

MDC

Malaysian Dental Council

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President's Message



I hope that everyone in the dental fraternity is safe and well.

At the beginning of the pandemic, Malaysia had an extraordinary record of controlling the COVID-19 infections. However, the number of local COVID-19 transmission has increased rapidly in recent times due to several factors, one of which is the emergence of the D164G strains in Malaysia. The Variant of Concerns (VOC) such as the alpha, beta, and delta variants have appeared at our shores and these strains may be more contagious, causing a higher incidence of death, and may not be sensitive to the antibodies produced by the existing vaccines. We must be cautious and vigilant to prevent the spread of these potentially dangerous variants in Malaysia to prevent our healthcare system from collapsing.

Some may have already received at least their first dose of the COVID-19 vaccine and others will be getting theirs soon. Although the vaccines does not ensure that those receiving it will be not infected, their symptoms may be less severe. The vaccines have given us hope to protect from COVID-19 and we need to do our part to educate and motivate our families, patients, friends, neighbours, and our communities to register for the vaccination. The National COVID-19 Immunisation Programme roll-out launched in February 2021 will be crucial in achieving herd immunity and stop the spread of this “wildfire”.

I rely on the medical and dental communities to come together in this time of need, with the rest of our fellow Malaysians, to do what is required to overcome this pandemic and bring the yearned for normalcy back into our lives in the near future.

(TAN SRI DATO' SERI DR. NOOR HISHAM BIN ABDULAH)

From the Editor's Desk



It has been over a year since the Coronavirus reached Malaysian shores and the infection it has caused has not abated since. Although there have been early successes at containment, they were all temporary, and we have now moved into the third wave of infection, which has proved to be more vicious with the emergence of new variants of the virus.

This time around, we have an added armamentarium, in that the national vaccination programme has been rolled out. Uptake was slow initially, but has now picked up, with more than 10 million people registering for the vaccine. Yet there are those who are been sceptical of some of the vaccines, like the AstraZeneca vaccine.

However when the voluntary opt-in vaccination plan was initiated, more than 268,000 doses of the AstraZeneca vaccine from the first shipment were snapped up within three and a half hours after registration opened.

This is indeed a good sign. Malaysia's effort to vaccinate 70-80 percent of its population by year end, so that we will be able to achieve herd immunity, has mainly been hampered by the delay in shipment of the vaccines. We therefore, have to remain extra vigilant, to prevent the transmission of the infection, through strict compliance to the SOPs. These are little efforts that the individual can do to protect themselves and protect others as well. This is especially so as new variants of the virus are now emerging in the community. A write up on the vaccines available in Malaysia is included in this issue.

The Registrar's report revealed that although the number of new registrants has declined over the last three years, the number has remained above 1000 yearly. The decline has been significant among foreign graduates. However, in the last 5 years there was an increase of 63 percent of active dental practitioners. In 2020, the number of dental practitioners in the public sector was higher compared to the private sector. This scenario is not expected to last as the number of available posts has remained static in the public sector. This is coupled with a steady increase in the registration of private clinics in the country of about 14 percent in the last four years (see accompanying article). The lack of posts in the public sector will also contribute to the longer queue for new registrants to undergo compulsory service. The dental profession remained a female dominated profession with an overall ratio of about 7:3. The gender gap is widening as the years go by. This gender bias is more significant in the public sector.

One of the functions of the Malaysian Dental Council (MDC) is exercising disciplinary jurisdiction over registered practitioners. This includes cases of molestation of patients or other personnel in the dental setting. A case in point is featured in this issue to serve as a reminder to practitioners of the serious implication of their inappropriate behavior and that the MDC will not hesitate to take action on such matters.

DATO' PROF DR. ISHAK BIN ABDUL RAZAK

MALAYSIAN DENTAL COUNCIL REGISTRAR'S REPORT FOR 2020

Registration under the Dental Act 1971

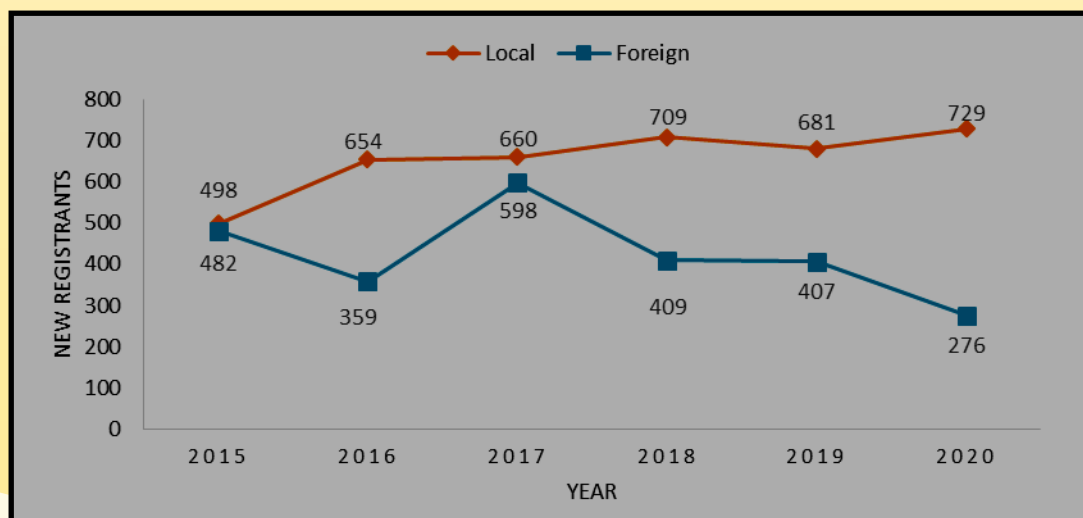
A total of 1,005 graduates registered with the Council in 2020 (**Table 1**), a reduction of 7.6% from the previous year. The majority of the new registrants graduated with qualifications listed in Second Schedule and were registered under subsection 12(1) of the Dental Act 1971. One dental surgeon was registered under subsection 12(3), while three dental surgeons registered under subsection 12(9).

