



**Universitas Indonesia  
FACULTY OF DENTISTRY**



**SEAADE PEER REVIEW  
AND CONSULTATION VISITATION**

**NOVEMBER 26th TO 29th, 2005**

**SEAADE Peer Review and Consultation Program**  
**Review of Faculty of Dentistry, Universitas Indonesia, Jakarta,**  
**Republic of Indonesia - November 26<sup>th</sup> to 29<sup>th</sup>, 2005.**

Report to Dean Dr Sri Angky Soekanto, Dean, Faculty of Dentistry.

### **1. Introduction.**

The SEAADE Peer Review Visit took place from November 26<sup>th</sup> to 29<sup>th</sup>, 2005 at the Faculty of Dentistry premises located on the Salemba Campus of Universitas Indonesia. The Dean of the Faculty had initiated the Visit by sending a formal request to the Chairman of the SEAADE Peer Review and Consultation Committee. Subsequently she submitted a completed SEAADE Visitation Self-Assessment Document to the Visitors timed to arrive a few weeks before the Visit.

The Visitors were drawn from the SEAADE Visitations Panel as follows:

- Professor Toh Chooi Gait – University of Malaya (Chairperson)
- Professor Margaret B. Comfort – Asian Institute of Medicine, Science and Technology, Malaysia
- Professor Krassanai Wangrangsimakul – Prince of Songkhla University, Thailand
- Professor F. C. Smales – Asian Institute of Medicine, Science and Technology, Malaysia. (Rapporteur)

The Visit followed a pre-agreed intensive program, including inspection of facilities, meetings with staff and students, and observation of clinical teaching sessions as well as the reviewing of a wide variety of supporting documents during the Visit. There were formal presentations by the Dean on behalf of the University and the College, and by the Visitors. The Panel held several private meetings with various staff and students during the Visit to discuss in detail various aspects of the undergraduate and postgraduate programs for the final Report.

The Visitors were particularly grateful to the Rector of Universitas Indonesia, Professor Usman Chatib Warsa, who made time in his busy schedule to meet them. He explained the aspirations of the University to achieve world-class status and showed great interest in the discussion about the contributions that the Faculty of Dentistry would be able to make to the achievement of the target.

At the conclusion of the Visit an outline report was presented verbally to the Dean, and members of the Faculty of Dentistry followed by a short discussion. A written version of the Report was subsequently sent to the Dean for factual correction and then acceptance. The Dean has the option to have the Report presented in whole or part on the Official Website of SEAADE.

## **2. Acknowledgement**

The SEAADE Peer Review and Consultation Program Visitors wish to extend their sincere thanks and appreciation to Professor Usman Chatib Warsa, Rector of Universitas Indonesia and Dean Dr Sri Angky Soekanto, Dean of the Faculty of Dentistry together with all their colleagues for the meticulous organization and warm hospitality they experienced during their visit to Jakarta.

## **3. The Republic of Indonesia and its Oral Health Needs.**

The Republic of Indonesia is the largest archipelago in the world and consists of more than 13 thousand islands spread in an area between the Asian continent and Australia, and between the Pacific and the Indian oceans. The islands are inhabited by many tribes with diverse culture and languages, although there is a national language spoken throughout the country, namely Bahasa Indonesia. The population currently exceeds 215 million and is growing at 1.5% per year.

Nearly one quarter of population lives below poverty level, so GAKIN (“keluarga miskin” or “poor families”) constitute the main priority in the effort to improve the quality of the human resources in order to increase the nation’s global competitiveness.

Since the year 2000, the total number of GAKIN has been increasing as has their morbidity rates, including dental health problems. Over the entire population, there was prevalence of oral diseases in 60% of households surveyed in a carefully conducted national exercise in the year 2000.

The Department of Health has propagated a Vision entitled “Healthy Indonesia by 2010”, (Indonesia Sehat 2010), which emphasizes health rather than disease, and preventive care rather than curative care, although thus far the Vision has not led to Governmental policies which have made direct impact upon healthcare personnel.

