

## Review Article

# The Establishment of Kuwait Medical School (1965 - 1976)

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This is a study on the establishment of the Kuwait Medical School. It examines the planning needed to establish a medical school focusing mostly on the work done by the 1973 planning committee of the Kuwait Medical Faculty. It also gives an insight on the process of medical education, since the establishment of the Kuwait Medical School was

during a period when the process of medical education was revised.

The study concludes that the Kuwait Medical School establishment was a great achievement and a fine example of early global collaboration in medical education.

## INTRODUCTION

In 1827, a French doctor from Napoleon's occupying army established the first modern medical school in the Middle East. It was Kasr Al-Aini Medical School in Cairo, Egypt. The American University of Beirut (AUB) Medical School was second to open in the Middle East in 1866 by an American Presbyterian. The third medical school in the region was opened in Baghdad in early forties of the last century. Those were the three main medical schools in the region at the time of the birth of the idea of Kuwait Medical School establishment. There was no single such school in the Arabian Gulf region.

From the above, we can see the unique situation of the Kuwait Medical School, in which it was the first school in the gulf region and the first in the Middle East to be founded by native hands. Kasr Al-Aini, the AUB and Baghdad medical schools were all established under the role of colonial governments.

Was the establishment of Kuwait medical school a pioneering work? Of what standard was the planning of the new school? And finally, how was the method of teaching chosen in the new school? These are the questions that will be answered in this article.

The subject of this article is very original; hence there was a great difficulty in finding secondary sources. Most of the newspapers' and magazines'

archives were destroyed by the Iraqi invasion. One of the few preserved was Al-Qabas newspaper archive, which consisted of about 30 pages on Kuwait Medical School. Another secondary source was an article published in Aberdeen university review by Dr. Ian Olson, the first vice-dean academic of the Kuwait Medical School and one of its founders. Identifying primary sources was also a very difficult task. There was no medical school archive, probably due to its destruction by the Iraqi invasion.

Professor Fuad Al-Ali was met, who thought that the only help would be by interviewing the founders of the medical faculty. He then introduced us to Professor Abdulmohsin Al-Abdulrazzaq, the founding dean of Kuwait Medical School, who was very kind to provide us with the original reports and papers of the planning committee of Kuwait medical faculty, which were kept in his residence. Dr. Ian Olson was interviewed in Aberdeen.

Also, we identified the two WHO reports, which were the first to discuss the possibility of founding a medical school in Kuwait.

This article is the first ever-comprehensive study on the establishment of Kuwait Medical School. It should be useful, especially now a days, where there are talks among the officials in Kuwait to establish a second medical school in Kuwait.

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### **Brief history of modern medicine in Kuwait**

Kuwait has one of the most comprehensive health care systems and one of the most all-encompassing social in the world. The origin of the modern system of health care in Kuwait can be traced back to the early years of the twentieth century. However, it was not till the 1950s that the government introduced an extensive health care program and medical services.

The first clinic was opened on October the thirtieth, 1904. The British mandatory in Kuwait inaugurated the clinic, which was called 'Dar Al-Eitemad'. It was the first clinic in the history of Kuwait. The doctor in charge was of Indian origin called 'Daud ur Rahman'. In 1905, he published the first medical report; the clinic was able to provide care for 3976 patients and conducted 181 surgical operations. This British clinic continued to provide health services in Kuwait, and controlled quarantines until 1951, when the health department of Kuwait took over supervision of quarantine procedures<sup>[1]</sup>.

The first hospital in Kuwait was built in 1914 by a group of American doctors. They gained the trust of the people and of Sheikh Mubarak who was the ruler at that time. They soon understood the customs of Kuwaiti people, and decided to build another hospital for women, which was opened in 1920, under the direction of Dr. Elia Naurkaleferlie. Dr. Mylrea supervised medical services for men<sup>[2]</sup>.

The government of Kuwait established its own health department in 1936, and was chaired by Sheikh Abdullah Al-Salim. The first government clinic was established in 1939 in the Sharq area. Amiri hospital, which was the first government hospital, was opened in 1949, in a great celebration, as it was a symbol of entry into the modern era<sup>[1]</sup>.

