

MDC

MALAYSIAN DENTAL COUNCIL



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BULLETIN

**YB Datuk Seri Dr
Dzulkefly Ahmad**
Minister of Health Malaysia



President's Message 2

From the Editor's Desk 3

An Interview with YB Datuk Seri Dr Dzulkefly Ahmad 4

Registrar's Report 8

A Tribute to YBrs Dr Nomah Taharim 15

Practitioners' Opinions on the Code of Professional Conduct 17

Disciplinary Proceedings 22

President's Message



The year 2018 was a momentous one for dentistry in Malaysia, with the successful passing of the Dental Act and with it a sense of achievement for the dental fraternity. It is my wish that the changes reflect a more collaborative voice and that dental practitioners in all sectors, dental therapists, and dental auxiliaries share in this accomplishment as a team.

As we embark on the new year, I would like to stress the importance of supporting the Ministry of Health's efforts in achieving a smoke-free nation by 2045. We are committed to meeting the World Health Organisation (WHO) Global Non- Communicable Diseases target of reducing the prevalence of smokers in Malaysia to less than 15% by 2025.

On the 1st of January 2019, a smoking ban came into effect that prohibits all forms of smoking in common public places and eateries. The significance of this is immense to the dental profession, as dental practitioners are at the forefront in the detection and the treatment of deadly oral diseases that result from smoking. At present, we are enhancing this agenda by providing smoking cessation services at several government clinics and hospitals and extending this effort to the private sector with the initiation of MQuit clinics nationwide.

However, there is still a lot of work to be done in this regard. A national survey (Tobacco and Electronic Cigarette Survey among Malaysian Adolescents- TECMA 2016) had incredibly worrying results, 78.7% of Malaysian adolescent smokers had experimented with smoking before the age of 14, of these 28.5% were already nicotine dependent before the age of 19. To address these growing concerns, the KOTAK programme (*Program Pencegahan Dan Intervensi Merokok Dalam Kalangan Pelajar Sekolah Menerusi Perkhidmatan Pergigian Sekolah*) was implemented by the Dental Programme, Ministry of Health, and it is aimed at counselling young smokers in government primary and secondary schools. As healthcare professionals, we have to be diligent in preventing the smoking epidemic from casting a shadow over our youth, and it is paramount that we pay attention to and provide our support for these efforts in every way possible.

On a separate note, the Code of Professional Conduct has long been the primary reference material for dental practitioners, as it provides the foundation for professional conduct, training, enforcement and monitoring pertaining to dentistry in Malaysia. The current edition that was published in 2008 was updated from the 1997 version, which in turn had its roots in the 'Disciplinary Jurisdiction and Code of Practice' of 1983. As we are committed to moving with the times and updating our guidelines, it is crucial that, before we review the Code, we solicit the perspective of dentists practicing in various sectors to get a better understanding of its application in practice.

It is my hope that the move towards a smoke-free Malaysia and the recent passing of the Dental Act signifies the beginning of a new era for Dentistry in Malaysia, one that is inclusive and collaborative and geared towards taking positive strides in offering the best possible oral healthcare to the public.

With that, I would like to extend my wishes for a Happy and Prosperous New Year to all our readers.

DATUK DR. NOR HISHAM BIN ABDULLAH

From The Editor's Desk



This issue of the Bulletin is special. We bring you up close and personal with our Minister of Health, YB Datuk Seri Dr. Haji Dzulkefly Ahmad, who has been in office for about a year. He shares with us his firm commitment to bring about changes in the health sector, a candid view of his early experience and exposure to dentistry and his aspirations for the dental profession in meeting the challenges of the future. He touched on the new legislation on smoking that came into effect on 1 January 2019 and shares his thoughts on the role of dental practitioners in the KOTAK programme.

February 11, 2019 saw the clocking out of Dr Nomah Taharim, the Principal Director of the Oral Health Programme and Registrar of the Malaysian Dental Council. The Editorial Board would like to express our gratitude to Dr Nomah Taharim for her guidance in providing direction for the MDC Bulletin during her tenure in office. As a mark of gratitude, we feature a pictorial tribute to her in this issue. After long and distinguished service in the government we wish her a happy retirement.

The Registrar's report highlights the fact that the local training institutions remain the main supplier of new dental graduates. There has been a decline in the number of new graduates compared to previous years and the expectation is that the number will further decrease next year due to the imposition of the National Eligibility cum Entrance Test (NEET) in India. Local graduates are mainly from the private universities, while the public sector remains the main employer. The number in private practice is expected to increase next year, as most of those undergoing compulsory service with the government are now under contract, rather than tenured, as in the past.

On a separate note, the Code of Professional Conduct has long been the primary reference material for dental practitioners, as it provides the foundation for professional conduct, training, enforcement and monitoring pertaining to dentistry in Malaysia. The existing Code of Professional Conduct has its roots in the 'Disciplinary Jurisdiction and Code of Practice' of 1983, which was updated to the Code of Professional Conduct in 1997. The current edition was published in 2008, and the MDC is in the process of reviewing it, to reflect current trends in dental practice.

DATO' PROF DR. ISHAK BIN ABDUL RAZAK

'BE THE CHANGE YOU WISH TO SEE IN THE WORLD'

An Interview With YB Datuk Seri Dr. Hj Dzulkefly bin Ahmad

By Dr. Jade D'Silva

"If you want something you've never had, you have to do something you've never done."¹

These words, quoted from Thomas Jefferson, epitomize the steadfast determination by which YB Datuk Seri Dr. Hj Dzulkefly bin Ahmad lives. "To be able to reform, we must be willing to make changes," he asserts in a steady voice, "Change isn't easy, but it is necessary" he adds, his gaze unwavering, exuding a calm confidence and poise that exemplify his personality. It is this willingness to be adaptable and to persevere when confronted by life's challenges that has cultivated his personal philosophy throughout a lifetime of remarkable achievement.

