

Neocolonialism in medical education research

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We thank the authors of ‘*The Lancet and colonialism: past, present, and future*’¹ for confronting the journal’s colonial history. APZ and AKI are medical educators, and from migrant families displaced by British colonial rule. DA has devoted much of her medical education research to topics of social justice, although has not directly experienced the effects of colonisation.

One often takes for granted the histories that have shaped the societies in which we are embedded. Medical education research is equally vulnerable to this oversight. Dominant perspectives, often from high-income countries such as the USA and the UK, largely regard scientific enquiry as necessarily objective. Hence, positivist paradigms that prioritise measurable quantitative outcomes obtained within controlled conditions become the default and consequently escape critique. *The Lancet* recognises the need to publish worldviews beyond positivist perspectives. However, the neocolonial prioritisation of dominant paradigms exists in all stages of the research process (Figure 1). Researchers in dominant contexts continue to be involved in agenda-setting exercises that guide directions of medical education research in non-dominant contexts.² Funding and ethics committees dictate how research should be conducted to secure grants and approval based upon what dominant paradigms consider ethically and methodologically acceptable.³ Knowledge generated by researchers has a tendency to be extracted to and published under affiliated institutions in dominant contexts, regardless of the involvement of participants or researchers from non-dominant contexts, mirroring (neo)colonial flows.⁴ Academia preferentially puts those with degrees in a position of power in the research process.⁵ Consequently, it is crucial to remain reflexive to how our worldviews could undermine the equal participation of non-dominant voices throughout the research process. Clarifying paradigms can begin to demystify researchers’ worldviews, opening a space for tensions to be critiqued and mediated more collaboratively.



Figure 1 – the key stages in the process of medical education research. The worldviews (paradigms) we embody as researchers underpin all stages and should be considered throughout the research process.

Reference List

1. The Lancet and colonialism: past, present, and future. *The Lancet*. 2024;403(10433):1304-1308. doi:10.1016/S0140-6736(24)00102-8
2. Van Schalkwyk S, Kiguli-Malwadde E, Budak JZ, Reid MJA, de Villiers MR. Identifying research priorities for health professions education research in Sub-Saharan Africa using a modified Delphi method. *BMC Medical Education*. 2020;20(1):443. doi:10.1186/s12909-020-02367-z
3. Whitehead C, Wondimagegn D, Baheretibeb Y, Hodges B. The international partner as invited guest: Beyond colonial and import–export models of medical education. *Academic Medicine*. 2018;93(12):1760-1763. doi:10.1097/ACM.0000000000002268
4. Janes JE. Democratic encounters? Epistemic privilege, power, and community-based participatory action research. *Action Research*. 2016;14(1):72-87. doi:10.1177/1476750315579129
5. Sullivan M, Kone A, Senturia KD, Chrisman NJ, Ciske SJ, Krieger JW. Researcher and researched-community perspectives: Toward bridging the gap. *Health Educ Behav*. 2001;28(2):130-149. doi:10.1177/109019810102800202