

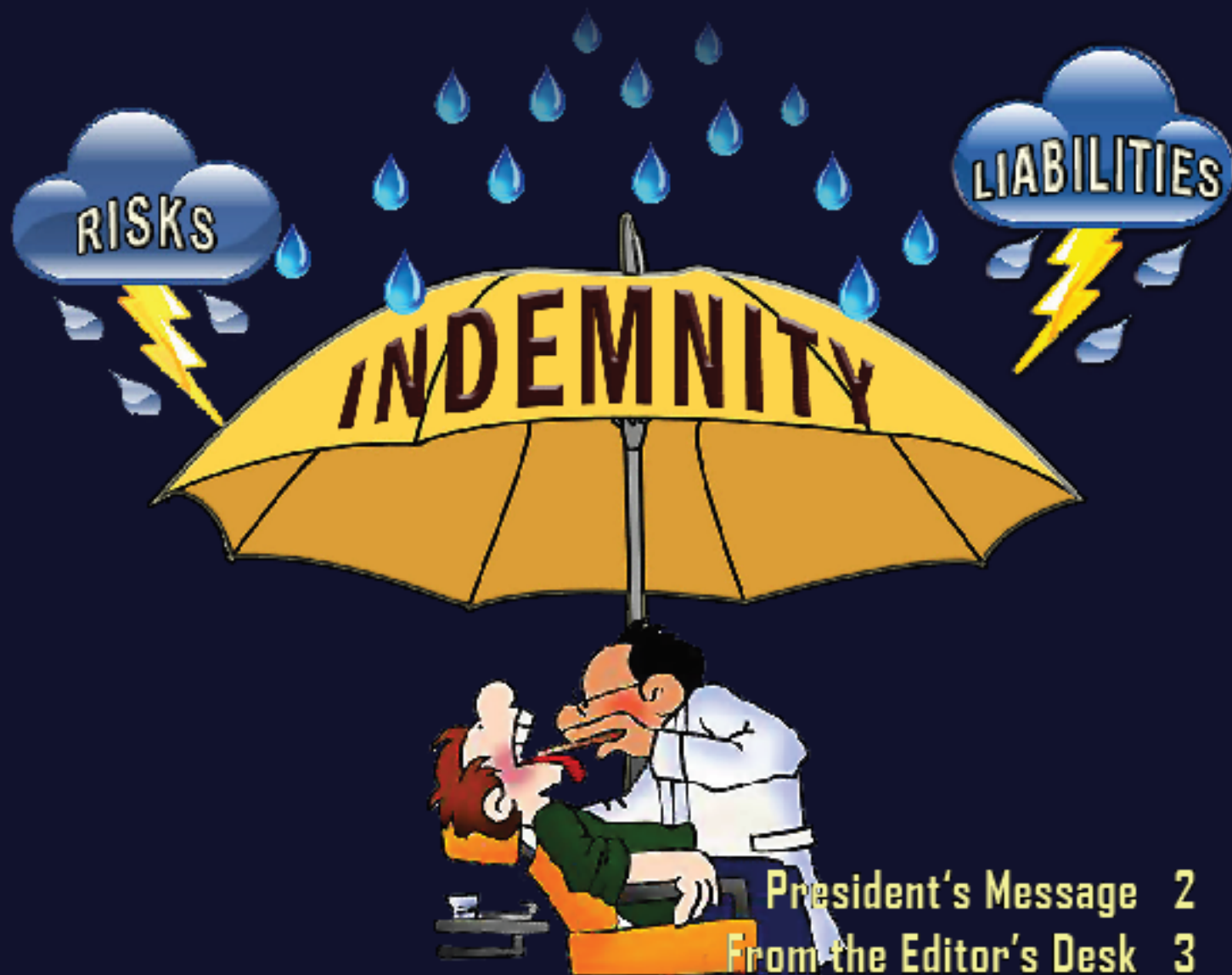
MDC



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MALAYSIAN DENTAL COUNCIL

BULLETIN



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PRESIDENT'S message



The year 2017 was a magnificent and fulfilling year for health in Malaysia. The Ministry of Health Malaysia created, with your help a resilient health system and put in place the building blocks for the future. In 2018 we aim to Connect, Collaborate and Converge with all sectors. I hope the dental fraternity in Malaysia will fully embrace this concept as well.

Professional indemnity provides financial protection for both the practitioner and the patient. Patients will be able to claim financial compensation to which they are entitled. Practitioners in the unfortunate circumstance of having to pay compensation due to unforeseen outcomes or negligence will also not be financially burdened. With the passing of the Medical Act 2017, all medical practitioners need indemnity insurance and continuing medical education points as a condition for APC renewal. Similarly, when the Dental Act 2018 is implemented, dental practitioners will be required to take indemnity insurance .