Born on 1 January 1956 in Rembau, Negeri Sembilan in what was then the Federation of Malaya, Dr. Dzulkefly relocated to Singapore when his father, who served as a police officer, was transferred there. He returned to Rembau in 1973 to complete his 'O' Levels and received a scholarship to do his 'A' levels in the United Kingdom. Thereafter, he went on to pursue a Bachelor of Science degree at the University of Birmingham and subsequently obtained a Master of Science from the University of Surrey. In 1993, he was awarded a doctorate in toxicology from Imperial College, St. Mary's Hospital Medical School, in London.

It was in those formative years that the idealistic Dr. Dzulkefly, who served as leader of the Student Movement in the United Kingdom, had his first taste of social activism and found a sense of purpose in challenging the norms and fighting for the causes he was passionate about. It inculcated in him a tenacity and resourcefulness that still drives him today.

On returning to Malaysia, Dr. Dzulkefly spent his early career as a Pharmacology and Toxicology lecturer, first at the Faculty of Medical Sciences at Universiti Sains Malaysia (USM), Penang and then at HUSM, Kelantan and then as a lecturer in Islamic Civilisation at USM (1987-1997). It was during this period that he founded the Jaiputra College Management Board, which conducts an integrated course on professionalism and



religion, the first of its kind to be fully accredited by the Ministry of Education.

Dr. Dzulkefly was still teaching in 1998 when a sense of patriotism led him to pursue politics. Not one to be intimidated by change, he took the leap of faith and joined PAS (Parti Islam Se-Malaysia) as he felt a calling to use his experience in academia and research to bring the party into the mainstream. He persevered despite initial setbacks and was elected to Parliament in the 2008 general election, winning the seat in Kuala Selangor. He lost his parliamentary seat in the 2013 general election but was re-elected in 2018 as a member of Parti Amanah Negara, a component party of the Pakatan Harapan coalition, where he serves as the Strategic Director.

When called upon by the Prime Minister, Tun Dr. Mahathir Mohamad to serve in the Cabinet, he dutifully accepted and was appointed the Minister of Health on 21 May 2018.

It is indeed a pivotal time to be the Minister of Health, a fact which is not lost on Dr. Dzulkefly. With the cost of healthcare increasing, in an economy that is struggling to cope, he feels a deep sense of compassion for working class families. "Job creation and turning the economy around is our first priority," he asserts, "We need to put food on the table and we need a sustainable economy, one that can support the facilities we require in our hospitals and clinics, and we need to upgrade our healthcare delivery systems," he adds. Dr. Dzulkefly finds the dedication and devotion of healthcare professionals, who strive to do their best for their patients, heart-warming and it fuels his determination. "It is this admirable trait that pushes me to work harder for them, to show my appreciation for the selfless work that they do," he conveys. He takes into account a decade's worth of 'under-spending' (*sic*) as the main reason for the lack of adequate facilities in some government institutions, and reaffirms his priority to reverse this trend. "There needs to be a collaboration between the public and private healthcare sectors, we must accept that the private sector attracts wealth and innovation, through medical tourism, for example, and offer them our support" he replies, when speaking about his plans to attract revenue into the healthcare system. "We also need to regulate the price of drugs through setting price limits," he says, determined to work meticulously to produce long-term results. It is with an innovative and strategic approach to dealing with the issues, which plague the healthcare system, that he hopes to find a recipe for success.

"Malaysians need to take ownership of their health," he implores.

There has been a worrying increase in the incidence of non-communicable diseases (NCDs) nationwide that has caused the average lifespan of Malaysians to plateau at 75 years. He criticises a lack of awareness on NCDs - namely diabetes, hypertension, cardiovascular diseases and cancer - but admits that the approach in delivering healthcare information must be revised and modified. "Merely preaching to the public will not inspire change," he remarks perceptively.

Admittedly, the abundance of subsidies offered to the public promotes an attitude of increased dependence and an over-reliance on the government healthcare system, without personal accountability. Dr. Dzulkefly aims to drive home the message by pushing people to take the initiative to make positive choices, not just for themselves but for their families.



“Let’s take the prohibition on smoking implemented this year, as an example. It’s not a popular choice, “ he admits, “but we need to take the necessary steps to ensure that individuals care not just about their own health, but are willing to honour the rights of others, to allow for a better standard of living for all.”

On 1 January 2019, a ban on smoking was imposed in all restaurants, cafes, street food stalls and hawker centres as well as some pedestrian walkways. Smokers are no longer permitted to smoke within 3 meters of eateries and a hefty fine of RM10,000.00 will be imposed on offenders. Dr. Dzulkefly, a pragmatist at heart, is a strong believer in the democratic freedom of each individual and he respects the rights of citizens to make their own decisions with regards to themselves, “however one does not have the right to pollute the air or expose the unintended passive smoker, such as a child or pregnant mother, to these noxious fumes” he says. He urges smokers to respect the health and livelihood of other citizens. In the grand scheme of things, it is his wish that the smoking ban be seen in a positive light, one that will advantageously impact the well-being of Malaysians and also benefit the nation in a fiscal sense, by reducing the burden of disease in relation to COPD (Chronic Obstructive Pulmonary Disease) and cancers that result from smoking. He firmly believes that a decrease in smokers is the path forward to a civil and advanced society, judged not just by per capita income but by the etiquette and values of its people.

Dr. Dzulkefly feels a deep sense of compassion towards smokers who show an interest in making the effort to quit smoking and he appreciates their resolve. It is through his own personal experience that he feels a profound connection to the subject. “I too was a casual social smoker back in the day,” he confesses, “but when I got married, I made the decision to quit so as not to expose my wife and family to cigarette smoke.”



He reiterates that his primary focus is to be supportive rather than punitive. He fondly recalls an interesting tweet he received earlier this year, from an ex-smoker who finally quit smoking after 39 years, in large part due to the ban on smoking, “It is these sentiments that fuel my drive and make it all worthwhile,” he conveys with fervour.

