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BULLETIN



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PRESIDENT'S MESSAGE



Ladies and gentlemen of the Dental Fraternity,

We have safely come to the end of 2022 and are transitioning into 2023, after wadding through several difficult situations, especially health wise. COVID -19 is slowly transitioning into an endemic situation. We have managed to reduce mortality due to this disease by using a combination of strategies, the main being the high vaccination rate of our population and a better understanding of the management of the disease itself. I hope the dental community will continue to play a role in helping to reduce COVID -19 infections, as it can result in several long term health issues, especially in those with comorbidities.

Besides COVID -19 infections, I would like to remind dental practitioners to help reduce and prevent other infections, particularly those affecting the head and neck region. Timely management of orofacial diseases may have been neglected over the last two years.

They recently concluded "World Antimicrobial Week" (18 - 23 Nov 2022) was themed "Stop overuse and misuse of antimicrobials to prevent antimicrobial resistance." Keep vigilant to reduce antimicrobial resistance. Everyone has a role to play to achieve this goal.

On a purely Dental front, the Dental Act 2018 is in force and I hope all Dental practitioners remembered to apply for their APC 2023 before first November. Also be prepared to start collecting the required CPD points beginning 2023, details of which will be published soon.

I take this opportunity to wish our Christian practitioners a Merry Christmas and a very Happy 2023 to everyone!

Tan Sri Dato' Sri Dr. Noor Hisham bin Abdullah

From the Editor's Desk



The Malaysian Dental Council has outlined its five year roadmap for the period 2022-2026, detailing the Council's future development, in line with the 12th Malaysia Plan, the Pelan Tindakan Kementerian Kesihatan Malaysia and the National Oral Health Plan. Strategies and initiatives have been identified, which support the Corporate Strategic Plan involving restructuring, public engagement and enhancing an ICT based system with inbuilt periodic monitoring and evaluation, towards attainment of its desired goals. We share the roadmap in this issue of the Bulletin.

After a long hiatus we bring back the disciplinary cases that the Malaysian Dental Council have disposed of after the pandemic. These are however cases that arose under the provisions of the Dental Act 1971 and the Code of Professional Conduct (2008) that remained in force until 2021. The Dental Act 2018 came on 1 January 2022 and the new Code of Professional Conduct (2022) on 1 July 2022.

In May 2022, World Health Organization (WHO) has declared that the Monkeypox infection has become a "Public Health Emergency of International Concern". The then Minister of Health announced that just from 1 May to 23 July 2022, a total of 531,630 travelers were recorded to have arrived from countries that reported cases of Monkeypox. We feature an article on the oral manifestation of Monkeypox and encourage all practitioners to be alert to this disease, should they encounter in their practice.

We highly encourage members of the dental profession to write in to the MDC Bulletin on issues that have made an impact on their daily practice. We would appreciate it if you can provide us with the justification for highlighting these issues and if possible your solutions to them. We would like to serve as a bridge between the practice and MDC.

Dato' Professor Dr. Ishak bin Abdul Razak

ANNOUNCEMENT BY MDC (PUBLISHED ON MDC WEBSITE)

DELAY IN PROCESSING AND ISSUANCE OF ANNUAL PRACTISING CERTIFICATE (APC) AND TEMPORARY PRACTISING CERTIFICATE (TPC) 2023

The Secretariat of Malaysian Dental Council (MDC) is still in the midst of processing a large volume of Practising Certificate applications manually following the unforeseen delays in the development and migration of the new online system for dental practitioners. Therefore, we regret to inform you that the issuance of APC & TPC 2023 will be further delayed as the manual processing requires longer time than expected. For dental practitioners in the private sector, kindly inform the Enforcement Officer from the Private Medical Practice Control Section (CKAPS) if you have submitted your APC & TPC 2023 application and yet to receive the hard copy. We assure you that the MDC Secretariat will validate the details with the Enforcement Officer, if required. For any urgent or crucial matters requiring Practising Certificate, kindly proceed to submit your request via email as stated below along with proof that the document requires only issued Practising Certificate. We regretfully cannot expedite all requests and will attempt to facilitate as per case to case basis. We sincerely apologize for the delay and further inconvenience caused. We appreciate your patience while we work to process your Practising Certificate as quickly as possible. Should you have any further enquiries, please contact us via mdc@moh.gov.my. Kind understanding on this matter is greatly appreciated.

