# Evaluation of Gender Perspective Integration in University Dental Education*

## Evaluación de la incorporación de la perspectiva de género en la formación odontológica universitaria

## Avaliação da incorporação da perspectiva de gênero na formação odontológica universitária

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## ABSTRACT

**Background:** A gender perspective is recognized as a social determinant of health that shapes access to, experiences with, and outcomes in oral health, which creates important challenges for dental education. **Purpose:** To assess how a gender perspective is incorporated into the curriculum and educational practices of the School of Dentistry at the Pontificia Universidad Católica de Chile. **Methods:** This institutional case study used a descriptive, exploratory qualitative design. Data sources included a document review of the graduate profile, curriculum map, and course syllabi (n=53), semi-structured interviews with academic authorities and faculty, and focus groups with students. Data were examined through thematic analysis using a literature-informed codebook and triangulation across sources. **Results:** The gender perspective was not explicitly stated in the graduate profile and was not systematically mainstreamed across the curriculum. It appeared implicitly in selected course content and teaching practices. Incorporation relied largely on individual initiatives by faculty and students, with substantial variability in implementation. This occurred in the absence of clear institutional guidelines, monitoring mechanisms, and structured faculty development. Structural and cultural barriers were identified, along with facilitators linked to curriculum renewal processes and student interest. **Conclusions:** In this dental program, incorporation of a gender perspective is incipient and fragmented. The findings show gaps between the declared recognition of the approach and its effective curricular integration.


**Keywords:** Chile; curriculum; dental education; dentistry; gender; oral health; qualitative research



## RESUMEN

**Antecedentes**: La perspectiva de género se reconoce como un determinante social de la salud que condiciona el acceso, las experiencias y los resultados en salud bucal, lo que plantea desafíos importantes para la educación odontológica. **Objetivo**: Evaluar cómo se incorpora la perspectiva de género (PG) en el plan de estudios y en las prácticas educativas de la Facultad de Odontología de la Pontificia Universidad Católica de Chile. **Métodos**: Este estudio de caso institucional utilizó un diseño cualitativo descriptivo y exploratorio. Las fuentes de datos incluyeron la revisión documental del perfil de egreso, el mapa curricular y los programas de las asignaturas (n=53), entrevistas semiestructuradas con autoridades académicas y docentes, y grupos focales con estudiantes. Los datos se analizaron mediante un enfoque temático, utilizando un libro de códigos basado en la literatura y la triangulación de fuentes. **Resultados**: La PG no estaba declarada explícitamente en el perfil de egreso ni se integraba de manera sistemática en el plan de estudios. Aparecía de forma implícita en contenidos de asignaturas seleccionadas y en prácticas docentes. Su incorporación dependía en gran medida de iniciativas individuales de docentes y estudiantes, observándose una variabilidad considerable en la implementación. Esto ocurría ante la ausencia de directrices institucionales claras, mecanismos de seguimiento y programas estructurados de desarrollo docente. Se identificaron barreras estructurales y culturales, así como factores facilitadores vinculados a procesos de renovación curricular y al interés estudiantil. **Conclusiones**: En este programa de odontología, la incorporación de la PG es incipiente y fragmentada. Se revelan brechas entre el reconocimiento declarado de este enfoque y su integración curricular efectiva.


**Palabras clave**: Chile; plan de estudios; educación odontológica; odontología; género; salud bucal; investigación cualitativa



## RESUMO

**Antecedentes**: A perspectiva de gênero é reconhecida como um determinante social da saúde que molda o acesso, as experiências e os desfechos em saúde bucal, criando desafios importantes para o ensino de odontologia. **Objetivo**: Avaliar como a perspectiva de gênero é incorporada ao currículo e às práticas educacionais da Faculdade de Odontologia da Pontifícia Universidade Católica do Chile. **Métodos**: Este estudo de caso institucional utilizou um delineamento qualitativo, descritivo e exploratório. As fontes de dados incluíram a análise documental do perfil do egresso, do mapa curricular e dos planos de ensino das disciplinas (n=53), entrevistas semiestruturadas com autoridades acadêmicas e docentes, e grupos focais com estudantes. Os dados foram examinados por meio de análise temática, utilizando um sistema de codificação fundamentado na literatura e a triangulação de fontes. **Resultados**: A perspectiva de gênero não estava explicitamente declarada no perfil do egresso nem integrada de forma sistemática ao currículo. Ela aparecia implicitamente em conteúdos de disciplinas e práticas de ensino selecionados. A incorporação dependia, em grande medida, de iniciativas individuais de docentes e estudantes, apresentando uma variabilidade substancial na implementação. Isso ocorria na ausência de diretrizes institucionais claras, mecanismos de monitoramento e programas estruturados de capacitação docente. Foram identificadas barreiras estruturais e culturais, bem como fatores facilitadores ligados a processos de renovação curricular e ao interesse dos estudantes. **Conclusões**: Neste curso de odontologia, a incorporação da perspectiva de gênero é incipiente e fragmentada. Os resultados revelam lacunas entre o reconhecimento declarado da abordagem e sua efetiva integração curricular.


