



MALAYSIAN DENTAL ASSOCIATION

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Dentists and Orthodontic treatment

Dear Editor, we refer to the report "A kick in dentists teeth" (NST, Dec 16).

In response:

The Malaysian Dental Association (MDA) acknowledges the substantial role of general dental practitioners (GDPs) in personal dental care and to their commitment for self improvement through continuous training by attending courses, seminars and conferences both locally and internationally. Further, the MDA recognize that GDPs are bound by the Dental Professional Code of Ethics in clinical practice to safeguard patient safety.

The recent announcement by the Director General of Health that GDPs without proper training in orthodontic treatment should not carry out such treatment (NST, Nov 9) has obviously disappointed many GDPs; in particular those who carry out orthodontic therapy that potentially fall within the area of general dental practice. This announcement, seemingly, was made consequent to the fears communicated to the Ministry of Health by the Malaysian Association of Orthodontists (MAO) that some GDPs after attending short orthodontic courses have chosen to manage complex orthodontic cases, with dire consequences for patient safety. As a point of note, the MAO has no regulatory control of the practice of orthodontics in Malaysia, whilst the Dental Act 1971 allows dentist whose qualifications are recognized by the Malaysian Dental Council (MDC) to practice dentistry, including several areas of orthodontic therapy.

The MDA contends that, as with any other dental specialty, GDPs who do not have formal orthodontic training but who have received additional education and clinical experience in orthodontics should be able to carry out orthodontic procedures within the area of their interest. This is apt, considering only 114 qualified orthodontists are in the country and waiting lists at most government orthodontic clinics are long between 3 – 4 years. In addition, private specialist orthodontic care can be very expensive and many patients are left with no other option but to seek orthodontic care with their GDPs.

In this regard, MDA wishes to reiterate that by allowing GDPs with special interest in orthodontics to practice does not equate to specialist orthodontic care, and as such, cases being handled by them would be proportionate with their level of training. Restricting GDPs from orthodontics might be counter-productive and inevitably lead to monopoly of orthodontic care by a small group of orthodontists, thereby limiting treatment options available for the general public. In due course, MDA intends to explore mechanisms for training of GDPs with orthodontic interest and collaborate with Ministry of Health Malaysia in recognizing these training pathways.