ADEE/DentEd Site Visit

to

Faculty of Dentistry

Kuwait University

6-9th November 2005

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Visitation team

Prof. Heikki Murtomaa (Chairman)
President-Elect, ADEE
Institute of Dentistry, University of Helsinki
P.O. Box 41, Helsinki FIN-00014
Finland
E-mail: heikki.murtomaa@helsinki.fi

Prof. Anders Nattestad (Rapporteur)
Secretary General ADEE
Professor and Head, Oral & Maxillofacial Surgery
School of Dental Medicine,
University of Nevada, Las Vegas
1001 Shadow Lane, Las Vegas, NV 89106
USA
E-mail: anders.nattestad@unlv.edu

Prof. Henk Kersten
Treasurer of ADEE
Acting Dean of Academic Affairs, ACTA
Amsterdam
The Netherlands
E-mail: H.Kersten@acta.nl

Prof. Christina Lindh
Dept. of Radiology,
Faculty of Odontology
Malmo University, Malmo SE-20506
Sweden
E-mail: christina.lindh@od.mah.se

Prof. Peter Berthold
University of Minnesota
School of Dentistry
Academic Health Center
15-131 Moos Tower
515 Delaware Street SE
Minneapolis, MN 55455,
USA
E-mail: berthold@umn.edu
berthold@pobox.upenn.edu

Executive summary

The Kuwait Faculty of Dentistry (FoD) is overall a very good dental educational facility according to the standards set out by the European Union and the DentEd thematic network considering the young age of the faculty.

This report is a result of a four day visitation based on a self assessment report from the FoD. The report contains a number of minor and major suggestions to further strengthen the success of the faculty and suggestions to challenges facing the FoD.

The visitation was requested by the FoD and has been organized through ADEE (Association for Dental Education in Europe) after the principles set out by the DentEd thematic EU project (www.dented.org).

Overview and methodology

This report is based in part on the self assessment report and in part on the four-day visitation**.** The report focuses primarily on areas, which has been found to be commendable or areas where change could be appropriate. The report will not repeat information already contained in the self assessment report. Due to the nature of the visitation program the present report may appear critical.

Acknowledgement

The visitors were most impressed by the quality and clarity of the site visit report which contained a great deal of valuable information. The program for the visit was well prepared and where changes were requested, these were made in a positive and constructive and helpful way. The School must be congratulated for the open manner in which it identified its strengths and weaknesses. The visitation team would like to thank everyone involved in planning and carrying out the visitation in particular Prof. Honkala and Prof. Salako.

1. Introduction and general description (mission)

The dental program is listed as 6.5 years or 13 semesters and will expand to 7 years and 14 semesters in the near future, but in reality the program is 5 years (increasing to 5.5 years) since the first 3 semesters is a pre-professional extension of the high school.

The Mission of the Faculty of Dentistry (FoD) is to promote oral and general health in Kuwait through education, research and cooperation with other professional health institutions and authorities as well as the community at large. The FoD aims to provide leading expertise in oral health in Kuwait.

This mission statement should place the appropriate focus on research as a fundamental element for all activities within the FoD. Also the patient care focus should be included in the mission statement so that the triad of education, research and patient care provides a solid framework for dental training.

2. Physical facilities

The Faculty of Dentistry (FoD) recently moved into a new building with offices, preclinical labs, teaching rooms and research labs. The building is shared with the medical school. These facilities are exceptional including research labs that were not in use yet, but there is funding for equipment. These research labs constitute a great opportunity when used to the full extent of their capability and capacity especially when cooperating with the medical school. There are plans to increase cooperation with the medical school on the activities in the research labs.
The preclinical lab offers excellent exercise facilities, which could be further extended by developing the audio-visual communication systems including simulation technology.

The clinics are located in a separate building, which was described as temporary. However, the building provides an excellent facility with no space constraint whatsoever with the current student intake of 24 student per year. The clinical building comprises 72 modern dental units in a comprehensive care setting with 6 teams of 12 chairs with a meeting space for students and staff in the team. In addition, there are 4 chairs for admissions and emergency, and two small units for oral surgery. The radiology section currently has only one functioning unit which must be considered much too less, in spite

of the fact that there are four units in relation to the comprehensive dental care clinic (CDC). There is a centralized sterilization for the whole building and two dispensaries serving each half of the main clinic.