Council Members

Mesyuarat Majlis Pergigian Malaysia Keempat
2 Ogos 2022



Seated from left: Mr Jason Reginald Gomez (Legal Advisor), Dato' Prof. Dr. Mohamed Ibrahim bin Abu Hassan, Dato' Prof. Dr. Ishak bin Abdul Razak, Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah, Dr. Noormi binti Othman, Dr. Fauziah binti Ahmad, Prof. Dr. Rahimah binti Abdul Kadir

First Row (Standing from left): Dr. Norhayati binti Jaffar, Dr. Ng Woan Tyng, Dr. Sharifah Tahirah binti Syed Alwi Aljunid, Dr. Ha Kien Oon, Dr. Firdaus bin Hanapiah, Prof. Dr. Seow Liang Lin, Prof. Dr. Dalia binti Abdullah, Prof. Dr. Rosnah binti Mohd Zain

Second Row (Standing from left): Dr. Leong Kei Joe, Dr. Lee Wei Zin, Dr. Syed Iqbal bin Syed Husman, Puan Jeevaretnam a/p K. Sockalingam, Puan Zainab bt Mohideen, Dr. Wong Siong Ting, Dr. Lim Chiew Wooi, Dr. Teerunavookarasu a/l Rajaratnam, Brig. Jen. (Dr.) Hazudin bin Hassan, Prof. Dr. Abdul Rashid bin Ismail, Prof. Dr. Zamri bin Radzi, Dr. Mohd Salman bin Masri

Corporate Strategic Plan of the Malaysian Dental Council

In line with the establishment of the Malaysian Dental Council under the Dental Act 2018, it is imperative that the Council establish a transformational framework to fulfill its expanded functions as the country's dental statutory body. To be on par with international standards and advancement of dental regulatory frameworks worldwide, we need to revisit our vision and mission, as well as realign the objectives for a more efficient operational and effective system of regulation.

The Corporate Strategic Plan of the Malaysian Dental Council 2022-2026 establishes a five-year roadmap for the Council's future development. This framework provides the strategic vision, which is supported by focus areas, strategies and initiatives that are synergistically moulded to accomplish the Council's vision and mission. The framework addresses the need to provide a sustainable, high quality regulatory backbone in a complex and evolving environment. It outlines the Council's direction and establishes action priorities. Key strategies are developed in conjunction with the newly implemented Dental Act and Dental Regulations by analysing the current situation, strengths and weaknesses, and projecting future needs.

Strategies of this plan are driven by new norms and foreseen challenges in the global and national landscape of dentistry. The establishment of this framework is based on the fundamental of the country's health plans and commitments as outlined in the 12th Malaysia Plan 2021-2025, Ministry of Health Strategic Plan 2021- 2025 and National Oral Health Policy 2021-2030 priority areas and its strategic thrust. This corporate strategic plan envisions the way forward, as the Council moves with the current legislation and confronts a new era of delivering services to the people, with the objective to protect patients and to promote public confidence.

Our vision

Professional, safe, high quality and ethical dental practice

Our mission

To ensure the highest standards of ethics, education and practice, in the interest of patients, the public and the profession, through the fair and effective administration of the Dental Act.

Our objectives

To uphold patient safety and maintain public confidence in dental services by—

- Ensuring the quality of dental education;
- Registering qualified dental professionals;
- Setting standards for the practise of dentistry; and
- Investigating complaints on dental professionals' conduct

Focus areas

In strengthening the healthcare delivery services, four focus areas have been identified, based on our core business canvas namely:

- Setting standards for education
- Registration of dental practitioners
- Setting and promoting professional standards
- Investigating complaints against practitioners

Identified issues and challenges

The core business canvas of the Malaysian Dental Council (MDC) in **Figure 1** illustrates an overview of the relationship between the MDC's functions as a regulatory body and the pertinent stakeholders. Transition of law and regulation, increased expectation by dental practitioners, lack of public trust and constant change in professional boundaries, were identified as some of the issues currently faced. Finding the most effective and efficient ways to ensure oral health professionals practise competently and safely imposed a significant challenge too.