Illegal practice continues to be a problem in Malaysia. Although we have had notable successes in apprehending and prosecuting illegal practitioners, we still need to work together to educate the public and eradicate this menace.

It is my fervent hope that all practitioners will take every opportunity to Connect, Collaborate and Converge to improve the oral health of the nation.

Wishing everyone a Healthy, Happy and Prosperous 2018.

Datuk Dr Noor Hisham bin Abdullah

from

THE EDITOR'S DESK



The Registrar's report indicates a 25% increase in the number of dental graduates compared to 2016, with a total of 1,258 registering with the Council in 2017. Of these, 47.5% were from foreign institutions with more than 1 in 4 coming from Egypt. Whether the coming into force of the Dental Act 2018, that requires foreign graduates to pass the Professional Qualifying Examination in order to register with the Malaysian Dental Council, will have an impact on this number can only be assessed five years from now. The public sector remains the dominant employer of dental surgeons (66.5%) in Malaysia in 2017.

Dental practitioners are duty bound to provide the best of care for their patients and hence have to continuously update their knowledge and skills to keep up with current changes. It is also the wish of every practitioner to have a successful and uneventful practice. However there may be the rare occasion where a lapse / error in judgment may lead to an adverse outcome. This may result in expensive law suits and/or dental malpractice claims which may have an impact on them financially, on their career and their reputation. It is surprising that some dental practitioners do not have any indemnity cover, although it has become mandatory for our medical colleagues in order to obtain an APC. This will soon be applicable to the dental profession. This issue of the bulletin highlights the different types of protection available for dental practitioners to cover them in the event of adverse occurrence.

Rarely has the MDC imposed a disciplinary punishment beyond a suspension. In this issue we feature a case brought before the MDC where a practitioner was convicted in court of an offence punishable with imprisonment. The practitioner was called for an inquiry and the MDC ordered his name be struck off from the Dental Register.

Lastly, the long awaited Dental Bill was tabled for the first reading on 28th November 2017 at the last session of Parliament in 2017. However it did not proceed to the second and third readings at that session. The Bill was passed by Parliament in April 2018 and will be gazetted this year. Look out for details on the New Act in the coming issues.

Prof Dato' Dr Ishak Abdul Razak

REGISTRAR'S report for 2017

Registration under the Dental Act 1971

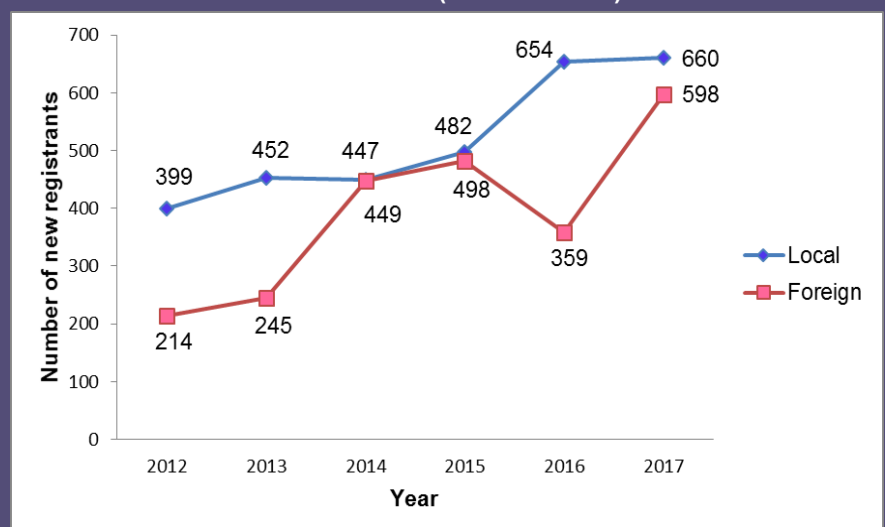
The year 2017 saw a total of 1,258 dental graduates registered with the Council (**Table 1**), which was an increase of nearly 25% from the previous year, and a 2-fold increase over a period of 5 years from 2012. All the new registrants were from recognized institutions and they registered under the Section 12(1).

Table 1: New Registrants under the Dental Act 1971 by Section (2012 – 2017)

Section	2012	2013	2014	2015	2016	2017
12(1)	608	689	891	975	1,006	1,258
12(3)	2	4	1	0	0	0
12(9)	3	4	4	5	7	0
Total	613	697	896	980	1,013	1,258

Figure 1: New Registrants from Local and Foreign Institutions (2012 – 2017)

This year, 52.5% of the new registrants were from local institutions. Compared to the previous year, there was a 66.6% increase in registration of graduates from foreign institutions, with only a slight increase in registration of graduates from local institutions (**Figure 1**).



