Chapter 3.1

LEADERSHIP, GOVERNANCE AND MANAGEMENT IN DENTAL EDUCATION – NEW SOCIETAL CHALLENGES

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Abstract

Dental schools around the world face new challenges that raise issues with regard to how they are governed, led, and managed. With rapid societal changes, including globalisation and consumerism, the roles of universities and their funding have become intensely debated topics. When financial burdens on universities increase, so does the pressure on dental schools. This is exacerbated by the relative expense of running dental schools and also by the limited understanding by both university managers and the public of the nature and scope of dentistry as a profession. In these circumstances, it is essential for dental schools to have good systems of leadership and management in place so that they can not only survive in difficult times, but flourish in the longer term.

This paper discusses the concept of governance and how it relates to leadership, management, and administration in dental schools and dental hospitals. Various approaches to governance and management in dental schools on different continents and regions are summarised and contrasted. A number of general governance and leadership issues are addressed. For example, a basic principle supported by the Working Group is that an effective governance structure must link authority and responsibility to performance and review, i.e. accountability, and that the mechanism for achieving this should be transparent. The paper also addresses issues specific to governing, leading, and managing dental schools. Being a dean of a modern dental school is a very demanding role and some issues relating to this role are raised, including: dilemmas facing deans, preparing to be dean, and succession planning. The importance of establishing a shared vision and mission, and creating the right culture and climate within a dental school are emphasised. The Working Group advocates establishing a culture of scholarship in dental schools for both teaching and research. The paper addresses the need for effective staff management, motivation and development, and highlights the salience of good communication. The Working Group suggests establishing an advisory board to the dean and school, including lay persons and other external stakeholders, as one way of separating governance and management to some extent and providing some checks and balances within a dental school. Several other suggestions and recommendations are made about governance, management, and leadership issues, including the need for schools to promote an awareness of their roles by good communication and thereby influence perceptions of others about their roles and values.

Introduction

Universities and dental schools must contribute to the societies of which they are part, as well as being responsive to changes in society. Many societal changes are rapid and extensive, such as globalisation and consumerism. They impact on universities and on the faculties and schools within them, including dental schools. Indeed, dental schools, because of their relatively small size but high cost, often feel the effects of societal changes and financial pressures more rapidly and acutely than other faculties or schools.

While this situation presents challenges to dental schools, it also presents the opportunity for schools to respond quickly and adopt innovative approaches. In fact, dentistry leads many other professions and disciplines in its potential to adapt to change. Although dental schools around the world may face specific challenges, the dental profession is well-placed to work collaboratively at both regional and global levels. One example of this would be the work of ADEE/ DentEd across Europe in
equalising standards, including adoption of quality assurance guidelines agreed across countries as they work together to meet the Bologna Declaration. Thus, there is an opportunity to provide global mutual support across dental schools to help achieve agreed aims. Dental schools also have the opportunity, and indeed the responsibility, to provide professional leadership within society in relation to oral health education and research.

Dental schools must keep pace as universities change. In many parts of the world, the climate in which universities operate has changed substantially over the past 10-20 years. Governments and agencies expect universities to be accountable and demonstrate that they are using public funds provided to them in an effective and efficient manner. They are also expected to engage with the community and become more self-sufficient. In turn, many universities have moved to a more corporate style of management, with less emphasis on the traditional collegial approach to decision-making. Smaller departments and faculties have often been amalgamated to produce larger schools and super-faculties managed by executive deans who control budgets and other important matters. There is little likelihood, with the need for greater accountability and more bureaucracy, that there will be a return to smaller groupings of disciplines within universities or to collegial forms of electing individuals to leadership roles for short terms. However, it is likely that there will continue to be reviews and re-organisations within universities, so disciplines such as dentistry will need to adjust and adapt to changes in the groupings with which they must interact and share resources. In these circumstances, effective ‘change management’ is essential to ensure that dental schools not only survive but prosper.

It will be essential for schools to have a clear vision and mission that fit regional and national higher education priorities and health needs. Each school will need to develop a clear strategic plan with an implementation strategy linked to the main aims. Clear functions and delivery systems will need to be developed, and efficient processes put in place to deliver the desired outcomes. In the modern management jargon, dental schools will need to define their Key Performance Indicators (KPIs) linked to aims that are both measurable and relevant. To ensure that everyone is working towards the same goals, every effort should be made to find common ground between schools, both nationally and globally.

For dental schools that exist within universities, which is the majority, it is imperative that the school's strategic plan and KPIs are consistent with those of the university. For those schools that exist in research-intensive universities, it is necessary to ensure that the responsibilities of teaching, administration, and service do not overshadow the responsibility of the school to conduct high quality research. At the same time, the responsibilities of research should not overshadow the responsibility of the school to carry out its educational and profession-based functions. An additional pressure on many schools, especially when linked to hospitals, is the need to achieve service targets in terms of patient care. Although the pressures on dental schools that are privately run may differ to some extent, the need to have governance and management structures in place that ensure efficiency and quality is still of great importance. Another key challenge for leaders in dental schools is to cope with the strategies of over-arching units and partner organisations. The strategies of these other organisations may take little account of the unique circumstances and pressures that apply within a dental school.

This report has two goals: first, to emphasise the need for effective governance and management systems within all dental schools in these times of change; and second, to increase awareness within other organisations and stakeholder groups (for example university presidents, vice-chancellors or provosts, executive deans, deans
of medicine, patient care provider managers, funding bodies, and regulatory authorities) about the unique operating circumstances of dental schools. Because dental schools are small units in large, complex organisations, their specific needs may go unnoticed, or be misunderstood, or misconstrued. Therefore, it is imperative that leaders of dental schools become more pro-active in explaining to leaders of other relevant organisations ‘what modern dentistry is’ and in clarifying the unique operating circumstances of dental schools. Schools must ensure that these other leaders are prepared to engage and understand the requirements and nuances of educating the various members of the dental team, at undergraduate and postgraduate levels, in the 21\textsuperscript{st} century.

\textbf{What is governance and how does it relate to leadership, management and administration in a dental school and hospital?}

\textbf{Governance}

In considering the concept of governance, one can distinguish corporate governance and university governance. Corporate governance refers to companies having boards of directors, whose role is to set the broad policies and strategic directions for the company. The board also oversees the senior management and the financial performance of the company. University governance should go beyond reviewing financial performance (achieving a positive balance or making a profit), to include, as a key role, consideration of the impact of the institution’s core functions of teaching and research on its students and the community in general.

University governance is about developing and maintaining a culture of excellence in all that the institution does and ensuring that the roles, operations and measurements are fully understood. It encompasses such concepts as probity, value for money, accountability, consistency, proportionality and clarity of authority. The governing boards of universities may be referred to as councils, boards of governors, boards of trustees, or senates. In addition, some Universities will have a number of these controlling bodies in a system of defined hierarchy. Their composition varies, but there has been a trend in many countries over recent years for the size of these bodies to be reduced and the representation to include a greater proportion of people, including lay representation, from outside the university.

Goedegebuure and Hayden (1) in an overview of the concepts of higher education governance note that it “is variously defined” (p2). However, the definitions presented by these authors embrace similar notions of governance that include systems of organisation and strategic direction-setting and monitoring or accountability. They suggest that, in addition to defining governance, it is important to articulate what it means to have good governance and how that is created.

A useful description of the meaning of governance in public and private institutions is provided in a report of a review of corporate governance, which was announced by the Prime Minister of Australia in 2002 (2). The review identified various issues that are central to the governance of entities, whether public or private. The report defined governance as “the arrangements by which the power of those in control of the strategy and direction of an entity is both delegated and limited to enhance prospects for the entity's long-term success, taking into account risk and the environment in which it is operating”. While there are clearly differences between universities and private companies, this definition of governance serves as a useful foundation for considering the desirable features of governance models in universities. The report also addresses the question of what can be considered to be good governance, and concludes that “what constitutes good governance is less
meaningful than the question of whether or not governance is present and is in the most appropriate form for the organisation”. It emphasises that effective governance is essential for organisations to respond quickly and effectively in times of crisis. Consequently, it is often easier to identify lack of governance through failure, than to identify effective governance through success.

Some of the key features of effective corporate governance are just as relevant to universities and the units within them, including dental schools. Such features include understanding what success means to the organisation and then organising for success. To understand success, those in control ought to be clear about what the organisation aims to achieve and communicate this effectively. The governors must have a clear sense of purpose and develop explicit performance expectations. Once there is an understanding of what needs to be achieved, the institution must be organised appropriately.

Three models of public university governance have been described: the ‘academic’ or ‘collegial’ governance model; the ‘corporate’ governance model; and the ‘trusteeship’ or ‘custodial’ governance model (see Table 1). Each model has its benefits and disadvantages, but regardless of the model adopted, it must be functional, fit the context, and protect the academic reputation of the institution (3).

Clearly, a necessary corollary of responsibility is accountability. This means that an effective governance structure must link power and responsibility to performance and review, and the mechanism for achieving this should be transparent. Furthermore, the principles of quality assurance and using an evidence-based approach (see reports of Global Congress Working Groups 7 and 5) are also important fundamentals for good governance (4). This Working Group (WG 10) believes that these should be basic principles in the governance of all dental schools.
Table 1: Models of university governance

<table>
<thead>
<tr>
<th>Model</th>
<th>Collegial</th>
<th>Corporate</th>
<th>Trusteeship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mission</td>
<td>Educating students, research, some community obligations</td>
<td>Increased ‘sale’ &amp; profitability of educational &amp; research goods &amp; services</td>
<td>Educating students, research, and community obligations</td>
</tr>
<tr>
<td>Goals</td>
<td>Ambiguous, contested, and inconsistent</td>
<td>Clear goals, less disagreement</td>
<td>Clear longer term goals, reasonably consistent</td>
</tr>
<tr>
<td>Organisational structure</td>
<td>Part collegial, with hierarchical overtones</td>
<td>Private universities Hierarchical with ‘managerialist' culture</td>
<td>Part collegial with ‘shared governance’ overtones</td>
</tr>
<tr>
<td>Roles of Chancellor and Vice-Chancellor</td>
<td>Chair of board (Chancellor) has secondary ceremonial role Vice-chancellor sits on board and brings decisions forward from Academic Senate and other stakeholders</td>
<td>Chancellor (President) is Chair of board Vice-chancellor as CEO may/may not be on board, but responsible for implementation &amp; administration of board decisions</td>
<td>Chancellor chairs board but shares leadership with Vice-Chancellor Both manage assets for long-term benefit of organisation</td>
</tr>
<tr>
<td>Indicators of success</td>
<td>Multiple outcomes; quality of student outcomes and research both important</td>
<td>Financial performance; student numbers and research output are important</td>
<td>Multiple bottom lines, students, research &amp; community; quality of student outcomes and research both important</td>
</tr>
</tbody>
</table>

(adapted from Harman & Treadgold (3), pp19-20)

**Leadership and management**

In the late 1970s there was a significant change in thinking about the concepts of leadership and management. It was proposed that leadership and management had different purposes and processes. Zalezik (5) suggested that management was considered to be basically rational and systematic, whereas leadership was concerned with achieving change through inspiring and motivating others. Leadership entailed setting direction, often new directions, but could also involve bringing about change through motivating and inspiring people. In contrast, management was considered to entail handling complexity and detail, implementing plans, and maintaining operations (5). Kotter (6) suggested that both leadership and management involve determining what should be done, engaging people to carry out the task(s), and ensuring that the task is actually accomplished. However, Kotter (6) argued that management involves dealing with complexity, whereas leadership involves dealing with change and guiding an organisation through various challenges.