**Palavras-chave**: Chile; currículo; ensino de odontologia; odontologia; gênero; saúde bucal; pesquisa qualitativa

# INTRODUCTION

Gender is a social determinant of health that significantly influences exposure to risks, access to health services, the experience of illness, and health outcomes. According to the World Health Organization, gender refers to the socially constructed roles, behaviors, norms, and relationships that a society assigns to women and men. These elements interact with other social and structural determinants and generate avoidable health inequities (1). Therefore, distinguishing between sex, understood as biological characteristics, and gender is essential to understand how these inequalities are produced and reproduced within health systems.

Available evidence shows that oral health is not exempt from these dynamics. Multiple studies have documented gender differences in oral hygiene habits, use of dental services, reasons for and timing of consultation, as well as in pain perception and management (2). While men tend to delay dental care and present a greater burden of advanced oral disease, women seek care more frequently, report higher pain sensitivity, and show distinct patterns of self-medication (3,4). These differences cannot be attributed solely to biological factors, as they are related to social norms, gender roles, and structural conditions that shape health behaviors.

In this context, university education for dental professionals plays a strategic role. Dental schools not only transmit technical knowledge but also shape interpretive frameworks, clinical practices, and ways of relating to patients (5). Incorporating a gender perspective (GP) into curricula helps train professionals who can recognize and address inequities in oral health, thereby promoting care that is more equitable, empathetic, and person-centered (6). However, when GP is not integrated explicitly and transversally into study plans, its teaching often depends on individual initiatives. This leads to fragmented and unequal approaches (7,8).

Despite the growing recognition of the GP in public policies and in the training of health professionals, there is limited evidence on how it is incorporated into dental education, particularly in Latin America and Chile (9). Most available studies focus on disciplines such as medicine or nursing. In dentistry, few studies have explored, from a qualitative perspective, curricular processes, teaching practices, and the perceptions of students and academic authorities (2).

In response to this gap, qualitative institutional case studies offer an opportunity to gain an in-depth understanding of how the GP is integrated in specific educational contexts and to identify barriers, facilitators, and opportunities for improvement (10). This approach makes it possible to analyze not only the formal curricular content but also the educational practices and cultural dynamics that shape its implementation.

Within this framework, the aim of this study was to assess the incorporation of the GP into the curriculum and training practices of the School of Dentistry at the Pontificia Universidad Católica de Chile, using a qualitative case-study design that included document analysis, interviews, and focus groups. The research question that guided the study was: How has the gender perspective been incorporated into the curriculum and educational practices of the Dentistry program at the Pontificia Universidad Católica de Chile?

# MATERIALS AND METHODS

## Study Design

An institutional case study was conducted using a descriptive-exploratory qualitative design to understand how the GP has been incorporated into the curriculum and training practices of the Dentistry program. This methodological approach was chosen because it is well suited to exploring complex,

context-specific, and under-studied phenomena in dental education. It also allowed analysis of meanings, practices, and perceptions among different actors involved in professional training.

## Context and Unit of Analysis

The case study focused on the School of Dentistry at the Pontificia Universidad Católica de Chile, a private higher education institution located in Santiago, Chile. The unit of analysis included the formal curriculum and the experiences and perceptions of key actors in the training process. The period analyzed covered 2022–2023, a stage during which the school was undergoing a process of curricular review and reform.

## Data Sources and Empirical Units

Three main data sources were considered:

1. Document analysis: a total of 53 institutional documents were reviewed, including the graduate profile, the curriculum map, and 51 current syllabi for mandatory and clinical courses at the time of the study.
2. Semi-structured interviews with academic authorities and faculty members involved in curriculum management and clinical teaching.
3. Focus groups with senior students in the program who had direct experience in clinical activities.