“It is also why I give my full support to the KOTAK programme,” he adds. The KOTAK programme (*Program Pencegahan Dan Intervensi Merokok Dalam Kalangan Pelajar Sekolah Menerusi Perkhidmatan Pergigian Sekolah*) offers counselling to students who are smokers and provides them with emotional support and advice. It has been implemented by the Oral Health Programme of the Ministry of Health and is conducted annually in government schools across the country. “Counselling is an extremely positive approach to tackling nicotine addiction in our youth, a tobacco-free lifestyle must be inculcated and cultivated from a young age and we must be consistent in our efforts,” he encourages.

“I want the Ministry of Health to epitomize healthy living,” Dr. Dzulkefly states vociferously. In addition to decreasing the number of smokers nationwide, Dr. Dzulkefly hopes to fight the obesity ‘epidemic’ during his tenure as Health Minister. “An active lifestyle is crucial for well-being,” he points out. An avid runner himself, he says he finds the time amidst his hectic schedule, to squeeze in a daily jog, choosing to lead by example. “I won’t insist that everyone does as I do, but I certainly recommend it,” he continues, when referring to his exercise routine. He also val-

ues the importance of a well-rested workforce and ensures that he, as well as his staff take regular timed breaks to decompress and destress. “It’s something I hope to extend to all ministries, a memorandum to include breaks,” he adds enthusiastically. He approaches the responsibility of improving both the mental health and physical health and well-being of Malaysians with a sense of zeal that he hopes will be contagious.

When asked about his personal experience with dentistry, he leans forward, beaming, “I am blessed to have a pretty good set of teeth, I have always understood the importance of good oral hygiene and I am happy to say that I don’t have a denture”.

“I’ve never been afraid of dentists or perhaps...” he pauses for effect, “... my threshold for pain is high,” he remarks jokingly, his sense of humour radiating through.

When referring to his critics, Dr. Dzulkefly is adamant in expressing his support for the contestation of ideas, “No one is beyond the point of self-improvement. I welcome constructive criticism and there is always room for personal growth,” he smiles graciously. He firmly supports a government that chooses to listen to its people and will respect the right of its people to question authority, within reason, “In this age of contestation of ideas, one must always be learning,” he responds, always a proponent for personal growth and transformation.

Leadership, innovation and amelioration are the ingredients for success and serve as the guiding light for a nation that is keeping its balance in a world that is evolving rapidly. Yet, as we turn the pages of this new chapter in our nation’s history, true leaders emerge. The Ministry of Health is at its core a reflection of the country’s well-being and we look upon its leader for a sense of solace, guidance and insight. Dr. Dzulkefly is more than just a visionary; he understands the importance of unity through diversity and growth through reformation. He possesses an authenticity, an innate sense of compassion and the conviction to succeed.

As the interview drew to a close, Dr. Dzulkefly smiled and with his characteristic perspicacity leaves us with his favourite thought-provoking sentiment, paraphrased from Eric Hoffer:

“In a time of drastic change, only the learners will find themselves equipped to lead the world, while the learned will find themselves equipped to lead a world that no longer exists.”

NB:

1. Thomas Jefferson



MALAYSIAN DENTAL COUNCIL REGISTRAR'S REPORT FOR 2018

REGISTRATION UNDER THE DENTAL ACT 1971

A total of 1,118 graduates registered with the Council in 2018 (**Table 1**), a reduction of 11% from the previous year. All except one new registrant were from recognized institutions and registered under the Section 12(1).

Only one graduate was registered under Section 12(9) of the Act because the qualification was not listed in the Second Schedule.

Section	2013	2014	2015	2016	2017	2018
12(1)	689	891	975	1,006	1,258	1,117
12(3)	4	1	0	0	0	0
12(9)	4	4	5	7	0	1
Total	697	896	980	1,013	1,258	1,118

Table 1: New Registrants under the Dental Act 1971 by Section (2013 – 2018)

There was an increase in local graduates while a significant reduction in graduates from foreign institutions.

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**).

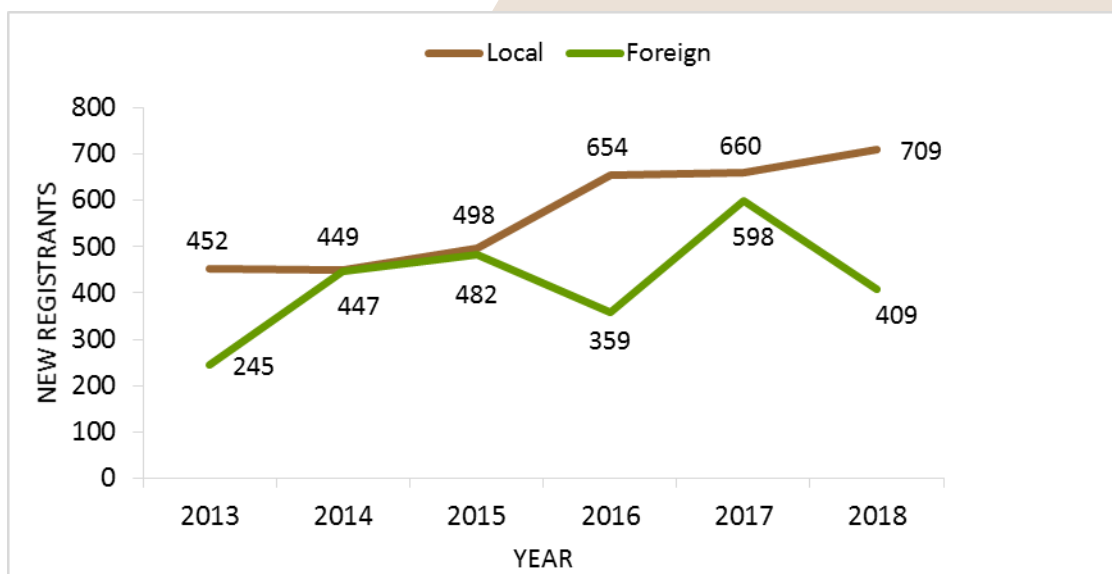


Figure 1: New Registrants from Local and Foreign Institutions (2013 – 2018)

In 2018, with the addition of Lincoln University College, a total thirteen local institutions graduates registered with the MDC. There was an increase of 7.4% of new registrants compared to previous year. The institution with the largest number of graduates was Melaka Manipal Medical College (77), followed by Penang International Dental College (PIDC) (76) and AIMST University (70) all of which are private institutions (Table 2). It is observed that the local public institutions produced less graduates (42.9%) because some of the public institutions are focussing more on post-graduate training in support of the country's need for more dental specialists.

