Advancing Inclusive Practices: Addressing Normative Biases in UK Pharmacy Education through Queer-Affirming Reforms

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Abstract

Using queer pedagogy, this study reviews UK pharmacy education courses for assumptions that favor heteronormative and cisnormative beliefs. Both the curriculum goals of course leads and the daily experiences of students in the 25 MPharm programs were explored and compared through surveys. Analysis has shown that attending to heterosexual and cisgender identities is normal practice in most pharmacy classrooms, reflected by the responses of 61.1% of educators and 71.3% of students. This indicates that pharmacy education shows more opposition than support to LGBTQI+ people, as it mainly discusses LGBTQI+ health concerns in negative contexts. Even though the topic of LGBTQI+ rights is rarely discussed in class, students are asking, questioning and fighting the common beliefs related to sexual orientation and gender in education. The study provides a way to study traditional views in health professions education and encourages changes that end practices related to heteronormativity, preparing graduates to care for all patients.

Keywords: ***Heteronormativity, cisnormativity, pharmacy education, queer pedagogy, LGBTQI+ health, curriculum design, health inequalities, hidden curriculum, healthcare education, inclusive practice*.**

1.Introduction

Heteronormativity shapes society to believe that heterosexuality is what everyone should naturally be. It is more significant than simply liking one gender, as the institution treats 'heterosexuality as the usual and acceptable way.' This idea was brought about by post-structuralist feminist theory which views male dominance in heterosexual relationships as an aspect of social traditions. As a result of these unequal power systems, people are encouraged to judge and fear anything not considered strictly heterosexual.

Genderfication, pushes a strict view of gender that expects everyone to identify as male or female or in this case, boy or girl. Many institutions like healthcare and schools tend to stigmatize, restrict and dismiss gender diversity.

Developed in the 1990s to address homophobia during the AIDS crisis, queer theory suggests that the idea of normality should be broad enough to accept many different kinds of people. By using this theory, the belief in heterosexuality as the standard is questioned in society, culture, institutions and politics which experts label the "heterosexual matrix." According to Warner, being sexually normal describes first a certain type of heterosexuality that is masculine, monogamous, holds for a lifetime, is intended for marriage and is the basis of most Western values. In the leading discourse, being perceived as living by convention is prized, yet choosing an unconventional sexual identity or gender means being subjected to criminal, medical, policing, punishing or excluding treatment. It deconstructs heteronormativity, a belief that only heterosexuality is normal and challenges the idea that sexuality and gender must be either 'male' or 'female.'

Queer pedagogy combines queer theory and critical pedagogy to study how heterosexual thinking is made the standard in schools. Every area of our culture is influenced by the widespread acceptability of heterosexuality and in education, it results in dividing LGBTQI+ people from those who are not. Queer pedagogy opposes this strong influence and the bias related to sexual/gender intolerance. With this understanding, we can notice how curriculum design includes heteronormative ideas, review shallow attempts at change meant to break with heteronormative thinking, notice that queer sexuality is not always represented and object to the usual acceptance of heterosexuality in schools. Supporting LGBTQI+ rights in the UK through legislation does not match the reality of transphobia in schools(1).

Normally, in health professions education, patients are assumed to be heterosexual without any further information. As a result, students end up accepting heteronormativity and unintentionally holding certain biases. The UK Government Equalities LGBT action plan acknowledged the issue and encouraged education and training to address anyone's tendency to assume heteronormative bias. Although the GPhC standards require inclusivity for initial

pharmacy education and training, the LGBTQI+ network wants greater improvements to the undergraduate (MPharm) degree for better representation of LGBT+ topics.

Teaching undergraduate pharmacy students about LGBTQI+ individuals is necessary, firstly to help future graduates provide quality care for LGBTQI+ people and secondly to gain knowledge about these communities as both individuals and oppressed social groups. It is especially crucial since research indicates that LGBTQI+ individuals regularly encounter issues with their health as a result of biases in the healthcare system.

Other fields of education, like healthcare and medicine, also exclude LGBTQI+ topics. Health educational materials often do not teach students about the effects of social identity on health, placing greater emphasis on science. Many have argued that medical schools do not educate doctors to care for the needs of LGBTQI+ individuals, either by looking away from their health problems or by treating queer problems as mental conditions. Since medical education does not require educators to address LGBTQI+ competencies, queer issues receive little attention in medical schools(2). The guidelines laid out by the General Medical Council for LGBT patients have not affected how doctors are trained in medical schools. For this reason, the British Medical Association once again urged in 2022 that LGBTQI+ people's health education be an important part of both undergraduate and postgraduate medical lessons and it requested the removal of outdated teaching materials.