### **The dream for a Kuwait medical school**

Health services in any civilized society are essential. Kuwait in the sixties was a rapidly progressive society with lots of ambitions to join the club of civilized countries, with the aid of its natural resources, mainly oil. Enthusiasm has led to the establishment of Kuwait University in 1966 with five colleges, but without the faculty of medicine. Although the idea of founding a medical school was in mind since the start of planning of the university in 1964, it was decided to postpone the medical faculty establishment due to the lack of proper hospital facilities and a suitable number of local physicians and surgeons<sup>[3]</sup>.

The dream of having a Kuwait Medical School was shared even at the highest level among government officials. In 1965, the WHO was consulted by Kuwait University planning committee to study the possibility of founding a medical school in Kuwait. The WHO

sent Dr. Gabriel Rifka from the American university of Beirut. He made visits to hospitals and met with government officials from the Ministry of Health and the Ministry of Education during the period between the third to ninth of December 1965<sup>[4]</sup>.

He reported that the need for a medical school in a country like Kuwait, with a population of 468,000, will only be justified if account is taken to the possibility that students from the gulf region will be given the opportunity to study in Kuwait medical school. Also the number of Kuwaiti students who could apply to the medical school was insufficient. This relied on the experience of the WHO, that one fourth of the secondary school graduates study sciences and that one tenth of the later will study medicine. Thus, the estimated number of students applying to the medical school in the year 1970 was expected to be 50 - 75 only<sup>[4]</sup>.

Dr. Rifka found that the medical facilities in Kuwait were of world class standard, although he thought that they were not suitable for teaching. He suggested building of a teaching hospital in Al-Sabah complex or adaptation of the current Sabah hospital to suite teaching. A third suggestion made by him was the introduction of changes to the Mubarak hospital, which was under construction to make it suitable for teaching purposes<sup>[4]</sup>.

An interesting subject in Dr. Rifka's report was the debate about the language to be used for teaching in the new medical school and in the Science College of Kuwait University, since the language of the college of sciences should be the same as the language of the medical school as pre-medical teaching would take place in the science college. During the sixties, left wing nationalists were very influential in the Arab world. The Egypt nationalist government and Syrian nationalist government united under the name 'United Arab Republic'. The United Arab Republic committee on higher education visited Kuwait to help in planning the new university, and recommended the use of Arabic language in the science college. Many of the senior officials met by Dr. Rifka were in favor of the use of Arabic language in the new medical school. On the other hand, Dr. Rifka was strongly in favor of the use of English language for several reasons, three of which he stated in the report were firstly, most of the scientific and medical literatures are written in English. Secondly, teaching in English would be more attractive to students from the region. Thirdly, more post graduate opportunities would be available for Kuwait medical school graduates, if the teaching is in English language<sup>[4]</sup>.

Another concern by Dr. Rifka was that post mortem examinations are rarely done in Kuwait, due to the

public view on donating bodies. It's the custom of Muslim societies to bury the dead as soon as possible. This would hinder teaching of anatomy in the medical school, so he recommended the preparation of the community through the media. Finally, Dr. Rifka recommended another visit by the WHO consultants group on education and the formation of a national planning committee to study the project further and aid the work of the WHO. He concluded that a medical school cannot be established at that time due to several reasons; firstly, the university was at its infancy; secondly, the lack of Kuwaiti doctors; thirdly, the poor social conditions for expatriate staff; fourthly, the total dependence on expatriate personnel; fifthly, the lack of suitable applicants and lastly the inadequacy of hospital facilities for teaching<sup>[4]</sup>.

This report by Dr. Rifka was the first ever study on the feasibility of founding a medical school in Kuwait. It was very comprehensive and included many useful information about Kuwait health care facilities like the number of hospital beds, the number of doctors, the number of students in secondary schools and a list of health ministry and education ministry officials at that period. It was very clear from his report that the social situation at that time was not in favor of establishing a medical school. This shows how social and political factors may influence medical schools.

However, Kuwait society in the sixties was changing rapidly in all aspects. A WHO consultative group visited Kuwait again two years later to identify areas of improvement. The group included officials from Birmingham University, Khartoum University, Cairo University and the American University of Beirut<sup>[5]</sup>.

