



**Abstract Title:** Health equity for LGBTQ+ patients through competency-based medical education

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## Introduction

At a system level, creating diverse and inclusive health spaces is essential to providing equitable health care. LGBTQ+ populations are particularly susceptible to the current shortfalls in equitable care provision. To ensure health spaces provide equitable care to this population, those providing care must be trained to provide culturally competent care. Specifically, as doctors are the first point of contact with the healthcare system for many patients, it is integral that physicians are provided with training that prepares them to work with minority populations such as the LGBTQ+ community. This training starts with undergraduate medical education, which in Canada, is largely built upon a competencies-based approach called The CanMEDs Framework, which underpins the majority of Canadian medical school curricula. These fundamental competencies required of physicians were established in 1996 (The Royal College of Physicians and Surgeons of Canada, 2018). 1996 also marked the addition of 'sexual orientation' to the Canadian Human Rights Act (Government of Canada, 1996), followed by the addition of 'gender identity and expression' in 2017 (Government of Canada, 2017). A significant update in 2015 to the CanMEDS Framework (The Royal College of Physicians and Surgeons of Canada, 2015) highlighted the need for physicians to respect diversity, providing further impetus for medical school curricula to provide trainee physicians with the tools to do so in their future practice. As such, integration of LGBTQ+ health content into undergraduate medical curricula is integral to ensuring Canada's next generation of doctors are equipped to provide care to this diverse community.

## Objectives

The objective of this project is to examine the existing literature on how LGBTQ+ health content is delivered in undergraduate medical curricula, and from that offer recommendations for how to address any gaps in the competencies-based approach in this content area.

## Methods

A scoping review was undertaken with assistance from a medical librarian, who approved all search strategies and the eight inclusion/exclusion criteria. Key inclusion criteria were: undergraduate medical education intervention relating specifically to LGBTQ+ health content, medical school in an OECD country, and publication date from 1996-2017.

## Results

5,143 papers were identified across five databases, after removing duplications. Of those identified, 51 met inclusion criteria, within which only four related directly to the Canadian context.

## Conclusions

Canadian medical schools must include LGBTQ+ health content in undergraduate medical school curricula to ensure physicians are equipped to provide comprehensive and competent care to LGBTQ+ patients.

Keywords: LGBTQ+, Health, Equity

## References

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## Cite this document in APA:

- Warde, F., & Gahagan, J. (2018, September). *Health equity for LGBTQ+ patients through competency-based medical education*. Paper presented at the Healthy Living, Healthy Life: Collaborative Health Conference on Research, Practice and Community Innovations Conference, Dalhousie University, Halifax, NS. Retrieved from <https://ojs.library.dal.ca/HLHL/>

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