

**Notes taken at the Dialogue between Director General of Health and the Federation of Private Medical Practitioners Associations, Malaysia (FPMPAM)
on 1st November 2011 at the DG's Office, Ministry of Health of Malaysia**

Present

Dato' Sri Dr Hasan b Abdul Rahman, Director-General of Health Malaysia

Dr Steven Chow, President, FPMPAM

Dato' Dr Lim Boon Sho, Deputy President, FPMPAM

Dr Gong Swee Kim, Hon Secretary, Private Medical Practitioners Association of Selangor and Kuala Lumpur

Dr Shong Chin Min, Committee Member, Private Medical Practitioners Association of Selangor and Kuala Lumpur

The meeting was called to order with Dato' Sri KPK at the chair at 2025 hrs.

Dr Steven Chow thanked Dato' Sri KPK for agreeing to meet the FPMPAM officers. The meeting went through the minutes of the meeting held on 8th February 2011 which were attended by the previous KPK and two doctors from MOH.

Topic	Discussion on 8 th February 2011		Discussion on 1 st November 2011
	FPMPA presentation:	Decision by DG	
1: Change of address a registered existing clinic	<p>FPMPAM highlighted the issue that clinics have been requested to submit their Certificate of Registration (COR) for cancellation and then to reapply for a new COR.</p> <p>The cost of the application and COR is RM1500.compared with application for amendment to COR(RM150)</p>	<p>When relocating to a new premise within the same vicinity, the licence holder only need apply for an amendment to the Certificate of Registration,</p> <p>The new premise must be renovated in compliance with the PHFS regulations</p> <p>The MOH will develop the SOP to</p>	<p>Dr Steven Chow highlighted that feedback has been received that sometime the enforcement officers who were on the ground might not be fully aware of the fact that the licence holder would only need to apply for an amendment to the Certificate of Registration. Dato Sri KPK said that the SOP on this would be re circulated to the relevant officers.</p>

	<p>Furthermore, there is no definite time given for this approval which will interfere with the doctor's practice and continuity of patient care.</p> <p>FPMPAM highlighted that the MOH had agreed earlier in 2006 that the approval time would be two weeks.</p>	<p>have the approval within 2 weeks or alternatively a provisional COR will be given</p> <p>DG confirmed that the COR is for the registration of the premise of practice</p> <p>DG re-affirmed that it is not the MOH policy or the spirit of the Law to be a hindrance to clinics that have been in existence and operating properly prior to the enforcement of the PHFSA</p>	
2: Demise of the PIC/Licence holder	<p>Federation highlighted the instances when the PIC/practising doctors dies unexpectedly, the running of an registered clinic and patient care is left in limbo as the Law is silent in this matter. This is especially relevant in solo practice.</p>	<p>The MOH has to be informed of the demise of the person-in-charge.</p> <p>This can be done by the next-of-kin.</p> <p>If a new doctor/PIC takes over the clinic., the new PIC/Licence holder should then apply for an amendment to the clinic's Certificate of Registration accordingly.</p> <p>It will also be expedited as per SOP to ensure continuity of patient care</p>	No further discussion
3:No Regulations to regulate the MCOs	<p>Federation brought up again the problems that doctors face as a result of no specific regulations for MCOs. Doctors are required (or virtually forced) to sign contracts by MCOs which are</p>	<p>DG requested Dr Razid to follow-up on this matter.</p> <p>He confirmed that the amendments is in process.</p>	<p>Dato' Sri KPK said that he has met up with the insurance companies and MCOs. He said that he would settle this within a month.</p> <p>The FPMPAM requested that any comments and developments on this matter from the insurance</p>

	<p>also not made known to MOH as required by the Law</p> <p>Federation highlighted that a comprehensive proposals were submitted to the PHFSA Amendment Committee in 2006 and since then there has been no development</p> <p>.</p>		<p>companies and MCOs to be feed back to the profession.</p> <p>Dr Steven Chow highlighted that some insurers have embedded controversial exclusion clauses in their GL s eg:</p> <p>Allergy test is not allowed Treatment for acne not allowed STDs not allowed</p> <p>The point brought up was how could a doctor investigate a patient with an allergy problem? Acne is a medical disease and medical treatment of acne is evidence-based. The doctor will not know if a patient has an STD until the consultation and examination is complete in which case who is going to pay the bill if the patient refuses.</p>
<p>4: Heads of Department, MDAC Office Bearers & Representatives to the Hospital Board of Management</p>	<p>Federation requested for an update regarding our earlier proposals for amendments to the PHFSA Regulation on this matter that were submitted in 2006.</p> <p>WE emphasises d that a properly elected MDAC is an essential safeguard of proper medical care in private hospitals. An elected and independent MDAC can</p>	<p>DG re-affirmed his position that the members of the MDAC should be elected from amongst the doctors practicing in the particular hospital and shall not be by appointment by Hospital Management.</p> <p>He requested Dr Razid to follow-up with the FPMPAM proposals that were submitted earlier.</p>	