Previous studies have noted that representation of the LGBTQI+ community is rare in health professions' undergraduate programs. It appears that educators are not using available research or know exactly how to include representation in their teaching approach. This research applies queer pedagogy to examine how heteronormative policies lead to the concealment of LGBTQI+ people in the UK's pharmacy education system. This viewpoint can encourage teachers in medicine and health to consider new approaches.

Considering that heteronormativity is created by society and is recognized by a constructivist research design, this paper investigates UK pharmacy education as a case to explore pharmacy students' undergraduate courses. First, we analyze whether pharmacy programs encourage hetero- and/or cisnormative ideas, while also illustrating any parts of the curriculum that go against normalizing expectations. Second, we critique the underlying LGBTQI+ curriculum by comparing the formal, enacted and students' versions of it. The aim is to use these results to reveal and overcome normativity, so medical and health professions educators have ideas and methods for questioning their own bias. Be sure to recheck the answers you provided.

2. Methods and Research Approach

Investigate the principles and concepts that guide clinical psychology.

It is based on the belief that reality exists as it is, yet humans interpret it according to their social experiences. Critical realism allows us to view heteronormativity and cisnormativity in pharmacy education as consequences of real structures while also understanding that they can be changed and challenged by society. Here, we rely on queer theory and its applications in teaching, called queer pedagogy, as our method for analyzing UK pharmacy programs.Queer pedagogy reveals the unconscious ways in which society presses certain standards through the curriculum(3).

It offers methods to identify and analyze the way schools support a heterosexual or cisgender setting, while making it difficult for LGBTQI+ students. With this theory, we can analyze both the official areas of study and the indirect suggestions made in lessons, cases and school environments which are usually known as the hidden curriculum.

To describe the curricula in our study, we used numerical data and to improve our understanding of their impacts, we used interviews. Using a mixed-methods approach enabled us to analyze curricula from different perspectives and get a better grasp of the matter we were exploring.

Component	Details
Research Philosophy	Critical Realism – recognises both objective structures and social constructs
Theoretical Framework	Queer Theory and Queer Pedagogy – critique of heteronormativity and cisnormativity in education
Methodological Approach	Mixed Methods – Quantitative (descriptive statistics), Qualitative (comparative thematic analysis)

Component	Details
Quantitative Tool	Online Cross-sectional Survey via Qualtrics®
Qualitative Component	Open-ended responses analysed thematically
Analytical Software	SPSS Statistics v25® for quantitative; manual coding for qualitative
Ethics Approval	University of Manchester, Project ID 11543

TABLE 1 Overview of Research Design and Analytical Approaches

The processes involved in the designing and choosing the participants for the study

From June to December 2021, an online survey was distributed to two groups who are involved in UK pharmacy education. The study involved 29 course leads from UK universities who offered pharmacy courses (MPharm). Using directories and networks available online, we sorted out which researchers and scholars could be contacted. Undergraduate pharmacy students were enrolled from three sources: contacts from pharmacist organizations online, the British Pharmaceutical Students Association, the Pharmacist Defence Association and Twitter posts.

The study used MPharm program intake data from 2018 to 2021 and calculated that about 15,635 first-year, second-year, etc., UK pharmacy students might have participated in the study (not including those who may have dropped out over the years). A questionnaire for their particular role and viewpoint was anonymously sent to each group of stakeholders through the internet(4).

Stakeholder Group	Recruitment Method	Estimated Population	Sample Size	Tools Used
Course Leads	University websites, professional networks	All UK pharmacy schools (n~30)	29	Adapted questionnaires from Tollemache et al. and Obedin-Maliver et al.
Pharmacy Students	Institutional contacts, BPSA, PDA mailing list, social media (Twitter)	~15,635 students (Years 1–4 MPharm)	Not specified*	Adapted and recontextualised student version of the same instrument

TABLE 2 Participant Demographics and Recruitment Strategy

I will focus on designing questionnaires and building measures

Adaptations were made by specialists to the works of Tollemache et al. and Obedin-Maliver et al., whose questionnaires were originally used in medical education. We adjusted the tools so that they suited pharmacy education and did not lose validity. There were 24 items in the survey designed to examine LGBTQI+ teaching within the MPharm program such as time devoted to it, how it was taught and the challenges experienced. Furthermore, ten items were focused on hetero- and cisnormativity, representation of gender, attitudes of allies and the link between MPharm requirements and including the LGBTQI+ community.