Another approach to distinguishing leadership and management was presented by Comer et al. (7). This work also associates leadership with ‘vision’ and management with ‘organisation’. Table 2, adapted from this work, summarises the main features of
leadership and management. While highlighting some of the differences between leadership and management, it is provided not so much to perpetuate a distinction between them, but rather to show that both aspects need to be performed effectively if the outcomes for a school are to be positive.

Table 2: Differences between leadership and management

<table>
<thead>
<tr>
<th>The main features of leadership</th>
<th>The main features of management</th>
</tr>
</thead>
<tbody>
<tr>
<td>- motivating and inspiring</td>
<td>- coping with complexity</td>
</tr>
<tr>
<td>- communicating a vision to others</td>
<td>- planning and budgeting, developing processes and procedures</td>
</tr>
<tr>
<td>- setting directions and developing strategies</td>
<td>- organizing, implementing a plan, attending to staffing issues</td>
</tr>
<tr>
<td>- coping with change</td>
<td>- monitoring and problem-solving</td>
</tr>
</tbody>
</table>

The previous conceptions distinguish between leading and developing a vision and strategies, as opposed to senior operational management. Of course, sometimes these roles are performed by the same people, particularly within a dental school and/or hospital environment. In these situations, the roles can become blurred. Drawing a distinction between leadership and management has been considered to be important in avoiding the risk in many organisations, and this includes dental schools, of being “over-managed and under-led”. Such organisations might therefore be “overly bureaucratic and ill-equipped to cope with change” and be unable to respond quickly to alterations in the environment (8, 9).

During the past decade, different styles of leadership have been distinguished. For example, Hunt (10) contrasts ‘transformational leadership’ and ‘transactional leadership’. The former inspires others to a “continuing pursuit of a higher purpose” raising both leaders and followers “to higher levels of motivation and morality”. The latter is about the exchange of certain forms of behaviour on the part of followers; for example, striving to achieve targets for the rewards supplied by the leader, including advancement or promotion (10). Transformational leadership has been the dominant model in academic writing for the last decade or so, and although there are various interpretations of this style of leadership, the Working Group suggests this style might be the preferred option in a dental school and/or hospital environment.

Different interpretations of transformational leadership can include:

- The leader as “servant or steward” of an organisation who explicitly values other people and encourages empowerment (11).
- Shared or collaborative leadership with an emphasis on working well with others and sharing some leadership functions (12). This might work well across two organisations like a dental school and hospital which share a common mission.
- A type of leadership that brings together styles that might include visionary, democratic, affiliative, coaching, and commanding and pace-setting (13).

The literature also addresses competences and strategies relevant to leadership and management. A recent framework of generic competences for ‘leadership’ was published by the Chartered Management Institute (14). These competences have been greatly influenced by modern interpretations of transformational and transactional leadership. There are 46 competences grouped under six headings:
‘managing yourself’; ‘providing direction’; ‘facilitating change’; ‘working with people’; ‘using resources’; ‘achieving results’.

Comer et al. (7) considered leadership strategies for chairs and directors in dental schools and noted relatively few formal opportunities for deans and directors to learn and develop leadership and management skills; skills tended to be acquired through on-the-job training. While it may not always be easy to differentiate between leadership and management, it would seem clear that both effective leadership and management are necessary to bring about successful change.

Models of management and internal organisation within universities

University management styles directly impinge on university dental schools. Systems of university management are subject to major changes that have occurred, or are occurring, in the higher education sector around the world, including greater student numbers, the knowledge explosion, reduced public funding, more emphasis on skills for employment, and pressure for greater accountability (15). Four different types of internal organisation have been described: ‘the collegium’, ‘the bureaucracy’, ‘the corporation’, and ‘the enterprise’ (16). Each type represents different internal organisation and different orientation towards students (see Table 3). According to McNay (16), every university will display to varying degrees a mixture of these four types.

Table 3: Models of university management

<table>
<thead>
<tr>
<th>Model</th>
<th>Collegium</th>
<th>Bureaucracy</th>
<th>Corporation</th>
<th>Enterprise</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organisation</td>
<td>Discipline-based departments with consensual decision-making</td>
<td>Senior managers in powerful positions</td>
<td>Senior managers with tight control over policy and implementation</td>
<td>Management style involves devolved leadership with flexibly decision-making</td>
</tr>
<tr>
<td>Focus</td>
<td>Academic freedom</td>
<td>Rules and regulations</td>
<td>Internal loyalty to organisation &amp; senior management. External competitive ethos</td>
<td>Oriented to outside world</td>
</tr>
<tr>
<td>Students</td>
<td>Students seen as learners</td>
<td>Students seen as ‘statistics’</td>
<td>Students seen as customers</td>
<td>Students seen as clients</td>
</tr>
<tr>
<td></td>
<td>Ramsden (15)</td>
<td>Ramsden (15)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

adapted from McNay (16)

Given that many dental schools exist within universities, each school needs to organise its own structures to be best positioned within the over-arching structure of its parent university. Shifts in university management have been documented around the world. In the UK, Shattock (17) described how a complex evolution of management and governance structures in British universities has flowed on from the greater external control and regulation to which they are now subjected. He noted that a variety of organisational structures is developing: some universities with strong collegial governance traditions are tending to diffuse the move to ‘managerialism’, while others are embracing the managerialist approach by forming small, tightly
focussed groups of senior managers. According to Shattock (17), many or most universities will tend to lie between these two extremes.

In the US, Waugh (18) noted that the pressures for efficiency and the need to attain performance goals has caused American colleges and universities to focus more on management of the institution and less on academic decision making. He claimed that this effect is filtering down to departments and diminishing the faculty role in university governance. Waugh argued that it is important to recognise the distinction between governance and administration, so that “the dog wags the tail, rather than the reverse”. He suggested that one answer to this problem might be to physically separate the academic and non-academic units of the university, with the creative faculty grouped in the centre of the university and the “more factory-like business operations” moved to the fringe. Many dental schools are located a considerable distance from their parent university and this may be unavoidable for a variety of reasons, including appropriate access to patients. This physical separation represents another barrier that dental schools must overcome in terms of how they are perceived by others, particularly if one accepts Waugh’s premise that creative faculty should be clustered near the centre of the institution. On the other hand, those dental schools within or close to the hub of the university should take the opportunity to profit from their location.

Shifts in university management also have implications for leaders’ responsibilities to and relationships with academics. The trend in many countries in recent years has been away from collegial and bureaucratic styles to a more corporate and enterprise culture. Whether these changes will be for the better or not, two key outcomes are of considerable importance to the well-being of dental schools - these are the changing nature of academic work and a growing sense of disillusionment among academic staff. As Ramsden (19) put it, academics are expected to “perform better in all aspects of academic work, and do it, of course, with fewer resources.” Therefore, academics may feel that they have little control over their destinies. Given that dental schools often feel the brunt of these pressures, the load on those charged with providing leadership and management is a heavy one. For example, Dearlove (20) considers that universities need energetic leaders at all levels, trusted and able to move from the old collegial approach to the new managerialism. He suggests that most academics want to be left alone to get on with their own work and so they may be willing to trust empathetic leaders who will do the required organisational work while reserving the right to challenge where they see fit. The challenge for the leaders in this environment is to secure commitment from academics to pursue long-term shared goals, even though these may impact on individual interests in the short term.

Henneberg (21) has recently commented on proposed changes to the governance and administration at The University of Oxford in England, a world-class institution with a long history of collegial governance. He pointed out that “the universe of studies pursued at a university is a very complex system, unlike that of organizations concerned solely with turning out monetary profits”. Henneberg bemoans the increasing tendency for managers in universities to concentrate on maximising profits from assets, including property, brand name, and academics. Interestingly, after a university-wide vote, Oxford voted in late 2006 to retain its collegial structure based on colleges. Whether other universities with a similarly strong history of collegial governance, will follow in Oxford’s ‘footsteps’, remains to be seen.
**Clinical governance and management**

An important aspect of governance and management for dentistry is that of clinical governance and management. This involves setting policies and directions for providing clinical education and service within dental schools and dental hospitals, as well as organising the day-to-day management to ensure optimal patient care and an optimal educational experience for students. Effective clinical governance and management must be linked to the concept of ‘fitness for practice’, a central issue for both students and staff. The section in this report on Engagement with Government and Regional Politicians and Commissioners discusses this issue in more detail, including the desirability of setting up advisory boards to facilitate engagement with external stakeholders and to provide balance to the governance structure of schools.

In a dental school environment, where there is commonly a need to work across, and with, a variety of organisations (for example, University and Health Service) a combination of approaches to leadership may be necessary. These require a variety of techniques which could include: shared leadership; leadership by influence; and collaborative leadership.

A critical issue for clinical governance is how to achieve an appropriate balance between protecting patients (the public) and teaching clinical skills in an environment where students of varying competence are performing many non-reversible invasive procedures. Clinical governance must be clearly specified so that all parties are aware of their rights and responsibilities, and to provide the main responsible person (the dean) with assurance that all is progressing as it should. In many countries there will be a need for clarity to maintain indemnity arrangements. Further, with the growing trend for out-reach clinical teaching, where responsibility for teaching is devolved to regional and state health authorities, it is increasingly important to develop effective systems of quality assurance. The issues of quality assurance and benchmarking, and recommendations for assuring the quality of dental students as clinical professionals through “fitness to practise” mechanisms, have been addressed previously by Jones et al. (4) in the European DentEd III Task Force 3.

**What are the main differences between continents and regions in the systems of leadership, management & governance of dental schools?**

Before discussing some of the factors that need to be taken into account when considering different forms of governance and administration within dental schools around the world, it is worthwhile reviewing the broad elements of change that are occurring in university governance globally (1, 22), as these provide the context within which most dental schools must operate.

These changes include:

- a stronger focus on the role of the governing body, i.e. the council, as having ultimate responsibility, authority and accountability for the university;
- a change in the composition of the governing body from mainly elected university members with some external representatives to one with more external members appointed for their expertise and to provide trusteeship of the university;
- a more professional approach and greater articulation of expectations of university governance through use of guidelines and protocols, and training and induction programmes for new members of governing bodies; and
- an emphasis on improving the relationship and relevance of the university to external groups and communities, including employers.
There are many different factors that need to be taken into account when considering the most appropriate systems of governance and management in dental schools. These include:

- geopolitical factors (e.g., countries with developing economies vs. developed economies)
- type of school (e.g., private vs. public);
- the relationship of the school to other disciplines (e.g., separate faculty vs. unit within a larger group);
- the internal structure of the school (e.g., multi-departmental vs. single department);
- whether the systems are based on election of individuals to senior positions or appointments for fixed periods of time; and
- how funds are distributed to the dental school, including the proportion of funds that is taken by the university centrally or the faculty.

Specific examples of systems of governance and management in dental schools from different parts of the world are provided in Appendix 3.1.1. These descriptions highlight some common issues faced by schools worldwide but also show that there is diversity in approaches to governance and management.

**Being a dean/head in a modern dental school**

Deans of modern dental schools have responsibilities that fall into three broad areas, although the relative amount of time spent on these activities varies in different countries:

- their role in leading the central management team of the dental school;
- their role within the school and the university; and
- their role external to the university, including their interaction with the profession both nationally and internationally, the corporate sector, and also with the local and national community (society).