The group made a series of visits and interviews in the period from 6/10/1968 to 14/10/1968, and produced a report after further discussion in the regional WHO office in Alexandria<sup>[6]</sup>. The group found that many factors had changed from the last visit. There was an increase in population from 468,000 in 1965 to 512,794 in 1976, so the annual increase was 20%<sup>[5]</sup>. Also, Kuwait became a regional center for patients from neighboring countries wanting better medical care, this clearly lead to a demand of more doctors<sup>[5]</sup>. The most important change encountered by the group was the establishment of Kuwait University, and its rapid development. This is very vital for the beginning of the medical school, since the pre-medical teaching will take place in the science college. Regarding the suitability of applicants, the WHO group thought that the increase in population would mean that more students will be graduating and hence more will be applying. They also thought that the new school would attract students from the region.

The WHO group recommended the establishment of the faculty of medicine in Kuwait University, and suggested the year 1971 to be the first year of admission. They also recommended the constitution of a national planning committee and the appointment of a dean for the faculty<sup>[5]</sup>.

### The medical school argument

There were two opinions on the need of a medical school.

The founding dean Professor A. Alabdulrazzaq speaks about that; "there were two opinions on the need for a medical school, one school of thought said; why should we waste money by building a medical school when it's cheaper to send students abroad. In fact, the first Kuwaiti rector Dr. Hasan Al-Ebrahim was of that opinion. We answered that we have to start a medical school for several reasons; number one is that although initially Kuwaitis went to good medical schools in London and Aberdeen, they later on went in a huge number to Egypt where the standard of teaching was low. Number two; you cannot improve the health service without a medical school with undergraduates' education, and more important, postgraduate education. Number three; research is very important. If you don't have good research in the community, you are not able to attract good doctors. This was very apparent when the school opened, the research publication shot up into the sky<sup>[3]</sup>.

One group was of the opinion that it's more expensive to establish the medical school in Kuwait than to send students abroad. They argued that it is better for the health services to have Kuwaitis graduating from prestigious medical schools abroad. The university rector was on that side and the health minister Dr. Abdulrahman Al-Awadi. To understand why they had this view, one should know that Kuwait society in the late sixties was very well off materially and a very rich society, thanks to oil discovery. Everything was bought and imported, including experts from various fields. It would be understandable that they preferred to send the students abroad since the government was able to do that. However, it was very difficult trying to find a place for a Kuwaiti student to study abroad. It was even impossible to get a place in a medical school in USA, Canada or UK. This was attributed to the inadequacy of the secondary education in Kuwait during the nineteen sixties<sup>[3]</sup>.

The debate was clearly on the side of those in favor of establishing the medical school. It is the natural desire for any country to train its own people to replace foreign staff. Founding a medical school will encourage Kuwaitis to train in medicine in their own homeland, since many who go abroad at a young age face social

problems, which may interfere with their work. Also, every country has its own peculiar problems and studying abroad means that students would not get exposed to these problems. Furthermore, a medical school would raise the standards of health services by the provision of continuous education for doctors and by stimulating research and postgraduate teaching.

### Plans and committees

Soon after the 1968 visit by the WHO, a national committee was formed which consisted of representatives from the Ministry of Education, the Ministry of Health, the Kuwait Medical Association and the planning board. They recommended the establishment of the medical faculty but with caution<sup>[3]</sup>. On 29 December 1968, at the council of ministers meeting, the resolution '55/68' was passed to begin establishing the medical faculty<sup>[6]</sup>. In February 1969, the university council decided to execute the project and appointed a local committee to follow it up.

The local committee met and came up with a plan to build the medical school in Al-Sabah hospital complex. It recommended the adaptation of Al-Sabah hospital to suit teaching. Their recommendations were submitted to the university council in May 1969. A joint meeting was then held between the university officials and the Ministry of Health in September 1969 to cooperate the establishment of the new faculty. They decided to appoint two committees, a planning committee and an advisory academic committee to assist with the detailed planning of the medical school<sup>[6]</sup>.

