2nd FPMPAM/IPH Annual Convention

Incorporating

1st FPMPAM Malaysian Healthcare Conference

15th - 16th September 2018
Sunway Putra Hotel, Kuala Lumpur

“Current Issues in Medical Practice and Healthcare in Malaysia”

Organised by

With the participation of:

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Tel: 03- 8600 3900 Fax: 03- 8600 3901
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Organizing Co-Chairman
Dr Milton Lum Siew Wah

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Dr Pearl Leong Yuet Mae
Dato’ Dr Lim Boon Sho
Dr Shanmugaratnam Ganeson
Dato’ Dr Satish Shukla

With the participation from

Private Medical Practitioner's Society Kedah / Perlis
Penang Medical Practitioners' Society
Perak Medical Practitioners' Society
Private Medical Practitioner's Association of Selangor and Kuala Lumpur
Association of Private Practitioners Sabah
Sarawak Private Medical Practitioner Association
Private Medical Practitioner's Association, Pahang
IP Healthcare

Association of Specialists in Private Medical Practice, Malaysia
Addiction Medicine Association of Malaysia
Federation of Private Medical Practitioners' Associations, Malaysia / CARE
Message from Prime Minister  
– Tun Dr Mahathir Mohamad

It is indeed a pleasure to pen a few words for the Federation of Private Medical Practitioners’ Associations, Malaysia (FPMPAM) and the Organising Committee of in this special meeting of the 2nd FPMPAM/IPH Annual Scientific Convention 2018 incorporating the 1st FPMPAM Malaysian Healthcare Conference 2018.

Access to affordable, quality and compassionate medical care is rakyat’s expectation as well as being the objective of the Government of Malaysia. The private health fraternity has an important role to play.

As frontline health providers, I’m sure you’re aware of the aims of the forthcoming Global Conference on Primary Health Care to be hosted by the Government of Kazakhstan, the World Health Organisation and the United nations Children’s Fund (UNICEF), on the 25th and 26th October which is to strengthen primary health care as the foundation for Universal Health Coverage. In partnership with your colleagues in the public sector you should now look at new opportunities to succeed and to build on evidence of what works for our healthcare system.

In 2014, the distribution of public versus private primary healthcare facilities (PHCF) was 6,978 and 2,871 respectively. Private practitioners provide care for mainly acute conditions and account for forty percent of utilisation of PHCF. Reports have shown that private GP service, especially by solo-practitioners, provides an important component of our primary care needs, complementing what is provided by the government.

The role of the solo-practitioner, being the backbone of this service, must be recognised and protected from the forces of commercialisation which invariably increases healthcare cost. The government’s Peduli-Sihat programme which will be implemented nationwide will see the realisation of a win-win private-public partnership in Malaysian healthcare delivery and consolidate the role of GPs in primary care for the betterment of our rakyat.

In keeping with this increased responsibility, GPs must also keep in touch with the changes and development in their field of medicine as well as the important socio-medico-legal implications of medical care delivery. I am glad to note that this meeting caters for the continuing professional development needs for doctors to be healers of the sick as well as to take on advocacy for good governance and leadership.

Tun Dr Mahathir Bin Mohamad  
Prime Minister of Malaysia
Message from Deputy Minister of Health
– Dr Lee Boon Chye

It is my pleasure to be invited to open this 2nd FPMPAM / IPH Annual Scientific Convention incorporating the 1st FPMPAM Malaysian Healthcare Conference.

The theme of this meeting "Current issues in medical practices and healthcare in Malaysia" is indeed appropriate to the current scenario where our Government has pledged to address the relevant issues common to medical and healthcare practitioners both in the private and the public sectors and to pursue a renewed effort to encourage a win-win private-public partnership in healthcare delivery.

The Government does recognise the important role played by the private GPs in providing affordable quality patient-centred care for our rakyat. We are also pleased to see so many private practitioners actively participating in this CME / CPD meeting to keep themselves updated with the latest developments in their field of practice. This is a positive response to the requirement of the amended Medical Act / Regulations for the renewal of the annual practising certificate of registered medical practitioners.

The Government is also concerned with improving the accessibility and quality of medical care for its rakyat. Over the years there have indeed been communities that have fallen through the safety net of our social healthcare system. The concerted effort of the FPMPAM in its outreach medical camps to provide basic medical care to remote communities reflects the true ideals of the profession and is a positive step by the private fraternity to help fill in the gaps. Such activities are greatly appreciated and will not go unrecognised.

I wish you all a successful and memorable meeting.

YB Dr Lee Boon Chye
Deputy Minister of Health
Malaysia
Message from the
President FPMPAM & Organising Chairman

Dear Colleagues,

On behalf of the Organizing Committee and the Council of the Federation of Private Medical Practitioners’ Associations Malaysia, it is my pleasure to present to you this innovative conjoint meeting of the 2nd FPMPAM / IPH Annual Convention incorporating the 1st FPMPAM Malaysian Healthcare Conference.

The theme of this meeting, “Current issues in medical practices and healthcare in Malaysia” has been carefully selected to provide a common platform to discuss relevant issues common to medical and healthcare practitioners both in the private and public sectors. The programme covers important topics in clinical, medico-legal and issues dealing with the business of medicine.

A team of national and regional experts has been invited to share their knowledge and experiences with us on these matters.

This is the first time that the Federation have embarked on such an intensive and diverse weekend CME / CPD event. It is my privilege to acknowledge the innovative programme of the 1st FPMPAM MHC by the Co-chairman, Dr Milton Lum.

The Federation is of the view that our members cannot remain detached from the important healthcare issues beyond the mere ambit of clinical care of patients. It is our belief that we, as professionals, must engage with all the other players and stakeholders in all ways possible in the Malaysian healthcare landscape.

To be true professionals, our role in societal leadership, CSR and patient advocacy must be developed in tandem with our objective for excellence in patient care. Indeed, in times of need, doctors as trained professionals must step forward and be willing to lead the society and the nation.

The Federation will lobby vigorously for national recognition of 10th October as Doctor’s Day in Malaysia, which we had took the initiative to declare in 2014. The date 10/10 is reflective of our objective to achieve perfection in our profession as doctors.

We look forward to a memorable event with your participation.

Thank you.

Dr Steven KW Chow
Organising Chairman & President, FPMPAM
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(ustekinumab)

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Confident*

*Estimated 777,478+ patient-years of cumulative worldwide exposure from 7+ years’ clinical use.1 In psoriasis: 5 years PASI 75/90 response data,1,3 5+ years safety observations,1,3,5,6 4 times a year dosing (after 2 initial doses).1

References:
1. Stelara® Approved Prescribing Information_Malaysia_CCDS_vApril2017
2. Janssen data on file

STELARA® - Abbreviated Prescribing Information
Active Ingredient: Ustekinumab
Indications: Moderate to severe plaque psoriasis in adults who failed to respond to, or who have a contraindication to, or are intolerant to, other systemic therapies including ciclosporin, methotrexate or PUVA (Psoralen and ultraviolet A); active psoriatic arthritis in adult patients, alone or in combination with MTX, when the response to previous non-biologic disease-modifying anti-rheumatic drug (DMARD) therapy has been inadequate
Dosage: Moderate to severe plaque psoriasis: Administer subcutaneously, by a 45 mg dose 4 weeks after starting treatment. Patients should be evaluated for tuberculosis infection prior to initiating treatment and should not be given to patients with active tuberculosis. Patients with a medical history of prolonged immunosuppressant therapy or those with a history of PUVA treatment should be monitored for the appearance of non-melanoma skin cancer. Serious hypersensitivity reactions including anaphylaxis and angioedema have been reported. Contraindications: Severe hypersensitivity to ustekinumab or to any of the excipients, clinically important, active infection or a history of recurrent infection. Patients who have received allergy immunotherapy particularly for anaphylaxis. In patients with psoriasis, psoriasis vulgaris has been reported following ustekinumab treatment. Dry natural skin in the needle cover may cause allergic reactions in individuals sensitive to latex. Caution in pregnancy, breast-feeding and fertility. Interactions: Live viral or live bacterial vaccines should not be given concurrently. Undesirable Effects: Common: Upper respiratory tract infection, nasopharyngitis, dizziness, headache, oropharyngeal pain, diarrhea, nausea, vomiting, pruritus, back pain, myalgia, arthralgia, fatigue, injection site erythema and pain. Pharmaceutical Form: Available as a solution for injection for subcutaneous administration in packs of 1 prefilled syringe: 45 mg / 0.5 mL and 90 mg / 1.0 mL. Please refer to full prescribing information before prescribing. Full prescribing information is available upon request. [CCDS_vApril2017]

For Healthcare Professionals Only

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CP-62605
Creation date: August 2018
Message from the Co-Organising Chairman

It is an honour and a privilege to welcome all registrants to the 1st FPMPAM Malaysian Healthcare Conference.

