Review

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Faculty development programmes to enhance health professions education in Africa: A systematic review

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Background. Faculty development programmes enhance the competencies of health professions educators in teaching, research, leadership and clinical practice. In Africa, where healthcare inequalities, disease burden and limited access to quality healthcare services persist, the need for skilled educators is paramount. However, limited evidence on the effectiveness and implementation of such initiatives across diverse African contexts hinder the development of sustainable, contextually appropriate programmes. Understanding existing faculty development programmes and their outcomes is crucial for transforming health professions education (HPE) and building the skilled healthcare workforce needed to achieve the African Union's Agenda 2063 aspirations and sustainable development goals (SDGs).

Objectives. To systematically review and evaluate existing faculty development initiatives for health professions educators in African contexts and their associated outcomes.

Methods. A comprehensive systematic review was conducted using the *uKwazi* search engine across multiple databases. Full-text, peer-reviewed studies on faculty development programmes in Africa, published between 2015 and 2025, were included. The RE-AIM framework (Reach, Effectiveness, Adoption, Implementation, Maintenance) guided critical evaluation. Grey literature was also searched. Nine studies met the inclusion criteria.

Results. Programmes targeted diverse populations, including undergraduate and postgraduate students, academic personnel and healthcare professionals transitioning into academic roles. RE-AIM evaluation revealed strong reach to diverse target populations, effectiveness in improving teaching and research capabilities, successful adoption within institutional frameworks, variable implementation approaches and promising maintenance outcomes, including sustainable communities of practice. Programmes also fostered collaboration and incorporated culturally responsive approaches, such as *ubuntu*.

Conclusion. Faculty development programmes demonstrate potential to strengthen HPE in Africa and support SDGs. While reach and effectiveness are strong, improvements are needed in implementation consistency and long-term maintenance planning. Detailed needs assessments, sustainable financing structures, interdisciplinary collaboration, culturally responsive approaches, strategic planning and scaling of evidence-based programmes to develop a qualified healthcare workforce are key to addressing Africa's health challenges and promoting sustainable development.

Keywords. Health professions education, health professions educators, faculty development programmes, African Union Agenda 2063, sustainable development goals, systematic review

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Faculty development programmes for health professions educators are central to building educational capacity to address Africa's healthcare challenges. These programmes aim to enhance educators' competencies in teaching, research, leadership and clinical practice, thereby contributing to the development of a skilled healthcare workforce. In Africa, where healthcare inequalities, high disease burden and limited access to quality healthcare services remain a pressing concern, the quality and effectiveness of health professions education (HPE) depend fundamentally on well-prepared educators.[1] Continental and global frameworks, including the African Union's Agenda 2063 and the United Nations Sustainable Development Goals (SDG) 2030, emphasise the importance of developing a skilled and competent healthcare workforce to support inclusive, sustainable development.[2,3]

Effective faculty development programmes play a key role in strengthening workforce capacity.[4] They enhance educators' competencies in various domains, including teaching, research, leadership and clinical practice,[5] thereby contributing to the training of future healthcare professionals equipped to respond to the continent's health challenges and promote sustainable development.[4] These programmes may also foster interdisciplinary collaboration, research and innovation in HPE.[6] Strengthening educators' research capacity contributes to knowledge generation and the development of evidence-based practices that inform curriculum design, teaching methodologies and the integration of emerging technologies in healthcare education.[7] This aligns with the African Union's Agenda 2063 aspiration to advance education, training, science, technology and innovation, as well as SDG 4, which emphasises equal access to affordable and quality technical, vocational and tertiary education.

In addition, programmes that emphasise leadership skills may support more inclusive academic environments by advancing women into leadership roles, in line with SDG 5 on gender equality. By fostering inclusive, equitable

educational cultures within healthcare institutions, such programmes may help address barriers and challenge traditional gender norms, creating opportunities for women to assume leadership positions and contribute to decision-making processes.