The questionnaire given to students was organized in the same way to make it easy to look at the results alongside those from other stakeholders. The items were a result of previous research but were updated based on how pharmacy students experience them. It also covered an extra nine variables relating to heteronormativity, cisnormativity, the visibility of gender in healthcare practices, allied viewpoints and how MPharm education standards look at the inclusion of LGBTQI+ topics(5).

In order to cover all aspects of the issues, both surveys included choices, Likert scales, tables and places to write answers. An open-ended question allowed participants to express their views on how the curriculum for LGBTQI+ is developed and used, as well as describe their personal experiences. ###

To ensure face and content validity, we collected all the survey responses using Qualtrics® after performing a pilot test. Survey participants were asked to give their electronic consent prior to taking the survey. The study was approved by the University of Manchester (project ID 11543).

The Study Uses a Data Analysis Approach

To examine our first research aim, we used IBM SPSS Statistics version 25® for descriptive statistics. It offered a systemic examination of what is currently included in pharmacy education for LGBTQI+ people in the UK. Next, we examined the views of teachers and students to see if there were any differences between the education that is supposed to happen and the actual education students receive.

The free-text data were studied by comparing answers, coding them repeatedly and creating themes. In addition to

the statistics, this analysis showed how strategies used in discussions stereotype and exclude LGBTQI+ people in the field of pharmacy education. It was through qualitative data that I could best discover the role of the hidden curriculum on students' growth as professionals(6).
The researchers analyzed and interpreted much of the data that was qualitative in nature. To start, we used the numbers to develop main categories for exploring the experienced and hidden curriculum. After the initial framing, each of us analyzed the data separately, then we met frequently to talk about the codes and their meanings. Such discussions made it possible for us to fully understand our data and use our concept of queer pedagogy to relate the findings to theory.
Our goal was to record current LGBTQI+ inclusion in pharmacy courses and to analyze the structures within the field that center on heteronormativity. We were focused on making recommendations to benefit pharmacy education and possibly other health curriculum changes.

3. Results

Reviewing the survey responses provided reliable data covering both students' and teachers' thoughts. We received a completed survey from 18 participants (19 responses in total from 29) and one person finished all but seven of the questions. In total, 458 members of 25 universities responded to the student survey, each with different completion rates. This section describes and explains our findings through both analysis of data and examining real-life experiences, outlining how pharmacy curricula are structured according to hetero/cisnormative values and showing the resulting challenges in the area.

Many curriculum designs reflect the beliefs of heteronormativity and cisnormativity

What we found was that educators and students had similar views about the values and ideals taught in pharmacy programs. The vast majority of course leads (61.1%, n=11 of 18) and students (71.3%, n=97 of 136) believed their MPharm programs have a heteronormative design. Like with heteronormativity, more than half of course leads and students also thought their study materials were cisnormative(7).
All of the programs I sampled gave inadequate representation to LGBTQI+ content. More than half of the surveyed educators (47.4%, nine respondents) considered their school's LGBTQ+ content poor and another 26.3% (five) thought it was very poor. Most programs were criticized and only two could be called fair, while only one demonstration was called very good. The results from educators are aligned with what students think, proving that there is a lack of awareness about LGBTQI+ people in pharmacy programs.
The survey pointed out that there are significant gaps in some specific fields. A majority of teachers stated that their programs talked little or nothing about gender identity and related areas of cisnormativity and transitioning. Representations of LGBTQI+ people were often confined to vague stereotypes or written in a problematic way. HIV/AIDS among LGBTQI+ people was covered the most in these programs (found in 47.4% of the core content), instead of educating about healthy lifestyles for people with queer identities as part of a broad range of contexts.
The Barriers and Reasons Given for Keeping Heteronormative Beliefs
It was reported by the course leads and students that many structures maintain the use of a normative approach to curriculum design. Time was the main concern mentioned by 52.6% (10) of educators and 62.5% (85) of students. According to respondents, a lack of set standards for teaching MPharm students about LGBTQI+ topics justifies their use of normative curriculum.
But the biggest concern was how the movement advocated for managers to guide those seen as not heterosexual, while those seen as heterosexual were supposedly normal. Some educators stated that the diversity among students can create obstacles to inclusion.
Our student body is 80% BAME and sometimes the influence of culture and religion prevents students from accepting and supporting LGBTQ+ individuals.
Many students attending our school come from countries where LGBTQI+ acceptance is very low, homophobia is normal and promoting these values is not allowed in schools which causes anxiety for our employees.
The stories suggest that teachers use cultural relativism to avoid challenging the unfairness of teaching curricula based on gender stereotypes. Other educators were aware of their limitations and treated them as normal obstacles:
The problems mentioned have not been addressed or solved, resulting in less attention given to these fields. Colleagues are enthusiastic about approaching this topic, yet a lack of experience makes them uneasy when dealing with sensitive topics and time for such lessons in the curriculum is the second biggest issue mentioned.
As a result of these barriers, people often see less allyship from the educational system. Just 24.3% (out of 33 students) and 38.9% (out of 7 course leads) viewed their MPharm program supportively toward the LGBTQI+ community. As a result, it seems that pharmacy schools support legal hurdles that prevent inclusion of LGBTQI+

