



# CODE OF PROFESSIONAL CONDUCT



***Malaysian Dental Council***

MOH/K/GIG/15.2008(GU)

***CODE OF PROFESSIONAL CONDUCT***  
***MALAYSIAN DENTAL COUNCIL***

***Malaysian Dental Council***  
***September 2008***

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## **PREAMBLE**

One of the core functions of the Malaysian Dental Council (MDC) is the promotion of high standards of personal conduct and professional ethics among dental practitioners. Ethical considerations encompass qualities of honour, integrity, trust and professionalism, and should be motivated by the aim to safeguard the health of the patient, promote the welfare of the community and maintain the honour and integrity of the dental profession.

In line with this objective the MDC adopted the code of ethics entitled 'Disciplinary Jurisdiction and Code of Practice' in 1983, followed by the 'Code of Professional Conduct' in 1997. This version of the Code of Professional Conduct supercedes the previous versions and is applicable to all dental practitioners.

The dental profession has a long and honourable tradition of service and care, and holds a position of trust and respect in the community. This reputation is founded not only on technical knowledge and skills, but also on a high standard of personal and professional behavior. This document contains a set of ethical guidelines which should act as advice to dental practitioners on the principles of personal conduct and professional ethics. While this is not a set of rules and regulations covering every aspect of behavior in every possible circumstance, it will certainly, together with all other MDC guidelines, assist a dental practitioner in a particular situation to exercise professional judgement and accepting personal responsibility. In all situations it is expected that a dental practitioner behaves responsibly and acts in the interest of the public in general and his patients in particular.

## **PART A: OBLIGATIONS & RESPONSIBILITIES**

### **1. THE PATIENT**

#### **1.1 Patient Selection**

A dental practitioner is morally obliged to provide care to those in need.

- a) In the discharge of this duty he shall not permit considerations of the patient's nationality, race, gender and sexual orientation, creed, political views, social standing, and any other form of discrimination to intervene.
- b) For the elderly, medically-compromised and physically and/or mentally challenged patients, the dental practitioner should exercise best judgment to ensure the dental needs of these patients are appropriately managed or referred to an appropriate specialist.
- c) A decision not to provide dental treatment to an individual because the individual has any communicable disease for which acceptable methods of protection are available, based solely upon that fact, is unethical.
- d) A dental practitioner may refuse a patient if:
  - it is beyond his capacity to manage the patient's problems
  - he is unable to manage the patient
  - it is in the patient's best interest

#### **1.2 Patient's Right to Choice of Practitioner**

A dental practitioner should recognise that a patient is entitled to seek treatment from any other practitioner, provided that his contractual obligations up to that point in time with the present practitioner have been fulfilled.

### **1.3 Maintenance of Professional Relationship**

- a) The dental practitioner shall at all times maintain absolute professionalism in his relationship with his patients. Acts of indecency or dishonesty or other acts involving abuse of the professional relationship may render the practitioner liable to proceedings for misconduct.
- b) From the patient's perspective, he has a right to expect to be treated with respect and courtesy.

### **1.4 Consent**

Consent is the granting to someone the permission to do something they would not have the right to do without such permission.

It is accepted that consent is implied in many circumstances by the very fact that the patient has come to the dental practitioner for dental care. There are however circumstances where verbal and if appropriate written consent is necessary for investigation and treatment. Informed consent can only be obtained by a practitioner who has sufficient training and experience to be able to explain the procedure, the risks and benefits and the alternatives.

#### Implied consent

It must be remembered that a patient who walks into a dental surgery gives implied consent only limited to clinical oral examination, consultation and diagnosis.

#### Verbal consent

Verbal consent is acceptable when the procedures are limited to treatment of the problem presented by the patient. It is necessary for a witness to be present during the explanation and the giving of the consent.

## Written consent

Written consent is consent for treatment signed by the patient or the legal guardian, and duly countersigned by a witness.