Despite their importance, there is limited systematic evidence on the scope, effectiveness and implementation of faculty development programmes for health professions educators in African contexts. This knowledge gap hinders the development of evidence-based, culturally responsive programmes that effectively address the unique challenges and opportunities present in African HPE. In Africa, the need is underscored by skilled healthcare workforce shortages:[3,8] the World Health Organization (WHO) reported that, in 2022, the region met only 43% of its health worker requirements, with a projected shortfall exceeding six million by 2030. Strengthening HPE and building workforce capacity requires strategic investment in faculty development programmes.[9]

This review aims to systemically identify and critically evaluate faculty development programmes for health professions educators in Africa, using an implementation science framework, to inform evidence-based recommendations for strengthening educational capacity and workforce development.

Methods

Ethics statement

This systematic review of published literature did not require ethical approval, as it involved the analysis of publicly available studies with no direct human participant involvement.

Reflexivity statement

The research team included health professions educators and faculty developers with experience in African higher education contexts. While this insider perspective facilitated an understanding of contextual factors and programme nuances, it may have introduced interpretive bias toward positive outcomes. Systematic evaluation criteria and multiple-reviewer consensus processes were employed to mitigate this.

Review question

The primary review question was: 'What faculty development programmes are used to develop skills related to teaching, research, leadership and clinical practice in health professions educators in Africa?' The population, exposure and outcome (PEO) framework assisted in identifying relevant information and formulating the review question.[10] The population (P) comprised health professional educators, the exposure (E) faculty development programmes and the outcome (O) improved competencies in teaching, research, leadership and clinical practice.

This systematic review employed a critical evaluation approach to assess faculty development programmes using the RE-AIM implementation science framework. This approach enabled both descriptive synthesis of programme characteristics and critical analysis of implementation factors influencing programme success and sustainability.

Definitions

For the purposes of this review, 'faculty development programmes' were defined as structured educational interventions designed to enhance the knowledge, skills and competencies of health professions educators. 'Faculty' included academic staff, clinical educators and healthcare professionals involved in formal or informal teaching roles within HPE settings. 'Programmes' encompassed formal qualification courses, structured workshops, longitudinal development initiatives, mentorship programmes and other organised capacity-building activities. This broad definition acknowledges the diverse forms of faculty development across different African institutional contexts.

Search strategy

A systematic electronic search was conducted using the *uKwazi* library system. The search was designed to capture both international best practices and locally relevant interventions through a combination of databases offering different perspectives. The search was limited to the following databases: Academic Search Complete, Cumulative Index to Nursing and Allied Health Literature (CINAHL), PubMed, Health Source: Nursing/Academic Edition, BioMed Central (BMC, open access), EBSCOhost Journal Service (EJS) and Scopus. PubMed (MEDLINE) and the Education Resources Information Center (ERIC) served as primary databases for HPE and educational research, while African Journals Online (AJOL) was included to capture regionally relevant studies. Scopus provided multidisciplinary coverage of interventions from organisational development and educational psychology.

Search terms included: 'academics', 'faculty development programmes', 'faculty development initiatives', 'Africa', 'teaching', 'research', 'leadership' and 'clinical practice'. Additional search strategies to enhance comprehensiveness included hand-searching of reference lists of included studies to identify relevant articles not captured through database searches. Grey literature was searched through organisational websites, government repositories and conference proceedings; however, no additional studies meeting the inclusion criteria were identified.

The primary search was conducted in English owing to resource constraints, which may have excluded relevant studies published in French, Portuguese or Arabic, languages commonly used in African HPE literature. This represents a significant limitation, as faculty development initiatives may be documented in these languages, particularly in Francophone and Lusophone African countries. Future reviews should consider multilingual search strategies to capture the full scope of faculty development initiatives across linguistically diverse African contexts.

Inclusion criteria

The following criteria guided study inclusion: (*i*) full-text, peer-reviewed articles published in English; (*ii*) published between 2015 and 2025; (*iii*) qualitative, quantitative or mixed-methods studies with varied study designs; (*iv*) focused on, or including, African contexts; (*v*) addressing faculty development initiatives for health professions educators; and (*vi*) describing an intervention or programme.