The healthcare delivery system is encountering multiple and complex challenges. They include, among others, demographic and disease pattern transition; increasing costs coupled with increasing demand for better outcomes; technological advances; inequitable distribution of human resources; competence issues; proliferation of profit-orientated facilities and universities; and an increasing role played by middlemen. In addition, recent court decisions have altered the medico-legal landscape.

The underinvestment in recent years is reflected in disturbing data including premature mortality among the young irrespective of ethnicity; catastrophic illnesses inevitably led to catastrophic health expenditure and insolvency for families; malnourishment in children living in low cost flats in Kuala Lumpur with one in five stunted and one in ten underweight; and health indicators which lag behind that of Malaysia’s fellow Asian tigers two decades ago.

This conference provides an opportunity for stakeholders to share experiences and, hopefully, generate ideas for improvements that will facilitate universal health coverage.

Dr Milton Lum Siew Wah
Co-Organising Chairman
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  Acetylcysteine

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Psoriasis

- **8 out of 10** patients with moderate-to-severe plaque psoriasis achieved **PASI 90** at week 16 with Cosentyx 300mg.²
- Demonstrated efficacy in **scalp, nail, and palmoplantar psoriasis**.⁴⁶
- **Almost 100%** of **PASI response rates** maintained for up to 5 years.⁷

Psoriatic Arthritis

- **Cosentyx 150mg** delivers sustained **ACR20** response in **81%** of biologic naive patients at 3 years.⁸
- Up to **88.1%** and **76.7%** complete resolution in **Dactylitis** and **Enthesitis** respectively at 3 years.⁸

Ankylosing Spondylitis

- **No Radiographic Progression** was observed in **79%** of Cosentyx 150mg treated patients through 4 years.⁸
- A proven safety profile established across all indications.¹

¹The only IL-17A inhibitor available in Malaysia.


Cosentyx® Rash Susceptibility Statement

**Important note:** Before prescribing consult full prescribing information. **Presentation:** Secukinumab Solution for subcutaneous injection in pre-filled syringe or pre-filled pens containing 150 mg of secukinumab. **Indications:** Plaque psoriasis: Cosentyx is indicated for the treatment of moderate to severe plaque psoriasis in adult patients who are candidates for systemic therapy or phototherapy. **Psoriatic arthritis:** Cosentyx, alone or in combination with methotrexate (MTX), is indicated for the treatment of active psoriatic arthritis in adult patients when the response to previous disease-modifying antirheumatic drug (DMARD) therapy has been inadequate. **Ankylosing spondylitis:** Cosentyx is indicated for the treatment of active ankylosing spondylitis in adults who have responded inadequately to conventional therapy. **Dosage and administration:** Plaque psoriasis: The recommended dose is 150 mg by subcutaneous injection with dose ranging at weeks 0, 1, 2, 3, and 4 followed by monthly maintenance dosing. Each 150 mg dose is given as two subcutaneous injections of 150 mg. For some patients, a dosage of 300 mg may be acceptable. Psoriatic Arthritis: The recommended dose is 150 mg by subcutaneous injection with initial dosing at Weeks 0, 1, 2, 3, and 4 followed by monthly maintenance dosing. For patients who are anti-TNF-alpha inadequate responders (B) or patients with concomitant moderate to severe plaque psoriasis, the recommended dose is 300 mg by subcutaneous injection with initial dosing at Weeks 0, 1, 2, 3, and 4 followed by monthly maintenance dosing starting at Week 4. Each 150 mg dose is given as two subcutaneous injections of 150 mg. Ankylosing spondylitis: The recommended dose is 150 mg by subcutaneous injection with initial dosing at Weeks 0, 1, 2, 3, and 4 followed by monthly maintenance dosing. **Contraindications:** Cosentyx is contraindicated in patients who have had severe hypersensitivity reaction in the active substance or any of the excipients. **Warnings and precautions:** Infections: Caution in patients with chronic or history of recurrent infections. If patient develops a serious infection, patient should be closely monitored and Cosentyx should not be administered until the infection resolves. Anti-TNF therapy should be considered prior to initiation of Cosentyx in patients with latent tuberculosis. Cosentyx should not be given to patients with active tuberculosis. **Grem’s disease:** Patients with active Grem’s disease should be closely followed. **Hypersensitivity reactions:** Rare cases of anaphylactic reactions have been observed during clinical trials. Administration of Cosentyx should be discontinued immediately and appropriate therapy initiated if an anaphylactic or other serious anaphylaxis reaction occurs. **Late-onset individuals:** The removal of the cap of the Cosentyx pre-filled syringe/pen contains a derivative of natural rubber latex. **Vaccinations:** Cosentyx should not be given concurrently with live vaccines. Pregnancy, lactation, females and males of reproductive potential: Pregnancy: Cosentyx should be used during pregnancy only if the benefits clearly outweigh the potential risks. **Lactation:** Caution should be exercised when Cosentyx is administered to a woman who is breast-feeding. **Adverse drug reactions:** Very common (≥10%); Upper respiratory tract infections (rhinopharyngitis), upper respiratory tract infection, rhinitis, otitis, conjunctivitis, pharyngitis, sinusitis. Common (1 to <10%); Oral herpes, diarrhoea, urticaria, rhinitis. Uncommon (≥0.1 to <1%); Oral candidiasis, metritis, anorexia, pyrexia, constipation, frequency not known; Mucosal and cutaneous candidiasis. **Interactions:** Live vaccines should not be given concurrently with Cosentyx. In a study in patients with plaque psoriasis, no interaction was observed between secukinumab and methotrexate (CHP 34A substrate). BSS-NS 17 Mar 17, APPR 27 Mar 19

For healthcare professionals use only. For more information, please contact: NOVARTIS

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Tel: +603 7948 1819
Special Dinner Program "Doctors and Society"

A Nite with TPM

PROGRAMME

1930
Arrival Of Guest / Registration / Welcome Drinks

2020
All Guests To Be Seated

2030
Arrival of Guest of Honour, Deputy Prime Minister of Malaysia
YAB Datuk Seri Dr Wan Azizah Wan Ismail

2045
Dinner Is Served
Entertainment

2115
Address by Deputy Prime Minister of Malaysia on "Doctors and Society"
YAB Datuk Seri Dr Wan Azizah Wan Ismail

2145
Dinner Continues
Entertainment

2230
Presentation Of Token Of Appreciation
Cheque Presentation
Official Photograph with FPMPAM Councillors
Past Presidents And Organising Committee

2300
End Of Event
OPENING CEREMONY
15th September 2018
Sunway Putra Hotel, Kuala Lumpur

0900 hrs  Guests and Delegates to be seated

0905 hrs  Arrival of Guest of Honour
_YB Dr Lee Boon Chye_
_Deputy Minister of Health, Malaysia_

0915 hrs  National Anthem

0920 hrs  Speech by Dr Steven Chow, Organising Chair, and Dr Milton Lum, Organising Co-Chair, 2nd FPMPAM / IPH Annual Scientific Convention incorporating the 1st FPMPAM Malaysian Healthcare Conference

0935 hrs  Speech by
_YB Dr Lee Boon Chye_
_Deputy Minister of Health, Malaysia_

1000 hrs  End of Opening Ceremony
2nd FPMPAM / IPH Convention 2018

DAY 1: 15th September 2018 (Saturday)
Venue: Ballroom 1, Sunway Putra Hotel, Kuala Lumpur

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<td>YAB Datuk Seri Dr Wan Azizah Wan Ismail, the Honourable Deputy Prime Minister of Malaysia</td>
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# 1st FPMPAM Malaysian Healthcare Conference

**DAY 1: 15th September 2018 (Saturday)**  
*Venue:* Diamond 1 & 2, Sunway Putra Hotel, Kuala Lumpur

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<td>0945 – 1020</td>
<td>Visit to Trade Exhibition / TEA</td>
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<td>Officiated by YB Dr. Lee Boon Chye</td>
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<td>Deputy Minister of Health Malaysia</td>
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<td>1020 – 1130</td>
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<td>the Honourable Deputy Prime Minister of Malaysia</td>
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# 2nd FPMPAM / IPH Convention 2018