Although traditionally deans of dental schools have been dentally qualified, it is not essential that they should be dentists provided that they can demonstrate that they understand the responsibilities involved, and have the necessary qualities and expertise to be successful in the role. The methods used to appoint new deans differ widely across the world, some being based on election and others by appointment. Whatever method is adopted, the Working Group agreed that the processes should embody the principles of best practice in terms of governance and management as are described in this report.

**Dilemmas facing deans of modern dental schools**

A key issue facing all deans of modern dental schools is to ensure that their schools are funded adequately to enable them to fulfil their respective missions. Another important issue relates to recruiting and retaining staff of high calibre who can undertake the scholarly activities expected by students, the university, the profession and the community.

Another dilemma for many deans in modern dental schools is how an appropriate balance may be achieved between their responsibilities to manage and lead staff within the school and their responsibilities to the senior managers to whom they
report. There can be tensions when staff seek support from the dean for initiatives within a school that have resource implications whilst the dean is constrained by a budget determined at a higher, often Faculty, level. There is also the potential for tensions to arise in relation to maintaining the quality of educational programmes, given that the KPIs of managers nowadays are often centred around their ability to increase student numbers but limit expenditure at a local level.

Indeed, dentistry is unique among the health professions in requiring its students to perform invasive, non-reversible surgical procedures on real patients. This has significant resource implications. There must be appropriate supervision in the clinic, leading to student: staff ratios that are necessarily low by university standards (4). Dental students must achieve clinical and patient management competency prior to graduation. In the absence of intern programmes or post-graduation vocational training schemes, there is considerable pressure on schools to ensure that students are exposed to a range of patient situations and clinical procedures, so that they can gain the necessary experience for independent practice at graduation. For example, in the UK, students must achieve their clinical competences during the course to be able to be indemnified by the National Health Service (NHS) for the clinical care that they are delivering.

Another difficult question for deans of schools and managers of dental hospitals is how to deal with older clinical academics who want to remain on the University's payroll, but who are no longer fit to practise clinically and for whom the hospital is reluctant to continue their clinical contract (usually ‘honorary’). In the UK, with improved systems of dental clinical auditing to assess maintenance of skills, this sort of problem is being flagged more often and can prove a challenge to Human Resource departments. To address this issue, the Working Group suggests that academics’ roles may be altered over time to enable them to continue contributing to the overall good of the school. For example, older clinicians who no longer practise might teach in the early years of programmes and become role models for junior students.

These examples are only some of the dilemmas facing deans of modern dental schools. In addition, they need to manage conflicting priorities and cope with an ever-changing environment relating to a school’s scholarly responsibilities.

The role of Dean

Preparing to be dean

Given the complexity and demands of the role of being a dean in a modern dental school, it is appropriate to consider what qualities and preparation are required for the role. It is also important to consider succession planning which involves identifying and developing future deans. The higher education sector has begun to realise the importance of providing professional training for senior academic leaders, including deans and heads of departments. A Leadership Foundation for Higher Education has been established in the United Kingdom and this provides a dedicated service of support and advice on leadership, governance and management for all UK universities. There are also similar programmes in operation in the US. However, there needs to be a cascade of leadership developed within schools, with appropriate training provided for staff at various levels to develop their leadership and management skills. They should also be given appropriate opportunities to deliver projects and demonstrate leadership at their various levels. Planning careers for those who do not retire from academic dentistry after being a dean is also needed so that they do not become less effective ‘has-deans’.
Albino (23) has addressed the questions of who will lead dental education in the future and what it takes to be a leader in tough times. She suggests that, firstly, leaders in the current climate need to be resilient in the face of challenge and criticism. They also should be outwardly focussed “relationship builders” and “salespeople”. As Albino says, the notion that our leaders should be ‘salespeople’ will be abhorrent to many academics but she maintains that the “selling” or “promotion” of higher education in general, and dentistry in particular, is very important.

Brundo and O’Brien (24) reported on the findings of a survey of deans in the USA in which the deans themselves identified characteristics they believed were essential to being successful in their role. Sixty-two percent identified communication as a key attribute and 60% identified vision. Some of the other characteristics listed were interpersonal-people skills, honesty and integrity, and competence. In a second study, deans were asked to indicate the five best ways to prepare to be a dental school dean and they were then followed up three years later (25). Ten categories in which to prepare were identified as follows: leadership/management, school/university experiences, organized dentistry, personal development, research, budget/finance, specialty training, communication/interpersonal skills, teaching/clinical dentistry, mentoring.

In the USA, Del Favero (26) investigated how academics were prepared for the role of dean and whether this was related to the academic discipline. Her study revealed that deans interpreted their role by drawing on past administrative work and their own relationships with senior faculty staff and mentors. It also showed that increasingly leaders in higher education are being sourced from outside academia. Del Favero (26) warned that although there might be some advantages in recruiting deans externally, institutions should not neglect to nurture and produce future leaders from within. The Working Group suggests that the implications of this study for dental schools are two-fold. First, schools must organise to facilitate mentoring of staff who may be future leaders. Second, to ensure a continual pool of future leaders is nurtured from within, in addition to mentoring, schools must provide appropriate incentives, training and support. The Group notes that such developments are beginning, with the recent publication of details of a new institute dedicated to providing award and non-award higher education leadership and management programmes (27).

Another preparation issue is succession planning for the deanship. Given the current dearth of formal induction programmes for roles such as being a dean (or head of a school), it is important that current deans consider their role in facilitating the induction of the next dean. A challenge here is achieving a balance between advising the next dean of the roles and responsibilities of the position, and allowing the new incumbent autonomy. In extreme cases, retiring deans may either ‘meddle in the dean’s affairs’ too much, or they ‘disappear in a puff of smoke’ and provide no continuity. Another potential trap is for incumbent deans to ‘anoint’ their own successor, possibly perpetuating old systems and mistakes, and reducing the opportunity for innovation and change.

**Post-dean careers**

This leads to another issue, namely ‘What to do after being a dean?’ There ought to be viable ‘post-dean’ career paths available. For some, this may involve continuing in a senior management role within the University or hospital as an executive/associate dean or pro-vice chancellor. For others, there might be the lure of another term as
dean at a different dental school, and some may choose a return to an academic role in the school.

For those returning to their academic role within the school, there may be difficulties re-establishing a research career, given the current strong emphasis placed on track records. With the increasing complexity of universities and academia, the role of the dean is becoming more of a full-time job. Apart from those with strong research groups and secure funding, it is becoming increasingly difficult for deans to maintain a high level of research productivity. On returning to their original roles, it may be very difficult to re-establish the same level of research as previously and this may lead to disillusionment and cynicism. To counter this problem, many universities provide retiring deans with a period of special study leave to enable them to re-establish their research activities. If planning to return to their former academic life, it is also important for deans to find a means of maintaining some teaching contact with students. Additionally, there is also the challenge for deans of dentistry to maintain their clinical skills in an operative profession. Although it may be difficult to set aside sessions for clinical practice, such activity can assist deans to communicate with clinical staff.

**Leading, motivating and developing staff around the three missions of teaching, service and research**

**Creating a culture of scholarship in dental schools**

In their introduction to Theme 3 of the previous Global Dental Congress in Prague, titled "Securing and maintaining an effective dental school faculty", Tedesco and Ferrillo (28) warn against dental schools becoming isolated from universities and stress that "each dental school must seek to maintain the values that will ensure the credibility of dentistry as a scientifically based discipline and profession while balancing the achievable academic needs with the added demands of achieving specialist clinical skills". They argue that a central issue in achieving this balance is recognising the broad concept of scholarship, as described by Boyer (29).

Scholarship

Boyer’s (29) concept of scholarship comprises the ‘scholarship of discovery’, the ‘scholarship of synthesis’, the ‘scholarship of application’, and the ‘scholarship of teaching’. By recognising that scholarship can take a variety of forms, including creating, synthesising, and applying knowledge and the scholarship of teaching, it is possible to develop a climate within a dental school where different academics may be engaged in different but equally valued aspects of scholarship. This overcomes the tendency, when viewing research in the more traditional manner, to create a division between those who do research and those who do not. As Tedesco and Ferrillo (28) state, "A diversity of individual strengths and team-working is necessary both for the collective performance of the institution and the morale and development of the individual educator or researcher". Effective leadership and management of the school is critical to ensure that all staff members’ abilities contribute to the overall good of the school.

A distinction has also been made between "scholarship in teaching" and the "scholarship of teaching" (30). All academic staff should practise scholarship in their teaching, continually reflecting and evaluating their own performance as well as that of their students, with a view to improving in their roles as teachers. A smaller proportion of teachers may become more involved in the scholarship of teaching, carrying out educational research that draws on educational theory and that should stand on an equal footing with any other form of research carried out within a
university. There is no doubt about the need to develop systems within our dental schools to ensure that all staff are actively demonstrating scholarship in their teaching and to encourage a greater number of staff to embark on careers in which their research involves the scholarship of teaching.

Another important aspect of developing a culture of scholarship within dental schools is to make the links between teaching and research more transparent to staff, students, the public, and the profession. Too often, students are completely unaware of scholarly activities undertaken by staff. Clearly, individual academics should share their experiences of creating, synthesising or applying knowledge with their students, but the leaders of the school also have a responsibility to facilitate this interchange. The profession is also often not aware of the scholarship that is occurring within its local dental school. It is important that there is a very strong supportive interaction between the practising profession and the local dental school, and that practising clinicians view ‘their school’ as a centre of excellence and an important scholarly resource.

Dentistry as a profession must also embrace scholarship. Nash (31) noted the potential cultural tension between dentistry founded on knowledge and dedicated to the improvement of oral health compared with dentistry as treatment provider for which practical (reparative) clinical skills are paramount. Ismail (32) similarly argued that dental clinics in the 21st century “should be organised as health-orientated dental practices rather than requirement-driven training clinics”. He also stated that the new clinics should be seen as leaders in the testing of new technologies and protocols of diagnosis, and in risk assessment. Research programmes in basic and clinical sciences should be integrated and translated into practice for the benefit of the community.

Dentistry ought to be based on a culture of science and be able to accommodate the rapid scientific changes that affect all health professions (33). Therefore, while it is important to develop a climate where all forms of scholarship are valued, since many dental schools exist in research intensive universities, it is also necessary that each school strives to include centres or groups of individuals with international reputations for creating new knowledge; that is, groups who are carrying out cutting-edge research of international quality. However, given that the international standing of their universities is based mainly on the quality and impact of their research output, a challenge for schools is to achieve a successful balance between supporting this research and nurturing all forms of scholarship.

Recently, there have been new dental schools established in several countries around the world and the Working Group feels very strongly that these new schools should be structured to enable staff to undertake the scholarly activities described in this report. This is essential to ensure that dentistry maintains its professional standing in the future, that its scientific basis continues to develop, so that standards of oral health care are not compromised.

**Scholarship: barriers and influences**

Issues related to the trends discussed above have been noted by Ismail (32). He considered the findings of the Institute of Medicine 1995 report “Dental Education at the Crossroads” (34) and contended that the recommendations of the report were unlikely to be implemented without new organisational systems being adopted in dental schools. He pointed out that dental schools tend to exist as "closed systems" in which stability, group loyalty, clear boundaries, security and tight controls are emphasised. He argued that this type of system does not encourage the self-critique
and dialogue that are needed for self-development and progress. He also noted that closed systems tend to be slow to respond to challenges and that when change occurs it tends to happen slowly and is often initiated from the top by managers. Ismail (32) argued that implementing change requires an open organizational structure in which flexibility, collaboration, consensus, and communication are emphasised.

