2016 has proven to be yet another challenging year for doctors in the private sector. We are again facing a multitude of old and new issues that will be updated in this message.

1: The Sendirian Berhad Issue
The confusion arose from the reply of Lembaga Hasil Dalam Negeri to a letter from the Malaysian Medical Association. It was purported to mean that doctors cannot form a company to provide their services and that doctors' professional fees can only be declared as personal income.

Our view on this matter is clear. A registered medical practitioner (RMP), like any other person, can form a Sdn Bhd. There is no provision in the law that prohibits a RMP from forming a Sdn Bhd and to provide medical/healthcare services under the Memorandum and Articles of the Sdn Bhd.

2: Doctors' Income and Tax
The tax obligations of any RMP providing services/business to private hospitals either as an individual person (sole-proprietor) or as a Sdn Bhd should be as per existing tax regulations.

The Federation has maintained from the onset that it has no locus standi and/or resources to represent any doctor in a tax matter. We can only appeal that a lenient approach be adopted in this issue as none of our affected doctors had any intention to evade their tax responsibilities.

3: Doctors' Professional Fees and GST
The confusion on GST and private healthcare services seemed to be resolved with the Custom Guide on Healthcare Services dated 25th April 2015 which prescribes that professional fees collected by the RMP in his own private healthcare facility shall not incur GST.

The professional fees of any RMP providing services to private hospitals shall incur GST unless he/she is an employee of the hospital or the owner of the hospital.

Re: #12. Healthcare services provided by healthcare professionals in a private healthcare facility who are not employees nor under its payroll on the basis of contract for service, are standard rate supply. Any services provided by the healthcare professionals to the private health care facility is subject to GST at a standard rate.

4: Rang Udang Undang Farmasi (-RUUF 2016)
Together with our other medical non-governmental organisations, we have done our utmost to provide our input to the RUUF.

Ours stand is that RUUF as its name is defined should be confined to the regulation of pharmacists and pharmacy practice. It should not be allowed to cross regulate the medical profession and the practice of medicine which is already regulated by existing laws. Existing laws especially the Poison’s Act should be strengthened and not amalgamated into this RUUF. We strongly opposed the intense pressure by the pharmacist lobby to put specific provision for dispensing separation in the RUUF. The Poisons Act and the Private Healthcare Facilities and Services Act are clear in this matter. Dispensing of medicines by doctors is empowered by specific provisions of these laws. I expect that there will be regulations governing the process of dispensing by the doctors which will be similar to that of dispensing by pharmacists.

We expect the RUUF to be tabled in Parliament soon. We await to see if all the input that was given have been translated into the final Bill.

5: MMC Guidelines for Good Dispensing Practice
The above guidelines have now been passed by the Malaysian Medical Council. These guidelines were formulated by a committee comprising actively practising doctors and in accordance to existing laws. We are glad that it is now specifically stated by the MMC that “In Malaysia, the duty of dispensing medication/drugs in a registered private medical clinic is part and parcel of the continuity of care expected of doctors attending to patients”.

The Federation would like to highlight the following for the attention/immediate action of our members.

3.0 Notice of Clinic with Pharmaceutical Services
3.1 In all registered medical clinics with dispensing facilities, it is recommended that a notice be displayed in a prominent area of the registration counter to inform patients that the clinic has a dispensing facility and that patients have the choice to have their medication/drugs dispensed at the clinic or at any pharmacy.

3.2 Patients who do not wish to have their medication/drugs dispensed in the clinic should be requested to indicate so at the time of their registration and will be provided with a written or printed prescription when requested.”.

The Federation recommends that all members who are dispensing in their practice should familiarise themselves with these guidelines and make appropriate changes to their dispensing operating procedures.

6: Doctors, Managed Care Organisations and Third Party Payors
Of late, the Federation has been invited to the current “negotiations” spearheaded by the MMA. The earlier discussions were without our participation and we were informed that “agreement” with the MCOs and TTPs would be finalised by May 2016. It is now September. Any delay means perpetuation of status quo and is not in the interest of the doctors and their patients.