Dental practitioners shall obtain valid consent prior to carrying out treatment. For consent to be valid:

- a) the practitioner should explain to the patient the treatment proposed, the risks involved in the treatment, advantages and limitations of that treatment, and alternative treatments and costs. In other words, the consent must be informed. The practitioner should also not give guarantees or make unreasonable promises about the outcome of treatment.
- b) for minors (below age 18 years), written consent must be obtained from the parents or legal guardian.
- c) if general anaesthetic or sedation is to be given, all procedures must be explained to the patient. The onus is on the dental practitioner to ensure that all necessary information and explanations have been given either personally or by the anaesthetist. In this situation written consent must be obtained.

## **1.5 Communicating with Patients**

- a) The dental practitioner should act correctly, sympathetically and courteously towards patients at all times.
- b) The patient has a right to have any treatment or procedure explained to him clearly in lay terms, so that he understands the treatment to be carried out. The explanation should include information on treatment options, possible problems related to the procedure, the likelihood of success and/or failure, limitations and cost of treatment.

- c) Where treatment prescribed is complicated and likely to prove costly, a written treatment plan and cost estimate should be provided to the patient prior to commencement of the procedure. An estimate of the cost of treatment should be given and agreed upon before treatment commences.
- d) Prior to the commencement of treatment, the patient should be given complete pre and post-operative instructions.
- e) If, in the course of treatment the treatment plan has to be changed and the estimate has to be revised, a full explanation should be given at the first opportunity.
- f) The patient should be given all necessary post-operative care.
- g) The patient has a right to be informed about any medication prescribed for him, including:
  - i) purpose of the medicine;
  - ii) possible side effects;
  - iii) avoidance of any foods, alcoholic beverages or other drugs;
  - iv) duration necessary for any medication prescribed;
  - v) measures to be taken if a dose is forgotten or an overdose is taken; and
  - vi) where he can seek medical or dental treatment should the need arise.
- h) All medication prescribed shall be labeled clearly and include information on dosage and periodicity of administration.

## **1.6 Quality of Care**

- a) 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.

- b) A dental practitioner who recommends and performs unnecessary dental services or procedures is deemed to be engaged in unethical conduct.
- c) 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.
- d) Dental practitioners shall be obliged to protect the health of their patient by only assigning to qualified auxiliaries those duties which can be delegated. Practitioners shall be further obliged to prescribe and supervise the work of all auxiliary personnel.

## **1.7 Chaperones**

When treating a patient a dental practitioner should have a member of staff or other person present in the dental surgery at all times.

## **1.8 Treatment of Children**

- a) There can be no justification for intimidation or for the use of physical restraint, to pacify a difficult patient. When faced with an uncontrollable child, it is better to cease treatment, make an appropriate explanation to the parent or legal guardian, and reschedule treatment or arrange for referral.
- b) However in an emergency or in special circumstances the dental practitioner may exercise his professional discretion and judgement, in consultation with the parents or legal guardian, and act for the best interest of the patient

## **1.9 Consultation & Referral**

- a) Where a dental practitioner is in doubt regarding the management of a patient, he should seek consultation

from colleagues who have the relevant training, competence and expertise.

- b) A dental practitioner requiring an opinion from another colleague should:
  - (i) communicate all available information relevant to the matter upon which an opinion is sought; and
  - (ii) not demand a fee from the patient for the referral.
- c) A dental practitioner consulted by a colleague on a professional matter should:
  - (i) limit his comments to the patient to his professional findings only;
  - (ii) not institute or commence any treatment for the patient except with the consent of the referring practitioner and the patient; and
  - (iii) not say or do anything which may directly or indirectly undermine the confidence which the patient may have in the referring practitioner.
- d) In a referred consultation, the dental practitioner to whom the patient is referred, in addition to that which is aforementioned, should report the condition and recommend appropriate treatment direct to the referring dental practitioner.
- e) If a patient is dissatisfied about the treatment provided and requests a referral for a second opinion, the practitioner is under an obligation to accede to the request.
- f) When a patient is referred to a dental practitioner for treatment, that practitioner upon completion of care shall return the patient to the referring practitioner.
- g) In the event that a dental practitioner requires a medical opinion in the course or prior to managing a patient, he should refer the matter to the patient's regular medical practitioner.
- h) In the event that the patient does not have a regular medical practitioner, the dental practitioner may refer him to any medical practitioner in whom the latter has confidence.

