

MDC

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BULLETIN

**Tan Sri Dato' Seri
Dr Noor Hisham
bin Abdullah:
More Than a
Decade of
Leadership**



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PRESIDENT'S MESSAGE

Salam Ramadan

Dear Dental Colleagues,

It has been an epic journey as Director-General of Health, with ups and downs, and fulfilment and disappointment, and before the end of April, I will have completed my obligations to the nation and will retire with a clear conscience.

The Ministry of Health, under my watch, has worked at improving its services, including dental services, provided to the rakyat, training of our staff, and improving research and publications. This we have achieved to a high level.



I have some advice and suggestions to share with you. Our common goal in the health sector is, and should always be, to provide healthcare, including dental care, which is accessible, affordable and equitable to health care including dental health. After all, good health begins with the ability to chew consume and consume chew food well, to allow for proper digestion. So, we should all work cohesively and in alignment, to achieve this common goal.

Prevention should be in at the forefront, to reduce disease burden, have a high impact and reduce cost. Public Health dentists should play a major role here, as the right policies and strategies will help large population groups, rather more than the individual dentist working on one patient at a time to treat disease.

I served as President of the Malaysian Dental Council for almost 10 years, and have come to realise that the reason for the many successes of the Council is the cohesiveness of its members, where everyone comes together as one. Everyone's thoughts are aligned towards a common goal - to improve quality professional standards. It is has been a good council pleasure to serve being a member of this Council, and with its continuous evolvement, especially in terms of its Act and enforcement, would I see it serving as a role model for other health professions.

Finally, I would like to thank everyone in the public and private sector for having done a good job minding caring for the dental health of the nation. Do continue your good work and don't forget "prevention reaches more people"

Thank you and Selamat Hari Raya Aidilfitri to our Muslim colleagues.

TAN SRI DATO' SERI DR. NOOR HISHAM BIN ABDULLAH

18th April 2023

FROM THE EDITOR'S DESK



After 35 years of selfless service to the Ministry of Health, the time has come for YBhg. Tan Sri Dato' Seri Dr. Noor Hisham Abdullah to pass the baton of leadership to the next echelon. It was about a decade ago that YBhg. Tan Sri assumed office as the Director-General of Health Malaysia and simultaneously, by statute, assumed the position of the President of the Malaysian Dental Council.

He has shown exemplary leadership in those 10 years of service to the MDC. He took the MDC through good and difficult times, especially during the pandemic. Under his watch, never once has the Dental Service played second fiddle to the other services. He guided the Council through the regulatory processes that culminated in the passing of the Dental Act 2018, the Dental Regulations 2021 as well as the new Code of Professional Conduct 2022, to name a few.

In his capacity as the DG, he is highly recognized internationally, and has won numerous accolades and awards, befitting a person of his caliber. We in the dental fraternity take pride and share in his achievements.

The Editorial Board would like to wish him well in his future endeavours. We thank him for the services he rendered and certainly he leaves us with 10 years of fond memories that we will dearly cherish.

On the same note, we congratulate Dato' Dr. Muhammad Radzi bin Abu Hassan on his appointment as the Director-General of Health of Malaysia and welcome him as the new President of the Malaysian Dental Council. He comes with high qualifications and extensive experience, having served in various portfolios in the Ministry of Health. We look forward to many good years, with a wonderful working relationship under his stewardship.

DATO' PROF. DR. ISHAK BIN ABDUL RAZAK

A tribute to

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah



MDC Meeting No. 113 held on 24 February 2014



MDC Meeting No. 117 held on 22 February 2016



Online MDC Meeting No. 5 Under Dental Act 2018 [Act 804] held on 19 September 2022



Last MDC meeting No. 8 chaired by Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah Under Dental Act 2018 [Act 804] on 30 March 2023

A tribute to

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah

National Oral Health Plan Symposium
2016



Malaysia-International Dental Exhibition
and Conference (MIDEC) 2017 Gala
Dinner



HEARTIEST CONGRATULATIONS TO DATUK DR. MUHAMMAD RADZI BIN ABU HASSAN



ON HIS APPOINTMENT AS DIRECTOR-GENERAL OF HEALTH / PRESIDENT OF THE MALAYSIAN DENTAL COUNCIL

Datuk Dr. Muhammad Radzi Abu Hassan was born in Butterworth on 1 May 1965. He began his education at Sekolah Kebangsaan Padang Garong, Kota Bharu and continued to Sekolah Kebangsaan Gurun (Central), Sekolah Menengah Kebangsaan Gurun and the Sultan Abdul Hamid College (from 1980 till 1982). He then sat for his matriculation at Kedah Science Secondary School in 1983. He continued studies at the Royal College of Surgeons Ireland, National University of Ireland, Dublin and graduated with a MB BCh BAO in 1990 and obtained his Licentiate from the Royal College of Physicians (LRCP) and the Royal College of Physicians (Dublin) in 1991.

In 1997 he was admitted as a Member of the Royal College of Physicians (UK) and obtained a Master of Medicine from Universiti Sains Malaysia (USM) in the same year. He underwent sub-specialty training in Gastroenterology and Hepatology with the Ministry of Health in 1998, followed by training at USM in 1999 and the Royal Melbourne Hospital, Australia in 2000. He was then accepted as a Fellow of the Royal College of Physicians (Edinburgh) and became a Fellow of the Malaysian Medical Academy.

Datuk Dr. Muhammad Radzi started his career as a trainee doctor at Hospital Kuala Lumpur and then continued his service at Hospital Kota Bharu and the Specialist Medical Clinic at Hospital Kuala Terengganu. Upon returning from training in Australia, he joined Hospital Sultanah Bahiyah, Alor Setar where he has served until now. He is a senior medical consultant, with sub-specialization in Gastroenterology and Hepatology. He was appointed Head of the Medical Department from 2005 to 2017 and Chief Medical Coordinator for Kedah, and is currently Head of the Clinical Research Center at Hospital Sultanah Bahiyah.

At the national level, Dr. Muhammad Radzi was the Head of Gastroenterology and Hepatology Services and has been the Chairman of the credentialing committee since 2013. He has published more than 50 scientific papers and given 60 presentations and abstracts. He was also the personal physician for the late Sultan of Kedah and Seri Paduka Yang Di Pertuan Agong. As the medical coordinator, Dr. Muhammad Radzi has been entrusted with the health of the Sultan and the royal family of Kedah. Datuk Dr. Muhammad Radzi was awarded the Bintang Perkhidmatan Cemerlang Kedah (B.C.K.) in 2004, Darjah Setia Diraja Kedah (S.D.K.) in 2006 Darjah Dato' Setia Diraja Kedah (D.S.D.K.) in 2008 by the DYMM Sultan Kedah and the title Panglima Setia Diraja (P.S.D.) in 2015 by the Yang Di Pertuan Agong.

REGISTRAR'S REPORT

2022

Registration under the Dental Act 2018

Registration as Dental Surgeon

A total of 748 graduates registered with the Malaysian Dental Council (MDC) in 2022 (**Table 1**), a slight increase of 7.2% from the previous year. With the implementation of the new Dental Act 2018 [Act 804] on 1st January 2022, all graduates are registered under Section 31 of the Act.