These sources enabled methodological and stakeholder triangulation, thereby strengthening the credibility of the findings.

## Sampling Strategy and Participants

A purposive sampling strategy was used, guided by theoretical criteria and relevance to the research question (Table 1). The inclusion criteria considered:

- For academic authorities and faculty: academic leadership roles, course coordination responsibilities, or teaching experience in clinical courses;
- For students: being enrolled in the final years of the program and having experience in clinical care.

TABLE 1
Distribution of Participants by Role, Gender, and Course/Seniority

| Code | Role | Gender | Course/Seniority |
|---|---|---|---|
| A1 | Authority | Male | 18 years |
| A2 | Authority | Female | 10 years |
| E1 | Student | Female | 6 grade |
| E2 | Student | Female | 6 grade |
| E3 | Student | Female | 6 grade |
| E4 | Student | Female | 6 grade |
| E5 | Student | Female | 6 grade |

Academic authorities, faculty from different fields, and students participated, ensuring diversity in roles and trajectories. Recruitment was carried out through formal email invitations and institutional

channels. Participant inclusion stopped once theoretical saturation was reached, defined as the point at which additional interviews or focus groups did not provide substantively new information for the analytic categories.

## Data Collection Techniques

Semi-structured interviews were conducted by members of the research team using a guide developed from the literature review and aligned with the study objectives. Interviews were carried out between October and November 2022. They lasted approximately 45 to 60 minutes and were conducted in person or virtually, depending on participants' availability (Table 2).

TABLE 2
Objectives of the Study

| Specific Objectives | Interview Questions | Focus Group Questions |
|---|---|---|
| Analyze the graduate profiles of each degree program from a gender perspective. | What do you understand by a gender-based approach to health?<br>How should a gender-based approach be incorporated into the training of health professionals?<br>How does the graduate profile of your degree program incorporate the gender perspective? | What do you understand by a gender-based approach to health?<br>How does the graduate profile of your degree program incorporate the gender perspective? |
| Identify and characterize courses and teaching teams that declare to incorporate gender issues in their programs. | What courses in the degree program of which you are a part incorporate gender issues?<br>What characteristics do training teams have that incorporate the gender perspective in their courses? | Which courses in your degree program incorporate gender-related topics?<br>What are the characteristics of the teaching teams that incorporate a gender perspective into their courses?<br>Can you recall any specific course that emphasized gender-related topics during your studies? (question for students) |
| Identify barriers and facilitators for incorporating gender equity issues into the Faculty of Medicine's educational project. | What do you think are the challenges teachers face in incorporating gender-related topics into their courses?<br>What are the specific challenges regarding gender integration within your field of study?<br>Is there anything specific about your field of study that facilitates the inclusion of gender topics in professional training?<br>What recommendations would you make for incorporating gender topics into your field of study? (e.g., specific courses, cross-cutting themes, etc.) Who should be responsible for this implementation? What support do you think would be needed from the University?<br>What recommendations would you make for incorporating | What do you think are the challenges teachers face in incorporating gender-related topics into their courses?<br>What are the specific challenges regarding gender integration within your field of study?<br>Is there anything specific about your field of study that facilitates the inclusion of gender topics in professional training?<br>What recommendations would you make for incorporating gender topics into your field of study? (e.g., specific courses, cross-cutting themes, etc.) Who should be responsible for this implementation?<br>What recommendations would you make for integrating gender topics across the curriculum at the School of Medicine? |

| | |
|---|---|
| | gender topics as a cross-cutting theme within the School of Medicine? |

Focus groups were conducted in January 2023 with dentistry students in settings that ensured privacy and a trusting environment. Each group lasted approximately 90 to 120 minutes. Questions addressed perceptions of the presence of the GP in the curriculum, training experiences, and opportunities for improvement. The complete interview and focus group guide was included as supplementary material.

All interviews and focus groups were audio-recorded with participants' prior authorization and transcribed verbatim.

## Data Analysis

Data analysis was conducted using thematic analysis through an iterative process that combined *a priori* categories with categories that emerged *a posteriori*. As a starting point, a codebook was developed based on the literature on the GP, health education, and social determinants. The codebook explicitly distinguished between the concepts of sex and gender. It also included operational definitions, inclusion and exclusion criteria, and typical and atypical examples (Table 3).

