

# MDC

MALAYSIAN DENTAL COUNCIL



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# BULLETIN

## **National Oral Health Plan 2011-2020: Mid-Term Review**

<b>President's Message</b>	<b>2</b>
<b>From the Editor's Desk</b>	<b>3</b>
<b>Registrar's Report</b>	<b>4</b>
<b>National Oral Health Plan: Mid-Term Review</b>	<b>9</b>
<b>Moratorium Workshop</b>	<b>12</b>
<b>The Effects of Legislation on the Practice of Dentistry</b>	<b>14</b>

# The President's Message



The National Health theme is '**A Nation Working Together for Better Health**', and in this context the private and public sectors, as well as all other parties, are expected to work together to improve the health of all Malaysians. In the dental sector the main goals of the National Oral Health Plan 2011-2020 (NOHP 2011-2020) are geared towards the reduction of oral diseases and their early detection. Ladies and Gentleman, I would like to urge the dental fraternity in the public and private sectors, the armed forces and the universities to work together to achieve the goals of the NOHP 2011-2020 for better Oral Health for our people. The Oral Health Division has spearheaded a Mid-Term Review of the NOHP 2011-2020 with the intention of informing stakeholders of achievements thus far and obtaining their consensus on the resolutions of the NOHP 2011-2020 mid-term review.

The revised dental treatment charges in Ministry of Health Malaysia (MOH) facilities have been a news item at the start of 2017. The MOH dental treatment charges thus far have been governed by the 'Perintah Fi (Perubatan)' 1982. The Government agreed to a revision of this fee schedule and an updating of the list of procedures for a number of MOH health services, one of which was for the dental services. After 35 years of the 1982 sched-

ule there has been a huge increase in costs, technology used and number of outpatient treatment procedures carried out at MOH dental facilities. The new MOH dental fee revision is contained in the 'Perintah Fi (Perubatan) Pindaan 2017' and came into effect on 1<sup>st</sup> March 2017 in all MOH dental facilities. This revised schedule better reflects the increased number of outpatient dental treatment procedures and the actual cost of delivering this care. But in line with the caring attitude of the Government, patients will actually still pay a hugely subsidized, nominal fee, which is the same as that contained in the 1982 schedule. This will encourage patients to seek care and augers well for the achievement of a reduction in oral diseases.

I would like to take this opportunity to wish everyone a very Happy and prosperous 2017 as we work together to improve the Oral Health of our people.

**Datuk Dr Noor Hisham bin Abdullah**



## From the Editor's Desk

The Registrar's report, which is featured in this issue, is much anticipated every year, as it outlines the current status of the professional workforce in Malaysia. Interestingly, the number of registrants in 2016 has surpassed 1000 for the first time. In 2016, based on the increasing trend, and the 2015 report, the MDC expected to receive more than 50% of its registrants from universities abroad. However this was not the case. The proportion of registrants from foreign institutions was only 35%. Females were still the majority in the dental workforce in 2016 at 67.5%. The public sector remained the main provider of employment.

The dental law and ethic forum, organised by the Malaysian Dental Association in January 2017, was overwhelmingly received. This is indicative of the members' strong interest in the laws and regulations related to dental practice, which have a tremendous impact on how they manage their practice. As this would be of interest to the general readership, it has been featured in this issue of the Bulletin. In regards to the Dental Act 1971 and the related Dental Regulations, it is worthwhile noting that once the proposed Dental Bill is passed by Parliament, it will supersede the provisions of the Dental Act of 1971.

The National Symposium for the Mid-Term Review of the NOHP 2011-2020 was held in November 2016 to chart the progress made towards the achievement of the National Oral Health Goals for 2011-2020. Two of the seven key oral health goals and all 4 supporting goals have been achieved, as reported at the mid-term review. As all of us are stakeholders in the oral health of the nation, each of us has a role to play to bring about the improvements that will guarantee that all the goals will be achieved or ever surpassed by 2020.

Enjoy reading.

**Prof Dato' Dr Ishak Abdul Razak**

# MALAYSIAN DENTAL COUNCIL REGISTRAR'S REPORT FOR 2016

## Registration under the Dental Act 1971

Year 2016 saw a total of 1,013 dental graduates registered with the Council, as shown in **Table 1**. This was the first time that the number of new registrants surpassed 1000 and it marked a 2.4 fold increase in dental graduates over a period of 5 years from 2011. The majority of the new registrants were from recognized institutions and were registered under Section 12(1). However, there were seven dental practitioners, four who graduated from Taiwan and three from China, who were registered under Section 12(9). For two consecutive years, there have been no registrants under Section 12(3).

Section	2011	2012	2013	2014	2015	2016
12(1)	409	608	689	891	975	1,006
12(3)	1	2	4	1	0	0
12(9)	5	3	4	4	5	7
<b>Total</b>	<b>415</b>	<b>613</b>	<b>697</b>	<b>896</b>	<b>980</b>	<b>1013</b>

Table 1: New Registrants by Section (2011 – 2016)

This year, almost 65% of the new registrants were from local institutions. In comparison to the previous years, there was a 31.3% increase in registration of graduates from local institutions and 25.5% decrease in graduates from foreign institutions (**Figure 1**).

