

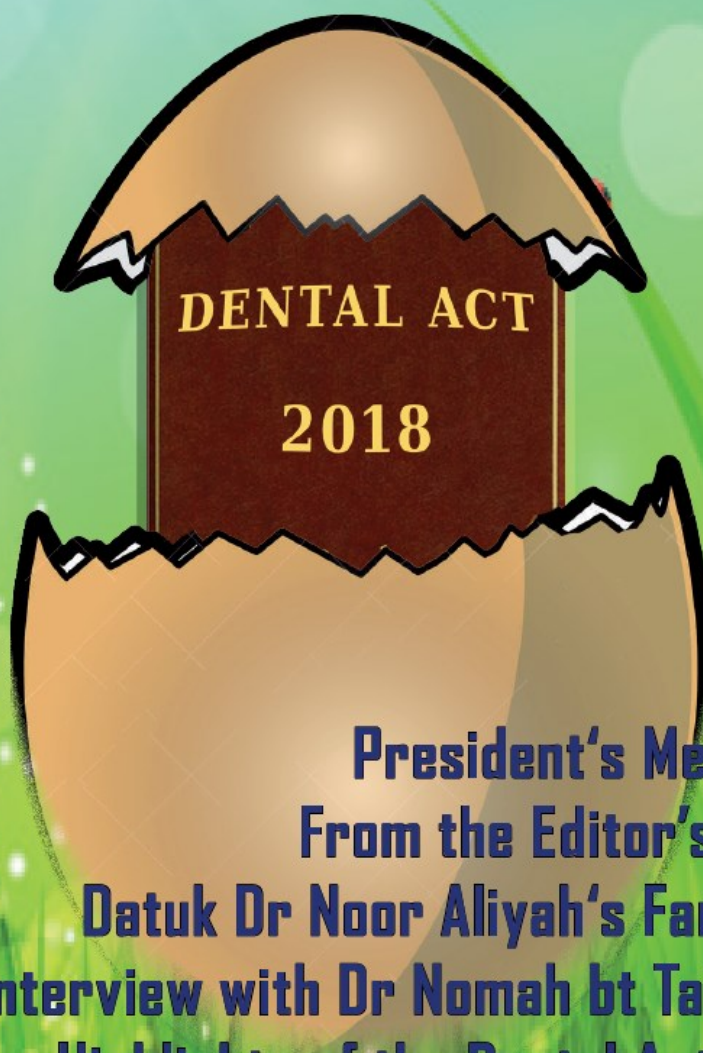
MDC

MALAYSIAN DENTAL COUNCIL



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BULLETIN



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PRESIDENT'S MESSAGE



By now, everyone is aware that the long awaited Dental Act 2018 has been passed in Parliament and was gazetted in June 2018. Hopefully, the Act will be enforced in January 2019. There are a number of changes and important points in this new Dental Act that I would like to highlight.

Under the Dental Act 2018, the Dental Register will consist of three divisions; Division I for persons registered as Dental surgeons, Division II for persons registered as dentists and a new Specialist Division for dental surgeons who register as dental specialists in the various dental specialties.

This Act will also see the establishment of the Dental Therapists Board to register and regulate dental therapists. The Dental Therapists Register will be established for the registration of dental therapists. Please take note that a dental therapist who works in the private sector must work under the direct supervision of a dental surgeon.

For the purpose of renewing the Annual Practising Certificate (APC), dental surgeons and dental therapists will have to accumulate continuing professional development (CPD) points as specified by the Dental Council or the Dental Therapists Board. They will also be required to show evidence of Professional Indemnity cover. Although these requirements will come into effect for the 2021 APCs, practitioners will have to use the CPD points collected in 2019.

Enforcement plays a major role in ensuring rules and regulations are adhered to. As stated in the new Dental Act, an authorized officer, who is issued with an authority card under subsection 70(2) of the Dental Act 2018, must be allowed access to records, as well as accorded all the cooperation and assistance required for the officer to carry out his enforcement duties.

It is my fervent hope that all dental practitioners will accept this new Dental Act with open minds, as it has been introduced to better regulate and increase the stature of the Dental Profession in this country. Thank you.

Datuk Dr. Noor Hisham Bin Abdullah

FROM THE EDITOR'S DESK



The passing of the Dental Act 2018 by Parliament marks a significant milestone in the development of the dental profession in Malaysia. After a hiatus of 47 years the Dental Act 1971 has been repealed and is replaced by the new Act. As the Dental Act 2018 has many more provisions with 9 parts and 104 sections, compared to only 7 parts and 50 sections respectively in the old Act, it will certainly have more far reaching implications to the practice of dentistry in Malaysia. The Malaysian Dental Association together the Oral Health Division have embarked on a nationwide roadshow to create awareness on the provisions of the new Act.

This issue of the Bulletin is almost wholly dedicated to the Dental Act 2018, with articles providing highlights of the Act. A cross-section of members of the profession have also been invited to express their personal views on the specific impact of this Act on their field of practice, as well as the practice of dentistry in general.

The Bulletin also features a tribute to Datuk Dr Noor Aliyah binti Ismail, who had served as the Principal Director of Oral Health and Registrar of the Malaysian Dental Council, who had been one of those instrumental in pushing the Dental Act 2018 through in Parliament. We wish her all the best in her future undertakings. An interview with the current Principal Director of Oral Health and Registrar of the Malaysian Dental Council, who assumed office at this very challenging time, has also been included in the Bulletin, to get an insight into her plans for the dental profession post-Dental Act 1971. We wish her all the best in taking the profession to its next level of development.

Dato' Prof. Dr. Ishak Abdul Razak

DATUK DR NOOR ALIYAH'S



FAREWELL

By: Dr. Nor Fatimah Syhraz Bt Abdul Razakek

31 May 2018 marked a momentous occasion, in the Oral Health Programme, Ministry of Health Malaysia, when Datuk Dr Noor Aliyah binti Ismail, a key figure in the programme ended her career as the Principal Director and as a civil servant.

Datuk Dr Noor Aliyah served in the Ministry of Health Malaysia for almost 4 decades. The numbers 1 and 8 are very special to Datuk as '81' was the year her career in the civil service began and 18 was the year she ended her working career.

Datuk's contribution is far reaching and has had a profound impact, not only on the lives of dental officers, but on the public as well. Her leadership has indeed changed the oral health landscape of Malaysia for the better. Under her guidance, the Dental Bill 2018 was passed in Parliament. Though her career in the civil service has ended, we celebrate the start of her new endeavors, with the start of a new adventure.



Gentle, calm and kind. These are the traits that best describe her. Her attitude makes it easy to communicate and work with her, and a positive work culture was built up and trust was forged, leading to improvement.