TABLE 3
List of Codes Used in the Content Analysis

| Code | Operational Definition | Inclusion Criteria | Exclusion Criteria | Quote |
|---|---|---|---|---|
| GP | Explicit or implicit references to gender as a social determinant influencing oral health, education, or clinical practice | References to gender-based differences in access, care, instruction, or assessment | Exclusively biological references with no social dimension | "Se aborda distinto cómo consultan hombres y mujeres" |
| Biological sex | Allusions to anatomical or physiological differences between women and men | Pregnancy, reproductive physiology, hormonal differences | Uses of the term "sex" as a synonym for gender | "Durante el embarazo se adapta la atención" |
| Explicit curriculum | Formal inclusion of GP in graduate profiles, objectives, content, or assessments | Objectives, learning outcomes, assessment criteria | Informal or extracurricular activities | "No aparece como objetivo del curso" |
| Implicit curriculum | Informal inclusion of PG in teaching practices | Clinical examples, class discussions | Structured and assessed content | "Se conversa, pero no está en el programa" |
| Faculty development | References to preparation, training, or lack of training in GP | Courses, workshops, self-training | Opinions unrelated to teaching | "Depende de si el profesor sabe del tema" |
| Institutional governance | Mentions of policies, rules, leadership, or formal structures | Regulations, commissions, guidelines | Independent individual actions | "No hay una bajada institucional" |
| Sole agency | Personal initiatives by teachers or students | Voluntary activities, personal motivation | Institutionally required actions | "Si alguien lo impulsa, se hace" |
| Barriers | Factors hindering the integration of GP | Lack of time, cultural resistance, overload | Opinions without a training connection | "No es prioridad en la malla" |
| Facilitators | Factors favoring the integration of GP | Curriculum renewal, student interest | Unsubstantiated future proposals | "Ahora hay más apertura" |

Source: the authors.

The analytical process was performed in three stages:

- Initial coding aimed at identifying relevant units of meaning;
- Construction of themes, which allowed the results to be organized into analytical dimensions consistent with the research question.

The analysis was supported by NVivo (QSR International), version 10, using a corpus of 87 pages and 7 nodes, which facilitated data organization, code traceability, and the development of analytic matrices. Coding was performed by more than one researcher. Discrepancies were resolved through discussion and consensus, which strengthened the reliability of the analysis.

## Criteria for Methodological Rigor

To ensure the quality of the study, criteria for rigor specific to qualitative research were applied, in accordance with the COREQ (Consolidated Criteria for Reporting Qualitative Research) guidelines (11). Strategies involving the following were considered:

- Credibility, through the triangulation of sources and analysts;
- Dependability, via a systematic record of the analytical process. (audit trail);
- Confirmability, through the research team's critical reflection on its assumptions and positions;
- Transferability, providing a detailed description of the context and the case studied.

As part of the validation process, key findings were shared with institutional stakeholders during feedback sessions, making it possible to compare the consistency of the results with their experiences.

## Ethical Considerations

The study was approved by the Scientific Ethics Committee of the Pontificia Universidad Católica de Chile (code: 230307003). All participants received detailed information about the study objectives and signed informed consent before participation. Confidentiality was protected through anonymization of transcripts and the use of codes to identify verbatim quotations. Audio recordings and transcripts were stored on protected devices with access restricted to the research team.

# RESULTADOS

A total of 53 institutional documents were analyzed, including the graduate profile, the curriculum map, and the syllabi for mandatory and clinical courses in the Dentistry program. In addition, semi-structured interviews were conducted with academic authorities and faculty members, along with focus groups with senior students. The analysis identified five themes that describe how the GP is incorporated into the curriculum and training practices (Table 4).

TABLE 4
Identified Thematic Areas and Information Sources

| Themes | Descriptive summary | Data sources |
|---|---|---|
| Graduate profile and formal curriculum | Lack of explicit inclusion of the GP in the graduate profile and programs; implicit and fragmented presence | Document analysis; interviews |
| Teaching and pedagogical practices | Heterogeneous integration of GP, dependent on teacher motivation and training | Interviews; focus groups |
| Regulations and governance | Declarative knowledge of regulations without systematic curricular operationalization | Document analysis; interviews |

| | | |
|---|---|---|
| Institutional culture and individual agency | Progress driven by personal initiatives without structural support | Interviews; focus groups |
| Barriers and facilitators | Identification of structural obstacles and contextual opportunities for integrating GP | Interviews; focus groups |

Source: the authors.