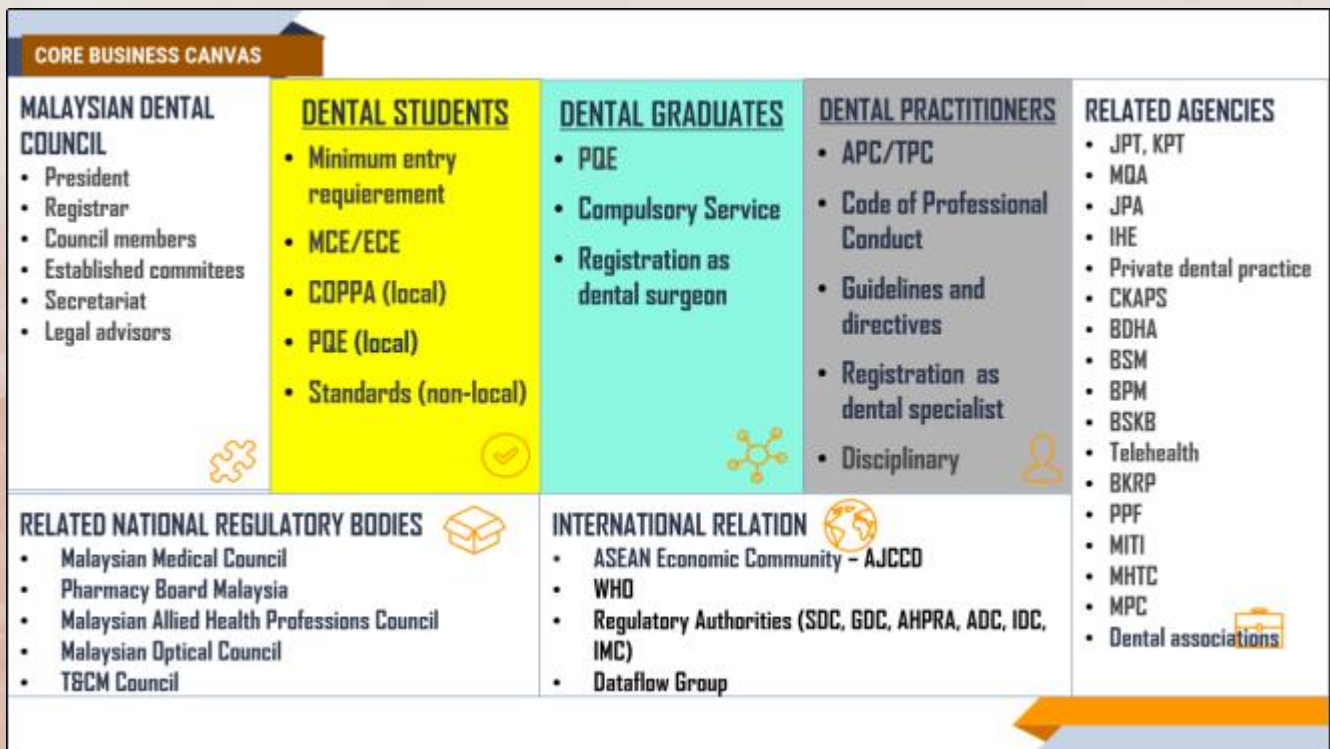


Figure 1: The Core Business Canvas of the Malaysia Dental Council under the Dental Act 2018

Implementation plan

A total of twelve strategies are emphasized, where most of the activities listed require commitment from Council members to ensure the target can be achieved. As shown in **Table 1**, most of the activities planned in line with the enforcement of the new Dental Act and Dental Regulations have been completed. However, some activities need to be followed consistently such as:

- dental programme accreditation
- development of the Dental Programme Accreditation Code of Practice for post-graduates and dental therapists
- qualification assessment and procedures related to the Professional Qualifying Examination
- monitoring the implementation of compulsory service at private dental facilities
- determination of activity requirements and CPD points
- revision of MDC's guidelines
- strengthening the investigation and inquiry process

In addition, three supporting strategies are required for the implementation plan to be carried out appropriately. These are:

- i) intensifying effective communication and public relations;
- ii) organizational restructuring; and
- iii) enhancement of ICT-based systems

Monitoring and evaluation

The monitoring and evaluation of the activities will be a continuous process throughout the term of this Corporate Strategic Plan until 2026. A mid-term review will be conducted, and any remedial actions necessary will be taken as measures for improvement. A full-term review will be carried out in the final year of the term to assess the overall performance of this plan and to propose a strategic framework for the next term.

Prepared by:

Dr Nurul Syakirin binti Abdul Shukor

Secretary

Malaysian Dental Council

2nd August 2022

Table 1: Implementation Plan

No.	Initiative	Performance Indicator	Baseline 2021	Target				
				2022	2023	2024	2025	2026
Strategy 1: To recognize qualifications for registration of practitioners under the Dental Act 2018 dental surgeons								
1.	Review of the Code of Practice for Programme Accreditation – undergraduate dental degree	Existing COP-PA reviewed	COPPA 2019 (Dental Act 1971)	√ [4 th MDC Meeting-2.8.2022]	-	-	-	-
2.	Accreditation of dental programme for dental surgeons (local)	Number of programmes accredited	13 dental programmes	According to accreditation period	According to accreditation period	According to accreditation period	According to accreditation period	According to accreditation period
3.	Approved dental qualification for eligibility to sit for PQE (non-local)	Number of programmes recognized	Second Schedule Dental Act 1971	3	5	5	5	5
Strategy 1: To recognize qualifications for registration of practitioners under the Dental Act 2018 dental therapists								
4.	Establishing of a Code of Practice for Programme Accreditation for dental therapists	COPPA (dental therapist) established	Guidelines by MQA	-	✓	-	-	-

5.	Accreditation of dental programmes for dental therapist (Local)	Number of programmes accredited	1 programme ILKKM (Pergigian)	1	1	1	1	1
6.	Recognition of dental programmes for dental therapist(non-local)	Number of programmes recognized	Second & Third Schedule Dental Act 2018	Where applicable	Where applicable	Where applicable	Where applicable	Where applicable

Strategy 2: To approve post-graduate qualifications to register as dental specialists

1.	Establish a Code of Practice for Programme Accreditation – postgraduate dental degree	COPPA (PG) established	Pro-gramme Standards: Dental Specialties (2019), MQA		✓			
2.	Establishment of Joint Technical Committee for Accreditation of Dental Post-graduate Programme (JTCDSP), MQA	Term of Reference & composition Appointment of Committee Members	Committee appointed under MQA	v	-	-	-	-
				Notes: Approved 1st MDC Meeting 17/1/22 Appointed 11/4/22				
3.	Accreditation of dental programmes for dental specialists (Local)	Number of programmes accredited	Pending confirmation from MQA	5	5	5	5	5

