



Review Article

What the head of a university expects from the leadership of a dental school

Richard Trainor

Rector, Exeter College, Oxford, OX13DP, United Kingdom

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ABSTRACT

The head of a university, especially of a research university, expects a great deal from the dean, and the dean's team, of a dental school. These leaders have to balance an especially complex set of tasks and, in the process, pursue maximum integration into their university. Dental deans should aspire to be at least equal partners with leaders of other major academic areas in their university in the pursuit of internationally recognised excellence.

1. Background

I am not an academic dentist – or a healthcare professional of any kind – but an economic and social historian. My encounters as a historian with dentistry consist only of some study of dentists' role in the history of the professions and the enlightening experience of supervising a doctoral thesis on the history of dental education. However, I had a close professional relationship with the King's College London Dental Institute (now King's College London Faculty of Dentistry, Oral and Craniofacial Sciences - KCLFDOCS), and in particular with its deans, during my ten years (2004–14) as Principal and President (from 2009) of King's. During that decade the institution experienced many aspects of transformation – as reflected in rising international rankings – so I had occasion to think seriously about all the major parts of King's, not least its large and highly reputable dental school. Nearly five years away from King's and any responsibilities for academic dentistry, as Rector of Exeter College at the University of Oxford, provides me with a perspective that allows reflection, in this article, on the role of dental schools, and their leaders, in universities more generally.

2. Dentistry at King's College London

Like all academic entities, KCLFDOCS – like King's College London overall – has its distinctive aspects. The Faculty, like the College, is the product of many mergers. [1] The Faculty is also especially large, indeed the largest dental school in Europe, and therefore houses a significant proportion of the academics and students even of a very substantial university such as King's. Moreover, as a deliverer of clinical services, the Faculty is especially complex – spread across three London hospitals and two clinics (one of them in Portsmouth, 70 miles way) and relating to two major National Health Service (NHS) foundation trusts, King's College Hospital and Guy's & St Thomas's. Likewise, always ranked among the top dental schools in the world KCLFDOCS and previously King's College London Dental Institute, has unusually great distinction. Another element of complexity arises from the fact that my

leadership of King's encompassed the tenures of two dental deans (both of whom helped me prepare to write this article), Professor Nairn Wilson from 2004 - the date of my appointment - to 2012 and then Professor Dianne Rekow from 2012 until I left King's in 2014.

Nonetheless, KCLFDOCS has many characteristics in common with other dental schools, especially those located in other multi-faculty research universities, the type of institution on which I am focusing in this article. Similar to such other dental schools, King's has to deal with the many other types of subject in its institution. Moreover, like its counterparts in other research universities, at King's the dental school (Faculty) has to juggle many different missions – teaching dental undergraduates, delivering dental care in hospitals and clinics, and performing research respected throughout their universities and in dental schools in other institutions. Also, at King's, as elsewhere, a dental school has to deal with a wide variety of relevant organisations, both domestic and international.

3. Quality

As with any other subject in a high-performing research university, the most basic expectation that the university president has of a dental school and its dean (head of school) is that they deliver dental education, clinical care and research of the highest quality. Such performance is important for the impact of these services in themselves, and such a research-based university wants all its 'outputs' to be excellent, ideally 'world class'. Also, in this era of national and international rankings of individual departments (a significant recent innovation for dental schools) as well as of whole institutions, the president naturally wants that particular dental school to excel on such measures. In this important respect, the institution exerts pressure, however implicitly, on a dental school and its dean to lift their sights above a mission that might be conceived more narrowly in terms of regional impact and standards. Dental schools provide many services which are aimed principally at their neighbours, but for a dental school in a research university these outputs must aim for the highest quality, interacting with similar goals in teaching and research.

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4. Balance

In meeting the high expectations of presidents, dental deans face a fundamental difficulty: their academics (like their equivalents in other clinical subjects, but more so than in most non-clinical disciplines) have to balance an especially large number and variety of types of work. In addition to training future dentists, delivering postgraduate education and supervision, conducting and publishing research and administering efficiently, most dental academics have to deliver clinical services, often in large quantity. Even more than medical deans in many institutions, the dental dean has to commit major parts of the time of academics and students alike to patient care, whether in hospitals or in free-standing clinics, thereby constraining the time available for research in particular. Although medical schools contribute to the delivery of care in hospitals, in many instances dental schools actually run (in collaboration often with health authorities) entire dental hospitals and clinics. As a result, dental academics need to be especially adept at balancing numerous, often divergent claims on their time and attention.