Nevertheless in anticipation of such polices it can be said that the oral health needs of the country incumbent upon dental teaching institutions could be summarized as requiring:

‘Trained dental professionals that are community oriented to provide strategic plans to control common oral diseases such as caries in terms of proactive preventive measures as well as skilful in diagnosing and treating these diseases’.

In Indonesia eight public universities (including Universitas Indonesia) and four private universities offer programmes in dentistry. About 700 new dentists graduate each year, with 75 coming from Universitas Indonesia. Only about 3-5 dentists come from overseas to practice in the country each year. The dentist: population ratio is thought to be 1: 20,000, some allowance being made for registered dentists not practicing.

## 4. The Institution

### 4.1. Universitas Indonesia

Universitas Indonesia has an interesting history, its origins being in the years after the Second World War when the Indonesian War of Independence was waged. Prior to that time there was little higher education in the country so both the colonial government and Indonesian independence fighters established higher education institutions after 1945. At the end of the War of Independence units of both were combined to found the current Universitas Indonesia in 1950.

Initially the University was multi-campus with faculties in five major cities, Dentistry and one of two medical faculties being located in Surabaya. In the intervening years the campuses in cities other than Jakarta have become distinct fully-fledged universities. The Universitas Indonesia is still in Jakarta, partly on an original campus (Salemba) but mostly re-deployed to a spacious 300-acre campus at Depok.

The University changed its status from a public university to a public autonomous university at the end of 2000. That is in line with the University Higher Education Long Term Strategy (2010) which the Ministry of National Education proposes to use to realize its Vision of 'a healthy higher education system effectively coordinated and demonstrated by the following features: Quality, Access and Equity, Autonomy'.

### 4.2. The Faculty of Dentistry.

Proposals for a dental school in Jakarta were considered from 1954 and realised in 1960 when the Ministry of Education agreed to the establishment of a Faculty of Dentistry in that city within the Universitas Indonesia. A Faculty of Dentistry Polyclinic grew from a few dental chairs, eventually gaining full Ministry recognition as a Dental Hospital in 2002. In 1967 the Faculty graduated only 15 dentists. In 1982 the Faculty initiated the Specialist Master's Program in 7 clinical fields, followed by a Doctorate Program in 1990 and an academic Master's Program in 1999.

By 2003 the total student body had grown to an impressive 770 including undergraduates, postgraduates and those following Master's and Doctorate programs. Languages used in the Faculty today are Bahasa Indonesia, one of the Malay languages that forms the National Language and English which is widely spoken.

There are nine other faculties in the University. Dentistry is one of three faculties (the others are Medicine and Nursing) which have not yet deployed to the new Depok Campus. Although there are detailed plans for a new Faculty of Dentistry and Dental Hospital on the Depok Campus together with faculty buildings for Medicine, Nursing, and a University Teaching Hospital, no timeframe for construction has been announced. Therefore academic and oral healthcare activities continue in an older style building in which a program of rolling improvement is taking place.

As will be seen below in the section on Vision, Mission and Strategy, the Faculty has not allowed the uncertainties of location inhibit its progress. Rather to the contrary, it

has actively pursued a number of initiatives some of which concern cooperative community care projects and possible satellite dental hospitals elsewhere in Jakarta.

## 5. Strategic Planning

### 5.1 Key Mission and Vision Statements and Objectives.

Both the Ministry of Education and the Ministry of Health have published Vision and Mission statements and these have been used to inform similar, internally consistent statements which have been adopted by the University and the Faculty. In some cases the Visitors noted a number of versions with different wordings arising presumably from translation to English from the authoritative versions in Bahasa Indonesia. In this Report those employed by the Dean or in recent Faculty documents are used.

The statements were formulated about 1997-8 just before the impact of the Asian financial crisis. The crisis affected Indonesia severely and reference is made in several documents regarding the extent to which plans related to visions and missions were thrown off course. However, the Visitors noted continuing commitment to clearly stated objectives and constant reference is made to the various statements to guide strategy and decisions.