Table 1: New Registrants by Section and Act, 2017 – 2022

Section	2017	2018	2019	2020	2021	2022
12(1) Act 51	1,258	1,117	1,079	1,001	686	
12(3) Act 51	0	0	2	1	0	
12(9) Act 51	0	1	7	3	12	
31 Act 804						748
Total	1,258	1,118	1,088	1,005	698	748

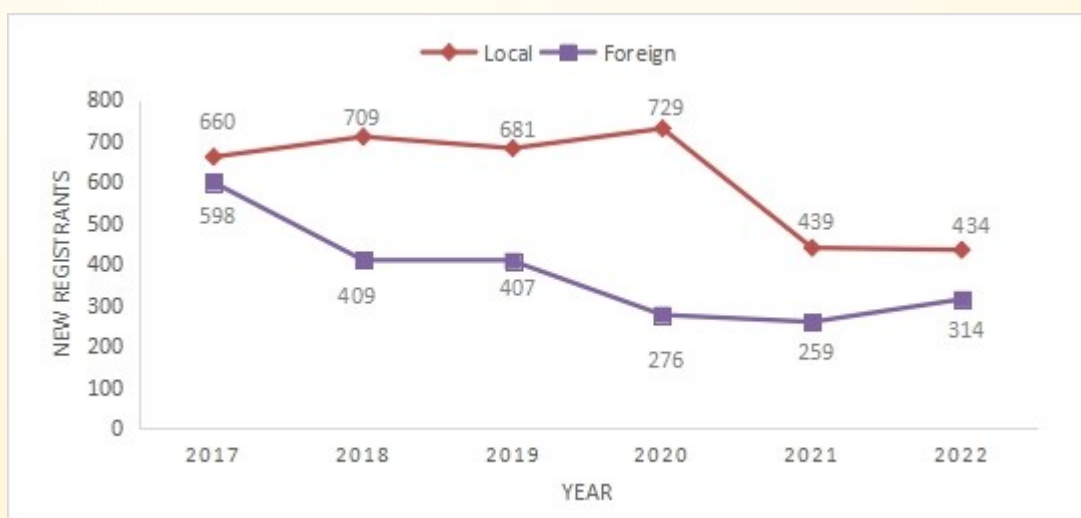


Figure 1: Number of local and foreign graduates registered with the MDC, 2017-2022

In 2022, the local institution with the largest number of graduates registered with the MDC was Universiti Teknologi MARA followed by AIMST University (**Table 2**).

Table 2: New Registrants from Local Institutions, 2017 – 2022

Institution	Year					
	2017	2018	2019	2020	2021	2022
University of Malaya	65	55	55	54	49	0
Universiti Kebangsaan Malaysia	52	50	50	50	5	56
Universiti Sains Malaysia	60	46	46	52	50	0
AIMST University	77	70	73	75	3	75
Penang International Dental College	75	76	78	40	78	45
Universiti Teknologi MARA	43	59	47	99	9	86
International Islamic University Malaysia	47	64	53	57	63	2
Islamic Science University Malaysia	37	30	42	31	38	0
MAHSA University	67	70	74	70	2	69
International Medical University	31	32	38	42	46	41
Melaka Manipal Medical College/ Manipal University College Malaysia	62	77	70	67	5	0
SEGi University	44	47	47	50	49	41
Lincoln University College	-	33	8	42	42	19
TOTAL	660	709	681	729	439	434

In 2022, the highest number of foreign graduates registered with the MDC were from Egypt (**Table 3**). Foreign graduates from India were the second highest number of foreign graduates and followed by graduates from Indonesia. The number of graduates from India has increased 80.8% after a notable reduction since 2017.

In the Dental Register, the total number of registrants at the end of year 2022 stood at 15,906.

Table 3: New Registrants by Country of Qualification, 2017 – 2022

Country	2017	2018	2019	2020	2021	2022
Malaysia	660	709	681	729	439	434
Egypt	253	91	164	107	124	108
India	191	122	79	72	52	94
Indonesia	41	74	75	51	47	74
United Kingdom	14	13	11	22	4	8
Jordan	85	96	52	2	-	-
Australia	-	2	5	6	7	5
Republic of Ireland	7	4	2	6	1	-
Bangladesh	-	1	8	4	4	17
New Zealand	5	5	5	2	7	2
Canada	-	-	-	1	-	1
China	-	-	1	1	1	-
Philippines	-	-	-	1	-	-
Taiwan	-	-	3	1	11	4
Turkey	1	-	1	-	1	-
Pakistan	-	-	1	-	-	-
Myanmar	-	1	-	-	-	-
Singapore	1	-	-	-	-	-
Japan	-	-	-	-	-	1
TOTAL	1,258	1,118	1,088	1,005	698	748

Registration as Dental Specialist

One of the new provisions under the Act 804 is the registration of dental specialist. A total of 707 dental specialist were registered in 2022. The highest percentage of registered dental specialist was in the field of Orthodontics (23%) followed by Oral and Maxillofacial Surgery (18%) and Periodontics (11%) **(Table 4)**.

Table 4: New Dental Specialist Registrants by Specialty, 2022

Specialty	2022
Dental Public Health	78
Endodontics	30
Forensic Odontology	7
Oral Maxillofacial Radiology	3
Oral and Maxillofacial Surgery	129
Oral Pathology and Oral Medicine/ Oral Medicine	27
Orthodontics	163
Paediatric Dentistry	70
Periodontics	81
Prosthodontics	59
Restorative Dentistry	48
Special Care Dentistry	12
TOTAL	707

Annual Practising Certificate

In 2022, a total of 13,444 dental practitioners were issued with Annual Practising Certificate (APC). A summary of the distribution of dental practitioners from 2017 to 2022 is shown on **Table 5**. The trend translates to 56.0% increase in 'active' dental practitioners over the past 5 years. The number of dentists (dental practitioners registered in Division II of the Register) only made up less than 0.1% of the active dental practitioners since the year 2020.

Table 5: Annual Practising Certificate Issued by Sector (2017 – 2022)

Division/Sector	2017	2018	2019	2020	2021	2022
Div I - Public	5,736 (66.5%)	6,455 (66.4%)	7,087 (65.5%)	7,443 (64.1%)	7,786 (61.9%)	7,828 (58.2%)
Div I - Private	2,862 (33.2%)	3,244 (33.4%)	3,714 (34.3%)	4,154 (35.8%)	4,788 (38.1%)	5,608 (41.7%)
Total Div. I	8,598	9,699	10,801	11,597	12,574	13,436
Div II - Private	22 (0.3%)	18 (0.2%)	16 (0.2%)	10 (0.1%)	7 (0.1%)	8 (0.1%)
Total	8,620	9,717	10,817	11,607	12,581	13,444
% Increase	19.6	12.7	11.3	7.3	8.4	6.9

Distribution of Active Dental Practitioners by Sector

In 2022, the number of active dental practitioners in the public sector was higher compared to the private sector (**Figure 2**). However, the increased rate in public sector (0.5%) was very much less than the increased rate for private sector (17%) in 2022. This was noted after five years implementation of contract service for dental officers in the Ministry of Health Malaysia.

