30 years

Malaysian Society of Otorhinolaryngologists
Head & Neck Surgeons (MSO-HNS)
Editorial Board

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30 Years

Malaysian Society of Otorhinolaryngologists
Head & Neck Surgeons (M SO-HNS)
Message from the Editors

This book has been written to document and record our history and achievements for future reference.

We had the privilege of leading the editorial team and our consultant writers, Decalais Sdn Bhd, that completed this book. It was an eye-opening experience to research the history of the Society and to talk to the pioneers of our profession in Malaysia.

We all owe a very great debt of gratitude to the early ENT specialists who established the Society against the odds and built up the numbers and stature of the Society through sheer hard work and dedication.

Our heartfelt thanks to the editorial team for their unstinting assistance in this project and to the many people who contributed through their ideas, interviews and photographs. This book would not have been possible without the support, advice and inputs that the editorial team received.

Datuk Dr Kuljit Singh

Professor Dr Primuharsa Putra Bin Sabir Husin Athar
In Malaysia, we are fortunate to enjoy high standards of healthcare due to a far-sighted and visionary Government that recognizes the immense role of a healthy nation in the development of a productive economy. Malaysians are blessed with the ability to have easy access to both primary care as well as specialist healthcare at a very reasonable cost, throughout the country. We have specialists in every field of medicine and a medical education system that continuously refreshes the system for the present and future generations.

However, this high standard of healthcare only came about through the altruistic and selfless service, dedication and foresight of earlier generations of doctors as well as other healthcare professionals. They have built the medical profession into what it is today, from just a rudimentary system that was inherited from the British.

There are many inspirational anecdotes of commendable dedication to service as well as the long hours that have been put in as members of every specialty built up their skills and their professional associations. How the ENT specialists established and nurtured what is now the Malaysian Society of Otorhinolaryngologists Head / Neck Surgeons (MSO-HNS) is one such exemplary story.

This book brings into perspective how remarkable the journey has been. Whilst there was a dire shortage of medical doctors at the time of Independence, it is an eye-opener to know that even in the 1970s, there were just a handful of ENT specialists in the whole of the public healthcare system, serving the entire country. We have progressed by leaps and bounds since then.

Not only has the number of specialists grown in the past thirty years, through initiatives such as the establishment of a local Masters qualification, there has also been advancement in techniques, local research and inventions as well as innovations.

I can recommend this as a well-researched book that is easy to read, which is testament to the efforts of so many doctors who built MSO-HNS ‘step by step’ over the years. Their story deserves to be told and it makes for fascinating reading as well as being a shining beacon for generations of specialists to come.

Dato’ Sri Liow Tiong Lai
Minister of Health Malaysia
18 April 2013
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The Evolution of Otolaryngology

Electro-nystagmograph and rotating chair unit for University Hospital Kuala Lumpur
One of the earliest known medical records, the Edwin Smith Papyrus from circa 1600 BC, includes reference to otorhinolaryngology. In it is described the treatment of a broken nose, “...the displaced bone is to be forced back, and the nostrils packed...”

A Hindu text, Sanskrit Atharvaveda also mentions what may have been tonsillectomies as early as 700 BC. Hippocrates, who was born in circa 460 BC is of course, best remembered for the Hippocratic Oath, however, he is also probably one of the forerunners in investigating the tympanic membrane in the ear and he developed a method of removing nasal polyps, known as the “sponge” method. The method continued in use for many centuries after Hippocrates.

The description of a tonsillectomy in 30 AD by the Roman Aulus Cornelius Celsus, will make anybody cringe, as he suggested separating the tonsil all around with the fingernail and then simply tearing it out. However, if this proved difficult he suggested holding on to the tonsil with a hook and then cutting it out with a knife.

The work of many anatomists and even artists has proved invaluable in the advance of otorhinolaryngology. Claudius Galenus (Galen) born in Asia Minor in 131 AD was the first to believe that the voice came from the larynx and not the heart as was earlier believed. Leonardo Da Vinci (1452 – 1519) was the first to accurately draw the maxillary and frontal sinuses. Anatomist Andreas Vesalius (1514-
1564) disproved some of the work of Galen that had been based on animal dissections and also accurately described the malleus and incus. The Eustachian Tube takes it's name after Bartolomeus Eustachius (1520-1574) who was probably the first person to accurately describe the tube. Volcher Coiter (1534-1600) accurately described the tympanum, ossicles, Eustachian tube, cochlea, and auditory nerve. The first person to perform a successful laryngotomy and record it was probably Antonio Musa Brasavola (1490-1554) who performed the operation in 1546.

The seventeenth and eighteenth centuries saw many steps in the advance of otorhinolaryngology. For instance, Conrad Victor Schneider (1614-1680) established that there are secretions from the nasal membrane even when normal. Antonio Valsalva (1665-1723) dissected more than a thousand human heads and in a paper he wrote in 1704, he described three parts of the ear - the outer, middle, and inner ear.

The eighteenth and nineteenth centuries saw many improvements in instrumentation. For instance, Philip Syng Physick (1768-1837) of Philadelphia created an instrument designed for carrying out a tonsillectomy, which would later be modified to become a tonsil guillotine. In 1834, E.H. Weber, of Leipzig described the first tuning-fork test for hearing.

In 1840 Manoel Garcia, a singing teacher made a long handled mirror to observe the inside of the larynx during singing. He is recognised as the first successful laryngoscopist and was dubbed the, “Father of Laryngology” by the Royal Medical and Chirurgical Society of London.

Perhaps one of the most bizarre experiments that ended up being a giant stride for instrumentation came from a Versailles postmaster called Guyot. In 1724 Guyot succeeded in reducing his own deafness by passing a
curved tube into his mouth and behind the palate and then injecting a watery fluid into his own Eustachian tube. The Eustachian catheter was invented.

The nineteenth century saw the establishment of many institutions and the publication of authoritative works in otorhinolaryngology. The work of James Yearsley (1805-1869) established the first Ear Nose and throat hospital in the world – the Metropolitan Ear Institution was established in 1838 in London, and later became the Metropolitan Ear, Nose, and Throat Hospital. It is believed that Yearsley was the first person to practice as an ear, nose, and throat specialist. In 1850, he wrote that he had operated on 1400 patients. In 1846, together with two others, Tyler Smith and Forbes Winlow, Yearsley established the, “Medical Directory,” in order to record the names of recognised medical practitioners.

L. J. A. Simard was appointed Professor of Otolgy at Laval University of Montreal Canada in 1862, and in 1863 a lectureship in otology was set up in McGill University. New Zealand’s first ear dispensary was established in Dunedin in 1884 and Australia’s first ear and throat clinic was established in 1886 in Sydney Hospital.

The British Rhino-Laryngological Association was established by Morell Mackenzie in 1888 and seven years later, in 1895 the Association added otology. It was the birth of Otorhinolaryngology.
Chapter 1  History of MSO-HNS

The 1st ASEAN Head & Neck Congress at Universiti Kebangsaan Malaysia, 1981
1981
- MSO-HNS was registered

1981
- Coherent CO2 laser installed at Universiti Malaya and General Hospital Kuala Lumpur

1982
- International Symposium in Nasolaryngial Carcinoma co-organised by Professor Dr Umapathi Prasad, Department of Ear, Nose and Throat with Dharam V. Ablashi, Division of Cancer Cause and Prevention, National Cancer Institute (Bethesda, Md) and Gary Pearson, Mayo Clinic (Rochester, Minn.) held at University Hospital Kuala Lumpur.

1984
- 2nd Asian Otolaryngology Federation Congress was held in Genting Highlands, Malaysia

1986
- ENT Masters Programme introduced in Universiti Kebangsaan Malaysia (UKM)
- O.R.L. Malaysia Singapore Congress

1986
- Dr Abdullah Razi becomes first graduate of the Malaysia Masters Programme
- ENT services began in East Malaysia
- ENT Masters Programme was introduced in University Malaya

1994
- Dr Usha Arumainathan becomes the first female ENT surgeon

1995
- Bachelor of Audiology and Bachelor of Speech Sciences started in Universiti Kebangsaan Malaysia (UKM)
- First Cochlear implant performed in Malaysia by Professor Dato' Dr Lokman Saim at Universiti Kebangsaan Malaysia (UKM)

1996
- 7th ASEAN O.R.L. Head & Neck Congress at KL Hilton

1997
- Post graduate programme in Otolaryngology introduced in Universiti Sains Malaysia

2000
- ENT tissue engineering programme established in Universiti Kebangsaan Malaysia
1st President Professor Dr Umapathi Prasad
Like so many other great institutions, the Malaysian Society of Otorhinolaryngologists Head & Neck Surgeons (M SO-H NS) had humble beginnings. There were only a handful of specialists in the country in the 1970s. But they had a need to exchange ideas and develop solutions to their common challenges and problems, and they formed a networking “club.”

However, it was soon clear that this informal network was not enough. In fact, the small numbers made it all the more important that Ear, Nose and Throat (ENT) specialists banded together in order to share experiences and resources wherever possible to create a proactive support system. A support system that would not only act as a sounding board for practitioners, but would also undertake the crucial task of educating the Malaysian population on ENT healthcare issues.

Attempts to move beyond the informal club and form a Society dated back to 1973 but firm steps were taken in 1979, when Professor A. Gnanapragasam, Dr Ravindran P. M. Menon and Dr Imran Gurbachan arranged for an inaugural meeting which was held on 12 October 1979 at the Universiti Kebangsaan Malaysia (U K M).

Dr Ian Malcolm Farquaharson, as a visiting professor to U K M, spoke about the British Association of Otorhinolaryngologists and gave some valuable ideas and the encouragement to proceed with a Malaysian society. A pro tem committee was soon formed and within a year, the Malaysian Society of Otorhinolaryngologists was born on the historic day of 12 January 1980.

Dr Imran recalls the motivations for establishing the Society: “We wanted a Society where all ENT Head & Neck Surgeons could exchange new developments locally and internationally to keep updated with advances.”

The Society’s Logo Then and Now

The Society’s logo is a graphic drawing of the ear, nose, throat and neck. The colour green symbolises sincerity and purity in our service to the public. Used till today, the new logo of the Society was conceptualised in the 1990s by Dr John Tan and Professor Dr Lokman Saim.
The inaugural meeting was held in Lecture Hall 3, Clinical Block, Faculty of Medicine, U KM, Jalan Raja Muda, Kuala Lumpur on 12 October 1979. Out of 29 doctors practicing ENT during that time, only 9 attended the meeting, namely Dr Imran Gurbachan, Dr Ravindran P. M. Menon, Professor Dr Gnanaprasagam, Professor Dr U. Prasad, Dato’ Dr Harnam Singh, Dr Tan Bock Hay, Dr Choi Cheng Sun, Dr Umakanthan a/l Kuppusamy and Dr Dharshan Khanna. On this auspicious day, the proposed constitution and the crest of the Society were discussed.

The first President of the Society was Professor Dr Umapathi Prasad, who at the time was the Head of the ENT Department at University of Malaya (UM).

The Society started off with just 29 members and today boasts 317 members. These members take a lead in every aspect of their profession and many are also leading figures in related disciplines. Whilst records of membership numbers are scanty from the earlier years, it is clear that there were a number of catalytic factors that boosted numbers.

Firstly, to the credit of the early committee members, they made great efforts to be geographically inclusive. Although the Society started off as being Kuala Lumpur centric, there were soon events organised in other parts of Malaysia. Today, both the committee and membership as a whole have representation from all parts of Malaysia.

Secondly, the educational facilities and courses developed by the Society for the Malaysian environment made specialisation in otorhinolaryngology a realistic option. In the past, the specialisation was essentially through overseas study and experience, which put it out of the reach of many.
The Universiti Kebangsaan Malaysia (UKM) Faculty of Medicine started in the general hospital complex. This is where the ENT specialty began.

Finally, from the very early days, the Society has annually conducted health camps in various parts of the country as a service to the Malaysian people. In addition to the social benefits, the public exposure from this activity acted to raise the awareness and status of the Society.

Whilst these factors have all worked in tandem to improve the membership numbers, the road to maturity was slow for the Society and many members and office holders had important parts to play in the growth of the Society in both numbers and stature.
Table 1: List of Presidents of the Society

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<th>Year</th>
<th>President</th>
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<tr>
<td>1981-1982</td>
<td>Dr Umapathi Prasad</td>
<td>1990-1991</td>
<td>Dr Darshan Kumar Khanna</td>
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<td>1983-1984</td>
<td>Dr Imran Abdullah @ Gurbachan Singh</td>
<td>1992-1993</td>
<td>Dr John Tan Hong Guan</td>
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<td>1984-1985</td>
<td>Dr Suppiah P. Singaram</td>
<td>1993-1994</td>
<td>Dr Vijay Kumar Khanijow a/l Prakash Lal</td>
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<tr>
<td>1985-1986</td>
<td>Dr Tshang Hshing Huang</td>
<td>1995-1996</td>
<td>Dr Abdullah Sani Mohamed</td>
</tr>
<tr>
<td>1986-1987</td>
<td>Dr V. K. Ravindran</td>
<td>1996-1997</td>
<td>Dr Lokman Bin Saim</td>
</tr>
<tr>
<td>1988-1989</td>
<td>Dr John Tan Hong Guan</td>
<td>1998-1999</td>
<td>Dr Gopala Krishnan</td>
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</table>
Every President, especially, brought his individual style and contribution to the Society as he piloted the Society forward. Table 1 is a list of the Presidents who have served the Society since 1981. The Society owes a debt of gratitude to each one of these leaders.

Over the years, there have been some constitutional changes and adjustments in the types of membership in order to keep the Society up to date and relevant. Most notably, amendments drafted by committee member Dr Harvinder Singh were incorporated into the Constitution in 2006 and then in 2010. However, by and large what has stayed constant over the last 30 years are the overriding objectives of the Society. These have remained as was intended by the founding members. The objectives are well explained in the present constitution as being:

- To promote the art and science of Otorhinolaryngology.
- To coordinate the activities of Otorhinolaryngologists.
- To represent Otorhinolaryngologists and protect their interests.
- To promote fellowship among Otorhinolaryngologists.
- To highlight specific ENT problems in the country and contribute towards the solution of these problems.