The Vision of the University (for realization by 2010) is to be admitted as a front line research university in the development of science, technology and art.

The Mission of University, as a front line institution in the development of science, technology and art is:

- to prepare students to be a principled citizen with academic skill and or an excellent professional and able to compete either at national and international levels
- to invent, develop and create invention in field of science, technology and art, and to extend it for science need and human welfare
- to cultivate sensitivity to society
- to participate in the advancement of the world civilization by producing its graduates who have global insight, tolerance and sense of love for peace.

The Vision of the Faculty of Dentistry is to become a leading faculty for dental education and research with integration and autonomy in strategy and development.

The Mission of Faculty is:

- To produce graduates conforming to international standards who are able to meet with challenge of new developments in dental science and technology as well as the social, economic and cultural changes in a diverse community
- To produce, develop and implement research products and dental technology,
- To formulate qualified dental services.

## 5. 2 Faculty Plans, Competitive Grants and Visitations.

In realizing the visions and missions, the Faculty has for some years now been working its way through an impressive set of well-documented plans, competitive development projects and strategic initiatives all designed to bring about continuing change and raise standards.

One of the earliest of these was the five year strategic plan RENSTRA which was intended to run from 1999 to 2004. That Plan was given extra impetus when the Faculty won a competitive grant, the QUE Project. The winning concept was characterized by the letters of RAISE which stood for **R**elevance, **A**cademic atmosphere, **I**nternal management & organization, **S**ustainability and **E**fficiency & productivity. Under each of these five headings are a number of clearly expressed projects with clear timescales for completion. It is specifically stated that the RAISE concept is formulated in order to produce graduates who are able to successfully compete locally as well as in the international community

The QUE grant provided support for RAISE improvement projects, especially the one to introduce active learning into the curriculum. Other project areas included the library collection, research laboratories for Oral Biology and Dental Materials Science, and internet provision to the Faculty and Dental Hospital.

The Faculty continuously collects a range of performance indicators which it can compare year on year to monitor progress in various areas. Five are about the characteristics of the student entry and subsequent progress, eight address quality of the processes in the Faculty and a further five, the efficiency of the academic process.

The Visitors admired the vertical integration and coordination of all the above management concepts beginning with the Visions of the highest government departments down through the University and Faculty's strategic plans to modest yet significant Performance Indicators which could operate at the level of Dental Student groups. Everything is carefully documented within the Faculty, and the use of the overall system to drive progress was identified as **Best Practice**.

At the present time the Faculty is in process of competing for another project coded as HIKOM 2005 (a competition-based grant program of the Ministry of National Education requiring matching funds of 7.5% from the University) which it is hoped will underpin a second RENSTRA 5 year plan running from 2004 to 2009.

## 6. Administration

### 6.1. The Administrative Structure.

The Visitors were pleased to see that the University accords Dentistry the status of a Faculty and that the Dean has direct access to the Rector, Head of Universitas Indonesia. In addition, the Faculty has in place an extremely comprehensive administrative structure accounting for all major academic, academic-related (e.g. library services), non-academic (e.g. finance) and clinical functions.

To handle the resulting large number of reporting lines, the Dean has two Vice-Deans, one for academic affairs (actually academic-related matters) and another for non-academic affairs. Heads of Departments and Academic Programmes report directly to the Dean, as does a Director for the Dental Hospital assisted by Vice Directors.

Sections of the Faculty administrative structure closely resemble the University administrative structure. That university seemed very fit for its purpose but the Visitors did think it unusual and possibly unnecessarily bureaucratic to see parts of the University administrative structure so completely replicated at Faculty level.

Dental teaching institutions usually have much simpler structure with the Dean in direct contact with heads of departments and academic units and supported by 3-5 associate or vice deans with responsibilities for the major faculty functions, e.g. undergraduate education, research, clinical matters, etc. By choosing the functions of the vice deans, faculties can emphasise areas of importance in its strategy.