5. Vision

For dental academics to handle effectively this complex package of tasks their school must have a multi-faceted and well-implemented vision. The dean, who has responsibility both for devising the strategy and for translating it into action, has to persuade the school's academics that a high-quality contribution to the university's excellence is required while also insisting on the effectiveness of each of the major facets of the school's activities. To do this, the dean requires an executive team with deep roots in the various parts of the school. In dealing with that team, and with the school as a whole, the dean needs to listen, and keep listening, as colleagues, students and patients, plus various external stakeholders, react to any particular resolution of competing claims for time and resources. The multi-faceted nature of the mission of a research-based dental school also requires an unusual degree of dedication and flexibility from dental academics; a fundamental task of the dean and executive is to facilitate the academics in translating that dedication into effective action. These are not easy tasks. For example, dental school leaders have to help their colleagues deal with the intensive nature of clinical dental education while also assisting them in winning research grants in competition with academics in less professionally based and more easily glamourised branches of biomedical sciences.

6. Institutional involvement

The head of a research university also needs a dean and a dental school which relate effectively to the rest of the institution. In part this is required simply because a high-performing university cannot afford to have a mediocre dental school. To facilitate such excellence a dental school and its leadership must be actively involved in formulating and implementing the teaching, research and administrative strategies of the overall institution. For the welfare of their own schools – as well as of the university as a whole – dental deans, their teams and academics must participate energetically in the committee and task-group work of their universities as well as of their schools themselves. Thus, for its own sake, and well as for the good of the whole university, a high-performing dental school must be an effective participant in the institution's resource allocation – and in the relations between that university's executive leaders and the governing bodies of their institutions. Fulfilling these objectives require close personal interaction between dental deans and teams, on the one hand, and the president and top leadership (which may include deputies charged with coordinating groups of schools) of the university, on the other. Presidents and their centrally-based colleagues must make allowances for the complexities of the tasks of the dental dean and close colleagues; this will be more easily achieved if the meetings between the two groups are frequent and candid.

7. Institutional support

Naturally there are reciprocal obligations, on the part of central administrations and other schools, to dental schools, their deans and teams and individual dental academics. Dental schools must be treated as major, prestigious parts of their overall institutions; they must be effectively promoted by the latter (with regard to publicity and student recruitment mechanisms, for instance) both inside and outside the university. Moreover, dental schools require the resources needed to carry out their multi-faceted objectives; this is a difficult goal to achieve at a time when most universities find their missions broadening and their finances under increasing pressure. A dental school cannot flourish if it is treated as an ancillary part either of the health care schools of an institution or of the overall university. Dentistry needs to be approached both as a central aspect of a university's approach to healthcare and as a major set of disciplines within the institution as a whole. Dental teams' support for institution-wide strategies, and active involvement in their implementation, will enhance the probability of appropriate treatment of dentistry by the university.

8. Added value

Equipped in these essential ways, a high-performing dental school, such as the one at King's, must adhere to the rules and basic expectations of the overall institution but also strive to exceed such baselines. Otherwise the dental school in question is unlikely to be well regarded either nationally or internationally. Also, high-quality dental schools have much to contribute to the other parts of the university. With regard to teaching, for example, the intensity of much dental teaching, its heavy dependence on technology and its clinical setting mean that dental schools have much of value to say in the formulation of university strategies dealing with such facets of instruction in other disciplines. Take, for example, applications in medicine and other areas of haptic technologies developed in dentistry (<https://www.researchgate.net/profile/Margaret.Cox>, accessed 10/2/19). Likewise, the relationship between dental schools and dental regulatory bodies, like the relationship between dental schools and the broader dental profession, has much to teach other schools with close regulatory and professional relationships.