4.	Approval of dental programmes for dental specialists - 12 specialties (foreign)	Number of programmes approved	Nil	200	5	5	5	5
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Strategy 3: To regulate examinations for registration of dental surgeons

1.	Establishment of DQC, EC, QSP & procedure for PQE	Term of Reference & composition Appointment of Committee Members Procedure	Pro-tem Committees & preparation for procedure on-going	✓ 1. Approved 1 st MDC Meeting 2. Appointment DQC - 14/1/22 EC – 22/2/22 QSP – 17/5/22	✓ Guideline being prepared by EC			
2.	Preparation to conduct PQE	Number of applications processed	2018 – 18 2019 – 19 2020 – 11 2021 – 23	10	10	10	10	10

Strategy 4: To register and issue certificates to dental practitioners

1.	Registration of dental surgeons	Number of dental surgeons registered	2017 – 1,258 2018 – 1,118 2019 – 1,088 2020 – 1,005 2021 – 698	1,000	1,000	1,000	1,000	1,000
2.	Issuance of certificates APC TPC	Number of certificates issued	APC 2021 - 12,581 TPC 2021 - 222	13,000 150	13,800 150	14,600 150	15,400 150	16,200 150

Strategy 5: To regulate the period of compulsory service of dental practitioners

1.	Establish guidelines for compulsory service	Number of facilities for compulsory service	Public service sector	10 Note: Guidelines published 15/7/22	25	40	55	70
2.	Monitor compulsory service of dental practitioners	Completion of compulsory service by dental practitioners	2017 – 965 2018 – 1,195 2019 – 1,062 2020 – 1,033 2021 – 954	800	800	800	800	800

Strategy 6: To determine the criteria for registration of dental specialists

1.	Establishment of DSEC & DSSC	Term of Reference & composition Appointment of Committee Members	Pro-tem Committees	√ Note: 1. Approved 1st MDC Meeting 2. Appointed DSEC - 1/1/22 DSSC – ongoing	-	-	-	-
2.	Establish general & specific criteria for registration	General criteria established Specific criteria established		√ Approved 1st MDC Meeting	-	-	-	-

Strategy 7: To register and issue certificates to dental specialists

1.	Evaluation conducted (by DSEC) – 12 specialties	Number of Applications processed Number of Candidates approved	Pre-registration – 800	1000	50	50	50	50
2.	Registration of dental specialist	Number of applications received Number of dental specialists registered		1000	40	40	40	40
3.	Issuance of certificates APC TPC	Number of certificates issued	-	720 0	750 5	790 10	830 20	870 30

Strategy 8: To regulate the standards of practice of dental practitioners

1.	Establishment of CPD Awarding Committee	Term of Reference & composition Appointment of Committee Members	Pro-tem Committee established	✓ Note: CPD Awarding Committee – 24/6/22	-	-	-	
2.	Establish CPD guidelines for dental practitioners & providers	CPD guidelines for dental practitioners CPD guidelines for CPD providers	Guidelines established	5th or 6th MDC meeting Note: To be reviewed by current Committee	-	-	-	-
3.	To determine minimum CPD points required for application of Practising Certificate (PC) from year 2025 onwards	Minimum CPD points determined	- Note: Previously agreed to be in line with MMC i.e., 20 CPD points	✓ To be decided in MDC Meeting	-	-	-	-

4.	To review minimum CPD points required for application of PC	Minimum CPD reviewed	Not applicable	-	-	-	✓	-
5.	Issue/ review guidelines or directives	Guidelines directives issued Guidelines Directives reviewed	10 guidelines under Dental Act 1971	TPC Guidelines GPPI Community Service Panduan KW di FPS	To be determined	To be determined	To be determined	To be determined

Strategy 9: To regulate the ethics and professional conduct of dental practitioners

1.	Establish Code of Professional Conduct & directive on professional conduct	Code or Professional Conduct (CPC) under Dental Act 2018 established	CPC ready awaiting for Dental Act 2018 to be in force	Approved 2nd MDC Meeting In force 1 July 2022	-	-	-	-
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Strategy 10: To regulate the scope of practice of practitioners

1.	Review Fifth/Sixth Schedule of Dental Act 2018	Procedures reviewed regularly	Not applicable	Where applicable	Where applicable	Where applicable	Where applicable	Where applicable
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Strategy 11: To strengthen the management of complaints or information against practitioners

1.	Develop clear procedure in managing complaint	Appointment of complaints committee Number of complaints classified & referred	75 active PIC cases	✓ 50	- 50	- 50	- 50	- 50
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Strategy 12: To Investigate allegations on infamous conduct of practitioners

1.	Establish Standing Orders for the Conduct of Disciplinary Inquiries	Standing Orders for the Conduct of Disciplinary Inquiries established	Standing Orders (2006)	Approved 3rd MDC Meeting In force 1 July 2022	-	-	-	-
2.	Ensure disciplinary proceedings process is conducted according to the Act and Standing Orders	Conduct training on disciplinary inquiries		✓	-	-	-	-

Dr. Nurul Syakirin bt Abdul Shukor
 Secretary
 Malaysian Dental Council

Guidelines for Implementation of Compulsory Service in Private Oral Healthcare Facilities

Section 78 of the Dental Act 2018 [Act 804] imposed the need for every New Dental Surgeon (NDS), registered under this Act to undergo a period of compulsory service. Section 79 (1) states:

“A dental surgeon who commences to serve in a post in pursuance of a written notice issued under section 78, shall continue to serve in that post or in such other subsequent post as may be determined by the Director-General for a continuous total period to be prescribed.”

