DENTAL EDUCATION IN MALAYSIA

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Penang Dental Congress 2016

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Saving an Avulsed Tooth

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E-Cigarettes and Smoking Cessation - A Controversy

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Regular anticavity toothpastes** only protect the hard tissue (teeth), which is 20%2 of the mouth.

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Message from the Editor

Hello everyone!

I must say that the past few months have been really hectic, not only for the Malaysian Dental Association (MDA), but the Malaysian dental fraternity as a whole! Everyone is eager to find out about the latest development of the new Dental Bill 2016, and what is the role of MDA in ensuring that no group of practitioners will be negatively affected by this new regulation.

This edition of MDA News provides readers with the latest news on initiatives brought forward by the Association in dealing with everyone’s concerns towards the undisclosed content of the Bill.

We have provided reports of the Extra Ordinary General Meeting and the Town Hall Meet, which were recently held for our members to share their views towards the “unknown”.

Besides this controversial issue, the present newsletter also reports other activities, including the Penang Dental Congress and basic life support courses, both of which received overwhelming response from our members all over the country.

It is hoped that the support for MDA would continue to flourish, while the Association perseveres to promote professional development and organisation of activities that are aimed at providing benefit for every members of the profession, be it at any level of practice, and in any area of specialty or interest.

For now, let us all continue in our endeavour to providing high quality of care to our patients, while we uphold their safety and well-being at the highest level. Beneficence, non-maleficence, autonomy, and justice… As we all swore upon.

Dr Mas Suryalis Ahmad
Editor-in-Chief, MDA News;
Honorary Publication Secretary 2016-2017
Malaysian Dental Association

MDA News welcomes submission of scientific articles to be featured in our upcoming issues. Please forward your articles to: massuryalis@gmail.com
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Dear esteemed MDA members,

As we cruise towards the end of 2016, it is proving to be quite hot in various ways for the profession especially with the impending tabling of the new dental bill in Parliament. While labouring diligently to remain on top of this very vital issue among others, the MDA is also working assiduously towards rolling out great dental conventions in the January SCATE and the July MIDEC in 2017.

Please step forward to assist and support and be involved in whatever way you can. You find that though involvement may prove to be taxing sometimes, you will also discover that when we water others, we ourselves will be watered and renewed in our zest and passion for life and dentistry, one of the best professions in the world.

With these words, I would like to share the report delivered in the last MDA council meeting in conjunction with the Penang Dental Congress. The brief report also carried in it a list of all our MDA committees with their chairmen.

It gives an idea of all the different areas of service that the MDA is involved and how any member can be involved. Just give the MDA or the committee chairman a call. The accompanying SWOT analysis is also very informative. Thank you all for reading this.

You find that though involvement may prove to be taxing sometimes, you will also discover that when we water others, we ourselves will be watered and renewed in our zest and passion for life and dentistry, one of the best professions in the world.
SWOT ANALYSIS

STRENGTHS: Currently we have a strong and hardworking team who has passion for the profession and willing to make sacrifices for the sake of the profession. Our major income via the two annual conventions continue to be positive despite challenges.

We believe that as long as we focus on a good and attractive scientific programme that attracts our dentists to come, it will continue to be successful. If our income from delegates alone is substantial, the MDA will remain independent and strong. Income from the exhibition need not be seen as essential but as an added bonus.

The culture built up in the process of organising such big events ourselves though taxing, sacrificial and demanding to the organising committee has a huge positive effect on the profession. It enables committed members of the profession to connect, network, build friendships and vital relationships across the whole spectrum of the profession, the government sector, private sector, universities, armed forces, and everyone in between. The friendships and network built augurs well for the future of the MDA.

WEAKNESSES: A structure like that can break down if we do not identify and nurture the next line of leaders and so on. Every council member and committee chairman should actively seek out and train a replacement or even better, replacements.

As it stands things will go well as long as the leadership has the profession’s best interests at heart. The MDA can be easily taken over by a well planned campaign. Well and fine if the intentions are good but will be disastrous for the profession if intentions are otherwise.

OPPORTUNITIES: We have the time now to identify and train up the next line of leaders. Potentials are current council members, chairmen and members of the various MDA committees and leaders of the Malaysian Dental Student Association MDSA and our own personal contacts. With 1,200 new graduates a year our membership will be increasing rapidly and there should be plenty of potential out there. I would like to highlight the advent of the MDA Toastmaster Club and urge all council members to join, have fun, hone your skills in public speaking and leadership, and recruit future leaders.

THREATS: Complacency on our part will result in our being unprepared for upcoming challenges. We need to guide leadership succession not because we want to be in control but to see that the MDA maintains its stated objective to promote the art and science of dentistry for the benefit of the public.

The council also needs to reflect the makeup of our Malaysian society. We need to maintain and sustain these principles. The MDA also needs to maintain a very friendly and respectful relationship with our dental traders. We must always maintain our leadership of the profession and not allow ourselves to be used or led by them for merely commercial purposes.

The MDA should also be proactive in maintaining the freedom of practice of dentistry responsibly in line with the FDI policy statement on basic dental education: “The new dentist should be able to carry out any kind of dental practice without harm to patients using modern, appropriate, effective and currently accepted methods of treatment”.

As Council members of the Association deliberate, act and plan for the future, it is hoped that we consistently keep this big picture in mind.
It is noted that the MDA committees are the instruments by which the objectives of the association are carried out and it may be advisable in the future to maintain the chairmanships with the same persons for as long as possible to allow continuity and significant work to be done.