The number of institutions of higher education (IHE) in Malaysia that produce dental graduates has increased 33.3% over a 5-year period. There were only nine local IHE that produced dental graduates in 2012, compared to twelve in 2017 (**Table 2**). The institution with the largest number of graduates was AIMST University (77), followed by Penang International Dental College (PIDC)(75) and MAHSA University (67), all of which are private IHE. The number of graduates from local private institutions who registered with the MDC was slightly more (356, 53.9%) than the number from local public IHE (304).

REGISTRAR'S report for 2017

Table 2: New Registrants from Local Institutions, 2012 – 2017

Institution	Year					
	2012	2013	2014	2015	2016	2017
UM	79	83	75	75	70	65
UKM	76	51	42	35	71	52
USM	42	54	73	50	46	60
AIMST University	49	52	62	73	72	77
PIDC	52	73	28	73	75	75
UiTM	29	23	31	37	61	43
IIUM	26	48	37	37	60	47
USIM	29	21	28	24	35	37
MAHSA University	17	38	25	39	45	67
IMU	-	9	28	10	22	31
MMMC	-	-	19	45	73	62
SEGi University	-	-	-	-	24	44
Total	399	452	449	498	654	660

There were 598 new registrants from foreign institutions in 2017 with a large increase in graduates from Egypt (42.3%) followed by India (31.9%), Jordan (14.2%) and Indonesia (6.9%). The other countries are as listed in **Table 3**.

Table 3: New Registrants by Country of Qualification, 2012 – 2017

Country	2012	2013	2014	2015	2016	2017
Malaysia	399	452	449	498	654	660
Egypt	9	21	79	179	80	253
India	69	108	207	147	121	191
Jordan	39	22	34	82	68	85
Indonesia	72	55	96	49	59	41
United	12	14	11	10	7	14
Republic of	4	7	4	4	4	7
New Zealand	3	6	2	1	4	5
Singapore	-	-	1	1	3	1
Turkey	-	-	-	-	-	1
Australia	3	5	7	6	6	-
Taiwan	3	3	3	3	4	-
China	-	2	-	-	3	-
Iraq	-	1	3	-	-	-
Russia	-	1	-	-	-	-
Total	613	697	896	980	1,013	1,258

REGISTRAR'S report for 2017

In 2017, a total of 11,249 names were in the Dental Register. However, only 8,620 (76.6%) dental practitioners were issued with Annual Practising Certificates (**Table 4**). There has been a 87.8% increase in active dental practitioners over the past 5 years. On the other hand, registered dentists, commonly known as Division II 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.

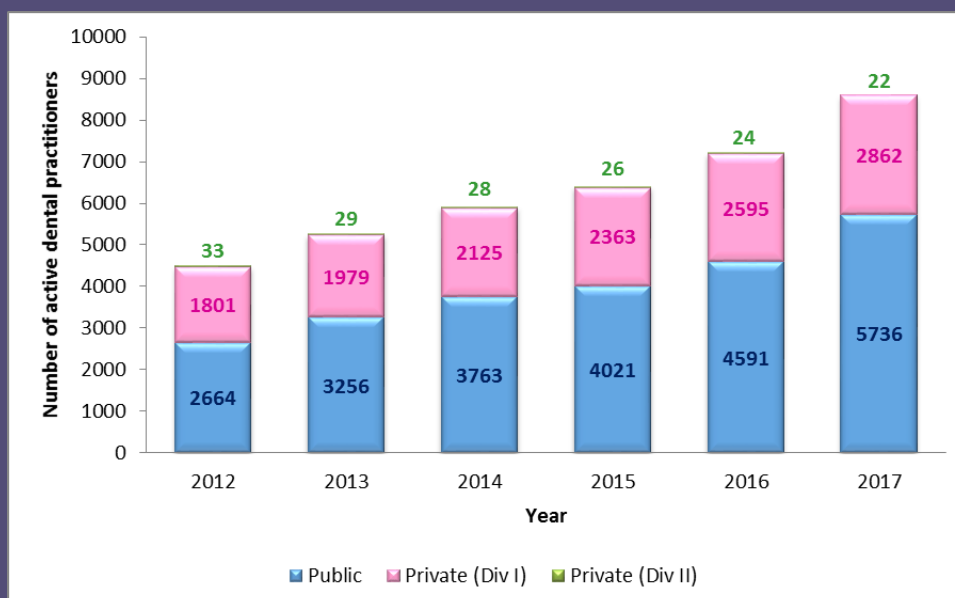
Active Dental Practitioners

Table 4: Dental Practitioners with Annual Practising Certificates by Sector (2012 – 2017)

