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Notes from the Editorial Board...

Dear Readers,

The first half of 2015 has already whizzed by and we have been as busy as ever as shown by the myriad events and activities in this

issue. As the common saying goes, the only thing that remains constant in life is change itself. Many changes have taken place notably in the Oral Health Division and the states with new heads of units and TPKNs assuming charge. Change is a reality that all of us have to embrace and adapt to. People and personalities will change but programmes and services to the people have to go on as planned. That is what the legacy of stewardship and leadership is about in any organization - making sure it can sustain and function effectively under capable successors who will assume the mantle of leadership.

A wide spectrum of articles and information relevant to the oral health programme is covered in this edition. Highlighting serious content and be able to dispense useful and educational matter to all the far flung members of our dental family in the MOH and at the same time to be not too bland as to be unable to retain the attention of readers has been a challenge for the Editorial Board especially in this age of information overload. However, we have given our best shot and hopefully our readers will be satisfied with the final outcome of this Bulletin.

With a heavy heart, the Editorial Board bids farewell to our beloved Principal Director YBhg Datuk Dr Khairiyah Abd Muttalib who has helmed the programme successfully for almost 4 years. It has indeed been a privilege having her as Advisor to the Editorial Board and her invaluable inputs including her personal editing of the contents have immensely helped us in our efforts to produce the Bulletin. We wish her the very best in her future endeavours and may God always bless her and her family with good health and prosperity.

It is also the time of family reunions, looking back and seeking forgiveness as 1 *Syawal* is just around the corner. With that, we wish all staff "*Selamat Hari Raya Aidilfitri, Maaf Zahir dan Batin*" as festivals in Malaysia are celebrated by all irrespective of race or religion. Let us all rejoice and enjoy this joyous occasion as a united dental community in the spirit of 1Malaysia.

Happy Reading!

The Editorial Board

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Message from

the Principal Director, Oral Health Programme

At the end of 2014, in preparation for the forthcoming 11th Malaysia Plan (2016-2020), the Oral Health Programme held a workshop to review the direction of primary oral

healthcare for the future. Members discussed various areas of concern and built resolutions on how best to address these challenges. One of the pressing issues was how to increase accessibility to oral healthcare for adults. Given that in the past, resource constraints limited us to just addressing oral health of young people, the time is ripe for us to move into the adult groups, not only because we now have influx of dental officers that enables us to form dedicated teams for projects but also because we are gaining credence as a service under NBOS. We are also receiving the financial support that comes with NBOS and development. The large number joining the MOH on compulsory service has meant enough professionals to address inadequacies in oral health promotion, prevention and care. We can now plan and move to serve further and wider to those most in need.

There is also the realization that the country's agenda carries along oral health. For the first time, we have gained financial support from the Ministry of Finance to build our outreach mobile dental clinics (4 were approved for 2015, another 4 for 2016), given financial resources and space to deliver oral healthcare in the UTCs and given resources to deliver services in RTCs. These, coming in the wake of the influx of graduates have been a boon to us, contrary to others seeing the great number of dental officers as a bane.

There are certain pet ideas that I hold. I believe that if we do not pursue them, we will never ever know if they are feasible. For example, I believe young adults are more of change agents than antenatal mothers for initiating oral health behaviour change in young children. Then there is my pet idea of having a la caravan sites docking stations for mobile services, which has been acknowledged as having creative substance and has been taken up as an NBOS project by the National Strategic Unit of MOF. Alhamdullillah. We have started planning for a more structured programme for young adults to address the 'discontinuance' problem on leaving school. Given that we cannot neglect antenatal mothers, our modus operandi for this group must change to give more emphasis to younger mothers. There is also the Doktor Muda Programme on which we should fully utilize the opportunity to move together with the school and other healthcare providers, again focusing on attaining behavioural change among the vouna.

Equally important is the need to be in line with the changing paradigm in management of oral diseases. The 6th Annual Malaysian Association of Dental Public Health Specialists (MADPHS) with the theme "Dental Caries Control – Forging Ahead" was instrumental in providing updates on early caries prevention, as we embark towards caries-free future generations and the need to explore the use of ICDAS in our services.

Malaysia too celebrated World Oral Health Day 2014 on 20 March for the first time. Subsequently, this multisectoral collaboration continued to celebrate WOH Day on 20 March 2015 which was graciously officiated by the Deputy Minister of Health, YB Dato Seri Dr. Hilmi bin Haji Yahaya. Various events were held to raise awareness on the importance of oral health. Recognising the importance of good oral health as a fundamental factor towards healthy ageing, the MOH also sent participants to the World Congress 2015 in Tokyo on 'Oral Health for Healthy Longevity in an Ageing Society" 13-15 March 2015. The Tokyo Declaration on Dental Care and Oral Health for

Healthy Longevity called upon all health policy makers and professionals to significantly reduce global disease burden, promote greater equity for care and integrate oral health promotion into the non-communicable disease prevention and control agenda. The first prototype mobile dental lab by the Oral Health Programme in use from 2014 concentrates on prosthesis to restore function of the elderly. The programme pursues provision of dentures to the elderly as one of our KPIs and we pursue to build two more mobile dental labs in 2015.

Malaysia also participated in the 7th Asian Chief Dental Officers Meeting (ACDOM) 2015 with the theme "One Asia, One Oral Health Community" in Singapore on 1-3 April 2015. Malaysia serves as the permanent secretariat for this event. This year's meeting was jointly organised by Singapore, Malaysia and Thailand and garnered participation from 14 countries. The main focus for 2015 was on diabetes and periodontitis, and management of early childhood caries.

The Oral Health Division monitors a total of 22 KPIs. In 2014; 410 dental clinics provided daily outpatient care in 2014, up from 345 in 2013, thus contributing towards improved access to oral healthcare. There was an increasing trend in the percentage of appointments seen within 30 minutes. Likewise, the percentage of patients issued dentures within 3 months has shown an increasing trend.

All these achievements would not have been possible without the strong commitment and support from each and every personnel involved. Though our journey may be riddled with challenges, we should always remember that we have persevered, survived and moved from strength to strength as a Programme that serves peoples' needs

Desire is the key to motivation, but it's the determination and commitment to an unrelenting pursuit of your goal -- a commitment to excellence -- that will enable you to attain the success you seek."-Mario Andretti'.

I take this opportunity to wish all Muslims *Selamat Hari Raya Aidilfitri, Maaf Zahir dan Batin*. May this year 2015 bring Happiness, Prosperity and Peace for all regardless of race and religion in the spirit of 1Malaysia.

Datuk Dr Khairiyah binti Abd Muttalib

Principal Director, Oral Health Programme Ministry of Health Malaysia

"In Looking for people to hire, you look for three qualities: Integrity, Intelligence and Energy. And if they don't have the first, the other two will kill you"

-Warren Buffet

Senyuman Manis Sepanjang Hayat



HARI KESIHATAN PERGIGIAN SEDUNIA 2015

Oleh: Dr Sharol Lail Sujak



YB Dato' Seri Dr Hilmi Bin Haji Yahya Timbalan Menteri Kesihatan dan Datuk Dr Khairiyah Binti Abd Muttalib Pengarah Kanan Kesihatan Pergigian KKM dan ahli-ahli Malaysian Dental Association di Majlis Pelancaran Hari Kesihatan Pergigian Sedunia 2015

ari Kesihatan Pergigian Sedunia disambut setiap tahun pada 20 Mac di seluruh dunia bagi meraikan manfaat mulut yang sihat dan bagi memberi kesedaran tentang isu-isu berkaitan kesihatan mulut dan kepentingan menjaga kesihatan mulut tidak kira tua atau muda. Ia adalah hari untuk orang ramai untuk berseronok - satu hari itu harus penuh dengan aktiviti-aktiviti yang membuat kita ketawa, menyanyi dan tersenvum!