Country	Year					
	2013	2014	2015	2016	2017	2018
UM	83	75	75	70	65	55
UKM	51	42	35	71	52	50
USM	54	73	50	46	60	46
AIMST University	52	62	73	72	77	70
PIDC	73	28	73	75	75	76
UiTM	23	31	37	61	43	59
IIUM	48	37	37	60	47	64
USIM	21	28	24	35	37	30
MAHSA University	38	25	39	45	67	70
IMU	9	28	10	22	31	32
MMMC	-	19	45	73	62	77
SEGi University	-	-	-	24	44	47
Lincoln University	-	-	-	-	-	33
Total	452	449	498	654	660	709

Table 2: New Registrants from Local Institutions, 2013 – 2018

There was a marked decrease in the number of graduates from foreign country, from 598 in 2017 to 409 in 2018 (Table 3). The highest number of graduates was India and followed by Jordan and Egypt. The Council expects to receive fewer graduates from India following the implementation of the National Eligibility cum Entrance Test (NEET) in the future.

Country	2013	2014	2015	2016	2017	2018
Malaysia	452	449	498	654	660	709
India	108	207	147	121	191	122
Jordan	22	34	82	68	85	96
Egypt	21	79	179	80	253	91
Indonesia	55	96	49	59	41	74
United Kingdom	14	11	10	7	14	13
New Zealand	6	2	1	4	5	5
Republic of Ireland	7	4	4	4	7	4
Australia	5	7	6	6	-	2
Bangladesh	-	-	-	-	-	1
Myanmar	-	-	-	-	-	1
Singapore	-	1	1	3	1	-
Turkey	-	-	-	-	1	-
Taiwan	3	3	3	4	-	-
China	2	-	-	3	-	-
Iraq	1	3	-	-	-	-
Russia	1	-	-	-	-	-
Total	697	896	980	1,013	1,258	1,118

Table 3: New Registrants by Country of Qualification, 2013 – 2018

ACTIVE DENTAL PRACTITIONERS

In 2018, the total number in the Dental Register stood at 12,367. However, only 9,717 (78.6%) dental practitioners were issued with Annual Practising Certificates (Table 4). The trend translates to 84.6% increase in ‘active’ 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.

Sector	2013	2014	2015	2016	2017	2018
Public	3,256 (61.9%)	3,763 (63.6%)	4,021 (62.7%)	4,591 (63.7%)	5,736 (66.5%)	6,455 (66.4%)
Private (Div I)	1,979 (37.6%)	2,125 (35.9%)	2,363 (36.9%)	2,595 (36.0%)	2,862 (33.2%)	3,244 (33.4%)
Total Div. I	5,235	5,888	6,384	7,186	8,598	9,699
Private (Div II)	29 (0.6%)	28 (0.5%)	26 (0.4%)	24 (0.3%)	22 (0.3%)	18 (0.2%)
Total	5,264	5,916	6,410	7,210	8,620	9,717
% Increase	14.7	12.4	8.4	12.5	19.6	19.6

Table 4: Dental Practitioners with Annual Practising Certificates by Sector 2013 – 2018)

DISTRIBUTION OF ACTIVE DENTAL PRACTITIONERS BY SECTOR

In 2018, 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. 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.

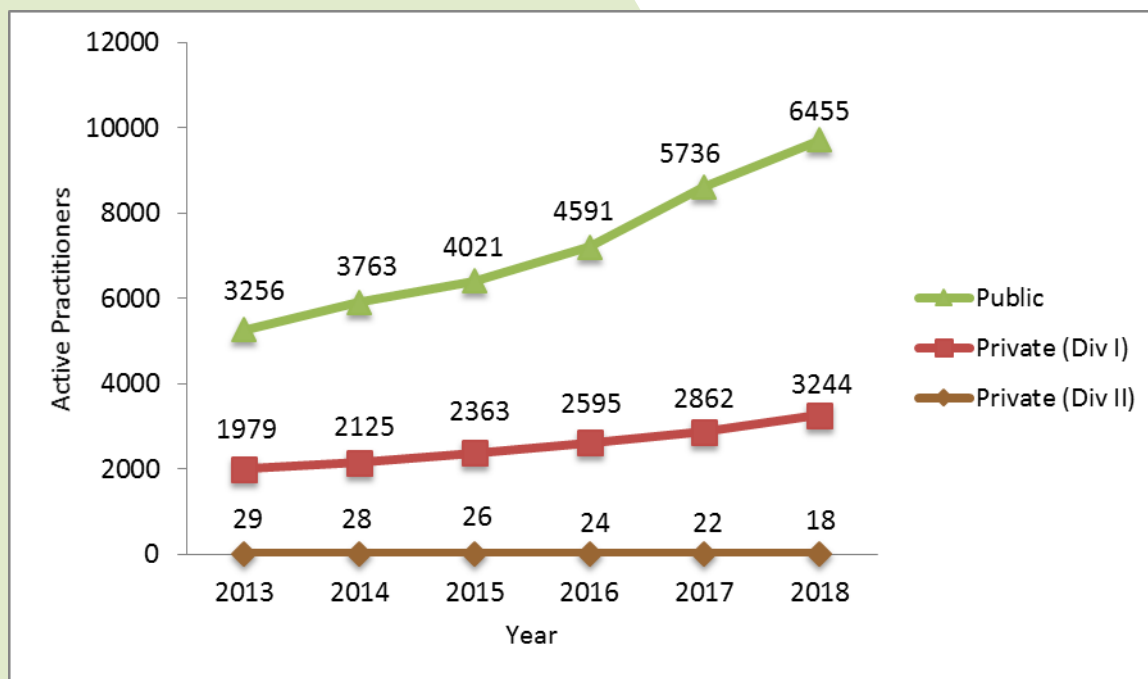


Figure 2: Distribution of Active Dental Practitioners by Sector (2013- 2018)

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 Malaysia. 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.