**DAY 2: 16th September 2018 (Sunday)**  
*Venue: Ballroom 1, Sunway Putra Hotel, Kuala Lumpur*

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<td>Dealing with Serious Chest Infections in General Practice: Pitfalls in Diagnosis and Treatment</td>
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<td><em>Ravi Menon</em></td>
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<td>1200 – 1400</td>
<td><strong>LUNCH SYMPOSIUM 2 (Zuellig Pharma)</strong></td>
<td>Shanmugananathan Ganeson</td>
<td>“What's New in ARBs?”</td>
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<td><em>Chia Yook Chin</em></td>
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<td>1400 – 1510</td>
<td><strong>ALLERGY</strong></td>
<td>Yek Sing Chee</td>
<td>New Frontier Management of Allergic Rhinitis</td>
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<td><em>Ram Shanmugam</em></td>
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<td>Optimizing Urticaria Management in Your Clinic</td>
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<td><em>Felix Yap</em></td>
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<td>1510 – 1630</td>
<td><strong>MEDICAL PRACTICE ISSUES 5 (Conjoint Session</strong>)**</td>
<td>Steven Chow Kim Weng</td>
<td>Regulation of Managed Care / Third Party Payer</td>
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<td><em>Panel: Steven Chow Kim Weng / Jacob George C / Manvir Jesudasan</em></td>
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<td>1630</td>
<td>TEA (End of Day 2)</td>
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**with 1st FPMPAM Malaysian Healthcare Conference**
### 1st FPMPAM Malaysian Healthcare Conference

**DAY 2: 16th September 2018 (Sunday)**  
*Venue: Diamond 1 & 2, Sunway Putra Hotel, Kuala Lumpur*

<table>
<thead>
<tr>
<th>Time</th>
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| 0830 – 0910 | **PLENARY ADDRESS 2 (Conjoint Session**)**  
Chairperson: *A Kulenthran*  
Has the Law Forced Doctors to Practise Defensive Medicine? *Gopal Sri Ram* | Ballroom 1  |
| 0910 – 1020 | **MEDICAL PRACTICE ISSUE 3 | When Things Go Wrong 2**  
Chairperson: *Shanmuganathan Ganeson*  
You have to Pay for My Child (ACB v Thomson Medical Pte Ltd Anor 2017) *N. Sreenevasan*  
Medical Errors – The Law’s View *Sagadavan Thangavelu* | Ballroom 1  |
| 1020 – 1050 | **TEA** |  |
| 1050 – 1245 | **MEDICAL PRACTICE ISSUE 4 | When Things Go Wrong 3**  
Chairperson: *Steven Chow Kim Weng*  
Informed Consent *Sharon Palani*  
Provision of Information – The Practicalities  
*Panel: Steven Chow Kim Weng / N Sreenevasan / Sharon Palani* | Ballroom 1  |
| 1245 – 1400 | **LUNCH** |  |
| 1400 – 1510 | **POPULATION HEALTH 3**  
Chairperson: *Lim Kuan Joo*  
Too Many Medical Schools, Too Many Graduates *Nor Azmi Kamarudin*  
Defending Medical Negligence Claims *Maidzuara bt Mohammed* | Ballroom 1  |
| 1510 – 1630 | **MEDICAL PRACTICE ISSUE 5 (Conjoint Session**)**  
Chairperson: *Steven Chow Kim Weng*  
Regulation of Managed Care / Third Party Payer  
*Panel: Steven Chow Kim Weng / Jacob George C / Manvir Jesudasan* | Ballroom 1  |
| 1630        | **TEA (End of Day 2)** |  |

**with 2nd FPMPAM/IPH Annual Convention**
FACULTY

**Professor Dato' Dr Adeeba Kamarulzaman** is the Dean of the Faculty of Medicine, University of Malaya and an Adjunct Associate Professor at Yale University. She is presently a member of the WHO Expert Advisory Panel on Health Science & Technology Policy, and President-Elect of the International AIDS Society and Chairman of the Malaysian AIDS Foundation. In 2015 she received a Doctor of Laws (honoris causa) from her alma mater, Monash University, for her achievements in medicine and as a health advocate.

**Dr Alexander Tan** graduated from the University of Liverpool in 2001, became a member of the Royal College of Physicians (MRCP-UK) in 2005 and completed his subspecialty endocrinology training in 2010. He was admitted as a Fellow of the Royal College of Physicians of Edinburgh in 2016. He is currently an associate professor and consultant endocrinologist at the Endocrine Unit, University Malaya Medical Centre (UMMC). He was instrumental in the formation of the Diabetes Care Unit at UMMC, a one-stop centre for all diabetes related clinic services and currently serves as the head of this unit. Apart from his clinical work, he is also active in teaching and research. He has presented his research in the field of diabetes mellitus and bone health at both local and international conferences. He has also been the primary investigator for numerous clinical trials and has been actively involved in organizing various local and national level conferences. He is a council member of the Malaysian Endocrine and Metabolic Society and is the Honorary Secretary of the Malaysian Osteoporosis Society.

**Dr Azam Mohd Nor** is a Paediatrician at the Pantai Hospital, Kuala Lumpur. Dr Azam completed his medical studies at University of Malaya. He has more than 18 years of experience in medicine and one of those is at Children’s Hospital at Westmead Clinical School, Sydney, Australia. He is a member of Royal College of Physicians, United Kingdom.

**Dato' Dr Haji Azman Abu Bakar** is the Deputy Director-General of Health (Medical), Ministry of Health Malaysia. He is a public health specialist who pursued PhD in the area of quality of life research. Earlier, he has also served as a District Health Officer, a Programme Technical Officer at the Ministry level, Director of the Institute of Health System Research (IHSR) Malaysia and the Director of Medical Development Division, Ministry of Health Malaysia. Correspondingly, he was one of the USAID to Jordan in Quality Assurance and a short-term WHO consultant for Vietnam, China and Papua New Guinea.
FACULTY

**Dr Chai Pei Fan** is currently a Consultant Paediatrician and Paediatric Gastroenterologist & Hepatologist at Pantai Hospital Kuala Lumpur. He received his MBBS from the Kasturba Medical Centre in India, and obtained his Membership of the Royal College of Paediatrics and Child Health (UK). He is also an active member of College of Paediatrics, Academy of Medicine Malaysia.

Upon completion of post-graduate paediatrics training, he went on to pursue paediatric hepatology and gastroenterology training in Liver Unit, Prince of Wales Childrens’ Hospital in Birmingham, United Kingdom. Upon returning to Malaysia, he was attached to the Paediatric Gastroenterology unit in University Malaya Medical Centre as well as a paediatric lecturer of University Malaya, teaching undergraduates as well as post-graduate students.

He is also very keen in research. He has publications and had presented in both local and international academic meetings on numerous occasions. His key interest is in the field of Rotavirus infection, autoimmune liver disease, probiotics and childhood nutrition.

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**Professor Datin Dr Chia Yook Chin** is currently professor and senior consultant attached with the Department of Primary Care Medicine, University of Malaya.

She received her MBBS from University of Malaya in 1978, and went on to obtain her MRCP and LRCP from the Royal College of Physicians of London. She became a family physician in 2006 and obtained her Fellowship from the Academy of Family Physicians of Malaysia. She was admitted as a Fellow of the Royal College of Physicians of London as well as Member of Royal College of Surgeons of England.

Professionally, she is very active in the national and international arena. She was a Council member of the Academy of Family Physicians of Malaysia (1999-2013), past president of the Malaysian Society of Hypertension (2013), advisor of the Royal College of Physicians of London (2010) and the Malaysian Society of Geriatric Medicine (2012) and a member of the European Society of Cardiology and European Society of Hypertension.

Her areas of expertise are in pain management, hypertension, primary care gastroenterology, geriatrics and asthma. Besides teaching, she has been active in medical research, and has presented in various local and international conferences. Additionally, she has authored and co-authored numerous scientific publications and abstracts.
**FACULTY**

Dr **Steven Chow** is a Senior Consultant Dermatologist at the Pantai Hospital Kuala Lumpur and the Gleneagles Hospital, Kuala Lumpur, Malaysia. He has been at the forefront of advancing dermatology standards and training in the Asia-Pacific region for more than thirty years. Dr Chow has guided the development of the League of ASEAN Dermatological Societies (LADS) since 1990 and, as the founding secretary-general, was instrumental in forming the Asian Academy of Dermatology and Venereology in 2009.

He is currently the President of the Federation of Private Medical Practitioners’ Associations, Malaysia and was Past President of the Dermatological Society of Malaysia and the College of Physicians, Academy of Medicine of Malaysia. He is a Fellow of the Royal College of Physicians of Ireland and the Academy of Medicine of Malaysia. Dr Chow is also Honorary Fellow of numerous international and regional associations, including the American Academy of Dermatology, the Royal College of Physicians of London and of Thailand, the Academy of Medicine, Singapore, the College of Physicians of Singapore, the College of Physicians, Philippines and the Royal Australasian College of Physicians. He currently sits on the International Advisory Editorial Board of the British Journal of Dermatology and the Indian Journal of Dermatology. Dr Chow’s research interests include the pharmaco-economics of biologic and immune-modulators in dermatology, molecular basis of skin and hair health, and the clinical epidemiology and economics of skin diseases in Asian communities. He chaired the committee of the Asian Skin Foundation that published the Asian Consensus in the Management of Chronic Urticaria in 2010.