individuals(8).

How Othering Appears in School Curriculum

The analysis found several instances where pharmacy programs established normative standards by downplaying various topics related to LGBTQI+ people. Often, including LGBTQI+ content led to the content being viewed as something that needed specific attention.

We would tell students about the kind of information that would be discussed before the meetings and set some ground rules for those sessions.

By taking this approach, society sees LGBTQI+ topics as sensitive and controversial which reflects their perceived difference from the norm. Some educators directly presented LGBTQI+ care as a focus on specialized topics rather than basics.

Isn't looking after the rights of LGBTQI+ individuals the responsibility of specialists?

LGBTQI+ issues were rarely taught comprehensively in school or given much importance.

We only delve into LGBTQI+ issues related to substance misuse and health, as discussed with my colleagues during some classes.

Talking about gender identity is dismissed from the curriculum and school staff are sometimes unhappy when we mention this... learning about safe sex is meant for heterosexual people only(9).

One student pointed out that this perspective was flawed

An educational program should cover the concerns of the LGBT population since their students are not always considered.

Category	Course Leads	Students
Total Respondents	18 (out of 29 leads; 1 partial)	458 students from 25 universities
Perception of Heteronormativity	61.1% (n=11) agreed curriculum is heteronormative	71.3% (n=97 of 136) agreed
Perception of Cisnormativity	Over 50% acknowledged cisnormative materials	Over 50% reported similar experiences
LGBTQI+ Content Quality	73.7% rated LGBTQI+ content as *poor or very poor*	Reflected similar dissatisfaction
Main Topics Covered	HIV/AIDS most commonly covered (47.4% of curricula)	Broader LGBTQI+ health topics rarely addressed
Main Barriers Identified	Lack of time (52.6%), absence of standards, cultural barriers	Lack of time (62.5%), limited allyship, cultural tensions
Allyship Perception	38.9% believed program was supportive	Only 24.3% agreed
Curriculum Gaps	Few programs included inclusive clinical practice training	Students rarely observed LGBTQI+-inclusive teaching
"Othering" Practices Observed	LGBTQI+ issues treated as 'sensitive' or 'specialist'	Students highlighted lack of inclusive sex/gender dialogue
Student Backlash	Concerns of 'sexuality policing' by peers	Some voiced opposition to LGBTQI+ content in pharmacy

TABLE 3 Summary of Key Findings from Course Leads and Students Regarding LGBTQI+ Content in UK Pharmacy Education

Student Protests and Policing That Bit Inaccurately

Analysis of students' comments showed that there are many interactions happening within the cohorts. There are students whose concern is including LGBTQI+ content in pharmacy classes which, in my opinion, reflects sexuality and gender policing. The feedback they gave included not understanding LGBTQI+ health requirements and outright opposition to accepting them.

Sensible people who believe there is no reason to have the LGBTQ community involved in everything for everyone would construct this barrier. Please focus on topics that matter, like pharmacy and not let our valuable courses get filled with discussions about coming out... It would be better not to mix up these subjects.

It demonstrates that heteronormativity leads to the message that LGBTQI+-related knowledge is not significant for

real pharmacy training.