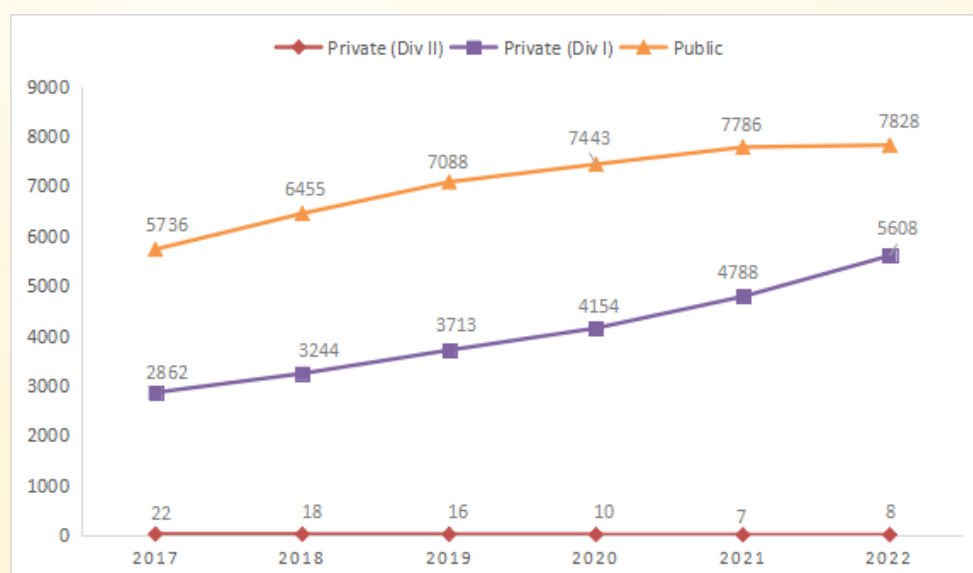


Figure 2: Number of active dental practitioners by sector (2017-2022)

The distribution of active dental practitioners in Malaysia by state is shown in **Table 6**. 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 34.5% of the dental practitioners in Malaysia. Selangor and FT Kuala Lumpur were the only two states where the number of dental practitioners in private sector are higher than in public sector. The total of dental practitioners in the two states accumulated to 50.8% of the dental practitioners in private sector. The distribution of dental practitioners in the private sector is largely based on demand and accessibility while the public sector is based on the available posts in each state.

Table 6: Annual Practising Certificates Issued by States in Malaysia (2022)

State	Division I Dental Surgeons			Division II Dentists
	Public Sector	Private Sector	Total	
Perlis	141	27	168	-
Kedah	507	211	718	-
Penang	431	379	810	-
Perak	599	283	882	-
Selangor	941	1888	2829	-
FT Kuala Lumpur	854	960	1814	-
FT Putrajaya	128	25	153	-
Negeri Sembilan	463	157	620	-
Malacca	369	166	535	-
Johore	686	668	1354	-
Pahang	624	140	764	-
Terengganu	524	105	629	-
Kelantan	664	123	787	-
Pen. Malaysia	6931	5132	12063	-
Sabah	426	266	692	5
Sarawak	441	205	646	3
FT Labuan	30	5	35	-
Malaysia	7828	5608	13436	8

FT = Federal Territory

Distribution of Active Dental Practitioner by Gender and Sector

In 2022, slightly more than two-thirds (70.3%) of the active dental practitioners were females (**Table 7**). The gender distribution, however, varies by sector, with females accounting for 78.0% in the public sector, and only 59.7% in the private sector.

Table 7: Distribution of Active Dental Practitioners by Gender & Sector, 2022

Sector	Male	Female	Total
Public	1,722 (22.0%)	6,106 (78.0%)	7,828
Private	2,266 (40.3%)	3,350 (59.7%)	5,616
Total	3,988 (29.7%)	9,456 (70.3%)	13,444

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, but there has also been a higher growth in the number of females (57.8%) as compared to males (31.2%) in 2017.

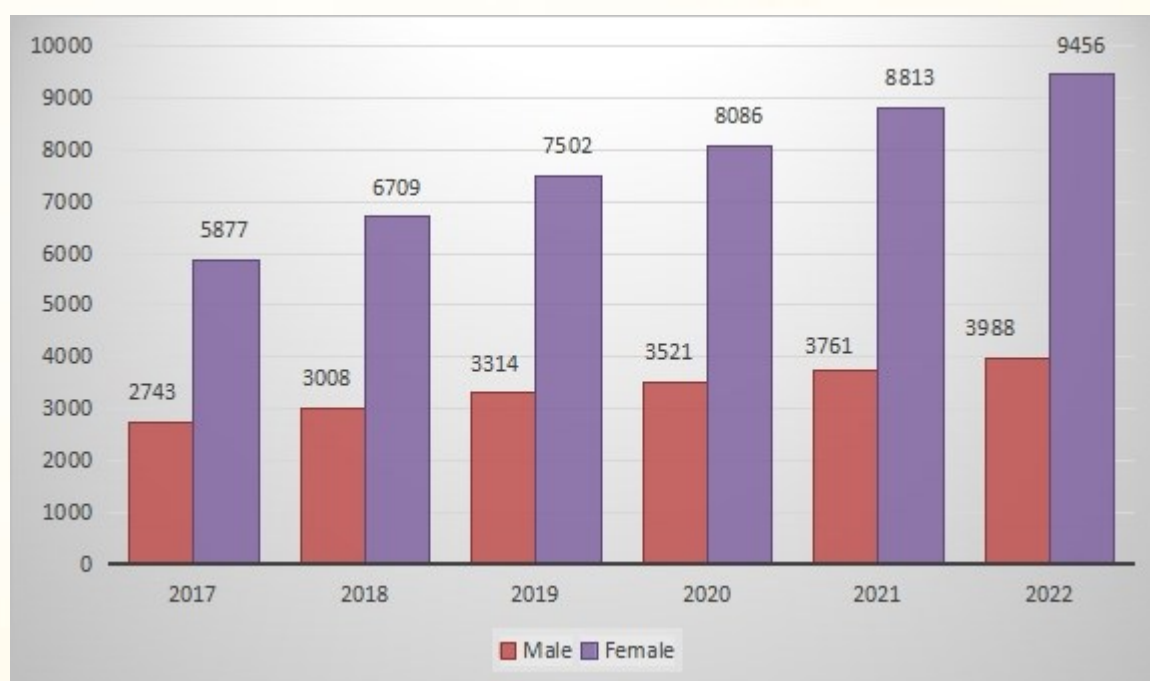


Figure 3: Distribution of Active Dental Practitioners by Gender, 2017 – 2022

Temporary Practising Certificate

In 2022, a total of 213 Temporary Practising Certificates (TPC) were issued to dental surgeons registered outside Malaysia to practise in Malaysia. The majority (90%) were issued to academic staff and out of these 91% were issued to academic staff in private universities (**Figure 4**). Overall, there was 4.1% reduction in the number of TPC issued in 2022 compared to the previous year (**Figure 5**). The reason for the reduction could be due to the new requirements under the Guidelines for Application of Temporary Practising Certificates, Dental Act 2018.