In relation to that, the Dental Regulations 2021 prescribe under Section 68 that the continuous total period of compulsory service of a dental surgeon under subsection 79 (1) of the Dental Act 2018 shall be not less than twelve months. Where the Director-General is satisfied with the service of the dental surgeon during the period of compulsory service, the Director-General shall issue a letter of completion of compulsory service to the dental surgeon.

Failure to comply with such written notice on compulsory service shall lead to the removal of the dental surgeon's name from the Dental Register.

Since the year 2001, all NDSs are required to fulfil their Compulsory Service in the Ministry of Health via the Public Services Commission of Malaysia (JPA) or other public agencies or institutions. In line with Act 804, the Council established the “**Panduan Pelaksanaan Khidmat Wajib di Fasiliti Pergigian Swasta**” (refer to MDC website www.mdc.moh.gov.my)

to streamline the implementation of Compulsory Service in private oral healthcare facilities. In this context, private oral healthcare facilities include universities, hospitals, ambulatory care centres and private dental clinics. The placement for Compulsory Service will involve attachment in three main disciplines i.e. primary oral healthcare, oral maxillofacial surgery, and paediatric dentistry.

The objectives for the implementation of Compulsory Service in the private sector are as below:

- To facilitate NDSs who do not fulfil the SPM Bahasa Malaysia requirement by the Public Services Commission of Malaysia to undergo Compulsory Service,
- To allow options for NDSs who are not keen to serve in the public sector,
- By employing Private Public Partnership (PPP), the private sector is allowed to mentor an NDS while working in an “unprotected” environment, and to guide him to be familiar with the requirements for private practice in Malaysia.

The expected learning outcomes for NDS are described in a competency framework in the form of a logbook. The competencies within the framework describe the areas in which all NDSs are expected to have gained experience, and be competent, upon completion of Compulsory Service. The competencies are divided into domains and major competency areas, for simplicity. The curriculum includes clinical, management and leadership, communication, and professionalism.

On completion of Compulsory Service, an NDS is expected to be able to make competent clinical judgments. He should be able to provide appropriate treatment with high clinical standards that meet the expectations of his patient. In addition to his knowledge in patient care, he should display good leadership skills in practice management not forgetting to exhibit professionalism and good ethical values at all times to uphold the reputation of the profession in the public eye.

Guidelines for Implementation of Compulsory Service in Private Oral Healthcare Facilities

Compulsory Service is a valuable undertaking and growth-enhancing in human terms not financial and administrative terms. Although the role of a supervisor can be challenging as a process of self-development, it is certainly refreshing and rewarding as an opportunity for team development in a practice. The path of mentorship may challenge the practitioner and his team to improve their skills and knowledge. Rest assured, there is great satisfaction in teaching and mentoring New Dental Surgeons.

Not every Tom, Dick, and Harry can be a supervisor. A dental practitioner must be able to demonstrate knowledge of interviewing and appointment settings as well as diversity training. He must be willing to reorganize his daily schedule and that of his practice to accommodate the presence of an NDS. A supervisor should understand the importance of being a good role model while demonstrating a commitment to continuing professional development and lifelong learning, as well as an understanding of Ethics and Law in practice.

The evolving landscape of Dentistry in this day and age demands a high standard of clinical skill and professionalism. It is my fervent hope to witness the elevation of standards and professionalism in dental practice, with the engagement and contribution from colleagues in the private sector.

Dr. Ng Woan Tyng

Council Member

Malaysian Dental Council

The Mpox (Monkeypox) Disease – General Considerations and Implications in Dental Practice

Monkeypox disease renamed as Mpox

“Following a series of consultations with global experts, WHO will begin using a new preferred term “mpox” as a synonym for monkeypox. Both names will be used simultaneously for one year while “monkeypox” is phased out.” - 28 November 2022 – WHO News release, Geneva, Switzerland.

Introduction

Mpox (Monkeypox) is a condition/disease arising from a virus transmitted to humans through animals (a viral zoonosis) with symptoms of smallpox but less severe. The pathogen, an enveloped double stranded DNA virus, is classified under the *Orthopoxvirus* genus and *Poxviridae* family. While mpox resembles smallpox clinically, it however, demonstrates epidemiological differences.

The mpox outbreak was first identified in humans in 1970, on a 9-month-old boy from the Democratic Republic of the Congo, where smallpox virus had earlier been eradicated. Throughout history, among the two distinct variants or clades of mpox virus, namely the central and west African clades, the central African (or Congo Basin) clade had been thought to be more transmissible and caused more severe disease in comparison to the west African clade.