	serve as the eyes and ears for the MOH .		
5:FeesSplitting	<p>Federation informed the DG that private hospitals and MCOs are continuing to extract discounts off the doctors' professional fees as part of their contract to refer patients for treatment. The private doctors in Penang are very distressed by this and have asked the Federation to take action. The Federation has now sought legal opinion which is in line with what the DG has stated. The GPs are also complaining about the same issue. The Federation via its JIHC(joint Integrated Healthcare Committee) and is preparing to take independent legal remedies.</p> <p>In the Klang Valley, the MCO for TNB have also requested the KPJ hospital for discount on doctors' fees .</p> <p>The Federation is requesting for support of the DG's office in the form of an official directive to all parties to refrain from practising fees splitting.</p>	<p>The stand of the MOH is that there should not be any discount of the doctors' professional fees to MCOs or Insurance companies to entice them to refer patients to them. Hospitals with contracts binding doctors to this shall be informed that the particular clause is against specific provisions of the law. All parties including doctors must adhere to this provision. However if the doctor wishes to give a discount directly to patients they are most welcomed to do so.</p> <p>The official directive is in process.</p> <p>He pointed out that the APHM and Insurance companies have requested for another meeting with the Minister on this matter and this has delayed the directive.</p> <p>FPMPAM will be invited to state its stand at this meeting.</p>	<p>FPMPAM pointed out that the issue of fee splitting was still ongoing and prevalent in some private hospitals despite the fact that the MoH have confirmed that it is against the law.</p> <p>The FPMPAM requested Dato' Seri KPK to issue a directive to all private healthcare facilities, MCOs and insurers on this matter .</p>

	FPMPAM has asked to be included in any future discussions regarding this between MOH and APHM, MCOs & Insurance companies.		
6: Private Hospitals providing Primary Care-Issue of Feeder Clinics	Federation brought up the issue of private hospitals running feeder clinics. It was also highlighted that private hospitals are using the A&Es as centres for seeing primary care patients in addition to running health screening clinics in their premises.	The MOH policy is that private hospitals should only run specialist outpatient clinics and not primary care clinics or health screening centres run by Medical Officers. The DG is aware that there are existing loopholes in the law which is being exploited by private hospitals to continue running primary care clinics/services MOH will look into how this can be enforced. He requested for proposals and suggestions from Federation.	No discussion
7:Hiring of HAs/MAs by private clinics	Federation proposed that clinics be allowed to employ HAs/MAs to assist the doctor in his clinical duties	DG categorically stated the MOH will not allow this. He stated that that in the public sector this was allowed as there is a shortage of medical officers.	Dato' Sri KPK said that he would check with the Lembaga Penolong Perubatan to find out whether HAs/MAs could work in private clinics.
8:Separation of prescription & dispensing	Federation highlighted the fact that in the private sector, the cost of running the clinic is borne by the margin from dispensing of medications. In the private clinic setting, one doctor and one staff can look	DG replied that though it is the MOH's policy to eventually have separate prescription and dispensing, this will not be in the immediate future. There is still a shortage of pharmacists in the country.	FPMPAM highlighted that the choice of whether to obtain the medication from the clinic or separately from the pharmacy should be that of the patients. It is the patients' right. If there was separate prescription and dispensing, the cost would escalate and the professional fee of the GP would need to be increased. Presently