Hopefully our relationship with Datuk will continue. As they say, "Memories last forever, never do they die. Friends stay together, never say goodbye".

We would also like to express our gratitude to Datuk Dr Noor Aliyah for her contribution and her undying commitment in the Programme. We pray that God will bless and reward her for all she did.


**As One Chapter Ends
Another Begins For You
Enjoy All The Things
You've Been Looking Forward To**

So to the readers, let's join the celebration through the photograph taken on her last day in the Ministry of Health.

Finally the writer wishes her all the joy and happiness in the world. Good luck Datuk! Happy retirement!
All the best in your new adventure!!







Just a note to say...
As you move
into a new venture...
May Luck and Success
always be with You !



The Power of Positivity: AN INTERVIEW WITH

DR. NOMAH BT TAHARIM (REGISTRAR, MALAYSIAN DENTAL COUNCIL)

By: Dr. Jade D'Silva

“A positive attitude awakens inner strength, motivation and initiative.”

It is this optimistic approach to life, that has propelled Dr. Nomah bt Taharim, the Principal Director of Oral Health and Registrar of the Malaysian Dental Council, through her exemplary career that spans an admirable 34 years and has taken her across the country from Pahang to Selangor and finally to the Ministry of Health Headquarters in Putrajaya. “I like to look at the positive side of things,” she says as her face lights up with a smile, “and this is what helps me confront life’s challenges.”



No stranger to the uphill battles that come on the heels of any success story, Dr. Nomah admits that she does feel a certain sense of trepidation when tackling the obstacles she’s confronted with, but with an innate sense of optimism, she affirms that overcoming challenges is what drives her to work harder and aim to do better.

Dr. Nomah’s impressive career had its start a little over three decades ago. A lesser known fact about her is that she was first inspired to take up dentistry as a career, by her cousin, who had enrolled in a dentistry programme before her. Looking back fondly on those memories, she says that it was long before she had any expectations of what the future would hold and where her perseverance would take her.

Dr. Nomah graduated with a Bachelor of Dental Surgery from the University of Malaya and reported for duty on 2 January 1985 at her first posting in Klinik Pergigian Sungai Pelek, Sepang. An industrious young dentist, Dr. Nomah spent the next 8 years honing her clinical skills and experiencing work as a dental officer at the grassroots level in government dental clinics in Cheras and Kuantan before she was given the opportunity to accompany her husband, Dr. Ruslan bin Sulaiman, to the United Kingdom. “He truly encouraged me to strive for the best,” she says appreciatively and gives him credit for his support and motivation. It is there, that she was awarded her Diploma in Dental Public Health from the prestigious Eastman

Dental Institute, University College London, in 1994.

On returning to Malaysia, Dr. Nomah worked in Klang and then Rawang before she was promoted to District Dental Officer of Kuala Langat in 2002. It is this diverse work experience that has given her a profound understanding of the oral healthcare system and inculcated a sense of duty and devotion to our country and its people.

This was especially advantageous when she served as the Director of Oral Health in Selangor from 2011 to 2015. "I was so grateful for the opportunity and didn't dream that there would be more to come," she says.

As fate would have it, being the Director of Oral Health in Selangor would be but a chapter in this story of incredible achievement, as Dr. Nomah has since, excelled at several leadership roles in the Ministry of Health.

After first serving as Deputy Director of Professional Development and then as the Director of Oral Health Regulation and Practice (the post is changed to Director of Oral Healthcare after reorganization of the Oral Health Program in 2016), Dr. Nomah was appointed as the Principal Director of Oral Health and Registrar of the Malaysian Dental Council (MDC) on 1 June of this year.

It truly is a remarkable time to be the Registrar of the MDC. With the recent passing of the Dental Act, there is a feeling of renewed excitement and an influx of energy in the field of dentistry, across the country. To be at the helm of something new, steering us forward, Dr. Nomah is ready to take ownership of the responsibilities that await her and the hard work that comes with it. This fact is not lost on her, "I anticipate challenges," she remarks as her voice takes on a more serious tone.

When referring to the Dental Act, Dr. Nomah says that with the cooperation of the relevant associations and after feedback from all those involved has been taken into consideration, she hopes that the implementation of the Dental Act can be fulfilled by mid-2019. With an understanding that teamwork and unity are key elements in the path forward, Dr. Nomah strives for inclusivity noting that she would like to engage with all the relevant associations and work together to achieve a system that mutually benefits all. "The strength of the team is each individual member; the strength of each member is the team".

Dr. Nomah has never been one to shy away from difficulties in the past and she is confident that there will be an agreement that will satisfy all involved.

"With regards to Specialist Registration," she says with candour, "the mindset of general practitioners, is one of a sense of dissatisfaction associated with the new regulations."

Dr. Nomah accepts that with the new regulations under the Dental Act, there may be practitioners who are resistant to the changes and express displeasure. As Registrar, she hopes to alleviate these grievances.

It is important to note, that the MDC also has a responsibility to the public. Most patients are unable to distinguish between the qualifications of a specialist and general practitioner. Consequently, it is the duty of the MDC to ensure that the public are aware of these differences. She reassures us that practitioners may perform treatment they feel they are trained and qualified to do, but they bear all the responsibilities associated with this. "The takeaway here is that the Act restricts the use of the term 'Specialist' and a practitioner cannot use this term unless he possesses the neces-

sary qualifications. However, they are free to provide any treatment as general practitioners, just not under the blanket term ‘Specialist,’ she clarifies.

In addition to the Specialist Register, Dr. Nomah anticipates questions regarding the introduction of the Professional Qualifying Examination (PQE). She says that when the Dental Act is implemented, all local and international students, who begin their dental education after the date of implementation will, upon completion of their studies, be required to pass the PQE prior to registration with the Malaysian Dental Council. She believes that this will help standardise skills and knowledge, and will be conducive and beneficial to the workforce at large.

Dr. Nomah is also eager to collaborate with dental therapists through the new Dental Therapist Board, on which the Registrar of the MDC is the chairperson. “The registrar has a broader scope of duties and responsibilities because of the Dental Act,” she says taking it in her stride. She has, after all, always accepted the responsibilities laid upon her and believes in approaching all tasks with a resolute-ness to succeed, rather than focussing on the negative.

When asked what she looks forward to in her role as the Registrar, Dr. Nomah does not hesitate to say that her goal is to push past national confines and breakthrough international borders. She believes in promoting our Oral Health Division’s accomplishments globally and has a great sense of pride in Malaysia’s values and successes.