This 10-year period captures the post-2015 era of HPE reform, including the widespread implementation of competency-based education and technology-enhanced learning. It also encompasses both pre-pandemic and COVID-19-related educational adaptations, ensuring relevance to current faculty development needs in African contexts.

The focus on HPE aligns with SDG 3 (good health and wellbeing) through workforce development, as well as SDG 4 (quality education), as

faculty development programmes contribute to strengthening educational capacity and improving health and educational outcomes.

Methods for review

This systematic review followed established methodological guidelines. The review was conducted by three researchers (JM, ZM and LM), with a fourth reviewer (JF) resolving conflicts and uncertainties. Titles and abstracts were screened for alignment with the inclusion criteria.

The initial search yielded 2 505 articles. After removal of 834 duplicates identified using Covidence, 1 671 articles were screened by title and abstract. Of these, 1 594 were excluded, leaving 77 full-text articles for eligibility assessment. A further 68 studies were excluded for the following reasons: not conducted in Africa (*n*=42), wrong setting (*n*=15), wrong study design (*n*=7), wrong population (*n*=6), not faculty development (*n*=1) and unavailable full text (*n*=1). The final review included nine studies (Fig. 1).

Methodological quality appraisal

The RE-AIM framework (Reach, Effectiveness, Adoption, Implementation, Maintenance) was selected as the evaluation framework owing to its comprehensive approach to assessing both programme outcomes and implementation factors influencing sustainability and scalability. Although originally developed for clinical practice, RE-AIM has been successfully adapted for educational research, making it appropriate for evaluating faculty development programmes that aim to translate research into practice within educational settings. The framework addresses a critical gap in educational programme evaluation by examining not only what works ('Effectiveness') but also for whom, where, how and for how long programmes are effective.

The RE-AIM framework was developed in response to the delayed and disparate implementation of research into practice.[10] In this review, it facilitated the systematic evaluation of faculty development programmes and their potential for broader implementation across African universities. The framework comprises five dimensions: Reach, Effectiveness, Adoption, Implementation and Maintenance.[10] 'Reach' encompasses the representatives, participation rate and the inclusion/exclusion criteria of the target population. 'Effectiveness' explores the intended and actual outcomes of the programme, including limitations and participant attrition. 'Adoption' considers the setting, how the programme was adopted and who implemented it. 'Implementation' examines programme resources and reliability, while 'Maintenance' assesses long-term impact and follow-up indicators.

A critical appraisal tool was developed, based on the RE-AIM framework, to assign a score out of 100 to each included article. Each dimension was operationalised into measurable criteria, with four items per dimension (20 items in total), scored on a five-point Likert scale (0 - 4). This yielded a maximum possible score of 80, which was converted to a percentage. The tool was piloted on a subset of five articles by two independent reviewers to assess inter-rater reliability (Cohen's κ=0.78), with discrepancies resolved through consensus. Content validity was established through expert review by two senior researchers with expertise in implementation science and the RE-AIM framework.

The use of RE-AIM represents both a strength and a limitation. It offers a comprehensive implementation science perspective that extends beyond traditional programme evaluation to examine real-world applicability and sustainability. However, applying a framework developed for clinical interventions to educational programmes may not capture all relevant educational factors, and its complexity may introduce interpretive challenges. Articles were categorised as weak (<35%), moderate (36 - 69%) or strong (>70%) based on their scores.

Results

Overview of included studies

In this systematic review, nine articles met the inclusion criteria, providing insights into faculty development programmes for health professions educators in Africa. These programmes aimed to enhance various competencies, including teaching, research, leadership and clinical practice, aligning with the African Union's Agenda 2063 and the SDGs, particularly SDG 3 (good health and wellbeing) and SDG 4 (quality education). Five articles achieved a rating of ≥70%,[11-15] indicating strong implementation and evaluation according to RE-AIM criteria.