9. Translation

Inevitably, much of this positive intra-university interaction beyond the dental school's boundary will be with schools dealing with other aspects of healthcare and/or other aspects of biomedical sciences. With those cognate schools the potential for reciprocal positive influence is especially great, whether in teaching, clinical work, professional relations or research. See, for example, the long-standing work of Professor Paul Sharpe at King's on molecular control of tooth development, tissue engineering and dental stem cells (<https://kclpure.kcl.ac.uk/portal/paul.sharpe.html>, accessed 9/2/19). In all these respects – not least in research – the increasing tendency in recent years for dentists to 'put the mouth back into the body' augments the possibilities for effective interaction. Yet the scope for positive interaction extends, to a lesser but significant degree, across the disciplinary spectrum. Indeed, a high-performing dental school should have effective and reciprocal connections with all the other major parts of its institution. In these respects, as in many others, translating potential into reality for dental schools will depend on energetic commitment from deans and their teams.

10. Student experience

Dental administrators, academics and students can draw many advantages from membership of a multi-faculty institution, notably with regard to staff development and student activities. Ideally there should also be advantages, for students, in the availability in a large and varied

university of a very broad variety of teaching expertise. At King's, for example, dental students now have available an optional course on humanities and dentistry. The chance for dental academics and students to interact with their counterparts in a wide variety of other disciplines also has important intangible advantages. At King's, for instance, the opening of a new Science Gallery at Guy's Campus, close to a major site of the dental school, has introduced a new cultural dimension. At a more practical level, universities can provide dental students, especially those whose homes are distant from the institution, with housing, scholarships, emergency financial help and the range of pastoral services that students increasingly expect and demand.

11. International dimension

The role of a high-performing dental school in a research institution also has an important international dimension, a key facet of an ambitious university in the early 21st century with its increasing flows across borders of academics, administrators and students. Presidents will expect such dental schools to recruit students (especially graduate students) abroad as well as at home, enriching student life and the quality of student intake while also boosting enrolments and income. Likewise, faculty exchanges and collaboration – recognised in appropriate cases through visiting professorships and honorary degrees – can contribute to the academic quality and international standing of both the school and the university. KCLFDOCS has long had a major involvement in all these kinds of international connections – with Malta in orthodontics, for example - for the effectiveness of which the active and imaginative involvement of the dean is a prerequisite. King's may have been especially active in international activities, but academic dentistry generally seems very internationally minded, as evidenced by the activities of bodies such as the International Association for Dental Research, led in my time at King's by Professors Stephen Challacombe and Dianne Rekow, who played significant roles in building the platform for the present day success of KCLFDOCS. Meanwhile, dental deans have a right to expect that the increasingly sophisticated central international services of universities such as King's will be effectively at the disposal of their schools, facilitating appropriate recruitment, exchanges and collaborations. A successful research university requires a pervasive international culture, and properly supported dental schools have an important role to play in achieving this objective.

12. National engagement

Of course, the national dimension will always retain much attention from deans, not least regarding the recruitment of the majority of undergraduate dental students. Partly for this reason, presidents also expect their dental schools, and their deans in particular, to be well integrated with their national dental profession and its professional bodies, including close contact with other dental schools. Dental leaders in universities also need to be adept at dealing with the funding and regulatory regimes of their country – and, in federally organised nations, of their state or province. In the UK, for example, the introduction of funding for graduate entry dentists provided a major opportunity of which schools such as King's took advantage. Meanwhile, particular distributive and competitive mechanisms – such as (in the UK) periodically revised allocations of dental student places, and the regular carrying out within dental schools of national student surveys and of national research assessment – require careful attention from dental schools, as from other major parts of their universities. Dental schools also have to deal with how dental education fits into their particular national educational systems. Thus UK universities such as King's draw the bulk of their dental students directly from young people who have just finished their secondary education, with important consequences for the content and methods of the teaching the students receive and for their practical and pastoral needs.