“We have so much to offer other countries,” she says emphatically, referencing a recent trip to Nepal and her experiences at the 9th Asian Confer-

ence of Oral Health Promotion for School Children in Cambodia, last year.

She hopes to promote our systems and share our ideas, as she steers our country forward to achieve international recognition for our effective public health system. “We are fortunate that Malaysia has a well-structured programme and an organised Ministry of Health, which is independent and has the ability to run our own programmes,” she says with pride.

Her aspiration for the future is that the younger generation of dentists would love the work they do and have a sense of patriotism and an eagerness to help the less fortunate. Through her example of always looking on the bright side, she hopes to inspire a culture of positive thinking and a belief in one’s own abilities, to accept the hardships we face and take them on with a determination to succeed. Dr. Nomah attributes destiny and an element of luck, to her success but knows that these are brush strokes that paint a much larger picture on a canvas rooted in a deep faith in God and the drive to push forward and dream bigger.



“The strongest light is the light that shines within you. Use it to lead the way of your life.” Dr. Nomah challenges us to look at the bigger picture, work as a team, to be better people and to pay it forward.

HIGHLIGHTS OF THE DENTAL ACT 2018

By: Dr. Elise Monerasinghe

Members of the Amendments Committee of the Dental Act 1971

Chairman – Assoc. Prof. Dr. T Thurairatnam (Private)

| Year | No | Sector | |
|-------------|----|--------|---------|
| | | Public | Private |
| 2002 - 2003 | 6 | 3 | 3 |
| 2004 - 2005 | 8 | 3 | 5 |
| 2006 - 2007 | 7 | 3 | 4 |
| 2008 - 2009 | 9 | 4 | 5 |
| 2010 - 2012 | 20 | 10 | 10 |

DENTAL ACT 2018

Malaysian Dental Council (MDC)

- Increase to **26 members**
 - * President – Director General of Health
 - * Registrar – Principal Director of Oral Health
 - * 6 dental surgeons from academic staff appointed by the Minister (3 from private, 3 from public)
 - * 6 dental surgeons appointed by the Minister (3 from private, 3 from public)
 - * 8 dental surgeons elected from Peninsula Malaysia (4 from private, 4 from public)
 - * 1 dental surgeon elected from Sabah
 - * 1 dental surgeon elected from Sarawak
 - * 2 dental therapists
- Definite membership for **public and private sector** practitioners
- Inclusion of 2 dental therapists
- Functions –
 - recognize qualifications
 - register dental surgeons and dental specialists
 - regulate examinations
 - regulate period of compulsory service
 - regulate standards, ethics and professional conduct

Malaysian Dental Therapists Board (MDTB)

- **16 members**
 - * Chairperson – Principal Director of Oral Health
 - * Registrar – Head of Profession of Dental Therapists
 - * 1 dental surgeon from MDC
 - * 2 dental therapists from academic staff
 - * 1 dental therapist from Dental Training College
 - * 1 dental therapist from armed forces
 - * 5 dental therapists from Peninsular Malaysia
 - * 2 dental therapists from Sabah
 - * 2 dental therapists from Sarawak
- **All appointed**
- Functions - register dental therapists and post-basic dental therapists
regulate examinations
regulate standards, ethics and professional conduct

Registration of Practitioners

Chapter 1 – Register

- Registrars - Dental Registrar
Dental Therapists Registrar
- Registers - Dental Register Division I
Division II
Specialist Division
Dental Temporary Practising Certificate Register
Conditional Register
Dental Therapists Register Division A
Division B
Dental Therapists Temporary Practising Certificate Register

Chapter 2 – Registration

- Registration of dental surgeons
 - Malaysian citizens only**
 - Professional Qualifying Examination for all applicants
 - Evaluation Fee **RM 300** for dental surgeons
- Registration of dental specialists
 - Registered in Division I**
 - Dental Specialists' Evaluation Committee
 - Fee **RM 1,200** per specialty
- Registration as a Dental Therapist
 - List of recognized qualifications (2nd Schedule)
 - Fee **RM 50**

- Registration as a Post-Basic Dental Therapist
List of recognised qualifications (3rd Schedule)
Fee **RM 200**
- Conditional Registration
Any person
Qualification from accredited local universities

Chapter 3 – Practising Certificate

- Practising certificate Specify **ALL** practising addresses
Requirements **CPD points**
Professional indemnity cover
Proof of registration of private clinics
- Annual Practising certificate – application by **1 November** of preceding year
Fee **RM 100** per clinic (to maximum of RM 300)
Fine for late application RM 100
Failure to apply - suspension
- Temporary Practising certificate
Non-Malaysian
Maximum 12 months
One practising address
Practise as a specialist with approval
- Display of certificates - **Certificate of Registration** at principal practising address
Practising certificate at all practising addresses
Fine RM 20,000

Chapter 4 - General

- Practising as a dental therapist
Direct supervision of a dental surgeon in private sector
Procedures in **5th and 6th Schedules** in private sector
- Notification of change of address
Home or practising address
Fine RM 20,000
- Service of notice or correspondence – principal practising address
- Signing of sick certificates – only by a dental surgeon
- **Community service** ≤ 7 consecutive days
≤ 14 days in a year
Written consent of the Dental Registrar
- Bodies corporate or companies
No business other than dentistry
≥ 50% of members of the Board of Directors are registered dental practitioners

Miscellaneous

- **Compulsory service**
 - Written notice by Director General
 - Failure to comply – struck off
- Period of service
 - Determined in Regulations
 - Failure to comply – struck off
- Power of Minister – reduction, postponement or exemption
- Fees – 4th Schedule
- Code of Professional Conduct – observed by all practitioners
- Guidelines & directives – complied with by practitioners
- Required information
 - MDC / MDTB may call for information
 - Failure to comply – RM 20,000
- **Compounding of offences** – approval of Public Prosecutor
- Power to amend schedules – Minister after consulting MDC
- Regulations – MDC with approval of Minister

Repeal, Saving & Transitional

- Repeal and dissolution
 - Dental Act 1971 is repealed
 - Dental Council dissolved in 6 mths from appointed date
- **Practising certificate** – valid till 31 December
- Register - Div I and Div II deemed registered under Dental Act 2018
- **Dental schools** Graduates from institutions in 2nd Schedule of Dental Act 1971 can register for next 5 years

Please [click here](#) to view the Dental Act 2018.