The last AGM was carried out very successfully where the constitution was amended extensively, being ably chaired by Datuk Dr N. Lakshmanan. The subsequent MIDECON 2016 was very heartening with an unprecedented 1,500 dentists registered for the full convention and another 1,000 more dentists coming to visit the exhibition only.

The booths were almost fully subscribed. The episode of several quack dentists being charged in court and duly punished with fines and imprisonment was applauded by the MDA and issues of unfair comments in the press concerning the scope of GDP practice and uncalled for comments on the untimely demise of a dental patient were duly addressed in a letter to the press which was published in several newspapers, both online and in print.
MDA PRESIDENT REPORT October 2016

My term started on July 1, 2016 and will end on June 30, 2017. It kicked off with the naming of the chairmanships of the various committees of the MDA.

MDA 2016-2017 COMMITTEE CHAIRMAN LIST

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<tr>
<th>Committee Name</th>
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<tr>
<td>MDA Constitutional Amendments Committee Chairman</td>
<td>TBA</td>
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<td>MDA CPD Committee Chairman</td>
<td>Dr Jayaseelan</td>
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<td>(Includes: MDA Symposiums/Seminars/Classes/Academic Meetings)</td>
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<td>MDA Indemnity Committee</td>
<td>Dr John Ting</td>
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<td>MDA PCBC</td>
<td>Dr Shashie</td>
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<td>MDA Think Tank Chairman</td>
<td>Dr Naseem Sadruddin</td>
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<td>MDA Awards Committee</td>
<td>Datuk Dr Yim Khai Kee</td>
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<td>MDA SCATE 2017 Organising Chairman</td>
<td>Dr Neoh Leong Seng</td>
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<td>MDA Community Service Committee</td>
<td>Dr Zeo Lee</td>
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<td>MDA Product Accreditation &amp; MDA Seal Committee</td>
<td>Dr Leong Kei Joe</td>
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<td>MDA Trade &amp; Sponsorship Committee</td>
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<td>Co-Chair</td>
<td>Dr Neoh Ein Yau</td>
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<td>MDA FDI National Liaison Officer</td>
<td>Dr Leong Kei Joe</td>
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<td>MDA Administration and Finance</td>
<td>Dr Chow Kai Foo</td>
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<td>MDA Globalization Liberalization and Tourism Committee</td>
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<td>MDA Government Policies &amp; Regulations Committee</td>
<td>Dr Siow Ang Yen</td>
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<td>MDA Homepage Committee</td>
<td>Dr Ibrahim</td>
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<tr>
<td>Co-Chair</td>
<td>Dr Siow Ang Yen</td>
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<td>Mentor</td>
<td>Dr Ng Woan Tyng</td>
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<td>MDA International Relations Committee</td>
<td>Dr John Ting</td>
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<td>MDA SCODOS Representative</td>
<td>Dr Rasidah</td>
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<td>MIDE2017 Organizing Chairman</td>
<td>Dr John Ting</td>
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<td>WOHD Organizing Chairman</td>
<td>Dr Eileen Koh</td>
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<tr>
<td>Deputy Chairman</td>
<td>Dr James Chu</td>
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<tr>
<td>Past Presidents Board</td>
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<td>MDA Affiliates committee</td>
<td>Dr Angie Wong</td>
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<td>MDA Dental Schools Committee</td>
<td>Professor Ibrahim</td>
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<tr>
<td>MDA Toastmasters Club</td>
<td>Dr Neoh Leong Seng</td>
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We have moved!

Yes... The MDA Secretariat has officially moved to our new premises at Kelana Jaya, Selangor. The MDA Council would like to take this opportunity to inform our members that the MDA Secretariat Office is now at

D-5-1 PUSAT KOMERSIL PARKLANE
JLN SS 7/26
KELANA JAYA
47301 PETALING JAYA
SELANGOR

Since moving in, a few events have taken place such as meetings by the organising committees of the MDA Scientific Convention and Trade Exhibition 2017 and Malaysian International Dental Exhibition and Conference 2017, an introductory session on MDA Toastmaster Club on 8 October 2016, MDA town hall meeting on 22 October 2016 and MDA Extraordinary General Meeting on 6 November 2016.

On the international arena, MDA took to the skies with a long-haul flight of more than 12 hours, from Kuala Lumpur to Poznan, Poland. The mission was to send delegates from MDA to attend the world’s largest dental congress, FDI Annual World Dental Congress 2016, that was from 7 to 10 September 2016. The delegation, representing Malaysia and headed by MDA President Dr Chow Kai Foo, arrived at Poznan as early as 4 September 2016 to attend important business meets.

On 5 September 2016, the MDA delegation participated in the Open Forum and took part actively in the debate on the new FDI policies – Maintaining Lifelong Oral Health, Third party
involvement in Dental Practice and Minimal Intervention Dentistry for Managing Dental Caries.

FDI Policy Statements are extremely important documents because they will become the official stand of this world body on the issues that impact the world of dentistry and ultimately, the oral health of the world. These documents will be used as reference worldwide.

Apart from the Open Forum, the delegation was also involved in the meetings at the General Assembly, National Liaison Officer Forum and World Oral Health Forum. This time round, Malaysia had two candidates standing for position in the Education Committee (Prof Dr Khoo Suan Phaik, represented by Dr Leong Kei Joe) and Dental Practice Committee (Dr Chow Kai Foo).

Although none of our candidates made it into the respective committees, the opportunity to speak at the event prior to the day of voting has proved that Malaysia is ever ready to serve in the international arena.

It was also at this world dental meet that Malaysia truly felt honoured when a moment of silence was observed as respect for our late Dato’ Dr Ratnanesan Arumugam, a Malaysian, who made it to the highest office of Presidency of the FDI.