The planning committee consisted of representatives from the university, the Ministry of Education and two doctors from the Ministry of Health. The university rector founded the advisory academic committee; it consisted of four medical schools deans from the University of Alexandria, the University of Khartoum, the University of London and the University of Baghdad. The advisory academic committee also included six doctors from the Ministry of Health and a representative from Kuwait University. Dr. Abdulmohsin Al-Abdulrazzaq and Dr. Abdulrazzaq Al-Abdulrazzaq were members of both committees<sup>[6]</sup>.

In February 1970, a series of joint meetings between the two committees were held. Those meetings resulted in the 1970 report on the establishment of Kuwait medical school. They formed a complete plan for establishing the new school with a teaching hospital in Al-Sabah hospitals complex. The total cost estimated was 12.5 million Kuwaiti Dinar (KD). They suggested the establishment of a dental school and a pharmacy school in the same area, and their cost were included in the previously mentioned estimate. The committees also suggested the formation of a joint

council between the university and the Ministry of Health to administrate the teaching hospital<sup>[6]</sup>.

Nothing was heard about the project till early 1973, when a new planning committee was formed to study the economic implications of the 1970 report recommendation, which was thought to be excessive in its request. This committee managed to cut the costs to two and a half million KD. However, this reduction affected the research facilities and relied on using Al-Sabah hospital for teaching, although it had many deficiencies. Finally, the university council decided to appoint a dean elect 'Dr. Abdulmohsin Al-Abdulrazzaq' in 1973 and the Amiri decree was issued to establish the medical faculty of Kuwait University, it seemed then that Kuwait seriously desired to open a medical faculty<sup>[3]</sup>.

In 1973, many changes happened since the WHO 1968 report. Hospitals were ready for teaching. There were several Kuwaiti consultants of good quality, and the number of Kuwaiti doctors increased (10 - 15 percent) of total doctors<sup>[7]</sup>. All in all, there was a strong enough base to start the medical school.

### The difficult task

"They chose me one day and told me to start the school the next day. There was nothing, no space, no programme and no staff. I told them it's not possible. More planning is needed." Professor Abdulmohsin Al-Abdulrazzaq the founding dean of Kuwait medical faculty, said<sup>[3]</sup>.

The 1973 committee started to work straight away. This committee consisted of the dean elect Dr. Abdulmohsin Al-Abdulrazzaq, the dean of the science college, a representative of the health ministry, and some Kuwaiti and other Arab clinicians<sup>[7]</sup>. They held several meetings, which resulted in many reports.

Professor Abdulmohsin Al-Abdulrazzaq the founding dean remembers the start of planning; "We formed the core planning group, which comprised of all the senior Kuwaiti doctors, we also had the dean of the science college. You can see in the planning document that we hired a consultancy group to give a master plan for the medical school. We had to look into several activities going in parallel; one is development of the curriculum. Second is looking at building facilities. Third is finding staff. Lastly planning the entry requirements for the students" <sup>[3]</sup>.

It was a difficult task; they wanted a John Hopkins of the Middle East<sup>[3]</sup>. To that extent was the ambition. So they tried to recruit European and North American staff. One of the difficulties in achieving their aims was that they could not find someone in the western medical world to advise them on how to start their John Hopkins<sup>[3]</sup>. Britain at that time had not built a new medical school for seventy years. They were just

establishing Nottingham and Southampton medical schools<sup>[8]</sup>. In the USA the case was the same, USA had not built a new school since the nineteenth century<sup>[3]</sup>. Also in Kuwait's own region (the gulf), there was no single medical school.

There was hardly anybody there, who had an experience on how to establish a medical school. If I consult medical school's deans, they know how to run a school, but they have no idea on how to start it from scratch", Professor Abdulmohsin Al-Abdulrazzaq, the founding dean of Kuwait medical school remembers<sup>[3]</sup>.

The committee stipulated that the earliest possible date for opening is 1976. They acquired a temporary building in Shuwaikh, and planned further from there. The committee then divided the work into four major areas: development of the curriculum, the medical school buildings, the staff recruitments and the entry requirements for the students.