IMPACT/POTENTIAL IMPACT OF DENTAL ACT 2018 ON

PRIVATE SECTOR DENTAL FACULTIES IN MALAYSIA

By: Datuk Prof. Madya Dr. Khairiyah bt Abd. Muttalib

(This article is the personal opinion of the writer and does not necessarily reflect the opinion of the Council)

In the evaluation and accreditation of dental educational programmes in private sector dental faculties, there is often a tendency to impose the yardsticks of dental education in public sector institutions of higher learning, in spite of existing standards and criteria. Hence, the rating system of evaluation injects the long-awaited objectivity required for observation and evaluation of private sector dental education programmes. Equally, with the country standing on the verge of implementation of the new Dental Act 2018, with the anticipated endorsement of its Regulations to be effective from 1 January 2019, there is also a need to look at Sections/Clauses within the new Act that may have an impact on private sector dental education programmes.

- The issuance of Temporary Practising Certificates (TPCs) for a maximum of 12 months leaves the situation unchanged for the private sector Institutions of Higher Education (IHE), as far as the processes of issuance are concerned. In spite of TPCs for expatriate lecturers issued for a maximum of 3-months under the old Act 1971, the MDC facilitated the IHE by producing four (4) TPCs in one go for the whole year, where applicable. However, there would certainly be increased financial implications on IHEs for APCs and TPCs under the new fee schedule, as it will be across the profession.
- The imposition of indemnity cover on all dental practitioners under the Dental Act 2018 will mean higher financial implications for private sector IHE, if this has not been previously factored in. For IHE which are already subscribing for indemnity cover for its clinicians and clinical phase students, this imposition will not bring a major change. The other aspect of the matter for the IHE that have been subscribing might be in more competitive premiums/rates as the numbers of dental practitioners and clinical students swell.
- The greatest potential impact might be if the Malaysian Dental Council (MDC) decides that all expatriate lecturers be subjected to scrutiny by the Dental Specialist Evaluation Committee (DSEC) and must be eligible for recognition under the standards and criteria imposed on dental specialists registered under the Specialist Division. This would be the biggest threat to the operationalisation of all private sector dental faculties in Malaysia and will mean a loss of autonomy by the institution in the employment of its trainers.

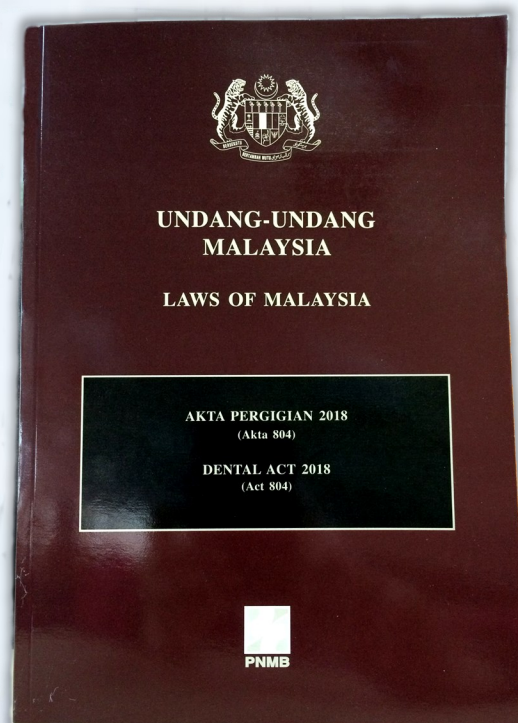
- Private sector institutions have yet to feel the implications of the Professional Qualifying Examination. In the current TPC guidelines, the employment of expatriate lecturers is divided into two categories –
 1. those with recognised degrees + 2 years postgraduate experience; and
 2. Those with unrecognised degrees + 5 years postgraduate experience (including years on the postgraduate course).

There will be a negative impact if the Council decides that clinical specialists employed as lecturers need to sit for the PQE in order to be eligible to be employed as trainers in an IHE.

Perhaps it is too early to elucidate this matter at this juncture. Would the incoming lecturer have to sit for the PQE or would the MDC allow the institution to apply the equivalence of the 'unrecognised basic degree + 5 years postgraduate experience'? Since, the MDC is allowing a 5-year transitional grace period in which the recognised list of institutions is still in effect, would the MDC accept the expatriate based on a basic degree conferred within this 5-year grace period? There should be a thorough discussion on this and this should be regarded as an ad hoc matter.

This articles does not assume that there would automatically be potential negative impacts of the Dental Act 2018 in IHEs, but there is certainly a need for the dental profession to facilitate the sustenance of private dental education for the moment. The dental profession needs to view private sector dental education from several perspectives:

1. That the government regards private sector as an engine of economic growth and private sector education institutions play a pivotal role in raising Malaysia to be an education hub in this region
2. That private sector dental faculties play an important role in contributing to the output of dental professionals for the country;
3. that all private sector dental faculties have been accredited and are deemed to meet all minimum standards and criteria for dental education programmes, and
4. that on-going monitoring visits and renewal of accreditation status mandate that such institutions exhibit total quality management of their dental education programmes.



MY PERSPECTIVE ON THE NEW DENTAL ACT 2018

By: Dr. Patricia Murugasu, Orthodontist in private practice

(This article is the personal opinion of the writer and does not necessarily reflect the opinion of the Council)

The Dental Act 2018 with its 9 parts and 104 sections has finally been gazetted. Currently under discussion and pending approval by MDC are the regulations pertaining to processes for implementation of the Act. In my opinion, the new Act is a positive step towards upholding the standards of our profession as well as ensuring the rights and improving the safety of the public.

As an orthodontist in private practice, some of the features that I took particular note of are as follows :-

1 In 5 years' time, new dental graduates will have to satisfy the requirements of the Dental Qualifying Committee [Sect. 29(4)] which will include passing the Professional Qualifying Examination. This examination will be embedded in the professional examinations of local academic institutions. There may also be examinations for certain specialist groups [Sect. 29(4)(d)].

2 Renewal of the APC will now be subject to additional conditions, including having professional indemnity cover as well as sufficient CPD points. CPD points are to be collected 2 years ahead of the year of practice. For example at the beginning of 2019, the MDC will inform us as to the total number of CPD points required for 2020. When applying for the 2021 APC in 2020, practitioners will have had 1 year (all of 2019) to fulfil this requirement. In addition, every practice facility listed on the APC must have evidence of licensing or registration under the Private Healthcare Facilities and Services Act [Sect. 37(4)(a-c)].

3 The Dental Register will now include a Specialist Division [Sect. 25(1)(c)]. Thus, criteria for specialist registration, registration and issue of certificates will come under the direct purview of the MDC. Applications for specialist registration will be evaluated by the Dental Specialists' Evaluation Committee [DSEC, Sect. 34(4)] who will make recommendations to the Dental Registrar. With Malaysian dental surgeons now going to the four corners of the globe for specialist training, it is a great move to have a committee dedicated to overseeing all specialist applications. Those of us who are currently registered as specialists under the NSR and are eligible for registration in the Specialist Division will be exempt from the fee of RM1200 for this process [Sect. 34(10)].

