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Intrinsically Important: rebranding faculty development as a unifying key concept for CanMEDS 2025

Importance intrinsèque : Changer l'image de marque du perfectionnement du corps professoral en tant que concept clé unificateur pour CanMEDS 2025

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The expansion of distributed medical education (DME) and the proliferation of regional campuses have broadened our understanding of what it means to be faculty within the Canadian context.[1] This has occurred both in rural and urban settings. In the evolving landscape of Canadian medical education, every physician can potentially act as teacher, leader, or role-model. While not all clinicians will seek affiliation with academic health centres and academic institutions, DME has led many to seek formal faculty appointments, creating an urgent need for preparation for this role to be included in residency training. Whereas the term 'lifelong learning' is found in CanMEDS 2015,[2] the term *faculty development* is not mentioned. With CanMEDS 2025, there is an opportunity to integrate the concept of faculty development, and to update the language found in the framework to support 1) transitions from trainee to faculty, and 2) health systems change and evolution.

Faculty development as a key part of transition to practice

Faculty development has evolved to describe both a field and a practice whose aim is to meet the diverse needs of faculty members and the organizations to which they contribute.[3] The scope of faculty development encompasses teaching and education skills, research/scholarship skills (including quality improvement or patient safety), professionalism, well-being, leadership skills, and career development. Development occurs across interprofessional teams, levels of experience, and practice settings. Indeed, trainees are often already receiving training as teachers, leaders, and academic scholars— paving the way for them to engage in a version of early faculty development (essentially "pre-faculty development").[4,5]

It is important to prepare Canadian physicians to practice in the DME learning environment and to ensure they feel supported and rewarded for their work. In one recent study, many DME faculty reported that the connections and development opportunities available through their academic affiliations were both motivating *and* rewarding.[6] As residents transition into practice, we recognize that many will be expected to host trainees or engage in peer mentorship or teaching—in urban, community *and* rural settings. In essence, their effective integration into the communities and healthcare institutions they serve is predicated upon an understanding of their need for ongoing faculty development.

Table 1. Faculty development roles in CanMEDS 2015; opportunities for CanMEDS 2025

Table	CanMEDS Roles	Faculty-Development Oriented Enabling Competencies in CanMEDS 2015	Rationale
Individual Level Needs for incorporating Faculty Development into CanMEDS	Medical Expert	Continuing Medical Education Actively contribute, as an individual and as a member of a team providing care, to the continuous improvement of health care quality and patient safety	Opportunity for collaboration between offices of faculty development and CPD to help understand needs and offer resources to support physicians/faculty. Faculty members must maintain medical and/or healthcare expertise in order to stay on top of advancing medical expertise. There are increasing opportunities to incorporate quality improvement, clinical leadership, and patient safety concepts
	Scholar	2.1 Recognize the influence of role-modelling and the impact of the formal, informal, and hidden curriculum on learners 2.2 Promote a safe learning environment 2.3 Ensure patient safety is maintained when learners are involved 2.4 Plan and deliver a learning activity 2.5 Provide feedback to enhance learning and performance 2.6 Assess and evaluate learners, teachers, and programs in an educationally appropriate manner	"Lifelong learning" is used as Key Concept. We wonder if "Faculty Development" can be added here more explicitly as a subtype of lifelong learning. Again, this is an opportunity for collaboration between offices of faculty development and CPD to help understand needs and offer resources to support physicians/faculty.
	Professional	3.2, 3.3, 4.3 - Responsibility to the profession, including obligations of peer assessment, mentorship, collegiality, and support 4.1, 4.2 - Career development and career transitions	Highlighting that for those practicing in academic or community-based teaching settings that these are aligned with the concept of faculty development. Incorporating the avenue for seeing faculty development as a career development opportunity would be key.
Institutional & Systems-based Needs for integration of Faculty Development into CanMEDS	Leader	3.1 Demonstrate leadership skills to enhance health care 3.2 Facilitate change in health care to enhance services and outcomes Set priorities and manage time to integrate practice and personal life	Highlighting that these skills would be essential for faculty members in academic concepts to ensure they are able to engage in leadership development to lead change and manage relationships of team members, especially in educational or academic clinical settings.
	Communicator	1.5 Manage disagreements and emotionally charged conversations	Faculty development often includes conflict management and difficult challenges with learners and colleagues.
	Collaborator	2.2. Implement strategies to promote understanding, manage differences, and resolve conflicts in a manner that supports a collaborative culture	Same as above.
	Health Advocate	2.1 Work with a community or population to identify the determinants of health that affect them 2.2 Improve clinical practice by applying a process of continuous quality improvement to disease prevention, health promotion, and health surveillance activities 2.3 Contribute to a process to improve health in the community or population they serve	Emphasizing that lifelong learning can be expressed in acts of health advocacy. Resultant academic outputs from quality improvement (e.g. curricula or manuscripts/abstracts about successful innovations) are a form of faculty engagement and development for others. Engaging in the craft of health advocacy and quality improvement in order to have a strong understanding, enough to engage in the training of students or junior colleagues. Again, this is an opportunity for collaboration between offices of faculty development and CPD to help understand needs and offer resources to support physicians/faculty.

Faculty development as a key aspect of practice within systems

Because faculty development equips physicians to fulfill institutional roles (such as teaching, leadership, administration), it is inextricably situated within the context and culture of organizations and complex systems. Many of the topic areas that are currently conceptualized as 'faculty development' (see above) have counterparts within clinical organizations; for example, faculty development targeting academic leaders is easily transferable to leadership in the hospital setting. Thus, faculty development can prepare individuals to practice in a systems-based manner. This is important because in the current CanMEDS framework, organizational and systemic perspectives may be omitted if the focus is too much on medical expertise in the context of doctor-patient relationships.

Faculty development as a key aspect of accreditation

The term "faculty development" is an important component and specific term used in accreditation standards for both undergraduate[7] and postgraduate medical education.[8] As such, it would be important to align the language of these accreditation documents with CanMEDS and to promote more synergies between (the work of) local and national faculty development, and accreditation processes.

The way forward

Rather than incorporating faculty development into their competency-based residency framework (CanMEDS-FM), the Canadian College of Family Physicians has developed the *Fundamental Teaching Activities in Family Medicine: A Framework for Faculty Development.*[9] In contrast, the term 'faculty development' is not used in the Royal College's "Competency Training Requirements for the Clinician Educator Area of Focused Competence."[10] Instead, those seeking recognition for focused competence are required to, "Maintain and enhance professional activities in medical education through ongoing learning."[10]

Faculty development supports the integration of new topics into the medical and health sciences curriculum (e.g. social accountability, diversity, indigenous health, resiliency) by educating and training the faculty who will be involved in designing, developing, assessing and teaching this curriculum. Table 1 highlights the CanMEDS 2015 roles

and the enabling competencies from that iteration, and then highlights opportunities around how CanMEDS might be more firmly aligned to these roles and competencies.

By acknowledging faculty development within the CanMEDS 2025 framework we believe that this can foster the identity of all physicians (regardless of their geographic location) as teachers of students, residents, and their peers, as well as their potential as leaders and scholars.

Conclusions

Our proposition is that we can better integrate faculty development *throughout* the CanMEDS 2025 framework– and consider it in an intrinsically important position for raising our individual and collective capabilities and views all physicians, regardless of geography, as providers of education and advancing the academic mission. By situating and realigning faculty development as a unifying key concept for CanMEDS 2025 (similar to the way that quality improvement and patient safety was positioned as a cross-role concept), we can demonstrate that all physicians can be excellent contributors to their institutions and to the advancement of healthcare.