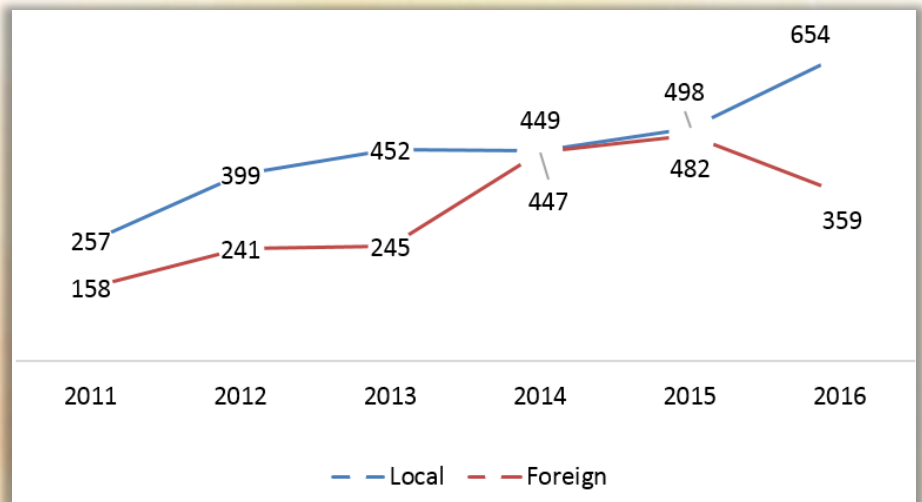


Figure 1: New Registrants from Local and Foreign Institutions (2011-2016)

The number of institutions of higher education (IHE) in Malaysia that produced dental graduates has increased 100% over a 5-year period. There were only six local IHE, which produced dental graduates in 2011, compared to twelve IHE in 2016. This year, graduates from Penang International Dental College (PIDC) topped the number of registrants with MDC (75 registrants). This was followed by Melaka-Manipal Medical College (MMMC) and AIMST University, all of which are private IHE. Nevertheless, the total number of graduates from local public IHE who registered with the MDC was slightly more (52.4%) than private institutions.

There were 359 new registrants from foreign institutions in 2016. Out of these, 91.3% were from India (33.7%), Egypt (22.3%), Jordan (18.9%) and Indonesia (16.4%). The countries from which the registrants obtained their degrees are listed in **Table 2**.

Country	2011	2012	2013	2014	2015	2016
Malaysia	257	399	452	449	498	654
India	58	69	108	207	147	121
Egypt	3	9	21	79	179	80
Jordan	21	39	22	34	82	68
Indonesia	55	72	55	96	49	59
United Kingdom	6	12	14	11	10	7
Australia	5	3	5	7	6	6
Republic of Ireland	2	4	7	4	4	4
New Zealand	1	5	6	2	1	4
Taiwan	1	3	3	3	3	4
China	1	-	2	-	-	3
Singapore	1	-	-	1	1	3
Iraq	-	-	1	3	-	-
Russia	1	-	1	-	-	-
Japan	1	-	-	-	-	-
Pakistan	1	-	-	-	-	-
Thailand	1	-	-	-	-	-
<b>Total</b>	<b>415</b>	<b>613</b>	<b>697</b>	<b>896</b>	<b>980</b>	<b>1013</b>

Table 2: New Registrants by Country of Qualification, 2011-2016

## 'Active' Dental Practitioners

Towards the end of 2016, a total of 9,716 names had been entered into the Dental Register. However, only 74.2% (7,210) of the dental practitioners had valid Annual Practising Certificates (Table 3). The table shows a 66.4% increase in 'active' dental practitioners over the past 5 years. On the other hand, Division II dentists, commonly known as registered dentists have been steadily declining as they age and retire from active practice. Since the year 2015, they have made up less than 0.5% of the active dental practitioners.

Sector	2011	2012	2013	2014	2015	2016
Public	2,452 (57.2%)	2,664 (58.0%)	3,256 (61.9%)	3,763 (63.6%)	4,021 (62.7%)	4,591 (63.7%)
Private (Div I)	1,801 (42.0%)	1,894 (41.3%)	1,979 (37.6%)	2,125 (35.9%)	2,363 (36.9%)	2,595 (36.0%)
<b>Total Div. I</b>	<b>4,253</b>	<b>4,558</b>	<b>5,235</b>	<b>5,888</b>	<b>6,384</b>	<b>7,186</b>
Private (Div II)	36 (0.8%)	33 (0.7%)	29 (0.6%)	28 (0.5%)	26 (0.4%)	24 (0.3%)
<b>Total</b>	<b>4,289</b>	<b>4,591</b>	<b>5,264</b>	<b>5,916</b>	<b>6,410</b>	<b>7,210</b>
% Increase	11.4	7.0	14.7	12.4	8.4	12.5

Table 3: Practitioners with Annual Practising Certificates by Sector (2011 - 2016)

## 'Distribution of 'Active' Practitioners by Sector

In 2016, the number of dental practitioners in the public sector (63.7%) was higher compared to the private sector (Figure 2). The increasing trend was due to the increasing number of dental graduates and the mandatory compulsory service in the public service imposed on new registrants, under Section 47 and 48 of the Dental Act 1971. However, the duration of the compulsory service was re-

duced by the Hon. Minister of Health from three years to two years, effective 5<sup>th</sup> April 2012 and further reduced to one year effective 1st July 2015. The one-year period is essential to enable graduates from different institutions to acclimatize to the local working environment and the Malaysia Healthcare System.