4 The Act tightens up the requirements and conditions for Temporary Practising Certificate application by non-Malaysians (Sect. 40). This is timely as there is an increasing occurrence of cross-over practice between the public, academic and private sectors. TPC applicants must be held to the same standards as any other specialist applicant. Under the new Act, TPC holders may hold only 1 practising address unless approval is given by the MDC [Sect. 40(4)]. This will determine, for example, if TPC holders working in academic institutions are allowed to practice in private specialist centres attached to their institutions.

5 There has been a great deal of concern in the profession over the increased penalties for infringements of the law as specified in Part VI (Sect. 62). The harshest penalty is a fine of RM300,000 and/or 6 years imprisonment for the practice of illegal dentistry by unregistered persons [Sect. 62(3)], with employers of such persons being liable to similar punishments [Sect. 66(3)]. There have been too many such cases highlighted in the media in recent times and surely it is time that the MDC was given more 'bite' (pun intended!) to take punitive action against such persons. I do not believe that these offences could be committed unknowingly and the principal objective must remain the protection of the public.

6 For orthodontists in private practice, the establishment of the new Dental Therapists Board (Sect. 15) will allow us to employ Dental Therapists with post-basic qualifications in the discipline of orthodontics to perform certain clinical procedures (for patients below the age of 18). As per Schedule 6, these procedures are - the preparation of teeth for banding and bonding, insertion of elastic separators, taking of impressions for study models and taking of intra-oral X-rays.

The above are some of the features of the new Act that caught my attention. The opinions expressed are my own and do not in any way represent the MDC's official position.

DENTAL ACT 2018

A RATIONAL APPRAISAL OF ITS EFFECT ON ORAL & MAXILLOFACIAL SURGERY (OMFS) PRACTICE IN THE PRIVATE SECTOR

By: Dr. Wong Foot Meow
BDS (Mal), FDSRCPS (Glasgow), AM (Mal), FICOI, FICD

(This article is the personal opinion of the writer and does not necessarily reflect the opinion of the Council)

PREAMBLE

This article discusses essential information in the Dental Act 2018 (the Act) and the objective is to give a rational appraisal on how it may impact the practice of Oral and Maxillofacial Surgery (OMFS) in the private sector. Some important and fundamental changes in the Act are highlighted. The scope of discussion includes the Malaysian scenario, considerations of factors affecting General Dental Practitioners (GDPs) and OMFS in the private sector.

BACKGROUND

Originally mooted in 2002, the original intention was only to amend the Dental Act 1971. The amendments were completed in 2012 and after six (6) years of deliberation and discussion with relevant stakeholders, The Dental Bill 2017 was tabled for its first reading in Parliament on 28 November 2017 and passed on 4 April 2018. The Act in its current form rescinds the previous Dental Act 1971 with some important amendments and additions:

1. **Introduction of a 'Specialist Division' in the Dental Register. Practitioners can register as specialists** for a prescribed fee of RM1,200.00 subject to eligibility (**Sections 25(1)(c) and 34(1)**).
2. **Specific Punishment for Those Falsely Personating as a Dentist.** Prohibition of practice of dentistry by unregistered persons and itemising of various punishable offences relating to dental practice with the appropriate penalty (**Section 63**).
3. **Various administrative penalties** involving notifications for change of address, display of practising certificate, etc. (**Section 42 and 44**).
4. **Significant empowerment of enforcement officers from the Ministry of Health (MOH)** with increased jurisdiction (possessing similar powers of a police officer) including powers of enforcement e.g. power to seal and forfeit goods under the Act (**Part VI: Enforcement**).
5. **Practising Certificate.** Application for Annual Practising Certificate (APC) will now require evidence of sufficient Continuing Professional Development (CPD) points, Professional Indemnity Cover and evidence of approval under Private Healthcare, Facilities & Service Act 1998 (PHFS) for private facilities (**Section 37(4)**).
6. **Fitness to Practice Panel.** Initiation of '*Fitness to Practice Panel*' to evaluate the medical condition of a practitioner (**Section 33**).

7. **Introduction of a New Dental Therapist Register.** Dental therapists (school dental nurses who could previously only practise in the public sector) are now permitted to practise in the private sector (**Section 24(1)(b)**).

THE ACT IN THE CONTEXT OF EVERYDAY PRACTICE

Divided into nine (9) sections, The Act, *inter alia*,

- establishes the new Malaysian Dental Council and the Malaysian Dental Therapist Board;
- allows for more effective regulation of dentistry;
- puts stricter disciplinary procedures in place for dental professionals; and
- introduces fees and charges for registration.

With its broader reach and enhanced penalties, the Act also ensures the safety of dental patients and a higher standard of practice, while giving due recognition to the dental profession, where only recognised qualified dentists are eligible to offer dental services in the country. These are noble objectives that should increase the people's confidence and trust in the dental health delivery system.

DENTAL ACT 2018:

CONSIDERATIONS & DELIBERATIONS

As we are limited to examining the Act's impact on OMFS in the private sector, this article will primarily focus on Parts II (The Malaysian Dental Council), IV (Registration of Practitioner), VI (Offences) and VII (Enforcement) of the Act.

1. Introduction of a 'Specialist Division' in the Dental Register, Section 25(1)(c)

While specialists are not the only registrants who can perform complex or specialist procedures, being listed is an assurance to patients and referring colleagues that the specialist has undergone a recognised programme of training and is considered capable of performing complex treatment safely.

Oral & Maxillofacial Surgeons (OMS) who are eligible to be registered under the Specialist Division of the Dental Register but are already registered with the National Specialist Register are exempted from paying the prescribed fee of RM1, 200.00.

2. A Contentious Issue: Perceived Restrictions on Practice for GDPs

Intrinsically linked to the 'Specialist Division' provision is Section 34(1), which states:

"A practitioner whose name does not appear in the Specialist Division of the Dental Register shall not practice as a dental specialist in that specialty."

By definition, **GDPs** typically diagnose, prevent and treat basic oral diseases, and perform 'bread and butter dentistry' – procedures including extractions, fillings, dentures and dental prophylaxis. **Dental Specialists** are trained to deal with more complex cases such as performing major oral surgery, managing

complicated malocclusions, intricate full mouth restorations as well as expert dental care of medically compromised patients.

