

## Has the health professions education research agenda changed in the new millennium?



One of the key mandates of the 21st century is the provision of comprehensive, integrated healthcare to all members of society. For this to become a reality the training needs of all healthcare professionals must be addressed by the research endeavours of health professions educators. So, the key question is, 'Does the current health professions education research agenda address the training needs of all healthcare professionals?'

A simple 'dipstick' test can be used to provide a broad answer to one aspect of this question. I recently paged through the latest editions of 4 prestigious health professions education (HPE) journals, including *Medical Education*, *Medical Teacher*, *Academic Medicine* and *Advances in Health Sciences Education*, and found that only 8 of 51 research reports (16%) focused on the training needs of healthcare professionals other than undergraduate and postgraduate medical trainees. While this crude audit has many limitations, it does suggest that the training of medical doctors continues to dominate the HPE research agenda despite the global call for transformation of the training of health professionals, as outlined in the widely cited Lancet Commission published in 2010.<sup>[1]</sup>

Does the *African Journal of Health Professions Education (AJHPE)* suffer from the same malady or are the education needs of a broader range of health professions being addressed in this journal? The current edition of *AJHPE* contains only 3 publications of a total of 18 articles (17%) that focus on the training of medical doctors. The other 15 publications (83%) address the education needs of 9 other healthcare professions, including nursing, dentistry, physiotherapy, occupational therapy, emergency medical services, dietetics, psychology, optometry and pharmacy. This finding demonstrates one of the key purposes of the journal – to provide a common platform for the dissemination of information addressing the education needs of all healthcare professionals.

Another aspect of the question posed at the outset of this editorial is whether the education needs of HPE communities of practice, which vary by geographical location, language of instruction, ethnic traditions and beliefs and many other contextual factors, are being addressed. Such factors significantly influence the design and delivery of education programmes for healthcare practitioners. While all these factors are important, the geographical location of the authors and their work is an easy way of obtaining a bird's eye view of the HPE research landscape. Of the 51 publications included in the 4 journals already mentioned, 37 articles come from North America, 10 from Europe and the UK, and 4 from the Pacific rim, specifically Australia, Korea and Hong Kong. The absence of a single article from any of the BRICS countries (Brazil, Russia, India, China, South Africa) is striking. Once again, a 'spot check' has many limitations, but the annual sprinkling of a few articles from 5 countries that account for 40% of the global population of 3 billion people, cover more than a quarter of the world's land area over 3 continents and 25% of the global GDP,<sup>[2]</sup> has to raise the level of response – from concern to one of action.

This challenge can be addressed by finding ways of supporting the process of HPE research capacity in developing countries rather than trying to establish why these countries have such limited visibility in prestigious journals. A large US-funded HPE capacity development project involving more than 10 HPE institutions in sub-Saharan Africa, the Medical Education Partnership Initiative (MEPI),<sup>[3]</sup> has yielded a number of worthy publications, including a supplement published in *Academic Medicine* in 2014.<sup>[4]</sup> The question, however, is whether the success of these African institutions can be independently sustained and locally replicated in the long term. Building long-term HPE research and development partnerships between MEPI-funded institutions and the many other unfunded HPE institutions in sub-Saharan Africa would be an indicator of real success, i.e. large-scale continental transformation initiated by small pockets of excellence.

In addition to HPE capacity development projects in Africa, journal editors can, and do, play an important role in advancing the scholarship of HPE by providing publication opportunities for emerging researchers. This approach has been adopted by journals such as *Medical Education* (see the section 'Really Good Stuff') and *Academic Medicine* (see the section 'Short Report'). This practice has also been adopted by *AJHPE*; short reports of <1 500 words, including 1 table or figure and 5 references, appear in this edition of the journal. This category of research publications specifically caters for: (i) work done in single centres; and/or (ii) studies that include a small number of participants; and/or (iii) early innovative work with limited evaluation of impact. This initiative aims to expand the publication footprint of *AJHPE* by including more work from HPE institutions beyond the borders of South Africa.

In closing, the editorial team would like to wish all our readers well for 2016 and we look forward to receiving more manuscripts from our colleagues in South Africa and those further afield in the rest of sub-Saharan Africa. As one of my colleagues would say, *Ningene kakuhle kunyaka ka – 2016*.

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