LGBTQ+ inclusion and representation at medical schools: The importance of role models

An inclusive education is important for a multitude of reasons. Primarily, so that students (and to a lesser extent staff) can see themselves reflected in the educational content they are taught. For medical students, there is the additional benefit of students learning about people that may have different experiences to them and will potentially be their future patients.

Although inclusive education applies to many areas, the area in which I have a vested interest is topics relating to LGBTQ+ issues and experiences.

For LGBTQ+ people, there is a persistent gap in health outcomes compared to their cis/heterosexual counterparts. This is partially attributed to medical staff having limited confidence and competence in how to interact with LGBTQ+ people. As a bisexual woman who works as a lecturer in biomedical science on a BMBS course, this is something I want to change.

As part of my academic development, I undertook an educational audit of the first two years of the BMBS curriculum. Using the Obedin-Maliver framework, I combed through the written materials provided for the course and identified areas which included representation, areas which had scope for further inclusion, and areas where it was not appropriate to include. Like a lot of medical courses, the curriculum focuses on biomedical sciences, anatomy and physiology for the first two years. With this in mind, there is not reasonable scope to include LGBTQ+ people in a lecture on bones of the arm, as these are the same across the board. However, when talking about access to fertility care, this is very different for same-sex couples and trans people compared to cis opposite-sex couples. So in this case, it makes sense to discuss. Due to the lack of opportunities to mention LGBTQ+ people, it is important that when it does arise, they are included. There was already a broad range of issues relating to LGBTQ+ people in the curriculum, but I am now working alongside fellow academics to make sure that these are meaningful learning experiences to help develop our students.

The Ward-Gale model for LGBTQ+ inclusion is a great guide on how to move from representation into transformative education. It discusses curriculum content, language, and role models. Throughout the audit, I was analysing curriculum content and language, but it led to me reflecting on the role model topic. While I have known for a long time that I am bisexual/queer, my sexuality is still not something I am confident in. I have recently got married, and so now I am very much straight-passing. I am aware I am privileged to be able to discuss my husband, without fear of judgement, but this simultaneously carries a lot of pain as my queerness is washed away. There are a lot of passive ways in which I try to represent; a rainbow lanyard, a pride in STEM badge, pronouns and role in the LGBTQ+ staff network in my email signature. However, it still feels challenging to really be a role model to medical students.

In conclusion, representation of LGBTQ+ people at medical schools really goes beyond just presence in the curriculum. True inclusivity allows everyone to thrive in medical schools, and embracing diversity will only make better doctors with greater ability to serve their patients.