The committee also hired a consultancy group "PA international" to establish a master plan for the development of the new faculty<sup>[3]</sup>.

### Developing a curriculum

Medical education at that time was in a state of turmoil, where some soul searching about the efficiency of conventional system is in full swing. Also there were lots of so called 'medical education reformers', each with their own idea. There was a decision to be made on the choice between a conventional system and one of the new systems of medical teaching.

To complete the picture of the new methods of teachings, the committee formed a team to visit medical schools, which implement the integrated systems<sup>[10]</sup>.

The team visited three medical centers in the period between 15 - 26 September 1973; the McGill medical center in Montreal, Canada, which adopts the traditional departmental system of teaching; the McMaster medical center in Hamilton, Canada, where there teaching depends on self-learning supervised by tutors; and the case western reserve in Cleveland, USA; which represents integrated teaching<sup>[9]</sup>.

The team members were impressed by the problem oriented system in McMaster medical center. It was a revolutionary form of medical teaching, in which it was entirely based on self-education supervised by tutors. The students were taught how to develop problem solving ability by learning how to formulate data rationally, utilise learning resources to help solving the problem, and finally devise solution relevant to this situation. The philosophy there was that a doctor is continuously learning to adapt to changing health care needs. So it is better to train the doctor to face the lifelong work in the medical school under supervision by problem solving oriented teaching rather than

loading him with excessive data while without sufficient instructions on how to utilise it.

However, the committee thought it was impossible to implement this system in Kuwait due to the cost. There was a cheaper version of that system implemented in Jordan and Addis Ababa medical schools. The person who directed that system was professor Howard from the Cambridge University<sup>[3]</sup>. The founding dean Dr. Abdulmohsin Al-Abdulrazzaq visited Amman medical school to take a closer look at what he called 'the developing world copy of McMaster's system', in the following paragraph he summarizes that visit and why the conventional method was adopted.

'When you are establishing the first medical school in a country, I don't believe you should try to experiment with new teaching methods. You can do that if you have the luxury, when you are building a second or a third medical school in a country. It's even more dangerous to experiment when you do not have the staff. If you took a closer look at the medical schools in the world at that time, the majority was adapting the conventional method of teaching; few started the modern methods of medical education like problem oriented and the integrated medical teaching. There are not many teachers, which were familiar with modern systems. The so-called modern medical curriculum requires very mature and very capable students. Most of them should be PHD or Bsc students. In McMaster, I was meeting a PHD psychiatry student in a medical school. They were already established graduates with tremendous records. With such students any system would work. Also they had six hundred staff for fifty students in the class. In the traditional system you would require a hundred only. It also requires a tremendous organization for teaching. So it was much more complex to run, than the traditional system. At that time, the WHO was going wild with medical education. There was lots of criticism about basic medical science teaching. They thought it was irrelevant to medical education. Addis Ababa adopted a cheaper version of McMaster system, which was invented and publicized by Prof. Howard. He was an excellent speaker and very enthusiastic about this system. He went to lots of medical conferences to speak about this system. But this cheaper version did not work. They gave it up in Addis Ababa. So Prof. Howard went to Jordan, where he was hired to implement the system in Amman medical school. I visited him there. I said to him; suppose I buy your idea, from where can I recruit the staff that knows how to run this system? He answered there is no way that I can guarantee that. I was not impressed at all with the way the system was working there. It was very different from what we saw in Canada. There was not

a single research work taking place in Amman medical school laboratories<sup>[3]</sup>.

It was much safer for the committee to choose the conventional method of teaching to avoid experimenting with a new teaching method in an infant medical school. All the members<sup>[10]</sup> were impressed by the McMaster's teaching method, but they thought that it was very impractical to implement it in Kuwait. It required more staff and more staff time for teaching. The committee also thought that this system does not leave enough time to staff for research. Even if they agreed on any of the new teaching methods, it will be a very hard task finding experienced staff. Also the committee members thought that to implement McMaster's system, you need to have full mature and capable students and capable of self-independent learning, as well as efficient postgraduate courses, both of which were not present in Kuwait at the time<sup>[3]</sup>.