Establishing a culture of scholarship must take account of the increasing emphasis on quality assurance and benchmarking, aimed at improvement within the university sector at national and international levels. Whole institutions, individual faculties, and schools within universities are required to undergo more regular reviews and are encouraged to benchmark their activities against others. Regular evaluation of outcomes, relating to individuals and groups, is an important function for dental schools and benchmarking against other schools can be a very valuable exercise. However, Marginson (35) argued that the growing popularity of global rankings of institutions and the disciplines within them can have negative consequences. He suggests it drives universities to seek competitive advantages over others and that this may come at the cost of their educational mission and integrity. Indeed, pursuit of higher rankings in such an environment may lead dental schools to adopt strategies that are not in the best interest of dentistry and dental education in the longer term. The Working Group believes that dental schools will be compelled to operate in an increasingly competitive environment in the future but considers that it is very important that governance and management systems are put in place within schools to ensure that this does not lead to a focus on rankings and competition at the expense of collaboration and scholarship.

The desirability of maintaining the traditional nexus between teaching and research is being questioned. More universities and disciplines are looking at strategically using their human resources for the two main roles of academics, with some institutions introducing more teaching-only and research-only positions. This Working Group believes strongly that it is important for all dental academics to have enquiring minds, whether they are actively involved in research or not. Even if they are not active researchers themselves, dental academics can build bridges between science and practice by searching the literature, writing papers, and contributing to continuing professional development courses. In this context, it is worthwhile re-emphasising Boyer’s (29) concept of scholarship. Good university teachers might not need to be actively involved in “research” in the traditional sense, e.g. in creating new knowledge, but it would certainly seem to be essential for all university academics to be involved in some form of scholarship, in its broad sense. Indeed, for clinicians in a dental school, some examples of scholarship apart from their clinical practice can include writing reviews in scholarly journals and preparing case reports.

**Creating a positive climate in dental schools**

This section considers the basic principles for establishing a positive environment within a dental school and improving perceptions of those outside schools about dentistry and dental schools. The discussion is framed within the context of the key objectives of dental schools, i.e. excellence in teaching, research and service, all of which fall under the umbrella of scholarship.

**Vision, mission, strategic planning**

One of the challenges for leaders of dental schools is to align the school’s vision and strategy with those of the institution and to communicate broader university goals and plans to staff within the school. Although the governance and management systems
of dental schools within universities generally must conform to those of the broader university, staff within dental schools are often not familiar with their university's mission statement or strategic plan, and there may be few opportunities for them to mix with senior university managers. Most dental staff members tend to identify with their school rather than the broader university. Indeed, teaching and research activities tend to be more focussed within the school than in other disciplines and staff morale is generally most affected by local school factors. Therefore, fostering staff ownership of a shared and aligned vision and strategy is paramount for leaders. Effective communication is a critical part of this process, as well as ensuring that the enabling factors necessary to ensure success, including staffing and other resources, are in place.

Although staff may be cynical about the process of strategic planning, there is little doubt that any school wanting to build or maintain a good reputation, must conduct continual planning and review of outcomes. A fundamental requirement in the strategic planning process is to establish a sense of ownership by all. This generally requires a ‘top-down’ and ‘bottom-up’ planning process, in which some direction and vision is provided by the leaders and in which all staff can participate. For example, the development of vision and mission statements linked to 5-year plans that everyone in the school owns and works toward, can provide a sense of purpose and build staff morale. In the changing climate in which schools operate, the challenge is to create an environment where change is not seen as a negative force but rather as providing opportunities.

There are a number of steps involved in developing a strategy for a School. This includes: writing a strategy, confirming the vision and mission with partners, engaging staff, providing leadership to the process, trusting leaders for various sections of the strategy (e.g., research and teaching), achieving partnerships with stakeholders, achieving consensus (or as near as possible), consultation on the document, finalising the strategy, implementation, setting timelines, and regularly reviewing outcomes.

If dental schools are to overcome the financial challenges they face at present, it is essential that effective systems of leadership and management are in place so that new opportunities for funding can be found, including through the alumni, through research and development, through involvement with the corporate sector, and through patient care. Dental schools have the potential to raise income by treating patients (which most other university disciplines are unable to do) and, although there are many issues to consider in this regard, the opportunities need to be explored.

Bailit et al. (36) recently put forward two hypothetical models of financing clinical dental education, a major cost for all schools. One approach was based on senior students spending 70 per cent of their time in community clinics and practices, providing care to under-served patients. The other involved the establishment of patient-centred clinics where teams of staff and students would provide patient care. This latter option was associated with an estimated increase in total net revenues of around US$14 million based on the modelling applied, although further testing is needed to confirm the accuracy of the estimates. The authors point out that there would be significant difficulties associated with moving to a patient-centred clinic model such as the one they describe, including the need to convince staff of the desirability of changing to a new model of education. Clearly, good leadership will be critical to the success of such initiatives, both financially, in terms of the quality of the educational experience, and in relation to improvement in the oral health of the communities being served.
The nature of academic work

To achieve a positive climate and optimal outcomes in a dental school, the Working Group believes that a broader concept of scholarship is worth considering, rather than the rather narrow view of ‘research’ that is often espoused by research intensive universities. It considers that Boyer’s (29) fourfold concept of scholarship, as discussed previously, can enable such broader outcome considerations. An approach to managing and motivating staff based on this concept fits well with the sorts of activities performed by dental academics. The Group suggests it could provide a better framework for developing and achieving a school’s mission than one based on the narrower traditional view of research as a separate endeavour from teaching.

It is critical to the success of any organisation, including dental schools that everyone contributes to the overall mission. However, this does not necessarily mean that everyone should do the same work. For example, in the university environment, the relative contributions of each member of staff may differ in the areas of teaching, research/scholarship, administration and service. Indeed, the contributions that each individual makes to these areas of university endeavour are likely to differ over the years. The challenge for management is to optimise the overall ‘output’ and functioning of the school as a whole, by carefully managing, developing and motivating staff in contributing to this ever-changing mix. This also needs to be linked to a fair rewards system, including opportunity for promotion. An increasing number of universities (e.g. many of the UK Russell Group premier research-led universities) now offer three main routes for academic promotion: research; learning and teaching; and innovation and engagement with the wider community (sometimes called the ‘Third Mission’). The Working Group suggests that such an approach is very much to the benefit of academic staff working in the health professions and should be encouraged.

Leaders must also take account of the need for schools or areas to meet performance targets, including the achievement of high quality outcomes in teaching and research. This is causing a rationalisation of academic activities, but at the same time, there is increasing acceptance that not all academics do the same work and that an academic’s work does not stay constant. Academics are being expected to become more versatile, flexible and able to alter their work balance to meet the changing priorities of the school. Unfortunately, to date, the reward systems for academics have generally been based on individual achievement rather than an assessment of achievements by academics working together as members of a group. Fairweather (37) notes the limited definition of performance that is generally used when assessing academics and the focus on the individual. He argues that “some concept of group” is needed, so that all academics do not pursue or try to pursue the same behaviours. He proposes that schools or areas within universities should develop group-centred outcomes and that the group outcomes should be achieved by making most use of the differing attributes of various staff.

Other societal influences are changing the nature of academic work. Traditionally, academics have generally not engaged to any great extent in political and economic issues impinging on their institutions, preferring to focus on their own endeavours. However, academics are now expected to be more aware of the broad issues affecting the higher education sector. Debowski (38) believes that academics can no longer continue to work oblivious to the increased regulatory and auditing requirements of governments and other external bodies. There is also increasing
competition and pressure to perform at a high level in both teaching and research, despite an often diminishing resource base. This can lead to stress and feelings of despair, which can impact on climate, motivation, and the quality of scholarship in schools.

In this environment of continual change and increasing demands on academics, there is a pressing need for professional support and development. Unfortunately, because there are always significant calls on resources in most areas within universities, particularly in dental schools, the critical area of professional development is often overlooked or is of limited effectiveness. This can lead to a vicious cycle where staff are expected to do more and more with less and less support. There are many examples of areas where the leaders and managers of schools need to ensure that appropriate professional development is provided to academics. These include support for new staff and mentorships, time management, ITC skills, promotions, support for staff wishing to change directions or returning to work after a break for family reasons, and also support in grant seeking and publishing.

**Decision-making and communication**

A basic principle for creating the right environment within a dental school is to establish transparent and equitable decision-making. Transparent decision-making fosters a bond of trust with the staff. The decision-making process must also incorporate equity. It is important to note that ‘equity’ does not necessarily equate to ‘equality’. Leaders should aim to establish equity in dealing with groups or individuals, rather than treating everyone in the same way or expecting similar outcomes. The focus should be on the school as a whole, rather than on individuals or groups within the school.

Another important role of management is to develop and maintain effective forms of communication so that all staff are adequately informed about events in their school and have an opportunity for input. However, developing an approach that works for a particular school is not necessarily easy. One way of keeping staff informed about what is happening within and outside the school is a regular news bulletin from the dean’s office, but then of course there also must be a system for staff feedback and access to senior figures in the school.

Communication within an organisation could be considered using various approaches. For example, John Seymour and Associates (39) have listed seven levels of communication with a description of the traits associated with each level. Their framework depicts a progression of increasingly effective communication, characterised by the success with which individuals, teams, and the various levels of management communicate and the extent to which individuals and teams are able to achieve within the organisation. The lowest level involves a complete lack of effective internal and external communication and no problem-solving skills, while the highest level involves effective internal and external communication using well-developed channels that aims for positive outcomes.

The same website presents an overview of the common barriers to effective interpersonal communication, which could also be applied to organisational communication. For example, communicative success is impeded by using jargon or unclear expression, poor choice of communication channels (e.g. using email instead of telephone), neglecting to provide important contextual information, poor timing, and not seeking feedback about the success of the communication. Barriers to communication related to receivers of messages include being subject to distractions.
or anxiety, lacking sufficient information to interpret the communication accurately, and having incongruent beliefs or views to those trying to communicate with them (39).

Inadequate communication may lead to staff disengaging if they feel that their efforts are not valued or their ideas are not considered by people in leadership or management. They may feel powerless to influence the course of events and therefore decide to withdraw from all matters. This is an important issue if individuals are given responsibilities but are then not supported or given sufficient authority to achieve the desired outcomes. This links back to the need for input by staff into the development of their school’s strategic plan, to ensure that there is an overall sense of ownership. Making the classic cascade of communication up (and down) an organisation work effectively can be a significant challenge; an occasional audit of communication and the receipt of key messages can be illuminating. One approach to address this problem of blocks in the cascade, adopted by successful commercial organisations, is to provide further method(s) of communication flow that cut across the classic channels of the organisation. This might involve, for example, the use of ‘communication facilitators’ - a good example of which in dental schools would be the senior secretaries within the different key units/specialities or departments.

Another important element of communication is providing ongoing staff evaluation and feedback in the form of performance reviews. A key aspect of feedback includes rewarding excellence in performance and ensuring that there is clarity about the university’s promotion criteria. A recent study sought to evaluate current practices of performance evaluation of ‘middle management’ in US dental schools (40). After surveying over 40 dental school deans and 300 department chairs and division heads, and interviewing a sub-sample of participants, the authors concluded that there was extensive application of recommended practices. However, there was also scope to improve. The recommended best practices cited included having yearly appraisals, face-to-face (1:1) meetings, and establishing clear performance goals and benchmarks.