There were many achievements and important landmarks along the way in the efforts to further these far reaching objectives. The very first of these achievements came very soon in the Society’s young life. In 1981, the Society organised the first International Head and Neck

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<th>Years</th>
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<tr>
<td>1999-2000</td>
<td>Dr Balwant Singh Gendeh</td>
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<td>2000-2001</td>
<td>Dr K. Nalliah Subramaniam</td>
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<tr>
<td>2002-2003</td>
<td>Dr Sathananthar a/l K. Shanmugam</td>
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<tr>
<td>2003-2004</td>
<td>Dr Din Suhaimi Sidek</td>
</tr>
<tr>
<td>2004-2005</td>
<td>Dr Abdullah Sani Mohamad</td>
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<tr>
<td>2005-2006</td>
<td>Dr Siti Sabzah Mohd. Hashim</td>
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<tr>
<td>2006-2007</td>
<td>Dr Gudeep Singh</td>
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<tr>
<td>2007-2008</td>
<td>Dr Zulkaflay Abd Rahman</td>
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<tr>
<td>2008-2009</td>
<td>Dr Kuljit Singh</td>
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<tr>
<td>2009-2010</td>
<td>Dr Pua Kin Choo</td>
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<tr>
<td>2010-2011</td>
<td>Dr Harvinder Singh</td>
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<td>2011-2012</td>
<td>Dr Yap Yoke Yeow</td>
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<tr>
<td>2012-2013</td>
<td>Dr Primuharsa Putra Sabir Husin Athar</td>
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Surgery Courses and Microsurgery of the Ear and Neurology Courses. Whilst these were continuations of courses that members would have undergone earlier in their careers in Edinburgh and Glasgow; they were of course held here in Malaysia and therefore, extended the access to knowledge tremendously. They were the first tangible achievement of the Society.

In the coming years, improving the education and training opportunities remained a focus for the Society and it is an important objective even today. Three universities, Universiti Kebangsaan Malaysia (UKM), University of Malaya (UM) and Universiti Sains Malaysia (USM) now offer post graduate courses in Otorhinolaryngology and the Society organises numerous Continuing Medical Education (CME) programmes for both members and non-members.

In 30 short years, the Society has certainly come of age.
Ministry of Health’s Contribution to the Development of Otorhinolaryngology (ENT) in Malaysia
Contributed By Dr. S. P. Singaram FRCS (Eng) FRCS (Glasgow)

In the beginning, Ministry of Health (MOH) was mainly responsible for providing service to the community. In the course of time it has also provided valuable contribution towards the training of ENT surgeons in the country.

Malaysia got her independence from the British administration in 1957. Otorhinolaryngology began to develop as a separate specialty only in 1958. Earlier, the ENT lessons were managed by General Surgeons and Physicists. During its infant stage, the speciality faced many obstacles which were overcome at a slow pace.

The early pioneers did not have a rosy platform. In the year 1958, a year after Malaysia’s independence, the late Mr K. L. Lam from the ENT Department of General Hospital Singapore returned to Malaysia and set up the first ENT centre at GHKL. It was housed at a small portion near the Blood Bank at the old GH campus. In 1963, MOH sent Dr Harnam Singh for ENT Fellowship (FRCS) in the United Kingdom (UK) on a Government Scholarship. Dr Harnam returned from UK in 1965 with Fellowship from the Royal College of Surgeons of (1) England and (2) Glasgow. He was first posted to General Hospital (GH) Johor Bahru and then transferred to GHKL in 1967. He was provided with limited instruments. In 1970, he resigned from the government service and started his own private practice in KL.

After a brief gap, Dr Tshang Hshing Huang who was sent to UK to obtain ENT training on government scholarship was appointed as head of Department at GHKL in 1980, on his return. He had obtained his Fellowship in ENT (FRCS) from the Royal College of Surgeons of Edinburgh and Glasgow. He was
very much interested in academic activities in addition to providing service. During his period, he promoted the concept of strip mucosa biopsy of the postnasal space as a form of diagnosis of nasopharyngeal carcinoma, which was later replaced by specific punch biopsies from Fossa of Rossm-Muller. Dr P. Mahesan, Dr Chan Sen Kiat and Dr Singaram were trained as ENT Registrars under his supervision and later became ENT surgeons.

When Dr Tshang resigned from government service in 1973, Dr Yoong Fo Ngam who was serving as Head of ENT Department at GH Ipoh was transferred to KL to hold the helm for a brief period. Dr S. Kandiah was then appointed and served as Head of Department from 1974-1979.

By now Dr Singaram has returned from UK having obtained Fellowship (FRCS) in ENT from the Royal College of Surgeons England and Glasgow. In the meantime, Dr T. Underwood has resigned as Head of Department at GH Ipoh. Dr Singaram was working then at the ENT Department Penang after his return in 1977. He was transferred to GH Ipoh to take over Dr Underwood’s position when Dr Kandiah resigned his post in GH KL in 1979. Dr Singaram was transferred to GH KL to take over as Head of ENT Unit and senior consultant to the Ministry of Health. All these while all the ENT surgeons who had served in the government sector were sent to UK on government scholarships to do fellowship training in ENT.

In 1980, Dr Singaram was transferred to GHKL and appointed as Head of ENT Unit and senior consultant to the Ministry of Health. By now, Dr Ravindran FRCS (Edin) has resigned as head of ENT Department at GH Johor Bahru. Expatriate ENT surgeons from Bangladesh and India were managing the ENT Departments in Penang and Ipoh for a brief time.

When Dr Singaram took over, it boiled down at almost one single surgeon providing ENT service to the whole country in the government sector. He stayed in the government service as Head of ENT Department GHKL and senior consultant to the Ministry of Health until his retirement in 1995.

During this period, they embarked on an active training programme, introduced the latest technologies for providing service and developed the other departments in all the state capitals.

Laser surgery was introduced in 1983. Equipment and instruments were upgraded to perform microsurgery of the ear. Endoscope sinus surgery started. Head and neck surgery was expanded to deal with lesions in larynx, pharynx, base of tongue and base of skull. There was close cooperation with the Department of Neurosurgery, Plastic Surgery, General Surgery and Ophthalmology.

Facilities for early audiological assessment were made available during Dr Tshang’s period. This was expanded to full audiological assessment when Mrs Gina Goh, Mr Tan and Mr Ranganathan, Medical Assistants were sent to Manchester for diploma in audiology in 1987.

In the 80’s and 90’s, when the universities were promoting local postgraduate programmes, we, at the ENT department in General Hospital Kuala Lumpur, were preparing our trainees for the fellowship exams in UK. We received close cooperation from the ENT units of University Kebangsaan Malaysia and University Hospital when conducting our programmes. We also had established close rapport with the ENT Department at North Riding Infirmary, Middlesbrough in Central England. We acknowledge with gratitude the contributions of Dr Vasant Oswel, Dr Maurice Hawthorn and Dr Liam Floud. Professor Dr Alan Gibb
from University of Dundee, Scotland was attached to the ENT department in University Kebangsaan Malaysia. He was a great source of inspiration for us. In 1990, with the help of Dr Paul Fagan and Dr Marcus Atlas, both from Australia, we had conducted a temporal bone surgery course for all government ENT surgeons in the country. This course was held in Crown Princess Hotel, Kuala Lumpur. From our training programmes, about 30 doctors graduated with a fellowship from the Royal College of Surgeons of Edinburgh or Glasgow between 1980 and 1995. In addition, the fraternity also took part in the training of local Masters programme. Many trainee doctors had successfully completed the Masters programme.

The following are some of the doctors from our department who had qualified Fellowship (FRCS) during the period 1980-1995.

1. Dr Gopala Krishnan (UMMC)
2. Dr Chua Hock Kim (Penang)
3. Dr Khor Hooi Keong (Kuala Lumpur)
4. Dr Wong How Tung (Kuching, Sarawak)
5. Dr Yong Yew Key (Ipoh, Perak)
6. Dr Ong Tun See (Johor Bahru, Johor)
7. Dr Slow Sin Kiat (Deceased)
8. Dr Venugopal Reganathan (Mahkota Medical Centre, Malacca)
9. Dr Vijay Soni (KPJ Selangor Specialist Hospital)
10. Dr Mohd. Hafiz Mohd. Ali (Sime Darby Medical Centre)
11. Dr Faridah Hassan (Hospital Selayang, Selangor)
12. Dr Gong Yean Kee (Loh Guan Yee Specialist Centre, Penang)
13. Dr Goh Say Wee (Sabah Medical Centre, Kota Kinabalu, Sabah)
14. Dr David Ling Sheng Tee (Kuching Specialist Hospital, Sarawak)
15. Dr Lim Seh Guan (Loh Guan Lye Specialist Centre, Penang)
16. Dr Oh Ewe Lik (Gleaneagles Medical Centre, Penang)
17. DrAwal Hassan (KPJ Damansara Specialist Hospital, Kuala Lumpur)
18. Dr Roslan Mahmud (KPJ Damansara Specialist Hospital, Kuala Lumpur)
19. Dr Priya @ Prema (Overseas)
20. Dr Sudha Sivasamy (Taiping, Perak)
21. Dr Chandran T.G. (Sime Darby Medical Centre)
22. Dr Ng Kee Sang (Kelang, Selangor)
23. Dr K. S. Sathananthar (Hospital Kuantan, Pahang)
24. Dr Ramani Krishnan a/l Krishnan (KPJ Kajang Specialist Hospital)

Masters in ENT:
1. Dr Abd. Majid Md. Nasir (Hospital Kuala Lumpur)
2. Dr Gurdeep Singh Mann (Hospital Ipoh, Perak)
3. Dr Valuyeetham a/l Kamaru Ambu (Hospital Tuan Ku Jaafar, Seremban)
4. Dr Siti Sabzah Mohd. Hashim (Hospital Alor Setar, Kedah)
5. Dr Sri Novianti Noerdin (KPJ Kuantan Specialist Hospital)
6. Dr Narizan Ariffin (Hospital Kuala Lumpur)
7. Dr T. Shunmugam a/l M. Thiagarajan (Pantai Medical Centre, Bangsar)
8. Dr Anthony Gilbert (Columbia Asia, Seremban)
9. Dr Balwinder Singh (Hospital Putrajaya)
During this period the fraternity also witnessed the expansion of the field of otorhinolaryngology and realised the need for sub-specialisation in otology, rhinology, otoneurosurgery, skull base surgery, head and neck surgery, phonosurgery, rhinology, facioplastic surgery and paediatric otorhinolaryngology. With this, the fraternity put papers and recommended to the Ministry of Health, the need and importance of sub-specialisation. Our recommendations were positively accepted by the Ministry of Health. Travelling Fellowships were awarded to International Renowned Faculty Members to come to Malaysia, deliver lectures and conduct training modules. Dr Robert Cotton, Paediatric Otolaryngologist from Cincinnati USA and Maurice Hawthorn, Otolologist from UK were to be mentors.

When Dr Singaram was about to leave the service on retirement, Malaysia's own trainers were groomed to be sent to overseas for sub-specialisation. Dr Abd. Majid Md Nasir, who is the Head of ENT Department at GHKL now, was sent to Australia to sub-specialise in otoneurology.

The Department, which was housed in a small portion near the Blood Bank in the old General Hospital complex during Mr K. L. Lam's period was later moved to the present Administrative Block near the car park during Mr Tshang's period. It was then shifted to the present site during Mr Kandiah's period at the Specialists Complex. A paper was put up during Dr Singaram's period to extend the department and include the space where the skin department was previously located. This was implemented during Dr Abdullah Razi's period. Dr Abdullah Razi was appointed as Head of Department after Dr Singaram's retirement in 1995.

Dr Singaram had served as the Head of ENT Department GHKL (now HKL) from 1980 to 1995. In 1980, they had only one functioning unit at GHKL to provide ENT services to the rest of the country at government level. And he is now proud to state that in 1995, when he retired from government service, all the 14 states in the country had a functioning ENT unit with a qualified ENT surgeon as Head of the Department. During his period, he had great support from Mr Samuel Arokiraj, a senior medical assistant and Dr Singaram acknowledges his contribution with gratitude and great appreciation.

When Dr Singaram retired in 1995, Dr Abdullah Razi was appointed as Head of Department and he was followed by Dr Abd. Majid Mohd Nasir in 2007.
Early ENT services in Sarawak and Sabah
Contributed By Dr S. P. Palaniappan, FRCSEd., Consultant ENT Surgeon

ENT Services were pioneered in Sarawak in 1979 by Dr S. Venkatasalam, an expatriate surgeon. He was based in Kuching for a year and after that initial year, he started a visiting service to the district hospitals and covered all of the state by spending a week in each district per visit, visiting one district each month. The other days of the month he was working in Kuching at the Hospital. He was able to fly or drive to the districts and did not have to resort to travel by boats.

Then in 1989, a Malaysian citizen came along. Mr Wong Howe Tung took over the service in Sarawak and then two years later Dr Tiki Lafe took over the reins when Mr Wong left to go into private practice.

A nasopharyngeal carcinoma campaign was run in 1982-87 along with Professor Prasad of University of Malaya (UM) to collect cases and it is believed that these cases went to provide proof for his assertion that nasopharyngeal carcinoma arose from the Fossae of Rosenmuller. There were numerous cases of nasopharyngeal carcinoma and the youngest patient was four years old, an Iban boy subsequently confirmed at UM. Thereafter from 1991 onwards many local graduates began coming from the universities and services were gradually set up in the various districts, making the weekly tours unnecessary.

The fledgling ENT service to Sabah was also started by Dr Venkatasalam in 1984 and he ran the service until 1987. He used to do a visiting clinic in Sabah at Kota Kinabalu once a month for four or five years and twice he went to Tawau and Sandakan, primarily for planning the future set up in these two towns.

Mr S. P. Palaniappan was posted to Queen Elizabeth Hospital (QEH), as the first resident Malaysian ENT surgeon in 1987 and was given the task of setting up a proper service for the state. Accordingly, funds were allocated.

The service started off with two staff nurses, one male Mr Edmund and one female Ms Beatrice, who were sent to Kuala Lumpur General Hospital for audiology training. At the same time the slow process of purchasing the appropriate equipment was started. Basic ENT surgical sets were purchased but the drill for the mastoids never came and one had to resort to using a mallet and chisel to perform a crude mastoidectomy. The clinical assistant nurses were trained on the spot and pressed into service and the lone consultant was given an assistant in the form of Dr Elizabeth Emmanuel.