Sector	2012	2013	2014	2015	2016	2017
Div I - Public	2,664 (58.0%)	3,256 (61.9%)	3,763 (63.6%)	4,021 (62.7%)	4,591 (63.7%)	5,736 (66.5%)
Div I - Private	1,894 (41.3%)	1,979 (37.6%)	2,125 (35.9%)	2,363 (36.9%)	2,595 (36.0%)	2,862 (33.2%)
Total Div. I	4,558	5,235	5,888	6,384	7,186	8,598
Div II - Private	33 (0.7%)	29 (0.6%)	28 (0.5%)	26 (0.4%)	24 (0.3%)	22 (0.3%)
Total	4,591	5,264	5,916	6,410	7,210	8,620
% Increase	7.0	14.7	12.4	8.4	12.5	19.6

In 2017, the percentage of dental practitioners in the public sector was larger (66.5%) compared to the private sector (**Figure 2**). The rising trend was due to the increasing number of dental graduates and the mandatory compulsory service in the public sector imposed on new registrants under Section 47 and 48 of the Dental Act 1971. However, the duration of the compulsory service was reduced by the Honourable Minister of Health from three years to two years effective 5th April 2012 and further reduced to one year effective 1st July 2015. The one-year period is essential to enable graduates from different schools to acclimatize to the local working environment and the Malaysia Healthcare System.

Distribution of Active Dental Practitioners by Sector



**Figure 2:
Distribution of
Active Dental
Practitioners
by Sector
(2012- 2017)**

REGISTRAR'S report for 2017

The distribution of active dental practitioners in Malaysia by state is shown in **Table 5**. Selangor had the largest number of dental practitioners, both in the public sector and in the private sector, followed by FT Kuala Lumpur, and they account for 32% of the dental practitioners. In the private sector, 52% of the dental practitioners practice in Selangor and FT Kuala Lumpur. The distribution of dental practitioners in the private sector is largely based on demand and accessibility; while in the public sector it is based on posts available in each state.

Table 5: Dental Practitioners with Annual Practising Certificates by States in Malaysia, 2017

State	Division I Dental Surgeons			Division II Dentists
	Public Sector	Private Sector	Total	
Perlis	109	10	119	-
Kedah	365	87	452	-
Penang	357	218	575	-
Perak	420	158	578	-
Selangor	660	889	1,549	-
FT Kuala Lumpur	605	600	1,205	-
FT Putrajaya	98	7	105	-
Negeri Sembilan	285	82	367	-
Malacca	265	78	343	-
Johore	546	317	863	2
Pahang	448	64	512	-
Terengganu	370	52	422	-
Kelantan	473	56	529	-
Pen. Malaysia	5,001	2,618	7,619	2
Sabah	309	128	437	8
Sarawak	404	112	516	11
FT Labuan	22	4	26	1
Malaysia	5,736	2,862	8,598	22

Distribution by Gender

In 2017, slightly more than two-thirds (68.2%) of the active dental practitioners were females (**Table 6**). The gender distribution, however, varies by sector, with females accounting for 76.2% in the public sector, and only 52.6% in the private sector.

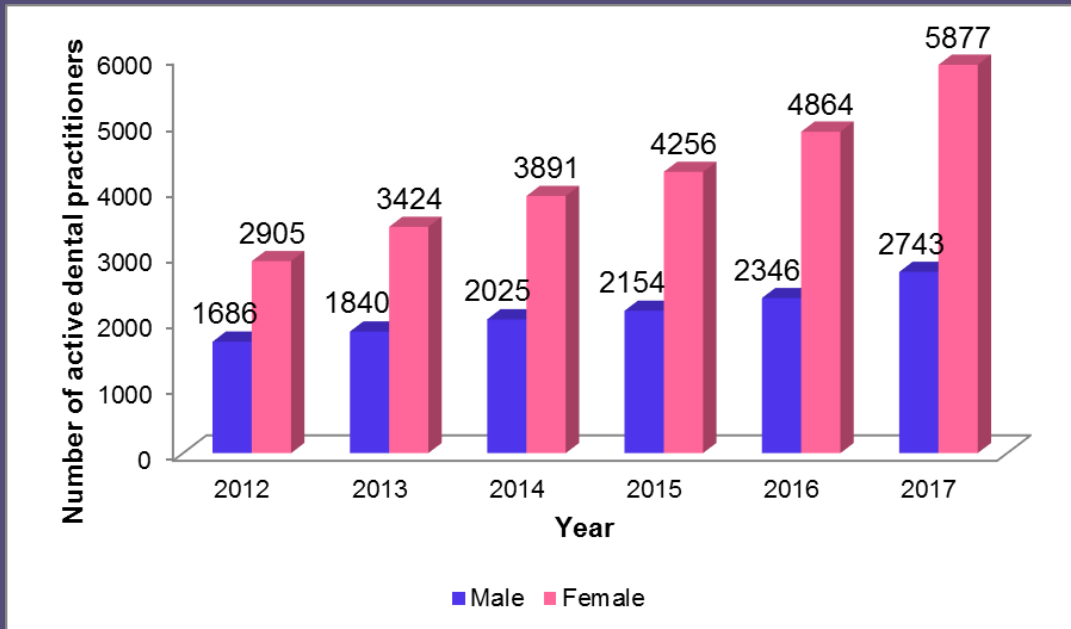
Table 6: Distribution of Active Dental Practitioners by Gender & Sector, 2017

