

Beyond What's New: Asking Better Questions in Health Professions Education

In 2026, Health Professions Education (HPE) is characterised by substantial innovation. Indeed, the field privileges novelty, identifying trends and adopting emerging developments that are framed as indicators of progress (Sarkar et al., 2025; Jin et al., 2024; www.ama-assn.org). From artificial intelligence to technology-enhanced engagement and learning analytics, leading journals report on cutting-edge research (Eady & Moreau, 2024; AAMC.org). However, many highly visible innovations may be inaccessible, inappropriate, or unsustainable in the Global South, where the burden of care is compounded by workforce challenges, inequitable access to dwindling or poorly managed resources, complex health systems, and reliance on models developed for markedly different contexts (Ahmat, Okoroafor, Kazanga et al., 2022).

Against this backdrop, when asked, “What is new in Health Professions Education?”, we may need to broaden our attention beyond innovation to include generative inquiry: questions that deepen meaning and understanding and are grounded in respect for people—purposeful rather than performative. Because knowledge is not neutral, it may be useful to filter our questions through alternative heuristics.

One such heuristic is to examine power and representation in what is studied and published. Who determines what counts as knowledge, and whose knowledge counts? Who benefits from the knowledge produced, and who does not? Whose questions are being asked, whose realities are being addressed, and whose interests are being served? In a bibliometric analysis of the period 2005–2024 using CiteSpace, Jin et al. (2025) offered “a novel, comprehensive, and visually engaging perspective on the field” to identify research trends and propose future directions for HPE. Using network analysis and visualisation tools, they reported performance indices including publication counts; h- and related indices; total citations; and publications per year, among others (Jin et al., 2025). Notably, the ten most influential countries and the ten most prominent authors included none from Africa.

Questions of representation also extend to agency in educational practice. Student engagement has gained traction as a central strategy for improving HPE. No longer positioned as passive recipients, students are increasingly recognised as active contributors to knowledge construction and curriculum development, and as agents of change in medical education (Geraghty et al., 2020). However, Kassab et al. (2023) noted that the measurement of student agency—particularly its sociocultural dimensions—remains poorly understood. In a 2024 scoping review, Neshastesaz Kashi et al. highlighted the importance of student engagement in policy and decision-making in HPE, and the need to develop models for effective engagement that align with institutional goals and capabilities. Notably, this review included no articles from Africa, the Global South, or low- and middle-income countries (LMICs), apart from a single publication from Malaysia.

Together, these patterns raise a further set of questions about agenda-setting. What is prioritised, and what is omitted? What is named, framed, or normalised? In their review of trends in HPE research over three decades, Sarkar et al. (2025) reported growth in the number of studies, alongside increases in multi-institutional research and methodological diversification. However, they also observed persistent limitations in research topics,

methodological approaches, and quality criteria, as well as insufficient diversity in country representation. Mohammed et al. (2025) conducted a systematic scoping review of a global research agenda for HPE (including representation from Africa), noting that although the overarching agenda emphasised teaching, curriculum, assessment, and professionalism, priorities differed by region. For example, in sub-Saharan Africa, economics and technology were prioritised.

If agendas differ by context, then the criteria used to judge scholarship, and its value also warrant scrutiny. How we make decisions about agency, novelty, significance, sustainability, and value needs to be examined. What should we read, follow, implement, or emulate? In their 2025 editorial on medical education scholarship, Lee, Karani and Aagaard (2025) organised their appraisal around the questions, “*Is it new? Is it true? Will it impact what we do?*” More informally, the editors of the *Journal of Graduate Medical Education* (Artino, Simpson, Yarris and Sullivan, 2026) selected “*the best medical education articles*” based on perceived interest and individual preference. The demand for data-driven assessment of impact has also contributed to the widespread use of bibliometric analyses, which map scholarly output through publication counts, citation metrics, collaboration networks, and keyword analyses (Donthu et al., 2021).

In parallel with these citation-based approaches, altmetrics estimate the extent of digital attention a publication receives across multiple online sources, complementing traditional measures (Garcia-Villar, 2021). Although attention scores may offer insights into popularity and potential future citations, they are susceptible to manipulation and inconsistency. In the contemporary publishing environment, researchers are expected not only to publish, but also to demonstrate the visible impact of their work beyond the academy (Sims et al., 2026). Consequently, both qualitative (interpretive) and quantitative (metric-based) approaches to assessing novelty, rigour, and impact should address who is likely to benefit from research recommendations, what assumptions are made about resources and systems, and whether HPE innovations are appropriate across disparate contexts.

These considerations point to a central risk: HPE research can become preoccupied with keeping pace with global trends. The temptation to privilege impact metrics or social media attention may divert us from a core purpose: preparing health professionals for sustained, meaningful practice within systems marked by distinctive disease burdens, constrained and unevenly distributed resources, and social, economic, and political upheaval. Highly cited trends may be inaccessible, inappropriate, or unsustainable in settings characterised by structural constraints and a greater burden of care. Unless priorities—including research agendas—are aligned with contextual realities, we risk becoming disconnected from our purpose.

