MEDIA COVERAGE

"'Moral obligation to act': The blind gender-neutralspot plaguing medicine, health degrees" Sydney Morning Herald, 17/11/26

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The George Institute for Global Health

The Sydney Morning Herald

'Moral obligation to act': The blind gender-neutral spot plaguing medicine, health degrees



Kate Aubusson

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A landmark audit has revealed more than 90 per cent of Australia's medicine and health curricula fail to mention sex or gender, leaving future practitioners operating under a "gender-neutral" blind spot with serious repercussions for patients.

The federal government-funded review of the curricula in every university health and medicine degree lays the groundwork for major reforms to how future doctors, nurses, psychologists and other practitioners are taught about the ways sex and gender shape illness, presentations, symptoms and treatment.



Professor Bronwyn Graham and her review co-authors found almost negligible consideration of the importance of sex as a determinant of health. LOUISE KENNERLEY

To fix the problem, sex and gender education must become a mandatory condition of course accreditation, without which graduates could not legally practise, the 2025 review by The George Institute for Global Health concluded.

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Just 9.5 per cent of health and medicine curricula made any reference to sex and gender concepts, found the audit of all 8843 curricula from 757 programs at 123 institutions responsible for teaching students entering Australia's 16 accredited health professions. "It's staggering how low that number is," Rebecca White, Assistant Minister for Women, Health and Aged Care, said.

The expectation from White and the review's authors was that 85-90 per cent of curricula would integrate sex and gender considerations. The rest is an explanation of "curricula" as dot-point summaries of what is being taught in courses and the learning outcomes being assessed.

"I think we have a moral obligation to act on this information," White said.

The overreliance on the male body as a universal default has created a flawed "one-size-fits-all" model, which graduates can unknowingly perpetuate, with potentially devastating consequences predominantly for women, including delayed diagnoses and misdiagnoses, having their pain dismissed and adverse treatments.
The review warned that maintaining the status quo was a high-risk strategy that perpetuated the gaps in misdiagnoses, treatment delays, prolonged suffering and avoidable deaths, as well as reputational damage.

More than 2500 women shared their experiences of medical misogyny with *The Sydney Morning Herald* and *The Age* as part of an ongoing investigation into the systemic gender bias – conscious and unconscious – in Australia's healthcare system in which women have been labelled hysterical or fakers, their chronic pain and life-threatening conditions dismissed as all in their heads.

"Time after time they've just felt like nobody has properly understood the pain or the symptoms that they're experiencing," White said, "and in large part that's because there are structural problems with how we are teaching health professionals."

Across all health and medicine degrees, the audit found 51 per cent mentioned key sex or gender terms at least once in any of their unit outlines.
When sex and gender did appear, it was overwhelmingly superficial (such as a case study descriptor "a 55-year-old woman") or restricted to reproduction.

Professor Bronwyn Graham, the review's lead and director of The George Institute's Centre for Sex and Gender Equity in Health and Medicine, said students were not being

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told that the course content – presented as sex and gender-neutral – was based on evidence developed using males.

"There is little integration of anything really to do with sex and gender … across the board, and this is an issue that affects not only women, but men and gender-diverse people," Graham said.



"There are structural problems with how we are teaching health professionals," says Assistant Minister for Women, Health and Aged Care Rebecca White. ALEX ELLINGHAUSEN

Course materials – lecture slides, readings and textbooks – were not included in the review, and education leaders argue that sex and gender-related content is included in their teaching, if not formally in the course outlines.
But Graham said curricula signalled what is being prioritised, and if it's not in the curricula, it's not being assessed.

"There isn't a health profession where sex and gender are not relevant … but if it is not included in the accreditation standards, there is no incentive for universities to teach it," she said.

The audit found one in four medical programs and one in three nursing programs contained zero mention of sex or gender in any curricula.

In medicine, most sex and gender mentions were confined to sexual, reproductive, urological or "women's health".

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Three per cent of pharmacy and psychology curricula referenced sex or gender concepts.

"There are huge sex and gender differences in the way mental health conditions present [and] the way drug doses need to be applied, and adverse reactions to drugs," Graham said.

For cardiovascular disease, not a single curriculum contained any mention of sex or gender, despite men and women having markedly different symptoms and diagnostic thresholds, and young women were twice as likely to die of a heart attack during hospitalisation.

Only four curricula mentioned sex or gender in relation to chronic pain, despite females being disproportionately burdened, face diagnostic delays and are less likely to be prescribed pain relief.

"CPR mannequins often don't have breasts, and women are less likely to get effective CPR when they have a heart attack compared to men," Graham said, "so the fact that 8 per cent of paramedicine [curricula] contained any reference to sex and gender is incredibly concerning."

References to gender-diverse and transgender health, or variations of sex characteristics appeared in less than 1 per cent of curricula.

RMIT has begun a significant curriculum overhaul to embed sex-specific education across its healthcare training.

"But what we need is a top-down mandate through coordinated effort from the regulatory boards and the accreditation councils … to ensure widespread and consistent changes," Graham said.
Accrediting councils, national practitioner boards and some education leaders interviewed for the review broadly agreed but raised the issues of already crowded academic programs, the need for clear guidance and greater investment in research to inform courses.

"There is a role for accreditors and regulators. The councils are key," said Professor Cheryl Jones, dean of UNSW's Faculty of Medicine and Health, and director of the Australian Medical Council.

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Some of the work already under way at universities

In October, the **University of Melbourne** announced its new Supporting Women with Complex Pain course for doctors, nurses and allied health professionals in response to Victoria's Women's Pain Inquiry.

Monash University has opened a sex and gender course for pharmacy students, and **UNSW's** psychology programs train students to recognise sex and gender differences in mental health diagnosis, treatment and management.

Psychology students at the **University of Sydney** learn about how gender bias in research and diagnostic criteria led to the underdiagnosis of ADHD and autism in females.

Second year medical students at the **University of NSW** have a course on gender bias in medicine and research, which highlights that cardiovascular disease is underdiagnosed in women, and females are underrepresented in CVD trials.

"What does it look like? What does it mean? What does it look like in practice?" said Professor Veronica Casey from the Nursing and Midwifery Board.

The review recommendations included convening an expert steering body, establishing an agreed definition of good practice, developing curriculum templates and integrating sex and gender into clinical practice guidelines.
White said she would work with the national accrediting and regulatory bodies on the next steps, including workshops guiding educators through modifying curricula, beginning with medicine, nursing and psychology.

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