Sector	Male	Female	Total
Public	1,366 (23.8%)	4,370 (76.2%)	5,736
Private (Div I)	1,357 (47.4%)	1,505 (52.6%)	2,862
Total Div. I	2,723 (31.7%)	5,875 (68.3%)	8,598
Private (Div II)	20 (90.9%)	2 (9.1%)	22
Total	2,743 (31.8%)	5,877 (68.2%)	8,620

REGISTRAR'S report for 2017

A 5-year trend analysis showed that 'feminization' of the profession seems to be on the increase (Figure 3). The number of female dental practitioners has increased 2-fold since 2012 while the increase in male dental practitioners was 62.7%.

Figure 3: Distribution of Active Dental Practitioners by Gender, 2012 – 2017

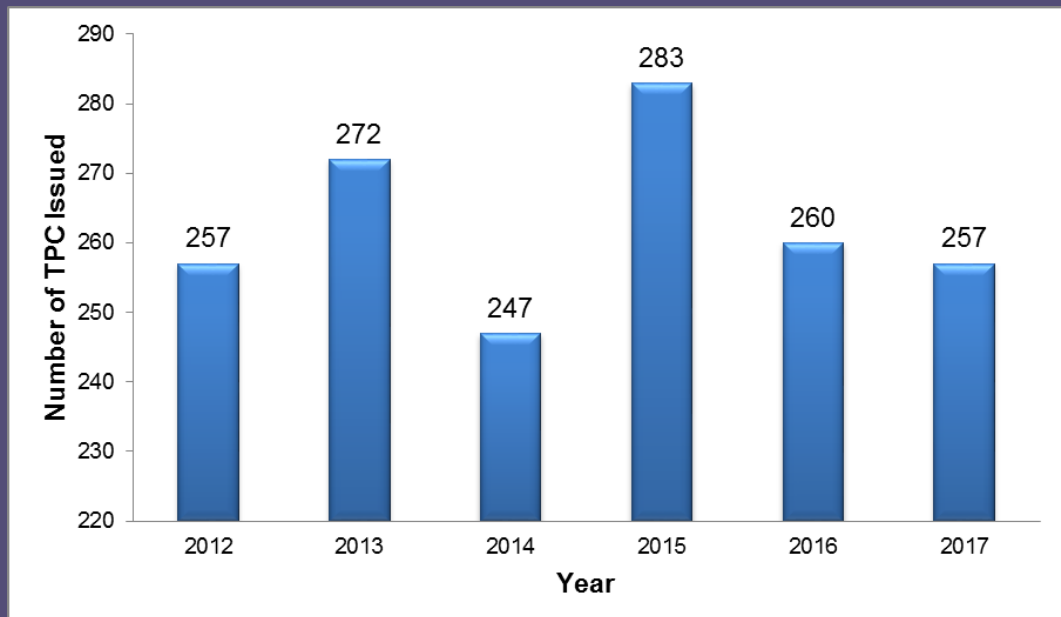


Temporary Practising Certificates

In 2017, 257 Temporary Practising Certificates (TPC) were issued to dental practitioners registered outside Malaysia, with the majority (85.6%) issued to academic staff of local IHE. Out of these, 87.7% of the TPC were issued to academic staff in private IHE.

Overall, there was a slight decrease (1.2%) in the number of TPC issued in 2017 compared to 2016 (Figure 4).

Figure 4: Number of Temporary Practising Certificates (TPC) Issued, 2012 – 2017



THE FOLLOWING ARE LONG-STANDING ISSUES THE REGISTRAR WISHES TO HIGHLIGHT

Relocation of MDC office

1

The MDC office has been relocated to Cyberjaya and started operations on 28 April 2014. However, some letters from dental practitioners and APC applications are still sent to our previous office at Putrajaya, and these will then either be redirected to the current MDC office or returned to the sender. This causes an unnecessary delay in the processing of the application.

Dental practitioners are reminded that documents should be sent to the current office at:

Malaysian Dental Council
E301, Level 3, Block 3440, Enterprise Building 1
Jalan Teknokrat 3
63000 Cyberjaya
Selangor

APC Applications

2

The APC application form can be downloaded from the MDC's website at <http://mdc.moh.gov.my> or <http://dpims.moh.gov.my>. Dental practitioners are strongly encouraged to apply on-line for their 2019 APC using the Dental Practitioners' Information Management System (DPIMS) and for subsequent renewal of APC, and to use the on-line payment options that have been available **since July 2013**.