State	Division I Dental Surgeons			Division II Dentists
	Public Sector	Private Sector	Total	
Perlis	135	11	146	-
Kedah	399	97	496	-
Penang	420	247	667	-
Perak	458	174	632	-
Selangor	776	1,050	1,826	-
FT Kuala Lumpur	650	659	1,309	-
FT Putrajaya	110	11	121	-
Negeri Sembilan	359	85	444	-
Malacca	301	91	392	-
Johore	613	373	986	-
Pahang	487	73	560	-
Terengganu	448	50	498	-
Kelantan	542	61	603	-
Pen. Malaysia	5,698	2,982	8,680	0
Sabah	327	136	463	8
Sarawak	407	122	529	9
FT Labuan	23	4	27	1
Malaysia	6,455	3,244	9,699	18

Table 5: Dental Practitioners with Annual Practising Certificates by States in Malaysia, 2018

DISTRIBUTION BY GENDER

In 2018, slightly more than two-thirds (69%) of the active dental practitioners were females (Table 6). The gender distribution, however, varies by sector, with females accounting for 77.2% in the public sector, and only 53.0% in the private sector.

Sector	Male	Female	Total
Public	1,470 (22.8%)	4,985 (77.2%)	6,455
Private (Div I)	1,522 (46.9%)	1,722 (53.1%)	3,244
Total Div. I	2,992 (30.8%)	6,707 (69.2%)	9,699
Private (Div II)	16 (89%)	2 (11%)	18
Total	3,008 (31%)	6,709 (69%)	9,717

Table 6: Distribution of Active Dental Practitioners by Gender & Sector, 2018

A 5-year trend analysis showed that 'feminization' of the profession seems to be on the increase (Figure 3). Not only are the number of female dental practitioners more than the males, there has been a 95.9% growth in the number of females compared to only 63.5% among males since 2013.

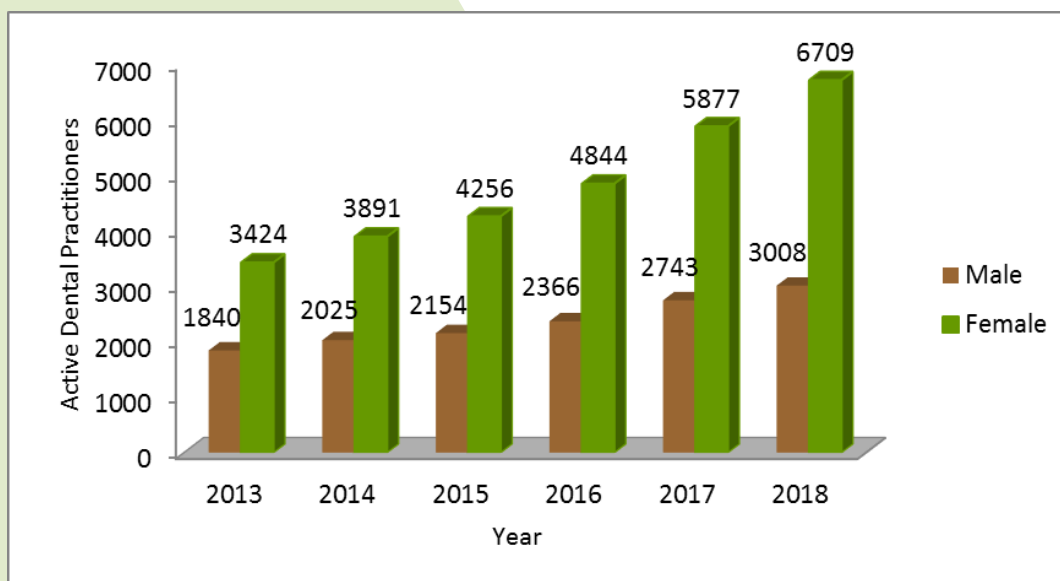


Figure 3: Distribution of Active Dental Practitioners by Gender, 2013 – 2018

TEMPORARY PRACTISING CERTIFICATES

A total of 299 Temporary Practising Certificates (TPC) were issued to dental practitioners registered outside Malaysia in 2018. The majority (74.2%) were issued to academic staff, and out of these 89.6% were issued to academic staff in private IHE. Overall, there was 16% increase in the number of TPC issued in 2018 compared to the previous year (Figure 4).