The FoD has recently contracted with an electronic patient record software company (Software of Excellence) and the system is currently under planning for implementation. This process looks promising and is highly recommendable. There are computers at all clinical units and digital radiology is partly implemented at the present time.

Initially there were plans for building a permanent clinic in the area, but that was stopped when future plans for a University City were presented. This would be in a new location and could probably take as much as 15 years to be a reality. However, it seems to be an excellent opportunity for the FoD to play an active role in securing a proper integration of the FoD including a fully incorporated teaching hospital and additional research facilities.

There is a very good library shared with the medical school, which has access to relevant journals and books. Also there were good access to computers and Internet in the library and in a separate lab.

3. Organizational and administrative structures

The central university administration seems overly complicated and the visitors were very concerned to learn that the FoD does not seem to have their own budget. The lack of a local budget and a complicated and very lengthy purchasing through central university administration is a very serious cause of concern for the visitors. Thus the important aspects of the faculty and the school's fiscal accountability cannot be exercised. It will ultimately lead to a lack of concern for budget and budget restrains with negative consequences in all areas of the FoD's activities.

Recently a vice-rector of the health sciences has been appointed. It seems as if this new position could be a way of achieving the decentralization, which is greatly needed. We encourage the central administration to introduce a decentralized approach to budgeting and accountability of activities in the overall understanding that Dental Education is one of the most expensive areas of higher education.

The current structure of the FoD is with a dean (currently interim) and two vice deans (one for research and student affairs, and one for clinical sciences). It seems that it could be organized in a more task appropriate and efficient way. The structure for higher administration that is commonly seen in both the EU countries and in the United States is thus suggested. The school should consider an administrative structure with a non-interim dean and three vice deans with the following responsibilities

1. Research and postgraduate studies
2. Academic and student affairs
3. Clinical sciences

The international heritage of most senior faculty is a major disadvantage when dealing with the politics of the university due to language and cultural barriers.
Ideally the dean should speak Arabic and be a Kuwaiti, which is not possible until an Arabic speaking dean can be recruited or brought through the internal promotion process. However, the present situation with an interim Dean is unnecceary and self-evident. It is unavoidable that an interim Dean is in an intangible situation and necessary decisions may not be made.

The medical school is about to change its curriculum structure to be systems based rather than disciplines based and will at the same time implement problem based learning to a degree which remained unclear to the visitors. This change makes it more complicated for the FoD to select the elements that they need for the dental program. The consequence could ultimately be a separation of the medical and dental programs, which would leave the dental school with a problem of recruitment of basic science teachers and a serious vulnerability with the size of the school and the limited number of faculty members that could be justified. Also these teachers could be quite isolated. Therefore the visitors urgently suggest that negotiations should be initiated with the medical school to secure a continued partnership in the education of dental student in medical preclinical subjects. The dean of the medical school must be convinced of the whole University's vulnerability in this situation. The two faculties must address FoD's need and involve the FoD faculty in the planning of an appropriate dental school curriculum to secure the inter-operability. The decision on medical preclinical subject content in the dental curriculum must be the responsibility of the teachers in the FoD.

The FoD has limited input on the basic preclinical sciences (first 4 years). The 4th year is currently very crowded since many dental subjects are being added to the existing curriculum of the medical preclinical sciences. It is suggested that a thorough look is taken at the content of these four years to give more room for dental subjects and introduce earlier patient contact. This is important for the motivation of the students when working through the basic medical preclinical sciences.

The current organizational structure and attitude between disciplines and departments demonstrates a lack of mutual appreciation, understanding and collaboration. It is suggested that a standing curriculum committee be appointed and given the charge and influence to increase the collaboration between disciplines. Also a separate evaluation committee could provide more accurate and timely feedback during the changes ahead. Both these committees should have permanent student and junior faculty representation.

4. Staffing

Currently due to shortage in staff, each faculty member has 4 half days per week of clinical time, 2 half days didactic and 4 half days for research, preparation and administration. The clinic operates 8 half days per week with 6 sessions with adult patients and 2 sessions with pediatric patients. This work distribution has lead to that faculty in reality have no more than half a day for research activities. This situation is unacceptable for a young academic institution in a growth phase and striving for global recognition.

Recruitment has been more difficult recently due to the political situation in the region and due to new dental schools opening in the Gulf countries giving more competition and leading to too many vacancies. In addition, the imminent loss of two senior members of the staff and high turn-over in general poses a threat to the continuity of education and research. There is an ambitious plan to increase the number of faculty members to 50, which has not yet implemented. However, the implementation would increase the time available for research at the expected level.