- i) Division II registered dental practitioners shall refer patients only to Division I registered dental practitioners.

### **1.10 Emergency Treatment**

- a) A dental practitioner is expected to attend to any dental emergency. The practitioner may refer the patient for any follow-up treatment required.
- b) The dental practitioner should inform his patients of emergency services available elsewhere outside of normal working hours.
- c) A dental practitioner should be able to manage medical emergencies which may occur in his dental practice.

### **1.11 Professional Fees**

- a) A dental practitioner has the right to charge such fees as he deems proper and reasonable in the circumstances, which are in compliance with Schedule VII of the Private Healthcare Facilities and Services Act (Fee Schedule).
- b) Dental practitioners should display (place prominently so that it may be readily seen) their tariffs or fees in a prominent place within the clinic premises.
- c) He should not charge or offer to charge special reduced fees or discounts, or to offer to discount his fees for the purpose either of inducing persons to become his patients or of obtaining the payment of fees promptly or within a specified time.
- d) Upon request the patient shall be provided with an itemised bill for all treatment carried out by the practitioner.
- e) The patient has the right to be informed prior to the initiation of treatment the estimated charges and, during the course of treatment, any other charges which may arise.

- f) Dental practitioners may collect a deposit from patients making appointments for treatment. Such deposits should not exceed 30% of the total cost of the treatment and should be refundable if the appointment is cancelled 48 hours or more before commencement of the treatment.
- g) Commissions such as fee-splitting, rebates, or any form of kickback arrangement for any form of referral arrangement with another professional, and undercutting, are considered unethical.

### **1.12 Patient Complaints**

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.

## **2. THE DENTAL PROFESSION**

### **2.1 Maintaining Integrity of the Profession**

The dental practitioner should maintain the integrity of the profession by refraining from any action which may compromise that integrity. Practitioners may bring to the attention of the Council, any action on the part of any practitioner which, in his opinion, potentially may undermine the honour of the profession.

### **2.2 Updating Knowledge and Skills**

The dental practitioner should take steps to continually update his skills and knowledge for the benefit of his patients throughout his career.

### **2.3 Advancement of the Profession**

The dental practitioner has an obligation to support the advancement of the profession through membership in scientific and professional organizations locally, nationally and internationally and to observe their rules of ethics.

## **2.4 Ethics in Research**

- a) When undertaking research the current Helsinki Declaration and all other relevant documents regarding both human and animal subjects shall be complied with.
- b) In cases where samples of pharmaceutical or dental products used for the purpose of conducting clinical trials, it is considered unethical to charge the patient or subject for the said product.
- c) Dental practitioners have the obligation of making the results and benefits of their investigative efforts available to all when they are useful in safeguarding or promoting the health of the public.

## **3. COLLEAGUES**

### **3.1 Upholding Colleagues' Professional Image**

- a) A dental practitioner should behave towards colleagues in a manner that respects the rules and etiquette of the profession and should be willing to assist colleagues professionally.
- b) When a dental practitioner comes across treatment which in his opinion is so unsatisfactory that it must be carried out again he has an obligation, both legal and ethical, to so inform the patient. However, a dental practitioner should not refer disparagingly, orally or in writing, to the service of another practitioner to the patient or a member of the public.
- c) A dental practitioner should always speak out in recognition of good work. Such recognition is just and generous and gives pleasure to the patient and much encouragement to a fellow practitioner.

### **3.2 Justifiable Criticism**

When a dental practitioner becomes aware of a colleague's incompetence to practice, whether by reason

of drug addiction or physical or mental incapacity, or evidence of gross or continual faulty treatment, then it is ethical for the practitioner to draw this to the attention of the Council.