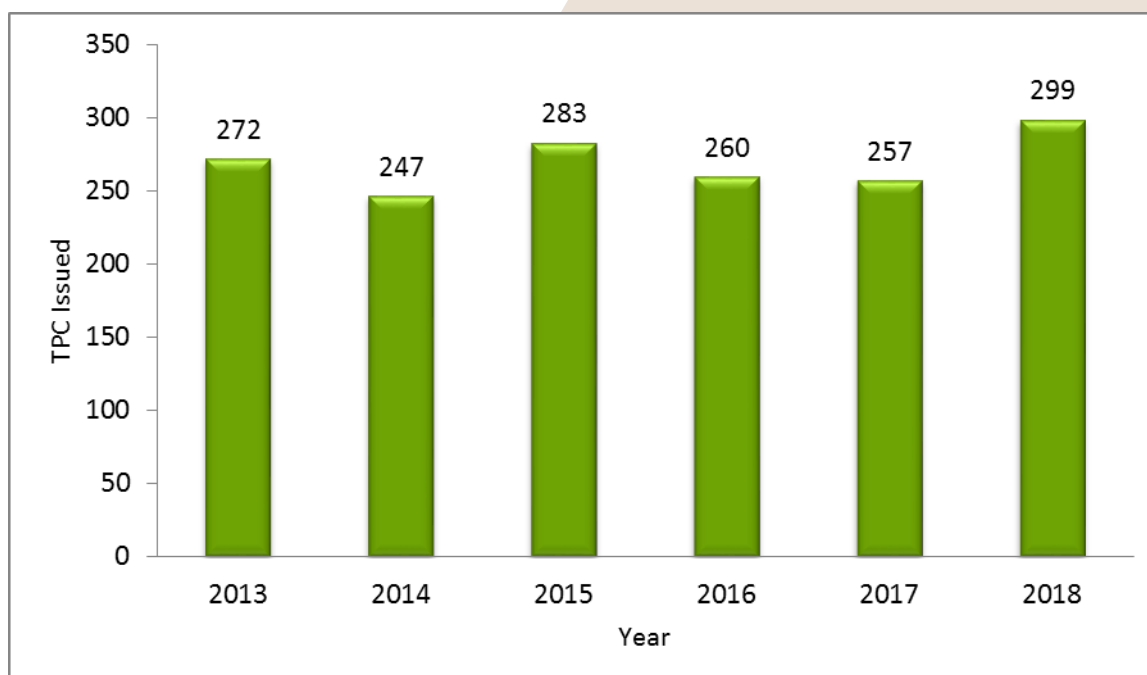


Figure 4: Number of Temporary Practising Certificates (TPC) Issued, 2013 – 2018

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

Dental Act 2018

With the approval of the Dental Act 2018 and the dental regulations prepared, the Council hopes that the Act can be implemented as soon as possible. Dental practitioners are advised to refer to the Malaysian Dental Council's website at <http://mdc.moh.gov.my/> on any updates on the implementation of the Dental Act 2018.

APC Applications

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 2020 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.

Dental Practitioners' Information Management System (DPIMS)

Application for APC and other documents (Letter of Good Standing, translation 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 their APC/ TPC or documents applications.

Please note that 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**.

myCPD 2.0

Practitioners are encouraged to register with myCPD 2.0 at <http://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 transferred to 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.

**A Tribute to
YBrs. Dr. Nomah binti Taharim
Principal Director of Oral Health
Ministry of Health Malaysia
(June 2018 to February 2019)**

Appointed as a Dental Officer in charge of Sungai Pelek Dental Clinic, Sepang, Selangor on 2 January 1985



- Born 12.2.1959 at Batu Gajah, Perak.
- Early education: Sekolah Menengah St Bernadette's Convent, Batu Gajah, Perak
- Graduated with Bachelor in Dental Surgery (BDS) University of Malaya



Undergone *Diploma in Dental Public Health* from 5 October 1993 to 4 August 1994 >

**Up Close..
In person**



< With great support from family

As the Registrar of the Malaysian Dental Council >



Oral Health Agendas



^ 26th MDA SCATE, KLCC 19-20 January 2019



^ Appointed as the Principal Director of Oral Health 1st of June 2018



^ Appointed as the Selangor State Deputy Director of Health (Dental) on 6 April 2011.



^ Oral Health Research Day 2018
< Launching of Dentistry Going Digital, 2018



^ A Dialogue Session with ASTRO on World Oral Health Day 2017

Community Involvement



^ Stance Wheel Innovation Product Commercialization Launching, 2018



^ Oral Cancer Awareness Week 2018



^ Launched the Oral Health Programme Collaboration with the Christianity Religious Body



< Officiated the Different Ability Health Conference, UiTM 2019



Oral Health Promotion Week 2018 >



< Officiated the Oral Health Promotion Programme for Children with Special Needs

Going Global



< Attended the Chief Dental Officer Side Meeting & FDI World Dental Congress, Buenos Aires, Argentina, 2018

< Chaired the 10th Asian Conference of Oral Health Promotion for School Children (ACOHPS) Executive Board Meeting, Penang, September 2018



< Presented Special Care Dentistry in Malaysia during the 10th Asian Chief Dental Officer (ACDOM) Meeting, Kathmandu, September 2018



< WHO Headquarters Geneva, 2017

2016: Established networks and collaboration to secure post graduate study slots in universities around UK for various dental specialties especially in dental public health >



< Awarded the Fellowship of International College of Dentist, Asia Pacific Region in 2016

Malaysia-Japan Collaboration In support of the 'Look East Policy' to organize Oral Healthcare Seminar & 2019 & Training in Japan v



With Staff

< Aidilfitri, HQ 2018 Family Day Dinner >



State Deputy Directors of Health (Dental) >



Farewell occasion

A Dental Practitioner's Opinion on **THE CODE OF PROFESSIONAL CONDUCT (CPC)**

By Dr. Leslie S Geoffrey
Deputy Director
Oral Health Quality, Oral Health Program, MOH

Ethics is an essential and integral part of healthcare, which includes the practice of Dentistry¹. In Malaysia the practice of dentistry is governed by laws, such as the Dental Act 1971 and the Private Healthcare Facilities and Services Act 1998 and other relevant guidelines.

The Code of Professional Conduct² endorsed by the Malaysian Dental Council (MDC) is the guide that outlines and promotes the high standards of personal conduct and professional ethics expected of dental practitioners.

The ethical guidelines in the Code of Professional Conduct are arranged in three main parts, namely Obligations & Responsibilities, Practice Management and Infamous Conduct, and each part includes important aspects on personal conduct and professional ethics. Whilst much has been covered in the document, there is room for improvement in some aspects.

Firstly the code should emphasise the need to immediately address patients' complaints. In the past, there have been practitioners who delay or do not attend to patients' complaints resulting in complaints to the Malaysian Dental Council.

Secondly is the need to be adequately trained to manage medical emergencies in the dental practice. In recent years, there has been an increase in the number of medical emergencies occurring in dental clinics and some practitioners have difficulty managing these situations. Perhaps the code could be amended making it compulsory for all practitioners to attend periodic training in managing medical emergencies. This will definitely improve the competence of practitioners in managing such emergencies in their dental clinics.