**Perceptions of dental schools**

As noted previously in this report, there are clear differences between a university (with academics, students and educational outcomes) and a factory (with workers, clients of goods, and profits). Unfortunately, many universities and the schools within them seem to be struggling to find the right balance between management systems that are suited to factories or a commercial organisation and those that have traditionally been in place within tertiary institutions. For dentistry, there is an additional hurdle that often needs to be overcome - the perceptions of others outside the school. Even if the climate within a school is considered to be ‘right’ by those within the school, the perception of others, ranging from senior university officers to hospital administrators to politicians and the community at large, can be based on the out-dated traditional view of dentists as merely ‘drillers and fillers’. This perception is based on a lack of knowledge about modern concepts of oral health and dentistry, an issue that dental schools must actively and consistently address and seek to correct.

University managers and government leaders often tend to view dentistry according to their own experiences as patients and fail to appreciate the sophistication of the biomedical evidence base on which teaching and patient management are founded. They may have a limited or dated view of dentistry, and not one that dental educators would want to encourage. Much of the reason for this rests with dental schools not being vocal or active enough in explaining what modern dentistry encompasses.
The paper on perceptions of dental schools from within and outside the university by Dederich et al. (41) provides some food for thought in this regard. These authors reported on the perceptions of seven US dental schools held by high level administrators of parent institutions, as well as officials in the community. On the basis of interviews held with these people, the authors formed several hypotheses that included the following: dental schools are generally too insular and need to interact more both with their own institution but also with the external community; schools need to get the message out to the public and politicians that the services that they provide are valuable; university administrators favour forming interdisciplinary groups and integrating groups, presumably leading to disciplines like dentistry existing within larger groupings. Although this study was only based on a small number of schools, it serves to emphasise that there are some negative perceptions about dental schools that still need to be overcome. Furthermore, schools need to ensure that the broad range of benefits that they provide are highlighted.

Dentistry and dental educators must also consider how dentistry is perceived in relation to other health sciences, particularly medicine. The publication "Dental Education at the Crossroads" by the Institute of Medicine (34) raises the need for dentistry to be more closely linked to medicine. This is an important topic in relation to the type of climate that might be created within a school and it leads to a consideration of shared priorities and diverging interests. One would hope that the priorities and interests for dentistry and medicine would be similar but this is not always the case. Dentistry may be considered as the 'poor cousin' or 'the minor partner' compared with medicine. The Working Group believes that there is potentially much to be gained by dental schools in developing partnerships with other health professions. However, these interactions must be partnerships in the true sense of the word.

The potential to change the perceptions about dentistry and dental education that are held by many outside the profession exists with the various trans-country papers, protocols, guidelines and such that have been and are being produced by international dental committees and organisations. They also provide a solid foundation to encourage and support collaboration between schools rather than competition, which can further enhance the climate in schools. For example, the work done by ADEE and DentEd has led to some common views within the profession, making it possible for dentists to lead other health professions in the implementation of the Bologna Accord. IFDEA also has developed a mission that promises to shape opinions and views at an international level. Dental educators have a good record of working together internationally and this is something that ought to be capitalised on, rather than becoming overly competitive. A core element has been the emphasis placed on sharing common objectives and experiences whilst recognising regional priorities and resourcing levels. Innovation is often found in regions where funding is scarcest and intelligent use of available resources is put to best effect based on realistic health care priorities.

Engagement with government and regional politicians and commissioners: keeping on course!

Given the need for dental schools and hospitals to work effectively and productively together, it is important for university staff to develop partnerships with stakeholders at all levels. In practical terms, the ideal situation would be to have university representatives on hospital operational management teams and vice versa.
The missions of a university dental school and a government dental hospital or clinic will differ to varying extents, one focussing primarily on education, the other on service. The challenge is to develop a climate where the managers and staff from both organisations are aware of their respective roles and respect each other. A memorandum of understanding (MOU) or some other form of service level agreement (SLA) will often help to clarify the respective roles of these two organisations and regular ‘partnership’ meetings are essential to address difficulties early and be clear about the common mission.

One approach that the Working Group considers has merit is the establishment of an Advisory Board separate from the school’s council or executive, that might consist of various stakeholders who can provide objective advice to the school. This structure provides an opportunity to engage the profession and perhaps local government, and adds some checks and balances to the system of governance and management in the school. Membership of such an Advisory Board might include representatives from the student body, lay persons, the dental hospital, the profession, the Dental Board, the faculty and other key parties.

**Effective practice in management and administration within dental schools**

Given the difficulties and complexities of managing a dental school in these changing times, it is unlikely that there will be one example of ‘best practice’ that addresses all the desirable aspects of governance, management and leadership that have been discussed in previous sections. Therefore, in considering examples of effective and appropriate practice, the Working Group has decided, firstly, to provide some general principles that it believes ought to be followed by all schools. Some specific examples of effective practice are provided that schools may be able to apply or adapt to their own situations.

As stated elsewhere in this paper, there are many different factors that need to be taken into account when considering the most appropriate systems of governance and management in dental schools. These include geo-political factors (eg developing vs. developed countries), type of school (eg private vs. public), the relationship of the school to other disciplines (eg separate faculty vs. unit within a larger grouping) and the internal structure of school (eg multi-departmental vs. single department). Some examples of ‘best practice’ will be generally applicable under all circumstances, whereas others may be specific to a particular environment that may or may not be able to be changed. Table 4 summarises attributes of good management and administration that the Group recommends should be in place in all schools.

<table>
<thead>
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<th>Table 4: Attributes of good management and administration</th>
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<td>- managers need to understand what success means for the school</td>
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<tr>
<td>- there need to be appropriate organisational structures</td>
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<tr>
<td>- power needs to be in existence but delegated, limited and exercised responsibly</td>
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<tr>
<td>- roles and responsibilities need to be clearly defined and individuals need to be accountable</td>
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<tr>
<td>- individuals need to be supported to enable them to achieve desired outcomes</td>
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<tr>
<td>- the system needs to be transparent</td>
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<td>- there needs to be an environment of trust and respect</td>
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<td>- there need to be effective systems of staff development in place</td>
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This section provides some specific examples from the literature of what this Working Group considers to be best practice from around the world, taking into account the local environment.

Frankland and Gibbons-Carr (42) have described the development of a so-called "school without walls" at the Boston University School of Dental Medicine and the implementation of the principles of a learning organisation which is defined as "an organisation that is continually expanding its capacity to create its future." These authors claim that it is the capacity to innovate and create change that is essential to providing a competitive advantage and achieving success in a changing environment such as dental schools face nowadays. Kalkwarf (43), in commenting on the model at Boston which is a relatively young private dental school, points out that the environment differs from that in other schools in the USA and that specific aspects of the learning organisation approach adopted by Boston may not be relevant to other schools. However, he does suggest that schools should consider aspects of the corporate change model implemented at Boston, including the need to have a broad vision, to involve all stakeholders, to commit resources to create an environment for change, and to put in place a strong system to facilitate change.

Chambers et al. (44) have described an innovative approach to evaluation of faculty at the School of Dentistry, University of the Pacific in San Francisco. It is based on the missions of the school rather than individual tasks of faculty members. They contend that it is possible to develop a performance appraisal system for staff in dental schools that overcomes problems of inflated ratings and inconsistency between raters. Furthermore, they explain how the system developed in their school provides feedback to staff and promotes a coordinated approach that is directed toward fulfilling the school's mission. As the Working Group has discussed in a previous section of this report, this approach acknowledges that individuals can contribute to the overall mission of a school in different ways. However, all members of faculty are expected to engage in some level of scholarship.

One important issue that often appears to be overlooked is to develop inclusive methods for benchmarking the performance of managers and leaders of a school. The use of so-called 360 degree review procedures for managers, where all stakeholders have an opportunity to provide feedback, is becoming more popular. However, there are still situations where academic staff within dental schools have little opportunity to provide confidential feedback on the performance of their managers and leaders. Of course, in those schools where leaders are elected there is an opportunity for staff to express their views through their vote. But in many universities there has been a move away from election of managers to an appointment process in which few academic staff participate directly. In these cases, once leaders have been appointed, their performance tends to be reviewed mainly by their line manager (eg an Executive Dean/Pro Vice Chancellor/Pro-Rector/Provost) rather than by the dental staff. Ramsden (19) has provided a questionnaire that is designed to enable academic staff to provide feedback about their academic leaders. A copy of the survey is provided in Appendix 3.1.2 and it is recommended that an instrument like this should be incorporated into the review process for all deans and other leaders.

**How does the mission statement of the IFDEA impact on the deliberations of this working group?**

The Mission of the International Federation of Dental Educators and Associations (IFDEA) is to contribute to improving global health by improving oral health; to be facilitated by raising standards in dental education on a global basis. The mission
will be achieved by pursing stated goals. In considering how this mission statement impacts on the deliberations of our Working Group, there are several points to consider:

- The deans of dental schools will be key people in ensuring that IFDEA’s mission statement is achieved. This would imply that deans need to be aware of IFDEA and be actively supportive;
- The spokes of the wheel could be arranged according to regions which would facilitate sharing of expertise in matters of governance, leadership and management of schools. This arrangement might be particularly helpful to countries with emerging economies (refer to Working Group 2).
- Part of a central resource should include up-to-date, readily accessible information on student and staff numbers and needs, that managers can access and use in planning. This would assist preparation of business cases/plans for submission to faculties and university centres.
- There ought to be better collaboration established between schools at a national level first, before extending to an international level. Dental educators need to realise that there must be a balance established between the competitive nature of the tertiary education system (i.e. competing for students, resources and rankings) and the need for dental schools within a region to support each other and ensure that the quality of dental education continues to improve.
- Dental schools from developed countries, in collaboration with business, government and entrepreneurial institutions (Working Group 11), could provide professional development programmes for staff, including those from developing countries, to foster leadership and management skills.

Conclusions and guidelines

The rapid and extensive societal changes occurring worldwide are impacting on universities and the faculties and schools within them. Because of their relatively small size but their relatively high cost, dental schools often feel the impact of change and financial pressures more rapidly and acutely than other disciplines. Although these factors can pose a threat to dental schools, they can also provide opportunities for schools to be innovative and to try new approaches sooner than other disciplines. Indeed, through organisations such as DentEd and the ADEA, SEAADE and ADEE, dental schools are well-placed to work collaboratively at regional and global levels to achieve their goals and improve the quality of dental education worldwide.

The major changes that have occurred in the higher education sector around the world, including increasing student numbers, reduced public funding and pressure for greater accountability, have led to changes in the management systems of many universities, with a move away from the traditional collegial approach toward more corporate styles of management. These changes are impinging directly on dental schools and it is essential that schools implement systems of governance and management that ensure that they not only survive in difficult changing times but take advantage of the new circumstances and prosper.