Nevertheless, it did seem that despite the apparent complexity, things were working very well and that within the various lines of report quite good delegation was taking place to the key players like the Heads, Vice Deans and the Director for the Dental Hospital as well as managers and coordinators of the various programmes.

## **7. The Undergraduate Program**

### **7.1. Structure of the Undergraduate Program.**

The Undergraduate Program is based on the latest version of the Indonesian National Dental Core Curriculum (Kurikulum Inti Pendidikan Dokter Gigi Indonesia), KIPDGI II issued by the Indonesian Health Sciences Consortium in 1994. In the past about 100 good quality students used to enter the Program at Universitas Indonesia annually, but recently that has reduced to a more manageable 80 per year.

Program years are divided into two semesters each composed of two Blocks. A Block is 9 weeks long, including one assessment week. The Undergraduate Program has an *academic part* leading to a SKG (BDS) degree and a *professional part* leading to a DrG (DDS) degree.

The *academic part* consists of study of basic and clinical dental science, integrated when appropriate. Since 2003, Problem Based Learning (PBL) is being introduced progressively, particularly emphasising clinically related aspects of the course.

The National Curriculum requires that the *academic part* should take not less than four years. However, it has been found within the Faculty that it can be delivered in 3.5 years (7 semesters) although technically students do not get the BDS degree needed to proceed to treatment of patients until four years have passed.

The *professional part* contains the clinical work and patient care for the Program. It is Dental Hospital-, General Practice- and Community Clinic- based and integrated with further studies of basic science. This part optimally takes 1.5 years (3 semesters) making an overall desirable length of 5.5 years for the whole Undergraduate Program culminating in the award of the DDS degree. However, for a variety of reasons, including availability of patients, it can take longer for many students.



Each of the Blocks of the Program has an academic staff appointed as leader with an appropriate multi-disciplinary team who are responsible for its planning and implementation, including the transition to PBL when the time arrives. The Visitors were impressed by the dedication and enthusiasm of the leaders and their teams with regard to their Blocks and regarded it as an example of **Best Practice**.

### 7.2 Areas of concern regarding Undergraduate Program structure.

It was reported that only about 10% of students complete the clinical course on time due to difficulty in achieving all the clinical requirements. One reason seems to be the period of the clinical course which can be contrasted with about three years of length in many international high-quality programs.

Another reason appeared to be a lack of patients for prosthodontics, paedodontics and endodontics. At least in part that seems to be due to a ready availability of public health clinics in the area offering dental treatment at low cost.

If the Faculty and the University wish the Dental Undergraduate Program to match up to the most esteemed international dental courses they will have to take steps to extend the length of clinical training by a substantial amount and facilitate the flow of patients suitable for undergraduate training. As noted, these adjustments are not decided by the Faculty alone, but will require others to agree changes to the National Dental Curriculum and local community dental care arrangements.

### 7.3. Delivery of the Undergraduate Program.

The Visitors noted the careful attention given to delivery of the Program to all student years. Workbooks are prepared for many aspects of the courses and the intention is for these to be extended to produce complete coverage. In the past the requirement was for the Program to be delivered in the National Language but that is being relaxed and there is good facility in English amongst staff and students alike.

As mentioned, students used to follow a traditional subject based departmentalized dental curriculum, but starting with the intake of 2003, PBL is being incorporated throughout the Undergraduate Program and the method is interdisciplinary. Students work in groups of 8 to 10 and sessions and facilitation is by the staff. A different problem is considered each week. Mini lectures (resource sessions) of about 20 to 30 minutes are provided on special request, although in these early days of implementation of PBL some students seemed to be unaware they can ask for them.

PBL is being introduced following intensive investigation of the technique with use of established PBL practitioners for extensive consultant advice and guidance. The entire teaching staff appears to have been well briefed and to be in support of the new system. An impressive suite of PBL rooms have been constructed with necessary equipment for optimal learning. The Visitors were impressed by these careful preparations and regarded them as **Best Practice**.