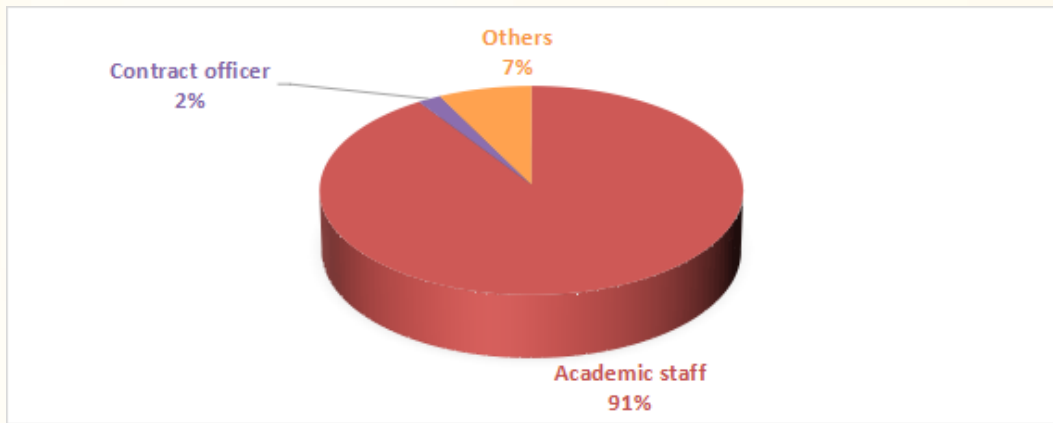


Figure 4: Percentage of TPC Issued by Categories in 2022

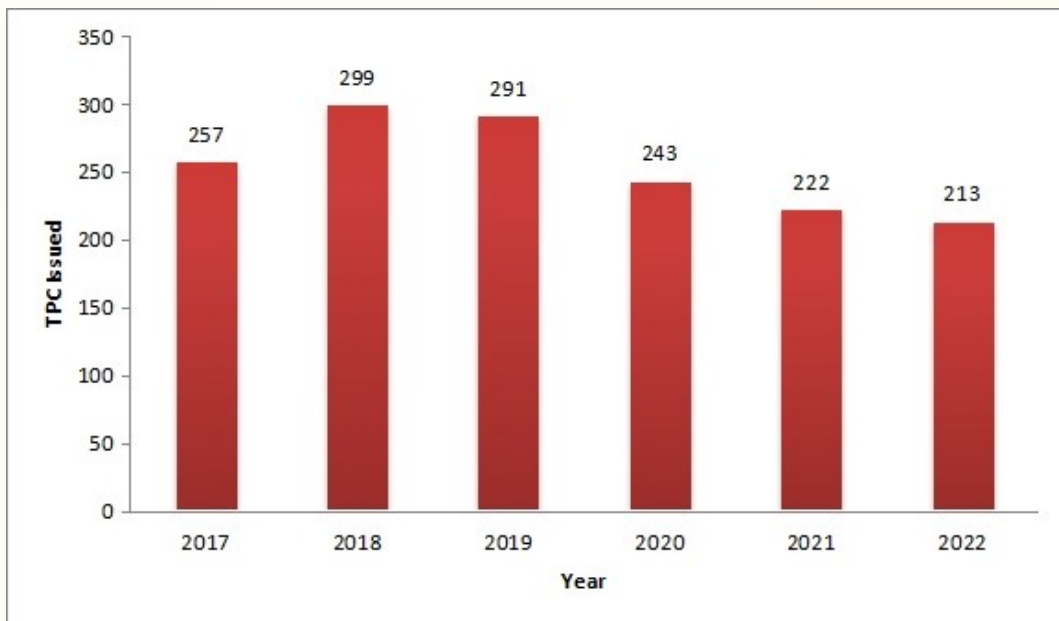


Figure 5: Number of TPC Issued (2017 – 2022)

Issues the Dental Registrar wishes to highlight

1. Implementation of the Dental Act 2018

With the Dental Act 2018 and Dental Regulations 2021 in force since 1 January 2022, dental practitioners are advised to refer to the MDC's website at <https://hq.moh.gov.my/ohd/mdc> on any updates on the implementation of the Dental Act 2018 on the following matters:

- Professional Qualifying Examination
- registration as a dental surgeon
- registration as a dental specialist
- application for practising certificates (APC & TPC)
- application for translation of certificates and letter of good standing
- Code of Professional Conduct and guidelines under the Dental Act 2018

2. Malaysian Healthcare Practitioners' System (MHPS)

This system will replace the Dental Practitioners' Information Management System (DPIMS) in phases. As of November 2022, the module for registration of new dental surgeons and new dental specialist has been up and running. Dental practitioners are advised to refer to the MDC's website at <https://hq.moh.gov.my/ohd/mdc> on any updates on the development of this new system for other modules.

3. Application for year 2024 Annual Practising Certificate

Dental practitioners are reminded to apply for 2024 APC through the Malaysian Health Care Practitioners' System (MHPS). This new system is developed in accordance with the new requirements and relevant provisions under the Dental Act 2018 to replace the Dental Practitioners' Information System (DPIMS).

Although the requirement for Continuing Professional Development (CPD) points and Professional Indemnity Cover will only be in force for 2025 APC, dental practitioners are encouraged to start collecting CPD points and obtain Professional Indemnity Cover earlier.

4. MyCPD 2.0

Dental practitioners are encouraged to register with myCPD 2.0 at <http://www.mycpd2.moh.gov.my/> to record their annual CPD points collection. CPD points collected for the previous year must be recorded in myCPD 2.0 the latest by end of January 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 MHPS to be used for application of practising certificate.

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

CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

Engaging in Continuing Professional Development (CPD) is essential for healthcare professionals and necessary to deliver high quality, safe, effective, and person-centred care. CPD has been defined as “Systematic maintenance, improvement and continuous acquisition and/or reinforcement of the life-long knowledge, skills and competencies of health professionals. It is crucial to meeting patient, health service delivery and individual professional learning needs”¹. CPD includes formal learning activities (e.g. practice-related training, seminars, lectures, courses, conferences, workshops) and informal learning, relevant to the role and scope of practice (e.g. reflection on practice, reading journals, clinical teaching, online resources, journal clubs, self-directed learning).

CPD in reference to dentistry, is referred to as “the mechanism by which dental practitioners develop their skills and knowledge and maintain up-to-date practice”². The main aims of CPD are to protect the public and patients, as well as supporting dental practitioners in maintaining and improving their skills and knowledge. This in turn can help to enhance the quality of care given to patients and assist the dental practitioners themselves in being confident of their knowledge and skill set³. Practitioners should constantly update and renew their knowledge and skills, enhance evidence-based practice and ultimately ensure that they are able to meet their patients’ needs and service delivery goals, in a continually changing practice environment. Participation in CPD activities will ensure that practitioners are well-equipped with the appropriate knowledge, skills and professional values to advance their career. Continuous learning helps open new doors in their career, keep their skills and knowledge up to date and ensure they practice safely and legally.

CPD is an opportunity for dental practitioners to develop their skills and understanding in their particular field of expertise. CPD allows for the public’s expectations of the dental practitioners to be met. It gives the public or patients more confidence in the competency of their dental practitioners and that the best possible treatment plan will be implemented as a result of their continuing professional development⁴.