The delegation also had a few meetings with the relevant authorities that would, hopefully, as what our late Dato’ Dr. Ratnanesan Arumugam had performed, to bring FDI Annual World Dental Congress back to Kuala Lumpur in the future. It was held at Kuala Lumpur in September 2001.
Steven: 50, entrepreneur who has struggled with acid reflux and exposed dentine for many years

Steven could be one of your dentine hypersensitivity patients, who lives with the daily functional restrictions caused by sensitivity

70.4% of dentine hypersensitivity sufferers like your sensitivity patients consider the sensations to take a lot of pleasure out of eating and drinking

Recommend Sensodyne Repair & Protect with NovaMin® technology: it creates a reparative hydroxyapatite-like layer over sensitive areas of teeth that is up to 50% harder than exposed dentine. Sensitivity relief can start from week 1, and is still making a difference to patients’ lives after 6 months of daily use.

Help your patients live life more free from the impacts of dentine hypersensitivity.

Basic Life Support Course in Johor Bahru

Report prepared by:
Dr Tan Wei Xi

Basic life support (BLS), is a key component, which improves the chances of survival following cardiac arrest, includes prompt recognition and immediate support of ventilation and circulation.

In collaboration with the BLS Team of Hospital Sultanah Aminah, Johor Bahru, a BLS course was held on 24 September 2016 in Grand Paragon Hotel, Johor Bahru. The aim of this course was to equip dental practitioners as well as their staff with the knowledge of BLS and practice of simple Cardio-pulmonary resuscitation (CPR) techniques.

A total of 35 dentists, and 11 dental auxiliaries participated in this one-day event, where participants were taught and trained in adult and child BLS and also the use of an automated external defibrillator. The participants then underwent theory and practical exams.

In conclusion, the one-day BLS course was refreshing and educational, which will prove useful in medical emergencies.
On 21 August 2016, Basic Life Support (BLS) and automated external defibrillator (AED) Course was held at Cititel Hotel, Penang. The training was successfully organised with the joint effort of MDA (Northern Zone) and Penang CPR Society Associate Member of Resuscitation Council of Asia. The programme started at 9am and ended at 4.30pm. A big thumbs-up to the 12 instructors as they provided comprehensive explanation and demonstration to all the participants. In this training programme, a total of 49 participants were involved and hence a 1:4 instructor to participant ratio was achieved.

The programme started off with a brief introduction to BLS and AED by a consultant cardiologist Dr Goh Eng Leong. He continued to deliver a topic on Medical Emergencies using the latest 2013 guideline (6th edition) as a reference.

After being exposed to the fundamental theory, all the participants started to practise. Some 11 stations were provided and each was equipped with a manikin, an AED and other airway equipment. Each participant was given an opportunity to try at least twice until mastery.

Then, a theory test was carried out and the day ended with a dialogue session.
The 15th Penang Dental Congress was held from 14 to 16 October 2016 at Bayview Beach Resort, Batu Ferringhi. Themed “Reigniting Your Passion and Ambition”, this edition of the Malaysian Dental Association Northern Zone’s annual event garnered the interests of 300 delegates.

This three-day event kick started with pre-congress hands-on workshops. Dr Anthony Mak from Sydney, Australia conducted two half-day workshops back to back – “The Anterior Aesthetic Restoration Using the Controlled Layer Concept - A System for Simplification and Predictability”. There was also an educational session with Prof Dr Seong-Hun Kim of Seoul, South Korea as he conducted his workshop on “Selection Guide for Best Temporary Skeletal Anchorage Devices”.

The main congress was officiated by the Malaysian Dental Association (MDA) President Dr Chow Kai Foo, along with MDA Immediate Past President Dr John Ting, MDA Northern Zone Chairman Dr Lim Chiew Wooi, Organising Chairperson Dr Jeannette Wong and Deputy State Director of Health (Dental) of Penang Dr Naziah Ahmad Azli.

During the course of the main congress, delegates were treated to a series of practical and informative lectures given by distinguished speakers, including Dr Somkiat Aimplee (Thailand), Asst Prof Dr Sok Chea (Cambodia) as well as our very own Prof Dr David Ngeow and Dr Ha Kien Oon. The lecture topics ranged from medical problems in dentistry, dental and facial aesthetics, implants, biocreative orthodontics as well as on composite and ceramic restorations.

This year also sees the introduction of the Young Dentist Forum, which aims to reach out to dental students, fresh graduates and young dentists. With a line-up of reputable panellist, including Dr Amy Gan, Dr Azillah Bt Mohd Ali, Prof Dr Murali Naidu, Lt (Dr) Goh Seong Ling, Dr Naziah Ahmad Azli and Dr Wong Ruen Yuan, this forum provides an insight into dental professionals who forged different and successful career paths, in hopes that their careers will inspire those who are at crossroads.

More than 30 dental suppliers participated in the trade exhibition, with 35 booths set up. A prize redemption campaign was organised to encourage delegates to purchase from the trade exhibition in order to redeem attractive prizes.

The 15th Penang Dental Congress would not have been a success without the generosity and support of GlaxoSmithKline Consumer Healthcare Sdn Bhd as sponsor, GC as workshop sponsor, Versaden and Shin Hung (in collaboration with Caredes) as material sponsors, as well as Ivoclar Vivadent and Altis-Pro Marketing Sdn Bhd as speaker sponsors.
A corporate social responsibility (CSR) project of the Malaysian Dental Association Eastern Zone (MDAEZ), was carried out at Kampung Menonok on 22 October 2016, in collaboration with the Sabah Methodist Church. Situated in the province of Sandakan, Sabah, it is approximately six hours drive away from Kota Kinabalu. The majority of the locals are orang Sungai, Timoi and Toraja.