Once the assistant was given sufficient training to be able to hold the fort, Mr Palaniappan then started a travelling service to the districts. He arranged to go to certain districts (apart from the deep interior) once a month for two days. The first day to operate on cases already arranged before, and the second day as a post operative day and to see out-patients. Sandakan, Tawau, Ranau, Labuan and Beaufort were the hospitals on the regular visiting schedule. The surgeon would cart all the surgical instruments in sterile packaging, from QEH to each of the intended hospitals and then after use, all were brought back.

Those were the days when the surgeon was treated like a VIP and the obliging Malaysian Airline pilots would wait for the hospital vehicle to reach the airport in order to load the equipment and the surgeon before taking off, and the customs officers in Kota Kinabalu would wave the numerous bundles through without opening the packaging!

Patients would come from far and wide and some would trek a couple of days to come and be seen. These visiting rounds were run unfailingly without cancellations and as the work load grew, it became very strenuous and so an expatriate Burmese surgeon was appointed to Tawau hospital, but he proved to be incapable so his contract was quickly terminated.

All other patients were brought into QEH either by plane, helicopter, car, boat or whatever other means they could. During this period, an enterprising Malaysian ENT surgeon set up a practice in Labuan and then a branch office in Kota Kinabalu too. Dr Patawari Patawe, the first Sabahan ENT surgeon, took over from Mr Palaniappan in June 1988 when Mr Palaniappan was transferred out to Penang.
Chapter 2

The Success Story of Post Graduate ENT Specialisation in Malaysia
The provision of an education path for ENT specialisation in Malaysia has been a slow process, but a worthwhile challenge. Without the establishment of ENT specialist courses within Malaysia, it is quite likely that the country’s ENT specialist population would have been too small to cater for the needs of the general population today.

A separate department of ENT was started at University Malaya in 1968 to promote undergraduate teaching. Dr C. C. Chee served as the first head of department. Dr Roland Werner, a doctor with dental qualifications, took charge of the department in 1969 but was replaced by Dr Umapathi Prasad in 1971. Dr Prasad remained as the head until 1991.

However, in the 1970s and early 1980’s, there were only a handful of ENT specialists with post graduate qualifications in Malaysia. Whilst there are no firm records, anecdotal evidence puts the numbers as low as five to six in the whole country. Many of the practicing specialists today were in the early parts of their careers in the 1980’s, and they all put the number of ENT specialists at that time as “less than 10”.

A major reason for the low numbers was that there was no structured method of achieving the specialist status in the country. Secondly, the overseas qualifications were in any case out of the reach of many because of the prohibitive cost.

Prior to 1982, when the first post graduate course for ENT was established in Malaysia, ENT specialists had to obtain their specialist degree from overseas. They received their degrees from the United Kingdom (U.K), Australia, and some from European countries or the United States of America (USA). The most popular centres for Malaysians were The Royal Colleges of Surgeons in England, Edinburgh and Glasgow and to a lesser extent Ireland.

Getting overseas admissions and the necessary funding however, was only half the battle for would-be specialists. The Fellowship exam had two parts. Part One, was mainly theory so this could be studied on your own. Part Two, however, required two years of practical training as a prerequisite to sitting for the Part Two examination in the Royal Colleges. The Royal Colleges were the awarding bodies but practical specialist training within hospitals under the guidance of existing specialists also needed to be arranged. This could be done partially in Malaysia at a small number of recognised training centres, and the Fellowship examinations themselves were conducted overseas by the Royal Colleges. There were only a limited number of recognised centres, included hospitals in Kuala Lumpur, Ipoh and Penang.

Additionally, the ENT surgeons that students trained under may themselves not have been recognised specialists but performed that function within a particular government hospital. Most of these ENT surgeons came from India, Burma and the Middle East and were not recognised outside of those countries. These surgeons would have worked on a case-to-case basis and as long as they did their work safely, they could practice in Malaysia but only for the specific hospital.
The combined challenges of having to go overseas, the large cost that had to be borne personally and the very limited number of practical training opportunities within Malaysia meant that only four or five new ENT specialists were being produced each year.

In common with other medical branches such as general surgery, general medicine and in fact, in every other branch, the health services demand for specialists was growing. There was no local training with the exception of psychology science and public health, which were catered for through post graduate programmes run by UM. The need for local ENT training programmes was clear and becoming urgent.

Unfortunately, it was not an easy gestation. There were public debates as to the right home for the necessary education. In the main, the debate centred around whether the UK model that relied upon academic societies such as the Royal Colleges should be followed; or whether the task for ENT education should be given to universities. The academic society model had obviously worked, given the success of the various Royal Colleges in the UK. There was indeed a body in Malaysia that came close to the Royal College model – the Academy of Medicine in Malaysia. The Academy was an umbrella body that represented various specialists. Under them were the College of Surgeons Malaysia, College of Physicians Malaysia, and Royal College of Anaesthetics of Malaysia. This was close to the UK model, however, the Academy was not academic and teaching oriented, whilst obviously the universities were. A final decision came from as high up as the government Cabinet to task the universities with providing structured post graduate education to develop specialists.

In 1982, the National Council on Post graduate Medicine was formed. The Malaysian Society of Otorhinolaryngologists worked very hard to establish a separate board on Otolaryngology headed by Associate Professor Dr Imran Gurbachan. The first postgraduate course in O.R.L got off the ground at U.K.M.'s medical faculty in 1982. This was later followed by another programme at the University Hospital (U.H) in 1986 and yet another at the Universiti Sains Malaysia (USM) in 1997.

The curriculum for the Masters of Surgery (Otorhinolaryngology) at U.K.M was developed by Dr Imran Gurbachan who at the time was the Head of the O.R.L department in the U.K.M Medical Faculty. As Dr Gurbachan recalls, it was an organised programme with four years of academic and two clinical postings with one of the related specialties like ophthalmology, neuro surgery, and maxillofacial plastic and cosmetic postings. You were required to maintain an organised logbook with a full spectrum of supervised operations.

Dr Gurbachan, however, was unable to see the implementation of the course as he had left U.K.M before the first intake of students. The curriculum was firmed up and rolled out by the new Head of department Associate Professor Dr Hj. M.d. Husain Hj. Said, in 1984.
Associate Professor Dr Husain recalls the first intake, “The first intake was tiny. Perhaps people had been influenced by the public debate on who should run the programme, or perhaps they simply did not want to experience the teething problems that were sure to arise. There was also a persistent impression that the overseas qualification alternative would be better accepted. In any case, we had an intake of only three and of those; two opted out at an early stage. The first remaining doctor, Dr Abdullah Razi attained the Masters in 1986 and eventually he became Head of the Department of ENT in Hospital Kuala Lumpur.”

Two significant steps were taken to tackle the perception that the Malaysian qualification may not be of adequate standard. Firstly, external examiners were appointed. Initially, they were from the Royal College. The second step was more drastic – the first few batches of graduates from the UKM programme were asked to also take the Royal College examinations. The success of these pioneering students, such as Professor Dr Lokman Saim, Professor Dr Abdullah Sani and Dr Patawari Patawe in passing both sets of examinations went a long way in establishing the credibility of the Malaysian programme. Subsequent programmes were more popular and today, there is no question about the efficacy of the programme.

In fact, the old style of training through the overseas Royal Colleges has now become even more difficult to sustain as a viable alternative for Malaysia. Under recent rulings, the first and second parts of the FRCS recognition are as before; but for the third part, there is a requirement to be trained abroad before sitting an inter-collegiate examination. With the present situation in Europe, non-Europeans find it increasingly difficult to find in-house training placements.
For all practical purposes, the FRCS is now replaced by the Masters programme in Malaysia. There are now three universities that have post graduate ENT courses. Each course attracts seven to eight students annually; accounting for some 24 new ENT specialists entering the healthcare system each year.

The Malaysian programme requires candidates to first successfully obtain an MBBS basic medical degree or MD UKM. They must then complete a minimum two years of medical officer training before they can apply for the Masters programme, which itself takes four years to complete. The initial programme, according to Associate Professor Dr Husain, has undergone some refinements and changes over the years, however the basic remains.

“In the Masters’ programme, in Year One you get to do certain core procedures and then you progress into Year Two and Year Three with different sets of core procedures. So by the end of Year Four, you have performed most if not all the core procedures. Even now, they have these core procedures that trainees need to complete. This is all part of the apprenticeship before becoming a specialist. During the four years you must also write a dissertation and 12 case write ups and of course, examinations,” said Associate Professor Dr Husain.

The first part of the Masters programme examinations are conducted internally within each university, but the final examinations are held conjointly by the three universities. There is a common examination and the universities take it in turn to organise the examination and venue.

A Conjoint Board of Studies in Masters of Otorhinolaryngology has been established. The Board meets two times a year and oversees the Masters programme in terms of curriculum, examinations and training. The Board consists of representatives from the three universities, Kementerian Kesihatan Malaysia (KKM), MSO-HNS and the Academy of Medicine. The Conjoint board is chaired by the head of department from the universities for a two-year term. It unifies the structure of the courses and the examinations.

The accreditation of hospitals that can be used for training is conducted by the National Accreditation Board based on firm criteria. Some of the factors considered are whether the hospitals are fit for the purpose, the number of surgeons and patients, the number of cases and procedures.

The Conjoint Board periodically carries out an extensive review of the post graduate programmes. The latest such review was conducted at the end of 2011 at a meeting in Langkawi.

The post graduate programme is now well established and successful. In fact, it has matured sufficiently to be going through a review and renewal phase.
Chapter 3

MSO-HNS Takes Regional Role in Continuing Medical Education
COMMITTEE MEETING OF AFLA. FEB. 20, 1992 TAIPEI
THE FIRST ASEAN O R L CONGRESS
PATTAYA

WELCOME
PARTICIPANTS THE FIRST
O R L CONGRESS
DECEMBER 9-13. PATTAYA, THAI
Continuing education is essential in order to refresh knowledge and also to understand important changes and innovations in medicine as they happen. Therefore, one of the key areas for the Society is to provide Continuing Medical Education (CME), for ENT surgeons, general practitioners and allied health practitioners. Further, the Society provides important avenues of learning to enable specialists to pursue sub-specialisations and forms linkages with regional and international affiliates to ensure the broadest base for knowledge sharing.

CME was one of the original motivations for forming the Society and its first major CME event took place almost immediately after formation. The Society was formed in 1980 and in the very same year, Dr Imran Gurbachan organised the first International Head & Neck Surgery Course. This was followed in 1981 by a course in Microsurgery of the Ear and Neurology. Whilst these were continuations of courses from the Royal Colleges from Glasgow and Edinburgh, the importance of these workshops should not be underestimated because they were held in Malaysia and were landmarks as they demonstrated the Society’s commitment to CME from its very beginning.
Today, there are four major sub-specialities within ENT. These are:

1. Otology including neurotology and lateral skull-based otology
2. Head and Neck surgery
3. Rhinology and
4. Paediatric ENT

Associate Professor Dr Husain Said explains the sub-specialisation process, “It is a personal choice to specialise in an area after your Masters. Ideally, you should be trained for at least two years in that specialised area. The first six months are purely observation. During the next six months the specialist surgeon will act as the trainee and assist in operations. During the third six month period, the trainee gets to go hands-on and to become an expert. So, it is a process that takes around two years. You do not always need to go abroad to sub-specialise, although you may need to, depending on one’s interest. The kind of training varies. In addition to the hands-on experience, you attend workshops, conferences and courses. After all, the sub-speciality trainee has already obtained his Masters and is a specialist in his own right. He has the skills to learn from these workshops, seminars, courses and conferences.”
7th ASEAN ORL HNS Congress held in Kuala Lumpur 1996
MSO-HNS Annual General Meeting at Kota Kinabalu, Sabah 2010
Invited speaker, Dr Fredick Kuhn, USA

Dr Dharambir S. Sethi (Singapore) (left) who is MSO-HNS Honorary Member with Dato’ Dr Gurdeep (past president)
Tympanoplasty Talk

Invited speaker from Philippines, Dr Norberto

Delegates at the talk

CPG Guidelines Roadshows

Past presidents: Dr Pua Kin Choo (left) and Dr Yap Yoke Yeow (right)

10th Asia Oceania ORL H&N Keynote Address by Dr Singaram
Head & Neck Update with Professor Dr Jatin Shah

Professor Dr Jatin Shah at a MSO-HNS Head & Neck retreat in Penang 2010
Updates meant for both junior and senior ENT surgeons
Table 2: International CME Events

2. Annual Scientific Meeting 2005
3. 1st Malaysia & Singapore ENT Meeting 10 April 2005
4. 25th MSO-HNS AGM 13-15 May 2005
5. Thyroid Surgery Updates for ENT Surgeons 20 November 2005
8. Salivary Glands Diseases, Symposium for ENT Surgeons 17 December 2006
9. 26th International Symposium on Infection and Allergy of the Nose (ISIAN) & MSO-HNS Scientific Meeting, 1-4 February 2007 at Shangri-La Hotel, Kuala Lumpur.
10. 26th International Symposium on Infection & Allergy of Nose 1-4 February 2007
11. 29th MSO-HNS AGM & Malaysian International Otorhinolaryngology Head & Neck Conference, Shangri-La Hotel, Kuala Lumpur, 14-16 May 2009
12. 1st Master Class in Nystagmography: An Educational Class for ENT Surgeons 4 August 2007
15. ENT Allergy Certification Course 15-16 November 2009
16. 30th MSO-HNS Annual General Meeting & Second Malaysian International Otorhinolaryngology Head & Neck Conference, Nexus Resort & Spa, Karambunai, Kota Kinabalu, Sabah, 3-5 June 2010
17. International Advanced Allergy Course 2011
The Society supports the necessary CME for ENT and these sub-specialities through an array of workshops and conferences both in Malaysia and overseas. Whilst there is not a formal programme of workshops that are put on year in and year out; certain workshops have indeed become regular and important learning events. In 2011, the Society had almost two CME events each month. Many of the events are listed in Table 2.

Some of these workshops and seminars are timed to coincide with the Society’s Annual General Meeting and they are often organised jointly with universities. The speakers who are engaged to speak at these events have traditionally been from overseas, however, that is changing as the body of research and knowledge within Malaysia grows.