Mr **Dhinesh Bhaskaran** is an Advocate and Solicitor of the High Court of Malaya and a Barrister-at-Law of Gray’s Inn, England. He heads the Medico-Legal team at Shearn Delamore & Co, Solicitors for the Medical Protection Society. He represents medical practitioners in medical malpractice litigation and proceedings before the Malaysian Medical Council. He is a Past President of the Medico-Legal Society of Malaysia.
Dr Felix Yap is currently the resident consultant dermatologist in Subang Jaya Medical Centre and the Associate Professor at the Faculty of Medicine and Health Sciences, Universiti Tunku Abdul Rahman, Sungai Long Campus, Kajang, Selangor. He obtained his medical degree from the University Malaysia Sarawak (UNIMAS) in 2001. He then proceeded to obtain his Membership from the Royal College of Physicians (UK) in 2006 and Master in Dermatology from Universiti Kebangsaan Malaysia in 2010.

Besides being a clinician, he has a keen interest in research, and has won numerous international awards for his research. He was also the Editor-in-Chief of the Malaysian Journal of Dermatology 2014-2017.

In addition, he enjoys giving lectures to GPs on various topics in dermatology as well as giving training and conducting workshops for doctors and paramedical personnel on research writing in Malaysia.

Dato' Dr Jacob George is a theologian, corporate lawyer, a tireless social worker and Malaysia, ASEAN and APEC lead consumerist. A lawyer by profession, he works with the Malaysian government, global and regional intelligentsia, and past portfolios include at the Socio Economic Research Unit (SERU) at the Prime Minister's Department, Centre of Policy Research (CPR) at the Universiti Sains Malaysia, in the corporate sector, as Senior Administrator at the Subang Jaya Medical Centre (SJMC), American Multi National Company, Flextronics (flex), and several non-governmental organizations in the domestic and international stage.

He is the Deputy Chairman of the internationally recognized NUMAN FOUNDATION which addresses educational and scientific studies, human rights, development and social issues. He is the founder and current President and Legal Adviser of the Consumers Association of Subang and Shah Alam, Selangor (CASSA), Selangor's Consumer Council Chairman and a member of the federal government’s National Consumer Council in Putrajaya.

He speaks over seven languages. On the global stage, he is an expert in addressing modern day slavery and human trafficking issues and has a track record of destroying and dismantling manpower agents exploitative trades and violation of basic human rights.

Dr George is a popular speaker at both national and international seminars, conferences, and television talk shows. He is dedicated in shaping public opinion of both public and legal policy issues and a regular contributor to print and online media and the court of public opinion in Malaysia and the region. His strict no nonsense approach, integrity, comprehensive proactive comments and feedback are always a barometer assisting both Malaysian, ASEAN and APEC governments in reviewing and initiating amendments to statutes, new legislation, consumer and public policies in the region.
FACULTY

Datuk Seri Gopal Sri Ram was admitted into the Honourable Society of Lincoln’s Inn on the 6 May 1965 and was called to the Degree of Utter Barrister on 17 July 1969, in London, United Kingdom. He was later admitted and enrolled as an advocate and solicitor of the High Court of Malaya on 15 May 1970. On 17 September 1994, he was elevated as a judge of the Court of Appeal of Malaysia, and later retired as judge of the Federal Court of Malaysia in February, 2010. He returned to private practise in 2013. He is a Honourary Bencher of Lincoln’s Inn and the General Editor of the Malaysian Civil Procedure.

Dr Jeevanan Jahendran earned his Master’s in Otorhinolarygology from University Kebangsaan Malaysia, Kuala Lumpur in 2004. He has served in his sub-speciality in Hospital Universiti Kebangsaan Malaysia from October 2004 till 2011. Currently he works as a consultant otorhinolaryngologist in Pantai Cheras Medical Centre and Pantai Hospital Kuala Lumpur.

His current focus is in rhinology and sleep disordered breathing. He has published numerous articles, supervised and collaborated in clinical researches and in areas of biotechnology and stem cell research. He has conducted meetings and presented in numerous local and international meetings. He is an experienced speaker in the local arena and has conducted many talks and workshops.

He is the past president of the Malaysian Society of Otorhinolaryngologists Head and Neck Surgeons and a council member of the Academy of Medicine Malaysia (2015-2016). He was the organising chairman for the Inaugural Asean Sleep Congress 2012 and the 18th Asian Research Symposium in Rhinology in Kuala Lumpur in 2016. He currently serves as the chairman of the Malaysian Society of Otorhinolaryngologists Head and Neck Surgeons (MSOHNS) Subcommittee on Fee Schedule and Insurance Related Issues and a member of the Specialty Subcommittee of Otorhinolaryngology under the National Specialist Register.
**FACULTY**

**Associate Professor Dr Jesjeet Singh Gill** is currently a consultant psychiatrist and lecturer attached with University Malaya Medical Centre (UMMC) and head of Department of Psychological Medicine, University of Malaya.

He obtained his MBBS from University of Malaya in 1995 and then proceeded to obtain his Master in Psychological Medicine (MPM) from University of Malaya in 2002. Besides being an administrator, a teacher and clinician, he is actively involved in clinical research, authored, co-authored, published and presented numerous studies locally and internationally, and won numerous awards for his researches and service in his department. He is also actively featured in the media on subjects related to depression, pain, schizophrenia, suicidal, premature ejaculation and drug addictions.

**Datuk Dr Kuljit Singh** earned his Master’s in Otorhinolaryngology from University Malaya, Kuala Lumpur in 2002. Prior to that, he served at Hospital Kuala Lumpur & Hospital Kangar, as the ENT Clinical specialist in HKL (2002), Lecturer & ENT Specialist at University Malaya Medical Centre (UMMC) and now Consultant ENT Surgeon at Prince Court Medical Centre (PCMC) since 2007.

An active member in Malaysian Medical Association (MMA) since 1996 and he has contributed and engaged himself in various roles at state and national level of MMA where he also served as the Honorary General Secretary from 2013 – 2014. He has served the Malaysian Society of Otorhinolaryngologist (ENT) as President in 2007 and was awarded meritorious awards by the society. He leads the way on minimal invasive sinus surgery and recently using Imaging Guidance System in navigating sinus surgery. Currently, he serves the position of Medical Director at PCMC, Kuala Lumpur, Malaysia. His passion is to serve towards the healthcare of the people of this country.

**Dr Lim Kuan Joo** hails from Jelebu, Negeri Sembilan. He graduated with MBBS from University of Malaya in 1970 and obtained Master in Public Health (MPH) in health planning in Belgium in 1979.

He was a pioneer in health planning, health economics and health care financing and retired from government service in 1999. He had worked as the CEO of Assunta Hospital and Tung Shin Hospital before joining World Health Organization (WHO) in 2004. With the WHO, he was the consultant to Mongolia, Indonesia, Laos, Fiji and the Pacific Island nations.

He returned to MOH as a consultant in health care financing in 2006-2009 and National Health Policy 2017. He chairs Preliminary Investigation Committee III of the Malaysian Medical Council.
Dr Lim Teck Onn is currently the Senior Partner of Stats Consulting Sdn. Bhd. where he is a consultant in clinical research and medical statistics. He graduated with a MBCHB from the University of Glasgow and obtained his MRCP (UK) and FRCP (Edinburgh). He holds a Master of Medical Statistics from the University of Newcastle, Australia. His last position in the Ministry of Health Malaysia was as the Director of the CRC network. During his tenure, CRC expanded to become a network of 17 branches across the country; patient registries grew to cover 30 different therapeutic areas; industry-sponsored clinical research was given special emphasis with a dedicated unit to monitor and facilitate clinical trials; investigator-initiated trials were cultivated and healthcare statistics was initiated.

He was also the Consultant Nephrologist at the Department of Nephrology, Hospital Kuala Lumpur. As an active clinical investigator, he has published over 50 papers, many of which are in high impact international journals. He is also the recipient of two prominent awards i.e. the Honourable Mention for the Peter Reizenstein Prize from the International Journal for Quality in Healthcare in 2002 and the Second Prize for Best Research Paper Award from the Singapore Medical Journal in 2004.

Dr Lim has served as an Adjunct Associate Professor at the International Medical University, President of the Malaysian Society of Clinical Economics, Vice-President of the Association of Clinical Registries Malaysia, and Subject Editor for the Nephrology journal. He is also a Member of the Association of Clinical Research Professionals (ACRP) US’s Editorial Advisory Board (EAB) and Member of the Drug Information Association.