Thirdly, with advancements in ICT and the increased opportunity for the public to access health information, there is a need to re-look the issue of advertising, to enable practitioners to advertise their services to the community in a wider but acceptable and responsible way. This would reduce the barriers that the community faces in accessing dental care.

Ethics and professional conduct are a dynamic issue, and the Code of Professional Conduct should be open to suggestions for improvement from dental practitioners, to keep abreast with social and cultural changes in the country. At each review, the document should evolve to be relevant to the needs and demands of the practice of dentistry today, whilst maintaining the ethical standards, conduct and professionalism that is required of the profession.

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CODE OF PROFESSIONAL CONDUCT (CPC), the yardstick for professionalism in dental practice

By Dr. Ng Woan Tyng
Immediate Past President of Malaysian Dental Association (MDA)

The dental profession holds a special position of trust and respect within the community. This continued faith in the profession is dependent on the recognition and commitment of individual practitioners to adhere to the highest ethical standards of professional conduct. The profession commits to uphold and maintain the standards and obligations set out in the Code of Professional Conduct.

One of the functions of Malaysian Dental Council (MDC) under Part IV of Dental Act 2018 is to institute and carry out disciplinary proceedings in regard to a practitioner who has been accused of infamous conduct in a professional respect. In order to carry out its obligations and duties fairly and effectively, the MDC has endorsed several guidelines to assist and support dental professionals in delivering effective health services within an ethical framework.

The Code of Professional Conduct (CPC), while periodically evolving, is not exhaustive in listing all ethical obligations. It is not a substitute for legislation, but an expression of specific conduct that is either required or prohibited. The primary aim is to safeguard the interests of the patients, promote the welfare of the community and maintain the honour and integrity of the dental professional, all of which are also the aspirations of the profession.

Dental professionals should possess reasonably sound knowledge, skills and technical competency. In addition, one should also exhibit traits of character in personal & professional behaviour that foster adherence to ethical principles, for examples honesty, trustworthiness, compassion, kindness, integrity, fairness and charity. Disregard and failure to meet the standards prescribed in the CPC can harm patients, bring disrepute to the profession and eventually lead to disciplinary proceedings.

The public can only benefit from the services provided by the dental profession if it is practised ethically. Hippocrates laid down a code of ethics as early as 400 B.C. The following excerpts from the Hippocratic Oath will suffice to show the importance placed by Hippocrates on medical ethics.

"I will follow that system of regimen which, according to my ability and judgment, I consider for the benefit of my patients, and abstain from whatever is deleterious and mischievous. I will give no deadly medicine to any one if asked, nor suggest any such counsel; and in like manner I will not give to a woman a pessary to produce abortion. With purity and with holiness I will pass my life and practice my Art. I will not cut persons laboring under the stone, but will leave this to be done by men who are practitioners of this work. Into whatever houses I enter. I will go into them for the benefit of the sick and will abstain from every voluntary-act of mischief and corruption; and, further, from the seduction of females or males, of freemen and slaves. Whatever, in connection with my professional prac-

tice or not, in connection with it, I see or hear, in the life of men, which ought not to be spoken of abroad, I will not divulge, as reckoning that all such should be kept secret."

The broad principles of ethics provides guidance and offer justification, some of which may overlap. Being a document that defines the standards of conduct, performance and ethics that govern the dental professional, the CPC specifies the principles, standards and guidance which are applicable to all members of the profession. In addition, it also sets out the expectations of the patients for the services provided by the practitioners.

The CPC endorsed by the MDC in 2008 has three main components, which relate to

- Obligation and Responsibility of a practitioner to his patients, the profession and society.
- Practice Management, where the establishment of a practice requires a practitioner to abide by the laws and regulations impacting his work. This will include but is not limited to registration with other regulatory bodies, safety and health, employment, personal data protection, as well as human rights.
- Infamous Conduct. In one judgement delivered in 1930, Lord Justice Scrutton stated " Infamous conduct in a professional respect means no more than serious misconduct, judged according to the rules, written or unwritten, governing the profession."

The CPC should be used as a yardstick for our own conduct and behaviour, and read in conjunction with the current guidelines endorsed by the MDC. The guidelines are there to assist us to meet the standards. The dental profession is expected to follow the guidelines in making professional judgments, to demonstrate wisdom at all times and to be able to justify any decision that is not in line with the guidelines. Any serious or persistent failure to adhere to the guidelines may see one facing the Malaysian Dental Council for disciplinary proceedings. In resolving any ethical problem not explicitly covered by the CPC, one should consider the ethical principles, the needs and interests of the patients, and any other applicable guideline and law. Lastly, members of the profession are reminded that the laws shall take precedence should there be a conflict, as the CPC is not a substitute for legislation.

VIEWS ON THE EXISTING CODE OF PROFESSIONAL CONDUCT (CPC)

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"I will use treatment to help the sick according to my ability and judgment, but never with a view to injury and wrong-doing." – Excerpt from Hippocratic Oath translated by W. H.S. Jones¹. This oath is the earliest version of medical ethics in the western world.

The dental profession has a long history of providing oral healthcare and fulfilling their duties to patients, the public, the profession and colleagues. Dental professionals should not intentionally inflict harm onto humankind. The latest edition of the Code of Professional Conduct (CPC), published a decade ago (2008), served to guide every dental practitioner on the principles of personal conduct and professional behaviour. With the passing of the Dental Act 2018 on 26 June 2018, it is timely to review and revamp the CPC endorsed by the Malaysian Dental Council in 2008.

It is the author's view that the CPC is outdated, obsolete and inadequate to guide dental professionals in this day and age. The CPC has to be in line with current public/ private healthcare policies, rules and regulations. Notwithstanding that the basic fundamentals of professional behavior remain the same; there is need to update additional requirements to tie in with the rules and regulations of the Dental Act 2018 and various guidelines and provisions for public information published by MDC after the year 2008.