Finally, the committee adopted the conventional method of teaching 'the departmental method'. Teaching was agreed to be for seven years and divided into three phases. The first was the premedical phase, which takes two years to complete and was conducted under the credit hour system and students had to obtain 61 credits to pass. It was taught in the faculty of science. The second phase was the pre-clinical phase, which takes two years to complete and was taught in the temporary medical school in Shuwaikh campus<sup>[10]</sup>. The final stage was clinical phase, which takes three years to complete where students were trained on the wards and in the outpatient clinics of the Sabah hospital, which was used temporarily. Students were awarded the degrees of bachelor of medicine and bachelor of surgery after completing this phase<sup>[6]</sup>.

### **The medical school buildings and the teaching hospital**

The plan was to open the medical school in 1976. The medical school buildings and the teaching hospital were required to start the teaching. However, cost of these buildings was a center of conflict between the government of Kuwait and the faculty of medicine, taking many years to be solved.

In 1970, the planning committee for the medical school estimated the cost of the medical school and the teaching hospital to be 12.5 million KD. This was thought to be a very high price by the government. In 1973 the new committee lowered the price to two and a half million KD, after reducing the space required from 40,000 square meters 'sq.m.' to 6,500'sq.m.' to add to the confusion the committee in December 1973 concluded that at least 20,000'sq.m.' is needed, and the price estimate went up to 4,100,000 KD. Then a month later in January 1974, the final estimate was 10

million KD<sup>[6]</sup>. The budget to achieve this was not given by the government. The medical faculty in a final attempt, asked to have Al-Sabah hospital to convert it to a teaching hospital. This was rejected this time by the Ministry of Health.

It was agreed that the medical school uses Al-Sabah hospital temporarily for clinical teaching. The medical school building was temporarily situated in Al-Shuwaikh campus where pre-clinical teaching was taking place. Therefore, when the school opened in 1976, there was a lot of uncertainty.

The new medical school according to the plan was to consist of a pre-clinical building and a new teaching hospital with its clinical building, to fill the philosophy of the school. The dean insisted on a new teaching hospital but the ministry of health was strongly against that.

Dr. Abdulmohsin Al-Abdulrazzaq the founding dean describes those events: 'First of all we had a plan in which we build the hospital and the medical school in Al-Sabah hospital complex. Then as we reached the final stage in planning the ministry of health refused the plan. Then we planned to have them in Al-Shuwaikh university campus, again by the time we reached the final stage, the government refused. At that moment I was very upset, it wasted lots of time. I submitted my resignation as a result of that. It was in 1978, and then the government came to a compromise. The Minister of Health, Dr. Abdulrahman Al-Awadi wanted us at that time to use Sabah hospital permanently. I completely refused that. Sabah hospital at that time was a huge empire full of beurocrates. My final reply was; give us the Mubarak hospital, which was soon to be opened and give me the budget to build the medical school next to it without any interference from anybody. The government accepted that<sup>[3]</sup>.

The dean fought hard for his case and at last the conflict was resolved. The new medical school was built on 43,000 sq.m., extending over five floors. The complete move from the temporary campus in Shuwaikh to the new medical school was in 1983, and to date, it is the site for the Kuwait Medical School.

As we can see, there was clearly a conflict, which delayed the completion of the medical school. The founding dean attributes the conflict to the differences in interests between medical schools and ministries of health, since the medical school takes care at the educational side, and the ministry of health concentrates on the quality of services. "Every single joint recommendation we make was rejected by the ministry" says the founding dean<sup>[3]</sup>.

Dr. Ian Olson, the first vice-dean undergraduates said; 'I never understood why there was that conflict. Whether the minister of health did not like the

medical work controlled by the university, in a way this is understandable. He did not want the services to be controlled by the medical school. I also got the feeling that he thought that it was better for Kuwaiti students to be trained abroad. But every move from the dean was blocked by the minister. It slowed things tremendously. It was a difficult situation. The minister even did not want us to move to Mubarak although Sabah hospital was wearing out'<sup>[11]</sup>.