Dr Lim Sern Chin is a paediatric rheumatologist who specializes in the care of children and adolescents with rheumatological disorders. She has more than 10 years of experience of managing children with arthritis, autoimmune and chronic pain disorders as well as being involved in building up the paediatric rheumatology services in the country. She is also a general paediatrician with 18 years of experience in the field. During her service with the Ministry of Health, she has authored numerous publications in print and online. Dr Lim holds a MD degree from Universiti Kebangsaan Malaysia, a member of the Royal College of Paediatrics and Child Health (UK) and completed her fellowship training in the Royal Children’s Hospital, Melbourne, Australia.
Dato’ Dr S Mahendra Raj graduated in medicine from the University of Glasgow, Scotland in 1982 and train in internal medicine and gastroenterology in Glasgow. He has published extensively on the morbidity of intestinal helminthiasis and on aspects of Helicobacter pylori infection. His thesis on the morbidity of intestinal helminthiasis earned him a Doctorate research degree from the University of Glasgow. He is currently a Consultant Physician and Gastroenterologist at Pantai Hospital Kuala Lumpur. He is a past president of the Malaysian Society of Gastroenterology and Hepatology and has served on a number of national panels including the National Specialist Register credentialing sub-committee for Gastroenterology and Hepatology. He had been the scientific chairman of a number of scientific meetings including the Asia Pacific Digestive Week 2010.

Ms Maidzuara Mohammed holds a Bachelor of Laws degree from the London School of Economics and Political Science, University of London, and was called to the degree of an Utter Barrister by the Honourable Society of Gray’s Inn, England, in 1989. She was admitted as an Advocate and Solicitor of the High Court of Malaya in July 1990 after which she practised as a litigator with reputable firms in Kuala Lumpur, gaining extensive experience in diverse areas of law. Maidzuara joined Messrs Raja, Darryl & Loh as a partner in January 2008 in the Dispute Resolution Practice Group where she focuses on medical negligence.

Mr Mannohan Singh Dhillon graduated with an LL.B (Hons) from Wolverhampton, West Midlands, England.

He was admitted as an Advocate and Solicitor of the High Court in Malaysia on 17 August 1990. He became a partner of P S Ranjan & Co on 1 January 1997.
Mr Manvir Jesudasan was a renowned radio jockey in Malaysia, with a drive time show for approximately 1.5 million listeners. He hosted programme on local and international television for sports, which includes ESPN and BBC covering the World Cups 2002 and 2006, Euro 2004, 2004 Olympics and 1998 Commonwealth Games. Since being diagnosed with end stage renal failure, he has given up this job. Having undergone a successful kidney transplant in 2012, he has started to be involved in Patient for Patient Safety Malaysia, joining many like-minded individuals in his quest for safer healthcare delivery. He is currently the WHO Patient Advocate for Malaysia, Chairman of the Patient for Patient Safety Malaysia, a board member of the Malaysian Patient Safety Council as well as the Malaysian Society for Quality in Health. He uses his broadcast experience as well as his knowledge of sports and marketing and customer interaction to try and enhance the industry’s view of a patient.

Dr Milton Lum Siew Wah is a Consultant Obstetrician and Gynaecologist, and an elected member of the Malaysian Medical Council.

He is a member of the Board of Governors of the Perdana University, Board of Directors of the Medical Defence Malaysia and Board of Trustees of the Nanyang Press Foundation. He is Co-Chairperson of the Programme Advisory Committee of the BMJ/IHI International Forum on Quality & Safety in Healthcare (Asia-Pacific) and a reviewer of the International Journal of Obstetrics and Gynaecology and the International Society for Quality in Healthcare.

He had previously served in leadership positions nationally and internationally and was Visiting Professor of the International Federation of Gynecology and Obstetrics (FIGO).

Mr N Sreenivasan SC is the Managing Partner and Head of Litigation of Straits Law Practice LLC, a well ranked Singapore firm. He was appointed Senior Counsel in 2013 and has practiced across all litigation areas. He has had extensive experience in tort litigation and medical negligence cases, including landmark cases such as ACB v Thomson Medical Pte Ltd and others and Hii Chii Kok v Ooi Peng Jin London Lucien and another.
FACULTY

**Professor Dr Nor Azmi Kamarudin** is currently Professor of Medicine and Head of Endocrinology, Pusat Perubatan UKM (PPUKM), Kuala Lumpur. Previously he was Head, Department of Medicine, UKM (2004-2007), President of the Malaysian Endocrine and Metabolic Society (MEMS) (2008-2016), President of the Asia-Oceania Congress of Endocrinology (2008-2010), Chairperson Subspecialty Committee Endocrinology, National Specialist Register (2014-2016), President of the ASEAN Federation of Endocrine Societies (2013-2015) and the first from South-East Asia to sit in the Executive Committee of the International Society of Endocrinology (2013-2016).

As council member of MMC from March to June 2017, he was made chairperson of the new Medical Manpower Committee whose function was to address the issue of over supply of medical graduates in the country. However before work can be started his tenure had to end as a result of the revised Medical Act 2017 which limited the representations from the universities in the MMC.

**Associate Professor Dr Ng Chiu Wan** is currently a lecturer and professor at the Department of Social and Preventive Medicine, Faculty of Medicine, University of Malaya. Graduated from National University of Singapore with a MBBS in 1988, she went on to pursue her Master in Public Health from University of Malaya in 2002, and subsequently Master in Public Health (Health Science Management) from University of Malaya in 2005. She is currently an active member of International Health Economics Association. Her area of expertise is in public health policy, healthcare financing and health economics. She is also active in research and had published numerous papers nationally and internationally. She had provided consultancy services to multinational companies, Schneider Institute for Health Policy and World Bank on economic aspect of diseases in Malaysia and South East Asia.

**Professor Dr Nor Azmi Kamarudin** is currently Professor of Medicine and Head of Endocrinology, Pusat Perubatan UKM (PPUKM), Kuala Lumpur.

Previously he was Head, Department of Medicine, UKM (2004-2007), President of the Malaysian Endocrine and Metabolic Society (MEMS) (2008-2016), President of the Asia-Oceania Congress of Endocrinology (2008-2010), Chairperson Subspecialty Committee Endocrinology, National Specialist Register (2014-2016), President of the ASEAN Federation of Endocrine Societies (2013-2015) and the first from South-East Asia to sit in the Executive Committee of the International Society of Endocrinology (2013-2016).

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**Mr P S Ranjan** has been an advocate and solicitor since 1976. He holds an LL.B. (Hons.) (Malaya) degree and an M.A. Degree in Health Care Ethics and Law (Manchester) which he obtained in 2004. He is a member of the Medico-Legal Society of London and the Medico-Legal Society of Singapore. He was a visiting lecturer to the Judicial and Legal Training Institute of Malaysia and an external examiner to certain universities on medico-legal subjects. He was also a contributing editor to the Malayan Law Journal and had undertaken law reporting for law publications. He writes and speaks at conferences on medico-legal issues. He is a legal adviser to various institutions on medico-legal issues. He is a member of Anti-Slavery International, the world’s oldest human rights organisation.
FACULTY

Dr Ram Kumar Sharma graduated from the Manipal University, India in 2007. In his final year, he managed to obtain distinction in Ear, Nose and Throat (ENT) subjects. This spurred him to have a special interest in ENT, and he completed his Master in ENT in 2017 from University of Malaya.

He started his service with the Ministry of Health in 2007 in Sarawak, later in Putrajaya and Ampang Hospitals. He was awarded an Excellent Service Award during his service in Putrajaya Hospital in 2011.

He has also conducted numerous CME activities and published numerous articles internationally. Currently, the head of ENT Department in Bintulu Hospital, he finds his passion in providing ENT speciality care in the state. In his leisure time, he enjoys a game of badminton.

Dr Ravi Menon is a consultant respiratory physician at Pantai Hospital Kuala Lumpur since 2002.

He graduated with MBBS from the Banaras Hindu University, India. He proceeded to become a member of the Royal College of Physicians (UK), obtained sub-specialized qualification in respiratory from the University of Shefield in 1999 and becomes a registrar of respiratory medicine at Yorkshire Deanery/ Northern Deanery (1999-2001).

He undertakes management of all general respiratory conditions, lung cancer and its complications, and respiratory infections. He was the clinician in-charge for the hospital during the serious outbreaks of SARS, H1N1 pandemic and most recently MersCov.

He has been actively involved in the Infection Control Committee, and has been its chairperson for the hospital for over 10 years. He was actively involved in the accreditation of the Pantai Hospital KL for the JCI (Joint Committee of International Accreditation) for health care standards.