In Malaysia, the requirement to engage in CPD is embedded in the Dental Act 2018. All practitioners should participate in CPD programmes organised by registered CPD Providers. The accumulation of CPD points is now a requirement in the application for a Practising Certificate (PC) and therefore all practitioners who wish to practice in Malaysia are subjected to this requirement. Practitioners must produce evidence of CPD points with the application for their PC. Practitioners should ensure that the majority of the CPD activities they attend are relevant to their practice of dentistry. This information can be acquired from the Guidelines on Continuing Professional Development for Practitioners in Malaysia endorsed by the Malaysian Dental Council (MDC) at the 5th MDC Meeting on 19 September 2022 and the Malaysian Dental Therapists Board (MDTB) at the 2nd MDTB Meeting on 23 November 2022.

Practitioners are expected to engage in a range of CPD activities according to the objectives of CPD and their own learning needs. This is in line with the National CPD objectives below:

General Objective

To create highly efficient and skilled healthcare professionals, who deliver high quality, safe dental services to the public based on the latest knowledge and techniques.

Specific Objectives

- To enhance the knowledge and improve the skills of dental practitioners .
- To increase the level of leadership or management skills to ensure delivery of high quality health care.
- To ensure that the practitioners’ acquire, update and share their knowledge, as well as maintain their level of competency in delivering professional dental services.

- To encourage dental professionals to participate in organized and systematic training, through self-learning and self-development sessions, seminars, colloquiums, forums, dialogue sessions, conventions, surveys, research, workshops, professional learning communities, book reviews, writing and publications



The MDC and MDTB has set **minimum 20 CPD points** as the annual requirement for application of Practising Certificates. For dental practitioners to fully realise the benefits of CPD in their practice, they need organisational support in terms of funding, time to attend, and access to suitable opportunities. In the Ministry of Health Malaysia, financial support from employers and funding isn't usually the issue. Whilst for the private practitioners, time to attend continues to be hindered by workforce shortages and staff workloads. For employers, ensuring adequate staff cover when colleagues are 'away' presents significant challenges.

CPD evaluation is crucial, because there is evidence that increased knowledge for healthcare professionals does not automatically translate into improvements in clinical practice or patient outcomes^{5,6}. Therefore, CPD providers are required to maintain the reports of participants' evaluation for each CPD for a minimum duration of three (3) years and these must be available for the purpose of renewal of registration status. In addition, a clearly defined quality assurance process to evaluate the programmes should be available. To ensure high standards of care, more attention should be given to reflection on learning needs, the learner's readiness to engage with education and training and the influence of the workplace environment. Explicit commitment from employing organisations to ensure equitable access, time, funding and support for CPD is also important.

In conclusion, CPD is a valuable means by which to maintain dental practitioners' competency and skill set. Compulsory implementation of CPD in 2024 for dental professionals, is a favourable way in which to ensure that individuals are keeping up to date with their knowledge and safeguarding the needs of the patients and the public. It is essential that these skills are maintained, as it allows for new ways of carrying out procedures that are more beneficial to the patient. Additionally, it allows for the dental practitioner to ensure that they remember how to carry out various procedures that they may have not conducted for some time.

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DR. SITI ZURIANA BINTI MOHD ZAMZURI

DEPUTY DIRECTOR

ORAL HEALTH PROGRAMME, MINISTRY OF HEALTH MALAYSIA

GLOBAL ORAL HEALTH AGENDA 2030: IMPLICATIONS TO ORAL HEALTH CARE IN MALAYSIA

INTRODUCTION

At the General Assembly on the Prevention and Control of Non-Communicable Diseases (NCDs) in 2011, oral diseases were recognized as a major global health burden. Oral health is a public health problem which has been recognized globally and adopted by member states through the Resolution on Oral Health (WHA74.5) in the World Health Assembly in May 2021. The World Health Organization (WHO) urges all its member countries to incorporate oral health needs within the non-communicable diseases and universal health coverage (UHC) agendas. Moreover, the Global Strategy on Oral Health highlighted the bold vision for UHC of oral health services by 2030. The global oral diseases burden, resources available for oral health, and country profiles serve as baseline information in the Global Oral Health Report. In 2023, the Global Oral Health Action Plan is expected to further streamline global targets, monitoring framework and targets to be implemented and achieved by 2030.

“Oral health is a fundamental right. It is very concerning that despite burdening billions of people around the world, many oral diseases which could be prevented or treated with simple, evidence-based and cost-effective interventions. People continue to experience pain and suffering, alongside severe financial pressures on families and communities. The impact of poor oral health around the world is enormous and action is urgently needed to benefit all, young and old, across the life course”

Dr Bente Mikkelsen

Director for Non-communicable Diseases, WHO

ORAL DISEASE BURDEN GLOBALLY AND IN MALAYSIA

Oral diseases are among the most common NCDs affecting around 3.5 billion people worldwide, especially in the low- and middle-income countries. Based on the National Oral Health Survey for Adults (2010) in Malaysia, 94% of adults had periodontal conditions, with 87.2% requiring periodontal care, and 88.9% had dental caries experience, with 54.1% requiring restorations.

Poor oral health leads to high out-of-pocket spending and may lead to catastrophic health expenditure when people fail to seek care when it is needed. Similarly, based on the National Health and Morbidity Survey (2019) in Malaysia, only a quarter of the people visited a dental practitioner in the previous 12 months, 50% visited their dental practitioner over two years before and 15% had never seen a dental practitioner throughout their life! Oral diseases and conditions accounted for around USD 357 billion in direct costs, including dental care and USD 828 billion in indirect costs of productivity loss due to absence from work or school. In Malaysia there is an increasing trend of out-of-pocket oral healthcare expenditure per capita from RM6.13 in 1996 to RM21.29 in 2019 based on the National Household Health Expenditure Survey (1996) and National Health and Morbidity Survey for Healthcare Demand (2019).

Numerous evidence has shown that oral diseases are often associated with other NCDs such as diabetes, obesity, cancer, cardiovascular disease, respiratory disease and mental illness among others. Additionally, prevalence and severity of oral diseases and conditions is strongly associated with the poor, vulnerable group, particularly people with disabilities and low incomes, living in rural areas, minorities or marginalized groups, those in prison and refugees. In Malaysia, it is estimated that there were around 453,258 people with disabilities (DOSM, 2017) and 59,278 prisoners in 2018 (World Prison Brief, 2022). As at 31 July 2022 there were a total of 136,923 hardcore poor people (income below RM1,169 per household) and 308,699 poor people (income below RM2,208 per household) (Money Compass, 2022; TheStar 2022). The rural population in Malaysia is around 7,474,014 (24.1%) (DOSM, 2020) and as of October 2022, there were a total of 182,780 refugees in Malaysia (UNHCR, 2022).

Global Strategy on Oral Health

The vision of the Global Strategy on Oral Health is UHC for oral health involving all individuals and communities by 2030, where all can have access to essential, high quality and affordable health services that respond to their needs. It is a fundamental right of all to achieve the highest attainable standard of oral health. The Ministry of Health Malaysia has been taking bold actions by developing ambitious national responses to promote oral health through the National Oral Health Policy (NOHPol) and the National Oral Health Strategic Plan (NOHP) 2023-2030, which is expected to be launched in 2023, MOH Strategic Plan 2021-2025, Oral health as part of the SDG-UHC (Goal 3.8), 12th Malaysia Plan 2021-2025, National Budget 2023 and Healthy National Malaysia Agenda (ANMS) 2021-2030, among others. This is in line with the WHO strategy to reduce oral diseases, other oral conditions and oral health inequalities, strengthening efforts to address oral diseases and conditions as part of UHC by integrating oral health in various general agenda as well as developing the targets and indicators, from national, state, district contexts, to local area context in line with the WHO guidance, to prioritize efforts and assess the progress made by 2030.