1. Dental Public Health
2. Endodontics
3. Oral and Maxillofacial Surgery
4. Oral Pathology & Oral Medicine
5. Forensic Odontology
6. Orthodontics
7. Paediatric Dentistry
8. Periodontics
9. Prosthodontics
10. Restorative Dentistry

The Section, it can be argued, however well-meaning may bring a number of issues to the fore:

a. Experienced Practitioners, Not Specialists. Whilst the general public expects specialties to be regulated, there is considerable scope for Section 34(1) to be better worded and clearer if it is to benefit patients.

Some GDPs, whilst not specialists, are highly skilled and experienced practitioners – having attended appropriate training or developed special interests in specialist areas (as listed above) over the years. They can manage certain semi-advanced procedures comfortably and in tandem with specialists around the country.

In the United Kingdom, such dentists are called ‘Special Interests Dentists’ and there are a series of competency frameworks for such dentists. While there was a clause for credentialing of GDPs in the original draft of Section 34, the profession requested that it be removed. This would have allowed experienced practitioners in Malaysia to continue business as usual, subject to certain requirements under the Act.

b. Increased Waiting Time for More Expensive Procedures. According to the NSR, in 2016 there were only 500 dental specialists listed in the abovementioned 10 specialties. Of this number

- 374 from seven (7) specialties are clinicians providing specialised dental care to patients; and
- the remaining 126 i.e. Dental Public Health, Oral Pathology and Forensic Odontology are either in management or are laboratory-based.

These 374 clinical dental specialists constitute **less than 5% of the 8,620** active dentists as at 31 Dec 2017 in Malaysia, serving a population of 31 million.

Although not all specialists are registered with the NSR, these numbers indicate that there is a huge shortage of dental specialists in both the private and public sectors. If GDPs are completely excluded from practising specialist-related dental procedures, the general public may then be forced to pay premium prices and face longer waiting times. This will burden patients and existing specialists, including OMS in the long term.

Notwithstanding, the Minister has reiterated that it is not his intention to restrict GDPs from performing any dental procedure, provided they have adequate training, knowledge, and experience to perform such procedures. Hence, the real impact of Section 34(1) remains to be seen – whether it will increase the quality of dental treatment in the country or burden the public and specialists.

3. New Offence for Illegal Dentists, Sections 62 and 63

Under the Act, unregistered persons found to be practising dentistry or impersonating dental practitioners will, for each offence, **face a maximum fine of RM300,000.00 or a jail term of not more than six years, or both**. For persons convicted of impersonating a dental practitioner, a further maximum fine of RM1,000.00 will imposed for each day the offence is committed after conviction.

Previously, if unregistered persons were caught practising dentistry under the Dental Act 1971, the punishment was limited to a fine of RM10,000.00 for the first offence with no jail time. Any subsequent offences would draw a fine of RM20,000.00 and a jail term of not more than three (3) years.

4. Offences Related to Practising Certificate. Heavier penalties will now be imposed for the following offences:

| SECTION | OFFENCE | PUNISHMENT/PENALTY | |
|---------|---|-------------------------|-------------------------|
| | | FINE NOT MORE THAN (RM) | JAIL TERM NOT MORE THAN |
| 66(2) | Any practitioner who knowingly practises with a person who does not have a valid practising certificate. | 20,000 | 6 months or both |
| 64 | Dentists who falsely describe their vocation | 50,000 | 1 year or both |
| 66(1) | Any practitioner who practises without a valid practising certificate. | 50,000 | 1 year or both |
| 66(3) | Any practitioner who employs a person without a valid practising certificate. | 100,000 | 2 years or both |
| 65 & 67 | Anyone who falsifies certificates of registration and practice, makes a fraudulent application for a certificate, or displays certificates when their names are not in the Dental Register or Dental Therapists Register. | 300,000 | 6 years or both |
| 68 | Those who employ unregistered persons to conduct dental services. | 300,000 | 6 years or both |
| 69(c) | Any practitioner who allows, enables or knowingly practices dentistry in the same premises as an unregistered person | 300,000 | 6 years or both |

The introduction of these heavier penalties is welcome, following the controversy over several bogus “dentists” caught offering dental and orthodontic services or operating illegal dental clinics. Some examples:

- In September 2017, Nur Farahanis Ezatty Adli, 20, was fined RM70,000.00 and served only six (6) days of her one-month jail term for operating an unregistered private dental clinic in Melaka. Following her release, Nur Farahanis, unrepentant, allegedly posted an Instagram video thanking those “who tried to bring me down for making me better known, richer and more successful...” (*The Star*, 10.10.2017 – *Fake Dentist Grinning From Ear To Ear*).
- In May 2017, 19-year-old Syidatul Hizlin Abdul Hamid was fined RM40,000.00 in default of a year’s jail for providing unlicensed dental brace-fitting services at a homestay in Kuala Terengganu.
- Mohd Irwan Mohd Sudi, 25, was fined RM40,000.00 in January 2017 for offering to fit dental braces without approval for a man in Taman Indera Sempurna, Kuantan.

5. Administrative Penalties. Fellow practitioners should be aware that new and/or heavier penalties have been included in the Act for administrative transgressions including:

Some may argue that the above failures are procedural/technical mistakes that are not commensurate with the heavy fines, especially since the mistakes are not related to public safety. Nevertheless, it is

| SECTION | OFFENCE | FINE NOT MORE THAN (RM) | REMARKS |
|---------|---|-------------------------|---|
| 42 | Failure to display Certificate of Registration and Current Practising Certificate in a conspicuous place | 20,000 | This fine was originally RM10,000. |
| 44 | Failure to notify change in home/practising address within 30 days. | 20,000 | This was previously only a requirement, not a punishable offence. |
| 85(3) | Any practitioner who fails to furnish required information to the Malaysian Dental Council within 30 days | 20,000 | |

arguable that the rapid and dynamic development in Malaysia's health-tourism industry calls for high standards of professionalism. Strong vigilance and proper education of staff is essential here to avoid unnecessary, costly missteps.

6. Better Enforcement (Part VII). Enforcement officers/authorised officers are now given enormous powers compared to the non-existent personnel of the 1971 Act. Not only do they possess all the powers of a police officer of whatever rank (under seizable cases), they also hold extra discretionary powers provided under the Act including powers to seal and to forfeit any goods seized.

Detractors comment that whilst it is important to empower the MOH's officers with the appropriate powers to carry out their duty and protect the public, too many discretionary powers on site could lead

to abuse and lack of accountability. Again, this remains to be seen as the overall intention of the Act was to allow for more effective regulation of the practice of dentistry. Practitioners should also be alert to the fact that these Sections include penalties for any failures or contraventions e.g. duty to assist authorised officers, failing which, a dentist is liable to a fine not exceeding RM20,000.00.