The Working Group believes that university governance is about developing and maintaining a culture of excellence in all that the institution does and ensuring that the roles, operations and measurements are fully understood. It encompasses such concepts as probity, value for money, accountability, consistency, proportionality and clarity of authority.
Although it is possible to combine different approaches to management within a dental school, roles need to be very clearly defined. Changes in the way in which research is done, with increasing emphasis on interdisciplinary teams, together with changes in the way education is being delivered (with more emphasis on student learning and out-reach placements), mean that new organisational structures will need to be developed to support these activities. For example, some dental schools are moving to organisational structures that are based around research groupings rather than traditional teaching disciplines. While these initiatives may provide a focus for research and a ‘home’ for research-active staff, they may not map well onto a school’s educational activities. Another organisational structure may then be needed to manage the educational programmes. Clearly, a single structure may not support every type of activity in which a school is involved and multi-dimensional structures may be needed in future. In this changing environment, good governance and management will be critical.

This Working Group commends Boyer’s (29) concept of scholarship, comprising the ‘scholarship of discovery’, the ‘scholarship of synthesis’, the ‘scholarship of application’, and the ‘scholarship of teaching’. By recognising that scholarship can take a variety of forms, including creating, synthesising, and applying knowledge and the scholarship of teaching, the Working group believes it is possible to develop a climate within a dental school where different academics may be engaged in different but equally valued aspects of scholarship. This would overcome the tendency, when viewing research in the more traditional manner, to create a division between those who do research and those who do not. There may be a need for schools to advocate for this approach within their university.

Schools need to develop clear visions and missions that fit with university and health requirements at both regional and national levels. Each school must develop a clear strategic plan with an implementation strategy linked to aims. Those in leadership roles in the school need to be clear about what the school is trying to achieve and then communicate the vision effectively to staff.

If dental schools are to overcome the financial challenges they face at present, it is essential that effective systems of leadership and management are in place so that new opportunities for funding can be found, including through the alumni, through research and development, through involvement with the corporate sector, and through patient care (refer to Working Group 11).

With responsibility there also needs to be accountability. Even though the systems of governance in dental schools may vary in different countries, governance structures need to be put in place that link authority and responsibility to performance and review. The mechanism for achieving this linkage needs to be transparent and exist in an environment of trust. In a dental school environment, where there is a need to work across, and with, various organisations (eg universities and health services), a combination of leadership approaches may be needed and a balance needs to be achieved between the educational requirements of students who are performing irreversible invasive procedures on patients and ensuring appropriate protection of the public. This means that student: staff ratios in dental schools will necessarily be lower than those for many other disciplines (4).

A dilemma for many deans in modern dental schools is how to achieve an appropriate balance between their responsibilities to manage and lead staff within the school and their responsibilities to the senior managers to whom they report, i.e. their line managers. Attributes associated with deans who can perform successfully in this environment include vision, good interpersonal skills, honesty, integrity and
competence. Schools must provide appropriate incentives, training, support and mentoring to ensure that there is a continual pool of future leaders being nurtured from within. Systems of succession planning and deputising also need to be implemented.

There is still a lack of understanding among university managers, government leaders and the public about what modern dentistry is all about. Much of the reason for this rests with dental schools not being vocal or active enough in explaining what they do and believe. Dental schools must work hard to alter the perceptions of others. There is also potentially much to be gained by dental schools in developing partnerships with other health professions, but these interactions should be partnerships in the true sense of the word. Interdisciplinary interaction across the University is not just a current fashion but a necessity to facilitate sharing of knowledge and expertise in the three key areas of the mission: research, teaching and leadership in clinical practice.

By recognising that scholarship can take a variety of forms, it is possible to develop a climate within a dental school where different academics may be engaged in different aspects of scholarship but the efforts of all are valued. Effective leadership and management are critical to ensure that everyone’s abilities are used for the overall benefit of the school. Successful methods of communication must be developed and maintained to ensure that staff are informed about what is happening in their school and their university, and have an opportunity for input. Furthermore, in times of continual change and ever increasing demands on academic staff, there is a pressing need to provide appropriate professional support and development in an environment of mutual trust.

**Recommendations**

1. Schools must establish and maintain a clear vision, mission, and a strategic plan which encourage broad ownership. Each school should nurture a culture and climate that are congruent with its vision and mission. It is important to stress that students form an integral part of the dental school community and that they should have input into the governance and management processes (refer to Working Group 9).

2. Despite differences in geopolitical factors, university structures and types of school, all dental schools (including new schools) should ensure that systems of governance and management are put in place that display the following features:
   - everyone in the school needs to understand what success means for their school
   - there needs to be good leadership in place and a planned cascade of leaders within the school to facilitate succession planning
   - appropriate internal organisational structures must be in place, allowing appropriate delegation and empowerment
   - clear, equitable, and regular systems of appraisal, performance review and evaluation must be in place (refer to Working Groups 7 and 8)
   - individuals and teams within the school must be supported to enable them to achieve desired outcomes
   - processes must be transparent, effective, quality-assured and validated
   - clear lines of communication should exist within the school and with external stakeholders
   - innovative ways to achieve recruitment and retention of excellent academic, support and administrative staff should be identified (refer to Working Group 8)
3. Schools should become more pro-active in explaining modern concepts of oral health, dental education, training and research to stakeholders, including university officers, hospital administrators, politicians, the profession and the public to ensure that their circumstances and visions are better understood.

4. The Working Group believes there are advantages to be gained by dental schools in setting up advisory boards as a means of improving engagement with the lay community and external stakeholders in order to provide balance in their governance structures.

5. Schools should consider using Boyer’s broad concept of scholarship when they define the nature of the work performed by their academic staff. They should also consider developing group-centred outcomes when evaluating performance rather than focussing purely on individual achievements.

6. Schools should work towards more collaborative involvement at local, regional, national and international levels, both in terms of their scholarly activities and also in their interactions with governments, the profession and the public.
References


Appendix 3.1.1

Some examples of systems of governance and management of dental schools in different parts of the world

Brazil

In Brazil there are 178 dental schools, of which 27 are federal, 18 belong to the states, 7 to City Hall and 123 are private. The public dental schools, with a few exceptions, have better reputations than the private ones because they have better professors and they support research. In Brazil, management, leadership and administration differ between public and private universities. The public ones aim for social profit and undertake research, whereas the private ones look for financial gains.

UERJ is a public university that belongs to the Brazilian state of Rio de Janeiro. Its governance is very similar to that of the federal universities. In UERJ, the senior managers (Chancellors, Vice chancellors, Pro Vice Chancellors Deans and Vice Deans) are chosen by direct election. Votes come from professors, students and clerks, with different proportions for each category. There is also a University Council (formed by professors, students and technicians) that governs its administrative policy. The Council is also elected and the Chancellor is supposed to accept its decisions. Finally, the Superior Council of Lecturers and Researchers (CESEP), formed by elected professors only, provides academic direction and policy.

Each college in the University of Rio de Janeiro has its own dean, vice dean and Council of Departments. The Council of Departments is formed by the heads of specialties, one student and one clerk. The dean is supposed to respect this Council and follow its decisions. A group of schools form a Center, so the deans report to the heads of Centers and then to the chancellor. The Dental School at UERJ belongs to the Biomedical Center that is composed of the following Schools: Medicine, Dentistry, Nursery, Nutrition, Social Medicine and Biology. Senior managers of UERJ Dental School have, as one of their main duties, the assurance of high academic quality.

The State of Rio de Janeiro provides in its budget the basic expenses of the University of the State of Rio de Janeiro including: the salaries of professors, staff and secretaries; the buildings and equipment; basic services like energy, security and cleaning; undergraduate courses (these are free for students) and grants for researchers for some post graduate courses (which sometimes are topped up by the Ministry of Education, depending on the approval of the project).

The University also provides the School, intermittently, with some grants. However, these vary according to State politics and are inadequate. So, the Dental School is involved in various initiatives in order to provide extra resources. The main generation of extra income comes from Specialization Courses, via fees paid by post-graduate students (around US$11,000.00/year per student) and from patients, who pay relatively small amounts for services provided in specialty clinics. As indicated previously, grants for researchers come from the Federal Government, through specific Institutions of the Education Ministry, or from a Foundation of the State of Rio de Janeiro also directed to Education.

There is a special Center inside UERJ (Center of Production of UERJ-CEPUERJ) that is responsible for administering the resources captured by the Dental School. CEPUERJ charges 10% from the Dental School for administration, 20% goes to the management of the Dental School, and the remaining 70% is distributed among the
post-graduate courses. In 2005, the Dental School received US $376,000. More than half this was used to pay clerks not officially contracted by the University and invited professors. In 2006, there was less money as a consequence of a 4-month strike inside the university.

There are management and administration problems generally within the universities in Brazil, especially the good public ones - mainly due to a lack of resources. Nevertheless, UERJ is still considered to be one of the five best and biggest universities in Brazil and is recognized as a very good research centre in Latin America.

**Australia and New Zealand**

There are 40 universities in Australia which has a population of approximately 21 million people. New Zealand, with a population of around 4 million, has eight universities. Most of the universities in Australia are public, receiving funding mainly from the Federal Government, but there are a couple of private universities. The government has recently given permission for some overseas universities to be set up in Australia and offer courses.

As of 2007 there are six dental schools in Australia, the most recent school to open being at Griffith University on the Gold Coast in Queensland (the first one since the 1940s). However, further schools are planned. There is only one dental school in New Zealand, located in the south island at Dunedin. Many dental schools have set up Bachelor of Oral Health programmes in the past few years for the education of dental hygienists and/or therapists and there are plans for another 5-6 new Australian dental schools to open in the near future, partly in response to a perceived shortage of oral health professionals.

Dental schools in Australia and New Zealand used to exist as separate faculties in their own right within the university system, with considerable autonomy, in relation to academic issues, student admissions, appointments, finances etc. However, they now fall within larger Faculties (eg faculties of health sciences). The heads of dental schools in the ANZ region are still generally referred to as deans but they are responsible to executive deans and are often one of several heads of schools within a faculty.

The budgets for schools of dentistry are formed at the faculty level. In Australia, the Commonwealth Government provides funding to the universities for student places, with the value/student varying depending on the cost of the programme. Medicine, dentistry and veterinary science are bracketed together on the highest funding band level of approx $24,000/student/year. In Adelaide, the central university takes approximately $16,000/student leaving only approximately $8,000/student for the school.

International students are providing an important means for schools to generate additional income, although a large proportion of these fees is taken by the university. Some of the Australian schools run their own dental hospital and, therefore, potentially have the opportunity to generate additional income through treatment of patients. In other cases, the dental hospital is run by the state government and so there need to be agreements in place to enable students to treat patients who attend the hospital.

Universities in Australia have moved away from having elected heads of schools to a system of limited term appointments, usually for periods of five years. The system of
governance in Australian universities has been inherited largely from the UK. Most of the universities are statutory bodies established under Acts of Parliament. The major governing body in most Australian universities is the Council, a group of about 20 members from within and outside the university. The Council appoints the vice-chancellor who is assisted by a group of deputy vice-chancellors and pro-vice-chancellors with different roles and responsibilities. The number of faculties in many universities has been reduced in recent years to form larger "super-faculties" headed by executive deans that comprise several schools each with an appointed head. So, whereas dentistry used to be a separate faculty, in all universities in ANZ it is now included as a school within a larger faculty structure.

USA

There are 56 dental schools in the United States and 10 in Canada. In the U.S., 37 schools are part of state university systems, five are considered private and state-related (receiving support from their state government but are part of private universities), and 14 dental schools are part of private universities. In Canada, nine schools are public, and one is a part of a private university but is affiliated with the provincial government.