	<p>after the healthcare needs of the entire cohort of his patients .</p> <p>This was a very cost-effective model and should be preserved.</p> <p>If private doctors are not allowed to dispense which is one of the final objective of the Dasar Ubat Negara, then the cost of running private clinics will have to be computed separately and cost of patient care goes up.</p> <p>It is the Federation stand that the patients' right to decide where they would want to get their medications, be it the clinic or the pharmacy.</p>	<p>The MOH is aware of the fact the GPs consultation fees is way too low and has agreed that the minimal consultation fee be increased to between RM30 to RM50 in the amended Fee Schedule.</p> <p>Private clinics are allowed to employ pharmacists to do the dispensing and this might be the way to move forward in future.</p>	<p>the turnover from dispensing is used to pay for operational cost of clinics which allows doctors to charge a lower consultation fee.</p> <p>The pharmacists will also be charging a dispensing fee in addition to the mark-up on the cost of the medications.</p> <p>All this will lead to increase cost and will burden the rakyat.</p>
9:AFTA/MRA	<p>Federation requested an update on the status within Malaysia as this was already with effect from 1.1.2010.</p> <p>The Federation is acutely aware that private hospitals may go overboard and start recruiting foreign specialists instead and jeopardising the livelihood of local doctors. The MRA also allows qualified RMPs (including GPs) to be registered with the</p>	<p>The DG requested Dr. Razid to look into the nuts and bolts of this issue.</p> <p>It was noted t that the terms of the MRA were essentially driven by the Ministry of International Trade and Industry</p> <p>So far the MOH has only allowed foreign specialists on the list of specified specialties to practice in this country. No primary care doctors are allowed.</p>	<p>Dato' Sri KPK said that the only specialists in certain disciplines could register and practise here.</p> <p>However, Dr Steven Chow with the MRA and AFAS, pointed out that even general practitioners could register and practise here.</p>

	<p>MMC and hence be eligible to practise in Malaysia.</p> <p>If this is so, then the private doctors themselves should also be allowed to recruit qualified RMPs from the Asean region to assist in their practices. The Federation requested for MOH stand in this issue.</p>		
10: Addiction Medicine/AMAM	<p>In keeping with the DG's directive in 2006, the FPMPAM/AMAM has been faithfully maintaining a register of doctors treating drug addicts in this country(NDST Register).So far only MSD/RK(for suboxone), Hoe Pharma/Sunward Pharma(for methadone) have voluntarily complied with the NDST requirements/SoPs.</p> <p>The NDST register is regularly conducting training courses for the GPs and submitting regular returns to the MOH/PSD.To date there are more than 600 registered prescribers and more than 23,000 registered patients. Compliance rate is in excess of 90%.</p> <p>Federation and AMAM is deeply concerned that the re-</p>	DG will request Dato Dr Hassan to look into the matter	<p>Dr Steven Chow informed Dato' Sri KPK that the 2nd International Congress of Addiction Medicine (incorporating the 7th National Congress of Addiction Medicine) will be held on 17th to 20th November 2011 in Kuching, Sarawak. The Organising Committee has requested for a message from Dato' Sri KPK.</p> <p>Dr Steven Chow briefed Dato' Sri KPK on the activities of AMAM. There was a total of 692 doctors trained in addiction medicine registered on the NDST register treating about 24,000 patients. This system has worked very well and the system is proven to successfully monitor the patients and prevent patient hopping.</p> <p>AMAM was very disturbed by the recent Psychotropic amendment to the Poisons Act whereby a doctor would need to have a permit to stor and dispense methadone and Suboxone drugs. Also, there was a requirement that the doctor would have to provide details of the patients to a third party, i.e. the PSD.</p>

	<p>introduction of generic buprenorphine monotherapy by a generic company into the market is causing problems of diversion and abuse that will eventually disrupt the system of community-based DST treatment.. There are already reports of diversion of this generic buprenorphine which is supposed to be restricted to specialised centres for addiction treatment.</p> <p>Federation and AMAM is requesting that DG directs all pharmaceutical companies dealing with DST medications to comply with the NDST requirements and SoPs.</p>		<p>With the amendment newly DST trained doctors also would not be able to get a permit for their DST medications as they do not have any patients registered under their care. Patients who have turned up in clinics for treatment would want to be treated immediately and not wait weeks for the doctor to get his permit and then order his medications. This was a Catch 22 situation and needs to be resolved.</p> <p>The issue of harassment and abusive behaviour of enforcement officers was also brought up.</p> <p>Dato' Dr Lim Boon Sho requested that notice be given at least one day in advance if the enforcement officers are going to visit the clinic.</p> <p>Dato' Dr Lim Boon Sho highlighted that some of the essential drugs like Lorazepan and Valium were not available and this has caused a lot of hardship.</p>
<p>11: Emerging old communicable diseases</p>	<p>Federation brought up the issue that private practitioners are seeing increasing number of migrant workers with active infectious diseases like TB,leprosy malaria and HIV. It is very likely that these workers are illegal.</p> <p>The private practitioners are</p>	<p>DG will direct Dato' Dr. Hassan to look into matter</p>	<p>The FPMPAM requested the MOH to come up with the SOP regarding the practical and humane handling of patients with serious infectious diseases like leprosy, TB etc who are illegal immigrants.</p>