Non-clinical faculty gets only 50% of the pay of the clinical faculty due to a clinical allowance system. There is currently no oral microbiologist and recruitment is difficult due to the salary system. It might be needed for the University to address this issue and

level the salaries by increasing the compensation for basic scientists based on research production. In other words, to establish a research allowance system that would match the clinical allowance system. Of course, this system would have to be re-evaluated on a regular basis and pending on research productivity.

It seems that only the Kuwaiti staff can increase their salary by seeing patients in an intramural faculty practice or in an extramural practice. This situation does not seem fair to the visitors. Open access to faculty practice could increase the possibilities of recruiting staff in the future by having an intramural practice to augment salary.

There is an ongoing activity in the medical school to build a faculty practice called a Competency Center and to include dentistry, which looks as a good opportunity that should be pursued. However, in this system, if not sooner, all faculties should have the opportunity to practice and be compensated for experience and production.

Specialist training is accomplished in a complicated arrangement where graduated students are sent outside for specialist training mostly to USA and Europe. After completion of the training and taking at least the written part of the boards, the students return to Kuwait and owe 5 years to the Ministry of Health. However, when serving the Ministry of Health they are paid less than a third of what the school pays the same specialist in an entry level position. If the specialist leaves to go into private practice before the 5 years, a pay back of expenses are required. The FoD has recently reached an agreement with the Ministry of Health to get 10 specialist staff during the coming years transferred part time (seconded staff). There should be a more free flow of specialists between the Ministry of Health and the FoD to secure high quality specialist staff can be used in the training of undergraduate dentists and build a research career within the FoD.

The FoD allegedly has a search committee for new faculty members, but no structure was seen at the appointment level. A clear structure with minimal bureaucratic obstacles and serious efforts for this process is needed. There is also a need for a faculty driven system for appointments and promotions.

There seems to be a deficiency in the motivation of junior staff for research and thereby career development, which should be addressed. The reasons for this deficiency could be cultural and should be evaluated i.e. by structured interviews with all parties involved.

5-8. Basic Subjects, Paraclinical (pre-clinical) subjects and Human Diseases

General comments

The basic and biological sciences have qualified staff which is positive towards dental students. The Medical faculty representatives appreciate the relevance of their subject into dental education and are interested in providing quality education for the dental students. The FoD must take the overall responsibility of the content of basic science and educational methods, while in cooperation with the medical faculty. The upcoming discussion on a new curriculum opens an excellent opportunity for the dental faculty to exercise this important need.

It was obvious to the team that there is an overload of non-relevant basic and biological subject content leading to late patient contact and at the same time a lack of integration between medical and dental subjects, which undermine students' motivation for basic and biological sciences. Integration between as well as within subjects should preferably be seen not only in a horizontal but also in a vertical direction. This should be addressed by reviewing the basic and biological subject content and introducing earlier patient contact.

5.1-3 Biochemistry, molecular biology and genetics

The disciplines demonstrate a genuine interest in teaching their content to dental students. When the medical school goes to a system based education, it could be an option to teach a traditional course to dental students which from the viewpoint of the staff in the areas are perfectly feasible. The dental students are found to be very motivated and high achievers.

7.2 Microbiology

There is a need to coordinate the course in microbiology and oral microbiology to ensure correct use of terminology and content.

7.3 General pathology

There seems to be an appropriate focus on special issues for dental students in this course with regards to case selection and issues discussed.

8.1-3 General medicine, surgery and anesthesiology

The content and structure of this course recently changed and is not taught specifically to dental students. The course was originally much larger, but still seems to take up too much time in the dental curriculum and could benefit from a review of the content in relation to the core curriculum for dentistry.

9-15. Clinical Subjects & Competences

General comments

The clinical dental education is set in a comprehensive dental care (CDC) setting, which is generally considered the best model for clinical teaching.

There seems to be a lack of calibration both within and between disciplines, which could be addressed by elaborating and further specifying the clinical competences and structured feedback to the students. Evaluations should include collection of outcomes data to allow for objective evaluations indicating necessary changes in the education.

It seems that there is no routine recall strategy for the CDC. It is suggested that a recall system should be implemented as soon as possible for all patients completing treatment in the CDC. The recall patients could be used to allow earlier patient contact for younger students.