### CHOOSING THE STAFF AND THE STUDENTS

The aim was to recruit high quality teachers from the United Kingdom and the United States. However lots of applications came from neighboring countries. The medical schools there were of low standards<sup>[3]</sup>. The policy adopted by the Kuwait medical school planning committee was not to recruit teachers from regional medical schools. The reason for this attitude was due to the thought that a teacher practicing in a medical school of unacceptable quality is used to a standard, which is compromised, and it is difficult for him to fit into the standards desired by Kuwait medical school.

The first choice for staff was Arab scientists and doctors in North America and the United Kingdom. For that, visits were made by the medical school planning committee. In their visits to the United States in 1975, they met with a group of prominent Arab medical scientists.

They then visited Harvard, Rochester and Texas medical universities. In that visit, they managed to form an interview team to check on applicants applying from the United States and Canada. On their way back, they visited Canada and Nottingham medical school.

The dean also reached an excellent agreement with Lund University in Sweden where teachers from Lund can teach in Kuwait University without losing their position, and with their salary paid by Lund. That was of great help to the infant Kuwait medical faculty<sup>[3]</sup>.

Another source of staff was Malta medical school. The school there was in crises. Many of the teachers including the dean resigned due to the interference from the communist government. Some of the teachers were recruited by Kuwait medical school including Professor Fenech, the resigned dean of Malta medical school, who became the professor of medicine in Kuwait<sup>[3]</sup>.

Kuwait medical school managed to attract very well-known teaching staff. The department of physiology was chaired by Dr Nasr eldin Mahmood. Dr William G Armstrong from Britain organised the department of biochemistry and Dr Olav Thulesius for the department of pharmacology. Microbiology was chaired by Vladimir Bezjak. Dr. Ian Olson the vice dean undergraduates chaired the anatomy and the

pathology department. The department of medicine was chaired by Prof Frederick Fenech. Paediatrics was chaired by Dr Vilvaso Ayas from Malta. The department of obstetrics and gynaecology was chaired by Dr Hassan Hathout. The chairman of the surgical department was Dr George Abouna. Dr Richard Kurtz from the United States was the head of the community medicine department. The department of primary care was chaired by Swedish Dr Olof Lindquist. The department of psychiatry was chaired by Prof Fakhar Al-Eslam. Finally, the department of nuclear medicine was organised by Dr Hussain Abdel Dayem<sup>[12]</sup>.

Regarding the students, their method of selection was based on secondary school leaving certificate marks, and interviews. The faculty accepted thirty students for the first batch; 15 of them were non-Kuwaitis. The maximum number which can be accepted in the school was 120 students, and the plan was to reach this with further development.

### Visits

Visits were the method of contact between the medical faculty planning committee and the western world. The visits were mainly to USA, Canada and the United Kingdom. A visit to North America in 1973 was already mentioned, which aimed to study the trends in modern medical education.

The planning committee formed a team to visit the United Kingdom during the period 1 to 12 July, 1974. This visit was arranged by the British council. The team visited several British medical schools including Dundee, Glasgow, Nottingham, Southampton and London<sup>[13]</sup>. Discussion topics were about medical education and the use of audio visual aids in medical teaching.

Another important visit was by the team to USA, Canada and the UK during the period 3 to 17 July, 1975. The purpose of this visit was mainly staff recruitment and exploring the opportunity for postgraduate studies for Kuwaitis. In that visit, the dean met with Dr Ian Olson and invited him to visit Kuwait. Dr Olson was a founder member of the team which had established the first new United Kingdom medical school in the Twentieth century at Nottingham university in 1969; he had suggested that the course be run as integrated teaching of the pre-clinical and clinical aspects from year one and had implemented this concept as the Secretary to the Curriculum Committee and Chairman of the Multidisciplinary Laboratories and Audiovisual Services. Dr Olson visited Kuwait in May 1975 to advise further, and was offered the post of Academic Vice-Dean and Professor of Human Morphology and Experimental Pathology<sup>[9]</sup>.

There were also visits from the Western world to Kuwait. Professor Fuad Bashour a prominent

professor of cardiology from Texas medical school visited Kuwait on 17 April 1975. The outcome of this visit was the establishment of a cooperation program between the Kuwait medical school and the Texas medical school in which, Kuwait would receive assistance in its development program and in teaching staff. Also, it resulted in the formation of an American advisory medical council to represent the interests of Kuwait medical faculty in America<sup>[14]</sup>.