To ensure rigorous assessment of article quality within the RE-AIM framework, a systematic scoring methodology was developed. Points were allocated across the five RE-AIM dimensions, with a maximum of 20 points per dimension. Within each dimension, four criteria (5 points each) were assessed: for Reach, target population description, clarity of inclusion/exclusion criteria, participation rates and representativeness; for Effectiveness, outcome measures, reporting of statistical significance, attrition rates and documentation of negative outcomes; for Adoption, setting description, staff qualifications, barriers and facilitators, and organisational resources; for Implementation, intervention consistency, adaptation, cost reporting and implementation timeline; for Maintenance, long-term follow-up, programme institutionalisation, maintenance of individual behaviour and sustainability planning.

The study by de Jongh *et al.*[16] was published in 2014, just outside the stated timeframe (2015 – 2025), but was included owing to its foundational relevance to research integration in African HPE and its alignment with the review objectives.

Table 1 presents the individual scores for each study across the five dimensions, highlighting strengths and weaknesses in reporting quality. Supplementary Table 1 provides detailed descriptions of the programmes according to the RE-AIM dimensions.

Reach

The reach of these programmes extended to diverse target populations, including undergraduate and postgraduate students, academic staff, researchers and healthcare professionals transitioning into academic roles. This broad reach aligns with the African Union's Agenda 2063 aspiration to advance an education and skills revolution, promoting talent and skills development across various levels of healthcare education and practice. Eight of the nine articles focused specifically on building capacity in health professions educators,[14-21] with participants described as staff,[17] academics,[16,22] educators[11,13-15] and researchers.[12] Several programmes demonstrated comprehensive approaches to faculty development, targeting educators from diverse backgrounds across multiple African countries. The sub-Saharan Africa FAIMER Regional Institute (SAFRI) programme demonstrated exceptional reach, spanning across >10 African countries.[14,15]

Some programmes also included community members as participants,[17] reflecting the community-engaged nature of certain faculty development