In the same year as the MSO-HNS was registered, The Asian ORL/Head & Neck Federation was registered in Bangkok.

18. International Advanced Allergy Course 2011
19. MSO-HNS Retreat Conference 2011
20. NAPST 2011 Sleep Conference
21. 14th ASEAN ORL and Head & Neck Congress/3rd Malaysian International Otorhinolaryngologists Head & Neck Conference/31st Annual General Meeting of MSO-HNS, Borneo Convention Centre, Kuching, Sarawak, Malaysia, 12-14 May 2011
22. 2011 Sleep School
23. 4th Malaysian International Otorhinolaryngology Head & Neck Conference in conjunction with the Inaugural Asean Sleep Congress and 32nd AGM of MSO-HNS, Kuala Lumpur Convention Centre, Kuala Lumpur, 28-30 June 2012
24. 2nd Asia Pacific-Singapore Otolaryngology Neurotology & Skull Base Congress
25. 5th International Symposium on Nasopharyngeal Carcinoma.
26. 14th ASEAN ORL Head & Neck Congress
27. Seminar on Endoscopic Dacryocystorhinostomy (EDCR)
28. Basic ORL-Facial Plastic Course
29. ENT Primary Care Update
30. 1st Kuala Lumpur International Multi-disciplinary Endonasal Congress
31. ENT Primary Care Update
32. 7th Malaysia-Singapore Joint Scientific Meeting
33. Update Lectures on Otology
34. 2nd Asia Pacific-Singapore Otolaryngology Neurotology & Skull-Base Congress
35. 1st Ipoh Endoscopic Sinus Surgery Course
36. Primary Care and ENT Symposium
37. 1st UKM Paediatric Airway & Tracheostomy Workshop
38. ENT Primary Care Update
39. 2nd Kuala Lumpur International Multi-disciplinary Endonasal Congress
40. 2nd Kuantan Paediatric Airway Workshop
41. Update on Allergic Rhinitis & 1st UKMMC Powered Septal and Turbinal Reduction Surgery
Thailand and in 1984, the Malaysian Society organised and hosted the 2nd ASEAN O R L/Head & Neck Federation Congress in Genting Highlands, Malaysia. The Organising Chairman was Dr Imran Gurbachan and the conference President Dato’ Dr Harnam Singh, who recalls that very first international event hosted by Malaysia: “This was a great event. There were around 200 participants. It was not just ASEAN but very international considering all the big names in otolaryngology participating from all around the world. The venue selected was amazing and the organising committee headed by Dr Imran did a wonderful job and put Malaysia on the world map. Till today, some of the colleagues I have met have remarked about the enjoyable time they had. The presentations were so well delivered by the world class speakers. All I can say is SYABAS!”

The Congress had been attended by international luminaries of the time such as international figures like Professor Harrison, Dr Eugene Tardy, Dr Bill Gibson and
Committee Meeting of AFLA, Feb. 20, 1992, Taipei
Allergy in ENT Workshop Concorde Hotel 30 November 1996

Deputy Health Minister at the opening of the 7th ASEAN ORL H&N 1996
Pre-congress workshop during the 7th ASEAN ORL HNS Congress 1996
Professor Maran. The Congress was a feather in the cap for the Society that would help its reputation to grow.

The ASEAN O R L / H e a d & Neck Congress came back to Malaysia 10 years later. The 7th ASEAN O R L Head & Neck Congress was held in K L H ilton from 1st to 5th December 1996. The organising chairman was Dr S. P. Singaram. About 400 delegates from ASEAN and the Indian Subcontinent attended the Congress. The Congress had a popular academic faculty which included Professor Eugene Myers, Professor Paul Fagen, Professor David Kennedy, Professor Heinz Stamberger, Professor Valerie Lund, Professor Ramalingam, Dr K. J. Lee and many others. The course on F E S S was conducted in Malaysia for the first time under the guidance of Professor Heinz Stamberger and Professor David Kennedy. Courses were also held for Temporal Bone Dissection, Allergy in ENT and Laser in ENT by international faculty members.

Seven years on, and the Congress was back in Malaysia with the 14th ASEAN O R L Head & Neck Congress, held in Kuching, Sarawak. The Congress was combined with the 31st Malaysian Society of Otorhinolaryngologists Head & Neck Surgeons (M SO - H NS) Annual General Meeting and the 3rd Malaysian International Otorhinolaryngologists Head & Neck Conference. The President of the Society, Dr Harvinder

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**Table 3: National Conferences/Workshops**

1. 1st HUKM Allergy seminar, UKM Hospital, 28 June 1998.
2. 1st KL endoscopic sinus surgery course, organised by Department of Otorhinolaryngology - Head & Neck Surgery, UKM Hospital, 11 December 1998.
3. Voice and phonosurgery course, conducted by Dr Clark A. Rosen, Director of Voice center from University of Pittsburg Medical Center, USA and Department Of Otorhinolaryngology, UKM Hospital, 20-21 May 1999.
7. Swallowing Disorders Management Workshop at International Islamic University Malaysia, Kuantan, 2-3 June 2003
Singh, explained how well the Congress had grown from the early days, when he explained in his opening address of the Congress that, “This meeting will feature plenary discussions, debates, mini-seminars and allow interactions with our leading international faculty. Pre and post-congress workshops will also be organised in otology, rhinology, sleep, allergy and vertigo, just to name a few.” In terms of numbers, the Congress had grown significantly.

The Society has encouraged and fostered links not only with its direct counterparts in other countries, but also with related associations and organisations. Indeed, many luminaries of the Society have become leading figures in related bodies; using their experiences from MSO-HNS to speed the growth of related bodies. For instance, Dr Imran Gurbachan is a lifelong Adviser to the Asian Federation Laryngotomee Association (AFLA); currently, Professor
1st Malaysia-Singapore Joint Meeting held in Kuala Lumpur

These meetings were held to enhance the academic relationship across the border. Organised by Datuk Dr Kuljit Singh with Professor Dr Abdullah Sani as President.
International Symposium on Infection and Allergy of Nose (ISIAN) & MSO-HNS Scientific Meeting, 2007

The Organising Committee

Foreign delegates and invited speaker at ISIAN
Grand dinner with SPB Yang Dipertuan Agong (HM King of Malaysia) at ISIAN
Dato’ Dr Balwant Singh Gendeh is President of the Asian Rhinoplasty Society and International Society of Allergy & Immunity (ISIAN) and Dato’ Dr Harnam Singh is the founding President of the Malaysia Society of Allergy & Immunity (MSAI). The Society’s success in CME is well recognised by its members. Dato’ K. S. Sathananthar and Dr Harvinder Singh registered the ASEAN Rhinology Society in Malaysia in 2004. This society is affiliated to the ASEAN O R L Head & Neck Federation.
Dizziness Symposium by John Hopkins Medical School with MSO-HNS, 2011

President Dr Yap Yoke Yeow giving the opening speech at the CME event in 2011

Invited speaker, Dr Howard W. Francis from John Hopkins ENT Department
14th ASEAN ORL HNS 2011

Datuk Dr Kuljit Singh Organising Chairman

Professor Dr Jatin Shah on panel discussion

More than 700 delegates — one of the largest attendances at the ASEAN ORL Congress 2011
Dr Harvinder Singh, president of MSO-HNS (In coming president of ASEAN ORL-HNS)

Professor Dr Abdullah Sani outgoing ASEAN ORL HNS Secretary General
Giant Strides for ENT Treatment in Malaysia
When the MSO-HNS was formed some 30 years ago, ENT specialists were carrying out only fairly basic procedures and treatments, and because of the scarcity of numbers, even these services were not widely available in Malaysia.

Whilst ENT service was introduced in Malaysia in 1958 as a separate speciality at General Hospital Kuala Lumpur and in 1968 undergraduate teaching in ENT started at UM; by the 1980s there were still only a handful of specialists in the country. Rhinologist Professor Dr Gopala Krishnan, puts it into perspectives very well, “In 1984 when I came back from UK and joined UH, there were only three specialists looking after the whole country – one was in Perak, one in Kuala Lumpur and myself in Johor.”

Thirty years later, the situation is remarkably different. Dato’ Dr Abd. Majid Md. Nasir explains, “In Peninsular Malaysia we handle complicated cases in lateral skull based surgery, advanced rhinology, advanced paediatric laryngology surgery and advanced head & neck surgeries. Of course, we also work with other disciplines such as plastic surgeons, neuro surgeons and vascular surgeons. In the early days, a patient with a glomus tumour may have had to go overseas for treatment but now, we have the expertise in our country so the patient need not go abroad to be treated.”

He added, “In East Malaysia, specialists are providing mostly general ENT services. However, that too is changing. From 2012, we will see some sub-specialities being represented in East Malaysia as well. Mount Elizabeth Hospital in Sabah will have Otology Services shortly.”

The developments in the ENT field in Malaysia which allowed this remarkable advancement were many and
Bull's eye lamp

Bull's eye

Lamp
worked in parallel over the years. The increased numbers of specialists in the country, advances in instrumentation, revolutionary new treatments and linkages with other disciplines all played a part.

The scarcity of ENT specialists in the 1980s meant that each person would need to look after every kind of ENT problem. There was no room for specialisation within one field and in effect, each ENT specialist had to be a generalist within ENT. It was not until the introduction of the Masters programme that was established in Malaysia in 1982, that the numbers of ENT specialists began to grow and with that so did the health service delivery and sub-specialisation.

The improvement in equipment had a tremendous impact on the quality of ENT services, not only in Malaysia but around the world. As Professor Dr Gopala explains, “The introduction of the endoscope in surgery is a significant milestone in rhinology. In the early days, you had to use external lights like a miner, using lights to shine into the nose and you were not sure really what you were shining into. It was easy to make a mistake this way. Either you might take out too much or take out too little.”

In laryngology too, the scope has been a great boon according to Professor Dr Abdullah Sani Mohamed, “Starting from the basic larynx examination, most clinicians now use the 70 degrees rigid scope instead of the mirror examination. In fact, I foresee that in the future not many clinics will place orders for new
mirrors, new Bull lamps or head mirrors. Instead, the demand is on for more rigid wide angled scopes, flexible video scopes or even stroboscopes."

“Using an endoscope allows you to share the image and it can be recorded for medico-legal purposes and also for easy referencing or getting opinions from colleagues who may be far away. The endoscope is a boon to this discipline because the larynx is the most inaccessible organ in ENT. Bull lamps and mirrors only allowed individual doctors to view a case alone but with the advent of the endoscope, a group of doctors can review the case at the same time.”

“There have also been advancements with endoscopes themselves. The flexible scope, for instance, allows doctors to monitor larynx movements when patients speak in full sentences. This has become a new industry standard. Although initially only specialists used these, now most ENT specialists would use them. Teaching has also changed. Students are expected to be proficient in the use of an endoscope.”

“The CT scan”, according to Professor Dr Gopala, “Was a very great gift to this profession. Without the CT Scan we cannot see things properly. The older versions of CT scans used to provide pictures with no details. But today, you can even see the other side by computerised image...
production and then you can dissect it into half, you can do much more. For instance, you can see areas without even operating on the patient. So, it is very useful and there is greater precision, and with the CT Scan, you can operate with reference to the monitor which is projected live to provide an ‘image guided system’. This has turned around the whole of rhinology.”

After the advent of the endoscope and CT scan, the laser has also created somewhat of a revolution in terms of the treatment options. Although the use of lasers in ENT is still very expensive and only really available in hospitals, some operations cannot be done without laser e.g. bilateral vocal cord palsy. This involves opening up and cutting vocal cords – the laser reduces swelling substantially.

Another example is with cancer of the larynx. For over 20 years, patients would present themselves to the hospital in the late stages of larynx cancer. The airway would be obstructed and the only realistic solution was a tracheotomy. If they presented earlier, radiation therapy was an alternative. Today with better patient education and expectations, patients do indeed present themselves earlier, usually with the onset of voice hoarseness or voice change. It is at these early stages of larynx cancer that laser treatment is an alternative and

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**Rhinology in Malaysia**

**Contributed By Professor Dato’ Dr Balwant Singh Gendeh**

Dr S. P. Singaram, a senior ENT consultant in Hospital Kuala Lumpur (HKL) introduced the endoscopic nasal surgery to Malaysia in early 1980’s. There are now some two dozen fully trained rhinologists and about 90 ENT specialists with a specific interest in rhinology in the country. The accredited rhinologists work mainly in the prime post-graduate university teaching hospitals and in the Ministry of Health state hospitals. The two most senior rhinologists in the country are Professor Dr Gopala Krishnan from University of Malaya Medical Centre (UMMC) and Professor Dato’ Dr Balwant Singh Gendeh from the National University Malaysia Medical Center (UKMMC).

The pioneering specialists received early training from foreign specialists such as Professor Valerie Lund, Professor Heinz Stammberger and Professor David Kennedy of the Royal National Throat, Nose and Ear Hospital Rhinosinusitis/ESS Course; VH Oswal, Maurice Hawthorne, Liam Flood and FW Martin of the North Riding Infirmary and Associated Hospitals,
Middlesborough, England; Associate Professor Dr Berrylin Ferguson (allergy, Nose and Sinuses - UPMC), Associate Professor Dr Ricardo Carrau and Associate Professor Dr Carl Snyderman (Anterior and Ventral Skull base Surgery - UPMC), Professor Dr David Kennedy (Endoscopic Sinus Surgery- HUP) and Professor Dr Eugene Tardy (Rhinoplasty - St Joseph's Hospital Chicago).

**Setting up the service**

Professor Dr Abdullah Sani, then Head of Department at UKMMC has been very encouraging and helpful in the setting up of a Referral Rhinology Centre for allergy, sinonasal diseases, and anterior and ventral skull-base surgery. A fully fledged Allergy and Endoscopic Sinus/Skull Base Surgery Centre at UKMMC has been flourishing. The minimally invasive endoscopic surgical approach to the cranial base and pituitary fossa pioneered by the Minimally Invasive Neurosurgical Centre holds great promise to the Otolaryngologists and neurosurgeons in the near future.