Table 1: New Registrants under the Dental Act 1971 by Sections, 2015 – 2020

Section	2015	2016	2017	2018	2019	2020
12(1)	975	1,006	1,258	1,117	1,079	1,001
12(3)	0	0	0	0	2	1
12(9)	5	7	0	1	7	3
Total	980	1,013	1,258	1,118	1,088	1,005

In 2020, 72.5% of the new registrants were from local institutions. There was a decrease of 32.2% of new registrants from foreign institutions compared to the previous year (**Figure 1**).

Figure 1: New Registrants from Local and Foreign Institutions, 2015 – 2020



The local institution with the largest number of graduates registered with the Council was Universiti Teknologi MARA (UiTM), followed by AIMST University and MAHSA University (**Table 2**). The number of graduates from private institutions registered with the Council was slightly higher (52.9%) than public institution, this is because the private institutions have a higher enrolment of students compared to public institution.

Table 2: New Registrants from Local Institutions, 2015 – 2020

Institution	Year					
	2015	2016	2017	2018	2019	2020
Universiti Teknologi MARA (UiTM)	37	61	43	59	47	99
AIMST University (AIMST)	73	72	77	70	73	75
MAHSA University (MAHSA)	39	45	67	70	74	70
Melaka-Manipal Medical College (MMMC)	45	73	62	77	70	67
International Islamic University Malaysia (IIUM)	37	60	47	64	53	57
University of Malaya (UM)	75	70	65	55	55	54
Universiti Sains Malaysia (USM)	50	46	60	46	46	52
National University of Malaysia (UKM)	35	71	52	50	50	50
SEGi University (SEGi)	-	24	44	47	47	50
International Medical University (IMU)	10	22	31	32	38	42
Penang International Dental College (PIDC)	73	75	75	76	78	40
Lincoln University College (LUC)	-	-	-	33	8	42
Islamic Science University Malaysia (USIM)	24	35	37	30	42	31
Total	498	654	660	709	681	729

In 2020, as in the previous year, the graduates from Egypt formed the highest number of registrants with foreign degrees. However, the number was a reduction of 34.7% from the previous year (**Table 3**). Graduates from India were the second highest, followed by graduates from Indonesia. Similarly, there was a nearly one-third reduction of graduates from Indonesia compared to the previous year.

In the Dental Register, the total number of registrants at the end of year 2020 stood at 14,185.

Table 3: New Registrants by Country of Qualification, 2015 – 2020

Country	2015	2016	2017	2018	2019	2020
Malaysia	498	654	660	709	681	729
Egypt	179	80	253	91	164	107
India	147	121	191	122	79	72
Indonesia	49	59	41	74	75	51
United Kingdom	10	7	14	13	11	22
Jordan	82	68	85	96	52	2
Australia	6	6	-	2	5	6
Republic of Ireland	4	4	7	4	2	6
Bangladesh	-	-	-	1	8	4
New Zealand	1	4	5	5	5	2
Canada	-	-	-	-	-	1
China	-	3	-	-	1	1
Philippines	-	-	-	-	-	1
Taiwan	3	4	-	-	3	1
Turkey	-	-	1	-	1	-
Pakistan	-	-	-	-	1	-
Myanmar	-	-	-	1	-	-
Singapore	1	3	1	-	-	-
Total	980	1,013	1,258	1,118	1,088	1,005

Active Dental Practitioners

In 2020, a total of 11,607 dental practitioners were issued with Annual Practising Certificates (APC). A summary of the distribution of dental practitioners from 2015 to 2020 is shown in **Table 4**. The trend translates to a 63.4% increase in ‘active’ dental practitioners over the past 5 years. The number of dentists (dental practitioners registered in Division II of the Register) has been steadily declining as they retire from active practice. Since the year 2015, they have made up less than 0.5% of the active dental practitioners.

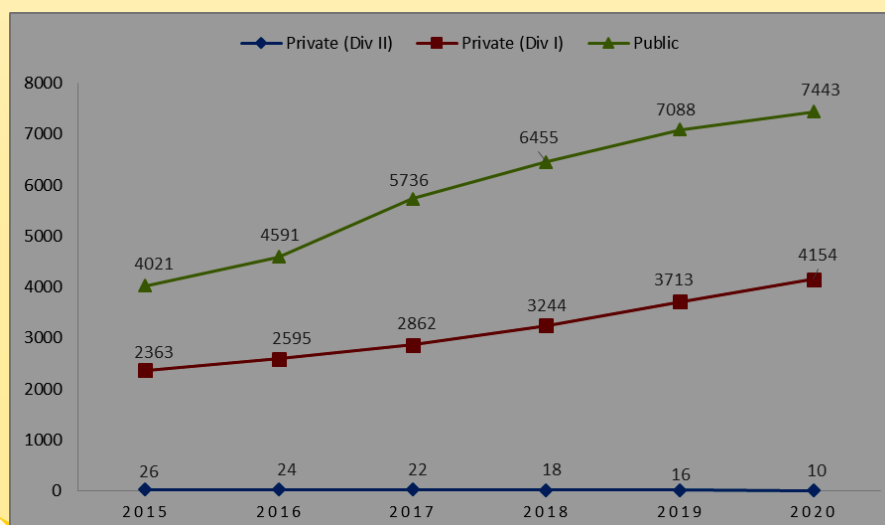
Table 4: Dental Practitioners with Annual Practising Certificates by Sector, 2015 – 2020