Mr Sagadaven Thangavelu graduated from the University of London and has obtained Certificate of Legal Practice. He was admitted to the Malaysian Bar in 1995. He is a member of the International Bar Association, the ASEAN Law Association and the Medico-Legal Society of Malaysia. His area of practice ranges from general and property insurance, medical negligence and professional liability litigation. He is also regularly appointed to represent medical practitioners in medical inquiries by the Malaysian Medical Council.
Dr Seow Chew Swee is currently a senior consultant dermatologist at the National Skin Centre Singapore, a senior lecturer at the Yong Loo Leng School of Medicine, School of Postgraduate Medical Studies and the Department of Microbiology, National University of Singapore, a clinical teacher of the Lee Kong Chian School of Medicine, Nanyang Technological University, Singapore and an adviser to Medical Director, National Skin Centre on infectious skin diseases. He was Head of Dermatology Unit of the National University Hospital, Singapore between 2003 and 2013.

He is currently the Honorary Treasurer, Asian Academy of Dermatology & Venereology, board member of the Asian Dermatological Association, and President of the Singapore Leprosy Relief Association.

He graduated from Universiti of Malaya, Malaysia and proceeded to do post-graduate studies in Singapore and the St John’s Hospital for Diseases of the Skin, University of London, United Kingdom. His subspeciality interest in research and teaching is on infectious skin diseases, in particular, fungal infection of skin and nail, leprosy and diseases caused by of mycobacterium.

He received numerous awards including Health Humanity Awards 2005, the Teaching Excellence Award 2008 and The Singapore National Day Long service Award in 2011.

Ms Palani Ammal @ Sharon graduated with LLB Hons from University of Northumbria, Newcastle UK in 2005 and continued with Post Graduate Diploma in Bar Vocational Course in 2006. She was admitted as a Barrister of Lincoln’s Inn, London in Year 2006, admitted to the Malaysian Bar in Year 2007.

Her primary area of work is in civil dispute resolution with sub speciality in Clinical Negligence, Breach of Confidence, Medical Product Liability, as well Healthcare Ethics and a special interest in criminal litigation focusing on Medical Law.

She is the secretary of the Medico-legal Society of Malaysia 2016/2017/2018, a member of the Medico-legal Society of Singapore, Medico-legal Society of London, World Association for Medical Law, a committee member of the Selangor Bar Committee 2017/2018 in charge of Continuing Legal Education and a member of the Malaysian Insurance Institute.

Her future aspiration is to set up an ‘Institute of Independent Medical Experts in Malaysia’.
FACULTY

**Associate Professor Dr Sivakumar Thurairajasingam** currently holds the position of Deputy Head (Education) of Clinical School, Johor Bahru, Monash University Malaysia. Qualified as a psychiatrist, Professor Sivakumar is an Associate Professor in Psychiatry at Monash University Malaysia and a visiting Consultant Psychiatrist to Columbia Asia Hospital Nusajaya Johor.  

Associate Professor Sivakumar has been practicing in the field of clinical psychiatry for more than 15 years and specializes in Addiction Medicine. He teaches, trains and give talks on various topics pertaining to psychiatry and psychological medicine. He is trained and specializes on the use of Motivational Interviewing (MI) and Cognitive Behavioural Therapy (CBT) in the clinical field. He has a vast experience of managing agonist treatment clinics, as a national trainer for the National Drug Substitution Therapy (NDST) Programme and running of workshops on Addiction Counselling and Treatment.

He is also the current President of Intan Life Zone, an NGO working in the field of HIV and Harm Reduction servicing the ‘most at risk population’, comprising intravenous drug users, commercial sex workers, transvestites and homosexuals. Associate Professor Dr Sivakumar is also a researcher in the fields of Mood Disorders and “Co-Occuring Disorders”.

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**Dato’ Dr Tamil Selvan** graduated from University of Malaya in 1989. He obtained his MRCP, (United Kingdom) in 1993. He remained in the UK and practised as an interventional cardiology registrar / senior registrar from 1993 to 1998. He was an interventional cardiology fellow in Amsterdam from 1998 to 1999 following which he practised as a consultant cardiologist in the UK from 1999 to 2000.

Dato’ Dr Tamil Selvan returned to Malaysia where he worked as a Cardiologist and Cardiology Lecturer in Universiti Kebangsaan Malaysia from 2000 to 2004. He was Consultant Interventional Cardiologist at KPJ Damansara Specialist Hospital from 2004 to 2018. He has currently relocated his practice to the Cardiac Vascular Sentral Kuala Lumpur (CVSKL).

His interests are in interventional cardiology, sports cardiology, cardio-vascular diseases in the elderly, diabetes and cardiology.
Dr Vijay Ananda Paramasvaran graduated from the Queen’s University, Belfast, Ireland. He has been a member of the Royal College of Physicians of the United Kingdom and the Royal College of Physicians of Ireland since 2002 and was elected a Fellow of the Royal College of Physicians of Edinburgh in 2010.

He received his subspecialty training at the University Malaya Medical Centre, where he continues to be a Visiting Consultant. He is currently a resident consultant physician and endocrinologist at Pantai Hospital Kuala Lumpur. His areas of interest are diabetes, osteoporosis and metabolic bone disease.
IT was well past the usual dinner hour when two vanloads of travel-weary medical camp volunteers stumbled up the rocky gravel path into a two-storey, one-bathroom wooden house in Kampung Sinua.

The second half of the six-hour journey from the Kota Kinabalu airport, across the Crocker Range, passing by Keningau and Sook was uneventful except for the many unpredictable stops to negotiate around herds of village cows and buffaloes settling down for the night, which was cold, on the warm road surface.

Dinner was simple but good with loads of steamed rice, stir-fried vegetables and a melon-chicken soup shared among the many of us and the host family. Our kind hosts, including the children, had waited many hours for us to arrive. In keeping with custom, they would only eat after the guests had done so.

The chilly night breeze carried tales of those who had made great fortunes harvesting the rich low-lying jungles leading to the mighty Mt Trusmadi, the second highest peak in Borneo.

The landscape, once clean and green, is now scarred by the crude, muddy tracks of timber-laden lorries and tractors. The once pristine streams of the lower slopes are now polluted and their water unfit for humans.

Life is indeed difficult for the village folk who now depend on subsistence farming and foraging the secondary jungles for their daily fare. The monkeys, deer and wild boars that once roamed in abundance are now gone. All that is left are a scant variety of edible plants and the occasional jungle fowl.

The wealth of the land is no more. The wealthy tycoons and the short-term jobs they offer are gone as well. All that is left are those who have no other resources and nowhere else to go.

Villages are mainly populated by children and old folk. The able-bodied have left for work in the distant towns and cities, coming back only for traditional festivals or when their finances permit. Such is the sad tale across many of the remote villages in today’s Borneo.

Many have responded to the call to reach out to these marginalised communities. We lift our hats to salute them. These selfless folk, young and old, professionals and from all walks of life, have come to offer what little...
they can. But their efforts are but a drop of water in an ocean of need. There must be change in order to make things better.

In the coolness of the night under a clear, star-studded, moonlit sky, you ask, why should this be so?

Sabah is a vast and rich state. It is not some arid desolate desert in Africa. The wealth of Sabah’s land, water and surrounding seas is tremendous. The answer is clear. The wealth once extracted never came back to enrich the land and its people. It has been taken to foreign places far away – Switzerland, London, New York, Australia and the Caymans, to name just a few.

The people left behind will have to make do in the impoverished landscape of polluted rivers and secondary forests depleted of its natural resources. Life is hard and will continue to be hard unless those with power are willing to stop their selfish pursuits or those with the vote are no longer willing to be cheated for a mere RM50 every five years. Those offering this pittance should be ashamed of their treachery to their own kin. Status quo is clearly not the path to their salvation.

Change it has to be. Change now and not five years down the road.

Such are the echoes from the jungles in the Land Beneath the Wind.

Change, change with your vote.

In the stillness of the night, one can almost hear each and every tree whisper the word “Ubah”.

With the rising sun, you can hear the call carried by the hornbills from one hill to another. With each gushing river, the voice goes louder until it reaches the sea and a tsunami of change will then sweep through the land.

* ‘Steven Shakingspear’ reads The Malaysian Insight.
The FPMPAM Journey

1989 – 2018

- Founded in 1989, the FPMPAM is the national body representing doctors in private practice in Malaysia.
- Committed to: Improving the quality of private healthcare through continuing medical education, continuing professional development of its members, ethics advocacy and public outreach programs.
- FPMPAM consists of seven states level associations with over 5000 members.

Innovative programs in CMEs & Continuing Professional Development

Programmes for nurses and clinic staff as well.

Annual Scientific Convention & Malaysian Healthcare Conference
Masterclass workshops
The FPMPAM Journey

1989 – 2018

Founded AMAM (Addiction Medicine Association Malaysia) in 2006, the FIRST such Specialized Society in South East Asia & leading the way in addiction medicine.

The Helping Hand Helpline Launched in 2002, bridging the gap between patient & family members seeking help in drug addiction.