The meeting requested for and we are fully supportive of the requirements for good medical practice by doctors.

However, we have highlighted the basic failings of the current arrangements and contracts with MCOs and TTPs. In the case of private hospitals, the doctors themselves are not privy to the terms and conditions of these contracts even though they are the eventual providers. system.

As per the PHFSA, the medical management of the patient should be entirely in the hands of the doctor and this must be clearly stated in all MCOs/TTPs contracts.
It is not the right of MCOs and TTPs to inspect and audit the patient or clinic records. It is an infringement of the doctors’ duty to protect the confidentiality of the patient as prescribed by the PHFSA and the MMC Code of Professional Conduct. Instead, MCOs/TTPs should only be allowed to request for specific information with the specific consent of the patient. Signing of blanket consent forms by the patient should not be allowed.

All MCOs are required by law to be registered with Bahagian Amalan, Ministry of Health since 2006. It should be strictly enforced as it involves a substantial amount of the rakyat’s money.

We are of the view that any contract with professional fee below what is stipulated in Schedule 13 is null and void. We are aware that there is already a legal opinion with the MOH on this matter. There should be no discount on the doctors’ professional fee as this tantamounts to fee splitting.

It is important that payment terms should be 30 days from the date of invoice and must be enforceable. Interest must be charged for late payment. Without this any agreement on the ceiling for cost of medication is financially disastrous to the doctor. I have noted a "reluctance" to move this item to the top of the agenda during the meetings so far.

Welcome to the 2016 issue of SUARA. The medical landscape in Malaysia is undergoing massive changes. We see the increasing commercialization of medicine in Malaysia; the implementation of GST which has invariably increased the cost of healthcare; the impending roll-out of the Pharmacy Bill (RUUF) and the recent directive from the Inland Revenue Board for medical doctors to register as sole props.

Nonetheless, notwithstanding the changes happening around us, one constant remains: the centrality of the role of the Doctor in society. The role of the Doctor in society has always been to heal and cure patients and provide compassionate healthcare for all.

Yet, we see lately a slew of changes and directives that seem to be making it more difficult for Doctors to carry out their calling in society. Government and the commercial sector intrusion into the industry has diluted the role of the doctor today. The younger generation of doctors will find it increasingly difficult to venture into independent practice. Those looking for private practice will most likely join the huge commercial medical groups as barriers to entry for independent practices are constantly increasing. These changes again make it more difficult for the doctor in society to continue providing compassionate healthcare for all.

From the notion above, the Editor would like to touch on two crucial developments in the medical landscape of Malaysia: the RUUF Bill and the proposed move of dispensing separation and the IRB’s directive for private doctors to register as sole props.

The RUUF Bill is meant to reshape the pharmaceutical industry in Malaysia but yet its impact on the general healthcare industry including the doctors cannot be overstated. It was earlier mentioned that along with the implementation of the bill would come the directive to separate dispensing from the clinics. We lobbied hard for the government to rethink this and after constant pressure from most private medical organizations across Malaysia and the general public, the government relented. The latest development on this issue was that the government will not role out dispensing separation when the RUUF is introduced at the end of 2016.

7: Doctor’s Day 2016
The Federation will celebrate Doctors’ Day 2016 co-hosted by the PMPASKL. The focus this year is on corporate social responsibility with the theme of “A Day of a Thousand Smiles”.

We are specially happy to hear that our sister societies will also be celebrating this special day with their individual events in Sabah, Sarawak, Penang, Perak, Pahang and Kedah/Perlis.

Best wishes to all.

Dr Steven KW Chow
President
FPMPAM
22.7.2016

Dr Tan Poh Teng
Showcasing Appreciation toward Malaysian Doctors

On 10 October 2015, over 200 medical doctors’ from all over Malaysia descended on Penang to celebrate the nations’ second Doctors’ Day. This years’ event was organized by the Federation of Private Medical Practitioners’ Associations Malaysia (FPMPAM) and the Penang Medical Practitioners Society (PMPS), following the massive success of the inaugural Doctors’ Day last year, held in Ipoh.