<u>Sector</u>	2015	2016	2017	2018	2019	2020
Div I - Public	4,021 (62.7%)	4,591 (63.7%)	5,736 (66.5%)	6,455 (66.4%)	7,087 (65.5%)	7,443 (64.1%)
Div I - Private	2,363 (36.9%)	2,595 (36.0%)	2,862 (33.2%)	3,244 (33.4%)	3,714 (34.3%)	4,154 (35.8%)
Total Div. I	6,384	7,186	8,598	9,699	10,801	11,597
Div II - Private	26 (0.4%)	24 (0.3%)	22 (0.3%)	18 (0.2%)	16 (0.2%)	10 (0.1%)
Total	6,410	7,210	8,620	9,717	10,817	11,607
% Increase	8.4	12.5	19.6	12.7	11.3	7.3

Distribution of Active Dental Practitioners by Sector

In 2020, the number of dental practitioners in the public sector was higher compared to the private sector (**Figure 2**). The increasing trend was due to the rising number of new registrants and the mandatory compulsory service in the public sector imposed under Part VII of the Dental Act 1971. The one-year compulsory service period is essential to enable graduates from different schools to acclimatize to the local working environment and the Malaysia Healthcare System. This is to prepare them to practise independently in the future.

Figure 2: Distribution of Active Dental Practitioners by Sector (2015 – 2020)



The distribution of active dental practitioners in Malaysia by state is shown in **Table 5**. Selangor has 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. Selangor and FT Kuala Lumpur are the only two states where the number of dental practitioners in the private sector is higher than in the public sector. The dental practitioners in the two states account for 51.6% of the dental practitioners in the private sector. 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 treatment needs and the posts available in each state.

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

State	Division I Dental Surgeons			Division II Dentists
	Public Sector	Private Sector	Total	
Selangor	911	1,363	2,274	-
FT Kuala Lumpur	754	788	1,542	-
Johore	677	502	1,179	-
Perak	548	217	765	-
Kelantan	663	75	738	-
Penang	447	286	723	-
Pahang	573	101	674	-
Kedah	447	144	591	-
Terengganu	521	66	587	-
Negeri Sembilan	463	116	579	-
Malacca	323	123	446	-
Perlis	134	14	148	-
FT Putrajaya	123	19	142	-
Pen. Malaysia	6,574	3,814	10,388	0
Sarawak	439	152	591	3
Sabah	401	183	584	7
FT Labuan	29	5	34	-
Malaysia	7,443	4,154	11,597	10

Distribution by Gender

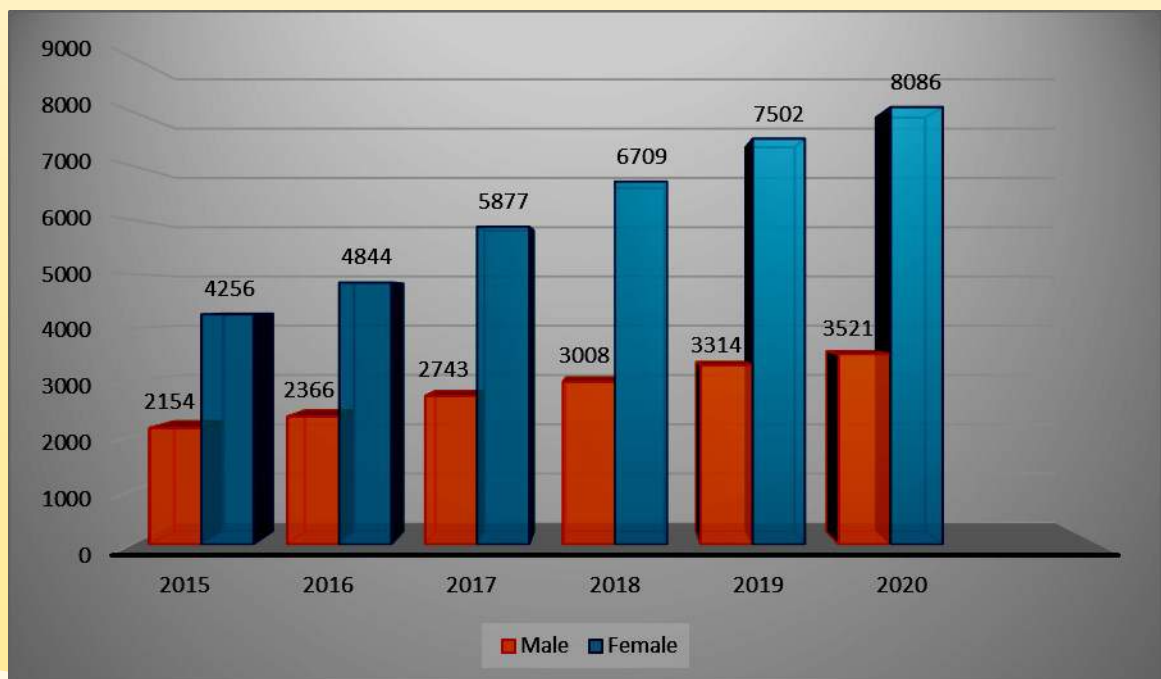
In 2020, slightly more than two-thirds (69.7%) of the active dental practitioners were females (Table 6). The gender distribution, however, varies by sector, with females accounting for 77.2% in the public sector, and only 55.0% in the private sector.