A total number of 26 volunteers consisting of medical practitioners, dentists, pharmacists and nurses from Kota Kinabalu were involved, providing medical, dental and pharmaceutical care to the locals. Approximately 150 patients were seen and treated that day.

This was the first CSR project done by MDAEZ in partnership with the Sabah Methodist church, aiming at creating dental awareness among the locals. The dental team managed to perform dental check-up, oral cancer screening, dental extraction and oral hygiene instruction to the locals during this event.

The MDAEZ would like to take this opportunity to extend its utmost gratitude to Dr Misliah Ahmad (the Sabah Deputy Director of Health, Dental), Dr Latifah Othman (the Divisional Dental Officer of Kota Kinabalu) and Dr Zainatunomri Omar (the Senior Dental Officer of Luyang Dental Clinic) for their kind assistance and support for making this event a success.

Written by:
Dr Jane Lau Ning Shing
MDAEZ EXCO 2016/2017
Last August, a team consisting of members of the Sabah Four Wheel Drive Association, medical officers, dental officers and a few volunteers made their way to Kampung Sonsogon Magandai, located up in the Northern area of Borneo. The team members involved those from all over Sabah, with a total capacity of 15 four-wheel drive vehicles.

The team started their expedition from Kota Kinabalu, to meet another group in Sandakan, before heading to the village. On the following day, the place was set up by the team to provide medical and dental treatment. Dental screening, tooth extraction, simple restorations, fluoride varnish treatment and oral hygiene instruction were performed. Other activities include distribution of medications, daily needs, used clothes and children’s toys. The program ended at 12noon, and the team made their way back on the same day.
Queen Elizabeth Hospital Open Day is an annual event organised by Queen Elizabeth Hospital, Kota Kinabalu, Sabah. This year, the event was held on the 24th of September 2016 at Queen Elizabeth Hospital, Kota Kinabalu and was graced by the Assistant Minister of the Chief Minister’s Department (who is also the Health EXCO of Sabah), Dato Ir Edward Yong Oui Fah.

The main objective of this annual event is to create public awareness of the services available at the hospital. Activities involved this year include health services exhibitions which were held at the hospital’s lobby and also several health screenings at the respective clinics. Two of the Dental Departments took part in the event; Department of Paediatric Dental Surgery and also Department of Oral and Maxillofacial Surgery.

The Department of Paediatric Dental Surgery, in partnership with the Malaysian Dental Association Eastern Zone (MDAEZ) as the sponsor, organised an oral health examination and plaque screening activities. The screening was followed by an oral health education activity to educate children and their parents about dental plaque. Individuals with low dental plaque score were rewarded with gifts, such as toothpaste or toothbrush, sponsored by the MDAEZ. Meanwhile, an adult oral screening session for adults was carried out by the Department of Oral and Maxillofacial Surgery.

The Guest of Honour, Dato’ Ir Edward Yong Oui Fah, along with the Director of Queen Elizabeth Hospital, Dr Heric Corray, were present during the plaque screening activity. Following an introduction to the department, they were presented with a token of appreciation by the MDAEZ representative, Dr Cindy Chong.
On 24 October 2016, the MDA arranged a meeting with interested parties to discuss about the recent outrage spread over social media regarding issues of credentialing, which will constitute part of the new Dental Bill 2016.

The meeting was held at the new MDA headquarters in Kelana Jaya. There were 135 MDA members and six non-members who attended the town hall meeting. Attendees include senior members Datuk Dr Yim Khai Kee, Dr Jaswant Singh, as well as office bearers of affiliates associations, namely Malaysian Private Dental Practitioners’ Association (MPDPA), Malaysian Association of Oral Maxillofacial Surgeons (MAOMS) and Malaysian Oral Implant Association (MOIA).

In addition, a video conference call was conducted, connecting a few members from Penang who gathered at Dr Goon Yong Por’s clinic.

Several points were raised during the discussion, including:

- The importance of MDA members to be united in demanding for the withdrawal of the Dental Bill 2016, as the credentialing requirements are deemed to be against the consensus reached at the 2012 meeting with the then Health Minister, which was to remove restrictions on general dental practitioners to practice.

- Suggestions that MDA should seek assistance from the ex-Health Minister, Dato’ Sri Liow Tiong Lai, who was involved with the meeting held in 2012.

- MDA’s attempt to meet with the Registrar of the Malaysian Dental Council to discuss general dental practitioners’ concerns over the Dental Bill 2016, although this meeting was postponed at the last minute. Meanwhile, a copy of the document listing these concerns were sent to the Registrar of the Malaysian Dental Council for perusal.

- Suggestions that a mentoring or partnership program between dental specialists and general dentists to be developed, instead of dictations by the Health Ministry over what a dentist can or cannot do.

- Suggestions that MDA should involve other parties including Members of the Parliament to have these issues raised and presented at parliamentary level, as well as public relation agencies to gain public’s support for our cause.

- Comments about the unfair representation of the pro-temp Dental Specialty Board (seven dental specialists and two general dental practitioners), which inhibits equal deliberation of general dental practitioners’ input.