**Training the next generation**

Post graduate supervisors for sub-speciality rhinology training are committed towards post graduate education of trainee registrars/lecturers and visiting registrars both locally and internationally. A minimum of publications in a peer-reviewed journal is essential for each post graduate per year. The post graduate trainees are made aware that medical polypectomy is a convincing possibility in the not-so-distant future. The teaching of surgical skills involves performing safe, effective endoscopic sinus/skull base surgery and corrective septal and aesthetic nasal surgery. It is hoped that the combined Neuro-ENT minimally invasive endoscopic skull base surgery will eventually reduce transcranial approaches by 60%.
radiotherapy can be kept as a reserve. Another advantage of laser treatment is that it can be repeated, whilst radiation therapy is a once-only treatment.

In cases where radiotherapy has failed to remove a tumour, the traditional solution was to remove the larynx. Even if there was nothing wrong with the larynx itself if neighbouring tissue damage was present, the solution may have been to remove the larynx. This drastic action is no longer necessary with the availability of laser treatment and the precision that it puts into the surgeon’s hands.

1982 saw the landmark introduction of the Ministry of Health’s National Cochlear Implant Programme in Malaysia. In 1995, the first cochlear implant to be carried out by a 100% local team was carried out at UKM, under the supervision of Professor Dato’ Dr Lokman Saim. The success of this programme led to the establishment of programmes in UM and USM, and in 2009 the Ministry of Health expanded the programme significantly and

Advances in Phonosurgery
Contributed By Professor Dr Abdullah Sani Mohamed

In the field of phonosurgery, a better understanding of the micro layers of the glottis has led to better voice outcomes in microsurgery of the larynx. Understanding that the epithelium can regenerate whilst the superficial laminar propria, in contrast, can never be replaced has made demands on serious phonosurgeons to respect the laminar propria. Gone are the days where one biopsy forceps fit all lesions. Now micro scissors, microsuction and even disposable sickle knives are the norm. Each pathology is carefully separated by hydrodissection leaving the non-involved tissues intact and removing just the lesion.

In managing unilateral vocal cord palsy, Teflon has been abandoned and Gore Tex thyroplasty has taken its place. Some centres even use Titanium implants. In the near future, injectable thyroplasties done under local
now, there are six centres nationally that can carry out cochlear implants.

The programme received a boost when in 2008, the National Hearing/Cochlear Implant Registry was established by Datin Dr Siti Sabzah, with assistance from the National Clinical Research Centre. According to Datin Dr Siti, “The Hearing Registry is one of a kind in the region and indeed, there are not many in the world. It is a disease registry which reflects the disease burden and cost implications, and helps with future planning in the country.”

There have been many developments in education, and this is reflected in the number of ENT specialists available. Instrumentation and procedures have led to a much improved quality of ENT care in Malaysia over the past 30 years.

anaesthesia in the clinic will be the norm. The only limiting factor is finding the most cost effective material in Malaysia.

Another evolution seen in Malaysia is the introduction of Wolfgang Steiner’s laser treatment for early cancer of the larynx and hypopharynx. This has given patients another choice besides radiotherapy. Its strength must surely be salvaging small tumours that have failed radiotherapy. Whereas before the only choice left was total laryngectomy, now laser excision of residual T1 and T2 tumours can be offered.
Laryngeal surgery
For functional disorders of the voice such as muscle tension dysphonia, the wider availability of speech therapists and increased awareness of the role of laryngopharyngeal reflux has brought much relief to the suffering of patients. Yet for others who suffer from spasmodic dysphonia, oromandibular dystonia, essential tremors of the voice, Botox injection has given them useful functional voice.

What is important for laryngology in Malaysia is culturing and igniting the interest in this field. Only with enthusiasm, can progress be made.
**Cochlear Implants**
Contributed By Professor Dato’ Dr Lokman Saim
(Professor Lokman started the first cochlear implant programme in Malaysia.)

Cochlear implant is a surgery that enables totally deaf children to hear again and therefore develop speech and language. Historically, people who are totally deaf are also mute. In order for a person to speak and develop language for communication, you must be able to hear. We learn a language because we hear the language.

People who have decreased hearing try to improve their hearing through hearing aids. Unfortunately, in the past, for people with total loss of hearing, there was no way to make their hearing better because all the amplification and hearing aids would not help. In the 1970s, scientists started to research how to stimulate the inner ear electrically – using an electrical stimulus you can stimulate the inner ear and people can actually hear again.

The inner ear organ, which is so crucial for hearing is called the cochlear. The cochlear consists of very tiny hair cells that convert sound energy to electrical stimulus and then send this to the brain through the cochlear nerve for us to interpret sound and language for communication. In 95% of patients who have severe hearing loss or who cannot hear at all, the core problem is that the cochlear hair cell does not function.

Cochlear implant is a device that is inserted into the cochlear through a microsurgical operation and this implant will then stimulate the nerve and impulses get

![Professor Dato' Dr Lokman Saim](image)
‘Telinga bionik’ pulihkan pendengaran Ang

Oleh NORLIZA ABD. RAHMAN

KUALA LUMPUR 17 Dis. — Pelajar yang menjalani pembedahan ‘teilinga bionik’, Ang Boon Siew, 16, tidak pernah menyangka akan dapat mendengar semula selepas penderitaan tersebut selama dua tahun lalu.

Angkat ditemui berkata, masa depannya kini semakin cerah selepas sepakat pakar bedah telinga, bidang dan teknik (otorinolaringologi) Fakulti Perubatan Universiti Kebangsaan Malaysia) melakukan pembedahan ke atasnya dua hari lalu.

“Saya sudah berasa merancang masa depan yang lebih sempurna sekarang kerana saya sudah tidak cacat lagi,” katanya gembira dirawat di Wad 20 Hospital Kuala Lumpur.

Pelajar tingkat empat, Sekolah Menengah Datuk Mahmud Tanah Merah, Kelantan itu merupakan orang pertama di Malaysia yang menjalani pembedahan telinga bionik untuk memulihkan pendengaran pesakit pelaku sepenuhnya.

**Bergungs**

Ang yang boleh bertutur dengan baik memberitahu, dia boleh mendengar percakapan orang lain melalui telinga sebelah kanan sekitarinya bunyi suara itu benar-benar kuat.

“ia tidaklah sejelas mana kerana telinga saya tidak dapat berfungsi dengan baik, tetapi selepas menjalani pembedahan ‘bionik’ ini saya gembira kerana kehidupan saya akan berubah seperti sediakala,” katanya.

Sementara itu, Ketua Jabatan Otorinolaringologi, Prof. Madya Dr. Abdullah Sani Mohamed dan Prof. Madya Dr. Lokman Sain yang mengetuai pembedahan itu keduanya berkata, Ang kini semakin pulih dan tidak menghadapi masalah kecintaan.

“Kita menganggakai dia boleh mendarah semula dengan baik tiga minggu lagi setelah luka-lukanya sembuh dan tiga komponen lain asal sejenis alat mikrokomputer yang dikenali sebagai alat pemproses pertuturan dan mikrofon kecil dipasang di telinganya,” kata Dr. Abdullah.
sent to the brain just like normal sound that is converted to electrical energy. Patients are able to hear again.

To be effective, however, the cochlear implant has to be done very early in life. Children who are implanted earlier, do better than those who are implanted later. For hearing to occur and for speech to be understood, it is not just the ear – the brain is also involved. If the brain has not been stimulated, that is there is no sound passing to the brain for three or four years, some hearing parts of the brain will atrophy and become incapable of hearing.

So if a child is born deaf, he must be implanted between the ages of one and two. An implant at three years old is still acceptable. However, it is not so good for the four year old and poorer for the five year old. When the child is seven, eight or nine years old, it is better not to do the implant. This is because they may not be able to understand speech. They may hear noise but that is not good enough. So, it depends on the parents, if they accept that the end result is poor, doing the implant is not necessarily a “no”. So, that is why this implant operation has to be done as early as possible.

The surgery itself is quite straightforward. The surgery time depends on the experience of the surgeon, but the operation time varies between two and four hours.

Cochlear implant research started in the 1970s and the first implantable device of cochlear in humans was available in the 1980s. There were three centres in the world - the US, Australia and Austria who each claimed they were the first manufacturers of cochlear implants as they all came up with a device at about the same time. In those days, the implants were crude and it was not until the late 1980s that cochlear implants became acceptable as a device to restore hearing; prior to that it was all experimental.

In the early 1990s, more centres were established and the available types of implants grew. There were already Malaysian patients who were deaf and had been operated upon in Australia or the US. There was also a surgeon from Australia who came to conduct operations in Malaysia; but this was not a local programme. The first local cochlear implant programme was established in UKM and the first local cochlear implant operation in the region carried out with a 100% local team was
in December 1995. This was ahead of Singapore, Indonesia, and then much later, the Philippines.

The patient, a Chinese boy, did very well from that first operation. He had normal hearing but lost his hearing in both ears due to a high grade fever when he was about 13 years old. He had to drop out of normal school and was enrolled into a deaf school where he had to start learning sign language because he couldn't hear any more. He was a student from Kota Bahru, Pasir Mas and we did the cochlear implant. It was a success. He returned to normal secondary school and went on to do well in his PMR, and SPM examinations. He went to university and became a teacher.

Since then, an estimated 300 implants have been carried out by the various programme centres in Malaysia.

Ang Boon Su, the first cochlear implant patient is now a graduate
Chapter 5

Research and Innovation
The focus of the Society over the past 30 years has been to support the development and training of ENT specialists within Malaysia and to make ENT services more easily available to the population. Naturally, this was not a period when research and development would have received great funding or attention from the government or the ENT fraternity. Research and development was an area that would have to wait until there was a large core of ENT specialists in the country and years of practical experience which could be drawn upon to explore new solutions to ENT problems.

The time when Malaysian ENT has to make a greater contribution to research and innovation on the international field is probably around the corner and indeed the beginnings of contributions in this area can already be ascertained.

A number of books on ENT have been authored by local specialists. Associate Professor Dr Hj. Mohd. Husain Hj. Said authored, ‘Otorinolaringologi Praktik’ which was published in 1994 and in 2009 Associate Professor of ENT at Perdana University, Andrew Charles Gomez, released ‘The Cosmetic Surgeon’s Companion’.

Books authored and chapters contributed by Professor Dr Prepageran Narayanan, Dr Rahmat Omar and Dr Philip Rajan
Professor Dr Prepageran Narayanan authored 17 textbooks and more than 117 papers published in local and international journals. Some of his contributions include Endoscopic Surgery of the Orbit and Related Structures, Key Concepts in Neurotology, Benign Paroxysmal Positional Vertigo, Vertigo: A Guide for Primary Care Physicians, Epithelial Migration in the Atelectatic pars Tensa Tympanic Membrane: The Rate and Pattern of Epithelial Migration, Essential E.N.T., Emergency E.N.T., Ototoxicity and Vertigo Clinical Practice and Examination.

Dr Rahmat Omar co-authored a couple of books with Professor Dr Prepageran Narayanan and Dr Philip Rajan. For A Picture Book On Otology in Primary Care and for Ear Nose Throat Colour Atlas and Synopsis, he co-authored with Professor Dr Prepageran Narayanan and Dr Raman Rajagopalan. Professor Dato’ Dr Balwant Singh Gendeh has also authored, edited books, chapters and reviews in the ENT discipline. To name a few, they include Teknik Terkini Surgeri Sinus Endoskopi, Endoscopic Sinus Surgery: State of the Art Technique, Otorhinolaryngology, Clinical Atlas of Nasal
Books authored/edited and chapters contributed by Professor Dato' Dr Balwant Singh Gendeh
Endoscopy, Otolaryngology, Guidelines for Clinical Practice in Radiology (Chapter-Head and Neck Clinical Reviewer), Fulbright Chronicles: American Experience Malaysian Perspective (Chapter 3 – “On the Nose and Beyond” pages 29-37), and Extended Applications of Endoscopic Sinus Surgery to the Orbit and Pituitary Fossa in Rumelt S Ed. Advances in Ophthalmology.

Dr Masaany Mansur, Associate Professor Dr Marina Mat Baki, Associate Professor Dr Mohd Razif Mohamad Yunus and Professor Dr Primuharsa Putra contributed a chapter in the “Oral Oncology” Vol 12. International Congress on Oral Cancer (Chapter 2: Carcinoma ex-pleomorphic adenoma of the salivary gland: Various Clinical presentations, 2008, pp 8-12) and Associate Professor Dr Mazita Ami, Associate Professor Dr Salina Husain and Professor Dr Primuharsa Putra contributed a chapter in Nose and Viral Cancer: Etiology, Pathogenesis and Treatment (Chapter 15: Nasopharyngeal Carcinoma, 2010. pp 395-418).

Beyond publications, the Society members have also produced original research, innovative procedures and patented products. In fact, the founding President of the Society Professor Dr U. Prasad, who was also the first Asian to be Professor of ENT/Head & Neck Surgery at University Malaya, was awarded the Tun Abdul Razak Award for Research into Nasopharyngeal Carcinoma in 1989.

On an individual basis there have clearly been some tremendous contributions from Malaysia and several ENT specialists are well regarded in the scientific community worldwide. Professor Dato’ Dr Lokman Saim is a member of the Collegium Otorhinolaryngologorum Aemicitae Sacrum (CORLAS). Membership to this Society is by invitation only on the strength of one’s research, published papers and experience. Singapore has two members and from Malaysia, Professor Dato’ Dr Lokman is the only member of the Elite Society at the time of writing.
There is no shortage of individual innovation. For instance, in 1995, Professor Dato’ Dr Balwant Singh Gendeh patented an Improved Temporal Bone Holder which was later commercialised, and in 1997, he patented an Improved Swivel Arm Mechanism for Ear, Nose & Throat Operation.

One of the areas, where Malaysia has indeed invested resources, is Tissue Engineering. Headed by Dr Aminuddin Saim, the programme has had creditable success since its inception by the husband and wife team of Professor Dr Aminuddin Saim and Professor Dr Ruszymah Idrus.

Associate Professor Dr Suzina Sheikh Abdul Hamid, one of the researchers who joined the tissue research team some ten years ago, explains her motivation at the time and points to additional directions for research. “Even though tissue banking and biomaterial sciences are not directly related to O R L-H N S I found that these areas are very important and interesting but were not fully explored and developed ten years ago. I became fascinated and became one of the research team members. It was a challenging but promising area for research. Going forward, I believe that the ENT fraternity and the MSO-HNS society could contribute more to our patients and the public through transdisciplinary research to create a holistic approach.”