Please note that dental practitioners can only practise **at private clinics registered under the Private Healthcare Facilities and Services Act 1998 [Act 586]**. The Council will only issue APC to dental practitioners for dental clinic(s) registered under Act 586.

DPIMS

3

Application for APC and documents (Letter of Good Standing and translations of Registration Certificate, APC and TPC) can be made using DPIMS. All dental practitioners are advised to update their contact details in DPIMS, especially their phone numbers and e-mail addresses to enable the MDC secretariat to contact them should there be any queries on they APC/ TPC or documents applications.

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

Note: Dental Practitioners' Information Management System (DPIMS)

myCPD

4

Practitioners are also encouraged to register with myCPD at <https://www.mycpd2.moh.gov.my/> to record their CPD points collection on-line. Any CPD points collected and approved by a verifier will also be displayed in the dental practitioner's account in DPIMS.

All dental practitioners are reminded to keep their CPD records and documents for at least five years for verification purposes.

As a dental practitioner, receiving a demand for a claim or a patient complaint can be extremely stressful and it's a time when you may need both support and assistance. This article explains why, now more than ever, dental indemnity is so important to professionals.

THE IMPORTANCE OF PROFESSIONAL PROTECTION

*Dr Jane Merieval
Dental Protection Limited
United Kingdom*

As a dental practitioner, being notified that a patient is filing a clinical negligence claim against you can fill you with dread. Dental professionals strive to always do the best for their patients, but being human and therefore fallible, there will be the occasional error of judgement or adverse outcome.

When a dental professional receives a complaint or claim, they often find reassurance and support from their dental defence organisation. Membership with a defence organisation, such as Dental Protection, provides much more than just indemnity – dental practitioners can request 24/7 dentolegal advice from qualified dentists, assistance with complaints and disciplinary proceedings, and they have the opportunity to participate in education and risk management workshops.

1. INDEMNITY VS INSURANCE

There are a number of benefits that indemnity from an organisation such as Dental Protection offers over insurance from a commercial organisation. Primarily, indemnity offered by Dental Protection is 'occurrence' based. This means that a member has the right to request assistance for claims arising from the treatment that he carried out, provided he was a member at the time the treatment was provided and had paid the correct subscription. The protection is enduring, and includes claims that may not come to light for many years after Dental Protection membership ends. This is crucially important because of the long delays that can occur between the time of treatment, and the time when a claim or complaint is made arising from the treatment.

By comparison, commercial insurance policies are usually offered on a 'claims-made' basis. When buying a claims-made insurance policy, dental practitioners are buying protection for the claims actually made in that year. It does not include claims that arise once you leave the insurance provider and this partly explains why it can be cheaper initially. Those who have a 'claims-made' insurance policy would usually be expected to purchase 'run off' cover (extended reporting benefits) either when they leave their provider or retire. The ability to continue to report claims is very important as the larger and more costly claims are usually those that take many years to come to light – this includes claims which are allowed to proceed despite being made well outside the normal Limitation period in Malaysia.

Claims relating to orthodontics, and other treatment carried out on children, do not need to be made until three to six years after the child has reached adulthood which may be 10 years or more after the treatment. Another simple example of an extended delay would arise if a patient is not informed of the presence of a retained root following an attempted extraction, or a broken and retained endodontic instrument, and many years pass before the patient first becomes aware of this fact when told by another dental practitioner. The Limitation period then begins from the date when they first became aware of the facts that form the basis of their claim (technically referred to as the date of knowledge). In any event the Limitation period only applies to legal proceedings - there is no time limit for disciplinary (Dental Council) matters or other complaints.

THE IMPORTANCE OF PROFESSIONAL PROTECTION

2. ASSISTANCE FROM EXPERIENCED DENTOLEGAL PROFESSIONALS

Clinical negligence claims can be complex, and when faced with the prospect of litigation, dental practitioners can understandably be worried about what might happen to them, their career and their reputation. In order to provide the best support, it is important that dental practitioners can request access to dental and legal experts who understand the situation they are facing and can reassure the dental practitioners. Dental Protection can offer this expert support and advice.

With more than 70 dentolegal advisers, Dental Protection can ably navigate the ethical and legal maze on behalf of members; and local advisers are here to support them every step of the way, should they need it. We can help to formulate a response to a complaint and assist and support dental practitioners through to its resolution. Dental Protection can work with dental practitioners to look at why complaints arise and how to minimise the risk of recurrence.

3. PREVENTION IS BETTER THAN CURE

Receiving a complaint or dealing with a claim is a very stressful situation for each and every dental practitioner. Therefore, it's important to seek out support and assistance from your team, your employer, your dental association and your dental indemnity partner throughout this period. Dental defence organisations, such as Dental Protection, are not-for-profit member organisations, and the emphasis is on protecting the professional reputation of dental practitioners, rather than making money. Like anything else, it is always best to try and avoid a claim or a complaint in the first place. Dental practitioners should ensure they seek out continual education, and surrounding themselves with the right support and partners can not only make dealing with complaints and claims easier, but can also help to prevent them happening.