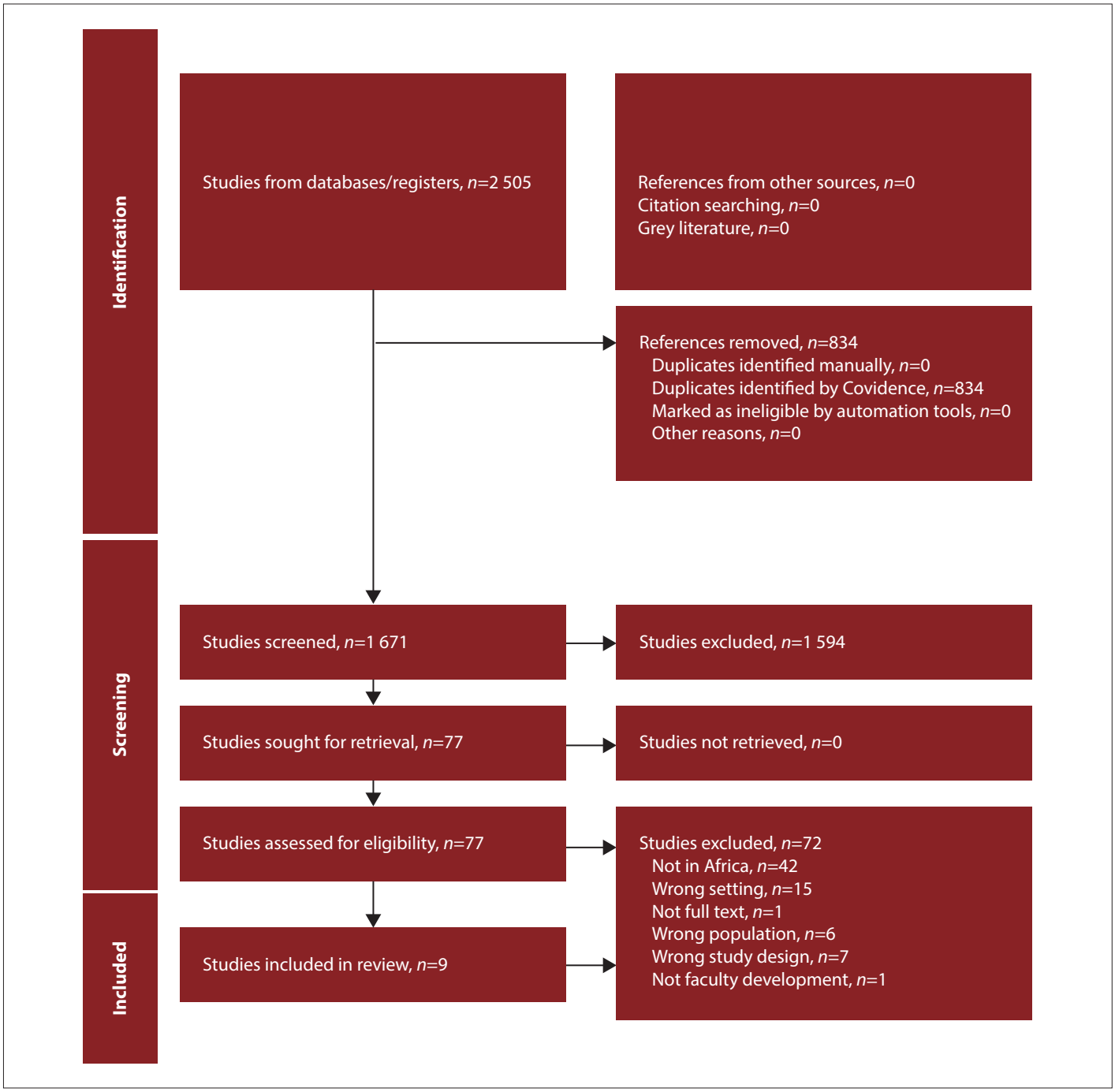


Fig. 1. PRISMA flow diagram of the search strategy and results (adapted from Page et al.*, 2021; generated using Covidence systematic review software.)*

initiatives that emphasise social accountability in HPE. The Campbell *et al.*[17] study examined the Umthombo Youth Development Foundation (UYDF) model, which included students, community members, hospital staff and patients within a comprehensive educational partnership. While not traditional faculty development in the narrow sense, these programmes represent important innovations in preparing educators to engage effectively with communities and to understand the social determinants of health. These approaches align with the broader definition of faculty development adopted in this review, which acknowledges the diverse forms that faculty development may take across different African institutional contexts, particularly those emphasising social accountability in HPE.

Effectiveness

The effectiveness of the programmes was demonstrated through intended outcomes such as improved teaching methodologies, enhanced research capabilities and the integration of community engagement and social accountability principles into healthcare education. Reported outcomes also included the development of participants' capacity to become future

Table 1. Individual study scores across RE-AIM dimensions

Study	Reach (20)	Effectiveness (20)	Adoption (20)	Implementation (20)	Maintenance (20)	Total score (100)	Quality rating
Campbell *et al.*, 2016	17	13	15	8	12	65	Moderate
de Jongh *et al.*, 2014	14	9	16	7	5	51	Moderate
de Villiers *et al.*, 2014	15	15	18	9	14	71	Strong
Etando *et al.*, 2021	16	12	14	11	6	59	Moderate
Frantz *et al.*, 2015	18	16	17	14	15	80	Strong
Frantz *et al.*, 2019	17	15	16	13	14	75	Strong
Hakim *et al.*, 2018	18	17	16	15	14	80	Strong
Kiguli-Malwadde *et al.*, 2015	17	16	18	14	15	80	Strong
Kridiotis & Van Wyk, 2019	12	10	15	7	4	48	Moderate

RE-AIM = Reach, Effectiveness, Adoption, Implementation, Maintenance.

educators and trainers, fostering sustainable knowledge transfer and skills development, in line with SDG 4 to increase the supply of qualified teachers.

