

Leadership in academia

BY HISHAM MEHANNA

I went into medicine with the clichéd view of wanting to help people. I found that by doing surgery I could help a small number of people, albeit usually to a large effect. Then, I recognised that by engaging in the training of new doctors and specialists, I could reach and hopefully help a larger number of patients. By engaging in research and improving diagnosis and management of head and neck cancer, I realised that I could affect the lives of many more patients through improving the diagnosis and management of these patients.

As one progressed within the field of clinical academia, one soon appreciated that leadership is an integral part of an academic career. In some areas of clinical practice, one can maintain a high quality practice single-handedly, for example private practice or in remote areas, or even increasingly in consultant-delivered practice that uses generic shared junior staff. In contrast, the defining criterion for career progression as a researcher is the ability to lead a research group. To be able to do that successfully requires not only the ability to come up with new research ideas, but also the ability to build a research team, provide direction, manage the team members and provide an environment suitable for the success of the team. Furthermore, to achieve success in the other areas of clinical academia such as education, training or management and administration, leadership is again a critical factor.

Yet despite that, leadership in academia is often learnt on the job – by observation of one's bosses and more senior colleagues. Leadership training and mentorship has only recently come to clinical academia, and now occurs in a more structured way. Many universities offer courses and workshops in leadership. The National Institute for Health Research also initiated a leadership training and mentorship programme offered to

existing and up and coming academic leaders. This programme, run by Ashridge Business School, has been very successful.

Routes to leadership roles in clinical academia

As mentioned above, there are several routes to leadership in clinical academia. The most obvious is leading a research group. This involves the ability to generate ideas and pilot data, successfully obtain funding through grant applications, put together a functional group which may vary in size from one or two members to a large group of 30 or 40. The ability to provide leadership to the group and to manage the group is critical to the successful delivery of research, which results in a virtuous cycle, leading to further research and usually expansion of the group. However, leadership in clinical academia can also come in other forms. Leadership is required to organise and run a course or workshop, and lead a team to deliver that. Equally leadership is required in the education and training of undergraduates and post-graduates. Finally, like any organisation, there is a requirement for managerial and administrative leadership roles. These could range from the role of the Head of Research in a school or college to the Head or Director of Education, or ultimately the Dean of the Medical School. There are other roles within the university structure providing leadership in human resources, education and policy and public engagement.

Clinical academia also provides routes for leadership at a national and international level. Clinical academics are often looked upon to provide leadership in areas of protocol and guideline development, as well as education and training policies in the professional bodies and Royal Colleges. Involvement in the National Institute for Health Research, especially in the Comprehensive

Research Network and the National Cancer Research Institute, also provide further opportunities for leadership in the field of clinical trials.

Necessary skills in academic leadership

Although these roles appear to be widely varying and different, the leadership skills required are often very similar. Indeed these skills may well be very similar or the same as those required for leadership roles in any other sphere, including the clinical sphere. The main skills that are required for leadership in clinical academia include the following:

- The ability to gain respect of your team, and in academia this is usually through the ability to generate research ideas, understand difficult or complex situations and produce or help facilitate solutions and resolve differences fairly between group members. Leading by example in terms of work ethic and probity.
- 'Soft' or 'people' skills, including the ability to understand people's motivations, strengths and weaknesses, and help direct them to roles that strengthen the former and minimise the latter. This also includes demonstrating compassion and the ability to interact with group members on a human level when required, for example at times of family difficulties or illness.
- Trusting your team members to undertake the tasks that they are allocated, rather than micro-managing.
- The ability to allocate resource in an effective and fair manner – one of the important abilities of a good leader.
- Having a strategic long-term outlook that enables you to provide direction for the team. This requires constant horizon scanning to identify opportunities and threats, and to take timely actions to deal with them.
- The ability to understand

situations, identify stakeholders and decision makers, and develop the ability to influence them.

- The ability to negotiate and network well, leading to building alliances and collaborations that strengthen the team's position.
- Be very organised! And have a great personal assistant (PA)!

Pros and cons of leadership in clinical academia

The main advantages of taking up a leadership role in clinical academia are that it provides one with the potential to shape the future of the organisation they work in and to ultimately improve healthcare. In academia, more so than in the National Health Service (NHS), there is more of a cause and effect, and so leadership can often result in significant outputs. This is partly because clinical academia is built upon the concept of generating your own funds to build your own team. Therefore you have the responsibility, but also the ability to make decisions. Other advantages include status amongst peers, financial rewards in the form of clinical excellence awards and the opportunity to travel at a national or international level.

One of the disadvantages of clinical academia is that one works for at least two organisations – being the university and the trust, each paying for half your time but expecting to take all of it. Taking on a leadership role adds yet another 'paymaster' with further demands on your time, whether it be professional or social. In addition, leadership comes with responsibility. In academia, this includes responsibility for delivery, which rests with the group leader. This is much more evident in clinical academia than in the NHS, where often decisions are made by committee and therefore responsibility and hence blame is shared.

Finally, because in academia you are usually responsible for generating the income that employs the team members, leadership means taking on the responsibility for the livelihoods of those team members. This is a responsibility that is not to be underestimated as essentially you accept that you have taken on people whom you need to care for and look after!

Final comments

Leadership in academia is demanding and time-consuming, but it is also

rewarding and fulfilling! If you wish to engage in it, then do prepare for it through courses and workshops, and find a good mentor!

Website resources

National Institute for Health Research (NIHR) leadership programme. http://www.nihr.ac.uk/faculty/Pages/Leadership_Programme.aspx Last accessed July 2014.
Ashridge Business School. www.ashridge.org.uk
Last accessed July 2014.



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