At a more formal level, the Society has initiated four awards. These are presented at the Society’s Annual Dinner each year. The Outstanding Public and Healthcare Services Award

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**The Invention of Universal Endoscope Holder cum Elbow and Wrist Support System**

Adapted from an article by Associate Professor Dr Rahmat Omar, Universiti Malaya Medical Centre, which appeared in the Society’s Newsletter in the December 2011 issue, Volume 4, Issue 2.

Associate Professor Dr Rahmat Omar from Universiti Malaya Medical Centre (UMMC) invented an Universal Endoscope Holder cum Elbow and Wrist Support System. The objective of this innovation is to have a comprehensive all-in-one assistive platform that can support and stabilise the forearm during laryngeal surgery and which also acts as an endoscope holder for those procedures or surgery assisted by endoscope view.

According to Associate Professor Rahmat, “This helps when stability and consistent view are difficult to achieve during surgery. Whenever the endoscope is being held by the surgeon or his assistant for a long time it can cause fatigue and tiredness of the upper limbs. This system reduces this problem.”

This innovation consists of several components:

i. The flat platform which supports the forearms in which the vertical height and support angle can be adjusted depending on the surgeon’s height and comfort. A useful stand-alone forearm support system for microscopic laryngeal procedures or surgery (non-chair-based or operating table-based).

ii. A detachable universal endoscope holder that can hold various types of camera heads with an attached rigid or flexible endoscope. A useful innovation for endoscope-based procedures or surgery especially for the larynx.

iii. Extender and accessory component for still image and video recording without needing an assistant coming in close contact with the patient. A useful innovation for teaching in a large group or during a live surgery workshop.

A patent has been applied for and Associate Professor Rahmat won a Gold Medal in 2011 during the Malaysia Technology Expo.
(O PH SA) in particular can be awarded in recognition of
research or scientific achievement in the field of ENT.

Datuk Dr Kuljit Singh who first mooted the awards explains
the rationale for the awards and the way they are
administered. “Many individual doctors devote a great deal of
their time and personal resources for the betterment of the
profession and for patients. It is very important that these
individuals receive a formal and public acknowledgement and
thanks. It is also a way for encouraging the younger
generation of doctors to get more involved. The nominees for
the various awards are selected by the members of the Society
and the winners deliberated thereafter.”

Datuk Dr Kuljit was himself awarded the MSO-HNS
Meritorious Service Award for 2012. Of particular significance
are his services in relation to promoting medical education
amongst ENT trainees and young specialists in Malaysia.

The Society also gives awards to trainees for the best scientific
paper presented during the Annual General Meeting. Prior to
1992, the award was known as the Resident Prize. In 1992, the
Resident’s Prize was renamed after it’s contributor and Society
member and became the Dato’ Harnam Award. In 2001, this
award was combined with the Sanofi-Synthelabo Award.

As the Society’s numbers have grown, so too has the
complexity of work and the body of knowledge amongst our
members. In order to cater for the growing need for a
platform where specialists and consultants could share their
work, the Society introduced the Annual Scientific Meeting in
the 1990s. Individual efforts are given recognition through the
conferment of awards during this annual gathering.

From 2006 the Annual Scientific Meeting presentation was
opened up to Masters students, so now there are two
categories for the presentation - Consultant and Trainee. The
contributors for the various awards at the Annual Scientific
Meeting include UCB Pharma and Society member, Dr Esa
Rejab.

An award is also given to the top Masters student in the part
II examination. There are two types of award for this. Firstly,
the Mahakim award is given to the top Masters student who
passes in the May examination and secondly, the Ummi Karl
Storz award is given to the top student who passes in the
November/December examination. The Mahakim award is
contributed by Society member, Dr Abdul Hakim Jaafar and
the the second award is contributed by Ummi Karl Storz.

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Minimal Invasive Sinus Surgery
Contributed By Datuk Dr Kuljit Singh

The first steps in the progression of using minimal invasive sinus surgery were based on the
teaching of Professor Dr Messerklinger from Austria who propagated the value of minimal tissue
damage and non-removal of mucosa in the nasal cavity. However, in the early days the use of
endoscopy and small instruments were limited and it was noticed that tissue was still not spared
within the precious areas of the nasal cavity thus the higher incidence of recurrence with poor
outcomes. The advent of minimal invasive techniques such as balloon sinuplasty, absorbable nasal
packing and drug delivery gadgets have made the whole of rhinology evolve at a different level
despite resistance and disagreement from rhinologists trained in an earlier era.

Malaysia is one of the South East Asian countries where this kind of procedure has picked up a
good amount of interest and many of the members of this Society have performed such
procedures successfully despite its cost and technical learning curve.
### Table 4: MSO-HNS Award Winners and Honorary Members

<table>
<thead>
<tr>
<th>MSO-HNS Awards 2012</th>
<th>Winner</th>
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<tbody>
<tr>
<td>MSO-HNS LONG SERVICE AWARD</td>
<td>Dr Imran Gurbachan</td>
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<tr>
<td>MSO-HNS OUTSTANDING PUBLIC AND HEALTHCARE SERVICES AWARD (OPHSA)</td>
<td>Dr S. P. Palaniappan</td>
</tr>
<tr>
<td>MSO-HNS MERITORIOUS SERVICE AWARD</td>
<td>Datuk Dr Kuljit Singh</td>
</tr>
<tr>
<td>MSO-HNS HEALTHCARE SERVICES AWARD (HSA)</td>
<td>No Winner</td>
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<tr>
<td>MSO-HNS HONORARY MEMBERSHIP 2012</td>
<td>Prof. Dr Patrick Bradley (UK)</td>
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<thead>
<tr>
<th>MSO-HNS Awards 2011</th>
<th>Winner</th>
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<tr>
<td>MSO-HNS LONG SERVICE AWARD</td>
<td>Prof. Dr Abdullah Sani Mohamed</td>
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<tr>
<td>MSO-HNS OUTSTANDING PUBLIC AND HEALTHCARE SERVICES AWARD (OPHSA)</td>
<td>Prof. Dr Din Suhaime Sidek</td>
</tr>
<tr>
<td>MSO-HNS MERITORIOUS SERVICE AWARD</td>
<td>Dato' Dr Gurdeep Singh Mann</td>
</tr>
<tr>
<td>MSO-HNS HEALTHCARE SERVICES AWARD (HSA)</td>
<td>No winner</td>
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<tr>
<td>MSO-HNS HONORARY MEMBERSHIP 2011</td>
<td>Assoc. Prof. Abhilash Balakrishnan (Singapore)</td>
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<td></td>
<td>Assoc. Prof. Dharambir S. Sethi (Singapore)</td>
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* The MSO-HNS Awards was introduced by Datuk Dr Kuljit Singh in 2008. This award system was adapted from the Malaysian Medical Association.
### MSO-HNS Awards 2010

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<th>Winner</th>
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<td>MSO-HNS LONG SERVICE AWARD</td>
<td>Dr Vijay Khanijow</td>
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<tr>
<td>MSO-HNS OUTSTANDING PUBLIC AND HEALTHCARE SERVICES AWARD (OPHSA)</td>
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<tr>
<td>MSO-HNS MERITORIOUS SERVICE AWARD</td>
<td>No winner</td>
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<tr>
<td>MSO-HNS HEALTHCARE SERVICES AWARD (HSA)</td>
<td>No winner</td>
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<tr>
<td>MSO-HNS HONORARY MEMBERSHIP 2010</td>
<td>Dr Charlotte M Chiong (Phillipines)</td>
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### MSO-HNS Awards 2009

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<th>Winner</th>
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<td>MSO-HNS LONG SERVICE AWARD</td>
<td>Prof. Dato’ Dr Mohd Amin Jalaludin</td>
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<td>MSO-HNS OUTSTANDING PUBLIC AND HEALTHCARE SERVICES AWARD (OPHSA)</td>
<td>Prof. Dr Gopala Krishnan</td>
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<tr>
<td>MSO-HNS MERITORIOUS SERVICE AWARD</td>
<td>Dato’ Dr Harnam Singh</td>
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<td>MSO-HNS HEALTHCARE SERVICES AWARD (HSA)</td>
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### MSO-HNS Awards 2008

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<th>Winner</th>
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<td>MSO-HNS LONG SERVICE AWARD</td>
<td>Dr Tshang Hsing Huang / Dr S. Singaram</td>
</tr>
<tr>
<td>MSO-HNS OUTSTANDING PUBLIC AND HEALTHCARE SERVICES AWARD (OPHSA)</td>
<td>Prof. Dato’ Dr Lokman Saim</td>
</tr>
<tr>
<td>MSO-HNS MERITORIOUS SERVICE AWARD</td>
<td>Prof. Dato’ Dr Balwant Singh Gendeh</td>
</tr>
<tr>
<td>MSO-HNS HEALTHCARE SERVICES AWARD (HSA)</td>
<td>No winner</td>
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CRITERIA FOR MSO-HNS AWARDS

1. MSO-HNS LONG SERVICE AWARD
   a) Nominees must be MSO-HNS members in benefit, who have served a total of at least 10 years.
   b) There should be a minimum one year Exco membership during the period of Membership.

2. MSO-HNS OUTSTANDING PUBLIC AND HEALTHCARE SERVICES AWARD (OPHSA)
   a) Nominees must be members of MSO-HNS in benefit, and must have contributed significantly to public and healthcare services.
   b) The public and healthcare services may be, for example, in health campaigns, research and new scientific development, introduction of new services and treatment modality in the country or in breakthrough research in public and healthcare matters.
   c) There should be only one award per year, and the award is made only when there is a suitable nominee.

3. MSO-HNS MERITORIOUS SERVICE AWARD
   a) Nominees must be members of the MSO-HNS in benefit, unless there are exceptional circumstances relating to a past member not in benefit.
   b) Nominees must have served the Society, for not less than 10 years. Exceptions may be made if the nominee has been a member for less than 10 years, provided he has made major and significant contributions.
   c) The contribution must be towards building up the Society and for maintaining the good name and status of the Society nationally and internationally and/or to have represented the Society.
   d) There should only be one award per year and the award is made only if there is a suitable nominee.

4. MSO-HNS HEALTHCARE SERVICES AWARD (HSA)
   a) Nominees must be non-members and non-medical practitioners.
   b) This award is to recognise a person (Malaysian or foreigner) who has made significant contributions to the ENT services for the country or internationally, and/or has been associated with activities of the MSO-HNS in the interest of the Society and the profession.
   c) Only one award per year for a suitable candidate.
GENERAL RULES FOR ALL THE ABOVE AWARDS

a) Nominations for all the four categories may be made by any individual member of the MSO - H N S, and submitted to the Hon. Gen. Secretary of the MSO - H N S.

b) The call for nominations must be made by the last week of April each year, and nominations should be submitted to Exco by the 30th April each year, which would allow nominations of suitable candidates to be discussed at Exco.

c) Nominations may be considered by the special [appointed by the Exco] Awards Committee by the first week of May, and the recommendations submitted to the Exco for approval before announcement to successful awardees.

d) The award will be a certificate, and with either a medal or a plaque.

e) A person may receive only one award in the same year.

f) The nominations must be accompanied by curriculum vitae of the nominee.

g) The awards may be presented during the MSO - H N S Annual Dinner, with a brief citation on each of the winners.
Tissue Engineering in ENT
Contributed By Professor Dr Aminuddin Saim

Tissue Engineering became a serious issue in the 1990s when a group of scientists from Harvard managed to grow an ear on the back of a mouse. The findings showed that it is possible for us to grow spare parts for human organs. The response from clinicians was overwhelming and for ENT surgeons, it brought tremendous hope for reconstructive surgery.

We were involved with the same pioneering group of scientists in attempts to develop the second generation ear reconstruction in bigger animals. Results were later published in Tissue Engineering Journal and Laryngoscope in 2000 and 2002. Since then, tissue engineering has become more popular for organ reconstruction. Some of the other organs involved are trachea cartilage, respiratory epithelium, buccal mucosa, skin, larynx, vocal cord, cochlear stem cells and nerves.

In 2000 after completing our fellowship at Harvard Medical School and University of Massachusetts, my wife Professor Dr Ruszymah Idrus and I decided to setup a similar laboratory back home. We were given a grant from Yayasan Sultan Iskandar of Johore and HUKM to start a small laboratory. We renovated part of a mastoid laboratory and pantry at the ENT department HUKM. We started with one research officer and a PhD candidate, and with a limited budget we started to grow and reconstruct human cartilage, the first in Malaysia.

Following successes in culturing nasal cartilage, the laboratory has grown into a larger community with involvement from more PhD students. Until now we have
managed to patent 12 products and produced 40 publications. The laboratory has been upgraded to become a centre of excellence and we have moved to a bigger area which is now known as the Tissue Engineering Centre of HUKM. The centre has received several local and international awards for our products. These include the Geneva Gold Medal Award, ITEX, Bio Malaysia and Pencipta. The laboratory is still developing a, “Good Medical Practice Laboratory” in collaboration with the Peter MacCallum Institute of Australia.

Some of our inventions include human trachea cartilage for airway reconstruction, human respiratory epithelium from nasal mucosa for trachea repair, cochlear nerve regeneration using stem cells, engineering cartilage for middle ear and external ear reconstruction, human skin engineering for mastoid cavity and distal nerve regeneration. Other inventions not related to ENT include cornea regeneration, myocardium stem cell regeneration, and articular cartilage reconstruction using adipose tissue and skin for burns patients. Tissue engineered skin has been used in mastoid surgery and burns patients. However, it is still a preliminary study and is awaiting full scale clinical trials.

The Malaysian Trade Development Corporation (MTDC) has been a big investor in our project together with a research budget from the Minister of Science.

A paucity of information in the literature may cause problems in selecting the most appropriate swivel arm mechanism for use in hospital operating theatres. The swivel arm mechanism described is based on existing designs but incorporates various surgical instruments or endoscope holders and offers considerable advantages to the unassisted surgeon.