Table 6: Distribution of Active Dental Practitioners by Gender & Sector, 2020

Sector	Male	Female	Total
Public	1,700 (22.8%)	5,743 (77.2%)	7,443
Private	1,874 (45.0%)	2,290 (55.0%)	4,164
Total	3,521 (30.3%)	8,086 (69.7%)	11,607

A 5-year trend analysis showed that ‘feminization’ of the profession seems to be on the rise (Figure 3). Not only is the number of female dental practitioners more than the males, there has been a 90% growth in the number of females compared to only 63.5% among males since 2015.

Figure 3: Distribution of Active Dental Practitioners by Gender, 2015 – 2020



Temporary Practising Certificates

A total of 243 Temporary Practising Certificates (TPC) were issued to dental surgeons registered outside Malaysia, enabling them to practise in Malaysia in 2020. The majority (88.0%) were issued to academic staff, and out of these 76.2% were issued to academic staff in private universities (**Figure 4**). Overall, there was a 16.5% reduction in the number of TPC issued in 2020 compared to the previous year (**Figure 5**).

Figure 4: Temporary Practising Certificates (TPC) Issued, 2020

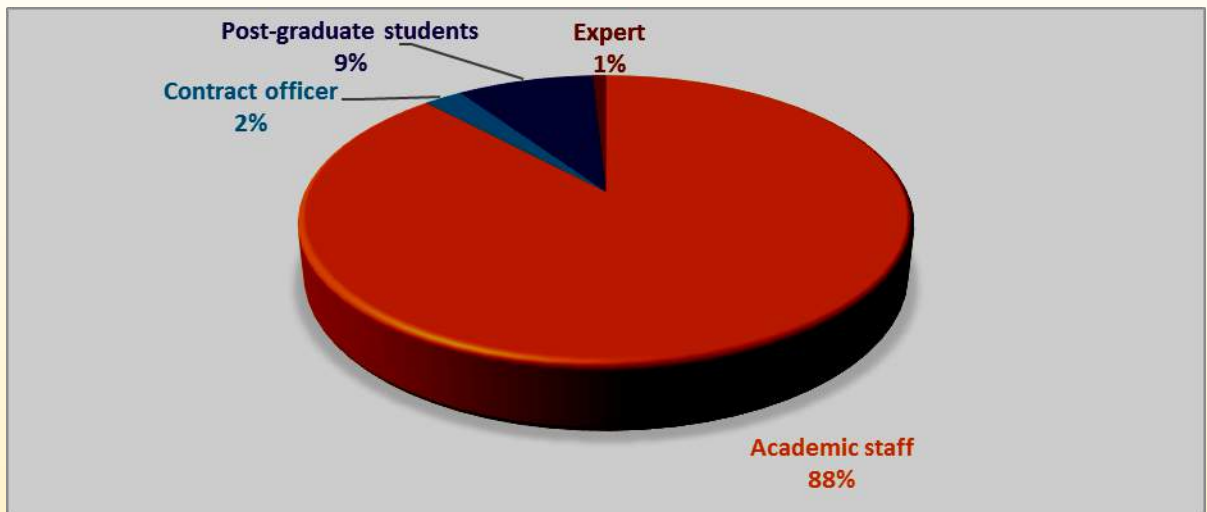
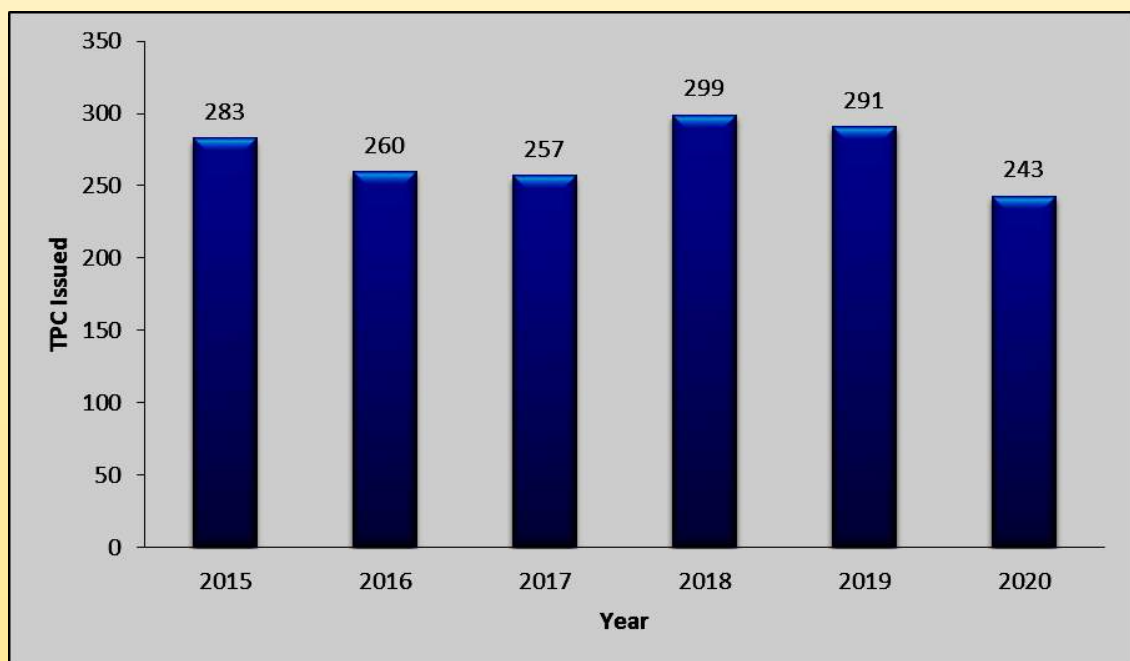


Figure 5: Temporary Practising Certificates (TPC) issued, 2015 – 2020



The following are issues the Registrar wishes to highlight:

◆ **Dental Act 2018**

With the passing of the Dental Act 2018 and the dental regulations awaiting approval, the Council is confident that the Act will be implemented soon. 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 2022 APC via the Dental Practitioners' Information Management System (DPIMS).