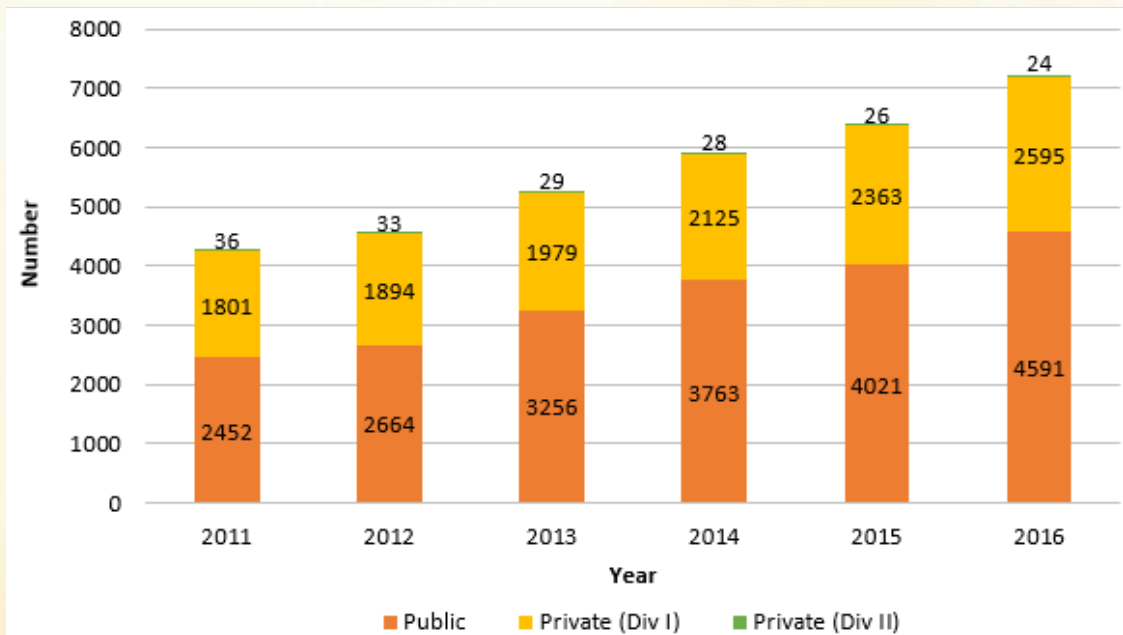


Figure 2: Distribution of Active Dental Practitioners by Sector (2011- 2016)

## Distribution by Gender

In 2016, slightly more than two-thirds (67.2%) of the active dental practitioners were female (Table 4). The gender distribution, however, varies by sector, with females accounting for 76.3% in the public sector, while the gender distribution is almost equal in the private sector.

Sector	Male		Female		Total
	Count	Percentage	Count	Percentage	
Public	1,086	(23.7%)	3,505	(76.3%)	4,591
Private (Div I)	1,259	(48.5%)	1,336	(51.5%)	2,595
<b>Total Div. I</b>	<b>2,345</b>	<b>(32.6%)</b>	<b>4,841</b>	<b>(67.4%)</b>	<b>7,186</b>
Private (Div II)	21	(87.5%)	3	(12.5%)	24
<b>Total</b>	<b>2,366</b>	<b>(32.8%)</b>	<b>4,844</b>	<b>(67.2%)</b>	<b>7,210</b>

Table 4: Distribution of Active Practitioners by Gender & Sector, 2016

A 5-year trend analysis showed that ‘feminization’ of the profession seems to be on the increase (Figure 3). Since 2011, the growth rate of female practitioners was 78.7% compared to only 49.9% for males.

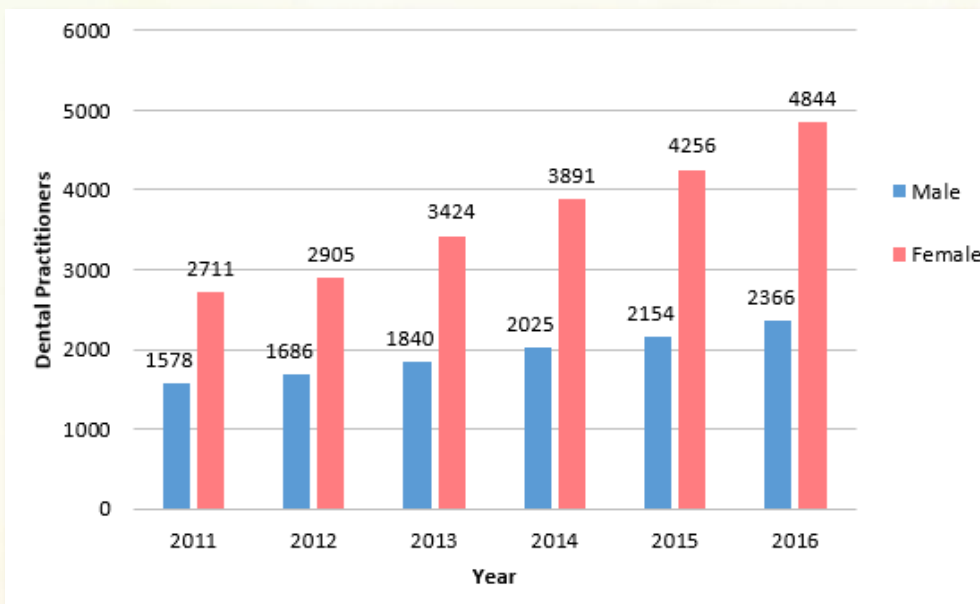


Figure 3: Distribution of Active Practitioners by Gender, 2011-2016

### Temporary Practising Certificates

Temporary Practising Certificates (TPC) were issued to 260 dental practitioners registered outside of Malaysia in 2016, with the majority (84.2%) issued to academic staff of local IHE. Out of these, 83.6% of the TPC were issued to lecturers in private IHE. Of the 260 TPC issued, 11 TPC were issued to contract officers in the public sector, and an equal number to those in the private sector. These denotes 8.5% (n=22) of the TPC issued for the year 2016. The remaining 7.3% (n=19) of the TPC were issued to foreign post-graduates students (n=2), practitioners who attended short hands-on courses (n=6), external examiners (n=4) and experts for transfer of skills and knowledge (n=7). Overall, there was a 7.7% decrease in the number of TPC issued in 2016 compared to 2015 (Figure 4).

