This letter provides a commentary that expands on the recent work from Oliphant et al\(^1\) who outline the new healthcare guidelines and pathways in transgender healthcare in Aotearoa/New Zealand. Here, we identify challenges in instigating more education about such healthcare in the training of doctors and other healthcare practitioners.

Increasing recognition of transgender and non-binary gender identities, and associated health disparities, indicate an unaddressed and growing need for teaching about transgender healthcare. Globally, and in Aotearoa/New Zealand there is a corresponding need for high-quality research on how to best deliver this education. Examining the international literature and our own research with transgender community members, we find insight into why this educational ‘gap’ may have arisen and how it might best be addressed.

In some ways, it seems easy to understand how such an educational gap might have come about. Those who are transgender or of non-binary gender identity are often treated ‘differently’ to those who are cisgender, whose gender identity aligns with their sex assigned at birth.\(^1\) Thus, teaching about transgender healthcare issues can also be understood to be a practice that might be ‘different’ to customary teaching about healthcare, and perhaps ‘too difficult’ for some teaching staff—namely those who lack experience with transgender people or foundational expertise on transgender healthcare.

**Challenge 1**

Past research has established three main barriers to effective transgender healthcare teaching: a) healthcare practitioners’ lack of understanding about transgender identities, b) gaps in healthcare practitioners’ education about transgender healthcare and c) failure to set aside transphobic personal values.\(^2\) Our own preliminary research confirms these issues.\(^3\)

We also found a notable additional issue around what it is to ‘be’ transgender: staff who teach trainee healthcare practitioners understand the topic of ‘being’ transgender as eminently caught up with issues of ‘self’ and ‘selfhood’ and that as such, these issues can be inordinately sensitive. Thus, we understand that the corresponding level of skill, and values, required to effectively teach transgender healthcare might be beyond levels currently understood to be effective; ‘messing up’ transgender education can have similar dire and personal consequences to ‘messing up’ a consultation in which a transgender person comes out.

**Challenge 2**

Evidence from the healthcare sector indicates that challenges in teaching transgender healthcare might also be magnified by a general backdrop of persistent discrimination of the transgender/non-binary populous,\(^2\) specifically against those who undertake healthcare training. A survey administered by the New Zealand Medical Students Association\(^4\) reveals a marked stigmatisation of students who are transgender or of non-binary gender identity. This issue is significant because it can perpetuate pre-existing gaps in provision of healthcare and a general tolerance of discrimination, scaffolded by power hierarchies across educational and healthcare organisations. This discrimination of trainee healthcare practitioners is likely to have a powerful negative effect on both the provision of a service and the quality of graduating practitioners.\(^5\)
Challenge 3
Our recent research suggests a further personal challenge in engaging healthcare teachers in teaching about transgender healthcare. The topic of transgender healthcare can lead a teacher to experience intense feelings of inadequacy and ‘lacking’ the required expertise, both about the healthcare needs of transgender people but also about their own pedagogical skills. This can be despite extensive general experience in educating trainee healthcare practitioners. Those who teach healthcare practitioners must themselves be sensitively helped to address several important issues around teaching and learning.

Challenge 4
Considering the broader climate in which transgender education takes place, we also find negative messages about ‘being transgender’, even when diagnostic categories are revised in attempts to improve the care of transgender people. Changes to the World Health Organization (WHO) International Classification of Diseases (ICD) (mid-2018, into effect 2022) see ‘gender identity disorder’ reclassified as ‘gender incongruence’. This reclassification moves away from the category of ‘disorder of adult personality’ (mental, behavioural and neurodevelopmental disorders) to one relating to sexual health noted by the WHO’s department of reproductive health and research coordinator as a move aimed to reduce discrimination—“better social acceptance for these individuals”. However, the revised classification can still be interpreted as pathological, which reinforces the idea that being cisgender is the ‘norm’ and perpetuates the ‘legitimate’ questioning of transgender people’s identities. As one transgender person put it:

“I wish that people, especially doctors, would understand and accept me.”

Challenge 5
Further challenges lie in the significant resource issues faced by the trainee healthcare education system. One in-depth examination of US medical education reveals that “the reported time dedicated to LGBT-related topics... was small... the quantity, content covered and perceived quality of instruction varied substantially”. Similarly, medical course convenors in Aotearoa/New Zealand note limited time to cover LGBT content due to “clashes with ever growing range of other essential content.” Convenors also note that the growing requirement to generally cultivate trainee healthcare practitioners’ reflective thinking will also compete with any ‘difficult’ issue requiring concentrated resources, eg, physical space/small group work.

Hope
Olliphant et al’s work offers some important progress in in Aotearoa/New Zealand. Their recently released guidelines and care pathways for gender affirming and gender diverse healthcare set standards for all healthcare practitioners to provide, uphold, develop and incorporate into all future relevant contexts.

Other recent research in Aotearoa/New Zealand offers evidence about a further important starting point for our quest to develop transgender healthcare education research. Recent empirical research reveals the challenging nature of the central need to cultivate teachers’ and trainee healthcare practitioners’ values, as part of challenges described above. Values development can be an intricate and potentially challenging process with a high likelihood of failure. Cultivating the values of either teacher or student demands skill and time, and discourse about personal values can easily cause offence and fail to ensure ethical duties are met. In other words, a significant portion of learning about transgender healthcare issues may not simply result from instigating relevant content or pedagogic process but necessarily require a sensitive and specific pedagogic discourse around values.

Concerns and starting points acknowledged here offer a chance to bring Aotearoa/New Zealand to the international fore in trainee healthcare practitioner education and research on transgender healthcare, and in doing so foster future generations of healthcare practitioners to competently and confidently serve all community members well. Developing teacher skills and values to negotiate a system of persistent disadvantage experienced by transgender people needs to be a dedicated focus of future research.
Competing interests:
Nil.

Author information:
Althea Gamble Blakey, Research Fellow, Otago Medical School & Professional Practice Fellow, Early Learning in Medicine Programme, University of Otago, Dunedin;
Gareth J Treharne, Associate Professor, Department of Psychology, University of Otago, Dunedin.

Corresponding author:
Althea Gamble Blakey, Research Fellow, Otago Medical School & Professional Practice Fellow, Early Learning in Medicine Programme, University of Otago, Dunedin.
althea.blakey@otago.ac.nz

URL:

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