#### **4. THE PUBLIC**

##### **4.1 Oral Health Promotion**

- a) The dental practitioner should participate in dental health education and should promote and support accepted measures to improve the general and oral health of the public.
- b) Dental practitioners have an obligation to use their skills, knowledge and experience to improve the dental health of the public, and are encouraged to take positions of leadership in the community. Dental practitioners in such service shall conduct themselves in such manner as to maintain or elevate the esteem of the profession.

## **PART B: PRACTICE MANAGEMENT**

### **5. ESTABLISHMENT OF PRACTICE**

#### **5.1 Location**

A dental practitioner is free to practise where he chooses provided the siting of the clinic complies with local by-laws and the provisions of the Private Healthcare Facilities and Services Regulations.

#### **5.2 Name of Practice**

The name of the clinic shall not include any mention of any specialties where the practitioner does not have an additional/ higher qualification listed under Appendix 1 of this Code.

#### **5.3 Registration and Annual Practising Certificate**

- a) In order to practice, a dental practitioner shall be duly registered under the Dental Act, and be in possession of a valid Annual Practising Certificate.
- b) In accordance with the Dental Act, the dental practitioner shall cause his original certificate of registration to be displayed at his principal place of practice and his current Annual Practising Certificate to be displayed at every place of practice.
- c) In accordance with the Private Healthcare Facilities and Services Act the practice shall be duly registered and the Certificate of Registration shall be displayed.

#### **5.4 Minimum Standards in Dental Practice**

The minimum standards in a dental practice shall involve the following:

Basic physical amenities and equipment  
Infection control  
Dental radiology and radiation protection

Proper use of dental materials and devices  
Management of drugs and pharmaceuticals  
Proper waste disposal  
Patient grievance mechanism  
Emergency care services

- a) Basic physical amenities and equipment
  - i) The general design of the clinic shall comply with the Private Healthcare Facilities and Services Regulations 2006.
  - ii) All equipment must be functional, safe, maintained regularly and used for procedures it is designed for.
- b) Infection control
  - i) Practitioners shall comply with the provisions of the Private Healthcare Facilities and Services Regulations 2006.
  - ii) Practitioners shall adhere to the Guidelines on Infection Control in Dental Practice that have been adopted by the Malaysian Dental Council
- c) Dental radiology and radiation protection
  - i) Practitioners who store and operate machines for purposes of dental radiography and imaging shall comply with the provisions of Part XIII of the Private Healthcare Facilities and Services Regulations 2006.
  - ii) Practitioners who store and operate machines for purposes of dental radiography and imaging shall abide by the Atomic Energy Licensing Act 1984.
  - iii) Practitioners who carry out dental procedures which require radiological support must equip their clinics with adequate radiological facilities
- d) Proper use of dental materials and devices
  - i) Dental materials should be used for the purposes it is intended.
  - ii) Recycling of dental devices is prohibited.
- e) Management of drugs and pharmaceuticals

Practitioners shall abide by the regulations made pursuant to the Poisons Act 1952, Medicines (Advertisement and Sales) Act 1956 and Part XI of the Private Healthcare Facilities and Services Regulation 2006.

- f) Proper waste disposal  
Practitioners shall disposed of all clinical waste as prescribed in Part IX of the Private Healthcare Facilities and Services Regulations 2006.
- g) Patient grievance mechanism  
All clinic must make provisions for patients to air their grievances as provided in Part VI of the Private Healthcare Facilities and Services Regulations 2006.
- h) Emergency care service  
Clinics shall make provision for emergency care services as provided in Part X of the Private Healthcare Facilities and Services Regulations 2006

## **5.5 Patient Records**

- a) All matters pertaining to patient records shall comply with the provisions of Part VII of the Private Healthcare Facilities and Services Regulations 2006.
- b) Proper documentation or record keeping is a hallmark of quality dentistry and a standard of care that patients have come to expect from the profession.
- c) Practitioners must obtain a medical history of the patient before commencing treatment
- d) All treatment records maintained by practitioners shall be clear, accurate, legible, current and written in ink on patient record card or recorded electronically.
- e) All records shall be of sufficient detail so that any other practitioner reading them would be able to take over the management of a patient.
- f) All clinical details, investigation results, discussion of treatment options and drugs prescribed shall be documented.
- g) A practitioner who willfully falsifies, alters or amends the record will be committing professional misconduct.

