“GME Around the World”: Introducing JGME’s New Section for International Perspectives in Graduate Medical Education

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It is often said in medical training that all education is local. We train our students and residents to provide care tailored to the communities we serve. As a result, within the same specialty, programs can have different policies, curricula, and educational cultures. Although this inward focus can drive quality improvement and innovation, it can leave blind spots to different perspectives and ways of thinking and doing. Current challenges, such as the diabetes pandemic or the climate health crisis, have global dimensions, which remind us that health care and health education are globally interconnected. Problems and solutions will transcend international borders.

Consider Dr G’s problem as an example. She is a family medicine program director deeply troubled by the limited access to health care in the rural regions near her hospital. Her patients travel over an hour for appointments. A telemedicine initiative failed due to patchy internet service, leaving her patients even more frustrated. Determined to improve health care for these communities, Dr G initiates a rural medicine rotation where trainees are taught by community physicians. Within a few years, resident-run clinics are established in these underserved regions, and several graduates choose to pursue careers in rural medicine.

Dr G could be based in Mumbai, Melbourne, or Minneapolis. Her solution to this problem highlights innovative approaches that can inform medical education not just locally but globally. Health education systems worldwide face similar challenges, such as workforce shortages, increasing demands for clinical productivity with the same or fewer personnel, and increasingly complex accreditation and regulatory requirements. While these challenges may be universal, the approaches, solutions, and outcomes are likely to vary considerably depending on regional contexts and available resources. This makes novel solutions from different contexts particularly valuable. Geographical diversity in medical education publications enriches the literature by introducing a wider range of perspectives on the topics and problems that need to be addressed, especially from low- and middle-income countries (LMICs).

Although there is a pressing need to include more views and voices from various regions of the world, medical education publications do not well represent this range of diverse perspectives and approaches. Bibliometric reviews have revealed an overrepresentation of knowledge generation, synthesis, and dissemination in medical education from a few institutions in English-speaking, high-income countries, primarily in North America and Europe.[1] The geographical diversity of authorship is notably the lowest in medical education research compared to other fields, such as biological sciences, medicine, and education,[2] with little progress made over the past decade.[3]

Non-Western authors face significant barriers when attempting to publish their work. In addition to the inherent challenges of academic writing in a nonnative language, constraints in time and financial support—challenges that plague all medical education scholars—can be particularly crippling for those without experienced mentorship or from institutions that do not or cannot prioritize training in educational scholarship. Beyond these individual hurdles, systemic barriers perpetuate the Western dominance in medical education scholarship. This phenomenon has been increasingly recognized as epistemic injustice, which refers to the exclusion or silencing of the knowledge and perspectives of marginalized or minoritized individuals or groups.[4] Several authors have vividly described their lived experiences of epistemic injustice in medical education scholarship. Wickware and Kusurkar make use of the “leaky pipeline” metaphor to illustrate the lack of representation of authors from the Global South in conversations about current research priorities or “hot topics.”[5,6] Of note, we use the terms “Global South” and “Global North” here because they frequently occur in the literature, along with “non-Anglophone,” “non-Western,” and others. We are referring less to specific geographic areas and

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more to areas less visible in medical education, with variable other characteristics.

How can we mitigate these historical inequities and entrenched systemic biases, often unknowingly perpetuated by predominantly Global North reviewers and editorial staff, that limit the reach, scope, and relevance of medical education scholarship? Some authors have offered suggestions. Naidu calls for a shift in the power structure in health professions research through a "decolonial praxis" that includes awareness, deliberation, and action.[7] Dimassi and Ibrahim propose a global virtual community of practice of experienced and novice mentors.[8] However, journals and their editorial boards act as gatekeepers and power brokers, selecting what topics are relevant and whose manuscripts are disseminated, thereby amplifying certain views and voices while disregarding others. The gatekeepers must do better in promoting equity and inclusivity in medical education scholarship.

Over the past decade, the *Journal of Graduate Medical Education* (JGME) has been committed to enhancing the geographic and thematic diversity of its publications. This commitment has been pursued in a number of ways, starting with no submission or publication fees at JGME's inception. Our website's Resources for Authors page[9] offers a range of resources designed to support researchers at all stages of their careers, including guidance on survey development, qualitative study planning, program evaluation, and writing improvement. In 2020, JGME transitioned to an open access publishing model, allowing free access to all articles. To address potential publication bias, we are continuously working to diversify our editorial board by recruiting members from different regions of the world, including residents and early career educators. We are working to expand our international reviewer community and provide ongoing guidance to support their review work. Our editors work directly with authors on grammar and writing issues without referring them to for-profit language editing services. Of course, not all submissions are accepted, regardless of origin: JGME is limited by the number of issues and by scope. Recognizing that the substance and tone of a rejection letter can be discouraging, particularly to novice authors, we strive to thoughtfully craft these responses with constructive comments aimed at improving the quality of the manuscript, to increase the likelihood of publication elsewhere, and the quality of the next JGME submission.

The "GME Around the World" section in JGME marks the next step in our journal's commitment to promoting geographical representation and diversity in medical education scholarship.[10] Building on the success of the 2019 international supplement, "A Look into GME Around the World," which featured 42 articles from more than 20 countries,[11,12] this new submission section will offer international authors a dedicated space to disseminate their work. We welcome submissions of all article types, including original research, innovation reports, reviews, and perspectives. International authors are encouraged to submit to any section of JGME, but "GME Around the World" will prioritize submissions focusing on graduate medical education by authors outside of North America, Western Europe, and Australia. We will also prioritize submissions from countries underrepresented in the medical education literature, particularly those from LMICs. By prioritizing LMIC submissions, we aim to amplify diverse global experiences and insights, and thereby counter traditionally dominant narratives. This initiative also represents a crucial step toward advancing diversity, equity, and inclusion in medical education publications.

We look forward to the continued growth of our international submissions. More importantly, we envision that "GME Around the World" will become a catalyst for sharing cross-cultural stories, fostering multinational collaborations, and ultimately enriching the field with diverse perspectives to drive innovation in graduate medical education worldwide.

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