The way in which healthcare is organised in the country in question

also has an important bearing on a dental school, and on what a president expects from the school and its leaders. In every country, the nature of relationships with hospitals – and with doctors, nurses, technicians and other healthcare professionals – produces a complex pattern of benefits and problems for dental schools and their leaders. Thus the specific organisational and financial dimensions of national health care greatly influence how education, especially the clinical education of undergraduates, is organised and delivered. Even more clearly, a dental school's patient care – itself an important aspect of the student experience – must take account of national institutions, in the UK particularly the NHS. For example, in the UK the NHS has much control over the time of dental academics, a significant constraint on the discretionary authority of presidents and deans alike. Also, the buildings in which education, patient care and research are carried on often belong to the NHS, or are shared by it with universities in complex ways. Thus in the UK presidents require their dental deans, and dental colleagues more generally, to know a great deal about the NHS and to interact effectively with it, balancing care for the school's and the university's particular interests with a concern, deeply shared with the NHS, for the welfare of current and future patients. Positive interactions have been facilitated, in many cases, by the advent of academic health science centres, which (in institutions such as King's) supply a framework for collaboration in teaching, patient care and research between universities and the NHS. Such collaborative structures provide an opportunity for the leaders of the university to exert influence on behalf of dental schools. Some problems remain, of course: this is inevitable given the differences in accountability, financing and mission between higher education and health care in the UK. Dental deans have less financial flexibility, for example, than their counterparts in the United States because of the complexities of the employment of dental academics. Nonetheless, UK presidents and dental deans alike benefit considerably from close interaction with the NHS as a publicly funded entity with responsibility for the whole patient population.

13. Alumni

Alumni relations loom increasingly large in research universities, and here dental schools have an especially important role to play for themselves and for their universities. In part, in a rising number of countries (emphatically including the UK), augmented attention to alumni stems from increased alumni giving to their institutions. But the alumni dimension of dental schools, as more generally, goes far beyond the raising of such donations. Having a strong alumni network, abroad as well as at home, facilitates both student recruitment and the close ties with the profession on which many aspects of a high quality dental school depend. Often there is a particular regional dimension to such ties, reflecting the professional destinations of many dental alumni and their desire for regular staff development activities. In dental schools such as King's regular training days provide continuing close links with the nearby dental profession, many of whose members are alumni. Dental school mergers, and dental integration into universities, have concerned some alumni, especially those who graduated long before the centrifugal trends in question were evident. However, the King's example suggests that energetic alumni activities by the dental school, and the close personal involvement of deans, can go a long way toward forging new dental school identities within a much broader university. Presidents naturally expect significant dental school participation in alumni activities; fortunately the close professional links of dental schools mean that they are often particularly keen participants in these initiatives. The same can often be said of ties between dental schools and industry, frequently a source of contracts as well as philanthropy. In both respects, as in so many aspects of dental school activity, university-wide services (such as those provided by development departments and innovation offices) will facilitate dental schools in achieving their goals, in this instance fundraising and the clinching of appropriate deals with the private sector.

14. Concluding remarks

The head of a university, especially of a research university, therefore, expects a great deal from the dean, and the dean's team, of a dental school. These leaders have to balance an especially complex set of tasks within the school's boundaries; they also have to relate in complicated ways to a wide variety of outside bodies and interests, not least hospital authorities and regulatory bodies. In addition, the leaders of dental schools need to support actively the research-based mission of the university as a whole, with its emphasis on the positive interaction between research and teaching. Achieving these various objectives requires complex and sympathetic leadership within dental schools. It also requires close interaction between the leadership of the dental school, on the one hand, and of the university and of its non-dental schools, on the other. Dental school leaders need to pursue the maximum of integration into their university institutions, reaping rewards of collaboration in teaching, research, clinical work and administration. Meanwhile, universities must support their dental schools with high esteem, with recognition of their particular problems, with adequate

resources and with the excellent central services that dental academics, students and patients need. These are demanding objectives, which will not always be quickly attained, particularly as dental schools strive to counteract the factors which in the past have often separated them from the rest of higher education. Fortunately for the outcome of these complex relationships, dental schools have, in addition to significant claims to excellence in research and teaching, particular potential to advance the international and alumni/fundraising activities that loom increasingly large for research universities. In these various ways, dental leaders, and dental schools more generally, can realistically aspire to be at least equal partners, with other major academic areas within research universities, as the latter pursue internationally recognised excellence.

References

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