Good learning objectives are associated with the PBL system and it is the intention increasingly to turn the Curriculum into a competency-based one. Only a few



competencies are stated at present, and it seems that it will be necessary to have the full range of competencies agreed at national level if they are to be authoritative.

Clinical teaching sessions are well staffed with most teachers having a specialist qualification in addition to the BDS and DDS. There is evidence of great care being taken with infection control but despite the availability of substantial numbers of support staff, that was not being enhanced by having students undertake 4-handed dentistry (although they sometimes worked in pairs) and interacting routinely with members of the dental team such as dental surgery assistants and dental technicians.

#### 7.4. Assessments in the Undergraduate Program.

| In the *academic part* of the Program, there are regular and well constructed summative assessments at the end of each teaching block. In the *professional part*, daily clinical assessments are related to detailed stage-based clinical procedures.

The Faculty has been a pioneer of the Indonesian National Examination of Benchmark using resources from the QUE Grant and projects within the RAISE concept to support the initiative. The Faculty had the satisfaction of seeing its students gain the highest scores in both 2003 and 2004 Examinations of Benchmark.

As part of ongoing improvement, the Faculty intends to continuously refine assessment procedures. The style of assessment will have to align with the new PBL learning processes and there should be more formative assessments to guide students regarding their progress. The extensive integration of material in the Curriculum currently taking place also presents challenges regarding the methods used to assess how successfully students have been with such a program.

### **8. Postgraduate Education Programs.**

#### 8.1 The Master's and Doctoral Degree Programs.

The Postgraduate Program offers two possibilities to graduates, namely Master's degree programs and a Doctorate degree program. There is also a subdivision in the types of Master's programs offered. The two arrangements for the Master's program are firstly an academically orientated Master's Program and secondly, a specialist orientated Program in each of seven clinical subjects.

Within the academically orientated type of Master's programs there are currently yet again two options, those being Basic Dental Science (included in this Program are the fields of oral biology and dental materials science) or Community Dental Science. Both options are four semesters long.

The specialist orientated options are five semesters long for the subjects of paediatric dentistry, conservative dentistry, oral medicine, periodontics and prosthodontics whilst for orthodontics, six semesters are required and for oral surgery, ten semesters.

Both specialist and academic programs are well supported by broadening studies in general and basic specialist subjects. Writing a dissertation is included in all the alternatives, usually for submission around the end of the fourth semester. In the past

these have been on literature studies only, but in the academic arrangement, and increasingly in the specialist arrangement these are being based on original research.

The specialist program and its options, are worthy of closer attention. Besides being extremely popular (entries of 31, 50 and 49 from 2003 to 2005) and regarded as essential for any new teacher in the Faculty, they provide a means for a graduate to gain extra clinical practice. That is especially the case with regard to patient treatment contact time. It allows a graduate a convenient method of bringing his or her education into line with the best international undergraduate programs.

The Doctoral (PhD) Program lasts for six semesters with the numbers graduating from 2003 to 2005 being 1, 3 and 7 students, an overall total of 32 students having gained the degree by the end of 2005. It is a structured program containing a range of useful basic subjects, e.g. scientific methodology, as well as specialty subjects. The Doctorate Program requires the student to operate independently during the study and especially during the research process and the writing of the dissertation.

## 8.2 Strengths and Concerns regarding the Postgraduate Programs.

The Faculty is to be congratulated for having established a comprehensive range of possibilities in the area of postgraduate dental education and taken steps to ensure they are popular options for graduates. All the major specialities are covered and each option underpinned with useful general courses and emphasis on research. If the progress of the Faculty continues in areas like provision of clinical facilities and research excellence, then a significant centre of postgraduate dental education for regional purposes will arise in Jakarta. The overall approach adopted by the Faculty towards achieving the goal can be identified as **Best Practice**.