Not all aspects of The Act revolve around the formalities of dental practice, it also has unexpected holistic and well-being elements to it:

7. Personal & Social, Sections 33(4) (a) and (b) require dentists to be medically fit. Practitioners will then be compelled to live a healthy lifestyle to avoid jeopardising their rice bowl. Better health translates to better quality of dental service and minimal sick leave. The need to exercise will also encourage better social and familial engagement.

8. Professional & Lifelong Education. In applying for a Practising Certificate, **Sections 37 (4) (a) and (b)** are explicit in the requirement for adequate Continuing Professional Development (CPD) points and professional indemnity.

This is certainly a good precedent, as dentistry requires a lifelong learning process. The Malaysia Dental Council (MDC) currently has a CPD credit points booklet but the quantum of points acceptable at any point in time is open ended and at the discretion of the MDC. At a recent forum on 20 Jul 2018 at MIDECE 2018, participants were informed that implementation may come in as early as APC applications for 2021. This augurs well for patients as their dentist will always be on the cutting edge of their profession.

9. Financial. It is an open secret that OMFS practice is a rewarding speciality as remuneration is generous according to PHFS Regulations 2006 on Dental Fees. The creation of a 'Specialist Division' in the Dental Register augments this advantage. An ever increasing population and the slow gestation of OMSs will ensure this satisfactory state of affairs for OMFS practitioners.

10. Clinical Responsibility. The Act will likely ensure increased moral and clinical responsibility as well as care in specialist practice as peer review and [punishment](#) can follow unwarranted acts, *sequelae* or omission during treatment. Consistent and predictable higher standard of care should now become the norm and the general public will have a higher quality of dental care auguring well for locals and the rise of dental tourism in Malaysia.

11. Deterrence Factor. The Act can act as a moral compass for practitioners to behave ethically. A caring attitude together with the MDC's Code of Professional Conduct and the Malaysian Dental Association's Code of Ethics will result in an emphatic, healthy profession that benefits society at large.

12. Healthy Competition. Dentistry is a personalised service. In any skilled based, fee grossing health profession, the cream will rise to the top, water seeks its own level, dental health market forces will favour performance-based practitioners who are guided by the Act. Competent and ethical practitioners translate to more efficient dental delivery, such that social, economic, professional and management status and preferences will improve for the benefit of the practitioner and his patients.

CONCLUSION

To end, there are two dental sayings that fit this article's points of discussion perfectly: "My teeth do not hurt, so they must be healthy" and "Dentistry is not expensive, neglect is!"

Whilst the impact of the Act on OMFS Private Practitioners is minimal, it is clear that the repeal of the Dental Act 1971 is not just for the sake of change but to bring benefits and enhancement compared to what was done previously. The Act considers issues of the day impartially (especially those of illegal dentistry) and in the process levels the path for good dentistry in Malaysia. At the same time, it enhances the health interests of the public.

Whilst some may question the wisdom of repealing the 1971 Act, key concerns seem to revolve around the "ripple effect" where one small change [in particular Section 34(1)] can have an enormous impact. The final effect remains to be seen, but this Author is confident that market forces and a rational interpretation of the Section will prevail. Furthermore, the MOH has shown that it recognises that GDPs have an important and pivotal role to play in primary care dentistry, and in the symbiotic connection GDPs have with dental specialists, including OMS.

After six (6) years of deliberation, the Act may not be perfect or in every practitioner's favour, however, so long as the Act is accepted and implemented in the proper spirit, with objective compliance/observance, good times will prevail. At a recent dialogue in July 2018, the Act was debated and perceived to be fair. The consensus was that should there be any flaws or serious disagreements, amendments may be considered, facilitated and engaged upon with unanimity over time for improvements.

All said and done, this Act should work well for the common good and the betterment of dentistry in Malaysia in the long term, by keeping practitioners on their toes, to remain relevant and at the cutting edge of our profession.

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DENTAL ACT 2018

PERSONAL VIEW OF A GOVERNMENT DENTAL PRACTITIONER

By: Dr. Leong Kei Joe

Pediatric Dental Specialist, Ministry of Health Malaysia

(This article is the personal opinion of the writer and does not necessarily reflect the opinion of the Council)

Never has the dental act attracted so much attention as in the recent years among dental practitioners in all sectors. The much debated Dental Bill, often “discussed” on the social media, now officially gazetted as the Dental Act 2018 (Act 804), has garnered so much attention and even “speculation” from dental practitioners. The Dental Act 2018 has in many ways stepped up to the needs of this demanding field of healthcare, especially in the dynamic advancement of dentistry and the need for continuous public safety, and to put the whole fraternity, covering all aspects, into a rightful legal perspective. One fine example, is the ongoing pressing issue of Fake Dentistry or the practice of “dentistry” by fake dentist that is still sporadically popping up in society. The various sections in the act such as: prohibition of practice of dentistry by unregistered persons, falsely personating as a practitioner and employing a person who is not a practitioner, should in many ways give strength in the Act to overcome this issue and ensure that the public and dental practitioners are aware of this serious issue.

In the implementation of the Dental Act, it is equally important for government dental practitioners to adhere to the Act as private dental practitioners. For example, on the matter of practising with a valid annual practising certificate, all public dental practitioner must adhere to the requirements in the Act and if they should fail to do so, accept the consequences.

Kudos to the new Dental Act 2018 for setting a precedence in recognising the contribution of the Dental Therapist to society by giving them legal standing under the Act. The Dental Therapists, previously known as Dental Nurses, and Post-Basic Dental Therapists, shall officially be regulated under the new Dental Act, such as the need for annual practising certificate, accumulation of continuing professional development points and practising in the private sector, and this move has in many ways definitely pushed the morale of the profession up to be on par with the medical nurses, and of course lifted the “value” of this profession.

Currently the appointment of government Dental Specialists is made under *Perintah 27 Bab F Perintah – Perintah Am* and published in the Federal Government Gazette. Some of the practising dental specialists are also registered in the National Specialist Registry (NSR) but unfortunately, the NSR has no legal standing on its own. Hence the move to include the areas concerning Dental Specialists, such as registration of Dental Specialists and Dental Specialists’ Evaluation Committee, has indeed given clear legal recognition to dental specialists. Clause 34 (1) of Registration of Dental Specialist which states that “a practitioner whose name does not appear in the specialist division of the dental register shall not practise as a dental specialist in that specialty” should not only be seriously observed but also not be seen as a restriction on the respec-

tive dental specialties to practice. A Paediatric Dental Specialist, for example, should be allowed to practice oral surgical procedures within their capabilities but not claim to be Oral Maxillofacial Surgeons. This is important especially when within the confined space of the oral cavity there are bound to be areas that overlap with other dental specialties.