Please note that for private dental facilities, the Council will only issue an APC for facilities registered **under the Private Healthcare Facilities and Services Act 1998 [Act 586]**.

◆ **Dental Practitioners' Information Management System (DPIMS)**

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

Please note that the system works best using the latest Internet Explorer browser version 8.0. All enquiries should be channeled to the helpdesk at **03-8318 6440**.

◆ **New Electronic Dental Register**

The Council is in the process to replace the existing DPIMS with a new system. Dental practitioners are advised to refer to the Malaysian Dental Council's website at <http://mdc.moh.gov.my/> on any updates on the new system.

◆ **myCPD2.0**

Practitioners are encouraged to register with myCPD 2.0 at <http://www.mycpd2.moh.gov.my/> to record their annual CPD points collection. Please note that CPD points collected for the previous year must be recorded in the system the latest by end of January of the current year. Any CPD points collected and approved by a verifier in myCPD 2.0 will be automatically transferred to the dental practitioner's account in DPIMS.

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

Perspectives on COVID-19 and Vaccines for Dental Practitioners

The coronavirus SARS-CoV-2 infection known as COVID-19 is a highly contagious droplet-borne illness. A wide range of symptoms such as fever, dry cough, anosmia and breathing difficulties may appear 2-14 days after exposure to the virus. The elderly population and those with co-morbidities, such as hypertension, diabetes, obesity and cardiovascular and kidney disease, are at higher risk for severe illness.

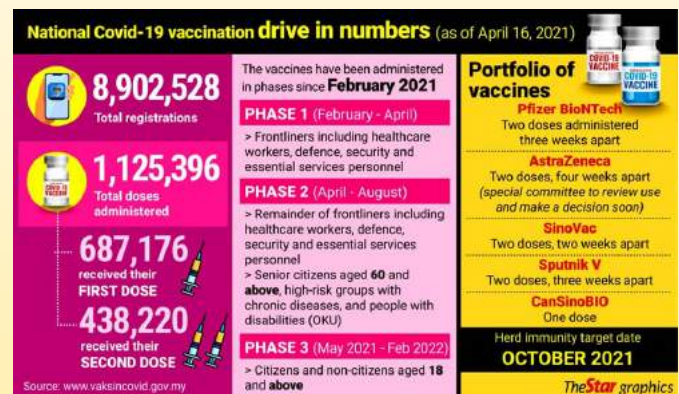
To date, more than 142 million SARS-CoV-2 cases have been diagnosed and 3.1 million people have died of COVID-19 worldwide. In Malaysia, despite some early success in containment, about 380,000 cases and 1389 deaths due to COVID-19 have been reported.¹

The COVID-19 outbreak has been an anxious and challenging time in dental practice. The most common issues concerned patients' access to dental care during movement control orders and the potential risk of transmission of SARS-CoV-2 through aerosols generated during dental procedures.

Due to the relatively closed environment of dental clinics and the unique nature of dental procedures, practitioners not only had to adhere to strict cross-infection measures of masks, gloves, and protective eyewear but also be familiar with COVID-19 prevention and control in the dental setting.² There is evidence that dental practitioners who are consistent with personal protective equipment use are associated with decreased risk of infection in dental practice.³

At the beginning of the SARS-CoV-2 pandemic there was no assurance of any vaccine to provide protection against the SARS-CoV-2 virus. In view of the worldwide scale of the COVID-19 pandemic, researchers accelerated the development timeline and by December 2020, 60 vaccine candidates were in clinical trials against SARS-CoV-2 in 41 countries.⁴

This rapid progress was driven by international collaboration, massive global funding, and the ability to undertake large scale Phase 3 clinical trials and rolling reviews by regulatory bodies.



As of March 2021, four vaccines had been approved in UK, Europe and the US; BNT162b2 by BioNTech/Pfizer, mRNA-1273 by Moderna, AZD1222 by Oxford/AstraZeneca and Ad26.COVS.2.S by Johnson & Johnson. Separately, Sinopharm, Sinovac and CanSinoBio were approved for limited use by Chinese authorities whilst the Sputnik V was rolled out in Russia for emergency use. Broadly, there are 4 categories of COVID-19 vaccines.

The leading vaccines by BioNTech/Pfizer and Moderna are mRNA-based vaccines, whilst the Oxford/AstraZeneca, CanSinoBio, Sputnik V and J&J vaccines use adenovirus platforms to encode the SARS-CoV-2 spike protein. Both Sinopharm and Sinovac from China, and Covaxin from India are conventional type vaccines that utilise the inactivated SARS-CoV-2 virus to trigger an immune response. The Novavax vaccine is the only protein subunit platform against COVID-19.

Currently, all vaccines are administered on a 2-dose series, except for the J&J and CanSinoBio vaccines which are given as a single dose. People are considered fully vaccinated about 14 days after the second dose in a 2-dose series, e.g., the BioNTech/Pfizer or Sinovac, and 2 weeks after a single-dose vaccine e.g., CanSinoBio. Although the reported efficacy of the various vaccines ranges from 50.7% – 95%, in general, all vaccines are effective in reducing infections and preventing severe COVID-19 disease, and thus hospitalisation. The WHO requires minimal vaccine efficacy of 50% for Emergency Use Listing in the COVID-19 pandemic.