Most cases reported thereafter the first case have been from the rural rainforest regions of the Congo Basin across central and west Africa. Being a contagious disease, mpox is not confined within the endemic African countries. Human cases of mpox have also been reported in several cities outside the endemic areas of the virus. Since then, the mpox disease outbreak has been declared by the World Health Organisation (WHO) a Public Health Emergency of International Concern.

The United States had the first outbreak outside Africa linked to infected pet prairie dogs. Other reported outbreaks since 2018, includes travelers from Nigeria to Israel, to the United Kingdom (September 2018 to May 2022), to Singapore (May 2019), and to the United States of America (in July and November 2021). Multiple cases of mpox were identified in May 2022 in several non-endemic countries.

The natural hosts that have been identified as susceptible to mpox virus includes rope squirrels, tree squirrels, Gambian pouched rats, dormice, non-human primates, and other species. Nevertheless, the natural history of mpox virus remains uncertain. The exact reservoir(s) and the maintenance of the virus circulation in nature requires further investigation.

Animal to human zoonotic transmission of mpox can occur through direct contact with bodily fluids, blood, and cutaneous or mucosal lesions of infected animals. Human to human transmission, on the other hand, happens through close contact with respiratory droplets, body fluids, blood, fomites or recently contaminated objects, as well as direct contact with skin lesions of an infected individual. While droplet respiratory particle transmission requires prolonged face-to-face contact, rising successive person-to-person chain of infections in the community has been reported, possibly a reflection of the declining smallpox vaccination.

Under the endemic settings, mpox enters communities through zoonotic transmission. Contrarily, transmission is sustained through human-to-human transmission under non-endemic settings. Low fatality rates (3%) have been reported for the mpox of Western African clade. The more virulent Central African clade, however, is more susceptible to human-to-human transmission.

Signs and Symptoms – General

The incubation period for mpox is 6 – 13 days, but it can range from 5 – 21 days clinically. Mpox is a self-limited disease, with symptoms lasting 2 – 4 weeks.

Two infection periods of mpox have been observed:

- i) From 0 – 5 days, the invasion period is characterized by mild illness with initial symptoms including fever (before the rash), intense headache, back pain, myalgia (muscle aches), chills, and exhaustion. Lymphadenopathy is a distinctive feature of mpox compared to other diseases that may appear similar initially (eg. chickenpox, measles, smallpox).
- ii) Within 1 – 3 days, skin eruptions usually begin, along with occurrence of fever. The rashes tend to be more concentrated on the face and extremities rather than on the trunk. It affects the face (in 95% of cases), and palms of the hands and soles of the feet (in 75% of cases). The size of the skin lesions range from 0.5 to 1.0cm, ranging from a few to several thousands in number.

The Mpox (Monkeypox) Disease – General Considerations and Implications in Dental Practice

The oral mucous membranes (in 70% of cases), genitalia (30%), and conjunctivae (20%), as well as the cornea are also affected. The rashes evolve sequentially from macules (lesions with a flat base) to papules (slightly raised firm lesions), vesicles (lesions filled with clear fluid), pustules (lesions filled with yellowish fluid), and crusts which eventually dry up and fall off. The number of lesions varies from a few to several thousands. In severe cases, lesions can coalesce until large sections of skin slough off.

Severe cases occur more commonly among children. These are closely related to the extent of virus exposure, patient health status and nature of complications. Underlying immune deficiencies may also lead to worsening outcomes. Notably, most cases in non-endemic countries (outside the African continent) are reported amongst gay and bisexual men, and other men who have sex with men.

Complications of mpox include secondary infections, bronchopneumonia, sepsis, encephalitis, and infection of the cornea with ensuing loss of vision. The extent to which asymptomatic infection may occur remains unknown.

Signs and symptoms of Oral Lesions

Macules and vesicles followed by ulcers in the oral cavity (lips may also be affected) seemed to be the premonitory signs prior to the characteristic skin lesion. In contrast, the varicella zoster virus infection i.e. the chicken pox, ulcers may develop on either the keratinized or non-keratinized mucosa also prior to the skin lesions.

Diagnosis

When considering the diagnosis of mpox, other rash illnesses such as chickenpox, smallpox, bacterial skin infections, scabies, syphilis, and medication associated allergies should be considered. As smallpox has been eradicated, as an outcome of vaccination (which was stopped years ago), chickenpox would be a more important differential diagnosis to mpox.

Lymphadenopathy during the prodrome stage of illness can be a distinguishing clinical feature of mpox from chickenpox. Confirmation of mpox through a PCR test, using roof of fluid of vesicle, pustules, or dry crusts as diagnostic samples, is considered the most accurate and sensitive method. Blood specimens, however, are not recommended due to the short duration of viremia rela-

Implications to Dental Practice

Human-to-human transmission of mpox has been uncommon in the past. Yet, it is worth noticing a potential for such transmission, where there have been reports of at least two serial transmission events. In this regard, the mechanism of person-to-person transmission has been identified as from direct contact with lesion material or through large respiratory droplets requiring prolonged contact. This contrasts with SARS-CoV-2 infection, where the spread is transmitted through very small droplets. Thus, in endemic areas, dental health workers may play an important role in detecting the signs and symptoms prior to the skin lesions.