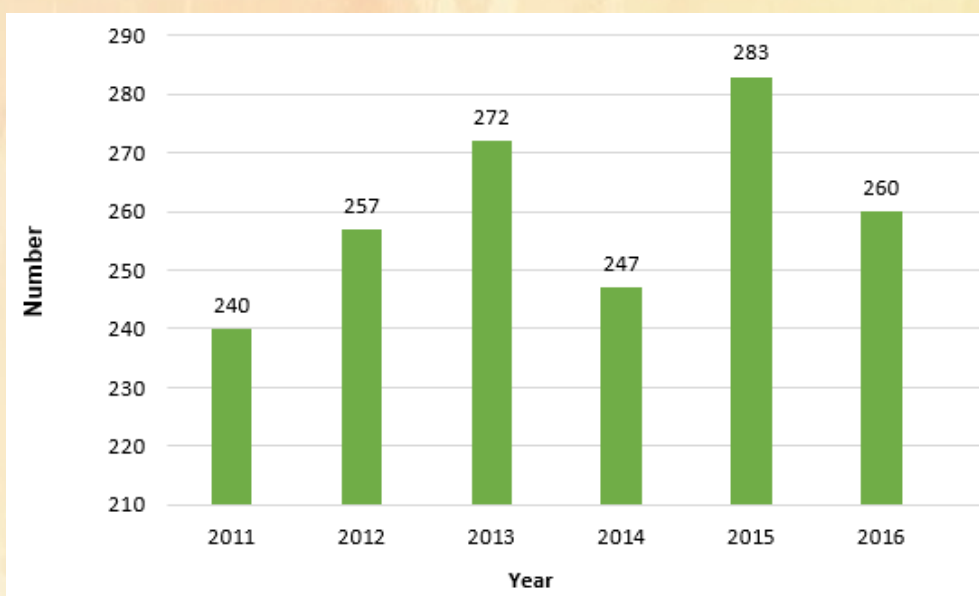


Figure 4: Number of Temporary Practising Certificates (TPC) Issued, 2011 – 2016

The following  
are issues  
which  
practitioners  
should take  
note of:

## 1. APC/TPC applications

The MDC secretariat no longer sends the APC application form to dental practitioners. The form can be downloaded from the MDC's website at <http://mdc.moh.gov.my> or <http://dpims.moh.gov.my>. Practitioners are encouraged to apply for the 2018 APC on-line using the Dental Practitioners' Information Management System (DPIMS).

Practitioners are again reminded that they can practice only **at private clinics registered under the Private Healthcare Facilities and Services Act 1998 [Act 586]**. Addresses of premises which have not been registered under Act 586 will not be included in the APC/TPC.

## 2. Dental Practitioners' Information Management System (DPIMS)

All dental practitioners are advised to update their contact details in the DPIMS. Practitioners are strongly encouraged to use this system for renewal of APC/ TPC and to use the on-line payment options that have been available **since July 2013**.

Please forward any feedback regarding the system through DPIMS. The system works best using the latest Internet Explorer browser version 8.0 and above. All enquiries should be channelled to the helpdesk at **03-8318 6440**.

## 3. MyCPD

Practitioners are also encouraged to register with myCPD at <http://mycpd.moh.gov.my>, to record their annual CPD points collection on-line.

The Council requests that a **"print-out of the CPD Log Book"** from the myCPD system with **supporting evidence** be kept for **five years** for verification by the Council. The Council will carry out random verification and practitioners will be expected to show proof of the points claimed.

# Mid-Term Review National Oral Health Plan 2011-2020

(NOHP 2011-2020 MTR)

By:  
Y Bhg. Datin Dr. Rohani Bt. Embong & Dr. Yaw Siew Lian  
Oral Health Division, Ministry of Health Malaysia

In 1999, the Oral Health Division initiated the first National Oral Health Plan (NOHP 2001-2010) in consultation with relevant stakeholders. NOHP 2001-2010 was followed by NOHP 2011-2020 which bears two main objectives; firstly to improve the oral health status and quality of life of Malaysians through lifelong wellness and secondly, to reduce the morbidity and mortality caused by oral conditions. Towards these objectives, the areas of focus are as shown in **Figure 1**.

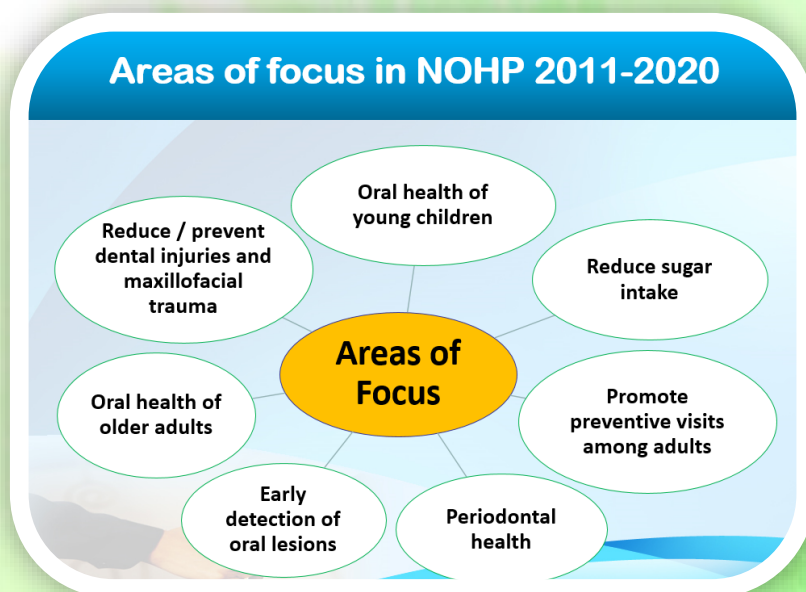


Figure 1: Our focus in NOHP 2011-2020

A national Symposium for the Mid-Term Review of the NOHP 2011-2020, with the theme **“Realigning Our Direction: Pathway to 2020 & the Future”** was organized on 14 November 2016 at the Institute of Health Management, Ministry of Health. The event was graciously officiated by Y Bhg. Datuk Dr. Noor Hisham bin Abdullah, Director General of Health, Malaysia.