- h) All patient records should be kept safely in the clinic.
- i) The records shall be kept for the period specified under any written laws pertaining to limitation period.

## **5.6 Covering**

- a) The principal practitioner shall ascertain that every practitioner in his employ is in possession of a valid Annual Practising Certificate.
- b) The Person In Charge shall register the name of every practitioner in accordance with the Private Healthcare Facilities and Service Act.
- c) A practitioner who knowingly or through neglect of his duty enables a person to do dental work which that person is not permitted by law to do, is committing an offence against the Dental Act and is liable to disciplinary proceedings under the Dental Act.

## **6. PROFESSIONAL QUALIFICATIONS, RANKS & AWARDS**

### **6.1 Degrees**

Practitioners may display in the public areas of the clinic only their recognised dental degrees and any of the degrees listed in Appendix 1 and 2 which have been awarded to them.

### **6.2 Awards**

Acronyms or abbreviations denoting state or national awards may be placed after the name of the practitioner.

### **6.3 Honorary Qualifications**

Honorary qualifications as listed in Appendix 2 may be used only on business cards, letterheads, envelopes, notices, faxes and emails.

## **7. NOTICE TO PATIENTS**

- a) A dental practitioner may inform patients already on record of any change of clinic premises or consultation hours. The notification should be made as a circular letter under cover, or as announcements in the newspapers.
- b) Any dental practitioner about to leave for another practice should refrain from any action which may be deemed to entice patients away from the current place of practice.

## **8. ADVERTISING**

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

Publicity or advertising material shall not:

- a) draw undue attention to the practitioner;
  - ii) be of a character that could reasonably be regarded as likely to bring the profession into disrepute;
  - iii) make a claim which cannot be substantiated;
  - iv) make a claim which suggests superiority over any other practitioner or practice; or
  - v) recommend a specific product.
- b) Flamboyant or grandiose descriptions of services offered at a practice should not be included in any advertisement, display or other information provided to the public.

- c) Publications including announcements in the press shall be in the prescribed formats.
- d) For other relevant information refer to the current issue of the Guidelines and Provisions for Public Information.

## **9. INFECTION CONTROL**

A dental practitioner should practise the highest standard of infection control. The current Guidelines on Infection Control in Dental Practice endorsed by the Malaysian Dental Council shall serve as a benchmark.

## **10. CONTRACTS**

In entering into any contract, the dental practitioner shall not compromise professional standards and the oral health of the patient. When contracts are established they must abide by the provisions of the Private Healthcare Facilities and Services Act 1998 and its Regulations.

### **10.1 Partnerships**

- a) All dental clinics must be operated only by registered dental practitioners.
- b) A dental practitioner shall not enter into a partnership or association or become financially interested in a practice carried on by a practitioner whom he believes is unethical.

### **10.2 Employment**

It is good practice to have a contract between the principal practitioner and all employees of the clinic.

### **10.3 Third Party**

- a) It is unethical for a dental practitioner to contract his services under conditions that make it impossible to render services to his patients in a timely and reasonable manner.

- b) Dental practitioners are advised to be extremely discerning when dealing with third parties in the provision of dental care, and to ensure that:
  - i) there is no canvassing
  - ii) there is no fee splitting
- c) Examples of *bona fide* third parties would be:
  - i) insurance plans bought on a individual basis; and
  - ii) employee benefit plans.

## **11. ENDORSEMENT & USAGE OF PHARMACEUTICAL & DENTAL PRODUCTS**

A dental practitioner should not endorse any dental or pharmaceutical product against the interest of his patients.