In Malaysia, the National Pharmaceutical Regulatory Agency (NPR) undertakes assessment of vaccines for approval based on a favourable quality, safety and effectiveness profile. Currently, the BioNTech/Pfizer, Oxford/AstraZeneca and Sinovac vaccines have been given conditional approval by NPR for use in adults, 18 years and above. Since February 2021, the Pfizer/BioNTech and SinoVac vaccines have been used in the National COVID-19 Immunisation Programme, which is being carried out in three phases. In Phase 1, 1,300,000 doses have been allocated for healthcare workers including dental practitioners.

As of 16 April, a total of 1.1 million doses of vaccine had been administered.⁵ During the rollout, based on NPR's Adverse Effect Following Immunisation (AEFI)

reporting system, the most common side effects were – pain at injection site, fatigue, headache, muscle pain, joint pain, and sometimes fever during the first and second day after vaccination. Importantly, serious side effects such as cases of severe allergy or anaphylaxis were very rare. Previously, the CDC reported that the BioNTech/Pfizer mRNA vaccine posed a risk of an acute anaphylactic reaction in about 4.7 cases/million vaccine doses administered. Consequently, the Ministry of Health Malaysia implemented both a pre-screening and a post-vaccination observation schedule of 30 minutes, with access to immediate medical treatment in the event of severe allergic reactions or anaphylaxis.

Recently, there have been warnings about blood clots with low blood platelets, possibly linked to both Oxford/AstraZeneca and J&J vaccines, but these have been very rare. Several countries have paused or restricted the use of these adenovirus vector-based vaccines pending in-depth investigation of the clotting incidents. In the meantime, regulators have advised that the benefits of vaccination with the Oxford/AstraZeneca and J&J COVID-19 vaccines continue to outweigh the risks of COVID-19.

On that account, in the event of any serious adverse events resulting in persistent or significant disability/incapacity, the Malaysian government provides special financial aid for severe adverse COVID-19 effects under the National Disaster Management Agency (NADMA). The financial assistance is given after evaluation by 3 separate committees; namely the Special Pharmacovigilance Committee for COVID-19 Vaccine Monitoring, the Medical Technical Committee and the COVID-19 Vaccine Harmful Effects Special Financial Assistance Steering Committee. Currently, children less than 18 years of age are not provided with the Covid-19 vaccination, as children were excluded in clinical trials

Similarly, pregnant women are not recommended for routine COVID-19 vaccination. Although children are less susceptible to SARS-CoV-2 infection and have a milder disease course than adults, the extent to which children contribute to the spread of SARS-CoV-2 infection is still unclear. Until a safe and effective COVID-19 vaccine is available for children and pregnant mothers, dental practitioners should adeptly follow cross-infection control protocols in the provision of dental care, and ensure that all members of the oral healthcare team are well acquainted to the COVID-19 transmission and preventive measures.

“Lindung Diri, Lindung Semua”

DR. KALAIARASU M PEARISAMY

Director

Institute for Clinical Research

National Institutes of Health

Ministry of Health Malaysia



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MODIFYING DENTAL CLINICS FOR THE DELIVERY OF TREATMENT TO MEET THE CHALLENGES OF COVID-19

Following the COVID-19 pandemic that is plaguing the country, it is found that existing oral health facilities face various difficulties in providing services to patients. This is due to the constraints of space / facilities to screen and isolate patients, in order to curb the risk of transmission of infectious diseases.

Currently, there is no proper triaging area for screening of all patients who come to the clinic. The registration counters in most of the existing clinics are open counters that can easily expose health personnel to infectious diseases spread through air and aerosols or droplets.

Screening / Triage Area

To enhance infectious disease control, the lay-out of the clinic should be modified to meet the requirements for screening and triaging. A dedicated screening area is required to screen patients before they enter the clinic. A proper queuing area, screening and risk assessment counter should be located at the main entry for patient screening. Adequate ventilation is necessary and ceiling fans should be installed.

Waiting Area

The main entrance door to the dental clinic should be an automatic sliding glass door. The waiting area should be extended to ensure physical distancing is adhered to. The main waiting area should be fully air-conditioned with good lighting and air circulation. The counter for registration and payment should be designed as a closed type with a two-way intercom system, equipped with a computer and printer for a Electronic Medical Record (EMR) system.

Changing rooms with racks for Personal Protective Equipment (PPE) should be provided and equipped with shower and water heater facilities.

Treatment Room / Area

Each surgery room, should be separated by ceiling-high walls for patients' privacy and to avoid airborne transmission of disease from dental procedures. A donning area should also be provided. All surgery rooms should be specifically designed for Aerosol Generated Procedure (AGP). For this purpose, the closed confined surgeries should have good ventilation with properly designed airflow patterns for clinical procedures and aerosol evacuation. A dedicated air conditioning system with 100% fresh air and a High Efficiency Particulate Air (HEPA) filter should be provided. Clinical and non-clinical area should be separated.

Each surgery room should be equipped with a hard, polished, seamless, non-porous, heat resistant, scratch resistant, water and chemical resistant worktop. Worktops in clinical areas should be able to withstand frequent wiping with antiseptic / disinfection solutions. To maximize cross-infection control, interconnecting doors / area should be converted to connecting corridor / airlock for doffing and holding of soiled PPE. A doffing area should be provided, with a clinical sink for hand washing and an area for clinical bins for soiled personal protective equipment (PPE). All external glazing / windows shall be tinted to minimize heat and glare while window curtain tracts should be omitted.

Virtual Consultation

For the purpose of virtual conference and teleconsultation, virtual clinic rooms complete with telemedicine facilities such as Information and Communication Technology (ICT) infrastructure and sound proofing should be provided. Meeting rooms should be equipped with modular tables for Continuous Dental Education (CDE) / Seminars / Meetings and equipment to enable Virtual Meetings.