There are differences in the governance and administrative structure of dental schools in the United States and Canada. The dean’s position is selected on the basis of a search that is conducted by the university or health sciences centre. The term of appointment varies by school. For some schools, the dean serves for a term of 5 to 6 years, which after review is often renewable for an additional term. In other schools there is no stated term, and some deans have served for 20 to 30 years.

Dental schools in the United States provide an accredited educational programme leading to the D.D.S./D.M.D. degree and many schools also offer postdoctoral training in general dentistry (a hospital-based general practice residency or a university-based programme in advanced education in general dentistry) and dental specialties. Many dental schools also have programmes to train dental hygienists and dental assistants, but training of these auxiliaries also occurs outside of dental schools.

The curriculum at the vast majority of dental schools in the United States and Canada is four years in length. The Columbia University College of Dental Medicine (CDM) is a four-year curriculum following completion of a baccalaureate degree. At CDM, the curriculum is structured with the first two years focused on basic science education. During this time students are also receiving didactic and preclinical instruction in dentistry. In the third year clinical care begins and the fourth year is focused on comprehensive clinical care. At Columbia, on average 97% of students continue on for at least one additional postgraduate year (PGY1). The importance of a PGY1 has recently been emphasized when New York State modified its licensure requirements for new dentist to include a PGY1. There are now a small number of other states that require this additional training for licensure. Nevertheless, in the United States the majority of graduating dentists enter practice directly after dental school.

The organization of dental schools can be grouped into basic science departments and clinical departments. In many dental schools there are basic science faculty who are part of the dental school faculty. Their responsibilities include basic science education in the dental school curriculum. In addition, the clinical faculty is responsible for didactic, preclinical and clinical instruction. In a small minority of U.S. dental schools, the dental students receive their basic science education with
students in the medical school. That is the situation at the Columbia University College of Dental Medicine.

The dental school at Columbia resides on the Columbia University Medical Center campus, which is some 2.5 miles north of the main Columbia University campus. In addition to the College of Dental Medicine, the other health sciences schools include the College of Physicians and Surgeons, School of Nursing and School of Public Health. The deans of these four schools also hold the title of Vice President of Columbia University Medical Center. There is a major teaching hospital on the health sciences campus (New York Presbyterian Hospital) which is not owned by Columbia. A close relationship exists between the College of Dental Medicine and New York Presbyterian Hospital, and residents in oral and maxillofacial surgery, paediatric dentistry, oral pathology, general practice and advanced education in general dentistry are all appointed through New York Presbyterian Hospital.

The budget for the College of Dental Medicine is structured as are all budgets for schools at Columbia University. CDM retains its tuition, clinical income, direct and indirect grant funds and other income (i.e., fundraising). In turn, CDM is responsible for all salaries (faculty and staff), and also pays a “common cost” to both the Medical Center and University. These costs cover all services provided by the Medical Center and University to CDM. CDM is also responsible for all costs of operating its clinical programmes, including clinical renovation and repair.

All dental schools are encouraged to be part of their parent university. At Columbia, CDM does this in part by the development of dual degree programmes with other schools at Columbia University including the School of Public Health (DDS-MPH programme), School of Business (DDS-MBA) and Teacher’s College (DDS-MS in science education). Faculty also participate in Medical Centre and University committees. Further, the research programme at CDM is closely linked to research ongoing in departments in the College of Physicians and Surgeons, School of Public Health, and other schools at the University, including the School of Engineering and Applied Sciences.

The description of the Columbia University College of Dental Medicine is representative of dental schools affiliated with private universities. Dental schools affiliated with state universities generally have greater restrictions on financial management as budgets must follow regulations established by each state’s Department of Education/Higher Education. Nevertheless, throughout the United States the percent of the budget of dental schools affiliated with state universities that is actually received from that state has decreased sharply in recent years.

**UK**

There are 15 Dental Schools in the United Kingdom. Of these, 14 have undergraduate and postgraduate programmes and one (Eastman Dental Institute, University College London) only offers postgraduate courses. The most recent school to open and the first new school since the 1960s, The Peninsula Dental School, accepted its first intake of students in September 2007 and will run a 4-year graduate entry programme only.

All Dental schools have experienced expanding student numbers in recent years in response to a shortage of dentists in the UK, and this has led to innovative teaching methods being developed and more reliance on ‘outreach’ clinical training in areas of high oral health needs. This approach poses a new challenge to Dental Schools,
Universities and the General Dental Council regarding how to govern the safety of patients and ensure high quality of the outreach teaching provided.

Dental Schools in the UK have various management relationships with Universities: some are ‘stand alone’ schools, whereas others exist as part of a larger medical/sciences based faculty. This has an impact on the school’s autonomy and flexibility in relation to academic issues, appointments, research direction and finances. The heads of Dental Schools are still normally referred to as Deans regardless of the structure, with some reporting directly to the Vice-Chancellor whilst others report through Faculty Heads known variously as Provosts or Pro Vice-Chancellors.

The funding for teaching dental undergraduates comes via two distinct routes. The first is through the higher education funding councils and this is received by the University. The funding varies for the four developed administrations within the UK (Wales, Scotland, Northern Ireland and England) but broadly speaking is approximately Euros 10,000 for the non-clinical years and Euros 17,000 for the clinical years of the course (2007). This income is then top-sliced by the Universities (between 20% - 40%) to support central administrative directorates and infrastructure costs.

The second funding stream is through the NHS (Health Service) and this is known as SIFT (Service Increment for Teaching). SIFT was developed very early on in the NHS to compensate the NHS for the additional costs it would incur related to teaching of medical and dental students. SIFT is only used to support these undergraduates and is not available for other health care students, for example dental hygiene and therapy students. In Dentistry, SIFT is known as Dental SIFT and it has subtle differences from SIFT for Medical Training purposes.

Dental SIFT is given ‘on-block’ to the host NHS Trust (dental hospital) to support the training of dental undergraduate BDS students. This includes the direct costs of training the students and also support for the basic infrastructure and fabric of the dental hospitals. Dental hospitals would not exist in the UK without dental schools – they would be smaller service departments in District Medical Hospitals. The Dental SIFT funding is approximately Euros 35,000 per student per year (2007) but is only available for the 4 clinical years of the course.

In addition to this, there is a third stream of funding which is Medical SIFT for dentistry which is used to fund the teaching of human disease and related subjects for dental students and for additional costs associated with teaching in outreach clinical placements. This component is similar to the medical student SIFT, where the funding follows the students to the various district hospitals and community clinics within the NHS.

Student intake in the UK is quota controlled by the government – each school has a set figure and it must not exceed this figure or there will be no financial recompense for the additional students. International recruitment of undergraduate dentists (outside of the EU) is capped by Government in the UK and this is a relatively low proportion (c.5%-8%) of the home student intakes. This is due to the fact that the NHS in the UK limits the support for the costs of training international students. At present there are approximately 1,200 home/EU undergraduate dental students and 80 overseas (outside the EU) students studying in BDS courses at UK Dental Schools (2007).
Universities in the UK are statutory bodies established under Acts of Parliament. The major governing body in most universities is the Council, a group of approximately 20-25 members from within and outside the university. The Council appoints the vice-chancellor, pro vice-chancellors, and heads of schools/deans with different roles and responsibilities. Deans/Heads of Schools are appointed either by internal promotion after gaining the consensus of the academic staff, or appointed externally through a competitive process. The later is more likely to occur when there is no consensus internally as to who the next dean/head of school should be. Generally, the dean will be appointed for a 3 plus 2 year term sometimes with the opportunity to serve for a maximum of two terms (10 years). Ex-deans may return to the ranks of clinical academics or may sometimes progress to university pro vice chancellor or faculty dean positions.

Italy
There are 35 universities in Italy which has a population of approximately 58 million people. Most of the universities in Italy are public, receiving funding mainly from the Government but there are a couple of private universities. Some overseas universities offer continuing education programmes in Italy.

There are 31 dental schools in Italy since implementation in 1984 of the EU 1978 directive on a five year training period for dentists. Before this system, there was postgraduate education in dentistry after medical graduation. After 2000, dental hygiene schools were established and soon there will be clinical dental technician university schools.

Dental schools provide an accredited educational programme leading to the DDS degree and many schools also offer postdoctoral training in general dentistry (a hospital-based general practice residency or a university-based programme in advanced general dentistry) and dental specialties (orthodontics, oral surgery and soon paedodontics).

Dental schools in Italy are part of the medical Faculty and they follow the rules for fees, admissions and finances of the university system. The head of the dental school is usually refereed to as the dean and there is generally a head of hygienist schools.

The budgets for schools of dentistry are formed at the faculty level. The previous law in Italy about budgetary matters was based mainly on historical grounds. However, under a new law, schools must have a ‘new’ chair in place for each new incoming student and a minimum number of teachers.

International students are not providing extra income at present. Most of the Italian schools are located within dental hospitals and a large amount and variety of patient care are provided. This places some constraints on the schools.

The Council of the dental school is formed by all of the teachers, representatives of the research staff, students and an administrative person. They elect the dean for a term of three years. The dean is supposed to respect the Council’s decisions. Most of the universities are statutory bodies established under Acts of Parliament. The major governing body in most universities is the Administrative Council, a group of about 20 members from within and outside the university. All of the academic staff elect the Rector and Council academic members. The rector appoints his Vice and other delegates with various roles and responsibilities.
Thailand

Thailand has a population of about 66 million people and there are slightly more than 9,700 dentists certified to practise. Almost all dentists have graduated from nine dental schools: eight are public and one is private. Chulalongkorn Dental School, the first in Thailand, was established in 1940. Rungsit Dental School, the most recent school and a private one, was founded in 2005. Each year, more than 450 students graduate from these dental schools. To improve the dentist: population ratio, the Ministry of Public Health asked all public dental schools to increase the number of dental graduates by 200 more a year in a 10-year project starting from 2005.

The dean is the chief executive officer of each school and is elected through ballots by faculty staff and approved by the University (governing) Board or Council. Each dean is elected for a 4-year term and cannot stay in the position for more than two consecutive terms. Deputy deans assist the dean in administrative matters, student relationships and academic affairs. A faculty board in each dental school is comprised of heads of divisions and the executive members of the faculty. It facilitates administrative issues and provides an interactive opportunity for the two levels of elected executives (faculty and division levels). A curriculum committee oversees the curriculum and it includes selected faculty members. All dental schools form a consortium through which all deans and dental school representatives meet regularly (eight times a year) to propose, discuss, collaborate and direct the governance of dental schools.

Thai public dental schools have one major financial provider. The Thai government provides support (up to half the expenses) to run the schools and then each dental school must find other sources of revenue.

Chulalongkorn Dental School provides one undergraduate course and several postgraduate programmes, ranging from one-year training certificates to PhD programmes. Each year the school accepts 50 dental assistant students, 140 undergraduates and 100 postgraduates. The first year of the 6-year undergraduate curriculum focuses on general, liberal education. Biomedical sciences fill years 2 and 3 and clinical sciences take up the last 3 years. In 2007, new students will study under a newly reformed undergraduate curriculum. It is a competency-based curriculum which stresses interdisciplinary approaches and self-directed active learning. All dental undergraduates will now have to take multi-part examinations to obtain licenses to practise dentistry in Thailand. The Dental Council of Thailand, a legal governing body of dental professionals, administers the examinations.

All school curricula must be approved from both the university board (council) and from the Ministry of Education. Policies and regulations from both bodies clearly define what a curriculum can and cannot include. The Dental Council of Thailand, a professional body, governs higher training of dental professionals, especially the residency programs. A National Quality Assurance Framework runs regular internal and external audit activities on all degree-providing curricula and programs.