However, the Faculty will need to undertake fine-tuning. Data regarding patient contact hours in the various options should be clearly stated because many overseas students actually seek a very high calibre hands-on clinical training when they register for a Master's program, as well as extra knowledge and research experience.

Continuous monitoring of the experiences of existing postgraduate students should take place with the results used to adjust and enhance the learning experience. Some of the present students wanted more funding to support research activities. Other students claimed to have little guidance on how to publish their work in international journals and not to know about organisations like the International Association for Dental Research extending assistance to dental students from developing countries.

## 9. Research Activity

### 9.1 Research Strategy and Successes.

Discussions with the Rector and Dean, consistently with Vision and Mission statements, left the Visitors in no doubt that Universitas Indonesia was intent on becoming a major international research university, and that the Faculty of Dentistry was to be part of that aspiration.

As for many universities throughout the world that target is very challenging, because hitherto they have made their major efforts in teaching in response to national needs

for trained personnel. Furthermore, many universities are hampered by financial uncertainty and lack of a research tradition.

Against that background, the Visitors discerned some very interesting tactical decisions which the Faculty appears to have had made to bring about a swift improvement in research activity and quality. One, practiced in many areas of the world, was to channel resources into a discrete number of research areas. In the Faculty, the selected areas are Oral Biology and Dental Materials Science. Well-equipped laboratories have been set up to spearhead the research effort.

A second and less unusual tactic is to concentrate available resources to high quality undergraduate research projects. In South-East Asia this approach is being supported by high profile national and regional competitions or undergraduate research.

The benefit is that a whole cadre of dental graduates well prepared to undertake further high-quality research projects is coming into being. The number of dental students involved in staff research projects in the Faculty is a measure of the speed at which this process is gathering pace. There were 16, 43, 53, 35 and 88 students so involved in the last five years respectively.

The Faculty has been extremely successful in this approach and the Visitors note it as **Best Practice**. Recent student research successes include second place in the 2003 IADR (SEA Division) Dentsply Student Research Competition, first place in the same competition in 2005, and third place in the Student Research Competition in Jogjakarta 2005 (a national event). Also placing emphasis on undergraduate student quality was Faculty students winning first place in 2004 and second place in 2005 of the Listerine Student Ambassador Award 2004, an Indonesian national competition.

The Visitors learned that postgraduate students and staff were also making their contribution to more and better research. For example, seven patents have resulted from work done in doctoral programs recently. The number of international presentations of research by staff has increased in the last five years from 3 to 7, 6, 22 and 83, a most impressive pattern of growth. The situation for regional publications is good at 19, 23, 44, 30 but numbers of international publications are still quite low.

## 9.2 Concerns Regarding Research Activity.

Despite the successes noted above, with intense worldwide competition to be amongst the top research universities, the Faculty will have to be aware of issues for attention if it is to be amongst the best in the future. The Visitors understand that it is not the norm for staff to be conducting research and were told by some staff that not enough funding was available for research, something that students had also mentioned.

Similarly there did not seem to be a thoughtful, appropriate and well-targeted policy to make staff research effective and international in nature in the same way as there was for undergraduates. Protected research time for staff is important, as is mentorship and guidance on research areas that would be productive and have a high impact. Similarly, staff should be able to see clear ways in which they would have career progress in the Faculty if they were successful in research.

## **10. Human Resource**

### **10.1 The Human Resource Position and its Strengths**

A most impressive feature of the Faculty is its loyal, dedicated and well-qualified staff. A wide range of ages and career experiences are represented amongst staff at present. The number of academic staff is 142 people with 11 professors, 1 emeritus professor and 60 senior associate professors. In other roles in the Faculty, there are 123 non-academic staff. The student/academic staff ratio is 1 to 4. Staff members and students encountered by the Visitors were proficient in the English language.

Several talented individuals have rotated through the Deanship position in recent years having given excellent service under the circumstances prevailing during their tenure of the post. Many remain associated with the Faculty and support the current Dean in her efforts to change and advance the Faculty.