- Comments about the lack of transparency in the drafting of the Dental Bill 2016.
Following discussions of this meeting, a pro-tem committee for Fair and Transparent Dental Bill was set up to look into matters pertaining to the Dental Bill 2016. Elected members of the committee are as follows:

**Advisor:** Dr Chow Kai Foo  
**Chairman:** Dr Firdaus Hanapiah  
**Secretary:** Dr Neoh Leong Seng  
**Treasurer:** Dr Kathiraven  
**Members:** Dr Lou Chai Hock  
Dr Abu Razali  
Assoc Prof Rathanasothy  
Dr Ang Lai Choon  
Dr Rani Panadam  
Dr Bhawani  
Dr Neoh Gim Bok

* Other MDA members who wish to join the committee may contact Dr Neoh Leong Seng.

The meeting was wrapped up with a suggestion to call for an Extra Ordinary General Meeting to have the Dental Bill 2016 withdrawn for review by all stakeholders. Meeting was adjourned at 9.45pm.
A
n Extra Ordinary General Meeting (EOGM) was held on 6 November 2016 at the new Malaysian Dental Association headquarters in Kelana Jaya. Some 247 members in benefit attended the meeting. Many other dentists attended as observers. The EOGM was called to deliberate on the resolution:

That the house calls for the withdrawal of the new Dental Bill 2016 for review by all stakeholders with the intention to strike out any clause that limits the practice of dentistry by dentists.

President Dr Chow Kai Foo called the meeting to order at 2.30pm. Dr Tan Yoke Sing, a former MDA President was proposed and seconded to chair the EOGM.

Dr Chow was called to present to the floor a brief account on the purpose of the EOGM. He then presented a chronology of events on the active involvement of MDA in the discussion of the new Dental Bill 2016.

The meeting saw active debate among MDA members on the rationale for the resolution, while some shared their opinion and concerns towards the credentialing requirements which was proposed in the Dental Bill 2016.
In a nutshell, members raised discontent over the lack of transparency in the drafting of the Dental Bill 2016. Many insisted that the content should be made available to all dentists, as the stakeholders, whose views are to be considered, before having the Bill presented and passed at the Parliament.

The House unanimously voted in support of the resolution. The EOGM was adjourned at 4.15pm.
Transforming Dental Education in Malaysia

With a career in education spanning more than 30 years, Professor Dr Mohamed Ibrahim Abu Hassan has devoted his life to guiding the next generation of young dentists to provide care that is of international standards. He is poised to do more as he heads the Deans Council of Public University and chairs the Fellow of International College of Dentist Region 33.

How has your experience in Universiti Malaya prepared you for your current position?

I spent more than 20 years in Universiti Malaya (UM) and I garnered numerous experience in teaching, administration and so on. Aside from being a lecturer, I was the deputy dean in the dental faculty for four years. That role has taught me how to run a faculty, staff training, oversee students and clinics; it has certainly honed my interpersonal skills.

In a way I was the first staff member in the dental faculty of Universiti Teknologi MARA (UiTM) in 2006. Back then we were “squatters” in the main campus in Shah Alam. Our academic staff and students had to make do with the temporary faculty while our campus was being built in Sungai Buloh, which was only ready in 2015.

What were the challenges you faced being in a temporary campus?

Dental classes are very different from others. Apart from lecture halls, most importantly we need to work with the relevant equipment. So I had to get the university to understand that I need more than just computer labs, I would need equipment so the students can learn better.

It wasn’t easy since we only had some computer labs that the Information Technology (IT) faculty could spare. For some of the beginner’s classes, we had to share with the medical faculty. A dental programme is easily the most expensive one in any university. A basic dentist chair could easily costs RM20,000. The early years were not conducive, but we made do with the best that we could.

Why did UiTM decide to have a dental faculty?

We were, still are, facing a shortage of healthcare professionals. A healthy ratio for dentists and patients should be 1:2000. However, there are only 6,000 dental professionals in Malaysia, serving nearly 30 million people. Hence, UiTM wanted to produce more Bumiputra dental and medical professionals.

Also we need more dental specialists. Apart from our undergraduate programme, we also have postgraduate programmes – Master of Dental Science, Doctor of Clinical Dentistry (Orthodontics), Doctor of Clinical Dentistry (Periodontology) and Doctor of Clinical Dentistry (Prosthodontics). We are now preparing for postgraduate programmes in public health, endodontics and paediatric dentistry.
We ensure our graduates are equipped with the skills to carry out their jobs adeptly.
How many can you take in for your postgraduate programmes?

For now, we have four candidates for each programme. I wish we could take more but equipment is limited and the cost is high. For example, a similar programme in the UK would cost about RM1 million but locally it’s about 25% of that.

When the students start out, we will have some wastage as they are still in the learning stages. Our funding also covers our labs, clinics and patients. The patients pay a minimum fee. However for the more complicated and rare cases we struggle to find the right patients for our students. Sometimes we would get the senior homes to send us their residents.

What other challenges do you face especially in the new campus?

Our batch of lecturers are still young. They need to work on advancing their training and research with international universities; a move towards higher recognition. Having renowned lecturers will greatly help in elevating a university’s status. I had hope to lure some popular lecturers to UiTM but it is difficult to offer highly competitive pay. Instead, we have guest lecturers.

I’m also looking into generating some income for the faculty. Perhaps offer some external courses. We still have a long way to go from being a sustainable faculty.

Can you share with us your daily schedule?

Typically I’m the first to be in the office. I’ll be up before 6am to pray, have some breakfast and read up on the news. I’ll be in the office before 7.20am. I still give lectures and visit the clinics. Once a week, I supervise the students, postgraduate ones especially. They would consult me on the problems they have and so on. On a regular day I’ll leave my office at about 7.30pm.

This is in addition to my responsibilities of running the administration. Paperwork, applications, guiding the staff in their work and more. I also travel regularly, outstation and overseas, for lectures, talks, forums and discussions.
What is your opinion on the current standards of dental students?