Mengapa Kita Perlu Meraikan Hari Kesihatan Pergigian Sedunia?

Kajian menunjukkan bahawa 90% penduduk dunia akan mengalami penyakit mulut dalam pelbagai bentuk dalam hidup mereka dan kebanyakan dari penyakit ini boleh dihindarkan dengan meningkatkan program pencegahan, pengesanan awal dan rawatan. Lantaran itu, Hari Kesihatan Pergigian Sedunia menyediakan wadah kepada masyarakat, badan-badan yang bertanggungjawab terhadap kesihatan pergigian dan kerajaan untuk mengambil tindakan dan membantu mengurangkan beban penyakit global .

Apakah Tema Hari Kesihatan Pergigian Sedunia 2015?

Tema Hari Kesihatan Pergigian Sedunia 2015 ialah SENYUMAN UNTUK KEHIDUPAN (Smile for Life). Senyuman Untuk Kehidupan mempunyai maksud tersirat : "meraikan kehidupan". Di samping

membayangkan "sifat positif" dan "keseronokan" seseorang akan hanya tersenyum jika mereka gembira dan mempunyai kehidupan yang sihat .

Hari Kesihatan Pergigian Sedunia 2015 Peringkat Malaysia

Malaysia menyambut Hari Kesihatan Pergigian Sedunia 2015 selama lima hari dari 18 Mac hingga 22 Mac 2015 (Rabu - Ahad) setiap hari dari jam 11.00 pagi hingga 9.00 malam yang diadakan di Kompleks membeli-belah One Utama Damansara. Sempena dengan sambutan tersebut berbagai bagai aktiviti diadakan diantaranya adalah seperti pemeriksaan pergigian, pameran kesihatan pergigian, persembahan boneka, persembahan pentas oleh Bahagian Kesihatan Pergigian KKM, pertandingan video pergigian oleh pelajar universiti, aktiviti untuk kanak-kanak, persembahan pentas oleh pelajar university dan Malaysian Book of Records berkumur-kumur dengan ubat kumuran teramai di Malaysia. Acara pelancaran Hari Kesihatan Pergigian Sedunia 2015 Malaysia telah disempurnakan oleh YB Dato Seri Dr Hilmi Bin Haji Yahaya, Timbalan Menteri Kesihatan Malaysia pada 20 Mac 2015. Sambutan Hari Kesihatan Pergigian Sedunia 2015 Malaysia dianjurkan dengan persatuan-persatuan pergigian, Kesihatan Pergigian Kementerian Kesihatan Malaysia, Angkatan Tentera Malaysia, universiti-universiti dan pihak swasta.



YB Dato' Seri Dr Hilmi Bin Hj Yahaya Timbalan Menteri Kesihatan bersalaman dengan Pegawai Pergigian yang hadir sempena Majlis Pelancaran Hari Kesihatan Pergigian Sedunia 2015.



Datuk Dr Khairiyah binti Abd Muttalib Pengarah Kanan Kesihatan Pergigian mengiringi YB Dato' Seri Dr Hilmi Bin Hj Yahaya Timbalan Menteri Kesihatan ke Majlis Pelancaran Hari Kesihatan Pergigian Sedunia 2015.



Malaysian - International Dental Exhibition and Conference 2015

By: Dr N. Jegarajan

Kuala Lumpur Convention Centre, 13 - 15 June 2015



Opening ceremony of the MIDEC 2015 by YB Datuk Seri Dr S.Subramaniam Minister of Health Malaysia

apacity and capability building of human capital is a necessary prerequisite for an effective and high performing service agency. The Oral Health Division (OHD), Ministry of Health places great importance on the need for an updated, competent and knowledgeable work force which can be attested to by the large numbers of personnel sent for various Continuing Professional Development (CPD) programmes including attachments and courses at local as well as international level.

Towards this end, MIDEC represents an important annual CPD programme for oral health professionals organized by the Malaysian Dental Association and actively supported by the OHD. More than 1500 local and foreign delegates attended this time around of which 550 were from the Ministry of Health comprising 350 Dental Officers, 53 Dental Nurses, 97 Dental Technologists and 50 other auxiliaries. The conference offered an array of lectures, symposiums, hands on workshops, and oral as well as poster presentations. A concurrent dental trade exhibition which attracted a record 165 global dental industry players was concurrently held.

It was a great honour for the organizers and recognition of the stature of the Conference for it to be officially opened this time around by none other than the Hon Minister of Health Malaysia himself, YBhg Datuk Seri Dr S.Subramaniam. Also present were YBhg Datuk Dr Khairiyah Abd Muttalib, the Principal Director of Oral Health, MOH; Divisional Directors and Heads of Units in the OHD, State Deputy Directors (Dental), Dental Deans of Universities as well as senior officials from the Malaysian Dental Association.

The Minister in his opening address mentioned many pertinent points for delegates to ponder and take home to their practices. He



The symposium on Medico-legal Issues in Malaysian Dental Practice — The panelists were Dr Noormi Othman from MDC, Dr Elise Monerasinghe of OHD, Prof Dato' Dr Ishak Abdul Razak, Preliminary Investigation Committee Chairman and Dr Shashitaran Sadacharan, Chairman of the Patients Complaints Bureau Committee of MDA. Session was moderated by Datin Dr Nooral Zeila of the MOH

elaborated on the changing priorities placed on oral health through the generations where our grandfathers accepted that teeth will not last a life time and be resigned to the inevitability of tooth loss and edentulousness. That has changed with the younger generation now who attach much importance to oral health and strive to make it last a life time and contribute to their quality of life. He rightly called upon dentists in their endeavour to update their skills, to take cognizance of the need to strike a balance between the financially lucrative fields of dentistry and basic 'bread and butter' dentistry most needed by the people.

The Minister went on to add that during his tenure he has always stressed on patient education, empowerment and promotion to control and prevent diseases including oral diseases. He commended the Oral Health Division of the Ministry under the able stewardship of YBhg Datuk Dr Khairiyah who has steadfastly applied this principle in implementation of all oral healthcare programmes in this country.

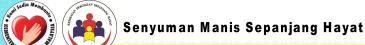
He further emphasized that to beat oral disease requires the concerted effort and collaboration of all stakeholders and common risk factor approaches. Specifically the need to inculcate in the people the dangers of high sugar consumption which can cause dental caries, obesity, diabetes, cancer and many other chronic diseases. He cited studies which showed Malaysians on average consume an alarming 26 teaspoons of sugar per day presently making the county's population among the highest sugar users in the world. There is an urgent need to intervene at all levels to stop this troubling level of usage if diseases are to be controlled.



YB Datuk Seri Dr S.Subramaniam Minister of Health visiting the Oral Health Division booth during MIDEC 2015



Press Conference during MIDEC where the Minister stressed the increasing intake of sugar contributes to the growing incidence of chronic diseases among Malaysians



KEY PERFORMANCE INDICATORS

(DENTAL PROGRAMME) OF THE MINISTER OF HEALTH AND DIRECTOR GENERAL OF HEALTH MALAYSIA 2014

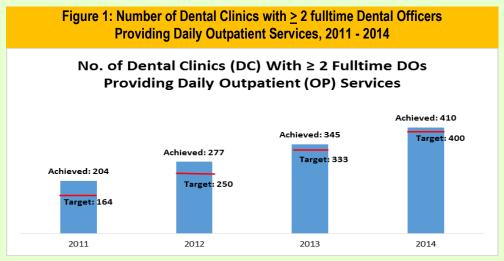
By: Dr. Cheng Lei Choo

In 2014, the Oral Health Division monitored a total of 22 Programme Key Performance Indicators (KPI). One of the KPIs was selected as the **Minister of Health's Ministerial Key Result Area (MKRA) KPI** and 2 KPIs were selected as the technical component of the **Director General of Health's KPI**. These 3 KPIs were cascaded down to the State Director of Health and State Deputy Director of Health (Dental) KPIs. The following describes the KPIs:

Minister of Health's MKRA KPI

KPI: Percentage of dental clinics (DCs) with 2 or more fulltime dental officers (DOs) providing daily outpatient (OP) service.