The Symposium brought together identified stakeholders, who were informed on the achievement of key and supporting goals for NOHP 2011-2020 (Figure 2) as well as to obtain their consensus on the resolutions of the NOHP 2011-2020 MTR (Figure 3). In the future, a national seminar with stakeholder engagement will be organized in April 2017 to follow-up on these resolutions.

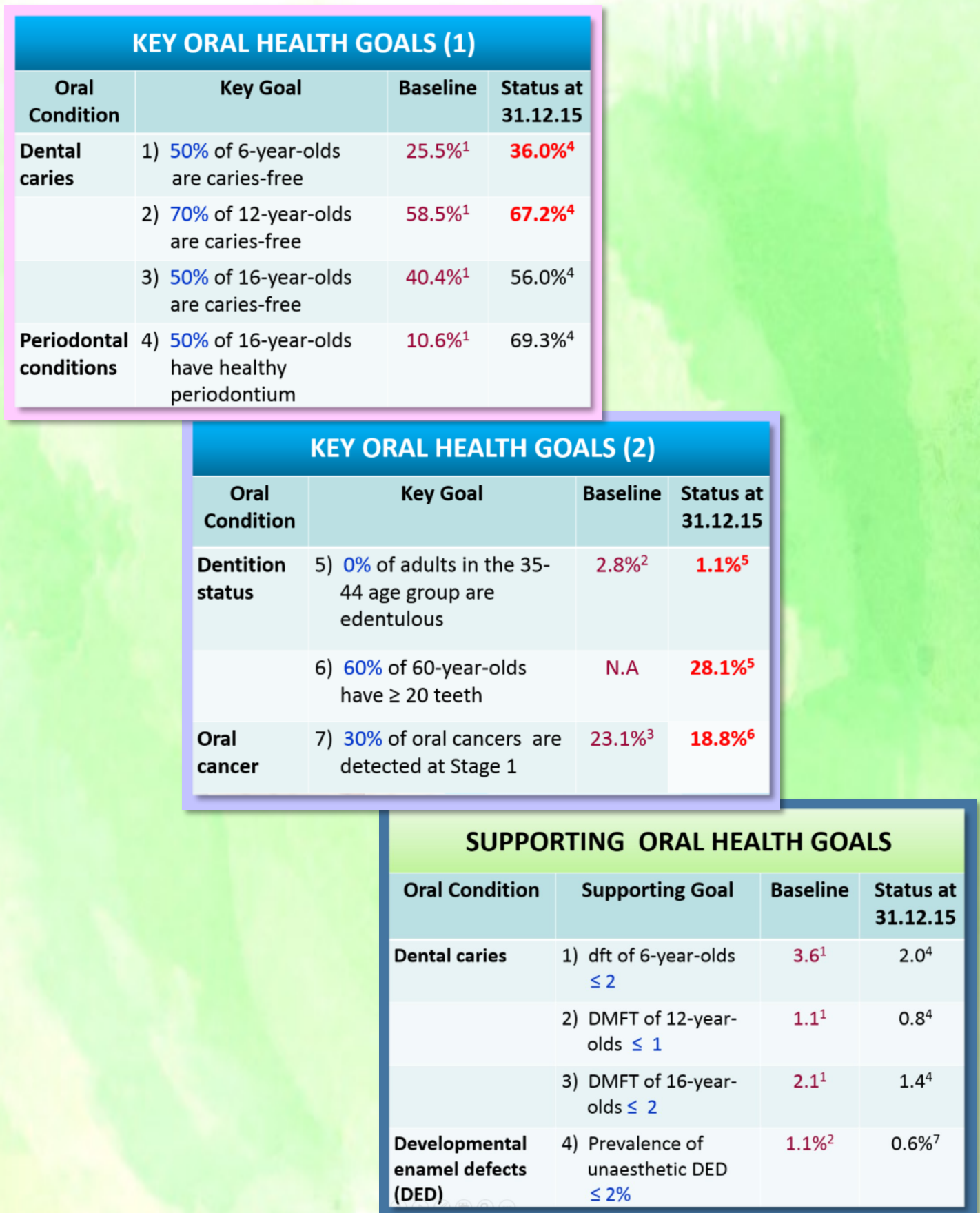
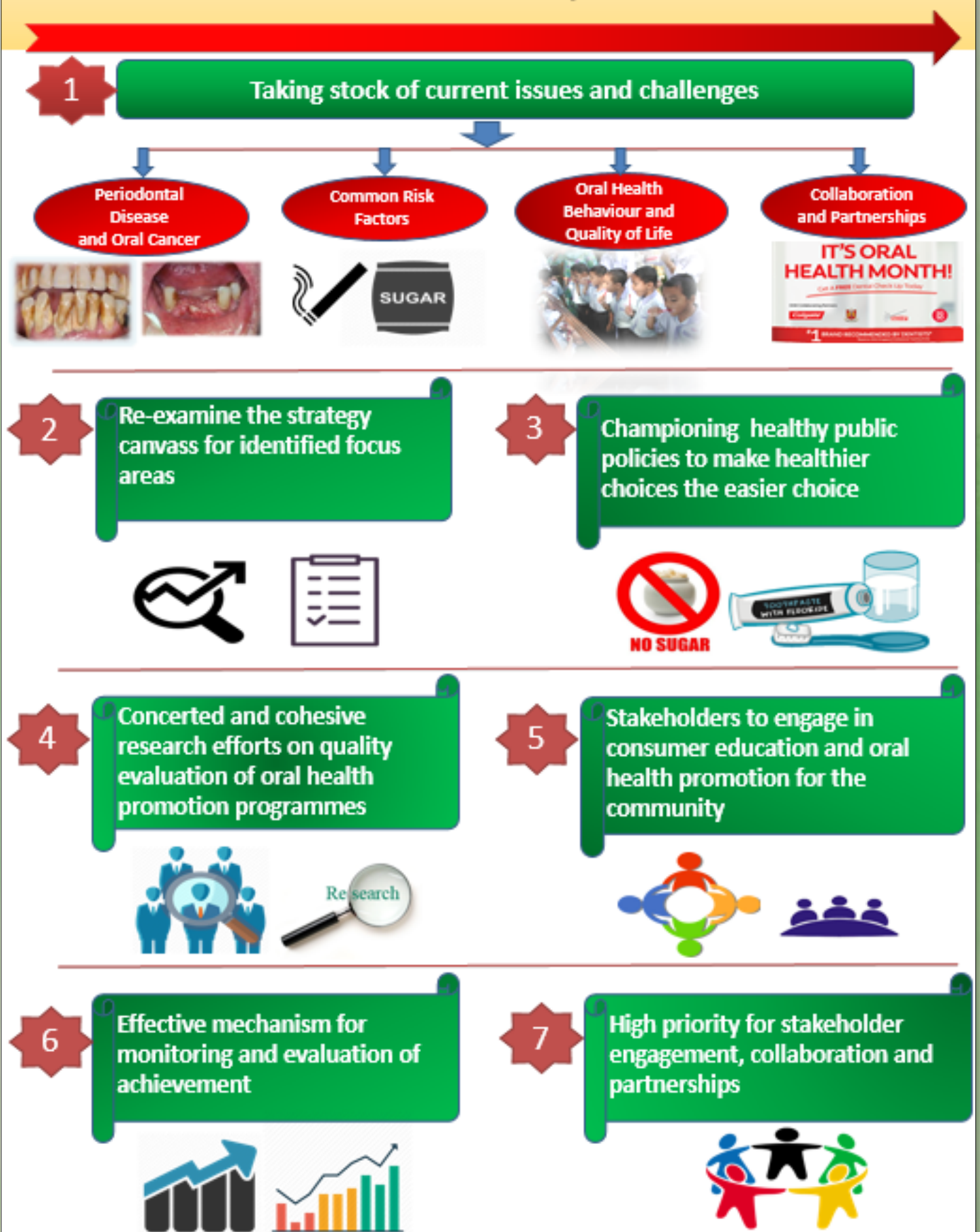