	<p>now in a blind as what needs to be done as proper treatment requires prolonged periods of medication .Many of these patients are unable to afford subsidised treatment.</p> <p>Such patients will not go to the government clinics as they fear detention. They will likely go into hiding and there is no dependable address to trace them.</p> <p>The Federation have requested from the MOH a SOP of how to handle these patients in order to have them properly treated and break the chain of infection that will endanger our local community.</p>		
12:1Care Clinics/TWGs	<p>FPMPAM has asked to be included in the Governance, Secondary care and Regulations TWGs; as it has only been invited to sit in the Primary Health Care TWG.</p> <p>It was pointed out that notice of meeting was being called by the AFM which is not proper.</p>	<p>DG requested FPMPAM to write in if it feels it wants to be represented in these groups</p> <p>The notice for meeting shall be from the MOH.</p>	No discussion
13:FPMPAM CME/CPD Program	The Federation highlighted that it has a long standing CME/CPD	DG directed Dr. Hj Rohaizat (Medical Professional Development	Dato' Sri KPK confirmed that the MyCPD system currently in use by the MOH would be extended to

	<p>program that is being conducted yearly by its sister associations.</p> <p>Federation is requesting that it be duly registered as a CME/CPD provider with the MOH</p>	<p>Branch/Medical Development Division) to proceed with the matter.</p> <p>Federation will provide to the MOH the details of its yearly CME/CPD program to be posted on MOH website.</p>	<p>the private practitioners.</p> <p>The FPMPAM has been organising courses and activities for the clinic and private hospital nurses and these events should be accredited accordingly.</p>
<p>14:GPs on SOCSO Panel</p>	<p>Federation brought up the issue that SOCSO now requires GPs to undergo their special workshops and or have an additional Occupational Medicine diploma before they can be on or remain on SOCSO panel. The Federation wanted DG's view on the matter as this means the majority of the GPs will be automatically off the panel . Many of these work-related injury patients will just appear in the clinic requiring immediate attention and the GPs who are not on the panel will not be paid if they attend to the patients. However if they refuse to attend to the patients, they may be in breach of the PHFSA.</p> <p>The view of the Federation is that we should collectively advise all our members to pull out of the SOCSO panel. The capped payment of RM80 per patient (regardless of the degree</p>	<p>DG commented that this was the policy decision of the SOCSO board and the MOH is not involved. It was pointed out that the lobbying for this requirement came from a certain section in the MMA.</p>	<p>Dato' Sri KPK said that he would ask his officers to bring up with SOCSO regarding the requirements for GPs to undergo special courses and / or have additional training before they can be on the SOCSO panel.</p>

	<p>of the injuries and treatment required) is not a viable proposition to remain on the panel not to mention having to spend hundreds of ringgit each year for the credentialing courses.</p> <p>The Federation wanted to know the position of the MOH in this matter.</p>		
15: Shortage of ephedrine-containing cough mixtures	The Federation brought up this issue and informed the DG that this shortage is affecting their options in management.	DG shall direct Pharmaceutical Services department to look into the matter and take appropriate action.	No discussion
16: PAP Smear			<p>Dr Shong Chin Min brought the issue of whether the government was continuing to do pap smear in the government hospitals.</p> <p>Dato' Sri KPK confirmed that this was being done in the government hospitals for the high risk group.</p>
17: Ketamine			Dato' Sri KPK brought the matter of the usage of ketamine which has posed to be a major problem in terms of sexual activity and unwanted pregnancies.
18: Contract between doctors and private hospitals			Dr Steven Chow said that the contracts signed by the doctor with the hospitals/MCOs/Insurers tend to be lob sided in favour of the commercial entities. These contracts should be professional and in line with the code of professional conduct.

			<p>He pointed out that in accordance to the PHFS Act all such contracts should be lodged with the MoH. He requested the MoH to vet such contracts and ensure that they do not breach the law as doctors themselves may be ignorant or coerced into signing such contracts.</p> <p>Doctors refusing to sign such contracts are subject t termination of their services. The FPMPAM will be issuing a statement to its members on this.</p>
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Dr Steven Chow took the opportunity to bring up the issue of training in dermatopathology. He said that the Asian Academy of Dermatology & Venereology, with the collaboration of the Dermatological Society of Malaysia has started a one year training course in dermatopathology in view of the lack of specialists in this field. The examination will be held at the end of 2012. This is a self-help regional project.

He hoped that the MoH (Training Division) would give support for this. The Department of Dermatology Hospital KL would also be included as one of the regional training centres.

The meeting ended with a vote of thanks to Datuk Sri. KPK