Continual planning is needed in order to maintain the optimal functioning of dental clinics, while ensuring that the dental clinics are equipped to cope with infectious diseases.

DR. AZZIDA BINTI ABD. AZIZ

Ketua Penolong Pengarah Kanan

Cawangan Pembangunan & Perkembangan Fasiliti Kesihatan Pergigian

Program Kesihatan Pergigian (PKP)

Kementerian Kesihatan Malaysia (KKM)

Report on Registration of Private Dental Clinics in the Past 5 Years

The registration of private dental clinics under the Private Healthcare Facilities and Services Act 1998 [Act 586] began on 1 May 2006, and in that year 809 clinics applied for registration and 131 (16.2%) of the applications were approved. By the year 2009 all existing clinics which had submitted complete applications had been registered.

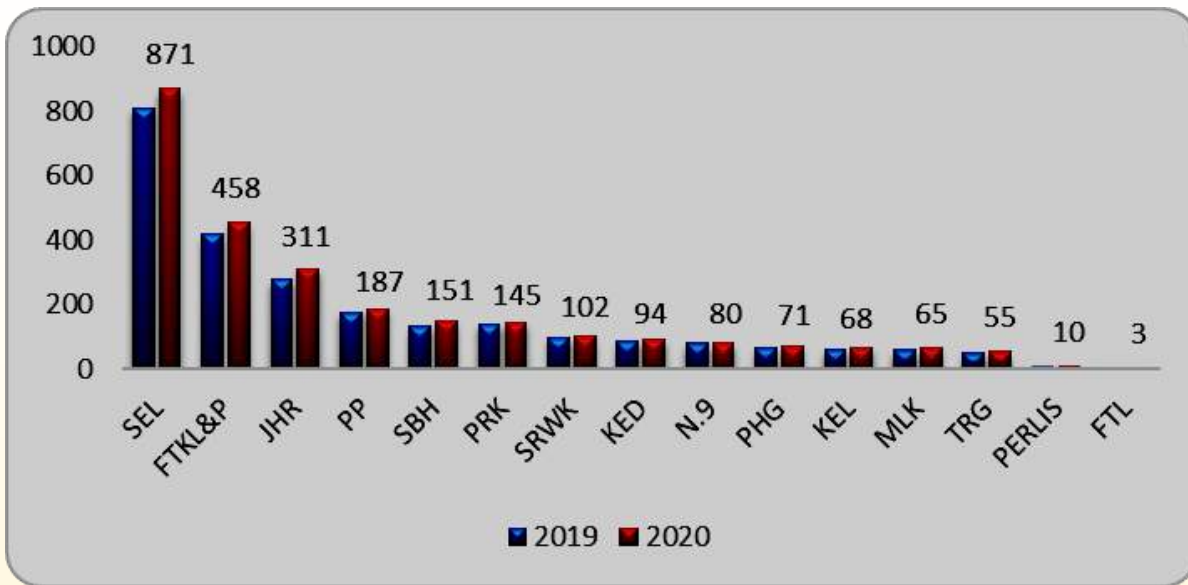
By the end of 2020, there were 2,671 registered dental clinics. This represents a 3% increase in the number of registered dental clinics in the past year and a 13.8% increase in the last 4 years. This is illustrated in Figure 1.

Figure 1: Total Number of Operating Dental Clinics, 2016 – 2020



The number of registered private dental clinics by state for last two years is shown as Figure 2. Selangor has the highest number of clinics and a steady rate of growth, followed by the Federal Territories of Kuala Lumpur and Putrajaya, Johor, Penang, Sabah and Perak. The number of clinics in Negeri Sembilan has decreased slightly.

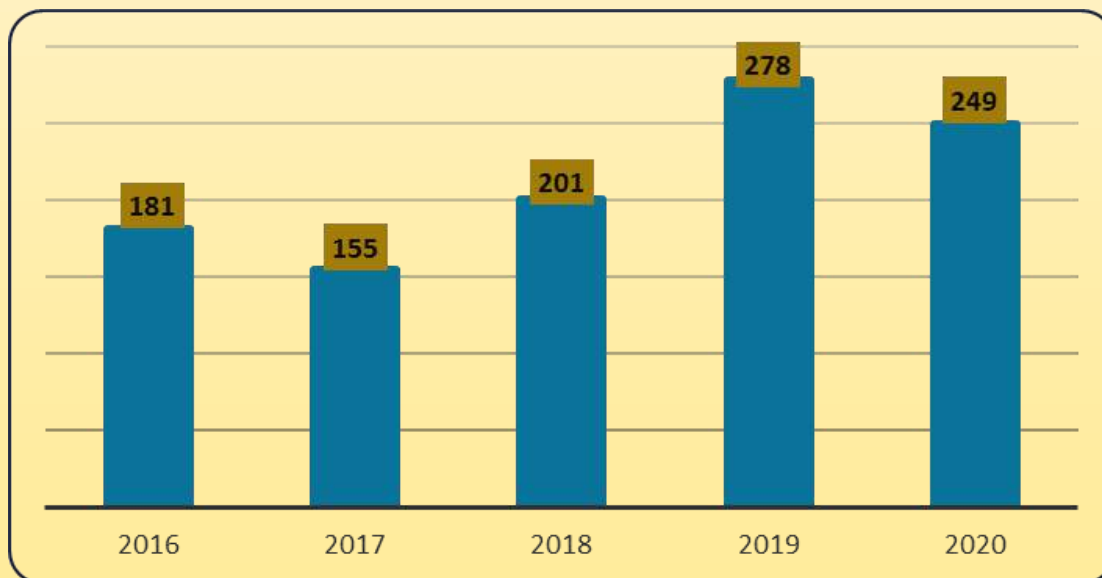
Figure 2: Number of Registered Dental Clinics by State, 2019 and 2020



Source: Oral Health Programme MOH

The number of registered clinics had been steadily increasing from 2017, but there was a slight decrease (5.5%) in the number registered in 2020 when compared to 2019. In 2020 a total of 249 applications for registration of private dental clinics were approved (Figure 3).