Another visitor from USA was Dr Ali Nahas from Rochester medical school. In his visit, he submitted a report of the review of the medical school plan by several medical specialists from Rochester University. It also resulted in the recruitment of Dr Ali Nahas in Kuwait medical school and in the American advisory medical council<sup>[15]</sup>.

Two important visits to Kuwait medical school were by Dr O'flanagan<sup>[16]</sup>, the dean of the Royal College of Surgeons medical school in Dublin and by Dr Hillman<sup>[17]</sup>, the post graduate dean of McGill university in Canada. Those two visits resulted in the provision of postgraduate training for Kuwaiti doctors in postgraduate programs in Canada and Ireland.

From these visits, we can see that the Western medical world was imported to Kuwait. With the input from Rochester, Texas, Lund<sup>[3]</sup>, McGill and Nottingham, the quality of the new medical school was assured to be high.

### Postgraduate teaching

Medical schools are not only involved in undergraduate teaching. The teaching of postgraduates is integral in medical school aims, since medical undergraduate courses do not produce complete doctor.

In Kuwait, there was a clear need for postgraduate teaching. Firstly, to fulfill the aims of the establishment of the medical school and secondly, to train many doctors who graduated from regional medical schools of low standards.

Dr Abdulrazzaq Al-Abdulrazzaq and Dr Hassan Hathout were involved in organizing the postgraduate education in the new medical school. One of the difficulties faced was that hospitals in Kuwait were not university institutions. So the appointment of the clinical staff was done by the ministry of health and not by the medical school. This problem was solved when the medical school committee and the ministry of health agreed on the necessity that the medical school should appoint the clinical staff<sup>[18]</sup>.

Although the hospitals in Kuwait were not teaching hospitals, they were considered of a very high standard and deemed superior to many teaching hospitals in the region. The Royal College of Surgeons,

the Royal College of Physicians and the Royal College of Obstetricians considered Kuwaiti hospitals suitable for postgraduate specialty training<sup>[3]</sup>.

### MEDICAL SCHOOL OPENING

The medical school was officially opened on the eighth of November 1976, by the acting president of the University of Kuwait Mr Abdulwahab Al-Nafisi, at an opening ceremony attended by the rector, senior officials from the university and the ministry of health. Also, deans of medical schools from the Arab world, Europe and America were present on the occasion.

The first graduation was in 1983, in the presence of the Amir Sheikh Jaber Al-Ahmad Al-Sabah, coincided with the formal opening of the new building of the faculty of medicine in the Mubarak hospital complex.

### CONCLUSION

Establishing Kuwait medical school was a pioneering work. It was the first in the Arabian Gulf region and the first in the Middle East with such quality and high standards. It was a great achievement not only for Kuwait but also for the region as a whole.

Medical schools require a huge input to establish. It is unlike other faculties in the university. Financial support is an essential requirement for any medical school. Political decisions are also important.

One of the interesting points in the establishment of Kuwait medical school was choosing the teaching method. It was at a time where medical education was revised and new teaching methods were invented; mainly the integral teaching method and the problem based learning method. Kuwait medical school adopted the conventional departmental method, which is the method of teaching in Kuwait for many years, however, in 2005, it was changed to an integrated curriculum.

We can see the link of Scotland in founding the school. The three founders were graduates from Scottish universities, Dr A Al-Abdulrazzaq and Dr Ian Olson, both were graduates of Aberdeen medical school and Dr Abdullah Al-Refaie an Edinburgh university postgraduate.

The establishment of Kuwait medical school should be studied carefully by the educational authorities in Kuwait to provide them with guidance for the establishment of the second medical school in Kuwait; a subject, which is risen now since the current medical school is reaching its full capacity.

One of the difficulties in researching this subject is the lack of resources. The Iraqi invasion destroyed most of the archives. In this case, one can see the necessity of oral history.

In conclusion, the establishment of Kuwait medical school was a great achievement for the Middle East and a fine example of early global collaboration in medical education.

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