Fanning and refuelling the flickering flame of faculty development

The challenges of healthcare provision in South Africa have led to initiatives to strengthen the public sector,[1] increase the number of healthcare workers,[2] improve the relevance of training programmes,[3] and develop leadership capacity[4] to enable more positive health outcomes in communities. These initiatives in health have been implemented concurrently with developments in education with the hope to improve the quality of, and to transform, learning for the very diverse student population enrolled at institutions of higher learning. In this context, faculty development is offered to staff to stay abreast of pedagogical and disciplinary developments. Faculty development essentially includes efforts at individual, institutional or system level to capacitate staff with knowledge and skills in areas considered essential for their function as faculty members.

Healthcare educators generally become aware of the limitations in their educational understanding and practice when called on to teach students and junior members of staff. Although there is widespread agreement regarding the need to stay abreast with developments in one's area of expertise, it is believed that additional reflective learning and educational skills are needed for optimal functioning across the sectors in which staff offer their clinical and educational services.

Facilitating learning for millennial students requires more active and interactive learning strategies; the appropriate use of technology to advance understanding; improved communication and learning support; and a greater willingness to engage with students and collaborators across space and time. Much has been written about professional learning and the conditions necessary for effective lifelong and reflective practice.[5] While methods to facilitate faculty development have changed with time, the reason for doing so has remained to improve the quality of the learning experience. It is also widely known that a lifelong commitment to and investment in personal and professional development is needed. It is, however, possible that some members of staff and health professionals are not always able to identify their own learning needs[6] or prioritise time to engage in developmental activities.

In discipline-specific settings, provisions have been made for members to engage in continuous professional development, such as reported in this edition of *AJHPE*.[7] While efforts in low-income countries are severely hamstrung by the availability of training and resources,[8] it is believed that the lack of training in integrated teams continues to perpetuate the professional silos that are detrimental to the development of the competencies as needed for collective teamwork and effective leadership.[9]

While some higher education institutions have implemented mandatory educational training modules for employees, the complexity of staffing of most health programmes results in only a fraction of teaching actually being done by trained educators. The absence of equal training demands for all who work in the sector thus simply increases the existing knowledge and training gap between university staff and their Department of Health counterparts, for whom compulsory training has not been mandated. The latter category of staff are, however, not exempted from teaching. In fact, the initiative to use a primary healthcare approach has seen more vociferous calls for education and training to be offered on distant and peripheral platforms. These discrepancies demand even greater collaboration among community-based practitioners and university stakeholders.

While faculty development initiatives have a better chance of success if implemented across longitudinal institutionalised frameworks,[10] providers are often met with resistance from those who seemingly 'go through the motions' to satisfy institutional regulations. These participants, while physically present, choose to engage only superficially with training, thus defeating its purpose.

It is therefore desirable that academics and clinical teachers alike become motivated to engage in ongoing training and educational debates, as they understand its inherent benefits for improved interactions with students and patients. Institutions should also recognise and value the impact of training in translating knowledge to practice and ultimately on improving health outcomes.[9]

Despite technological developments in modes to deliver training, users in low- and middle-income countries are still affected by resource limitations and poor connectivity. Training will therefore need to be designed in consultation with stakeholders, with the methods of delivery being greatly dependent on the infrastructure and resource allocation of local settings. While it is anticipated that the faculty development flame may initially be ignited through external drivers, such as legislative requirements, it is hoped that individual professional gains and an enhanced educational climate will fan the flame for sustained internal motivation to stay the course.

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