The introduction of the Professional Qualifying Examination will set a standard for all dental graduates who register in Malaysia. Hence, the question of disparity in the training from different universities will not arise and probably clear the doubts and even prejudice among supervisors in government dental clinics. Hence, we look forward to a sound machinery in the implementation of the Professional Qualifying Examination.

The introduction of professional indemnity cover is not something new as private dental practitioners, though not all of them, have been subscribing to it. In the author's opinion, its implementation should be extended to the public sector as well. If

things are enforced among private dental practitioners then the public dental practitioners must do the same. Professional indemnity not only protects a professional against legal liability but also indemnifies the practitioner for defence cost and expenses incurred in respect of a claim. Hence, there may come a time when there is a need for a paradigm shift in the mentality of the dental practitioners in the public sector, who now depend on the Ministry of Health as the "provider" of the indemnity cover. Furthermore, this should also be seen to be in-line with the spirit of "no restriction" in practice, where one has to take full responsibility for the services provided, and this will in certain ways helps to garner patients' trust.

Lastly, as much we welcome the regulation of provision of community service by dental surgeons, there seems to be undue restriction posed in this matter, especially on the number of days allowed. Due to the challenging landscape in certain areas of the country, community services for these communities are usually in high demand as it brings more benefit than harm, provided of course that the standard of care remains the same.

PENDAFTARAN JURUTERAPI PERGIGIAN DI BAWAH AKTA PERGIGIAN 2018

Oleh: Matron Fatimah Binti Rahman

(Artikel ini adalah pendapat peribadi penulis dan tidak semestinya melambangkan pendapat Majlis)

Profesion Juruterapi Pergigian yang dahulunya dikenali sebagai Jururawat Pergigian telah diperkenalkan di Malaysia semenjak **tahun 1948** selaras dengan pengenalan perkhidmatan pergigian khusus kepada murid-murid sekolah. Deskripsi tugas seorang juruterapi pergigian adalah:

- Memeriksa, mendiagnosis dan memberi rawatan pergigian asas kepada mereka yang berumur **17 tahun dan ke bawah** dalam aspek pencegahan, konservatif dan rehabilitasi (pemulihan) pergigian;
- **Merujuk pesakit-pesakit** di bawah penjagaannya kepada Pegawai Pergigian untuk rawatan lanjut dan kompleks;
- Melibatkan diri dalam aktiviti **promosi kesihatan pergigian** termasuk penyediaan bahan dan menjalankan aktiviti melalui ceramah/ kempen dan sebagainya kepada semua golongan rakyat

Selepas **70 tahun** kewujudan profesion ini dan selaras dengan perkembangan semasa serta tugas Juruterapi Pergigian, profesion ini akan didaftarkan untuk **mengawal selia**:

- standard amalan pergigian;
- skop amalan; dan
- etika dan tatalaku profesion

Justeru, pendaftaran Juruterapi Pergigian akan memantapkan lagi pengawalan selia terhadap pengamalan pergigian di Malaysia agar **selamat dan berkualiti** serta secara tidak langsung **meningkatkan keyakinan rakyat** terhadap perkhidmatan pergigian yang diberikan.

Beban penyakit pergigian yang dihadapi oleh rakyat terbukti tidak dapat diselesaikan menerusi

perkhidmatan rawatan semata-mata. Melalui promosi kesihatan pergigian persepsi masyarakat terhadap kepentingan penjagaan kesihatan pergigian boleh diubah dan seterusnya setiap golongan masyarakat diperkasa untuk menjaga kesihatan diri sendiri serta keluarga secara holistik. Dengan memberi tumpuan kepada **niche area**, Juruterapi Pergigian boleh berperanan sebagai *mediator*, *motivator* dan *advocator* dalam mempromosi dan mendidik rakyat tentang kepentingan penjagaan kesihatan pergigian. Ianya dijangka mampu membawa perubahan yang dinamik dan berdaya saing kepada lanskap perkhidmatan kesihatan pergigian di Malaysia.

Dengan peruntukan pendaftaran bagi mengawal selia Juruterapi Pergigian, pengambilan Juruterapi Pergigian di sektor swasta di bawah **pengawasan langsung** (*direct supervision*) seorang Pengamal Pergigian perlu dilihat sebagai peluang yang baik tambahan pula, ia adalah bergantung kepada



permintaan (*market driven*). Perubahan ini juga selaras dengan amalan di negara-negara lain di mana Juruterapi Pergigian juga dibenarkan berkhidmat di sektor swasta sejak sekian lama seperti di **New Zealand, Australia, Nederlands, Singapura, Afrika Selatan** dan lain-lain lagi.

Oleh yang demikian, Pengamal Pergigian boleh memberi fokus kepada rawatan pergigian yang lebih kompleks serta kepada golongan dewasa dan warga emas dengan keperluan khas yang kini semakin meningkat. Selaras dengan keperluan untuk menangani beban penyakit pergigian di mana trend global menunjukkan golongan kanak-kanak memerlukan intervensi atau rawatan pergigian yang *minimal* dan mudah manakala golongan dewasa memerlukan rawatan pergigian yang lebih kompleks.

DISCIPLINARY PROCEEDINGS

Year of complaint: 2015

FACTS OF THE COMPLAINT

A complaint was received from Dr R, an Enforcement Officer alleging that Dr.Y, a private dental practitioner, had been practising during his suspension period. Dr. Y had been suspended from practising for a period of three (3) months for not renewing his Annual Practising Certificate (APC) since 2013. Dr R did the inspection visits at Dr. Y's clinic and found that Dr. Y was practising during the suspension period.

FINDINGS OF THE PRELIMINARY INVESTIGATION COMMITTEE (PIC)

Based on the oral evidence and supporting documents available, the PIC found that:
Dr.Y had been practising during the suspension period.

CHARGE AGAINST THE RESPONDENT

Dr.Y has neglected and/or disregarded his professional responsibilities by practising during his period of suspension.
In relation to facts alleged, you may be found guilty of infamous conduct in a professional respect under section 32(2)(b) of the Dental Act 1971, which is punishable under Section 33 of the Act.

DR. Y'S EXPLANATION

- Dr. Y explained that he opened the clinic solely to enable his staff to rescheduled patients' appointments. Dr. Y also informed the committee that he only opened the clinic for renovation purposes, and to receive mail and bills.
- In response to the dental treatment records, Dr Y explained that he noted down the treatment plans for patients without actually seeing the patient.

RECOMMENDATION OF PIC

The PIC, after deliberation, is of the opinion that Dr. Y had been practising during his suspension period. The PIC unanimously agreed and recommends that the Council holds an inquiry.

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 with costs of RM5000 under Section 33(1)(b).



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