There are six guiding principles that we need to work on, by applying a public health approach; integrating oral health with primary health care; and adopting innovative workforce models to respond to population needs. Placing people at the heart of oral health services is critical, including tailored interventions across the life course, and optimizing digital technologies. The six strategic objectives are:

- Oral health governance: to improve political and resource commitment to oral health, strengthen leadership and create win-win partnerships within and outside the health sector.
- Oral health promotion and disease prevention: enable all people to achieve the best possible oral health, and address social and commercial determinants as well as risk factors of oral diseases and conditions.
- Health workforce: Develop innovative workforce models, and revise and expand competency-based education in response to population oral health needs.
- Oral health care: integrate essential oral health care, and ensure related financial protection and essential supplies in primary health care.
- Oral health information system: enhance surveillance and health information systems to provide timely and relevant feedback on oral health to decision makers for evidence-based policy-making.
- Oral health research agendas: create and continuously update context and needs-specific research that is focused on the public health aspects of oral health.

Global Oral Health Action Plan 2023-2030

In the WHO's draft Global Oral Health Action Plan 2023-2030, two overarching global targets have been proposed. The indicators are divided into a) overarching global targets, b) global targets and c) complimentary indicators. The two predominant global targets and other proposed goals are as shown in Table 1, with baseline achievements in Malaysia noted, to give us some picture of our performance thus far. In relation to the current achievements, some of the roles of the dental fraternity and stakeholders are highlighted in the next section for us to consider.

Table 1: WHO's Proposed Global Oral Health Action Plan Targets by 2030 & Preliminary Achievements: Malaysia

Table 1: WHO’s Proposed Global Oral Health Action Plan Targets by 2030 & Preliminary Achievements: Malaysia

	Global Targets	Global targets (Core Indicators)	Achievements*
Overarching Global Targets			
1.	1.1 UHC for oral health	<p>75% of the global population will be covered by essential oral health care services to ensure progress towards UHC for oral health.</p> <p>(1.1 Proportion of population covered by essential oral health interventions under a public health benefit package)</p> <p>Complementary Indicators:</p> <p>I.2 Prevalence of unmet oral health needs (and reason for unmet needs), including due to financial reasons;</p> <p>I.3 Out-of-pocket payment for oral health care services, US\$ per capita.</p>	<p>MOH Coverage: 12.1% (MOH, 2021)</p> <p>Comprises toddler, preschool children, school children, antenatal, adults (including young adults) & elderly.</p>
2.	2.1 Reduce oral disease burden	<p>The global prevalence of the main oral disease and conditions over the life course will show a relative reduction of 10%.</p> <p>(II.1 Prevalence of the main oral diseases and conditions)</p> <p>Complementary Indicators:</p> <p>II.2 DMFT; II.3 PUFA index; II.4 Prevalence of untreated caries of deciduous teeth in children; II.5 Prevalence of untreated caries of permanent teeth; II.6. Prevalence of severe periodontal disease; II.7 Missing teeth; II.8 Incidence rate of oral cancer – lip and oral cavity cancer; II.9 Prevalence of orofacial clefts; II.10 Self-reported oral health status.</p> <p>Note: Achievement of II.10</p> <p>95.2% adults perceived they had reasonably good oral health; 4.8% perceived they had poor oral health.</p>	<p>Adults ≥15 years (NOHSA, 2010)</p> <p>Caries: 84.8%</p> <p>Severe Periodontal disease: 18.2%</p> <p>Oral Lesion 51.1% & 5.3% requires referral.</p> <p>Edentulism:7.3%</p> <p>School children 12 years (NOHSS, 2017)</p> <p>Caries: 33.3%</p> <p>Preschool children 5 years (NOHSP, 2015)</p> <p>Caries 71.3%</p> <p>Orofacial cleft: 0.08%</p>

Global Targets			
3.	3.1 National leadership for health	80% of countries will have an operational national oral health policy, strategy or action plan and dedicated staff for oral health at the Ministry of Health. (1.1.1 Existence of operational national oral health policy, strategy or action plan; 1.1.2 Presence of dedicated staff for oral diseases in the NCD Department or other Department of the MOH).	Achieved NOHPol & NOHP 2023-2030
	3.2 Environmentally-sound practices	90% of countries will have implemented two or more of the recommended measures to phase down dental amalgam in line with the Minamata Convention on mercury or will have phased it out. (1.2 Implemented measures to phase down the use of dental amalgam). Complementary Indicators: 1.3 Government per capita expenditure on oral health care; 1.4 Per capita expenditure on oral health care; 1.5 National policies, strategies or action plans with a specific policy goal or action towards reducing sugar intake excluding SSBs taxation; 1.6 National policy or legislation to restrict all forms of tobacco consumption; 1.7 Oral health integration in community-based programmes; 1.8 Noma recognised as a national public health problem.	Achieved Amalgam Vs Tooth coloured restoration use among school children in 2021 Primary school children: 2.4% vs 97.5% Secondary school children: 4.9% vs 95.1%
4.	4.1 Reduction of sugar consumption	70% of countries will have implemented a tax on sugar-sweetened beverages. (Implemented tax on sugar-sweetened beverages / SSBs). Note: In Malaysia, an excise duty starting from July 2019 is RM0.40/ litre for two categories of SSBs manufactured in the form of ready to drink with sugar content are: a)Beverages including carbonated drinks containing added sugar or flavoured and other sweetening matter which contains sugars exceeding 5g per 100 ml; & b)Fruit juices and vegetable juices which contains sugar exceeding 12g per 100ml.	Achieved RM0.40/litre of SSBs
	4.2 Optimal fluoride for population oral health	50% of countries will have national guidance to ensure optimal fluoride delivery for the population. (National guidance on optimal fluoride delivery for oral health) Complementary Indicators: 2.3 Population using fluoride toothpaste on a daily basis; 2.4 Per capita availability of sugar - g/day; 2.5 Prevalence of current tobacco use, ≥ 15 years - %, age-standardised rate; 2.6 per capita total alcohol consumption ≥ 15 years – litres of pure alcohol/ year; 2.6 Per capita total alcohol consumption ≥ 15 years – litres of pure alcohol/ year; 2.7 Prevalence of current betel quid use among persons age ≥ 15 years; 2.7 Prevalence of current betel quid use among persons ≥ 15 years.	Achieved 1. Population based Water Fluoridation Programme in Malaysia 2. High risk group: clinical prevention programme. Eg. Fluoride varnish, fluoride mouth rinsing. Coverage of water fluoridation: 76.5% (MOH, 2021)