Succession arrangements are extremely favourable and would be the envy of Deans in many parts of the world where there are reports of shortages of dental academic teaching staff. Many of the graduates of the Faculty who have also taken one of its specialist qualifications appear eager for academic positions and are very well suited for the supervision of undergraduates carrying out clinical practice.

The Faculty appears to be intending to take full advantage of the situation but is aware it will need to provide much more mentoring of these potential staff members than is done at present to gain a high international standing. Particularly it will need to find ways whereby they gain experience in institutions abroad, otherwise it has to grapple with the fact that many of its staff will continue to be from Universitas Indonesia, which might inhibit the importation of new ideas and concepts.

### **10.2 Laboratory Technicians and Other Support Staff.**

The Faculty have identified a need for more and better-qualified laboratory technicians to sustain the push towards higher quality and quality of research. The Visitors supported that idea and thought that policies for in-service improvement of all types of non-academic staff in the Faculty and Dental Hospital, not just laboratory technician, should be carefully formulated and implemented. Of particular note in that regard are the working patterns of dental chair side support staff and dental technologists. More interaction of those groups of personnel with the dental students and their teachers would be very advantageous for everyone concerned.

## **11. Physical Facilities**

### **11.1 Buildings and Classrooms**

The Faculty of Dentistry occupies the major parts of four interconnected buildings to an amount of nearly 5,000 sq m. of usable space. There are classrooms, auditorium, and student activities room, a computer centre for students, administration rooms, lecturer's rooms, laboratories, cafeteria, musholla, library, multi purpose room and of course clinical areas. The ambience is pleasant with many of the connecting corridors opening onto courtyards, but the overall impression is that the buildings need extensive upgrading or replacement to meet the aspirations of the Faculty.

There are 18 classrooms with capacities for 20-65 students and several discussion rooms with capacities around 10-20 students. The discussion rooms can support PBL but the state-of-the-art PBL Suite mentioned previously is releasing them for other purposes. All teaching rooms are air-conditioned and equipped with multi media projectors, computers, over-head projectors, slide projectors and white boards

### 11.2 Research and Teaching Laboratories

The Faculty of Dentistry has five teaching/research laboratories, two of which have very sophisticated equipment for research because of the award of the QUE project. They are the Oral Biology Laboratory and Dental Materials Science Laboratory. These laboratories not only serve students and academic staff of the Faculty but also offer facilities to students from other institutions.

Dental technology training is done in a large 290 sq m Prosthodontics and Conservative Dentistry Laboratories and there are facilities for dental simulation teaching. All laboratories are available for students for 7 hours each day (from 8 .00 am to 3.00 pm), 5 days/week.

An Integrated and Continuing Dental Education (ICDE) program of activities for outside practitioners is conducted in a new dental technique teaching laboratory of 60sq m with an adjacent seminar room and management office. The attractive design used for the ICDE laboratory will serve as a very suitable model for renovation of the student Prosthodontic Laboratory and simulation facilities which are in need of refurbishing.

### 11.3 Library Facilities

The Library is quite spacious but will need further expansion as new programs and activities come on stream. Staff support is good with two librarians and four library administrators, all of who use information technology for cataloguing, circulation and acquisition. Students and staff can borrow one book for up to two weeks.

The library collection is large and includes 5134 textbooks and 27 journals, theses, dissertations, proceedings, technical reports, software, and videotapes. However, the Visitors noted that multiple texts of popular books were not evident, and that many of the textbooks are rather dated. The library services are available from Monday to Friday from 8.00 AM - 19.00 PM, and Saturday from 8.30 AM - 15.00 PM.

### 11.4 Dental Hospital Facilities

The major clinical areas for the Dental Hospital are Prosthodontic Clinic, Orthodontic Clinic, Paediatric Dentistry Clinic, Periodontal Clinic, Endodontic Clinic and Conservative Dentistry Clinic. These are quite large, occupying on average about 150 sq m each.