The CDC clinic is structured with mentors for students and with specialists available when needed. Unfortunately the school has not yet been successful in recruiting general practitioners as mentors, so in many cases the mentor is a specialist most often in restorative dentistry. This may give the comprehensive care treatment plans an unwanted tilt towards certain areas of dentistry, which does not suit the CDC model well. Therefore we suggest recruiting highly skilled and knowledgeable general practitioners as mentors and only engage the specialist when their expertise is required. Thereby the patient treatment is focused on general dentistry, with the specialists in the background as a referral resource. These mentors could be sent to a GPR program in US and should

have been practicing, and teaching for several years in a lesser capacity before becoming a mentor.

The very discipline oriented structure means that overlap and redundancy exist i.e. between general microbiology and oral microbiology, between general pathology and oral pathology, and dental trauma is taught in several different disciplines. Also the lack of cooperation between disciplines makes diagnosis, treatment planning and prevention in general difficult to structure. The interdisciplinary meetings on regular basis are advocated. There seems also to be too little emphasis on diagnostic performance such as discussions on observer variability, and the reliability and validity of diagnostic tests.

There seems to be no attention in the curriculum or clinics to dental anxiety, which seems inappropriate.

9.1 Orthodontics

The discipline seems well coordinated and with good clinical coverage.

9.2 Pediatric dentistry

The disciplines seem well coordinated and the comprehensive dental care clinics work 2 half days per week with pediatric patients. The students also have an outside rotation in the outreach clinics, which is commendable.

10. Public oral health and preventive dentistry

The discipline seems offer a well-justified and comprehensive perspective to supplement clinical studies. The community rotations are acknowledged as good practice and especially necessary and should be sufficiently resourced.

11.1 Conservative dentistry

This course is an example of a technique driven traditional approach to dentistry and lack focus on areas such as prevention. There seems to be excessive time before students entering in the clinic and in the preclinical laboratory courses it should be considered in this context to reduce the time allocated for prosthetics.

11.2 Endodontics

The discipline of endodontics seems very comprehensive and up-to-date with a clear reference and timing of the clinical care.

13.1 Oral Surgery

Also the discipline of oral surgery seems very comprehensive and up-to-date. But although the CDC concept is very commendable, there would be merit in considering a clinical introduction to some disciplines before entering the CDC. Also, certain areas such as oral surgery, oral medicine, emergency care and admissions do not fit the CDC concept very well and should be considered for an ongoing rotation separate from the CDC concept. Recently a combined seminar for oral surgery, oral medicine/pathology and oral radiology has been introduced and has been very well received by the students. For the visiting team it seems a very appropriate activity that other disciplines also should consider to limit the overlap and redundancy.

13.2 Oral radiology

The described lack of calibration between oral medicine, oral pathology and oral surgery is mostly an issue of timing, but to some degree also the structure of two different departments. The transition to digital radiology has begun and will be further supported by the introduction of the new clinical administration software. There seems to be a lack of continuity of certified assisting personnel, which should be addressed.

14.1-2 Oral Medicine and Oral Pathology

There are plans for a combination of lectures in these areas with oral surgery, which are greatly encouraged. The disciplines could benefit from some devoted time before the CDC concept takes over. Also, when there is special clinic time for oral medicine patients, there should be scheduled student rotations in this clinic.

15.2 Medical emergencies

This course is a part of a larger course called principles of medicine. The students are certified in Basic Life Support (BLS) by an external authority. All staff at all levels should also get this training. The clinical management of medical emergencies should be reviewed including having an automatic external defibrillator (AED) available and knowledge by all staff and student into the location and use of this device.

16. Practice management, ethics and communication

In the existing curriculum, there is a focus on ethics, but in light of the diversity and changing population, a further emphasis on ethics and jurisprudence is warranted and preferably highlighted at different times mostly in relation to clinics. Ideally, ethics should be incorporated in the curriculum on a yearly basis. Ethics is a broad topic and should also include issues in personal ethics that could be combined with other aspects of the subject.

It is recognized that the students are exposed to different practice management entities.

There seems to be an extensive lecture course in behavioural sciences and communication, which appears early in the curriculum and is out of context and with no relevance to oral health and the doctor-patient relationship. The course could be enhanced by active learning methods such as role playing or standardized patients. In this course there should also be an emphasis on life long learning and self assessment of both clinical work and decision making processes.