5.	5.1 Innovative workforce model for oral health	<p>≥50% of countries will have an operational national health workforce strategy that includes workforce trained to respond to population oral health needs.</p> <p>(3.1 Existence of an operational national health workforce strategy that includes workforce trained to respond to population oral health needs)</p> <p>Complementary indicators:</p> <p>3.2 Active oral health personnel per 10,000 population; 3.3 Trained primary healthcare workers including community healthcare workers can perform cost-effective interventions on oral health.</p>	<p>Supply and Needs-Based Requirement Projections of Malaysian Human Resources for Health using System Dynamics Approach 2016-2030.</p> <p>3 dental practitioners per 10,000 population (MDC, 2021)</p>
6.	6.1 Oral health in primary care	<p>80% of countries will have oral health care services available in primary care facilities of the public health sector.</p> <p>(4.1 Availability of oral health care services in primary care facilities of the public health sector)</p>	59.4% (MOH, 2021)
	6.2 Essential dental medicines	<p>≥50% of countries will have included the WHO essential dental medicines in the national essential medicines list.</p> <p>(4.2 WHO EMLs dental preparations are listed in the national essential medicines list or equivalent guidance).</p> <p>Complementary Indicators:</p> <p>4.3 Proportion of the population who visited an oral health care professional.</p>	Not available

7.	7.1 Integrated oral health indicators	<p>75% of countries will have included oral health indicators in their national health information systems in line with the monitoring framework of the global oral health action plan.</p> <p>(5.1 Oral health indicators in routine health information systems)</p> <p>Complementary Indicators:</p> <p>5.2 Collection of oral health data using WHO NCD survey tools or national oral health survey, across the life course; 5.3 Full set of oral health information by WHO HQ; 5.4 National monitoring framework to track national oral health policy.</p>	<p>Ongoing</p> <p>GiRet to be launched on 1.1.2023</p> <p>Health Information Management System;</p> <p>My Health Data Warehouse (MyHDW)</p>
8.	8.1 Research in the public interest	<p>>20% of countries will have a national oral health research agenda focused on public health and population based interventions.</p> <p>(6.1 Setting national oral health research agendas focused on public health and population-based interventions).</p> <p>Complementary Indicators:</p> <p>6.2 Percentage of government funds for oral health research.</p>	<p>Achieved</p> <p>National Oral Health Research Initiatives (NOHRI, 2022).</p>

Source: WHO (2022); Ministry of Health Malaysia (2022)

Role of Stakeholders

To tackle oral diseases and conditions and apply the global oral health strategy in Malaysia, we need to see the bigger picture, strengthen leadership roles to take bold action and challenge the 'status quo', identify the stakeholders so as to integrate and advocate the oral health agenda through a 'whole of nation' approach, beyond the dental fraternity. Among the roles and actions that need to be looked into further, in line with WHO recommendations for the public and private sector and non-government organizations are the following:

- a. The Malaysian Government plays a vital role in responding to the challenge of oral disease and conditions, and strengthening the oral healthcare system for the population, towards effective oral health promotion, prevention and control of oral diseases and conditions, reducing oral health inequalities, secure appropriate budgets to achieve UHC benefit packages; integrate oral health in health policies and primary health care services such as ensuring oral health is included in health screening programmes, provide strong leadership, coordination and accountability from national, state, district to local levels; the health workforce should meet population oral health needs by reorientating the outcomes of the education programmes to the oral health services, such as increasing the number of trained dental auxiliaries to balance with the number of dental practitioners nationwide; address the determinants of oral health and risk factors for oral diseases and conditions; and improve oral health surveillance, data collection and monitoring to inform decision making and advocacy on the achievements of the National Oral Health Strategic Plan 2023-2030, SDG-UHC indicators and the WHO's Global Oral Health Action Plan Targets (2023-2030).

Other Actions: Expand coverage of dental screening services in all primary health care facilities especially in rural areas. Integrate dental screening within the National Health Screening Programmes, Peka B40, National Annual Budget for income tax relief, Healthy Malaysia National Agenda (ANMS) etc. continuously as part of financial protection for oral health care. Get buy-in from the Government for more oral health budgets to invest more on developing dental facilities particularly in rural areas, adequate human resource, integrated electronic medical records and digital dentistry services nationwide, providing quality alternative restorative materials to phase down use of amalgam, and facilities well equipped with sound dental chairs and other equipment.

Support policies and regulations to limit sugar intake, all forms of tobacco consumption, alcohol, betel-quid and areca-nut chewing. Promote fluoride toothpaste as an essential health product. Prioritise availability and distribution of essential oral health supplies and consumables as part of public procurement mechanism for primary health care. Incorporate dental preparations into the National Essential Medicine List (for example glass ionomer cement, fluoride etc) aligned with the WHO's list. Support digital tele-dentistry access and consultation for early detection and management of oral diseases, referral and continuous evaluation of the interventions. Integrate public-private-NGOs oral health information system by integrating into the national health information system and NCD in the Ministry of Health Malaysia on population oral health service coverage, oral diseases and conditions, dental facilities and workforce surveillance system.

Translate oral health research into practice, evaluate oral health policies, apply evidence generated from innovative public health approaches, such as effectiveness of digital health technologies. Align research with global and national oral health priorities such as the need for population surveys for prevalence of oral diseases and conditions, service coverage for representative and holistic population oral health data of Malaysia as required in the upcoming Global Oral Health Action Plan 2030.

- b. Non-Government Organisations (NGOs) are key stakeholders in setting priorities for oral health care services and public health. NGOs can support and encourage governments to develop ambitious oral health responses at all levels and contribute to their implementation. For instance the Kuantan Declaration 2022 on Sugar and Dental Caries-Cavities, which was advocated by the Pertubuhan Bebas Kavitasi Malaysia, calls all stakeholders to play their vital roles to reduce sugar consumption for better oral health and general health at various levels. NGOs play important roles to support consumers, lead bottom-up advocacy and movements for a better focus in public oral health promotion and prevention of oral diseases and condition agenda. National dental associations and other dental professional organisations should support the oral health of their communities by collaborating with the government at various levels in applying the National Oral Health Policy, National Oral Health Strategic Plan 2023-2030 through provision of oral healthcare systems, partnership collaboration, community empowerment, standards and monitoring, research and development, digital transformation and innovation, applying population-wide prevention measures, and participating in oral health data collection and surveillance.

Other Actions: promoting and protecting oral health as public good by promoting and raising awareness of incompatible partnerships. Support the Government in developing guidance on private sector engagement in oral health and NCD programmes. Facilitate community action with diverse group such as other NGOs, academia, media, human rights organizations, faith-based organizations, labour and trade unions, like-minded organizations on poor, disadvantaged, vulnerable and marginalised people such as people with disabilities, elderly living alone or in care homes, refugees, prisoners, rural communities, the minorities towards personal, social and advocacy skills for effective self-care and oral hygiene.

Strengthen task-sharing and inter-professional collaboration models for the provision of oral health care. Incorporate oral health in population health campaigns/digital/social media platform for oral hygiene self-care skills in communities.

- c. Private Sector can strengthen its commitment and contribution to national and subnational oral health responses, for example advocate annual dental and health check-up policy for all staff, providing healthy environments at the workplace that support better oral health and general health, wellness programmes and health insurance plans; reducing the marketing, advertising and sale of products that cause oral diseases and conditions such as food and drinks with high free sugars, tobacco and vape products. Dental industry players should ensure dental equipment, devices and oral hygiene products are safe, effective and affordable for oral health care.