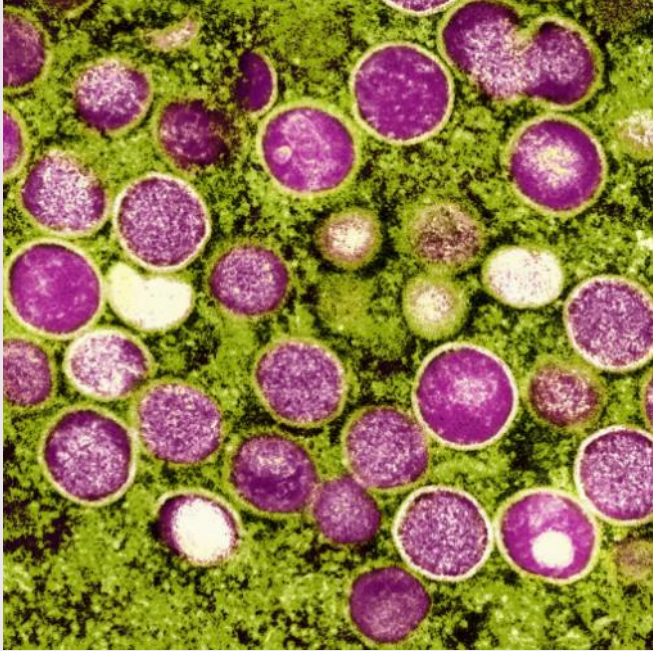
Conclusion

Since mpox has been reported outside the disease endemic areas indicative of it being one of the possible travel-related disease, it is imperative that all health care workers, including dental personnel, be aware of its existence and recognise the early signs and symptoms and the need to prevent its spread. Whether in endemic or non-endemic areas, the mpox disease should be contained through following the basic principles of infection control i.e. through the use of personal protection equipment (PPE) by dental health care workers in dental practice as well as contact tracing and case monitoring throughout the incubation period.

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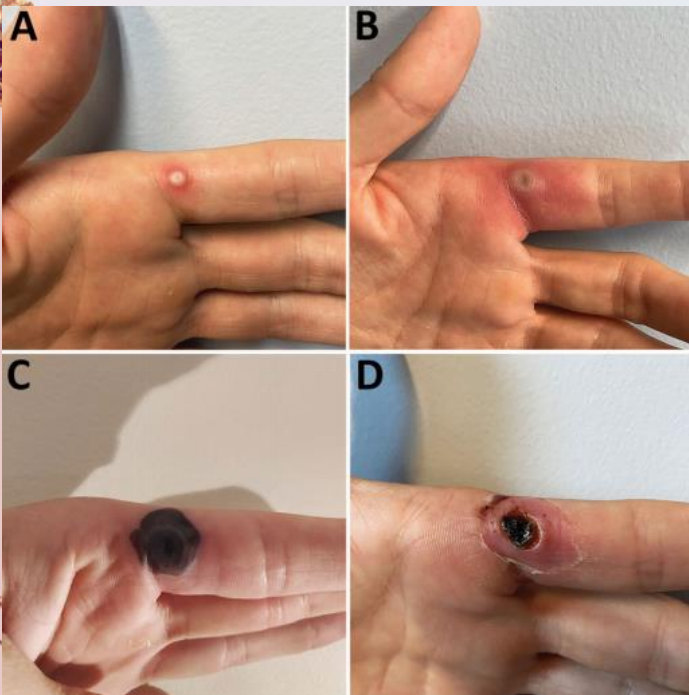
The Mpox (Monkeypox) Disease – General Considerations and Implications in Dental Practice



Mpox Virus. "Monkeypox Virus - 52243127361" by NIAID is licensed under CC BY 2.0.



Mpox oral lesions. "Oral monkeypox lesion" by Unknown is licensed under CC BY 4.0.



Progression of monkeypox after needlestick injury from a pustule. "Monkeypox after needlestick injury from a pustule at work" by João P. Caldas, Sofia R. Valdeiros, Sandra Rebelo, and Margarida

Prof. Dr. Rosnah Binti Mohd Zain
Dean, Faculty of Dentistry
MAHSA University

Dr. Doi Der Jun
Senior Lecturer
Faculty of Dentistry
MAHSA University

Disciplinary proceedings

1. The Facts of the Complaint

- a) A complaint was received from Madam C against Dr. R.
- b) Madam C went to Dr. R's dental clinic for placement of veneers on her upper anterior teeth. Madam C informed that the last veneer placed has been dislodged seven times, and she has had to go to the clinic a few times to fix the veneer.

2. The finding of the Preliminary Investigation Committee (PIC)

After one (1) hearing and oral evidence given by Madam C, PIC finds that the statements support the allegation and framed the charge against Dr. R.