Furthermore, the quantitative results showed that students had a different experience from the educators' beliefs. Most educators stated they did include LGBTQI+ content in their programs, but few student respondents recognized it during their education. Additionally, there were few or no specific skills on inclusive care taught during the lectures. There were no programs that included placements designed for working with LGBTQI+ patients, a fifth of them (25.7%, n=5) included a same-sex element in their clinical consultations training and over a fourth (42.1%, n=8) highlighted the role of gender history in their training courses. However, only 15.8% (3) mentioned that a person can be homosexual in their sexual actions, yet still identify as heterosexual.

In general, these results indicate that the UK's approach to teaching pharmacy reinforces and emphasizes certain gender and sexuality identities and doesn't properly prepare students for caring for a diverse society. It is clear that something about the way curriculum is developed is hindering progress toward LGBTQI+ health equity.

4. Disrupting Normativity

While the majority of our findings point out heteronormative and cisnormative issues in pharmacy learning, we found some attempts to address them. This area review the methods currently used for including LGBTQI+ people, assesses how effective they are and suggests ways to change pharmacy education for the better. Analyzing both things that work and things that continue to be a challenge enable us to build a framework for improving curricula that shifts from shallow inclusion to systemic reform and real inclusion.

Today's Strategies for Covering LGBTQI+ Themes in Pharmacy Courses

While pharmacy education does not provide good representation for LGBTQI+ topics, a number of educators mentioned various initiatives to address this issue. Even though their scope is small, what is learned from them gives guidance on how to cause disruption. Some course leaders reported working together with LGBTQI+ groups from the community and other organizations.

Currently, first-year students learn from an LGBTQI+ group online, undergo unconscious bias training with an EDI team and join a session focused on patient care that involves a man speaking about his experiences as a gay patient. No learning outcomes have been set up for LGBTQI+ content and this needs to be addressed in the new MPharm program.

Some programs combined learning LGBTQI+ issues with developing good communication skills:

In all years of the MPharm programme, we let LGBTQI+ members discuss how preconceived ideas affect us.

They do, however, have some characteristics that stand in the way of their becoming truly transformative. Another point to note is that these programs are often separate instead of being interwoven which results in LGBTQI+ issues being seen as individual subjects in healthcare training. Many times, people responsible for LGBTQI+ topics work on their own rather than the whole department taking on this task.

In this part of education, the teaching is usually planned and delivered by a small group who feel more confident in devising new teaching materials.

It is evident that schools assign LGBTQI+ inclusion to those who are personally connected to it, instead of considering it a responsibility for all teachers to take on.

Drivers and Changes in Regulation

It appears that external regulations play a more significant role in shaping changes in the curriculum than initiatives guided by beliefs and values. General Pharmaceutical Council's updated education standards could play a role in ensuring there are more LGBTQI+ pharmacists. Eighty-nine percent of course leaders (17 out of 19) have announced they will add new LGBTQI+ content in the next three years aligned with the new requirements. In the same way, 71.3% (or 102 student respondents) thought that their programs should be changed to meet the new requirements.

Still, there is much doubt about what LGBTQI+ issues must be addressed within these standards. Forty-four percent of teachers (n=8 of 18) and sixty-six percent of students (n=90 of 136) said the new standards are not explicit in promoting inclusion for LGBTQI+ people. Because the sustainability of requirements is unconfirmed, making LGBTQI+ inclusion a primary task is more important than treating it as a minor one.

The research suggests that most education in pharmacy is acting to accommodate LGBTQI+ needs, instead of actively seeking ways to include them. Programs often prioritize responding to situations from society which makes them less willing to disrupt the standard LGBTQI+ health care system.

The Hidden Curriculum and What Happens to Students

Through interviews with students, it was demonstrated how values differed from everyday life. LGBTQI+ students explained feeling excluded because they were seen less by staff, other students and the school's subjects. Several persons mentioned facing blatant queerphobia, homophobia and discriminatory thoughts from fellow students

during their studies.

Having arm's length tolerance is not the same as including people and accepting them (it often means you hide your bias by keeping some distance from the community). Pharmacy students and future professionals must have zero tolerance for homophobia/transphobia.

When these materials appeared, students said it normally suggested already-known ideas rather than sharing a range of experiences.

The lecture on HIV is the only time LGBTQ+ people were discussed, but it reflects poorly on the course since other important LGBTQ+ health topics are left out.

I went to a session on using hormone therapy for transgender individuals and also when we studied HIV and chemsex... I was a bit disappointed that this is the only stereotype I have ever seen on television.