## Theme 1. Graduate profile and formal curriculum: implicit presence of GP

Analysis of the graduate profile did not reveal explicit mentions of GP as a competency, learning outcome, or formative principle. However, general references were identified to person-, family-, and community-centered care, as well as to a commitment to the country's health needs. Some actors interpreted these elements as an indirect approach to the social determinants of health.

This lack of explicitness was also reflected in course syllabi, where GP is not systematically incorporated as an objective, content, or assessment criterion. When it is present, it appears implicitly and in a fragmented manner, without transversal articulation across the curriculum. As one academic authority noted, "the approach is more suggested than stated or formally required" (participant A1).

## Theme 2. Teaching and training practices: heterogeneous incorporation and dependence on the teacher

From the perspective of students and faculty, integration of GP in teaching occurs unevenly and depends mainly on the motivation and individual sensitivity of certain instructors. Participants identified specific examples in which gender is addressed in an applied manner, such as dental care during pregnancy or characterizing men as a risk group due to their low adherence to preventive activities.

However, these experiences do not reflect a shared pedagogical design or explicit curricular guidelines. Students described marked differences across courses and instructors, noting that "in some courses the topic is discussed, but in others it never comes up" (participants E3-GF1-F). This heterogeneity was attributed to the lack of systematic faculty training in GP and to the absence of institutional spaces for pedagogical reflection.

## Theme 3. Regulations and governance: declarative knowledge and weak operationalization

Participants reported a general awareness of national regulations on GP in health, particularly the technical guideline developed by the Colegio de Cirujanos Dentistas de Chile (12). However, this knowledge remains largely declarative and does not translate into clear operational guidance for teaching or for clinical training practice.

No formal institutional mechanisms for monitoring, evaluation, or feedback were identified to ensure the effective incorporation of G/P into courses or clinical teaching settings. Consequently, implementation of the guideline remains dependent on individual initiatives, without a governance structure to ensure continuity and coherence.

## Theme 4. Institutional culture and individual agency: fragmented progress sustained by personal commitment

The incorporation of the GP is sustained mainly by the individual agency of faculty members and students committed to the topic, who promote training initiatives, extracurricular activities, or

discussions in informal settings. These efforts are valued by the community. However, they lack sustained organizational support, dedicated resources, and interdepartmental coordination.

Participants acknowledged that this dynamic enables isolated advances, but it also creates a strong dependence on individuals. This limits the projection and sustainability of GP as a structural axis of training. As one faculty member stated, “if the person leaves, the topic disappears” (participant D2).

## Theme 5. Barriers and Facilitators for the Integration of PG

Among the main barriers identified were the lack of formal training for faculty, cultural resistance to changes in teaching, limited cross-cutting integration of the topic across course syllabi, and weak institutional coordination among academic units.

In contrast, relevant facilitators were identified, including ongoing curricular renewal processes, the incorporation of new academics with recent training and greater sensitivity to equity issues, and students’ growing interest in addressing gender inequalities in professional practice. These elements were recognized as concrete opportunities to move toward a more systematic integration of GP in dental training.

# DISCUSSION

The findings of this study show that the incorporation of GP in the dental training analyzed is incipient, fragmented, and largely implicit. Although some curricular content and teaching practices acknowledge gender differences in oral health, these are neither systematically integrated nor explicitly stated in the graduate profile or the formal curriculum. This limits their consolidation as a transversal training competency. This situation is consistent with international studies indicating that, despite the growing recognition of gender as a social determinant of health, its incorporation into the education of health professionals remains partial and dependent on individual initiatives (13).

The absence of explicit references to GP in the graduate profile and course syllabi observed in this study has been previously reported in dental schools and other health disciplines. In these contexts, the gender approach is often subsumed under broad notions such as person-centered care or social determinants, without a concrete curricular translation (14). This implicit incorporation makes it difficult to assess the achievement of specific competencies and promotes heterogeneous teaching, shaped by each instructor’s motivation, prior training, and sensitivity. Consistent with the literature, our results suggest that the lack of curricular explicitness constitutes a structural barrier to the effective integration of GP in professional training (15,16).