In 2014, the Oral Health Services achieved an increase of **65 such dental clinics** from 345 in 2013 to 410 in 2014, which is 10 clinics more than targeted (Fig 1). Dental clinics that are able to provide OP service everyday can contribute to improved accessibility to care and greater patient satisfaction as people who require dental check-ups, dental treatment or any dental consultation may access such services everyday whenever needed.



Source: State Service Data

The KPI target was achieved through the collective efforts from all states, which include

- Replacing DOs and support staff that have retired / resigned / transferred
- Redeploying DOs/support staff to dental clinics that have high work load (even for clinics that already have 2 fulltime DOs)
- Incrementally increase the number of 1 DO clinics which have a high workload to 2 DOs clinic

The Director-General of Health's KPI

KPI 1: Percentage of appointments seen within 30 minutes by DOs.

There is an **increasing trend** of the percentage of appointments seen within 30 minutes over 7 years from 2008 to 2014 (Fig 2). Reducing waiting time for treatment at public healthcare facilities is a measure of efficiency of service delivery. Monitoring of these indicators is important as shortfalls may indicate the need for process review and improvement. The data obtained may also be used to justify requests for additional resources.



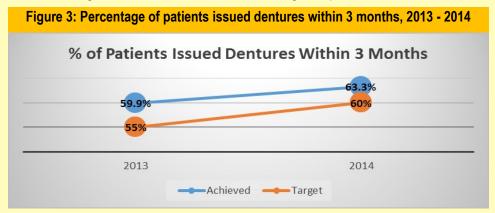
Source: State Service Data

Efforts taken to improve the percentage of appointment cases seen within 30 minutes were:

- Usage of portable dental chairs and units in addition to existing dental chair(s)
- Staggered appointments given for patients who require follow-up treatment
- Real time supervision carried-out by Dental Officer in Charge to allocate patients to officers who have completed their cases

KPI 2: Percentage of patients issued dentures within 3 months.

The percentage of patients issued dentures within 3 months has increased from **59.9% in 2013 to 63.3%** in 2014. The ability to meet this demand and to shorten the waiting time for denture construction will lead to greater patient satisfaction.



Source: State Service Data

Efforts taken to improve the percentage of patients issued dentures within 3 months were:

- Mobilise DTs in specialist clinics to help in denture construction in the primary care clinics and denture cases in DCs with high workload to be distributed to neighbouring DCs.
- The issue of **Guide on Management of Long Denture Waiting Time** by the OHD to comply with the Model of Good Practice in denture construction and initiate the set-up of Centralised Dental Lab in suitable places
- Utilise services of the Mobile Dental Laboratory in places with high demand for dentures.
- Request DTs to work overtime to clear denture cases and administrative staff to take over some of the DTs responsibilities such as store keeping and purchasing of dental materials.
- Combine stages of denture construction to reduce the number of visits the patient needs to make.

It is hoped that all states and the Oral Health Division will collaborate to improve the delivery of oral healthcare in the country which will then be reflected in the KPI achievements.

TERAS RANCANGAN MALAYSIA KESEBELAS (RMK-11)

RMK-11 merupakan fasa akhir pelan hala tuju pembangunan ke arah mencapai status Negara maju berpendapatan tinggi menjelang tahun 2020. Untuk tujuan ini, RMK-11 dirangkakan dengan berpaksikan kepada 6 teras iaitu:

Teras 1: Merekayasa Pertumbuhan Ekonomi (Re-engineering Economic Growth)

Teras 2: Memperkasa Pemacu Pertumbuhan (Strengthening Growth Enablers)

Teras 3: Memanfaat Bakat (Harnessing Talent)

Teras 4: Mengarusperdana Pengurusan Sumber Asli dan Alam Sekitar (Mainstreaming Environment and Resources Management)

Teras 5: Memperkukuh Pembangunan Inklusif (Enhancing Inclusivity)

Teras 6: Meningkat Kesejahteraan Rakyat (Improving Well-Being)

Pembangunan sektor kesihatan akan dipertingkatkan antaranya adalah:

- Bilangan katil di hospital awam dan swasta ditingkatkan sebanyak 25% kepada 73 ribu katil.
- 6 hospital baru akan dibina di Kemaman, Bentong, Baling, Pendang, Pasir Gudang dan Maran.
- 2 hospital di Sabah dan Hospital Miri dinaik taraf.
- 165 buah klinik 1Malaysia dibina.



FUTURE DIRECTION OF PRIMARY ORAL HEALTHCARE WORKSHOP

Concorde Hotel, Shah Alam, 22-24 Dec 2014,18-22 Mac 2015

By: Dr V Savithri

In line with the Health Sector Transformation, and in preparation for the forthcoming 11 Malaysia Plan (2016-2020), it is timely that the Oral Health Division, Ministry of Health (MOH) review the direction of primary oral healthcare. A workshop was held in Concorde Hotel, Shah Alam from 22-24 December 2014 and was attended by 35 MOH personnel comprising State Deputy Directors (Dental), District Dental Officers and Dental Public Health Specialists representing all states.

The objectives of the workshop were to discuss, identify groups/areas for which oral healthcare need to be strengthened, and to come up with resolutions and plans for improvement of primary oral healthcare in the MOH up to 2020.

Five areas of concern covered during the workshop were:

- 1. Increasing Accessibility To Oral Healthcare For Adults
- 2. Addressing Oral Health Treatment Needs For Young Adults
- 3. Strengthening Oral Health In the Doktor Muda Programme
- 4. Addressing Occlusal Caries
- Strengthening Early Screening And Cessation Of Risk Habits In Oral Cancer

Among the major RESOLUTIONS made during the workshop were:

- 1. Increasing the accessibility to primary oral healthcare for adults through:
 - The optimization of mobile dental clinics to deliver daily primary oral healthcare for adults and the elderly
 - The strengthening of oral healthcare for the elderly, especially those in institutions, to restore function and maintain adequate nutrition
 - The consideration of extension of clinic operational hours through implementation of a shift duty system in selected urban dental clinics with high patient load
- 2. Strengthening oral healthcare for young adults through:
 - The implementation of a structured and systematic delivery of oral healthcare services for young adults beginning with those in Higher Education Institutions
 - •The development of a **structured oral health promotion and preventive programme** for young adults through collaboration with existing activities such as iWant, PROSIS etc
 - Increasing the accessibility to oral healthcare for young adults through various delivery approaches such as the use of mobile dental clinics at Higher Education Institutions on a regular basis



Discussion during the workshop with Dr Noor Aliyah bt Ismail
Director of Oral Health Development Division, OHD

- 3. Strengthening the *Doktor Muda* Programme through:
 - Maximizing the *Doktor Muda* programme and other health promotion initiatives under the **umbrella of Health** Promoting Schools to achieve optimum oral health for schoolchildren
 - •Active participation by Dental Nurses including the appointment of a Dental Matron/Sister as state coordinator at each state to facilitate the implementation of the Doktor Muda Programme
 - Development of a monitoring and evaluation mechanism for the Doktor Muda Programme
- 4. Addressing occlusal caries through:
 - Detection and management of early caries lesions in enamel using the International Caries Detection and Assessment System (ICDAS)
 - •The extension of the fluoride varnish programme to schoolchildren in line with the implementation of ICDAS
- 5. Strengthening Early Screening and Cessation of Risk Habits in Oral Cancer through:
 - •Empowering the public by increasing awareness of risk habits for oral cancer and promoting mouth self-examination (MSE).
 - •Strengthening **opportunistic screening** for oral cancer in primary care clinics.
 - •A **longitudinal study** to track reduction or cessation of risk habits after intervention (e.g. following oral health promotion).