Figure 2: Achievement of NOHP 2011-2020 Goals

# Resolutions & The Way Forward



Authors: Natifah CHE SALLEH , YAW Siew Lian, Noor Aliyah ISMAIL  
 Authors Institution: Oral Health Division, Ministry of Health Malaysia  
 Acknowledgement: Y Bhg. Datuk Dr. Noor Hisham bin Abdullah, Director General of Health Malaysia

Figure 3: NOHP 2011-2020 MTR Resolutions

# WORKSHOP ON DENTAL MORATORIUM

## Review

By:

*Dr. Savithri N. Vengadasalam & Dr. Norashikin bt Mustapa Yahya  
Oral Health Division, Ministry of Health Malaysia*

The Moratorium on undergraduate dental degree programmes was enforced on 1 March 2013 for a period of 5 years. Under the moratorium, 3 main decisions were made by Cabinet, i.e.

- i. A freeze on the establishment of new dental faculties;
- ii. A freeze on starting new undergraduate dental degree programmes by local institutions; and
- iii. A capping on the total intake of dental students at 800 per year in local institutions.

During the implementation of the moratorium, the Joint Technical Accreditation Committee for Dental Education Programmes was instructed by Cabinet to review the capacity of the local institutions to provide quality undergraduate dental education which includes:

- i. strength of academic staff in terms of quantity, quality and the effectiveness of the programme implementation;
- ii. adequacy of teaching and learning facilities in the local institutions and future plans for expansion;
- iii. the review of policies, terms and criteria of local institutions in conducting undergraduate dental degree programmes, including student selection;
- iv. the compliance of local institutions to the quality standards;
- v. issues related to training hospitals and suggested solutions;
- vi. capability of local institutions to conduct postgraduate dental programmes;
- vii. identifying potential areas for collaboration between public and private institutions; and
- viii. review of the implementation of the moratorium in 2016.

A workshop was held to review the implementation of the moratorium at the Royale Bintang Hotel, Seremban, Negeri Sembilan from 6 to 8 November 2016. A total of 32 participants from related agencies i.e. Malaysian Qualifications Agency, Public Service Department, Ministry of Higher Education, dental deans of local universities and representatives from local institutions attended the workshop, which was organized by the Oral Health Division, Ministry of Health Malaysia.