Reliance on the individual agency of faculty and students, identified as a central feature in this study, has also been described in research on gender education in health (17). Although these initiatives reflect a meaningful ethical commitment and enable specific advances, their voluntaristic nature limits the sustainability of change and creates inequities in students’ training experiences. In the absence of clear institutional guidelines, systematic faculty development, and governance mechanisms, the GP tends to occupy a marginal place in the curriculum. It also remains weakly articulated across courses and training cycles.

Regarding regulation, the findings reveal a gap between declarative knowledge of technical frameworks and their operationalization in teaching and clinical training practice. This policy-practice divide has been widely documented in health education, where the mere existence of regulations does not guarantee effective implementation (18,19). Moreover, the absence of institutional mechanisms for monitoring, evaluation, and feedback limits uptake of the approach by the academic community and reduces its transformative potential in professional training.

It is important to note that, although in this study the GP was addressed mainly in relation to women and men, participants did not report systematic training experiences related to the care of transgender people or individuals with diverse sex and gender identities. This finding should not be interpreted as a lack of relevance of the topic, but rather as a limitation of the current training scope. Accordingly, it reinforces the need to broaden the understanding of GP beyond a binary view, in line with contemporary developments in health and human rights (18,19).

From a methodological standpoint, a strength of this study lies in its qualitative institutional case-study design, which enabled an in-depth and contextualized understanding of the curricular and cultural processes associated with incorporating GP. Source triangulation, systematic document analysis, and the inclusion of multiple actors strengthened the credibility of the findings. However, the results should be interpreted in light of the study's focus on a single institution, among the 34 that exist in Chile, which limits transferability to other contexts. In addition, participant involvement was limited. Therefore, future research could include a larger number of institutions and complement the qualitative approach with quantitative strategies.

Overall, the findings of this study provide relevant evidence on the tensions between discursive recognition of the GP and its effective integration into dental training. Understanding these gaps is essential to move toward curricula that are more explicit, coherent, and aligned with contemporary challenges in oral health and health equity. This is particularly pertinent in Latin American contexts, where empirical evidence in this area remains limited.

## CONCLUSION

This study shows that the incorporation of GP in the dental training analyzed is characterized by an incipient, fragmented, and predominantly implicit presence. Although curricular content and teaching practices that acknowledge gender differences in oral health were identified, these are not systematically made explicit or articulated in the formal curriculum or the graduate profile. This results in high variability in training experiences. Integration of GP relies mainly on individual initiatives by faculty and students, within an institutional context in which existing regulatory frameworks are not consistently translated into operational curricular guidance. Overall, the findings reveal a gap between discursive recognition of the GP as a determinant of health and its effective incorporation into dental training, and they provide empirical elements to understand the curricular and organizational challenges associated with this process.

## RECOMMENDATIONS

To move from an implicit presence to a systematic integration of the GP in dental training, it is essential to formalize its inclusion in the curriculum. Updating the graduate profile and incorporating learning outcomes with explicit assessment criteria in core courses across the basic and clinical cycles are recommended. This process should be supported by a comprehensive curriculum mapping that identifies specific content and activities, reduces instructor-related variability, and ensures coherent progression across the program's training levels.

Likewise, the sustainability of this integration depends on robust institutional governance and an ongoing faculty development program. It is proposed to establish a formal curricular coordination body with a mandate on the GP and to implement training programs for faculty and academic authorities aimed at addressing oral health through a social determinants approach. Finally, it is essential to translate these concepts into clinical practice through gender-sensitive assessment rubrics and annual monitoring systems that allow feedback and adjustment of the curriculum map in response to emerging needs within the educational context.

Based on the findings of this case study, and with the aim of moving from an implicit presence to a systematic integration of the GP in dental training, the following lines of action are proposed (Table 5).

TABLE 5
Strategic Recommendations for Integrating Geriatric Dentistry into Dental Education

| Improvement Dimension | Proposed Actions |
|---|---|
| Curriculum alignment | Incorporate GP-related learning outcomes into core subjects (basic and clinical) and align them with the graduate profile. |
| Cross-curricular implementation | Conduct a curricular mapping of content, activities, and assessments to reduce variability across subjects. |
| Faculty training | Formal training in oral health-related GP for academics (70% target) and authorities (100% target). |
| Governance | Establish a formal curricular coordination body responsible for the guidelines and monitoring of the GP. |
| Clinical practice | Integrate gender-sensitive care criteria into assessment rubrics and foster supervised reflection. |
| Monitoring | Implement annual perception surveys for students and teachers to facilitate continuous curricular adjustments. |

Source: the authors.

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