**Description of the Swivel Arm Mechanism**

Prior ENT holders are available but are made of stainless steel which is heavy and expensive. The present invention seeks primarily to reduce the weight of the holder while retaining a stable holding position and furthermore, serving multipurpose functions in ear, nose, throat and
Another objective is to reduce its cost of production by alternative use of aluminium alloy which does not rust. Furthermore, the invention provides an adjustable swivel arm mechanism which can be easily manipulated through 360 degrees to various inclined positions.

The improved swivel arm mechanism comprises of two straight slim rods with attachable rounded ends well fitted into an adjustable ball and socket joint. The screw slot portion is made of stainless steel and the operator end incorporates either an endoscope holder or an operator end piece to hold various surgical instruments (Figure 2). Both these end portions are attached to smooth rounded edges interconnected to two straight rods via an adjustable pivotal joint. The adjustable flexibility of the swivel arm mechanism to various inclined positions is due mainly to the three interconnected pivotal joints, which is to the advantage of the surgeon. The improved and highly adjustable swivel arm mechanism is made substantially of an aluminium alloy with 100 percent Malaysian content.
Temporal Bone Holder (1999)
Contributed By Professor Dato’ Dr Balwant Singh Gendeh

The innovation incorporates a built-in irrigation system with a greater degree of inclination to the horizontal which offers considerable advantages to the unassisted operator. The purpose of the invention is for cadaveric dissection of temporal bones in temporal bone dissection courses. The primary users of the innovation will be the ENT post-graduate trainees.

Description of the Temporal Bone Holder

The holder comprises an upper bowl interconnected by a narrow pivotal system with a heavy base. It can be made of either aluminium alloy or plastic material according to preference. Stainless steel constituents have been avoided owing to their greater cost and also corrosive materials have not been used for obvious reasons.
As shown in Figures 1 and 2, the bowl which has a diameter of 12.5cm, is perforated by four retainer prongs. The latter are sitted equidistantly along the perimeter and are adjustable in a radial direction by thread screws. An expanded plastic pad is attached to the peripheral extremity of each retainer prong to permit easy adjustment and secure fixation of the temporal bone.

The external water inlet system (Figure 1) is comprised of a flexible wire plastic tubing bent in a swan neck fashion tapering to a fine extremity. The direction and flow of the terminal water jet can be adjusted using a small tap. The inlet nozzle at the base of the bowl is easily connected to a convenient water source. A substantial drainage outlet is situated at the bottom of the bowl interconnected with a pivotal system to a heavy base to permit easy water outflow.

The bowl rests on a heavy circular base with a diameter of 14.5cm. A thin circumferential rubber strip on the under surface of the base ensures a firm grip in order to eliminate slipping. The bowl pivots on the base by means of a ball and socket joint which affords a firm grip and avoids unwanted movement. The bowl can be adjusted sideways and inclined up to an angle of 47° to the horizontal to provide adaptability to the dissector.
Women’s Role in Malaysian ENT Specialisation
Women were late starters down the ENT specialisation road. It was not until 1991 that ORL UKM had its first female candidates in the Master’s Training programme. In 1994, the first female ENT Surgeon was Dr Usha Devi Arumainathan, followed by Datin Dr Siti Sabzah and Dr Sri Novianti. Dr Usha became an Associate Professor in the ENT Department in UM, while Datin Dr Siti Sabzah, went on to become the first female president of the MSO-HNS.

In later years, many more female trainees joined the Universiti Malaya ORL and also found their way onto the Masters programmes in UKM, UM and USM. Today, a number of these early pioneers have become heads of department. Female ORL Surgeons head the ORL departments in five government hospitals around the country.

The first female head of an ENT department at UKM was Professor Dr Asma Abdullah, who was appointed to that position in 2006. She finds that the challenges in the job itself are not different from those that her male counterparts would be tackling. For example she says she has to, “Empower duties to the correct person so as not to burden only a few people in the department.” However, the difference from her male counterparts comes from the greater challenges in juggling personal and professional roles as parenting responsibilities have to be added to the list of roles to be juggled in the very limited time she has available.

Datin Dr Siti went on to do a sub-specialty following successful completion of her Masters. She explains, “I pursued my Paediatric Otolaryngology sub-specialty training in early 2000 for a period of one-and-a-half years in the United Kingdom. I had my attachment in three centres:
Fourth from left, Professor Dr Asma Abdullah with medical students
Leicester Royal Infirmary, Queen’s Medical centre in Nottingham and Great Ormond Street Children’s Hospital London within that period.”

She confirms that there were no special hindrances in completing the sub-speciality as a result of being female. She recalls, “I am glad to say that there is no gender bias in professional development or career advancement in our O R L fraternity. My boss and head of service then, Dr Abdullah Razi, knew about my interest in Paediatric O R L, and fully supported my plan. I was awarded an overseas scholarship by the government for my sub-specialty training. I was the first candidate in our O R L fraternity to pursue this field.”

Dr Usha Devi Arumainathan echoes Datin Dr Siti Sabzah’s experience: “There was no discrimination, in all honesty, in being a female doctor or a specialist. In both the training phase and in practice, I did not suffer any discrimination. I believe this would be the case with all specialists. Certainly in the 1990s, a female ENT specialist was a new thing, but there were already women specialists in other disciplines such as paediatrics and O & G. I did not face any obstacles because I am female.”

The one area that both Dr Usha and Datin Dr Siti point to as needing some improvement is the timing of the Masters training. According to Datin Dr Siti, “I find the training period during the post graduate and sub-specialty training is a very challenging phase. The multi-tasking button has to be switched on in order to manage the mother’s role, wife’s role, student role, researcher’s role, performing call duty, preparing presentations and performing surgeries and becoming pregnant in between.”

Whilst multi-tasking is a necessity, Dr Usha draws on her teaching experience on the Masters programme and suggests, “I was actually thinking, how our Masters programme is a rigid four-year programme. Perhaps, somewhere along the line for ladies with young families or for those who are expecting, there should be some kind of flexi-training or flexi-hours. Perhaps taking five years to complete the programme instead of four.” Inspite of the difficulties, however, Datin Dr Siti points out that
there have never been any female drop outs from the Master’s programme (as far as she remembers).

Datin Dr Siti comments on her term as president, “My tenure as the Society’s president was a memorable experience. Even though I was the only female member within the Exco line-up at that time, all the male members were very supportive. Each and everyone within the Exco really put our hands together for every project that we undertook. We had many successful events within that period; O R L health camps in Pulau Redang, O R L Malaysia Singapore Congress in Singapore, Annual Scientific meetings in K L, A G M and Scientific Meeting in Pulau Langkawi.”

Women have also been very active in furthering otorhinolaryngology through their contributions in research and development. In fact one of the most highly awarded researchers in Malaysia is Suzina Sheikh A B H amid, Associate Professor, Department of O R L-H N S, U S M and Coordinator, U S M Tissue Bank. Her area of research is biomaterial sciences, specifically development of bone replacement materials and biological wound dressing. Her initial work was on the development of bone substitutes from natural coral and subsequently on other biological materials such as amnion, bovine bone and bovine pericardium. Further research works were on these grafts in combination with stem cells or differentiated cells and growth factors as in tissue engineering-based therapy. She has also conducted clinical research work on the associations between obstructive sleep apnoea and craniofacial features. Associate Professor Dr Suzina has received several international and national awards for her contributions.
Chapter 7

MSO-HNS and the Community
The Society takes its responsibilities to the general community very seriously and is always looking at new ways to get down to the grassroots to understand the issues and also educate the general public about better ENT care.

Very early on in its history, the Society established annual health camps in various parts of the country as a service to the people. These camps enabled the population in rural areas to enjoy the benefits of ENT treatment. The first camp was held in the 1980s. What the camps involved was screening for specific problems and a series of related talks.

These camps have been developed much further and now, each annual camp is the culmination of a whole programme of events focused upon a particular ENT issue. For instance, in January 2012 a camp was held in Bentong, Pahang and the screening was for Head and Neck cancer. The camp, however, was the climax of a much longer programme.
The camps are usually organised in conjunction with local organisations and with the support of the Ministry of Health. The Bentong camp was co-organised with the Lions Club Serdang, Institut Jantung Negara (IJN) and 1MCA Foundation and it was opened by the Minister of Health, YB Dato Liow Tiong Lai.
**Outline of the Head & Neck Cancer Awareness Campaign**

Adapted from an article by Dr Yap Yoke Yeow, then President of MSO-HNS, which appeared in the Society's Newsletter in the December 2011 issue, Volume 4, Issue 2.

Dr Pua Kin Choo, in her tenure as president in 2009/10, started the Head & Neck Cancer Awareness Campaign.

Head & Neck Cancers, as a group, are the most prevalent cancer in our country for both sexes. In the year 2006, there were 2,884 cases of Head & Neck cancers in Peninsula Malaysia, making it the number one cancer group apart from female breast cancer (3,525), followed by colorectal cancer (2,866) and lung cancer (2,048).

The lack of awareness of this serious public health threat is critical, and we in MSO-HNS are committed to educating every Malaysian on Head & Neck Cancers and preparing primary care providers with the necessary skills and knowledge to detect and refer cases of head & neck cancers as early as possible. The aim of our programme remains, to:

1) promote awareness,

2) encourage early detection,

3) emphasise the growing impact of head & neck cancers to the Malaysian public.

In line with these goals, we have in the last half year, participated and organised numerous events, namely:

1) Public exhibition and screening in Gurney Mall, organised by the ENT Department of Hospital Pulau Pinang, led by Dr Pua Kin Choo and Ms Tan Ai Dee.
2) Public forum in Traders Hotel in Penang.

3) Public exhibition and screening at the National Taiji-Qigong Society Carnival – attended by 2000 Taiji-Qigong enthusiasts from all over Malaysia and South-East Asia in Taman Pudu Ulu, Kuala Lumpur.

4) Public exhibition and screening at the National Cancer Society of Malaysia RELAY FOR LIFE event, which included an all night relay with Nasopharyngeal Carcinoma (NPC) survivors. A group of 12 student volunteers from UPM medical school ran with the survivors and conducted questionnaire-based screening for hundreds at the event.

5) Public exhibition, screening and examination in a public mall in Miri, Sarawak, organised by the ENT Department of Miri Hospital under Dr Doris Jong, officiated by YB Dato’ Sri Peter Chin Fah Kui.

6) Public forum in Klang Hospital, led by Dr Priatharisiny Velayutham and Dr Sushil Brito Mutunayagam.

7) Public exhibition in a public mall Alor Setar, Kedah led by Dr Zulkifli Yusof and Dr Masaany Mansur.

8) Public exhibition in Kota Kinabalu, Sabah led by Halimudin Sawali.

The climax of these events was the Bentong Health Carnival — led by Dr Ida Sadj’ah Sachlin and advised by Datuk Dr Kuljit Singh — where 550 members of the community were screened. Three cases of head & neck cancers were diagnosed.

Led by Dr Ida Sadj’ah Sachlin and advised by Datuk Dr Kuljit Singh, 550 members of the community were screened. Three cases of head & neck cancers were diagnosed and many referred for further investigation. A group of 20 doctors and 46 paramedics from Hospital Kuala Lumpur, Hospital Temerloh, Hospital TAA Kuantan, and Hospital Sg. Buloh carried out the screenings.

The camp also had longer term benefits, beyond the early identification of the three cancer cases. According to Dr Doris Evelyn Jong from Miri Hospital, “Following this campaign, the workload of the ENT
Health Camp 2005 Kuala Selangor
Health Camp 2005 Kuala Selangor

department in Miri Hospital has increased two-fold. Both public and medical personnel's awareness on ENT related cancers has increased tremendously. Some of the patients even call in to enquire on uncertainties with regards to their health. There were also increasing numbers of referrals from peripheral and private hospitals with the suspicions of malignancy. Also throughout this campaign, among our staff a closer and happier relationship was developed."

The Head & Neck Cancer Awareness campaign is to continue at an even larger scale.

Table 5: MSO-HNS Health Camp List

The National Hearing and Ear Disorders Survey
Contributed By Professor Dr Din Suhami Sidek

Hearing assessment and ear examination was performed on 7,041 people throughout Malaysia in both urban and rural samples from May to September 2005. It involved the otolaryngologists, audiologists, senior public health nurses, state family health officers and others. The survey was organised by the Institute of Public Health and financed by the Ministry of Health Malaysia. The hearing impairment prevalence of Malaysia was 17.1% (with an estimated population of 3.96 million) and hearing disability of 3.83% (estimated population of 907,782). Earlier studies among the population of Tumpat, Kelantan in 2000 showed that out of 2,004 people screened, 17.31% failed the hearing assessment.
Malaysian Society of Otorhinolaryngologists - Head & Neck Surgeons

Training of health clinic personnel in Kelantan (110 nurses) was held for 25 health clinics in four districts of Kelantan and centrally in KL in 1999 and 2000. The Training of Trainers for the whole of Malaysia (30 nurses) was done to identify children early, at ages 6-10 months using the distraction test of hearing method. A study done among the community nurses (n=112) in the four districts in 2001 showed that 87.5% do distraction test screening in the health clinic. Sometime after 2005, when the immunization age was changed from 6-10 months to 1-4 months, the test was not practiced any more.

The Compulsory Universal Neonatal Hearing Screening at Hospital Universiti Sains Malaysia (HUSM) started in 2003; while cochlear implant was in 2004. From 2002, 13 groups of special education teachers (totalled 155) were trained for 12 weeks each through the Hearing, Speech and the Peripatetic Teachers’ courses. From 2009, an intervention class for the deaf (ages 2-6 years) started and currently, it caters to children with autism, and mixed in a class with normal children (PRINCE or Program for Inclusive Child Excellence).
Health Camp 2005 Kuala Selangor
Appendix

MSO-HNS Membership
Communication With Members

Communication with members in any association or society is of vital importance. It is an irony that as the Society becomes more successful by growing numbers, the difficulty of maintaining effective two-way communication increases.

The Society has tackled this on a number of fronts. It ensures that events and courses cover regional areas wherever possible. It also introduced a periodic newsletter called Newsletter of The MSO-HNS in 2006. Finally, the Society also introduced an effective website which acts as a knowledge repository and a two-way communication channel.