It began with a briefing on the conduct of the workshop by the Chairman of the review committee, YBhg Prof Emeritus Dato' Dr Wan Mohamad Nasir b. Wan Othman. This was followed by a welcoming address by the Principal Director of Oral Health Malaysia, YBhg Datuk Dr Noor Aliyah bt Ismail who is also the Chairman of the Joint Technical Accreditation Committee for Dental Education Programmes.

Participants were divided into 6 groups and were given the task to analyze data collected from local institutions to identify problems in conducting undergraduate dental degree programmes and to propose solutions taking into account current developments and challenges. Each group then presented their findings, which was followed by discussion among the participants.

On the second day, the Chairman of the National Conjoint Board for Postgraduate Dental Education, YBhg Prof Dr Mohamed Ibrahim bin Abu Hassan briefed the participants on the development of postgraduate dental programmes in Malaysia.

At the end of the workshop, the Chairman of the review committee YBhg Prof Emeritus Dato' Dr Wan Mohamad Nasir b. Wan Othman, presented the preliminary report. Comments and suggestions from participants were taken into consideration to improve the report.



**Participants of the Workshop on Dental Moratorium  
6-8 November 2016, Royale Bintang Hotel, Seremban**



# The Effect Of Legislation On The Practice Of Dentistry In Malaysia

By:  
Dr. Shashitharan a/l Sadacharan

In conjunction with the 24th MDA Scientific Convention & Trade Exhibition held at the PWTC, on the 15<sup>th</sup> of January 2017, a forum entitled The Ripple Effects of the Acts: How They Affect You and The Future of Dentistry in Malaysia.

The panel comprised of Dr. Chow Kai Foo, Prof. Dato' Dr. Ishak Abdul Razak, Dr. Elise Monerasinghe, Dr. Stephen Henderson, Dr. Ng Woan Tyng and Encik Zamani Abdul Rahman. It was chaired by Dr. Shashitharan Sadacharan.

**With the impending passing of the new Dental Act and the news of illegal dentistry in both the mainstream and social media, where a beautician was caught doing braces, it was only natural the forum started with the practice of illegal dentistry. An uploaded video montage on this was shown, after which Prof. Ishak was the first panellist invited to comment.**

He began by saying the practice of dentistry in Malaysia takes place within a regulatory framework and this is clearly spelt out in the Dental Act 1971. He then read out the interpretation as spelt out in 3 subsections of the Act which states:

*(2) A person shall be deemed to practice dentistry within the meaning of the Act who, for the sake of gain or otherwise—*

*(a) treats or attempts to treat or professes to treat, cure, relieve or prevent any disease, deficiency or lesion or pain of the human teeth or jaws;*

*(b) performs or attempts to perform any operation on human teeth or jaws;*

*(c) inserts or attempts to insert any artificial teeth or appliances for the restoration, regulation or improvement of the teeth or accessory structures;*

*(d) performs any radiographic work in connection with human teeth or jaws or the oral cavity;*

*(e) gives any treatment, advice or attendance on or to any person in connection with the fitting or insertion for the purpose of fitting or fixing of artificial teeth or of a crown or bridge or an appliance for the restoration or regulation of the human teeth or jaws;*

*(f) gives any anaesthetic in connection with any such operation or treatment as above mentioned under this subsection; or*

*(g) holds himself out whether directly or indirectly as practising dentistry.*

He then went on to state to practise dentistry legally, one had to be registered according to Section 12 of the Dental Act which states that

*12(1) Subject to the provisions of this Act and the regulations thereunder, a person shall be entitled to be registered as a dental surgeon upon application to the Registrar in the prescribed form if he holds any of the qualifications specified in the third column of the Second Schedule granted by an institution specified in relation to that qualification in the second column of that Schedule.*

*(2) The Minister may from time to time, after consulting the Council, add to, delete from or amend the Second Schedule by order published in the Gazette.*

*(3) Notwithstanding subsection (1) and subject to the other provisions of this Act and the regulations thereunder, any person who holds a qualification in dentistry (other than the qualifications specified in the Second Schedule to this Act) deemed suitable for registration by the Minister after consulting the Council (hereinafter referred to as an "approved qualification"), shall be entitled to be registered as a dental surgeon under this Act if he has obtained experience in the practice of dentistry by engaging in employment in the practice of dentistry to the satisfaction of the Director General for a period of not less than two years in such capacity in such one or more of the public services as may, from time to time, be determined by the Director General in his discretion, and has been granted a certificate by the Director General as evidence thereof.*

He went on to state that as the beautician was not registered to practise dentistry she was guilty of practising illegal dentistry. The penalty under the Dental Act, for a first-time offender, is a fine not exceeding ten thousand ringgit.

Notwithstanding, these two provisions, one would also be liable for prosecution, if practising in an illegal premises under the Private Healthcare Facilities and Services Act (PHFSA) 1998, where the penalties are much higher.

Dr. Elise, went to state that possession of dental chairs, dental instruments like a mouth mirrors or probes can also be construed as practising dentistry and thus if an unregistered person is in possession of these instruments, he or she can be prosecuted under the Act. What is worrying, is the dental chairs used by illegal dentists are second hand chairs sold by registered dentists. If one is prosecuted for practising in unregistered premises, one can be charged under the PHFSA and the punishment can go up to a maximum of 6 years' imprisonment and a fine up to RM 300,000.

Encik Zamani stated the Medical Device Authority Act 2012 and the Medical Device Act 2012 were established to regulate the manufacture, import, packaging, marketing, safety and use of medical devices in Malaysia. There are regulations that are still being put in place and ultimately it is hoped that by the end of this year all medical devices will be registered and they will not fall into the 'wrong' hands. To date, no one has been prosecuted for illegal possession and use of the medical devices under the Act. Incidentally, medical devices imported for personal use need not be registered under the Act.