3. Charge against the Respondent

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

Head 1

That you have breached Code of Professional Conduct particularly:

- i) *Clause 1.6 (a) which states "A patient is entitled to expect that a dental practitioner will provide a high standard of care which is evidence based. The practitioner should not undertake treatment which exceeds his training, competence and expertise. The Council is liable to take a serious view of any neglect of a practitioner's professional responsibilities to patients for their care and treatment."*
- ii) *Clause 1.6 (c) which state "The needs of the patient are the overriding concern and should be met by the dental practitioner offering all possible treatment with, if necessary, the assistance of professional colleagues."*

4. Dr. R's Explanation

- a) Dr. R pleaded not guilty on the charge.
- b) Dr. R claimed that he had tried to provide the best treatment within his capability to Madam C every time Madam C came to his clinic to fix her dislodged veneer. Dr. R claimed that he also tried to refer Madam C to his employer however, his employer was not able to attend to this case as she was not available.
- c) Dr. R also claimed that he had offered compensation to Madam C. But after further discussion with his employer, Madam C was asked to send an official e-mail regarding her complaint to his employer. However, Madam C refused to do so.

5. Recommendation of the PIC

After taking the practitioner's statement, the PIC found that Dr. R

- a) Has not rendered treatment to a standard of care as expected of him as a practitioner; and
- b) Has not address the complaint brought by Madam C about his treatment in a satisfactory manner.

Hence, the PIC unanimously agreed that there is case to answer to the charge and recommends Council to hold an inquiry as provided in Regulation 29 (Dental Regulation 1976)

6 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

1 Facts of the complaint

- a) Mr. C informed that he went to Dr. R's clinic for dental treatment. Dr. R performed an oral examination and informed him that his tooth needs to be extracted. Before the tooth extraction, Mr. C informed that he has *Diabetes* and *Cardiac Arrhythmias*. Mr. C claimed that no x-ray was done prior to the extraction, and Mr. C went back after the extraction was done.
- b) About one and half hours after the tooth extraction, Mr. C experienced excruciating pain. He called the clinic to get further examination regarding his pain.
- c) Mr. C returned to the clinic and met Dr. R but no treatment was rendered.
- d) Mr. C claimed that Dr. R was unethical because he left the patient in the treatment room and failed in his duty of care to re-examine the patient who complained of excruciating pain after tooth extraction earlier that day.
- e) Mr. C claimed that the unethical action and behavior of Dr. R had caused him much distress, trauma, fear and mental anguish.
- f) Mr. C then made a compliant to MDC

2 Findings of the Preliminary Investigation Committee (PIC)

After three (3) hearings, thirteen (13) exhibits and the evidence of one (1) witness, the PIC made findings based on the oral evidence and documents available in the record of complaint and found the followings:

- i) Neglect or disregard of professional responsibilities;
- ii) Failure in attending to the patient;
- iii) Failure to refer the patient if you were unable to attend to him.

3 Charges against the Respondent

After due deliberation made by PIC, the Committee framed three (3) charges against Dr. R.

Head 1

Neglect or disregard of professional responsibilities;

You have breached the Code of Professional Conduct clause 1.12 which states "*If a patient complains, every effort should be made by the dental practitioner to resolve the matter at the practice level, as provided under Section 36 of the Private Healthcare Facilities and Services Act 1998*"

Head 2

Failure in attending to a patient;

You have breached the Code of Professional Conduct clause 1.6 (b) which states "*the needs of the patient are the overriding concern and should be met by the dental practitioner offering all possible treatment with, if necessary, the assistances of professional colleagues*"

Head 3

Failure to refer the patient if you were unable to attend to him;

You have breached the Code of Professional Conduct clause 1.9 which states "*where the dental practitioner is in doubt regarding the management of the patient, he should seek consultation from colleagues who have the relevant training, competence and expertise*".

4 Dr. R 's Explanation

- a) Dr. R pleaded not guilty on all three charges.
- b) Dr. R explained that Mr. C started having chest pain at lunch time. He contacted and informed Dr. N who is a cardiologist and the general manager of the company.
- c) After returning to the clinic, Dr. R met Miss P who informed him that Mr. C was waiting in the clinic. He went into the clinic, and Mr. C came and complained about the pain. Dr. R informed Mr C that he will get a stronger painkiller from the pharmacy and asked Mr. C to wait in the clinic.
- d) Dr. R informed as he returned from the pharmacy, he met Dr. N who instructed to follow him to the imaging centre for a physical examination
- e) Dr. R told Dr. N that he needs to attend to Mr. C. Dr. N instructed other doctors to attend to Mr. C.
- f) Dr. R informed that when he was being examined by Dr. N, Mr C barged into the imaging centre and yelled "I will sue you". Dr. N then explained about Dr. R's inability to attend to Mr. C.
- g) Dr. R claimed he was informed that Mr. C refused to be attended to by any dentist other than Dr. R. He also refused to take any painkillers which were given by other dentists.

5 Recommendation of the PIC

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

6 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 reprimanded under Section 33(1)(b).

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necessarily reflect the opinions of the Council.**

CONTACT US

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

Tel: +60(3) 8318 6440

ADVISOR

Dr. Noormi binti Othman

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Dato' Prof. Dr. Ishak bin Abdul Razak

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