Participants brainstorming their ideas



Participants busy preparing their final presentations





UNIFIED TPC-OHCIS A PUBLIC SERVICE DELIVERY TRANSFORMATION PROJECT

By: Dr Chu Geok Teng

Electronic health records (EHRs) are real-time, patient-centred records that provide immediate and secure information to health care providers. EHRs typically contain a patient's medical history, diagnoses and treatment, medications, allergies, immunizations, radiology images and laboratory results. EHRs enhance patient diagnosis and treatment by providing timely patient information thus improving patient safety and quality of care.

Currently there are two separate clinical information systems which not only consist of EHR but also cover other patient service delivery processes in primary care clinics. Tele Primary Care (TPC) and Oral Health Care Information System (OHCIS) are the systems implemented in Health Clinics and Dental Clinics respectively. TPC was developed by the Family Health Development Division in the Ministry of Health (MOH) while the Oral Health Care Information System (OHCIS) was developed by the Oral Health Division in the MOH.

Of greater significance is that the integrated and unified TPC-OHCIS was one of the projects approved under the Public Service Delivery Transformation (PSDT) Programme by PEMANDU, the government's Performance and Delivery Management Unit under the Prime Minister's Department. A funding of RM30.9 million was provided for under the Ministry of Science, Technology and Innovation (MOSTI) research fund to develop and test a prototype of this integrated system to enhance EHR for health and dental clinics over two years. If successful, plans are in place to have a national roll out to cover all health and dental clinics in the country within the next few years, funds permitting. The high impact touch points to the people with almost 33 million attendances at public health clinics and almost 11 million attendances at primary care dental



"Business Requirement Book Project TPC-OHCIS" Sign-off Ceremony between Datuk Dr. Noor Hisham Abdullah Deputy General of Health represent KKM and Datuk Abdul Wahab Abdullah, President & CEO MIMOS represent MIMOS

clinics (Health Facts 2014) convinced PEMANDU and MOSTI to strongly support this initiative and provide the necessary funding.

The unified TPC-OHCIS system will be piloted at 12 sites in Negeri Sembilan and will take 24 months from December 2014 to November 2016. It will be a comprehensive system that will encompass all work processes in the clinic from registration, queue management, EHRs, wellness, health education, billing and costing. The system is planned to integrate with other support service systems for example laboratory and imaging systems, external systems like the Human Resource Management System (HRMIS) and in future with the hospital EHR information system i.e Sistem Pengurusan Pesakit (SPP) that is currently being developed.



Datuk Seri Dr. Noor Hisham Abdullah, Director General of Health Malaysia, Datuk Amin Khan, Director PSDT- PEMANDU,
Datuk Abdul Wahab Abdullah, President & CEO MIMOS and other senior officers after the signing

ANTARA AKTIVITI BAHAGIAN KESIHATAN



Lawatan Kerja dan Kebajikan YBhg Datuk Dr Khairiyah binti Abd Muttalib, Pengarah Kanan Kesihatan Pergigian KKM, ke Kelantan selepas musibah banjir



Sukarelawan banjir Kebajikan Warga BKPKKM yang diketuai oleh Dr Mohd Rashid bin Baharon Timbalan Pengarah Kesihatan Pergigian dalam perjalanan ke Kelantan



YB Dato' Seri Dr Hilmi bin Yahya, Timbalan Menteri Kesihatan melakukan gimik perasmian di 22nd MDA Scientific Conference and Trade Exhibition



5th Borneo Dental Congress and Trade Exhibition dirasmikan oleh YB Datuk Edward Khoo Keok Hai, Pembantu Menteri Di Jabatan Ketua Menteri merangkap Exco Kesihatan Sabah yang mewakili YAB KM Sabah di Hotel Ming Court Garden



Anggota Promosi Kesihatan Pergigian dari WPKL mengajar kanak-kanak memberus gigi di World Oral Health Day 2015 yang diadakan di One Utama Shopping Centre New Wing ,Damansara



Anggota Promosi Kesihatan Pergigian dari WPKL sempena Program Inisiatif Kemasyarakatan Karnival Jom Heboh TV3 bersama Komuniti Penduduk Tangga Batu Pekan, Melaka



Ahli Jawatankuasa 'Data Entry Training for State Coordinators, Dental Examiners & Field Supervisors of National Oral Health Survey Preschool Children 2015 di Hotel Summit Subang Jaya



Pelancaran 'Bulan Kesihatan Mulut 2015' yang dirasmikan oleh Datuk Dr Khairiyah bt Abd Muttalib, Pengarah Kanan Kesihatan Pergigian di Hotel Grand Hyatt, Kuala Lumpur



Penyampaian penghargaan oleh Dr Noor Aliyah bt Ismail Pengarah Bhg Perkembangan Kesihatan Pergigian kepada Prof Dr Prathip Pantumvanit atas penyampaian *CDE Smart Preventifve Restoration* di Bilik Mesyuarat Utama BKPKKM



Datuk Dr Khairiyah bt Abd Muttalib, Pengarah Kanan Kesihatan Pergigian menerima cenderahati di 2nd Malaysian Dental Therapists Conference 2015, di Berjaya Times Square, Kuala Lumpur



Sessi 2 Kalibrasi "National Oral Health Survey of Preschool Children 2015" di Hotel Riverview Melaka, di Pra Sek SK Bendahara Sri Maharaja dan Pra Sek SJK© Yu Ying (C)



Sessi 3 Kalibrasi "National Oral Health Survey of Preschool Children 2015" di Klana Resort, Seremban (Di Pra Sek SK Tengku Jaafar 2,Seremban)





I PERGIGIAN SEPANJANG JAN—JUN 2015



Penyampaian hadiah perpisahan sempena kenaikan pangkat En Muhammad Nasrul Pegawai Tadbir BKP yang diadakan di bilik Mesyuarat Utama Bahagian Kesihatan Pergigian KKM



Para peserta bengkel Case-mix Development for Primary Oral Healthcare Part 2 di Premier Hotel, Bukit Tinggi, Klang.



Aktiviti 'Latihan Memberus Gigi Berirama' sempena One Kiddie Mom & Baby Expo 2015 di PICC Putrajaya



Majlis Penganugerahan 'Distinguished Fellow of Asia' kepada YBhg Datuk Dr. Khairiyah Bt. Abd Muttalib, Pensyarah Kanan Kesihatan Pergigian dan YBrs Dr. Noor Aliyah Bt. Ismail, Pengarah Perkembangan Kesihatan oleh Internationak College of Dentists (ICD)Pergigian oleh International College of Dentist (ICD)



Jom heboh di Melaka memperkenalkan maskot Bahagian Kesihatan Pergigian yang baru. Maskot ini mendapat sambutan yang hangat terutamanya di kalangan kanakkanak



Mesyuarat Asian Chief Dental Officers (ACDOM) yang didakan di Singapura



Promosi Kesihatan Pergigian sempena 'Raudhah Dihatiku TV9'di Amanjaya Mall Sungai Petani, Kedah



Lawatan kerja sempena mesyuara Ketua Pengarah Kesihatan (KPK) Khas di Mulu Sarawak



Sessi 1 Kalibrasi National Oral Health of Pre-school Children Survey (NOHPS) 2015 yang dijalankan di Pra Sekolah Pelabuhan Klang dan Hotel Premier Klang



Penyampaian hadiah Pertandingan Mewarna Kesihatan Pergigian oleh Dr Noor Syahidah bt Hisamuddin, KPP, sempena aktiviti kanak-kanak "Adik Sihat, Adik Ceria" di Perpustakaan Negara.