There is a group of smaller clinical areas averaging about 50 sq m each to deal with reception, diagnosis, treatment planning, stabilisation and allocation of patients.

These include a Dental Hospital Reception Room, Radiology Clinic, Oral Disease Clinic, Oral Surgery Clinic and a Distribution Clinic. Finally, there is a quite well

appointed Dental Hospital Pavilion Suite for staff patients with its own street level entrance. The overall surface area of Dental Hospital facilities exceeds 1,500 sq m.. The clinics are available for students 5 days/week for 6 hours/day.

All the clinical areas have a pleasant cheerful atmosphere and there is an air of purposeful efficiency, with particular attention to infection control. However much of the equipment and fittings are in need of replacement, and the Visitors felt there should be an active ongoing review of patient protection issues like use of rubber dam, protective eyewear, etc and other healthcare quality matters.

### 11.5 Proposed New Faculty of Dentistry and Dental Hospital at Depok.

The Visitors were shown an extremely detailed Project Proposal for a new Faculty of Dentistry and Dental Hospital at Depok as submitted to the Indonesian authorities in May 2005. The document also contained the arrangements for building and equipping the Faculties of Medicine and Nursing, as well as ambitious plans for a co-located Medical Teaching Hospital.

In keeping with a campus that will house 50,000 students at a premier university of the fourth most populous country in the world, the plan for the Faculty and Dental Hospital is on a grand scale. Thus it is proposed there will be 300 dental chairs, 11 inpatient beds and apparently about 8,000 sq m overall space for the Hospital and 20,000 sq m for the Faculty, the latter space including some very large lecture theatres. Should such a plan be implemented, even with the usual down-sizings that are usually requested in such situations, the Faculty will have the advantage of being housed in one of the best dental educational and oral healthcare facilities in the world.

## 12. Conclusions

A most striking feature of this Visitation was the speed with which the present Dean, fully supported by her predecessor Deans, is creating an impressive array of sharply focussed strategic documents amply supported by detailed information and meaningful institutional performance indicators. The clear picture of all aspects of the institution is being used to ensure that strengths are built upon and weaknesses quickly remedied. The resulting innovations means that the Faculty has a capability to move ahead quickly to being a major institution in the South East Asia Region.

Accordingly, the many significant **Best Practices** recognised by the Visitors should attract the attention of other dental teaching institutions in the Region. The Faculty can take the opportunities that should result from that interest to strengthen links with comparable institutions in neighbouring countries.

A SEAADE Peer Review Report cannot be exhaustive in its descriptions of matters for praise nor in its listings of areas for concern. Rather the Reports identify key matters that will enable the institution concerned to progress further towards full international status.



In the case of the Faculty of Dentistry of Universitas Indonesia, the very strong and extensive base of new graduates being established in the area of human resource is one of a number of enviable characteristic which augers well for the future.

However, for those graduates to become internationally fully credible, the Faculty will have to extend the period of time for patient care in the undergraduate course whilst extending the existing academic skills base by requiring more sophisticated clinical treatment delivery and research activity by staff.

Evidently, these measures are already in hand. When they are implemented, the Faculty of Universitas Indonesia will be an excellent representative for its country in both regional and international associations for dental education and research.

To move beyond that towards becoming a member of the small group of elite international dental teaching and research institutions is no small task (yet an entirely appropriate target for a flagship dental teaching institution in a country the size of Indonesia). Undoubtedly that is an attainable by very demanding second stage of development for the Faculty. Areas that would then need vigorous attention would be regular staff interchanges in respect of high quality clinical and basic science research investigations, and major investment in further research laboratories.

The Visitors conclude this Report by wishing the Dean, her staff and students every success. They found the Visit extremely interesting and worthwhile in every way.

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Professor Dr. Toh Chooi Gait  
Chairperson

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Professor Dr Frederick Charles Smales  
Rapporteur

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Professor Krassanai Wangrangsimakul  
Immediate Past President and Visitor

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Professor Dr. Margaret Comfort  
Visitor

FCS 29/11/2005