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ISSUE

There is a significant gap in providing community women's healthcare.

PURPOSE

The healthcare workforce provides women's healthcare for Canadians.

RECOMMENDATIONS

- Health Canada and Employment and Social Development Canada provide a national strategy for Canada's health workforce who provide women's healthcare. This strategy would include:
  - a review of current training for the workforce;
  - a review of the workforce capacity;
  - research on the patient experience; and
  - recommendations to improve patient care.

RATIONALE

- Canada is moving toward a national license for physicians and nurses. This will require a national focus on the workforce's ability to provide women's health.
- Sex and gender have an impact on all aspect of medicine. The Canadian Institutes of Health Research (2021) states: "sex (biological attributes) and gender (sociocultural factors) influence our risk of developing certain diseases, how well we respond to medical treatments and how often we seek health care". Women have unique health care needs, are affected by some diseases more frequently than men and can present differently than men with the same condition. However, historically men's health has been a surrogate for the whole population's health.
- Medical education in women's health is not adequate and several national and international organizations have called for increased training.
  - The medical evidence currently taught by medical programs is heavily biased by a previous male default in clinical trials. The curriculum has not been fully reviewed and updated since these research milestones:
    - In 1993 – 30 years ago – the United Stated Congress mandated the inclusion of women in federally funded research by passing the National Institutes of Health Revitalization Act (Epker, 2023).
    - In 1997 – 25 years ago – the Canadian Federal Minister of Health issued the "Guidance Document on the Inclusion of Women in Clinical Trials" which recommended that women should be included in all phases of clinical trials in an appropriate sample size (Government of Canada, 2013).
  - Canadian clinicians, of varied specialities, interviewed said they lacked training and skill in women's health *(Filler T. et al., 2020*).
- Provider lack of knowledge contributes to disparities in the care of women. To increase community capacity, women's health care must be taught at all levels throughout medical school to create a strong foundation of confident practitioners.
  - The women's health curriculum content of 16 of 17 Canadian medical schools were examined in 2021 by Anderson and Gagliardi. Few program overviews and course documents referred to women's health, although it varied 0 to 37.5% across medical schools.

- The Liaison Committee on Medical Education (LCME) and Committee on Accreditation of Canadian Medical Schools (CACMS) believe that aspiring future physicians will be best prepared for medical practice in a diverse society if they learn in an environment characterized by, and supportive of, diversity and inclusion (2023).
- In Alberta, patients often report deficient women's care. The 2023 "Surveying the Silence" report, released by Alberta Women's Health Foundation, identified:
  - Almost two-thirds of women found it difficult to talk to primary healthcare providers about their concerns.
  - Only 24% of women feel their physician is very knowledgeable about gynaecological and reproductive health.
  - Delays in treatment were commonly reported and, where a diagnosis is more complicated or specialized, such as endometriosis, a delay was reported by as many as 85% of sufferers.
  - One in five respondents feel that being a woman is a barrier to receiving care.

BACKGROUND

- Medical schools are accredited to meet minimum standards. Canadian medical schools are accredited by the LCME or CACMS. As of June 30, 2025, LCME will cease, and only CACMS will provide, accreditation of Canadian medical programs.
  - LCME is based in the United States of America (US). It is sponsored by the Association of American Colleges and the American Medical Colleges. It derives authority from the US Department of Education.
  - CACMS accreditation is voluntary. It is sponsored by the Canadian Medical Association and the Association of Faculties of Medicine of Canada.
- Some medical schools have led the way to integrate women's health into their curriculum.
  - In 1993, the Medical College of Pennsylvania became the first medical school in the United States to completely integrate women's health issues into its curriculum. In contrast to schools which present women's health as a punctual block, lecture, or elective, they are committed to integrating women's health issues into every aspect of the curriculum (Drexel University of Medicine). They emphasize the responsibility of all physicians in delivering women's health care.
  - The Yale School of Medicine has a preclinical curriculum designed to teach and integrate the role of sex and gender in health into medical education (Steffen, A., 2022).

CONTACT

Edmonton Zone Medical Staff Association
12230 106 Ave NW, Edmonton, AB, T5N 3Z1
Bobbie Jo Hawkes, Manager
Bobbiejo.hawkes@albertadoctors.org
Phone: 780.408.9630 ext 5630

AUTHOR

Dr. Annick Poirier, MD

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