Such feedback demonstrates that through the hidden curriculum, LGBTQI+ people are regularly constructed using social stereotypes associated with health complaints or disorders.

Preparedness in the Field and its Effect on School

The biggest issue could be how these lacking subjects impact students' confidence in entering the workforce. An MPharm degree was thought by 22.2% (4) of educators and 9.6% (13) of students to be sufficiently ready for graduates to look after LGBTQI+ patients. They stated that having LGBTQI+ content hidden from their studies was leading to their lack of readiness for the workplace.

Students need to understand that they can't hide their homophobia behind the idea of 'keep politics out of it'... currently, our preparation for handling LGBT+ issues is not enough. There is concern due to the homophobia and transphobia still seen within the student body.

Students pointed out that they are not adequately prepared to care for transgender patients, making it a major concern for them.

Transitioning is a subject that should be explained thoroughly. Since more individuals are using hormones during their transition, community pharmacies have failed to understand their use and have been insensitive.

Greater attention to trans people and their difficulties getting access to healthcare. Attempts must be made to make pharmacy care more accessible to LGBTQIA+ individuals. Students should learn they should not make any assumptions and should approach questions of gender and sexual orientation with care.

As a result of learning these strict concepts in school, graduates lack the knowledge and emotional support needed to assure good care for LGBTQI+ patients.

All of this research makes a great argument for significant changes in pharmacy education. Lone projects may be found, yet they do not have the power to overturn the wide-reaching heterosexual and cisgender beliefs seen in the curriculum. Percentages: 46.75% | Changes needed in education must address what is taught, how it is taught, evaluation procedures and the indirect messages about students' career paths learned at school.

5.Conclusion and Future work

The first study on this topic in the UK reveals that the curriculum, teaching styles and the culture of pharmacy education are still dominated by heteronormativity and cisnormativity. We have found that the health field does not fully address LGBTQI+ issues, leaving nurses and other health workers lacking the skills to care for diverse groups. Even though educators admit there are gaps in the curriculum, it is not enough to overcome this inequality.

Unfortunately, there are cases where homophobia and transphobia are dismissed as acceptable in some schools, even when this is tied to students coming from places where homosexuality is against the law. In essence, using such reasoning means colleges do not truly prepare graduates to function in modern, all-inclusive healthcare settings. This way of handling cases is harmful to LGBTQI+ patients and also prevents progress in the profession.

We have found that when LGBTQI+ people appear in the media, it is usually to discuss HIV/AIDS among gay men or mental health and hormone therapy related to being transgender. When medicine frames homosexuality like this, it neglects to discuss LGBTQI+ individuals as part of regular families, family planning or daily healthcare. Omitting LGBTQI+ peoples' experiences in case studies, daily clinical encounters and scenarios supports the idea that heterosexuality and being cisgender are simply the default identity.

Similar results have been found in medical and healthcare processes, demonstrating that heteronormativity is a widespread issue till a collective approach is taken. Despite believing in inclusion, educators need to work on breaking down the systems and mindsets in school that still give advantage to those who identify with heterosexual norms. This process is not complete unless we reflect on how every part of the curriculum defines what is regarded as ordinary in pharmacy.

We have seen that students themselves often challenge, resist and disrupt the beliefs that everyone should fit into

common gender and sexual roles. Educators should value and increase this form of student action to contribute to change in education. Participation of students in developing and evaluating programs can improve a school's approach to including LGBTQI+ students.

To progress, we propose that pharmacy education: (1) includes LGBTQI+ health training as part of meeting accreditation standards; (2) through workshops, helps staff identify and change bias towards LGBTQI+ individuals; (3) spreads LGBTQI+ learning points across the curriculum rather than focusing them into one session; (4) invites the LGBTQI+ community to help create and check the courses; and (5) aims to encourage all staff to be allies, not only leaving this job to LGBTQI+ staff.

This way of collecting and interpreting data is useful for other health professions that wish to modify their curriculum. When educators use this approach, they are given the chance to see how heteronormativity affects students and work to change the current system in real ways.

This approach is both necessary and ethical, as it can improve how medicine is provided to everyone. Since the profession is making its focus patient-centered, educating doctors to care equally for people of any sexual orientation or gender identity is now essential. To achieve this, we need to remain committed, review ourselves honestly and be ready to challenge things that many people have accepted for years, but the results are worth the effort.

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Conflicts of interest

The authors have no conflicts of interest to declare

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