Figure 3: Number of Applications for Registration of Private Dental Clinics Approved, 2016 – 2020



Source: Oral Health Programme MOH

Besides the registration of private dental clinics, there is also the disposal or closure of private dental clinics and the withdrawal of the registration certificate from the person in charge (PIC) or the owner. In 2020, there were 45 closures of private dental clinics, with Selangor having the largest number (13) followed by FT Kuala Lumpur and Johore.

Conclusion:

Overall there is an increase in the number of clinics every year, although the rate of increase seems to have decreased slightly.

DR. HAZNITA BINTI ZAINAL ABIDIN

Timbalan Pengarah

Cawangan Perundangan & Penguatkuasaan Kesihatan Pergigian

Kesihatan Pergigian

Program Kesihatan Pergigian (PKP)

Kementerian Kesihatan Malaysia (KKM)

DISCIPLINARY PROCEEDINGS

YEAR OF COMPLAINT: 2004

FACT OF THE COMPLAINT:

- ◇ Dr C alleged that while treating a patient, Mr. L, for multiple fractures as a result of a Motor Vehicle Accident, at Hospital K, Dr R asked her to stand at his right side to observe carefully as well as to retract the patient's lower lip. After a few minutes, Dr R touched her left breast with his right elbow purposely and firmly.
- ◇ Dr C immediately moved away. She was again called to stand near Dr R and assist, at which time she used her hand to cover her breast area in order to prevent a similar occurrence.
- ◇ Dr. C complained about the incident to a few other staff members and was told that similar incidents had occurred previously. She made a police report about the incident for her own safety.



CHARGES AGAINST THE RESPONDENT:

Head 1

That you abused your professional privilege by using your position as a dental specialist when you molested Dr C during the course of treatment on the patient Mr. L.

Dr C in her evidence stated that while treating the patient Mr. L, you called her to stand on your right and observe the procedure. She further states that while standing and wiring the fractured mandible you intentionally knocked her left breast. She walked away to stand behind you. You then again called her to stand on your right and retract the patient's lower lip. Dr C used her left hand to cover her left breast while retracting the patient's lower lip.

This statement regarding Dr C's movements was corroborated by various staff members who were present during the procedure:

Mr. W
Ms. X
Ms. Y
Mr. Z

As a dental specialist and bearing in mind that Dr C is under training, you should have asked Dr C to stand opposite you, on the left of the patient where she would have a clear view and be unimpeded when assisting. By standing on your right she would have been in your way during the procedure.

Head 2

You stated in your testimony that there was no fracture of the mandible of the patient Mr. L and no wiring was done on the mandible of the said patient, and it was subsequently found on the radiographs that there was a fracture of the mandible and it was wired.

Dr C alleged that the incident occurred when you were wiring the fracture of the mandible of Mr. L. You denied there was a fracture of the mandible and you denied that you wired the mandible. You said that you only wired the maxilla at which time you were seated, and you never wired the mandible and therefore never stood, and consequently you could not have knocked her left breast. Your statement runs contrary to the evidence.

CHARGES AGAINST THE RESPONDENT:

In her notes pertaining to the patient's condition before treatment, Dr. D recorded that the mandible was mobile which means that there was a fracture present in the mandible. She confirmed this during her oral evidence. In the patient's case notes, written after treatment, it is recorded that the wiring of both the maxilla and the mandible were intact, showing that the wiring of the mandible was carried out.

There were only three (3) dental practitioners who were managing the patient, Mr. L in Hospital K; namely:

- 1) Dr. D, who in her evidence denied wiring the mandible;
- 2) Dr. C, against whom there is no evidence from either Dr. D, yourself or any other person present during the procedures, that the wiring was done by her; and
- 3) You, who, at the material time, was the dental specialist at Hospital K and admitted to carrying out the wiring of the maxilla.

It is obvious that the wiring of both the maxilla and the mandible were carried out by you.

Dr. E from Hospital J testified that the mandible was fractured, grossly displaced and wired at the time that the patient, Mr. L was admitted to Hospital J.

Based on the facts that:

- 1) The case notes and Dr. D's evidence show that there was a fracture of the mandible which was wired at Hospital K;
- 2) Dr. C's evidence which stated that you wired the mandible; and
- 3) Dr. E's evidence which stated that there was an obvious fracture of the mandible, which was wired prior to the patient's admission at Hospital J,

we believe that you knew that there was a fracture of the mandible and you carried out the wiring of the mandible.

By your false and contradictory statements on this matter, we believe that you molested Dr. C and tried to cover up your actions by denying that the mandible was fractured and denying that you wired it during the procedure.

Head 3

You coerced your subordinate staff to sign false affidavits.

There is evidence that Dr. C was present and did assist in the treatment of the patient, Mr. L. You coerced Ms. Y and Ms. V to sign false affidavits stating that Dr. C did not assist in the treatment of the patient.

The Committee has come to the conclusion that you did use your elbow to intentionally knock the left breast of Dr. C, and your subsequent actions of

- i) denying that there was a fracture of the mandible;
- ii) denying wiring the mandible; and
- iii) coercing your staff to sign false affidavits were to cover up your molest of Dr. C.





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