All articles included in this study aimed to improve HPE across various focus areas, including community engagement,[17] research,[12-16] and learning and teaching.[10-12,14,17,21-23] Outcomes varied across studies and included enhanced ability to develop capacity,[22] increased institutional investment in education,[12] the development of sustainable communities of practice[23] and strengthened personal and professional capabilities contributing to collective capacity development.[14]

Several programmes demonstrated effectiveness in developing sustainable communities of practice, with participants reporting improved teaching skills, increased research productivity, career advancement and enhanced leadership capabilities. These benefits extended beyond individual participants to institutional and broader community impact.[14,23]

Adoption

The adoption of these programmes occurred within higher education institutions (HEIs) across Africa, with health professions educators and academic staff playing pivotal roles in their delivery. Alignment with existing educational structures, together with the involvement of experienced educators, contributes to the sustainability and scalability of these programmes, supporting African Union's Agenda 2063 aspiration to advance education and the skills revolution through collaborative efforts.

All included studies were conducted in HEIs across Africa, with the following geographic distribution: four studies in South Africa,[13,17,21,22] one in Zimbabwe,[11] two across multiple African countries[10,12] and two focused on pan-African faculty development programmes.[14,23] All studies utilised health professions educators to deliver programmes, with two studies[17,21] employing a peer-delivery model in which the target audience conducted the programmes themselves. Several programmes demonstrated successful adoption across multiple African countries, with strong institutional support and integration into existing educational frameworks, particularly the SAFRI programme, which showed exceptional adoption across diverse institutional contexts.[14,23]

Implementation

Implementation varied across programmes, with some assessing impact through follow-up assessments and others providing descriptive accounts of the initiatives. Reporting of implementation costs was inconsistent, although reliance on external funding sources was noted in several programmes. This underscores the need for sustainable financing mechanisms to ensure long-term viability, aligning with SDG 4 (increasing the supply of qualified teachers) and SDG 3 (strengthening capacity for early warning, risk reduction and the management of national and global health risks).

All nine studies focused on faculty development programmes at African universities. Six studies assessed programme impact,[11-14,22,23] while three provided descriptive accounts.[10,17,21] Reporting of implementation cost varied: three studies did not report costs,[13,21,22] one noted dependence on research funding,[17] another highlighted high internet costs in Africa as a barrier[10] and two studies described financial support programmes where costs depended on award amounts.[11,12] Several programmes demonstrated robust implementation with external funding support, ensuring quality delivery and sustainability planning.[14,23]

Maintenance

The maintenance and long-term impact of the programmes were explored through follow-up assessments, with recommendations for further research on initiative effectiveness and their potential to transform healthcare education. Several studies highlighted the potential for improved patient health outcomes and programme sustainability beyond initial funding periods, aligning with SDG 3 targets to ensure healthy lives and promote wellbeing for all.

Six studies that assessed intervention impact reported clear follow-up methods with stakeholders, including graduates[13,22] and university staff.[11,12,14,23] Among descriptive studies, one recommended follow-up evaluation of effectiveness,[10] while two others did not include such recommendations.[17,21] Eight studies recommended exploring long-term impact across various outcomes, including student voice,[13] community involvement,[13] HPE,[10,17] patient health outcomes,[22] programme sustainability[11,12] and continued development of communities of practice.[14,23]

Several programmes demonstrated strong maintenance outcomes, with participants continuing to engage in scholarly activities, to mentor others and to contribute to their home institutions and the broader HPE community long after programme completion.[14,23]

Discussion

This systematic review provides a comprehensive evaluation of faculty development programmes for health professions educators in Africa using the RE-AIM implementation science framework. The findings reveal both

promising practices and critical gaps that should be addressed to optimise faculty development initiatives across the continent.