Other Actions: Prioritize monitoring, transparency and compliance with voluntary and legally binding policies and regulations related to online selling of dental products such as machines, equipment and dental materials, and promotion of oral health services to discourage illegal dentistry in Malaysia. Improve affordability of fluoride products for oral health, ensuring tax reductions and subsidies applied to lower the prices. Align all oral health workforce training institutions with national health workforce planning to address population health needs. Adapt concepts and programmes of private oral health education in the public interest.

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Article by :

Dr Mustafa Jaapar and Dr Noormi binti Othman

Office of Principal Director of Oral Health

Oral Health Programme

Ministry of Health Malaysia

DISCIPLINARY PROCEEDINGS

CASE 1

THE FACTS OF THE COMPLAINT

- Mr. C went to a dental clinic and complained that he was unable to eat properly as he had lost many of his back teeth.
- Dr. R suggested crowns and implants as tooth replacement, since it will last for about 25 to 30 years. Dr R claimed he had 5-6 years experience in crown and implant treatment.
- An X-ray was taken but Dr R did not show or explain it to Mr. C
- Mr. C was given an appointment for root canal treatment. On the day of the appointment, Mr. C was given an injection, but he still felt pain during the treatment
- A few days later, Mr. C experienced severe pain and couldn't bite on the treated teeth. Mr. C called the clinic asking for an appointment but Dr. R was on leave.
- Mr. C went to the clinic again and he was treated by another dental surgeon. The dental surgeon gave him a painkiller and antibiotics to control the infection.
- Mr. C continued his root canal treatment for five teeth with another dental surgeon in the same clinic until the treatment was completed. The other dental surgeon explained that Dr R had killed the nerves of Mr. C's teeth and he did not know why Dr. R had done the treatment for the front teeth as Mr. C had not requested for that treatment.
- Mr. C requested That the MDC take the necessary action regarding his concerns.

THE FINDINGS OF THE PRELIMINARY INVESTIGATION COMMITTEE (PIC)

After four (4) hearings and nine (9) exhibits adduced by Mr. C, the committee found that the statements support the allegation and framed a charge against Dr R.

CHARGES AGAINST THE RESPONDENT

After due deliberation by the PIC, the committee framed one (1) charge against Dr. R.

Head 1

Neglected or disregarded of professional responsibilities;

In that you have breached Code of Professional Conduct clause 1.6 (b) which states "A dental practitioner who recommends and performs unnecessary dental services or procedures is deemed to be engaged in unethical conduct".

And in relation to the facts alleged you may be found guilty of infamous conduct in a professional respect under section 32(2)(b) and punishable under section 33 of the Dental Act 1971.

THE RESPONDENT'S EXPLANATION

- a. Dr. R pleaded not guilty to the charge
- b. Dr. R claimed that the root canal treatment was rendered in accordance with the accepted standards of dental practice.
- c. Dr. R stated that Mr. C had a bad tooth condition, tooth attrition and severe bone loss especially the lower anterior teeth.
- d. Dr. R felt that Mr. C may experience high tooth sensitivity from injury to pulp after any dental crown procedure. The fillings on the teeth were located very close to the patient's nerves, suggesting that the patient will have a higher chance of suffering infection in his pulp. Dr R recommended RCT to avoid these real and possible risks and complications.
- e. Dr. R stated that Mr. C had consented to the root canal treatment after he fully understood the reasons, purpose and possible risks and complications of the root canal treatment. Therefore, Dr. R believed that the selective root canal was properly rendered with consent from Mr. C.

RECOMMENDATION OF THE PIC

After taking Dr. R's defense into consideration and considering the evidence, the members of the PIC unanimously agreed that there is a case to answer and recommended that Council hold an inquiry as provided for in Regulation 27 (7) (b).

VERDICT OF THE COUNCIL

The Council, having considered the PIC report, the evidence adduced and the statement by the practitioner, found the practitioner guilty of the charge. The practitioner was suspended for six (6) months under Section 33 (1)(b).

DISCIPLINARY PROCEEDINGS

CASE 2

THE FACTS OF THE COMPLAINT

- Mr. C lodged a complaint regarding advertisements, which were published in the social-media, Facebook.
- Mr. C claimed that these advertisements had breached the Advertisement Guidelines for private dental clinics or facilities, due to the publishing of the fee for dental treatment outside of the dental premises.

THE FINDINGS OF THE PRELIMINARY INVESTIGATION COMMITTEE (PIC)

After two (2) hearings and three (3) exhibits being adduced by Mr. C, the committee found that the statements support the allegation and framed a charge against Dr. R.

CHARGES AGAINST THE RESPONDENT

After due deliberation the PIC framed one (1) charge against Dr. R.

Head 1

That you have breached Code of Professional Conduct particularly,

Clause 8 (a) which states *“Dental practitioners may only use, in relation to their practices, publicity or advertising material which is legal, decent and truthful, and has high regard for professional propriety.*

Publicity or advertising material shall not:

- a) Draw undue attention to the practitioner;*
- v) Recommend a specific product.”*

Head 2

That by advertising the fees of certain dental services offered by the Place of Dental Practice, via social-media, *Facebook*, other than in the premises of your place of dental practice, you have breached the Code of Professional Conduct not adhered to the Guidelines and Provisions

For Public Information particularly, clause 1.11 (b) which states *“Dental practitioners should display (place prominently so that it may be readily seen) their tariffs or fees in a prominent place within the clinic premises”* and clause 2.8 on Guidelines and Provisions for Public Information particularly which state *“Professional fees or tariffs shall only be displayed within the clinic premises.”*

And in relation to the facts alleged you may be found guilty of infamous conduct in a professional respect under section 32(2)(b) and punishable under section 33 of the Dental Act 1971.

THE RESPONDENT'S EXPLANATION

- Initially, Dr R pleaded guilty to Head 1 and pleaded not guilty to Head 2.
- Dr R claimed that as a founder and owner of dental clinics, he was not aware that the advertisements made on the billboard attached to his clinic violated the Guidelines and Provisions for Public Information. Dr R was under the misconception that since the billboard was placed within the confines of the clinic, there was no breach to the guidelines.
- However, after an explanation by the learned members of the committee regarding the Guideline and Provisions for Public Information, particularly the public display of tariff and fees, Dr. R understood and changed his plea and pleaded guilty to both charges.
- Since Dr. R pleaded guilty to both charges, the committee recorded his statements in mitigation. According to Dr. R, prior to this he was not aware of the regulation, he had seen many other clinics displaying similar advertisements and was misguided in this matter. Having now been made aware, Dr. R promised not to repeat his mistakes and will make the necessary corrections in all his clinics.

RECOMMENDATION OF THE PIC

As the Dr. R had pleaded guilty to both offenses, the committee recommended that the Council exercise its powers specified in Section 33 of the Act accordingly.

VERDICT OF THE COUNCIL

The Council, having considered the PIC report, the evidence adduced and the statement by the practitioner, found the practitioner guilty of the charge. The practitioner was suspended for one (1) month under Section 33(1)(b).

ACTIVITIES CONDUCTED BY THE MALAYSIAN DENTAL COUNCIL

Briefing to the Council Members on the Dental Act 2018 &
Dental Regulation 2022

Swiss Garden Hotel, Kuala Lumpur



Briefing to the Preliminary Investigation Committee (PIC) on “Tatacara Prosiding Tatatertib Di Bawah Akta Pergigian 2018”

Malaysian Dental Council, Cyberjaya, Selangor



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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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