INDEMNITY

From Clinicians' Perspective

*Dr. Shashitharan Sadacharan
Vice Chairman PCB
Malaysian Dental Association*

Time and again, I have heard of colleagues receiving letters from legal firms stating that the firms were acting for one of their patients. They were served with Letters of Demand claiming specific sums of money for damages due to negligence, failing which legal proceedings would be brought against them. I also know of other colleagues, who have received letters from the Malaysian Dental Council (MDC) asking them to present themselves at Preliminary Investigation Committee (PIC) hearings as a result of complaints from dissatisfied patients. A large number of them experienced financial stress, apart from the other attendant stresses, as they were not indemnified.

What is indemnity? Broadly speaking, it is financial protection from liabilities incurred by one's actions. At this point, we need to know why people complain. It could be to deficient standards of care, to find out what happened and why, to enforce accountability and receive compensation for accrued and future costs.

Thus, when we begin to treat a patient, we need to be confident, not only of our biomechanical and interpersonal skills, but also of our safety net. We never plan to harm anyone, with all the attending complications, no matter how rare or common. Our patients expect that when a complication arises, whether due to negligence or not, they can make a claim for damages from us. On our part, we need to have confidence that in that rare event, we can request assistance from our indemnifier so that we are not personally out of pocket if a claim follows and needs to be settled. We need peace of mind, that whatever the size of the damages that is agreed or awarded, our indemnifier will take care of the claim for us. That peace of mind allows us to treat patients with confidence and to sleep at night, rather than worrying that our personal finances are at risk. We also need to have the confidence that if a patient makes a claim without any real grounds, our reputation will be defended.

We need to know that if a patient is upset enough to make a complaint to the Dental Council, we can rely on our indemnifier to provide us with a good lawyer to prepare letters for us and represent us if a hearing follows.

Those are the bare minimum requirements of an indemnity arrangement that we would expect as clinicians. Apart from this, when we retire, we want to be looked after and not pay extra for this.



Looking at the indemnity market, there are two models, one is claims-made insurance and the other is an occurrence-based non-profit indemnity. The key difference is that with occurrence-based indemnity, provided you are a member on the day of the incident, you can make a request for assistance at any time in the future.

In the claims-made model you need to be in benefit on the day of the incident and the day of the request for assistance. That is simple unless you change provider. You need to make sure that either the provider you are leaving will sell you what is known as run-off cover which will allow extended reporting benefits or the new provider will sell you "nose" cover with a retro-active date coincident with the start of the first policy. If you cannot get one of those, you will not be able to request assistance with any claim arising during that period.

Looking at the offering in Malaysia, an occurrence-based indemnity provider is Dental Protection. Dental Protection is part of MPS which is a global provider of indemnity. In addition to the indemnity, Dental Protection offers support and advice with complaints and risk management education to all of its members in Malaysia.

We have a couple of providers in the claims-made model in Malaysia, one of which is JLT. They are new in our country. Their premiums are cheaper, but among other things, their cover is capped.

Our medical colleagues are expected to have indemnity cover in order to obtain an APC. We can expect this to apply us, the dental clinician. In our quest to be a client/patient centric profession, indemnity is the way to go. We cannot deny that some colleagues, especially our younger ones, may argue that this increases the cost of practising dentistry, which in turn means passing it down to the end user, viz. the patient; more so when we feel we practise 'non-risky dentistry'. My experience in dealing with complaints both in the erstwhile Ethics Committee and currently in the Patients Complaint Bureau tells me otherwise. No one is immune to complaints and claims, specialists included. While an indemnity cover does not guarantee immunity, it at least mitigates the stress and financial costs. Let us do a bit of calculation. Let's assume our indemnity premium is RM 3,600 a year. If we work 26 days a month, our daily outlay is about RM11.60 –that is what it takes to sleep better at night knowing we are protected. Is that not worth far more, than the cost of indemnity?

The trend in fake braces started in recent history as something fun – a fashion accessory – something seemingly harmless. Since then, it has gone on to be an attempt to straighten teeth in a cheap way – and became more popular. The trend of youngsters opting for braces that are fitted by illegal practitioners has reached a worrying level in the country and it is important that the profession addresses this problem.

Fake braces which are fitted personally by the wearer, local beauty salons and unauthorised street vendors and serve no function, are attractive to youngsters, especially teenage girls, who believe that they can give the impression of wealth and style by wearing such devices. Real braces (fixed appliance) can be costly and unaffordable to a large segment of society.