17. Examination, Assessment Methods

The assessment focuses on assessing knowledge, skills and attitudes. There is a multitude of assessment methods used to evaluate different competences including an OSCE based system. But there seems to be a focus on superficial knowledge evaluation and on content learnt during contact hours. The relevance of methods used for assessment should be re-evaluated and also directed to cover content learnt independently on self study. In addition, the quantity of examinations seems very high, which could be addressed by verticalizing the curriculum and introducing modules. The psychomotor skills are evaluated by clinical competency exams with at least two faculty members present. The assessments processes should include an element of self-assessment before a faculty evaluation. This could be included wherever it is deemed appropriate.

A set of competency statements to describe the graduating dentist should be developed. It would be beneficial to the institution if such statements were related to the level of specified sets of competency statements that both European and US dental education

use. American Dental Educator Association (ADEA) is currently discussing competency statements that could be used by all US institutions either as they are or slightly modified to suit the individual schools` focuses. It must be pointed out that competency statements and competencies are not the same.
In relation to the competency statements an institution of higher education must ask themselves a set of questions and develop mechanisms to answer them. We will mention a few of such questions: Are we doing what we say we are doing? If we do, how do we know that? What standardized measures do we use to find out that students learn what they are supposed to learn instead of that we teach them what **we** want to teach them. If we collect outcomes data, what do we do with this data (knowledge)? Do we analyze it to make sure that we set new criteria and standards for our education that the data indicate?

The FoD are using external examiners and the visitation team read the report of the recent examiners. There seems to be a practice of using previous employees as external examiners, which is discouraged in the future.

18. Other influences

There seems to be an appropriate diversity and availability of patients needed for high quality clinical training, which is very good. The evident oral health care needs and need for prevention in the community/population must be reflected in the curriculum and the school should strengthen the continued focus on preventive oral health care.

Evidence based dentistry is being referenced throughout the self assessment report in different ways and meanings. We recommend an internal review of the term and discussions on how to implement this concept correctly in the education including students working more independent with evaluation of literature with a primary focus on literature reviews including Cochrane studies. The students must be encouraged to seek information from the literature and through literature searches. This is an important part of training for the concept of life long learning.

19. Student affairs

Students and new graduates were found well motivated, with a positive attitude and they were appreciative of their education. There is a very collegial atmosphere between students and staff. This was particularly evident in the clinics.

There seems to be no formal representation of students in the standing committees of the FoD. The students' representation in decision making processes at all levels of the FoD is highly encouraged by the visiting team.

There are evaluations done by the students of the teachers, but there seems to be no formal routine and appropriate feedback from these evaluations. According to the US accreditation standards, students must evaluate courses and faculty in an anonymous way. This data is only available to designated individuals and is used to improve courses and in promotion deliberations.

The content and appropriateness of the medical preclinical content did not seem evident to the students that would like to see more integration with the clinical sciences leading to earlier patient contact.

It is very attractive to become a dentist especially for women in Kuwait and there is thus a large qualified pool of applicants to the school every year. This situation facilitates execution of high quality educational program.

20. Research and publications

The visitation team was presented with a comprehensive and impressive list of publications considering the limited amount of faculty, which can be attributed to an active vice-dean for research. In addition, the FoD has been very active in organizing research activities in the region and beyond which is commendable.

It is acknowledged that research is very essential for the future of the FoD and should be reflected in the mission statement as well as in all activities of the FoD. The FoD has a strong continuous focus on high quality research that appears to be well funded. However, it seems, to be a shortage of young Kuwaitis who are willing and able to do

research, which should be addressed in the future. It was inferred that this shortage is in part a cultural issue and an issue of tradition. It is important for the long term future of the FoD that these individuals be motivated and educated since permanent exclusive reliance on outside faculty seems inappropriate, difficult, expensive, inconsistent and possibly non-continuous. One of the ways to increase the research experience in this group would be to send gifted individuals to USA or Europe not only for specialty training, but also for research training leading to a Ph.D.

The continued high prevalence of caries in the young population in Kuwait means that a continued focus on preventive oral health activities and research must be a high priority.

A certain minimum time should be allocated for research and when grants are approved; extra time should be granted accordingly, which can only be achieved with a lower staff/student ratio as was intended by the university administration with 50 FTE's.

Structured research training across disciplines' borders including seminars where researchers of all levels can share research experiences and outcomes are encouraged. A long-term goal should be to develop a PhD program. However, that seems to be far into the future since the institution needs to first establish a stable, high quality faculty in both the basic and clinical sciences.