To join a dental programme they must meet some minimum requirements, that itself will get us the cream of the crop. As they go through our programme there will be a small percentage that won’t make it and move on to other programmes.

We ensure our graduates are equipped with the skills to carry out their jobs adeptly. Otherwise they won’t be allowed to graduate. With our clinics here, they are exposed to a lot of hands-on training.

However the issue is not with their skills but the public service is unable to absorb all our students. Similar to doctors, they have to complete a one-year attachment, but after that only less than half would be absorbed into the public healthcare service, simply because there are no available posts. Annually there are about 1,000 dental graduates across the country. That is difficult for the government to take in all of them.

Hopefully with the new Budget announcement on contractual posting, our graduates will be able to serve the public and improve our dental health.

How is teaching in the age of connectivity?

One thing for sure, we cannot replicate the same teaching methods that I was exposed to decades ago. When I was a student, there was no social media or even internet. We rely heavily on textbooks and lecturers in our lessons.

But now, learning and teaching techniques are vastly different. The way students are learning is highly interactive, so as a lecturer one needs to look into a variety of methods to engage them.

Was it always a childhood dream to teach?

Well... no. (laughs) I always wanted to be a pilot. That was my sole ambition during my schooldays. After my SPM examinations in 1977, I had an interview lined up to be a pilot. However, just before then a plane had crashed
and my mother cajoled me into taking the offer for matriculation in a local university.

With my mother’s advice, I took the offer and here I am now. Besides my additional maths was poor then. And now with glasses, I don’t think I can pilot a plane.

Can you share some of the ongoing dental research in UiTM?

Research is a vital part of our faculty. We have three that I’m proud of. One of them is on the use of herbal products in dental practice, the other is on caries development in children and lastly, a look into other methods to improve strength of the material used in restoration.

What is your role in the Deans Council of Public University?

At the deans council, we work to have a standard dental competency across the universities in Malaysia. This will ensure that each dental programme meets a string of standards.

Apart from that, my role in the Southeast Asia Association for Dental Education is also to have a standard competency programme across the region. Representatives from each Asean country will meet and discuss how we can have a minimum standard in all the dental programme in the respective countries.

What is your hope for the future of dentistry in the country?

I hope that the dental education in Malaysia, especially in UiTM, will be at par with the world’s top 50 universities. We will need to host more international visiting lecturers and widen our research, collaborate with others and so on.
A n avulsed permanent tooth is one of the few real emergency situations in dentistry. Avulsion of permanent teeth was seen in 0.5-3% of all cases of dental injuries (Andersson L et al 2012). Numerous studies showed that this type of injury was one of the most serious dental injuries, and the prognosis was very much dependent on the actions taken at the place of accident and promptly after the avulsion (Andersson L et al 2012, Andreasen JO et al 2012).

In most situations, replantation is the treatment of choice, although it cannot always be carried out immediately. An appropriate emergency management and treatment plan are important for a good prognosis.

The prognosis for avulsed permanent teeth is very much dependent on the actions taken at the place of accident. Promotion of public awareness of first-aid treatment of the avulsed tooth is strongly encouraged. Treatment choices and prognosis for the avulsed tooth are largely dependent on the vitality of the periodontal ligament (PDL), and the maturity of the root (International Association of Dental Traumatology 2012).

There are also individual situations when replantation is not indicated (e.g. severe caries or periodontal disease, non-cooperating patient, severe medical conditions (e.g., immunosuppression and severe cardiac conditions) in which cases must be dealt with individually.
First aid guidelines (if patients/parents made an emergency call to the dental office)

*Please make sure it is a permanent tooth, as primary tooth should not be implanted*

1. Keep the patient calm
2. Find the tooth and pick it up by the crown (the white part). Avoid touching the root.
3. If the tooth is dirty, wash it briefly (max. 10s) under cold running water and reposition it. Try to encourage the patient/guardian to replant the tooth. Once the tooth is back in place, bite on a handkerchief to hold it in position.
4. If this is not possible, or for other reasons when replantation of the avulsed tooth is not possible (e.g., an unconscious patient), place the tooth in a suitable storage medium (Refer “storage medium”) and bring with the patient to the emergency clinic. The tooth can also be transported in the mouth, keeping it inside the lip or cheek if the patient is conscious. If the patient is very young, and/or the patient could swallow the tooth, it is advisable to get him/her to spit in a container and place the tooth in it. Avoid storage in water.
5. Seek emergency dental treatment immediately.

Replantation may successfully save the tooth, but it is important to realise that some of the replanted teeth have lower chances of long-term survival and may even be lost or extracted at a later stage.

Dentists should always be prepared to give appropriate advice to the public about first aid management of an avulsed tooth. Public awareness through mass media campaigns and advice from healthcare professionals should focus on emphasising the need of immediate actions if permanent teeth are avulsed.

As trauma can sometimes happens in school, teachers should also receive information on how to proceed following these severe unexpected injuries. Also, instructions may be given by telephone to people at the emergency site. Immediate replantation is the best treatment at the place of accident. If for some reasons this cannot be carried out, there are alternatives such as using various storage media to store the tooth while heading to the dental office.

The International Association of Dental Traumatology (IADT) has developed a consensus statement after an update of the dental literature and expert group discussions.
Dentists should always be prepared to give appropriate advice to the public about first aid management of an avulsed tooth.