The Thai Dental Council regulates the dental profession in Thailand. It registers dentists, conducts examinations for dental licenses, and approves dental curricula and residency programmes. It defines and enforces professional standards and ethics, and looks over sub-specialty boards.

Most Thai dentists are members of the Dental Association of Thailand. Since 1938, the Association has helped to promote professional standards, advance the dental sciences, and has become an important representative for Thai dentists.
### Appendix 3.1.2

**Leadership for Academic Work – colleague feedback questionnaire**

From Ramsden (19)

In your experience, how characteristic of this person are the following behaviours? Circle the number on each line which indicates your response.

<table>
<thead>
<tr>
<th></th>
<th>Very characteristic</th>
<th>Moderately characteristic</th>
<th>Not at all characteristic</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Works to build the reputation of the work unit</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>2</td>
<td>Delegates responsibility fairly and consistently</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>3</td>
<td>Motivates people to do more than they ever thought they could</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>4</td>
<td>Provides guidance in the development of scholarly habits and practices</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>5</td>
<td>Has an inflated sense of her/his own importance</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>6</td>
<td>Readily acknowledges colleagues’ contributions</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Brings new ideas about research into the work unit</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>8</td>
<td>Encourages participation in decision-making</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>9</td>
<td>Brings a good understanding of the ‘big picture’ of higher education to the work unit</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>10</td>
<td>Actively works to develop others as leaders</td>
<td>7</td>
<td>6</td>
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<tr>
<td>11</td>
<td>Wants things her/his own way</td>
<td>7</td>
<td>6</td>
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<tr>
<td>12</td>
<td>Conveys a sense of excitement about teaching</td>
<td>7</td>
<td>6</td>
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<tr>
<td>13</td>
<td>Welcomes questioning of his/her ideas</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>14</td>
<td>Inspires respect for her/his own ability as</td>
<td>7</td>
<td>6</td>
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<tr>
<td>15</td>
<td>Inspires respect for her/his own ability as a teacher</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>16</td>
<td>Seems to be more at home with things than with people</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>17</td>
<td>Sets a challenging climate for academic work</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>18</td>
<td>Manages the work unit’s resources effectively</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>19</td>
<td>Facilitates collaboration between academic and administrative staff</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>20</td>
<td>Raises and faces difficult issues or touchy subjects</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>21</td>
<td>Works to create a shared vision of the future direction of the work unit</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>22</td>
<td>Advocates the interests of the work unit to the senior management of the university</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>23</td>
<td>Rewards people who show initiative</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>24</td>
<td>Helps good people develop their skills</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>25</td>
<td>Can be overly critical of others’ mistakes</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>27</td>
<td>Works to bring more resources into the school/faculty/centre</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>28</td>
<td>Brings new ideas about teaching into the school/faculty/centre</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>29</td>
<td>Maintains simple and effective administrative procedures</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>30</td>
<td>Talks about change in a positive way</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>31</td>
<td>Doesn’t show a lot of concern for the people with whom he/she works</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>32</td>
<td>Works to build understanding</td>
<td>7</td>
<td>6</td>
</tr>
</tbody>
</table>
between different groups/points of view in the work unit
33 Helps colleagues seek resources to support research
34 Champions other people's ideas as well as her/his own
35 Manages the work unit so that decision-making is transparent and open
36 Helps staff by providing opportunities for professional development
37 Gets people moving collaboratively towards a common purpose
38 Isolates herself/himself from colleagues
39 Conducts the business of the work unit in an organised and efficient manner
40 Works for the school/centre/faculty as much as for him/herself
41 Encourages people to share ideas and learn from each other
42 Establishes a climate where staff are accountable for their performance
43 Stimulates the lively exchange of ideas and theories between colleagues
44 Doesn't make his/her expectations clear
45 Shows an interest in talking about ways of improving teaching
46 Enables you to think about old problems in new ways
47 Addresses problems quickly and doesn't allow them to get out
48. Ensures an equitable distribution of workloads
   7  6  5  4  3  2  1

49. Shows concern for students and their needs
   7  6  5  4  3  2  1

50. Considers problems from a university perspective as well as a local one
   7  6  5  4  3  2  1

51. Encourages people to regard mistakes as opportunities for learning
   7  6  5  4  3  2  1

52. Works to create an environment that supports quality research and scholarship
   7  6  5  4  3  2  1

53. Can be abrasive under pressure
   7  6  5  4  3  2  1

54. Doesn’t ‘follow through’ on issues
   7  6  5  4  3  2  1

55. Praises and supports colleagues’ successes
   7  6  5  4  3  2  1

56. Ensures that colleagues take account of student expectations and satisfaction
   7  6  5  4  3  2  1

57. Gets things done
   7  6  5  4  3  2  1

<table>
<thead>
<tr>
<th>Overall, how satisfied are you with the academic leadership that this person is currently providing?</th>
</tr>
</thead>
<tbody>
<tr>
<td>7  6  5  4  3  2  1</td>
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</tbody>
</table>

This instrument was developed with the assistance of John Swinton as part of academic leadership programmes organised by the Griffith Institute of Higher Education, Griffith University.

**Specific feedback**
In this section we ask you to take a little time to consider specific comments you would like to make or specific feedback you would like to provide to this person. People typically report this ‘customised feedback’ as being particularly valuable in stimulating specific personal changes or confirming current approaches. Remember that this person is seeking your honest and frank perceptions of their behaviour. All comments will be typed and provided in a collated form.
What do you appreciate most about this person’s leadership and wish them to continue doing?
- 
- 
- 

What would you like this person to do *more of* as an academic leader?
- 
- 
- 

What would you like this person to do *less of* as an academic leader?
- 
- 
- 

What are the particular issues, problems or challenges for this person’s work unit that you would like them to address?
- 
- 
- 

___________________________________________
Glossary of terms

**Benchmarking:** This is a process in which organisations, e.g., universities or groups within universities, evaluate and compare different aspects of what they do with so-called best practice and/or with other similar groups. “Benchmarking has proven to be a potent tool for learning which companies are best at performing particular activities and then utilizing their techniques (or "best practices") to improve the cost and effectiveness of a company's own internal activities.”

(highered.mcgrawhill.com/sites/0072443715/student_view0/glossary.html)

**Bureaucratic model of management:** The focus in this type of organisation is on regulation and rules, with a group of senior managers having considerable power. Standards tend to be related to external bodies and references, based on auditing of procedures. According to Ramsden (1998), the students are statistics in this organisational system.

**Collegial model of governance:** Also called ‘academic’ model.

**Collegial model of management:** more common in the past, characterised by rather loose definition of policy and loose control over implementation. Usually, discipline-based departments are the main organizational units, decision making is consensual and the focus is on academic freedom, with standards set by an international community of scholars.

**Consumerism:** this term can have differing and somewhat contrasting meanings: (1) “the theory that an increasing consumption of goods is economically beneficial” (2) “a movement advocating greater protection of the interests of consumers” (http://wordnet.princeton.edu/perl/webwn). The term is also associated with the notion that owning or purchasing material possessions is associated with happiness and well-being.

**Corporate model of governance:** “a set of relationships between a company’s managers, its board, its shareholders and other stakeholders” “Corporate governance provides the structure through which the objectives of the company are set, and the means of obtaining those objectives and monitoring performance are determined” (OECD 2004, p11 cited in Godegebuure & Hayden, 2007, p2)

**Corporate model of management:** The corporation is characterised by tight control over policy and implementation. The focus is on loyalty to the organisation and senior management, there is a competitive ethos and students are seen as customers.

**Economic globalisation:** the tendency for trade, markets, and the exchange of goods and services to become world-wide, as opposed to being nationally or regionally distributed

**Enterprise model of management:** The enterprise is orientated to the outside world and focuses on competence and continual learning in a difficult environment. The management style involves devolved leadership, decision-making is flexible, and students are seen as clients.

**Faculty:** This term is often used in North America to refer to academic staff. Outside North America, the term is used to refer to a grouping of academic units within the university structure.
Globalisation: the trend in which human activities and interactions increasingly occur on a world-wide scale, crossing national, regional and geographical boundaries

Higher education governance: “a conceptual shorthand for the way higher education systems and institutions are organised and managed” (Neave 2006, p4 cited in Harman and Treadgold, 2007, p15)

Implementation strategy: A systematic approach for achieving the targets specified in the strategic plan

Key performance indicators: “Also known as Key Success Indicators (KSI) are financial or non-financial metrics used to reflect the critical success factors of an organization or individual. These are used in Business Intelligence to assess the present state of business and to prescribe the course of action. The KPIs differ depending on the nature of the organization. They are supposed to help to measure progress towards organizational and/or individual goals. (en.wikipedia.org/wiki/KPI)

Leadership: associated with coping with change, establishing and communicating a vision, setting directions and strategies to achieve the vision, motivating and inspiring staff

Management: associated with coping with complexity, planning and budgeting, developing processes and procedures, monitoring and problem-solving, organising and implementing plans, attending to staffing issues

Mission statement: “A mission statement defines the core purpose of the organization - why it exists. The mission examines the ‘raison d’etre’ for the organization beyond simply increasing shareholder wealth, and reflects employees’ motivations for engaging in the company’s work. Effective missions are inspiring, long-term in nature, and easily understood and communicated. (www.balancedscorecard.biz/Glossary.html)

Scholarship of discovery: scholarly creation of new knowledge through original research or thinking. This is what is often meant when academics speak about “research”. (Boyer, 1990, p17)

Scholarship of synthesis/integration: this refers to giving meaning to isolated facts, putting facts into perspective, making connections across disciplines, placing specialties in the larger context, fitting one’s own research or that of others into perspective (Boyer, 1990, p18)

Scholarship of application: this form of scholarship addresses the question, “How can knowledge be applied to address important problems?” It is considered to be a dynamic process in which theory and practice interact (Boyer, 1990, p23)

Scholarship of teaching: theoretically driven, scholarly research into teaching and learning.

Staff: this term is often used outside North America to refer to all members of a dental school, including academics and supporting personnel.

Strategic plan: “A long-term flexible plan that does not regulate activities but rather outlines the means to achieve certain results, and provides the means to alter the course of action should the desired ends change”
**Student as client:** viewing students as people with whom the institution establishes an agreement relating to their education

**Student as customer:** can be similar to viewing the student as a client but may carry the connotation that the ‘customer is always right”

**Transformational leadership:** a form of leadership that inspires others to a continuing pursuit of a higher purpose

**Transactional leadership:** this form of leadership refers to the exchange of certain forms of behaviour on the part of followers, e.g., striving to achieve targets for the rewards supplied by the leader, including advancement or promotion

**Trusteeship model of governance:** Also called ‘custodial’ model. “relating to not-for-profit organisations where non-financial goals are part of core objectives” (Harman & Treadgold, 2007, p15)

**Vision statement:** Concise expression of the over-arching aim of what an organisation aspires to be or do or achieve. “A powerful vision provides everyone in the organization with a shared mental framework that helps give form to the often abstract future that lies ahead. Effective visions provide a word picture of what the organization intends ultimately to become - which may be five, ten, or fifteen years in the future. This statement should not be abstract - it should contain as concrete a picture of the desired state as possible, and also provide the basis for formulating strategies and objectives.” (www.balancedscorecard.biz/Glossary.html)