21. Quality development

There is an increasing attention to quality development and quality assurance through a committee which has started working and presented a thorough outline of the work ahead. The initial focus of the committee has been on clinical quality aspects including infection control, which seems appropriate. In the future, emphasis must be directed towards quality development of the curriculum, clinical procedures, and an educational strategy with verifiable outcomes

22. Overall comments on the school

Although it is well known, that dental education is one of the most expensive higher educations, the FoD have access to sufficient funding, although not always in a timely

manner. There is no overall accessible budget for the FoD and getting purchases through the university central administration is complex and takes a long time. The visitors suggest that autonomy over the budget be granted to the FoD or the HSC and followed up by accountability.

The facilities in general are excellent and there is a very good coverage of supporting staff, making four-handed dentistry possible. In addition, the recent introduction of electronic patient records (Software of Excellence) with digital radiographs is commendable.

The FoD has a qualified and diversified faculty from different parts of the world that brings together ideas and input from different cultures, but also creates challenges in getting agreement and team work.

The FoD is very focused on research and are quite productive. Also the FoD has taken an active role in organizing dental research in the region. It would be beneficial to the school and the university if the basic sciences research could be further developed.

The educational approach seems to be based heavily on factual knowledge in a teacher centered model with limited time and incentives for the students to seek and apply knowledge and gain deep learning through independent learning and self reflection. This is not a good foundation for self directed and life long learning.

All subject areas are spread out over a long time usually with one lecture per week over several years. This means that the student will have very many different subject areas in mind every week, which has been show to be a hindrance to acquiring deep learning. A shift towards more intensive modules over shorter times and implementation of new learning philosophies has proven to be more effective in achieving deep learning. Another advantage of shorter and more intensive modules for some content areas makes it much more feasible to bring in a visiting professor for a shorter time, if the expertise to teach the module does not exist in the FoD at present.

When changing the educational structure to limit the number of topics in a week and making each more modular, it is possible to reduce the number of assessments and

having them more continuously after each module and not predominantly in January and June.

The perception of the students that the curriculum is overloaded with medical content could be due to a real overload or a lack of motivation of the students to the necessity of the preclinical sciences. After our review, we have concluded that is a combination of both, which should be addressed.

All of the curriculum is referenced in teacher hours and reflect a very teacher centered approach to dental education. A more modern approach is a student-centered approach, where a credit system is used that is based on student workload. One of the challenges with a more student centered approach is the students' prior experience with only lecture based teaching. This transition will be facilitated when the medical school changes its curriculum to be student centered or problem based, because the students will have experience with this approach.

The term problem based learning is referenced in the self assessment report in contexts that are not precise according to the definition of problem based learning being small group working on solving a problem in a highly structured way. It seems that the FoD primarily are using problem oriented teaching, which is not the same.

The CDC clinic and concept works very well if the students are well prepared within the disciplines, which does not seem to be the case. Therefore it is suggested to create some months of discipline based approach before entering the CDC. Also it seems as if certain very specialized areas such as Oral Surgery, Oral Medicine and dental emergency services could benefit from being outside the CDC clinic and have students on rotations throughout the clinical years.

Initially the students had a very long summer holiday from June to September, which has been changed with the introduction of a mandatory summer clinic, which seems very sensible both to have continuity of patient care and to increase the clinical experience of the students. It is advocated to make this change permanent.

A credit system is used for lectures, where one credit is one lecture per week for one semester. This credit system should be expanded to include all areas of dental

education and be focused more on student workload than on lecture hours. This will also facilitate exchange programs with Europe and USA that both use such a credit transfer system. This varies from the credit system in the US dental schools where 16 lecture hours and double the number of seminar and laboratory exercise hours are referred to as on credit hour.

As the medical school is revising their curriculum content and educational philosophies, the FoD must be participating closely to secure influence and participation for its own benefit. The alternative of being independent has been discussed elsewhere and has been found to be an unacceptable and not viable route. It is important to achieve a scenario, where the FoD requests the teaching and learning elements and content needed for dental education from the faculty of medicine. In this way it is clear where the responsibility lies.

Summary and conclusion

The Kuwait Faculty of Dentistry Faculty of Dentistry (FoD) is overall a very good dental educational facility according to the standards set out by the European Union and the DentEd thematic network considering the young age of the faculty.

This report is a result of a four day visitation based on a self assessment report from the FoD. The report contains a number of minor and major suggestions to further strengthen the success of the faculty and suggestions to challenges facing the FoD.