Treatment guidelines

Choices of treatment are dependent on the following:

- Maturity of the root (open or closed apex)
- The conditions of periodontal ligaments cells – The conditions of the cells are dependent on the type of storage medium used and dry time (the tooth out of the mouth)

From the clinical point of view, clinicians should know how to classify the condition of the periodontal ligament cells of the avulsed tooth, which involves categorisation within these three groups: 1) most likely viable, 2) maybe viable but compromised and 3) non-viable.

Storage medium

Numerous studies have been carried out to establish the ideal medium storage in keeping the periodontal ligament cells of avulsed viable until it get implanted. The storage media that have been suggested by literature are as follows:

- Hanks Balanced Storage Medium (HBSS)
- Patient own saliva
- Saline
- Pasteurised whole milk
- Aloe vera gel/extract
- Oral rehydration salt liquid
- Powdered coconut water

References:

i- http://www.iadt-dentaltrauma.org

ii- International Association Dental Trauma. Dental Trauma Guidelines. Revised 2012


### Open apex

<table>
<thead>
<tr>
<th>The tooth has been replanted before the patient’s arrival at the clinic</th>
<th>The tooth kept in a physiologic storage and/or stored dry if the extra-oral dry time &lt; 60 minutes</th>
<th>The tooth dry time &gt; 60 minutes or other reasons suggesting non-viable cells</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Leave the tooth in place. - Clean the area with water spray, saline or chlorhexidine. - Suture gingival lacerations, if present. - Apply flexible splint for one to two weeks.</td>
<td>- If contaminated, clean the root surface and apical foramen with a stream of saline. - Administer local anaesthesia. - Examine and irrigation the alveolar socket and with saline. - Replant tooth with gentle pressure. - Clean the area with water spray, saline or chlorhexidine. - Suture gingival lacerations, if any. - Apply a flexible splint for up to one to two weeks.</td>
<td>- Remove attached non-viable soft tissue carefully, for example, with gauze. - Administer local anaesthesia. - Examine and irrigate alveolar socket with saline. - Replant the tooth slowly with slight digital pressure. - Suture gingival laceration. - Apply flexible splint for four weeks.</td>
</tr>
</tbody>
</table>

- Verify normal position of the replanted tooth clinically and radiographically.
- Administer systemic antibiotics.
- Check tetanus protection.
- Give patient instructions.

### Follow-up

| Split removal, clinical and radiography review after two weeks. | Splint removal, clinical and radiograph review after one to two weeks. | Splint removal, clinical and radiography review after four weeks. |

### Monitoring

Clinical and radiography review after four,12,24,48 weeks and yearly

### Special consideration

RCT should be avoided unless there is clinical and radiography evidence of pulp necrosis.

* The goal for replanting still developing (immature) teeth in children is to allow for possible revascularisation of the pulp space. The risk of infection related root resorption should be weighed up against the chances of revascularisation. Such resorption is very rapid in teeth of children. If revascularisation does not occur, root canal treatment may be recommended.

* To slow down osseous replacement of the tooth, treatment of the root surface with fluoride prior to replantation has been suggested (2% sodium fluoride solution for 20 minutes)

### Favourable outcome

Asymptomatic, normal mobility and percussion sound. Radiographic evidence of arrested or continued root formation and eruption. Pulp canal obliteration is to be expected.

### Unfavourable outcome

Symptomatic, excessive mobility or no mobility (ankylosis) with high-pitched percussion sound. Crown infra-position. Radiographic evidence of resorption (inflammatory, infection-related resorption, or ankylosis-related replacement resorption) or absence continuation of root formation.
<table>
<thead>
<tr>
<th>Closed apex</th>
<th>The tooth has been replanted before the patient’s arrival at the clinic</th>
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<td>• or other reasons suggesting non-viable cells</td>
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<td>• the extra-oral dry time &lt; 60 minutes</td>
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<tr>
<td>Treatment</td>
<td>• Leave the tooth in place.</td>
<td>• Remove attached non-viable soft tissue carefully, for example, with gauze.</td>
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<td></td>
<td>• Clean the area with water spray, saline or chlorhexidine.</td>
<td>• Administer local anaesthesia.</td>
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<td>• Suture gingival lacerations, if present.</td>
<td>• Examine and irrigate the alveolar socket with saline.</td>
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<td></td>
<td>• Apply a flexible splint for up to two weeks.</td>
<td>• Replant the tooth.</td>
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<td></td>
<td>• Clean the root surface and apical foramen with a stream of saline and soak the tooth in saline, removing contamination and dead cells from the root surface.</td>
<td>• Suture gingival lacerations, if present</td>
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<td></td>
<td>• Suture gingival lacerations, if present.</td>
<td>• Stabilise the tooth for four weeks using a flexible splint.</td>
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<td></td>
<td>• Apply a flexible splint for up to two weeks.</td>
<td>• Verify normal position of the replanted tooth clinically and radiographically.</td>
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<td>• Administer systemic antibiotics.</td>
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<td>• Give patient instructions.</td>
<td>• Give patient instructions.</td>
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**Follow-up**

| Splint removal, clinical and radiography after two weeks. | Splint removal and clinical and radiographic control after four weeks. |

**Monitoring**

Clinical & radiography review after four, 12, 24, 48 weeks and yearly

**Special consideration**

Initiate RCT after seven to 10 days.

- Calcium hydroxide as medicament up to a month followed by full RCT.
- Antibiotic-corticosteroid paste may be placed at least two weeks.
- To slow down osseous replacement of the tooth, treatment of the root surface with fluoride prior to replantation has been suggested (2% sodium fluoride solution for 20 minutes)

**Favourable outcome**

Asymptomatic, normal mobility and percussion sound. No radiographic evidence of resorption or periradicular osteitis: the lamina dura should appear normal.