**Dr. Stephen pointed out that the Acts were all in place primarily for the protection of patients and thus it was important that dentists should strive to practise dentistry keeping this in mind. Dr. Ng Woan Tyng, speaking on behalf of MDA, hoped that dentists at all times should strive to uphold the highest level of professionalism and it would be their duty to educate patients on the pitfalls of illegal dentistry. She also said that the MDA will hold awareness campaigns and roadshows to educate the public on the problems of illegal dentistry.**

On a question on the use of Botox, it was pointed out that the MDC / MOH is still working on a policy statement, which will come out shortly. Singapore has agreed to the use of Botox in facial aesthetics. DPL, will not indemnify Botox use until the MOH comes out with the guidelines.

On another question on whether a medical practitioner can provide sedation in a dental clinic, it has to be remembered that medical / dental practitioners must first be registered and be competent. The clinic concerned must under PHFSA be registered to provide such services and UKAPS will inspect the premises to ensure all the necessary equipment, including resuscitation equipment are in place before the clinic is registered.

The next area tackled was on advertising. Another video montage was shown highlighting advertisements in both the print and the electronic media offering discounts. According to Prof. Ishak, the MDC has come out with a guidelines on public information. While there is no restriction on employing third party providers to disseminate information regarding your clinic, it has to comply with the guidelines and the Code of Professional Conduct. When a discount is offered, it shows that the dentist is inducing the public to become his patients. Also, the professional fees cannot be advertised as the guidelines state they can only be displayed in the premises of the dentist concerned. In providing information to the public, it is important not to make superlative claims for example one cannot say one's clinic is light years ahead! Incidentally, the MDC has a committee that will help a dentist by vetting his or her advertisement. On a question whether a third party can advertise for a clinic, the answer was yes, but the person in charge would still be liable.

Touching on prepaid coupons like Groupon, the advice was not to get involved, as patients were induced to buy something they may not need and thus it becomes an ethical issue.

The last area to be covered were the other Acts and licensing required by a private dental practitioner. These include the APC, the Borang G under the PHFSA, the X-ray licence under the Atomic Energy Licensing Act 1984, the scheduled waste disposal & licences for the compressor & autoclave under the Environmental Quality Act 1974, the licence for the clinic signboard, the licence for the business operation and the licence for business premises in certain states under the jurisdiction of the local councils concerned.

It was pointed out that without an APC, a practitioner cannot collect or recover fees and that should at least act as an incentive to have a valid APC. What was surprising is that there are still practitioners who do not renew their APCs despite reminders. In these cases, the MDC is forced to act. In the UK, if a practitioner does not renew his APC on or before the 31<sup>st</sup> of December, he is automatically deregistered.

Dr. Chow Kai Foo reiterated the laws are in place for the benefit of our patients and that should be our main concern. We should raise our level of professionalism and as oral physicians or odonto- stomatologists, we need to improve our knowledge of facial aesthetics and look at patients holistically. He felt the use of Botox and fillers should become a part of a dentist's treatment options, if done responsibly. It was his hope that the regulators and the dentists should strive to find a happy balance, between rules and practice freedom, for the advancement of dentistry.

There was an observation from the floor that as there were multiple authorities involved in the licensing of clinics, it might be a good idea to place them all under a central authority, like a one stop centre and inspections be done in one go with advance notice. Dr. Elise replied the OHD was looking to do all applications on-line but inspections would not be done with advance notice as it was during surprise checks that illegal dentists were discovered working in legally registered clinics. She also requested registered dentists who knew of illegal dentists operating to come forward and officially make a complaint.

There was concern that the Medical Devices Act could encourage monopoly in so far as importing them into the country. Encik Zamani explained that no one other than the legal distributor was allowed to import the products. In other words, no parallel imports are allowed. The rationale being that the authorities can ensure control as parallel importers cannot be identified and thus it was not possible to monitor them. Moreover, as they cannot be monitored it would mean they cannot be prosecuted. It was hoped that the authorities concerned will engage with the profession to ensure this does not lead to monopoly resulting in price increase which ultimately has to be borne by the patient.

The underlying feeling at the forum was that regulations were needed not only to protect the patients but also the dentists and dentistry as a profession. What could be done is reduce the micro-management of the practice of dentistry in Malaysia.

**The forum ended with the exhortation that professionalism must be maintained at all times and this can be aided by the authorities concerned by fine tuning some of the regulations to reduce bureaucratic bottlenecks. After all any streamlining and optimization of resources will ultimately help the patient – the profession's raison d'être.**

# Members of The Malaysian Dental Council 2017



## **Standing from left:**

**Dr Sofiah binti Mat Ripen (Secretary), Prof Dr Rosnah binti Mohd Zain, Prof Dr Rahimah binti Abdul Kadir, Dr Chow Kai Foo, Datuk Dr Khairiyah binti Abd Muttalib, Prof Dr Noor Hayaty binti Abu Kasim, Dr Iswan Zuraidi bin Zainol, Prof Dr Allan Pau Kah Heng, Dr Noormi binti Othman, Brig Gen (Dr) Zulkifli Zainal Abidin, Dr Nomah binti Taharim, Dr Ng Woan Tyng**

## **Seated from left:**

**Prof Dato' Dr Ishak bin Abdul Razak, Dato' Prof Emeritus Dr Hashim bin Yaacob, Datuk Dr Noor Aliyah binti Ismail, Datuk Dr Noor Hisham bin Abdullah, Prof Dr Mohamed Ibrahim bin Abu Hassan, Dr Ho Tze Hok**

## **Not in the photo:**

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