Selepas acara perasmian MIDEC 2015 di KLCC. Datuk Seri Dr. S. Subramaniam YBMK bersama Datuk Dr Khairiyah Abd Muttalib, PKKP, Dr Noor Aliyah Ismail, PPKP, Dr N.Jegarajan, PKPKP, Dr Nooral Zeila Junid dari NHF dan Dr Marko Vujucic dari Harvard University yang dilantik sebagai MHSR Dental Consultant.



Kumpulan Promosi Kesihatan Pergigian dari PKP Daerah Hulu Langat yang menyertai acara pentas sempena Hari Penderma Darah Sedunia Peringkat Kebangsaan 2015 di Taman Tasik Titiwangsa, Kuala Lumpur



ertama kalinya pada tahun 2015, Bahagian Kesihatan Pergigian Kementerian Kesihatan Malaysia telah ikut serta dalam acara besar Media Prima Sdn Bhd iaitu Karnival Jom Heboh TV3 (KJH) dan Raudhah Dihatiku TV9 (RDHK). Bahagian Kesihatan Pergigian Kementerian Kesihatan Malaysia adalah hanya satu-satunya agensi kerajaan yang dijemput mengambil bahagian dalam KJH dan RDHK.



Acara tersebut melibatkan 6 lokasi diseluruh negara iaitu :

No	Negeri / Lokasi	Bulan	Nama program
1.	Melaka	Mac	Jom Heboh
2.	Kedah	April	Raudhah
3.	WP Putrajaya	Mei	Jom Heboh
4.	Johor	September	Jom Heboh
5.	Kelantan	Oktober	Raudhah
6.	WP KL / Bukit Jalil	November	Jom Heboh

Di setiap lokasi aktiviti akan berjalan selama tiga hari. Hari pertama dipanggil Program Kemasyarakatan Jom Heboh atau Program Kemasyarakatan Raudhah bersama penduduk kampong yang dipilih. Aktiviti program kemasyarakatan seperti:

- Sesi Perkongsian Ilmu (Ceramah Motivasi oleh bakat-bakat tempatan seperti pendakwah Finalis & lain-lain)
- Projek kerja tangan DIY (Pendekatan Kemahiran)
- Kebersihan diri Pendidikan Bengkel Penjagaan Pergigian
- Sesi Pemeriksaan Kesihatan Gigi Percuma

Hari kedua dan ketiga ialah aktiviti Karnival Jom Heboh TV3 dan Raudhah Dihatiku TV9 . Berbagai-bagai aktiviti dijalankan yang berlansung dari pagi hingga malam terutamanya melibatkan swasta.

Bagi Bahagian Kesihatan Pergigian Kementerian Kesihatan Malaysia tidak ketinggalan dengan mengadakan aktiviti yang menarik yang melibatkan masyarakat seperti;

- Melakukan pemeriksaan dan rawatan pergigian dengan menggunakan Klinik Pergigian Bergerak.
- Membuat persembahan pentas yang bertemakan kesihatan pergigian dengan menampilkan persembahan boneka, demostrasi memberus gigi berirama, menyanyi beramai-ramai dan interaksi dengan penonton.
- Mengadakan pameran kesihatan pergigian dengan memberi khidmat nasihat penjagaan kesihatan kepada pengunjung.

Aktiviti yang dijalankan oleh Bahagian Kesihatan Pergigian sepanjang program-program tersebut telah mendapat sambutan yang hangat oleh masyarakat dan ini telah memberi kepercayaan kepada pihak Media Prima Sdn Bhd utuk terus berkolaborasi dengan bahagian ini.



Dam ular pergigian di main oleh kanak-kanak sekolah rendah



Pengunjung mencuba permainan pancing pergigian di Jom Heboh



Persembahan Boneka dari Pergigian Negeri Johor sempena Karnival Jomheboh TV3 bersama Komuniti Penduduk Bukit Mewah Kajang, Selangor

Senyuman Manis Sepanjang Hayat



"One Asia, One Oral Health Community" 1-3 APRIL 2015, OASIA HOTEL SINGAPORE

By: Dr Tan Ee Hong



ince 2009, Chief Dental Officers and experts from all over Asia have met annually to discuss, exchange ideas, debate and network on issues pertaining to oral health policy, planning and implementation of programmes, and service provision in their countries. The programme also comprised progress updates from the CDOs/country experts which focused on risk factors common to oral and general health, oral health promotion and prevention, research on oral and general health associations with particular emphasis on the link between Diabetes and Periodontitis, and Early Childhood Caries (ECC).

This time around the 7^{th} Asian Chief Dental Officers' Meeting (ACDOM) was held from 1-3 April 2015 at the Oasia Hotel, Singapore jointly organized by Singapore, Malaysia and Thailand. It was hosted by the Ministry of Health Singapore and the Singapore Dental Association with Malaysia playing the role of permanent secretariat headed by Dr Khairiyah Abd Muttalib, the Principal Director of Oral Health, Ministry of Health Malaysia in her capacity as Chief Dental Officer, Malaysia.

A total of 14 countries participated comprising Chief Dental Officers (CDOs)/Experts on Oral Health as well as invited oral health academics from Singapore, Malaysia, Thailand, Vietnam, Hong Kong, China, Myanmar, Negara Brunei Darussalam, South Korea, Nepal, Japan, India, Lao People's Democratic Republic and the Philippines.

Two eminent speakers from Singapore Dr Bee Yong Mong, Senior Consultant Endocrinologist in the Department of Endocrinology, Singapore General Hospital and Assoc. Prof Lim Lum Peng, Periodontist in the Department of Preventive Dentistry, Faculty of Dentistry, National University of Singapore presented **updates on the periodontitis – general health link**. Prof Prathip Phantumvanit, Founder-Dean of the Faculty of Dentistry, Thammasat University gave a presentation on **Early Childhood Caries**. A consensus on strategies to overcome issues of concern in these two areas was reached as summarized in the adjacent tables.

The meeting concluded with all CDOs accepting the importance of conveying proposals from the meeting to decision makers at the highest level. The consensus statements achieved can become a powerful tool to influence policy makers and dental professionals in the respective countries.

The Diabetes and Periodontitis Link

The members of this meeting having taken cognizance of the following:

- The high prevalence of periodontitis among member countries
- Increasing evidence of the correlation between diabetes and periodontitis
- Oral disease as the sixth complication of diabetes and the lack of interaction between dental and medical professions in the management of diabetes and periodontitis

Reached the following consensus:

α. Development of dental guidelines/strategic plan to focus on

- Prevalence of diabetes, and bidirectional linkages between periodontal disease and diabetes
- The need for dentists to be involved at policy-making level for diabetes management
- A 3-pronged approach targeting the public, medical and dental practitioners
- Possible recommendations on management based on stratification of disease severity and promotional efforts to prevent periodontal disease

α . Role of dentists (and other health volunteers) in detection of diabetes

- To exercise a high index of suspicion eg ask simple questions on the 3 Ps (polyuria, polydipsia, polyphagia) and undertake opportunistic screening when patients present with periodontal diseases, high BMI (>25), familial history of diabetes or other risk factors
- Make available the use of glucometers in dental clinics where possible

α . Empowering dental practitioners in the management of people with diabetes

- Increasing their knowledge and skills in managing diabetics eg
 patients with controlled diabetes whose management should be no
 different from any healthy patient and patients with poorer control
 who may require referral
- Encourage compliance with the care regime among diabetics

α. Medical Practitioners

- Need for synergy between dental and medical practitioners in the management of people with diabetes
- Holistic approach of 'one-stop centres' for people with diabetes with the dental team involved.
- Medical practitioners to include oral diseases as the 6th complication of diabetes and other oral manifestations of diabetes in patient education

α. Public Education and Sharing of Publications

- Use of the mass media including social media to improve awareness of diabetes and oral complications
- Medical best practice guidelines on management of diabetes from Malaysia and Singapore to be made available to other countries
- Dental best practice guidelines from The Society of Periodontology, Japan.