## **12. DENTAL RADIOGRAPHY & RADIATION PROTECTION**

- a) In procedures which require radiographs, it is mandatory to have an x-ray taken prior to commencement of treatment and during treatment, where necessary.
- b) A dental practitioner who stores or operates machines for the purpose of dental radiography and imaging shall abide by the Atomic Energy Licensing Act 1984, and any other such legislation governing the same.
- c) A dental practitioner who owns or operates an x-ray machine must ensure full compliance with the regulations and safe radiological practice for the protection of the patient, members of the dental team and others.
- d) A dental practitioner who delegates the taking of dental radiographs must ensure that the person to whom this task is delegated has received training in accordance with the provisions in the above mentioned Act.

## **13. STATEMENTS & CERTIFICATES**

### **13.1 Making Statements & Endorsing Certificates**

Dental practitioners shall not be allowed to make statements or declarations, or sign a certificate or other document, or induce or permit any other person to sign a certificate or document which the dental practitioner knows, or ought to know, to be untrue, misleading or otherwise improper.

### **13.2 Display of Certificates**

Only degrees and diplomas listed under Schedule II of the Dental Act and Appendix I of this Code may be displayed in the dental clinic.

## PART C : INFAMOUS CONDUCT

One of the functions of the Dental Council under Part IV of the Dental Act is to institute and carry out disciplinary proceedings in regard to a practitioner who has been accused of infamous conduct in a professional respect.

The phrase 'Infamous Conduct in a professional respect' was defined in 1894 by Lord Justice Lopez as follows:

*"If a medical man in the pursuit of his profession has done something with regard to it which will be reasonably regarded as disgraceful or dishonourable by his professional brethren of good repute and competency, then it is open to the General Medical Council, if that be shown, to say that he has been guilty of infamous conduct in a professional respect."*

In another judgement delivered in 1930, Lord Justice Scrutton stated that:

*"Infamous conduct in a professional respect means no more than serious misconduct judged according to the rules, written or unwritten, governing the profession"*

Circumstances may arise from time to time in relation to which there may occur questions of professional conduct which do not come within any of these categories. In such instances, as in all others, the Council has to consider and judge upon the facts presented.

Any behaviour which reflects adversely on the reputation of the profession, such as dishonesty, indecency or violence, would be liable to have serious consequences, even if not directly connected with the practitioners' professional practice.

# ***APPENDICES***

## APPENDIX II

### **HONORARY PROFESSIONAL QUALIFICATIONS**

1. Academy of Medicine (AM)
2. Fellow of the Academy of Medicine, Malaysia (FAMM)
3. Fellow of the International College of Continuing Dental Education (FICCDE)
4. Fellow of the International College of Dentists (FICD)
5. Fellow of the Pierre Fauchard Academy (FPFA)
6. Fellowship of the Academy of Dentistry International (FADI)
7. Honorary Diploma in General Dental Practice, United Kingdom [(Hon) DGDP (UK)]
8. Honorary Fellow in Dental Surgery of the Royal College of Surgeons of England [(Hon)FDS RCS(Eng)]

**RELEVANT DOCUMENTS**

Other relevant documents adopted by the Malaysian Dental Council are:

- i) Guidelines on Infection Control in Dental Practice
- ii) Guidelines and Provisions for Public Information
- iii) Guidelines for Oral Healthcare Practitioners Infected with Blood-borne Viruses
- iv) Position Statement on the Use of Dental Amalgam
- v) Guidelines for Occupational Safety and Health in the Dental Laboratory
- vi) Standing Orders for the Conduct of Disciplinary Inquiries

Practitioners are advised to be familiar with the current issues of these guidelines, the Dental Act and all relevant legislation and any new guidelines and publications adopted by the Malaysian Dental Council.

**COMMITTEE FOR REVIEW OF  
THE CODE OF PROFESSIONAL CONDUCT**

1. Dato' Dr. Ishak bin Abdul Razak – Chairman
2. Mej-Jen (Dr) Dato' Mohamad Termidzi bin Hj. Junaidi
3. Dato' Dr. Sharifah Fauziah bt. Syed Al-Habshi
4. Dr. Husna bt Abbas
5. Dr. R.T. Arasu
6. Dato' Dr. Low Teong
7. Dr. Elise Monerasinghe – Secretary