Accordingly, the question “What is new in HPE?” becomes more generative when it is less preoccupied with innovation and more attentive to values-driven discernment: “What works here, and for whom?” Without a sustained commitment to context, rigorous interrogation of assumptions, and a willingness to relinquish visibility as an end in itself—or to treat funding as a proxy for impact—HPE risks circulating compelling ideas and jargon without improving care. Abstract innovation may generate high citation counts and

attention scores; however, universal implementation without attention to infrastructure, staffing, policy environments, and patient populations may yield limited situated usefulness and fail due to contextual misalignment.

One way to sustain such discernment is through critical pedagogy, which invites us to ask better questions about what we should adopt, adapt, or reject in pursuit of critical consciousness—questions that shape power, knowledge, and agency. As Halman et al. (2017) suggest, HPE informed by critical consciousness should cultivate practices that foster authentic dialogue, value inclusive storytelling, interrogate the status quo, challenge power hierarchies, and, at times, productively generate cognitive disequilibrium. Such questions foreground impact and compel us to make explicit—and justify—our underlying ideologies, values, and ethics.

Perhaps, in 2026 and beyond, we should reframe “What is new in HPE?” as a more consequential question: “What kind of world do our questions create?”

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1. AAMC.org (<https://www.aamc.org/news/top-15-academic-medicine-stories-2025>)
2. Ahmat A, Okoroafor SC, Kazanga I, et al. The health workforce status in the WHO African Region: findings of a cross-sectional study. *BMJ Global Health* 2022;7:e008317. doi:10.1136/bmjgh-2021-00831

3. AMA-ASSN.org (<https://www.ama-assn.org/education/changemeded-initiative/publications-accelerating-change-medical-education-consortium#toc-latest-releases-01>)
4. Artino AR, Simpson D, Yarris LM, Sullivan GM. 2026. JGME Editors' Reading List: Recommendations for the Top Non-JGME Articles of 2025. *JGME* DOI 104300/JGME-D-25-01157
5. Donthu N, Kumar S, Mukherjee D, Pandey N, Lim WM. 2021. How to conduct a bibliometric analysis: AN overview and guidelines. *Journal of Business Research*. 133:285-296. <https://doi.org/10.1016/j.jbusres.2021.04.070>
6. Eady K, Moreau KA. 2024. A Medical Education Research Library: key research topics and associated expert. *Medical Education Online* 29:2302233 <https://doi.org/10.1080/10872981.2024.2302233>
7. Garcia-Villar C. 2021. A critical review on altmetrics: can we measure the social impact factor? *Educational review*. 12:92 <https://doi.org/10.1186/s13244-021-01033-2>
8. Geraghty JR, Young AN, Berkel TDM, Wallbruch E, Mann J, Park YS, et al. 2020. Empowering medical students as agents of curricular change: a valueadded approach to student engagement in medical education. *Perspect Med Educ*;9(1):60-5
9. -016-0324-y
10. Hala M, Baker L, Ng S. 2017. Using critical consciousness to inform health professions education. *A literature review*. *Perspect Med Educ* 6:12-20 DOI 10.1007/s40037jin Y, Song Y, Li X, Wu H, Zhang Q. 2025. Research Trends of Health Professions Education Model from 2005 – 2024: A Bibliometric Analysis via CiteSpace. *Advances in Medical Education and Practice* 16:2307-2325 doi.org/10.2147/AMEP.5545118
11. Kassab SE, Al-Eraky M, El-Sayed W, Hamdy H, Schmidt G. 2023. Measurement of student engagement in health professions education: A review of literature. *BMC Medical Education* 23:354 <https://doi.org/10.1186/s12909-023-04344-8>
12. Lee WW, Karani R, Aagaard EM. 2024. Perspectives on Medical Education Scholarship in 2025. *J Gen Intern Med* 40(1):1-2 DOI:10.1007/s11606-024-09156-0.
13. Mohammed M, Sethi A, Atwa H, Dennis AA. 2026. Global research agenda for health professionals education: A systematic scoping review. *BMC Medical Education* doi.org/10.1186/s12909-025-08423-w
14. Neshastesaz K, Goharinezhad S, Soleimanpour S, Mohammadi AH. 2024. Mapping student engagement in health professions education policy and decision-making: A scoping review. *BMC Medical Education* 24:325 <https://doi.org/10.1186/s12909-024-05283-8>
15. Sarkar M, Rees CE, Barber C, Palermo C. 2025. A Review of trends in health professions education research at the turn of three decades (2000, 2010, and 2020). *Nurse Education Today*. 146:106558 <https://doi.org/10.1016/j.nedt.2024.106558>
16. Sims DA, Sandars J, Wong WAY, Samuriwo R, Burford B. How to...Maximise Your Clinical Education Research Impact *The Clinical Teacher* 23:370382 <https://doi.org/10.1111/tcct.70382>