WORLD CONGRESS ON DENTAL CARE AND ORAL HEALTH FOR HEALTHY LONGEVITY IN AN AGING

SOCIETY JAPAN 2015 13-15 March 2015

By: Dr Mohd Rashid Baharon

The Japanese Dental Konichiwa! (Greetings!), Association and the Japanese Association for Dental Science hosted the World Congress on Dental Care and Oral Health for Longevity in an Aging Society 2015 at the Tokyo International Convention Centre from March 13 to 15. The event was co-sponsored by the World Health Organization (WHO). A

large number of more than 1800 delegates from 23 countries gathered to share experiences, gain insights and discuss future challenges in achieving better oral health for the world's aging population. YBhg Dr Khairiyah Binti Abd Muttalib, the Principal Director of Oral Health Malaysia together with Dr Mohd Rashid Baharon, Deputy Director of the Facility Development Unit, Oral Health Division represented Malaysia at the congress.

The keynote opening address titled 'Prevention and Control of Non Communicable Diseases (NCD) in the 21st Century: The WHO Vision' was delivered by Dr Douglas W. Bettcher, Director, Prevention of Non-Communicable Diseases Division in the WHO. The congress featured a comprehensive programme of symposia, keynote and plenary sessions, and discussion workshops that culminated in a consensus final declaration on the way forward in improving oral healthcare for the aged.

The Tokyo Declaration on Dental Care and Oral Health for Healthy Longevity was adopted by all delegates calling upon health policy-makers and professionals globally to significantly reduce global disease burden, promote greater equity for care and integrate oral health promotion into the NCD prevention and control agenda.



Dr Khairiyah Abd Muttalib, Principal Director of Oral Health, MOH Malaysia at the Conference



Dr Rashid Baharon, Deputy Director in OHD, MOH with delegates from



A view of the venue - The Tokyo International Forum and Convention Centre

Tokyo Declaration on Dental Care and Oral Health for Healthy Longevity 2015

- Lifelong oral health is a fundamental human right, under pinned by an 'oral health in all policies' approach and
- A concerted effort to accumulate scientific evidence of the contribution of dental care and oral health to longer healthy life expectancy and to formulate health policies based on such evidences.
- Further investigation to verify the actual state of national dental healthcare policies and regional health activities supported by such evidences, and share results and related information among the various countries around the world.
- Recognising that maintenance of oral and dental health throughout life is a fundamental factor for improving Quality of Life (QoL), helping protect from NCDs and contributing towards preventing the further aggravation of such diseases. It can also contribute to longer healthy life expectancy.
- Community dental care providers and institutions to play a fundamental role in ensuring that in a super aging society, appropriate dental care is provided at all stages of life and that co-efforts to put oral health into practice are made at the national level.
- Understanding that health policy should focus on how to recognize risks common to both oral diseases and NCDs into a common risk factor approach, prevent oral diseases and tooth loss, and maintain and revitalize oral function by the life course approach.
- Appreciation that, in order to contribute to preventing NCDs and a decline in oral function in old age, dental and other health professionals create an environment that enables and encourages multi professional collaborative practice.

Annual MADPHS Scientific Conference and 6th Annual General Meeting 2015

M Suite Hotel, Johor Bahru, 23-29 March 2015

By: Dr Norlida Abdullah

he 6th Annual Malaysian Association of Dental Public Health Specialists (MADPHS) Scientific Conference was held on 28 to 29 March 2015 at the M Suite Hotel, Johor Bahru organized in collaboration with the Oral Health Division, Ministry of Health Malaysia and supported by the Alliance for a Caries Free Future (ACFF). In line with

Datuk Dr Khairiyah Abd Muttalib, Principal Director of Oral Health & Dr Noor Aliyah Ismail,

Datuk Dr Khairiyah Abd Muttalib, Principal Director of Oral Health & Dr Noor Aliyah Ismail, Division Director of Oral Health Delopment Division with the other participants of the conference

Malaysia's vision to strive for future generations with caries free teeth, the theme for the conference was appropriately titled "Dental Caries Control – Forging Ahead". Participants were updated on current methods of caries control with special attention paid to the paradigm shift towards early caries prevention including emphasis on the use of topical fluorides especially fluoride mouth varnish in community-based prevention programmes.

The main speaker for the conference was Professor Mark Wolff, Professor and Chair of Cariology and Comprehensive Care, New York University College of Dentistry while other local notable speakers were Professor Dr Rahimah binti Abd Kadir, Chairman of ACFF Malaysian Chapter, Assoc. Prof Tuti Ningseh binti Mohd Dom, Deputy Dean Universiti Kebangsaan Malaysia, Dr Chew Hooi Pin, Chairman of the ICDAS Task Force Malaysia, Dr Noor Aliyah binti Ismail, Oral Health Development Director in the Oral Health Division (OHD), Dr N Jegarajan, Oral Healthcare Regulation and Practice Director OHD and Dr Loh Kim Hong, Deputy State Director of Health (Oral Health) WPKL/Putrajaya.

ACFF Malaysia Chapter Goals

- By 2017, 70% of dental schools and dental associations should have embraced and promoted the "new" approach of "caries as a continuum" to improve dental caries prevention and management
- By 2020, to work together towards integrating locally appropriate, comprehensive caries prevention and management systems and monitoring approaches
- Every child born in 2026 should stay cavity free during their life time.

The conference highlighted issues pertaining to the change in management of dental caries through consolidation of caries control and prevention, minimal caries intervention in line with latest evidence based models, current materials and technology in caries development and detection as well as treatment options at the chair side and in the community. In addition the economics and cost of managing caries was also discussed.

Participants also had the opportunity to discuss areas of concern and the vision for the Dental Public Health Specialty in Malaysia with Dr Khairiyah binti Abd Muttalib, the Principal Director of Oral Health Malaysia. As dental public health specialists, we are expected to play an active and bigger role on issues pertaining to the specialty to ensure effective population based and community approaches for quality and promotive oral healthcare. Lack of



Welcoming speech by Dr Norlida Abdullah,President of MADPHS

resources has been a long standing issue in delivering oral healthcare particularly in the Ministry of Health Malaysia. Hence, it was noted during the discussion that continuing strategic efforts on advancement and optimization of human resources, facilities, equipment and targeted budget allocation based on need is a prerequisite for effective and efficient oral healthcare at all levels.

2nd Malaysian Dental Therapists Scientific Conference 2015

Berjaya Times Square, 8-10 May 2015

"Together Facing the Challenge of the Future"

By: Matron Fatimah Rahman

ental Nurses in Malaysia have played a critical role in improving the oral health of Malaysians especially school children since the 1950's. Improvements seen in the oral health status of school children as shown by national oral health surveys can largely be attributed to the untiring dedication and efforts of dental nurses through a structured and comprehensive incremental oral health programme for school children.