The more serious problem we have on our hands since the advent of fake braces is unscrupulous individuals who blatantly offer ‘real braces’ treatment, as a cheap solution to straighten teeth. Advertising their services on social media and calling themselves experienced practitioners, these scam artists target uninformed customers, mostly youngsters who fall prey to their marketing methods perhaps out of desperation to have a quick and cheap fix, peer pressure or their desire to have something that is ‘trending’ on social media.

Such braces carry a significant number of health and safety risks and it is incumbent on all of us in the profession to work together to deal with this problem.

The proposed strategies to address this issue include educating the public through awareness campaigns, influencing policy and legislation (proposal to punish sellers, suppliers and importers) law enforcement including the use of the Dental Act 1971 and Public Healthcare Facilities and Services Act 1998 for prosecution, changing organization practices (to make orthodontic treatment more accessible), educating providers (to report such cases at state and ministry level) and fostering coalition and networks composed of policy makers, health providers and associations. One of the challenges we face is the lack of coordination between the public sector, private sector and professional associations (such as the Malaysian Dental Association and Malaysian Association of Orthodontists).

If we do not control the fake braces situation today, we will soon be faced with serious health and economic problems and that is a REAL problem.

FAKE BRACES

A Problem We Need To Address

*Dr. Yeoh Chiew Kit
(Orthodontic Specialist, Sg Chua Dental Clinic, Kajang)*



DISCIPLINARY PROCEEDINGS

YEAR OF COMPLAINT: 2017

THE FACTS OF THE COMPLAINT

- a. A complaint was made to the MDC vide a letter by Dr A from Cawangan Perundangan dan Penguatkuasaan, Program Kesihatan Pergigian, dated xx xxxx 2017 against Dr B who is a private dental practitioner.
- b. In his complaint, Dr A informed the Council that Dr B had been convicted in Mahkamah Sesyen No 5 at Petaling Jaya, Selangor for hiring an unregistered person to practise dentistry in his clinic. A copy of the '*Pertuduhan*' (Charge Sheet) and '*Perintah Mahkamah*' (Court Order) were attached.
- c. Dr A requested the MDC to take the necessary action and carry out a full investigation regarding his complaint, since Dr B is a dental practitioner registered under the Dental Act 1971, where a practitioner who has been convicted in Malaysia or elsewhere of any offence punishable with imprisonment (whether in itself only or in addition to or in lieu of a fine), contravenes the provisions of the Act.

FINDINGS OF THE PRELIMINARY INVESTIGATION COMMITTEE (PIC)

After one (1) hearing, where three (3) exhibits were adduced by Dr A, PIC 2 found, based on the oral evidence and documents available in the record of complaint and the exhibits, that ;

Dr B had been convicted in Malaysia of an offence punishable with imprisonment.

RECOMMENDATION OF PIC 2

After hearing oral evidence, considering the exhibits adduced and based on Regulation 25 (a) of the Dental Regulations 1976, the Committee unanimously agreed that there is a case to answer and recommended that the Council hold an inquiry as provided for in Regulation 29 (Dental Regulation 1976).

VERDICT OF THE COUNCIL

The Council found the practitioner guilty of the charge and ordered the name of the practitioner to be struck off from the register.

**DISCIPLINARY
ACTION**

Members of MALAYSIAN DENTAL COUNCIL



Seated from left

Prof Dato' Dr Ishak bin Abdul Razak | Datuk Dr Noor Hisham bin Abdullah | Datuk Dr Noor Aliyah binti Ismail | Prof Emeritus Dato' Dr Wan Mohamad Nasir bin Wan Othman

First row (Standing from left)

Dr Sofiah binti Mat Ripen (Secretary) | Prof Dr Rahimah binti Abdul Kadir | Prof Dr Rosnah binti Mohd Zain | Prof Madya Datuk Dr Khairiyah binti Abd Muttalib | Dr Noormi binti Othman | Dr Nomah binti Taharim | Prof Dr Noor Hayaty binti Abu Kasim | Dr Ng Woan Tyng

Second row (Standing from left)

Mr Jason Reginald Gomez (Legal Advisor) | Dr Teerunavookarasu a/l Rajaratnam | Prof Madya Dr Iswan Zuraidi bin Zainol | Brig Gen (Dr) Zulkifli bin Zainal Abidin | Dr Ho Tze Hok | Prof Dr Mohamed Ibrahim bin Abu Hassan | Prof Dr Allan Pau Kah Heng | Prof Dr Adam bin Husein

Not in the photo

Dr Syed Iqbal bin Syed Husman | Dato' Prof Emeritus Dr Hashim bin Yaacob | Dr Firdaus bin Hanapiah | Dr Nurshaline Pauline bt Hj Kipli

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Please use the e-mail address below for correspondence.

Views expressed in this Bulletin are those of the Editorial Board and does not necessarily reflect the opinions of the Council.

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