about gender, and Affirmative treatment for trans and gender diverse people*
 - *Y4: GP module: care of trans patients in general practice*
- Integrated strand through all 5 years: Inequalities & Inclusion in Healthcare
 - *'isms in health and medicine'*
 - *LGBT health inequalities, and communication skills session*
 - *Gender and sexism in health and medicine*
- Cases, scenarios, assessment
 - *Decolonised, diversified, de-stereotyped*





Q&A

Feel free to email me at
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