As of 2014 there were a total of 2,649 nurses in the public services of the Ministry of Health. In line with their increasing roles and responsibilities, it was deemed appropriate that under the amended Dental Act, which is awaiting approval by Parliament, there is a name change to Dental Therapist to more definitively exemplify their duties. In addition, they will also be allowed to function outside in the private sector and regulate their own profession through registration in the Dental Therapist Register and issuance of Annual Practicing Certificates.

In recognition of being a profession in their own right and their important contributions towards improved oral health in this country, it is deemed appropriate that a biennial Dental Therapists Scientific Conference be held to share expertise, knowledge and skills among the fraternity. Towards this the 2nd Dental Therapists Conference 2015 was held successfully at Berjaya Times Square, Kuala Lumpur from 8 - 10 May 2015 with the theme 'Together Facing the Challenges of the Future'. It was organized by the Malaysian Dental Nurses Association and supported by the Oral Health



Participants at the 2nd Malaysia Dental Therapists Scientific Conference 2015

Division, Ministry of Health Malaysia.

The conference was officiated by Dr Khairiyah Abd. Muttalib, the Principal Director of Oral Health, Ministry of Health Malaysia. The key note address was presented by Dr Noor Aliyah Ismail, Director of Oral Health Development Division, Oral Health Division, MOH with the title 'Together Facing The Challenges'. In line with the increasing standing of this conference the number of delegates increased this year with a big turn-out of 650 delegates including several delegates from Singapore, Indonesia and Australia. The conference offered a comprehensive programme of scientific lectures by local and international speakers and oral research presentations by post-basic Dental Therapists.

To cap the event a successful dental trade exhibition was held concurrently showcasing the latest trends and technologies in oral healthcare allowing delegates to update themselves of the latest products and materials in the market. It is hoped that the knowledge and best practices gleaned from this conference will be shared with others and most importantly translated into practice for better care for our patients.

Case Mix for Primary Oral Healthcare

Hotel Premier Klang, 23-26 Feb 2015

By: Dr Zainab Shamdol

esearch and data collection on the Malaysian Health System is currently being carried out to provide valuable information which can help in making decision making for the enhancement of future health system. The research embodies many areas including the classification of the types of oral diseases and oral procedures done on patients. In other countries, the case mix system has been used to further understand the nature and complexity of oral healthcare delivery, in funding models for reimbursement of costs for patient care and in determining the price for care packages for a specific diagnosis.

A workshop on Case Mix Development for Primary Oral Health Care was held on the 23- 26 February 2015 at Hotel Premier Klang. Present was the WHO consultant from Thailand namely Professor Dr Supasit Pannarunothai and two other experts Dr Thunthita Wisaijohn and Dr Orathai Khiaocharoen whom were engaged by the Oral Health Division, Ministry Of Health (MOH) Malaysia to share their experiences in the development and implementation of an oral health case-mix system for Primary Oral Healthcare in Malaysia and the different options available. A total of 18 participants consisting of Dental Public Health Specialists and Pediatric Dental Specialists from the MOH and UKM attended the workshop. Lectures delivered by the consultants were on the development of classification and coding for oral healthcare diseases and procedures in Thailand and

analysis of primary oral healthcare case mix data from that country.

Participants gained invaluable hands-on knowledge on the methodology for development and implementation of a primary oral healthcare case mix system. This included classification and calibration exercises as well as data cleaning skills on clinical data obtained from the Oral Health Clinical Information System (OHCIS).

In conclusion, a preliminary analysis of primary care oral healthcare case-mix was successfully under taken followed by discussion on areas that needed further follow up. More comprehensive and good representative data is required to benchmark the numerous activities in primary oral healthcare clinics and their relationship with cost.



Participants engrossed in their group work activities

Kursus Siasatan Dalaman dan Pendakwaan Salahlaku Pekerja

Hotel De Palma Ampang 18-20 Mei 2015

Oleh: Dr. Zurina Abu Bakar

Kursus Siasatan Dalaman dan Pendakwaan Salahlaku Pekerja telah diadakan dari 18 – 20 Mei 2015 di Hotel De Palma Ampang. Kursus ini disampaikan oleh Dr. Samsudin Yaacob, pensyarah dari Universiti Putra Malaysia (UPM) dan bekas anggota polis yang berpengalaman luas dalam mengendalikan siasatan dalaman dan salahlaku pekerja.

Seramai 31 orang peserta dari seluruh negara dipilih mengikuti kursus ini dimana mereka akan menjadi *resource person* kepada setiap negeri yang mereka wakili. Kursus turut dibantu dengan kehadiran fasilitator – fasilitator iaitu Dr Zurina Abu Bakar, Dr Leslie Sushilkumar dan Dr Bibi Saerah Abdul Karim. Kursus diserikan lagi dengan kehadiran Dr Noor Aliyah Ismail, Pengarah Bahagian Perkembangan Kesihatan Pergigian KKM.

Objektif kursus adalah untuk memberikan pendedahan kepada peserta mengenai prosedur siasatan, pendakwaan dan cara menubuhkan AJK



Para peserta bersama penceramah, Dr. Samsudin Yaacob

Siasatan. Selain dari ceramah, untuk memantapkan kefahaman peserta, juga diberi kefahaman dengan cara menjalankan *role play*. Selain itu, kursus yang dijalankan selama 3 hari 2 malam ini bertujuan memberikan pendedahan bagi mengelakkan jabatan daripada membuat kesilapan semasa menjatuhkan hukuman. Secara keseluruhan peserta menyatakan mereka berpuashati dan mendapat manfaat dari kursus tersebut.







Setinggi-tinggi ucapan tahniah kepada Pengarah Kanan Kesihatan Pergigian YBhg Datuk Dr Khairiyah Abd Muttalib

atas penganugerahan pingat Panglima Jasa Negara (P.J.N) yang membawa kepada gelaran Datuk dan sekalung tahniah juga kepada kesemua penerima pingat yang lain

PENERIMA PINGAT / KENAIKAN PANGKAT / KELUAR & MASUK BKP

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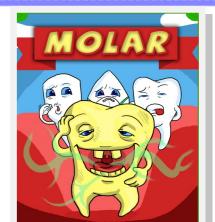
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Poster









Komik







修可改变结局







Bahan-bahan promosi Kesihatan Pergigian boleh dimuat turun dari http://ohd.moh.gov.my





REGULATION OF PRIVATE DENTAL PRACTICE

BY THE MINISTRY OF HEALTH

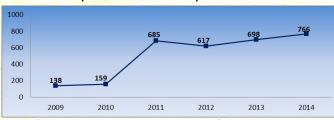
By: Dr Elise Monerasinghe

rivate dental practice is regulated under the Private Healthcare Facilities and Services (PHFS) Act 1998. Since registration of clinics began in May 2006, a total of **2051 clinics** have been registered, and of these clinics **1766** were operating as at the end of 2014. After registration, all clinics under-go a post-registration inspection, to ensure that they comply with the provisions of the PHFS Act and its Regulations.

Monitoring Inspections

Routine monitoring inspections have been carried out since 2009 to ensure that clinics maintain the standards required of a registered dental clinic and comply to the guidelines issued by the Malaysian Dental Council. The number of clinics inspected has been increasing yearly from 2009 to 2014 as shown below with a target of 50% per year.

No of private dental clinics inspected 2009 - 2014



Compliance at these inspections has not been high, and in order to more effectively concentrate on non-compliant clinics, beginning 2015 clinics which complied 100% for the previous two years will be exempted from inspection in the third year. This year 46 clinics have been exempted from inspection. This system will be reviewed at the end of 2016

Enforcement Activities

Enforcement is carried out in registered dental clinics as well as unregistered premises. The enforcement activities in registered clinics is usually the result of complaints by patients or the public. In 2014 a total of 41 enforcement activities were carried out, 22 in registered clinics, and the rest against illegal practitioners.