FPMPAM/AMAM Community based treatment programme for Opioid addiction WORKS!

FPMPAM – DRS WHO CARE

PUBLIC EDUCATION PROGRAMMES
The FPMPAM Journey

1989 – 2018

REACHING OUT – FROM KEDAH TO KINABALU

When the need arises, we are there!

In by Boat if we must…. 
The FPMPAM Journey

1989 – 2018

The TEAM in ACTION

FPMPAM Mentor-Mentee Programme – Training for the Young doctors

Commitment and Dedication saw us through
The FPMPAM Journey

1989 – 2018

It’s time for a National Doctors’ Day – 10th October

Doctors’ Day in Ipoh – 10/10/2014

Doctors’ Day in Penang – 10/10/2015

Doctors’ Day in KL, 09/10/2016 – “A Day with a Thousand Smiles”

Doctors’ Day in Ipoh – 08/10/2017

Doctors’ Day in Alor Setar – 07/10/2018

Kesihatan Untuk Rakyat
Come & Celebrate with us
The Star City Hotel
Alor Setar
It was 7.30 am on Friday, and I was waiting to depart for the first day of the ‘FPMPAM Medical Camp’ scheduled at Pos Titom, a remote village located in Pahang. This is my third time joining a medical camp as a medical volunteer, together with 7 doctors, 2 pharmacists, 6 medical graduates and outreach volunteers from Impian Malaysia. We had a short briefing and self-introduction before we headed to the destination.

We had finally arrived the “orang asli” village after 3-4 hours of exhausting bumpy rides with the road full of pits and muddy slopes using a four-wheel drive vehicle. The unforgettable experience was crossing a river by just sitting in a four-wheel drive but not boat or raft, it was truly exciting. Once we arrived at the village, we were first greeted by the flocks of goats, chickens and dogs. These animal roaming around freely is just like a typical village scene that we have seen from the television during the 80s, it’s a refreshing experience for a city-born girl like me.

Our arrival is warmly welcomed by Batin Ramli and the villagers. They prepared simple meals but yet scrumptious for us that has warmed our heart by just using primitive cooking method, as in using water collected from the nearby river boiled and cooked over direct flame. We even “mandi sungai” where we bathe and played joyfully in the river together with the kids from the village, the kids truly are angelic with their untainted smile and laughter. The “kampong addidas” I bought from Tesco has truly aided me in this trip as it was cheap yet durable. The villagers even performed melodious songs and dance performances for all of us after the dinner. We had a great time singing and dancing with the villagers, which made us feel like we are one happy family regardless of different races and religions, the true essence of being a “Satu Malaysia”. The sleeping bags was our only comfy sanctuary after a day of travelling, there are no mattress provided for us in this camp. However still, being in the unpolluted jungle with its cold and chilly air during the night, this is my first time experiencing sleeping on cold cement floor without any blanket or pillow. I recalled that I was shivering from the cold during the middle of the night as I did not expect the night to be this chilly where I have underestimated the temperature of an unpolluted clean jungle far away from the city.

After a chilly night, we had our breakfast who was made by the villagers. After that, we set up our healthcare facilities in the church and started receiving registration of villagers who seek for basic medical checkup and...
medical treatment. There were 4 general practitioners, one gynecologist, one orthopaedist and one skin specialist for this camp to provide different medical healthcare. After a thorough checkup, we found that there were a lot of cases regarding skin infection and malnutrition among the villagers due to the lack of basic medical knowledge and basic healthcare in the area. We provided the available medications we had to those who needed and the doctors gave out referral letters to some patients which regrettably couldn't get treatment on the spot.

Later, we moved on to another village after we had our lunch, which was Kampong Dayok in Pos Lenjang. Where we will conduct our second medical camp in this trip. It was another peaceful village surrounded by beautiful green mountains with a calming river situated beside it. Batin Kamal and the villagers greeted us and shared stories about Kampung Dayok, the taboos that cannot be done during the wedding ceremony. They are also several taboos to be taken note of when they are harvesting they crops. After that, we had a feedback session with everyone within the group with content being the morning medical camp. As there were no power source supplied during the night as the only power source they have comes from a solar panel situated outside every three house, these three houses then share a single lamp between each other. So the village will be in total darkness in the night but without any light pollution this gave us a chance to admire the celestial beauty of sky full of stars s which can't be seen in the city that we are living.

Sunday morning, we set up the medical facilities like the previous day and this time there are more villagers compared to the day before. These people has been suffering from the same diseases as the villagers in Kampung Pos Titom and we gave them basic medical advices and treatment as much as we can. We have received tremendous positive feedbacks from the villagers, and this has motivated us to use our medical knowledge to save and to serve the nation by curing as much people as we could. After 3 hours of medical consultation, we had our lunch and started to pack for the departure to Kuala Lumpur. All of us again prepared our body and mind to experience a second round of bumpy rides during our journey back to Kuala Lumpur.
I want to thank Dr Pearl and of course FPMPAM for giving me the opportunity to serve as a medical intern at Pearl's Clinic of Care. Without this offer, I would not have my 4 months well spent training under Dr Pearl's tutelage while waiting for my housemanship intake. I have gained valuable medical knowledge and skill into the medical field over the past four months. Dr Pearl gave me the opportunity to work on a variety of works, that's why I had the chance to learn the basic general examination of a patient, to prepare most of the medicine, to explain the route and doses of taking the medicine to patient and also the side effects of each, to learn how to draw blood from patient and many more. Dr Pearl and her staff were extremely welcoming and helpful, thus I have no problem on completing my daily task as an intern.

This internship has definitely increased my interest in pursuing my career in the medical field. I hope I could pay it forward myself by mentoring someone and making a positive impact on their life too, just how Dr Pearl have on mine.

Thank you, again, for the time, support, guidance and abundant patience.

Sincerely,
Dr Linda Chang
MENTOR – MENTEE PROGRAM

Objectives:
Provide continuous medical education to the young medical graduates awaiting housemanship via private clinics attachment

Learn the skills and the practice of the art of medicine from senior doctors

Who Should Apply?
Young medical graduates

Fees or charges?
This is an entirely voluntary program.

Payment to the mentees?
Allowance will be given

How to apply?
E-mail your:
• Curriculum vitae
• Copy of NRIC
• Preferred location (city/town)
indicate “MMP” in your e-mail’s subject heading to the FPMPAM Secretariat at secretariat@fpmpam.org
MENTOR – MENTEE PROGRAM

Objective:
Provide Exposure to Young Medical Graduate into the real world of Private Medical Practice via Attachment to your establishment

Assist in non-clinical duty in your practise.

Who Are Eligible?
Senior private Medical Practitioner, general or specialist who have the passion to teach and impart knowledge to the next generation.

Payment to Mentees
This is an entirely voluntary/optional. There are Mentors who have given token monthly travel and living allowances for their mentees. This is left to the discretion of the Mentors.

How to register your interest?
• Indicate: MMP in your email’s subject heading.
• Mentor’s Name; GP or Specialist Practice;
• Mentee’s allowance per month (if any): RM:.........
• Clinic address:
• Telephone /E mail contact:
• Clinic hours:
• Email to secretariat@fpmpam.org
Banjaran Titiwangsa, our Main Range represents the backbone of Peninsular Malaysia.

Stretching for hundreds of kilometres from the northerly frontier with Thailand to the upper reaches of Johor, it is the mother of almost all the major rivers of our peninsula and the home to tens of thousands of our forgotten indigenous people.

Life goes on today in the interior of Titiwangsa very much like what it was decades before the birth of our independent nation on Aug 31, 1957, and since then, thirteen national elections.

The people of the interior are well used to hearing and believing the regular five-yearly rosy promises from people who seem – transiently - caring and emphatic to their plight.

They would come with their loudspeakers and loads of goodies to make promises which they knew they would never have to keep. Sadly, after all these years, these simple folks are resigned to remain forgotten whilst the rest of the nation marches in stride into modernity.

Invariably, when the newly-minted flags and banners of the election campaigns rot away under the relentless tropical rain and sun, all that is left behind are the grandiose signboards, proof of broken promises and broken dreams.

Access is almost impossible except for those with a robust set of 4WDs, two wheels or just a pair of hardy feet. A journey of a mere 30 kilometres might take you a good part of a day or more at most times, or even never if Mother Nature does not permit.

Regular basic medical care is a luxury in these forgotten parts of modern West Malaysia. Seeing a qualified doctor within walking distance of their simple bamboo and thatch homes is but a dream.

For those needing emergency care, it is an impossible and long way through routes which are no better described as impassable over-used timber tracks. The rivers in these areas are usually not navigable.