Table 6: Membership Profile

<table>
<thead>
<tr>
<th>Membership Type</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>Ordinary Members</strong></td>
<td>those who are registered Medical Practitioners with a post-graduate qualification in Otorhinolaryngology and who are engaged in the practice of Otorhinolaryngology.</td>
</tr>
<tr>
<td><strong>Associate Members</strong></td>
<td>those from the Medical and Allied Professions who have an interest in Otorhinolaryngology or other allied Medical and Scientific fields.</td>
</tr>
<tr>
<td><strong>Honorary Members</strong></td>
<td>Honorary Membership may be conferred on persons who are distinguished in public life or who have rendered meritorious service to the Medical or Allied Professions or to this Society.</td>
</tr>
<tr>
<td><strong>Life Membership</strong></td>
<td>Life Membership shall be those who are registered Medical Practitioners with a post-graduate qualification in Otorhinolaryngology and who are engaged in the practice of Otorhinolaryngology. They must be a citizen of Malaysia at the time of joining the Society.</td>
</tr>
<tr>
<td><strong>International Membership</strong></td>
<td>this is open to any foreign Medical Practitioners with a post-graduate qualification in otorhinolaryngology and who are engaged in the practice of Otorhinolaryngology. This category includes any foreign Medical Practitioners with a post-graduate qualification in Otorhinolaryngology residing and practicing in Malaysia with prior approval of the Registrar of Societies.</td>
</tr>
<tr>
<td><strong>Founder Members</strong></td>
<td>Persons qualified to be ordinary members and who paid the entrance fee and the subscription for 1980 before 31 December 1980 shall be known as “Founder Member.”</td>
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</table>
The ORL Newsletter started in 1991.
Website of The MSO-HNS

Website created by Datuk Dr Kuljit Singh and Professor Abdullah Sani
Appendix

M SO -H N S
Executive Committees
### 1995-1996

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<thead>
<tr>
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<tr>
<td>President</td>
<td>Dr Abdullah Sani Mohamed</td>
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<td>Dr Lokman Saim</td>
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### 1996-1997

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<td>Dr Zulkaflay Abd. Rahman</td>
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Appendix

M SO -H N S
Constitution
2011
CONSTITUTION OF THE MALAYSIAN SOCIETY OF
OTORHINOLARYNGOLOGISTS HEAD AND NECK SURGEONS

ARTICLE 1 – Name, Crest and Motto
i. The name of the Society shall be “Persatuan Otorinolaringologis Pakar Bedah
   Kepala Dan Lehar Malaysia” (Malaysian Society Of Otorhinolaryngologists
   Head And Neck Surgeons), hereinafter referred to as “The Society”. Registered
   address for correspondence shall be 19, Jalan Folly Barat, 50480, Kuala
   Lumpur, Malaysia.

ii. The Motto of the Society is “Kesatuan dalam Otorinolaringologi”.

iii. Crest of the Society shall be a graphic drawing of ear, nose, throat, head and
   neck, in green colour – Please see Enclosure “A”.

ARTICLE II – Objects
i. To promote the art and science of Otorhinolaryngology

ii. To coordinate the activities of Otorhinolaryngologists

iii. To represent Otorhinolaryngologists and protect their interests

iv. To promote fellowship among Otorhinolaryngologists

v. To highlight specific ENT problems in the country and contribute towards the
   solution of these problems

ARTICLE III – Membership
The Society shall consist of Ordinary, Associate, International and Honorary.

i. Ordinary Membership
   Ordinary Membership shall be those who are registered Medical Practitioners
   with a post-graduate qualification in Otorhinolaryngology and who are engaged
   in the practice of Otorhinolaryngology.

ii. Associate Membership
   Associate Membership shall be open to members of the Medical and Allied
   Professions who have interest in Otorhinolaryngology or other allied Medical
   and Scientific fields.
iii. Honorary Membership

Honorary Membership may be conferred on persons who are distinguished in public life or who have rendered meritorious service to the Medical or Allied Professions or to this Society.

iv. Life Membership

Life Membership shall be those who are registered Medical Practitioners with a post-graduate qualification in Otorhinolaryngology and who are engaged in the practice of Otorhinolaryngology. They must be a citizen of Malaysia at the time of joining the Society.

v. International Membership

International Membership shall be open to any foreign Medical Practitioners with a post-graduate qualification in Otorhinolaryngology and who are engaged in the practice of Otorhinolaryngology. This category includes any foreign Medical Practitioners with a post-graduate qualification in Otorhinolaryngology residing and practicing in Malaysia with prior approval of the Registrar of Societies.

vi. Founder Membership

Persons qualified to be ordinary members and who pay the entrance fee and the subscription for 1980 before 31st December 1980 shall be known as “Founder Member”.

vii. Termination of Membership

(a) Any member of the Society may resign from the Society by giving to the Hon. General Secretary of the Society notice in writing to that effect, providing that any members giving such notice shall be liable to pay his subscription up to and including the current year in which such notice was given.

(b) Any member in arrears of subscription for a period of two (2) years in spite of repeated reminders shall ipso facto cease to be a member.
ARTICLE IV - Voting Rights
Voting rights shall be confined to the Ordinary and Life Members of the Society.

ARTICLE V - Election Members
i. Election to Membership of the Society will be made by the Executive Committee of the Society.

ii. All applications for Ordinary and Associate Membership shall be made on such application forms as the Executive Committee shall prescribed from time to time.

iii. Honorary Members shall be elected at a General Meeting of the Society upon the recommendations of the executive Committee.

ARTICLE VI - Subscriptions
i. The Financial Year shall start on the 1st of January and end on the 31st of December.

ii. (a) The Annual Subscription for Ordinary Members shall be RM 100-00.

(b) The Annual Subscription for Associate Members shall be RM 10-00.

(c) Life membership shall be RM 1000-00

iii. The entrance fee of RM 25-00 shall not be charged.

ARTICLE VII - Executive Committee
i. The Management of the Society shall be in the hands of the Executive Committee consisting of:

(a) President

(b) President Elect

(c) Secretary

(d) Treasurer

(e) Ordinary Committee Members - shall be eight in numbers

(f) Immediate Past President
ii. The Executive Committee shall be elected at the Annual General Meeting or at an Extraordinary General Meeting if all Members of the Executive Committee resign during the year.

iii. All Members of Executive Committee and every officer performing executive functions in the Society as far as possible shall be Malaysian citizens.

iv. The immediate past president shall be an automatic ordinary member of the incoming executive committee.

**ARTICLE VIII- Duties of office-bearers**

i. President:
   
   (a) Shall preside at all business meeting of the Society.

   (b) Shall have a casting vote in addition to his normal vote.

   (c) In the event of absence of the President, the President-Elect shall preside at the meeting. In the absence of both the President and President-Elect, the Committee shall elect one Executive Committee Member to preside at the meeting.

ii. Secretary:
   
   (a) Shall be responsible for the management of the Society.

   (b) Shall keep a Register of Members.

   (c) Shall convene all meeting of the Society.

   (d) Shall prepare the Annual Report which shall be circulated to members two weeks before the Annual General Meeting of the Society.

   (e) Shall keep minutes of all the business meetings of the Society.

iii. Treasurer:
   
   (a) Shall sign all cheques which will have to be countersigned by the President or Secretary.

   (b) Shall keep an account of all business transactions by the Society.

   (c) Shall prepare the Audited Statement of Accounts which shall be circulated to members two (2) weeks before the Annual General Meeting of the Society.

   (c) Shall collect Annual subscription from members.
ARTICLE IX — Ordinary Committee Members

Ordinary Committee Members shall generally assist in the management of the Society.

ARTICLE X — Vacancy

The Executive Committee shall have the right to fill any vacancy of office that may occur during their term of office.

ARTICLE XI - Meetings

i. Annual General Meeting

(a) The Annual General Meeting shall be held any time between the months of April and June every year on a date and at a place to be decided by the Executive Committee. The business of the Annual General Meeting shall be:

a. To receive the Executive Committee’s report on the working of the Society during the previous year.

b. To receive the Treasurer’s report and the audited accounts of the Society for the previous year.

c. To elect a committee and to appoint auditors for the ensuing year.

d. To deal with such other matters as may be put before it.

(b) Preliminary Notice of the Annual General Meeting asking for motions for discussions at the meeting, proposed amendments to the Constitution and other matters to be included in the Agenda, shall be sent to all members by the secretary not less than twenty one (21) days before the date for the Annual General Meeting.

(c) Motions, proposals, proposed amendments to the Constitution and other matter to be included in the Agenda must be sent by members to reach the Secretary not later than two (2) weeks before the date fixed for the meeting.

(d) The Secretary shall circulate to all members the audited Statement of Accounts and Annual Report two (2) weeks before the Annual General Meeting.
(e) The Secretary shall forward to all members not less than seven (7) days before the date fixed for the meeting, the Agenda including:
   - any motions proposed by members
   - proposed amendments to the Constitution
   - any other matters requested by members

ii. **Extraordinary General Meeting**

   An Extraordinary General Meeting shall be convened:
   
   (a) By the Executive Committee when they shall deem it necessary or desirable.

   (b) At the request in writing of not fewer than half the membership, stating the objects and reasons for such a meeting.

iii. **Executive Committee Meetings**

   The Executive Committee Meetings shall be held at least once every four months or as and when necessary.

iv. **Auditors**

   Two (2) Honorary Auditors shall be elected at the Annual General Meeting. These two (2) members shall be Registered Medical Practitioners and they need not necessary be members of the Society, but they shall not be members of the Executive Committee.

v. **Sub-Specialty Meeting**

   The Executive Committee shall form working groups or sections of sub specialities within the Society based on resolutions passed at the Annual General Meeting. Activities and financial disbursements would be approved and administered by the Executive Committee.

**ARTICLE XII – Terms of Office**

The term of Office of the Executive Committee shall be from one Annual General Meeting to the next.
ARTICLE XIII - Quorum

i. The quorum at all Executive Committee Meeting shall be five (5).

ii. The quorum at all Annual and Extraordinary General Meeting shall be one half of the Ordinary Members or twice the total number of the Members of the Executive Committee, whichever is the lesser.

iii. In the event of a lack of quorum at the Annual General Meeting the meeting shall be postponed to a date not earlier than one week and not later than three (3) weeks from the date of the cancelled meeting.

iv. If half an hour after the time appointed for the Annual General Meeting a quorum is not present, the meeting shall be postponed to a date (not exceeding thirty (30) days) to be decided by the Executive Committee, and if a quorum is not present half an hour after the time appointed for the postponed meeting, the members present shall not have power to alter the rules of the Society or to make decisions affecting the whole membership.

v. In the event of a lack of quorum at the Extraordinary General Meeting, the meeting will be cancelled. The subject for resolution of the cancelled meeting may again be raised at another Extraordinary General Meeting, provided that ARTICLE XI, ii(a) or ii (b) is complied with.

ARTICLE XIV - Amendment to the Constitution

Amendments to the Constitution shall be passed if at least two thirds of the Ordinary Members present at the Annual General Meeting of the Society vote in favour of the amendments. No amendments shall be operative without the prior sanction of the Registrar of Societies.

ARTICLE XV - Suspension and/or Dismissal

Every member on joining the Society impliedly undertakes to comply with these rules and any refusal or neglect to do so or misconduct which in the opinion of the Executive Committee is unworthy of a member shall render such member liable to expulsion or suspension by the Executive Committee. The Secretary of the Society
she shall provide him in writing of the complaint made against him specifying the period within which he is required to answer from such member or upon the expiry of the period specified by the Secretary of the Society above referred whichever is the later the Executive Committee shall be entitled to take a decision on the complaint against such member.

ARTICLE XVI - Publications

The Annual General Meeting or the Executive Committee shall decide on the publication of the Society.

ARTICLE XVII - Interpretation of the Constitution

Between general meetings, the Executive Committee shall interpret the rules of the Society and when necessary determine any point on which the rules are silent. Except where they are contrary to or inconsistent with the policy previously laid down by the general meeting, the decisions of the Executive Committee shall be binding on all members of the Society unless and until countermanded by a resolution of a general meeting.

ARTICLE XVIII - Financial Provisions

i. The Treasurer may hold a petty cash advance not exceeding RM 500-00 at any one time. All money in excess of this sum shall within seven (7) days of receipts be deposited in a bank approved by the Executive Committee. The bank account shall be in the name of the Society.

ii. No expenditure exceeding RM 1000-00 at any one time shall be incurred without the prior sanction of the Executive Committee.

iii. Traveling Allowance

a) The Executive Committee shall be paid traveling allowances while attending the EXCO meetings. Members traveling by car shall be paid mileage amounting to seventy (70) cents per kilometer. Toll charges shall be paid according to the published and prevailing rates.
b) In the event the Executive Committee travels by flight, the member will be reimbursed a sum equivalent to an economy class ticket upon submitting their flight ticket to the Hon. Treasurer. The member will also be allowed to claim “budget taxi” charges only to the venue of the proposed meeting upon submitting their receipts to the Hon. Treasurer.

iv. Hotel Accommodation

Any outstation member of the Executive Committee shall be paid hotel accommodation not exceeding RM 200-00 per night while attending EXCO Meeting upon submitting the hotel receipt to the Hon Treasurer.

ARTICLE XIX – Prohibition

i. The Society shall not have any affiliation or connection outside Malaysia provided prior written approval from the authority concerned is obtained.

ARTICLE XX – Dissolution

i. The Society shall be dissolved only with the consent of at least four fifths of its registered members present at an Annual General Meeting or an Extraordinary General Meeting convened for the purpose.

ii. In the event of dissolution, the balance of the funds shall be disposed of in such manner as may be determined by a majority vote at a General Meeting convened for this purpose.

iii. Notice of dissolution shall be forwarded to the Registrar of Societies within fourteen (14) days of its dissolution.
AMENDMENT TO THE CONSTITUTION

ARTICLE 1 - NAME, CREST AND MOTTO

The 11th Annual General Meeting has unanimously agreed to change the crest of the Society. The new crest of the society is as below:

1. GRAPHIC DRAWING OF EAR, NOSE, THROAT AND HEAD & NECK

Symbolises the field of ear, nose, throat and head & neck surgery. This is the field of interest of our members.

2. GREEN

Symbolises sincerity and purity in our service to the public. This Constitution was reviewed and re-written by Dr Harvinder Singh (President MSO-HNS of 2010-2011) with all amendments formally passed by the Registrar of Societies as of 13 May 2010.
Malaysian Society of Otorhinolaryngologists
Head & Neck Surgeons (MSO-HNS)