Under the Interpretation, in Part 1 of the Dental Act 2018, it is clearly defined that "practitioner" means any dental practitioner or dental therapist registered under this act. "Dental practitioner" means a dental surgeon or a dentist. There is need to review the term "practitioner" and "dental practitioner" as outlined under Item 1.4 Consent of the CPC. In Section 82, under item Code of Professional Conduct of Dental Act 2018, it is stated that the CPC should be observed by all practitioners. There should be clear cut applicability of the CPC to dental surgeons, dentists and dental therapists. This should be outlined in Part A: Obligations and Responsibilities of CPC. Furthermore, under item 1.6(d), Quality of Care of CPC, the term "qualified auxiliaries" should be clarified. Does a dental therapist fall under this category?

Another area of interest to the author is the appendices in the current Code of Professional Conduct. All appendices in the current CPC should be reviewed and updated. For example, under Part C: Infamous Conduct of the CPC it is mentioned that *"One of the functions of the Dental Council under Part IV of the Dental Act is to institute and carry out disciplinary proceedings ..."* However, disciplinary proceedings are discussed in Part V of the Dental Act 2018.

In this seamless world, social media and cyber security issues should also be highlighted in the CPC. Under the Laws of Malaysia Act 709, Personal Data Protection Act 2010, certain classes of data users, including medical and dental clinics are required to register themselves with the Department of Personal Data Protection, Ministry of Communication and Multimedia, Malaysia². With the upsurge of modern technology based on ICT and the social media, ethical issues with regards to privacy and confidentiality should be addressed in the CPC. We have seen digital signatures accepted as written consent with the advancement of technology. It would be pertinent to address this under item 1.4: Consent of the CPC.

The Hippocratic Oath has been substituted with modern documents on professional ethics including the Code of Professional Conduct by Malaysian Dental Council. The obligations and professional behaviour of an oral healthcare provider; dental surgeons, dentists or dental therapists towards their patients and wider society should be seriously observed. An oral healthcare provider who violates these codes may be subject to disciplinary proceedings as outlined in the Code of Professional Conduct. In light of this fact, these documents need several updates from time to time. The modern version of the Hippocratic Oath rewritten in 1960s quotes "*I will prevent disease whenever I can, for prevention is preferable to cure*" should also be observed by all practitioners.

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DISCIPLINARY PROCEEDINGS

Year of complaint: 2016

1. THE FACTS OF THE COMPLAINT

- a. A complaint was made to MDC by Mr X vide an email.
- b. Mr X went to Dr Y with a complaint of pain from the teeth in the lower left area. Root canal treatment (RCT) was done on 36 and the canal was sealed in 2005. In 2010 Mr X presented at the clinic complaining of pain and 36 was retreated.
- c. In 2015, Mr X returned to the clinic complaining of pain from the same tooth. The radiograph showed a radio-opaque body between tooth 35 and 36. Dr Y referred Mr X to Hospital W for the surgical removal of the radio-opaque mass which was suspected to be an embedded tooth. At Hospital W, a Cone Beam CT Scan was done and there was no abnormal pathology noted. The radio-opaque mass appeared to be a dense bony island, which did not require any surgical intervention. They advised Mr X to go back to Dr Y's clinic to continue treatment for other carious lesions. Mr X was also surprised and unhappy when he was told that the RCT needed to be re-done on 36 as the RCT was incomplete.
- d. Mr X wanted the MDC to take the necessary action and carry out a full investigation regarding his concerns.

2. THE FINDINGS OF PRELIMINARY INVESTIGATING COMMITTEE (PIC)

Based on the oral evidence and supporting documents submitted, the PIC found that:

- a. Dr Y did not provide proper professional attention, examination, and where indicated, diagnostic investigations;
- b. Dr Y failed to provide competent and considerate professional management; and
- c. Dr Y failed to consult and seek appropriate professional advice from colleagues.

3. CHARGES AGAINST THE RESPONDENT

The PIC framed three (3) charges against Dr Y:

Head 1

That you failed to be sufficiently thorough in your professional attention, examination, and where indicated, diagnostic investigations;

Head 2

That you failed to provide competent and considerate professional management.

Head 3

That you failed to consult and seek appropriate professional advice from colleagues.

In relation to the facts alleged, Dr Y may be found guilty of infamous conduct in a professional respect under section 32(2)(b) of the Dental Act 1971.

4. THE RESPONDENT'S EXPLANATION

- a. Dr Y pleaded not guilty on all three heads of the charge during the hearing by the PIC.
- b. Dr Y explained that he did not re-do the root canal treatment after he had removed the gutta percha because he had read a paper that mentioned that it is acceptable if the root is not filled with gutta percha after canal preparation is completed and the patient is comfortable. Dr Y also claimed that he had met a patient with root canal treatment without gutta percha that had no problem. However, he did not adduce the said paper as evidence.
- c. In response to head 3 of the charge, Dr Y explained that he had referred the patient to Hospital W, but the patient was sent back to him to continue treatment.

5. RECOMMENDATION OF PIC

The PIC unanimously agreed that there is a case to answer on the charge and recommended Council to hold an inquiry as provided for in Regulation 29 (Dental Regulation 1976).

5. DECISION OF THE COUNCIL

During the Council inquiry, Dr Y have pleaded guilty to all three charges.

In respect of the charge, the Council found Dr Y guilty under Section 32(2)(b) of the Dental Act 1971 and imposed the punishment under Section 33(1) (b), in that Dr Y is to be suspended from the Register for a period of six (6) month.

The Council further agreed to invoke Section 33(1) (d), and suspended the application thereof, if Dr Y fulfils the following conditions:

Dr Y is required to be attached to an Endodontist at University Z one session per week for a period of one (1) month with a total of four (4) sessions. Additionally, Dr Y is also required to submit a log book to the Council, with (5) completed cases following the gold standard, within six (6) months. This arrangement and the attachment period must be satisfactorily completed within the period of 6 months from the date Dr Y received the notification. Failing which the suspension will take effect.

Dr Y is further advised to attend CPD courses to update his knowledge and skills, especially in endodontics.

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