Happily, some villages do have the joy of solar-power (courtesy of some kind NGO). Running water is mainly piped in from nearby rivers. The staple dietary items are tapioca and hill paddy. Their community way of life has remained unchanged, centred on what the land, sun and the rivers can provide.

The health of mother and child is not in keeping with what the national healthcare developmental goals are supposed to be. Cases of malnutrition, untreated worm infestation and skin infections are rampant among the many bare-footed children.

History of infant deaths and early childhood mortality in families are common. Infant nutrition and family planning practice programmes and education are non-existent.

Bamboo, durians
Families struggling with eight children or more are the norm. Entire families survive on less than US$2 per day or merely on subsistence from the land. To find someone truly healthy over the age of 65 is indeed rare. Life expectancy for both males and female adults is clearly way below the national average.

The hundreds of millions of ringgit that was supposedly poured into making their lives better seemed to have flowed down the rivers and rapids.

There is hardly any viable economic activity to keep communities sustainable. The sporadic income from the sale of jungle products like bamboo and durians is hardly sufficient to make ends meet.

The occasional government handouts, sufficient for a limited supply of household essentials would require a day’s journey out to the nearest town. Something is obviously not quite right.

Sadly, there is no way they can return back to the original way of life where they had all they needed. Thousands of hectares of jungle have been re-gazetted, annexed or alienated for development.

Their ancestral right of access, adobes and source of living is now restricted and have made their traditional way of life extinct. In the more accessible areas, the fertile primary forest is gone forever together with their traditional food source.

The promise of a better life in the new Malaysia will never be fulfilled if this is allowed to continue. The backs of these people are indeed broken; broken by the many years of promises that were never delivered.

Sixty years of nationhood has come and gone. These forgotten people need concrete action and not more empty promises. For them, Vision 2020 is as good as gone forever.

Come TM2050, it will certainly be too late.

*William Shakespear*

Titiwangsa, Circa 2018
Conference Venue / Exhibition Booths

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Acknowledgement

The Organising Committee of 2nd FPMPAM/IPH Annual Convention 2018, incorporating 1st FPMPAM Malaysian Healthcare Conference wishes to thank:

Tun Dr Mahathir Mohamad, the Honourable Prime Minister of Malaysia for his kind words for the private healthcare practitioners.

YAB Datuk Seri Dr Wan Azizah Wan Ismail, the Honourable Deputy Prime Minister of Malaysia for delivering the key-note address on “Doctors and Society” at the Congress Dinner.

YB Dr Lee Boon Chye, Deputy Minister of Health Malaysia, for officiating the 2nd FPMPAM/IPH Annual Convention 2018, incorporating 1st FPMPAM Malaysian Healthcare Conferences.

FPMPAM Secretariat Office:
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More information on FPMPAM is available on the FPMPAM website: http://fpmpam.org
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FAST ‘N EFFECTIVE RELIEF
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GENTLE ON THE NOSE

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1 day symptom relief
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OMNARIS™:
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Indication: Treatment of nasal symptoms associated with seasonal and perennial allergic rhinitis in adults and adolescents 12 years of age and older.

Dosage: 2 sprays (50 mcg/spray) in each nostril once daily.

INCI: Intranasal Corticosteroid

ABBREVIATED PRESCRIBING INFORMATION: INDICATIONS: Seasonal Allergic Rhinitis and Perennial Allergic Rhinitis. OMNARIS™ Nasal Spray is indicated for the treatment of nasal symptoms associated with seasonal allergic rhinitis in adults and adolescents 12 years of age and older.

DOSAGE AND ADMINISTRATION: The recommended dose of OMNARIS™ Nasal Spray is 200 mcg per day administered as 2 sprays (50 mcg/spray) in each nostril once daily. The maximum total daily dosage should not exceed 2 sprays in each nostril (200 mcg/day).

CONTRAINDICATIONS: OMNARIS™ Nasal Spray is contraindicated in patients with a hypersensitivity to any of its ingredients.

SPECIAL PRECAUTIONS: Inhibitory effect of corticosteroids on wound healing: patients who have experienced recent nasal septal ulcers, nasal surgery, or nasal trauma should not use a nasal corticosteroid until healing has occurred.

Use with caution in patients with active or recent tuberculosis, infections of the respiratory tract, or with untreated local or systemic fungal or bacterial infections; systemic viral or parasitic infections; or ocular herpes simplex. OMNARIS™ Nasal Spray should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus. Hypoadrenalinism may occur in infants born of mothers receiving corticosteroids during pregnancy. Such infants should be carefully monitored. Caution should be exercised on nursing mothers. It is not known if corticosteroids are secreted in human milk. However, other corticosteroids are excreted in human milk.

ADVERSE REACTIONS: epistaxis, nasal discomfort, and headache. No patient experienced a nasal septal perforation or nasal ulcer.

DRUG INTERACTION: In an interaction study, co-administration of orally inhaled corticosteroids and oral theophylline, a potent inhibitor of CYP1A2, increased the exposure (AUC) of theophylline by approximately 3.8-fold at steady state, while levels of theophylline remained unchanged. Therefore, leukotrienes should be administered with caution with intranasal corticosteroids.


AstraZeneca Sdn Bhd (69730-K) Level 12, Sunway Tower, Jalan PJU 1/13, Mutia Damansara, 47810 Petaling Jaya, Malaysia Tel: 603-773.8000 Fax: 603-773.8001
CV DEATH HAS A NEW OPPONENT

JARDIANCE

Content: Empagliflozin

Indications: For the treatment of type 2 diabetes mellitus to improve glycemic control in adults as Monotherapy. When diet and exercise alone do not provide adequate glycemic control in patients for whom use of metformin is considered inappropriate. Combination therapy with other glucose-lowering medicinal products including insulin, when these, together with diet and exercise, do not provide adequate glycemic control.

Prevention of cardiovascular death in 1704 patients with established cardiovascular disease to reduce the risk of cardiovascular death.

Dosage: Monotherapy or add-on combination therapy 10 mg once daily; can be increased to 25 mg once daily when eGFR ≥ 45 mL/min/1.73 m² and tighter glycemic control is needed. No dose adjustment for patients with hepatic impairment, or patients with eGFR ≥ 45 mL/min/1.73 m² or CrCl ≥ 45 mL/min. Max daily dose is 25 mg.

Contraindications: Hypersensitivity to the active substance or to any of the excipients. eGFR persistently < 45 mL/min/1.73 m² or CrCl persistently < 45 mL/min. CKD stage 4 (eGFR < 30 mL/min/1.73 m² or CrCl < 30 mL/min) or stage 5 (end-stage renal disease).

Special Precaution: Not recommended in patients with type 1 diabetes or treatment of diabetic ketoacidosis. Should not be initiated in patients with an eGFR persistently < 45 mL/min/1.73 m². Discontinue use if eGFR is persistently < 45 mL/min/1.73 m². Hepatic injury. Osmotic diuresis in patients with known CV disease & on antihypertensive therapy & history of hyponatremia. Increased risk of volume depletion in patients ≥ 75 y/o. Counsel on routine preventive foot-care. When DKA is suspected/diagnosed, treatment with empagliflozin should be discontinued. Intermittent treatment in patients who are hospitalized for major surgical procedures or acute serious medical illness. In both cases, treatment with empagliflozin may be restarted once the patient’s condition has stabilized.

Side-effects: Very common - Hypoglycaemia (when used with sulphonylurea or insulin); Common - vaginal moniliasis, vulvovaginitis, balanitis and other genital infection; UTI, generalized pruritus, allergic skin reactions (flush, urticaria), increased urination, thirst, increased serum lipids, Uncommon - volume depletion, dysuria, decreased glomerular filtration rate, increased blood creatinine, increased haematuria. Rare - diabetic ketoacidosis (DKA).

JARDIANCE demonstrated RRR in CV death in adults with insufficiently controlled type 2 diabetes (HbA1c > 7%) and established CV disease (coronary artery disease, peripheral arterial disease, or a history of MI or stroke).

JARDIANCE is indicated in patients with type 2 diabetes mellitus and established cardiovascular disease to reduce the risk of cardiovascular death. To prevent cardiovascular deaths, JARDIANCE should be used in conjunction with other measures to reduce cardiovascular risk in line with the current standard of care.

For study results with respect to combinations, effects on glycemic control and cardiovascular events, and the populations studied, see section 5. Clinical efficacy and safety.

Primary outcome was reduction in CV events defined as composite endpoint of CV death, non-fatal MI or non-fatal stroke. JARDIANCE reduced the risk of CV events by 14% (HR = 0.86, 95% CI 0.74, 0.99, P = 0.04). CV death was significantly reduced by 38% with no significant difference in non-fatal MI or non-fatal stroke. See section 5.3 in the Summary of Product Characteristics for additional information.

Standard of care included CV medications and glucose-lowering agents given at the discretion of physicians.