**Unfavourable outcome**

Symptomatic, excessive mobility or no mobility (ankylosis) with high-pitched percussion sound. Radiographic evidence of resorption (inflammatory, infection-related resorption, or ankyllosis-related replacement resorption

Ankylosis is unavoidable after delayed replantation and must be taken into consideration. In children and adolescents, ankylosis is frequently associated with infraposition. Regular and thorough follow-up is required, while an advice to patient and guardian of this likely outcome is necessary. Decoronation may be indicated when infraposition (>1mm) is seen. (IADT 2012, Andersson L et al 2016)
E-cigarettes or electronic cigarettes (ECs) are electronic devices that involve inhalation of a heated liquid containing propylene glycol, glycerol and flavourings. It can be consumed with or without nicotine, with the latter commonly known as vape. The solutions and emissions from e-cigarettes contain chemicals that could be considered as toxicants.

The emergence of electronic nicotine delivery systems (ENDS) since 2005 has created a controversial issue. Some experts claimed that ENDS is an effort to reduce the prevalence of tobacco smoking in a population. On the other hand, some may argue that its use could undermine efforts to denormalise tobacco use.

In October 2014, the WHO Framework Convention on Tobacco Control had responded to the request from the 5th Conference of the Parties, which was held earlier in Seoul, South Korea, on the evidence of impacts of ENDS. The report concluded that ENDS is very likely to produce lower exposures to toxicants in comparison with conventional combustible tobacco products. In spite of this, the same report also highlighted that ENDS aerosol is not merely ‘water vapour’, as frequently claimed by the marketing agencies and the public. The summary of health risks of ENDS users are described as below [1]:

1. The product variability, which includes battery voltage and unit circuitry differences may contribute to the formation of toxicants.
2. The product variability and user behaviour such as the length of puff, depth of inhalation and frequency of use may affect the absorption of nicotine in the body.

3. It is known that nicotine may contribute to malignant diseases and neurodegeneration.

4. Children, adolescents, pregnant women, and women of reproductive age need to be cautious about the long-term consequences of nicotine exposure to brain development of fetuses and growing individuals.

5. Exposures to propylene glycol from the aerosol may include eye and respiratory irritation (short-term side effects).

A recent systematic review on health risk assessment of the usage of e-cigarettes reported that there are very limited studies available to make a conclusion on the health risk assessment of ECs[2].

On the other hand, an updated Cochrane Review that was recently published in September 2016 found 24 completed studies on the effectiveness of ecigarette as a smoking cessation aid.

However, the Cochrane review concluded that the evidence of these reports were of a low quality, produced on a small number of subjects (n=662) in two randomized control trials that reported long abstinence of smoking at six months follow-up.[3]

Whether to support the usage of ECs aiming at reducing tobacco products consumption remains uncertain. This field requires more research in order to address the health risk assessment of e-cigarettes and also its effectiveness as an aid for smoking cessation. At the local level, the Malaysian Health Ministry has till date declined the use of ECs, with or without nicotine, until strong scientific evidence could prove it benefits, in superior to its harmful effects[4].

References:
While MIDEC 2016 closed on a high note, we are already gearing up for the next and second largest annual dental congress by MDA: Scientific Conference and Trade Exhibition (SCATE). The 23rd edition which was held on January 14 to 17 at the Putra World Trade Centre (PWTC) earlier this year gathered more than 1300 delegates and 300 exhibitors. The 24th SCATE is returning next year, bigger and better!

SCATE 2017 will feature both trade exhibition and scientific conference where visitors and delegates will be updated on the latest innovations and cutting-edge technological advancements in dentistry. The organizing committee has confirmed five prominent speakers and is in the pipeline of roping in more world-class speakers from all over the globe.

For orthodontics enthusiasts, we present to you Dr Sabrina Huang and her popular Masterclass: Non-Surgical Class II Correction. We also bring to you Dr Howard Farran from the United State of America, who will share with us about the dentistry business through a talk titled ‘What They Don’t Teach You in Dental School’.

Passionate about aesthetic dentistry? Fuel your fervour and learn from the best by signing up for limited attendance workshops by esteemed speakers Dr Anthony Tay, Dr Jerry Lim and Dr Somkiat Amplee.

For the first time ever, we have specially put together an exciting pre-congress event for those who wish to brush up on their basic skills and learn endodontics the fun way. The Canal Hunt: Back to Basics Endodontics Extravaganza Day will be packed with practical short lectures and informative table clinic sessions where participants can expect to be presented with innumerable thought-provoking discussions.

More exciting events and programmes are currently under way. To learn more, please visit MDA’s website. In the meantime, do keep a close eye on MDA 24th SCATE 2017 Facebook page and stay tuned for the latest updates and surprises we have in store for you!
CONFIRMED KEYNOTE SPEAKERS

Dr. Howard Farran
THE BUSINESS OF DENTISTRY
What They Don’t Teach You in The Dental School

Dr. Sabrina Huang
ANTI-AGING ORTHODONTICS
Masterclass: Non Surgical Class II Correction

Dr. Somkiat Amplee
MASTERING ESTHETIC & FUNCTIONAL REHABILITATION OF THE SEVERELY WORN DENTITION
Workshop: Digital Smile Design with Live Patient

Dr. Jerry Lim
Dr. Anthony Tay
TREATMENT PLANNING FOR PREDICTABLE SUCCESS
Workshop: Posterior Composite Artistry
MANAGEMENT OF LARGE CAVITIES WITH COMPOSITES
Workshop: Indirect Composite Onlay

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\(^*\) vs potassium-based toothpaste. **Patient Experience Study, EU 2015, IPSOS.