When examined through the RE-AIM framework, several critical insights emerge with important implications for future faculty development initiatives in Africa. The inclusion of studies on the SAFRI programme[14,23] provides valuable insight into comprehensive faculty development approaches that address both individual and collective capacity development. SAFRI is a two-year longitudinal faculty development programme that has trained health professions educators from across sub-Saharan Africa since 2008.

The *ubuntu* philosophy, as demonstrated in the SAFRI programme, offers a unique African perspective on faculty development that emphasises collective growth and mutual support.[14] *Ubuntu*, meaning 'I am because we are,' reflects interconnectedness and shared responsibility. This approach contrasts with traditional Western models that focus primarily on individual development, suggesting that culturally responsive programmes may be more effective in African contexts. It recognises that individual growth is inextricably linked to community development, which is particularly relevant for HPE, where healthcare delivery depends on collaborative practice.

Regarding 'Reach', the SAFRI programme has successfully engaged health professions educators from >10 African countries, representing diverse health professions including medicine, nursing, dentistry and allied health.[23] This broad reach demonstrates the potential of pan-African faculty development initiatives to address continental healthcare education needs while respecting diverse cultural and institutional contexts.

In terms of 'Effectiveness', the SAFRI programme showed significant positive outcomes, including enhanced teaching skills, increased research productivity, career advancement and leadership development.[14] Notably, it fostered sustainable communities of practice that continued to support participants long after programme completion, creating a multiplier effect extending benefits beyond individual participants to their home institutions and the broader HPE community.

However, several challenges emerged. Implementation inconsistencies across programmes highlight the need for standardised approaches that remain contextually sensitive. Variable reporting of costs and sustainability planning suggests that many programmes lack comprehensive implementation frameworks. Furthermore, although programmes demonstrate strong individual and institutional outcomes, their longer-term impact on patient care and health system strengthening requires further investigation.

Conclusion

This systematic review demonstrates that faculty development programmes for health professions educators in Africa have significant potential to enhance healthcare education and support SDGs. However, evaluation using the RE-AIM framework highlights key areas for improvement to maximise programme impact and sustainability.

Key findings indicate that, while programmes demonstrate strong reach across diverse target populations and effectiveness in improving teaching and research capabilities, gaps remain in implementation consistency and long-term maintenance planning. The most successful programmes, particularly the SAFRI initiative, demonstrate the value of culturally responsive approaches that incorporate African philosophies such as *ubuntu*, emphasising collective development alongside individual capacity building.

Based on these findings, future faculty development programmes in Africa should: (*i*) conduct comprehensive needs assessments to ensure relevance and cultural appropriateness; (*ii*) establish sustainable financing mechanisms to reduce dependence on external funding; (*iii*) foster interdisciplinary collaboration and communities of practice; (*iv*) incorporate culturally responsive pedagogical approaches; (*v*) implement robust evaluation frameworks assessing both short- and long-term outcomes; and (*vi*) develop systematic approaches to scaling successful programmes across institutions and countries.

Several programmes, particularly SAFRI, demonstrate valuable approaches to sustainable faculty development that create lasting communities of practice, extend impact beyond individual participants and align with African cultural values of collective growth and mutual support. These findings demonstrate how faculty development can serve as a catalyst for broader transformation in HPE across the continent. Policymakers and institutional leaders should prioritise strategic investment in evidence-based faculty development programmes, recognising their critical role in strengthening the healthcare workforce needed to address Africa's health challenges and achieve SDGs. The *ubuntu* philosophy of 'I am because we are' offers a compelling framework that recognises the interconnected nature of individual and collective capacity development in African contexts.

Future research should focus on developing standardised evaluation frameworks, investigating long-term impact on patient outcomes and health system strengthening and exploring innovative financing mechanisms for programme sustainability. Comparative studies assessing culturally responsive and traditional Western approaches to faculty development may also provide valuable insights for programme design and implementation.

Data availability statement. Data will be made available upon reasonable request.

Declaration. None.

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