Number of Enforcement Officers

Beginning 2015, a norm for the optimum number of enforcement officers required per state was determined based on the number of registered private clinics, the number of new applications per year and the size of the state. It was determined that 43 enforcement officers were required in the 15 states. At the end of 2014 there were 34 enforcement officers in the states, with acute shortages in WP Kuala Lumpur and Negeri Sembilan.

CPD for Enforcement Officers

Enforcement Officers are at all times provided with necessary expertise to discharge their responsibilities effectively. Annual CPD sessions cum meetings are held to hone their skills in investigative and surveillance work, and improve work processes. This year the meeting of Enforcement Officers was held on 11 – 12 February at De Palma Hotel, Kuala Selangor. The meeting was attended by enforcement officers from the 15 states and 2 from the Oral Health Division.

Among issues discussed was improving the process of registration of private dental clinics, the status of complaints, a review of the roles and functions of enforcement officers as well as the Plan of Action for 2015 with targets set out. Achievements under the Patient Safety Goals for dental patients were also deliberated on. Officers from Melaka, WP Kuala Lumpur, Kedah and Terengganu made presentations on the raids that had been carried out in their states on illegal practices, in which they shared their experiences and discussed the shortcomings. The meeting ended with an open discussion with Dr Khairiyah Abd Muttalib, the Principal Director of Oral Health, MOH.

NOTIS PENTING

Semua Pegawai Pergigian yang berminat menyambung pengajian dengan Hadiah Latihan Persekutuan (HLP) haruslah mematuhi syarat-syarat yang ditetapkan oleh JPA. Selain daripada itu, calon juga dikehendaki memenuhi syarat-syarat tambahan yang ditetapkan seperti berikut:

- 1.Syarat-syarat tambahan Program Pergigian bagi Cuti Belajar Bergaji Penuh (CBBP) Dengan Hadiah Latihan Persekutuan (HLP) berdasarkan peringkat kursus adalah:-
 - 1.1 Markah Laporan Penilaian Prestasi Tahunan (LNPT) ≥ 85%
 - 1.2 Bagi permohonan kursus Sarjana Pergigian Klinikal luar negara hendaklah mempunyai kelulusan / kelayakan tambahan e.g; MFDS / MJDF/MOrth/FRACDS/ Basic Medical Sciences dan lain-lain berkaitan yang disertakan dengan bukti sijil yang telah diperoleh semasa mengemukakan permohonan
 - 1.3 Permohonan kursus Sarjana Pergigian Klinikal **dalam negara** yang **tidak mempunyai kelulusan / kelayakan tambahan** akan **dipertimbangkan**
 - 1.4 Mempunyai kelulusan IELTS yang diperlukan dengan keputusan berikut: Bagi universiti di United Kingdom ialah 7.0 Bagi universiti di Australia ialah 8.0
 - 1.5 Keutamaan tawaran diberi kepada calon yang mendapat tawaran di Universiti/ Institusi bagi mengikuti kursus pengajian pada tahun semasa
 - 1.6 Tempoh perkhidmatan tidak kurang daripada empat (4) tahun pada tarikh tutup permohonan tahun semasa
 - 1.7 Disokong oleh Ketua Jabatan, Ketua Pakar dan Ketua Program
- 2. Syarat-syarat tambahan Program Pergigian bagi Cuti Belajar Tanpa Gaji (CBTG) Tanpa Hadiah Latihan Persekutuan (HLP) berdasarkan peringkat kursus adalah seperti berikut:-
- 2.1 Markah Laporan Penilaian Prestasi Tahunan (LNPT) ≥ 85%
- 2.2 Tempoh perkhidmatan tidak kurang daripada empat (4) tahun pada tarikh tutup permohonan tahun semasa
- 2.3 Telah mendapat surat tawaran dari pihak penaja
- 2.4 Disokong oleh Ketua Jabatan, Ketua Pakar dan Ketua Program

Calon perlu meminta nasihat Ketua Pakar bidang yang berkaitan sebelum mengemukakan permohonan Hadiah Latihan Persekutuan dan Cuti Belajar Bergaji Penuh bagi memastikan kursus yang ingin diambil diiktiraf oleh Kerajaan Malaysia

Mobile Dental Clinics in Malaysia



TYPE: DONATED BY 1 MDB BUS WITH 1 CHAIR SURGERY AT KUALA LIPIS,PAHANG



TYPE: BUS WITH 2 CHAIR SURGERY AT ULU KINTA, PERAK



TYPE: BUS WITH 1 CHAIR SURGERY AT KLUANG, JOHOR



TYPE: BUS WITH 1 CHAIR SURGERY AT MUAR, JOHOR. DONATED BY YAB TAN SRI HJ MUHIYIDDIN YASSIN, DEPUTY PRIME MINISTER'S OFFICE



TYPE : CARAVAN WITH 1 CHAIR SURGERY AT TERENGGANU



TYPE: LORRY WITH 1 CHAIR SURGERY AT KUANTAN, PAHANG



TYPE: TRAILER WITH 2 CHAIR SURGERY AT MELAKA

By: Dr Cheng Lai Choo

alaysia is working towards developed nation status by 2020 with a vision of achieving the quality of life of an advanced nation. In line with this, the health system needs to transform and become more efficient, effective and more importantly provide universal and equitable access to healthcare for all its people. The National Health and Morbidity Survey in 2006 found that approximately 27% of the population had difficulty in accessing healthcare. Taking cognizance of this, the Oral Health Division (OHD) in the Ministry of Health (MOH) has taken steps in utilising and optimizing this important service modality for widening accessibility to oral healthcare services to all groups in need.

Mobile Dental Clinics (MDC) were first launched in the 1950s and primarily used to deliver oral healthcare to rural and urban schools as well as for community projects. More MDCs have now been established and their services expanded to cover all groups in need. The MDCs have also served the country well in times of need and during emergencies. During the recent catastrophic floods which hit the

east coast of Malaysia in Dec 2014, several MDCs were mobilized to serve in areas where dental clinics were rendered inoperable due to damage so as to continue the provision of critical oral health services to the communities affected.

The number of MDCs has increased over the years and by 2014 there were a total of 27 MDCs and a few more are in the pipeline. Various types of MDCs have been developed ranging from a fully equipped clinic attached to a prime mover to a modified bus, caravan, lorry or truck as shown in the pictures. The clinic houses one or two dental chairs and is airconditioned and equipped with a full powered generator for services even in remote regions. To add value to the range of services provided, the year 2014 also saw the very first Mobile Dental Lab being commissioned in Malaysia to deliver much needed denture services to communities in need.

The Oral Health Division has strongly advocated for more MDCs for provision of accessible services to the rakyat. Under the NBOS 8 Mobile Community

Transformation Centre (MCTC) programme, the National Strategic Unit (NSU) of the Ministry of Finance has channelled RM4.8 million for the construction of an additional 4 MDCs in 2015. In addition the OHD has championed the provision by local authorities and developers for docking stations in housing and community areas which will be able to provide common utility points for all public mobile services including health mobile services.

It is to be emphasised that in the expansion of care, the quality of care must not be compromised. A proper working environment needs to be provided to enable the dental team to render optimal oral healthcare. Through the MDC, the MOH is able to ensure that all its personnel work in a healthy and conducive environment. For the patient, a safe clinical environment, stringent infection control procedures and proper clinical waste management are prerequisites for safe and quality care and this can be achieved through the MDC.