Commenting on this year’s celebration, FPMPAM President Dr Steven Chow says that the event turned out to be a success. According to Dr Chow, the whole idea behind Doctors’ Day was to recognise the efforts of doctors, and to push for better patient doctor relationships.

Dr Chow adds, “the third instalment of Doctor’s Day will be just as exciting, and we would like to spread awareness to more Malaysians, to recognise the efforts of their Doctors during this time. We have planned something very special for 2016 and will keep you updated soon”

In conjunction with Doctors’ Day, Doctors volunteered at a Blood Donation Drive and free Medical Health Check-up organised in Butterworth. The overwhelming response from the public saw 80 units of blood collected while close to 100 patients seen during the health check-up.

Other than this, the Doctors celebrated with a Gala Dinner on the 10th October. Held on the evening of 10 October in the Grand Ballroom of the Bayview Beach Resort, Batu Ferringhi, Penang. Over 200 doctors from all over Malaysia were entertained by live music and dancers over a sumptuous 7-course Chinese dinner.
Dr Milton Lum

There are more applications for entry to medical schools than places worldwide. Many young people want to become doctors, whether of their own volition or at the behest of their parents.

High academic qualifications are the sole criteria for admission to local medical schools in Malaysia except for an increasing number of medical schools which require passing an aptitude assessment as well.

Although the minimum academic qualifications for entry into local medical schools are prescribed, there are still isolated claims of non-compliance by some private medical schools. There are also claims that some private medical schools take in more students than permitted.

The situation in foreign medical schools is varied. Medical schools in the developed economies adhere strictly to high academic qualifications and aptitude assessments of the applicants. However, some medical schools in some developing countries admit students whose academic qualifications would not even qualify them to enter a local university for courses other than Medicine with lesser entry requirements. Many of such students gain entry through the agencies of these medical schools.

In an article in 2011, I wrote “There will have to be 5,000 to 7,000 Medical Officer posts in the public sector available annually within the next five years for the young doctors after completion of their housemanship training, and after that it will be anybody’s guess...There will be no employment problems for doctors of good quality but the prospect of unemployment is a possibility for the mediocre and possibly, some of the average ones. (The Star 9 January 2011)

There is increasing concern about the variation in the quality of doctors entering the workforce. The reasons are related to the curriculum, training and clinical exposure in the medical schools; as well as the doctors’ values and respect for the multi-ethnic, multi-cultural and multi-religious population. Both these factors impact on patient safety and the future of medical practice.

According to the World Health Organization, the likelihood of harm in air travel is more than 1 in 1 million, 1 in 300 during health care and 1 in 10 in hospital care in developed countries.

**Provisional registration**

There has been an increasing number of provisionally registered doctors with the Malaysian Medical Council (“MMC”), especially since 2008 (Table I). The increase is particularly marked for graduates of foreign universities.

**Table I: Provisional Registrations**

<table>
<thead>
<tr>
<th>Year</th>
<th>Local universities</th>
<th></th>
<th>Foreign universities</th>
<th>Total</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>Public</td>
<td>Private</td>
<td>Sub-total</td>
<td></td>
</tr>
<tr>
<td>2000</td>
<td>503</td>
<td>0</td>
<td>503</td>
<td>493</td>
</tr>
<tr>
<td>2002</td>
<td>719</td>
<td>140</td>
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<td>746</td>
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<td>2006</td>
<td>717</td>
<td>292</td>
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<tr>
<td>2008</td>
<td>901</td>
<td>901</td>
<td>1802</td>
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</tr>
<tr>
<td>2010</td>
<td>1028</td>
<td>748</td>
<td>1776</td>
<td>1481</td>
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<td>2012</td>
<td>1206</td>
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</tr>
<tr>
<td>2014</td>
<td>1329</td>
<td>1440</td>
<td>2769</td>
<td>1971</td>
</tr>
</tbody>
</table>

**Medical graduates**

Until 2000, there were 11 local medical schools i.e. 6 public and 5 private. Today there are 32 medical schools i.e. 11 public and 21 private. A significant number of the new medical schools commenced operations in 2008-2009. One private medical school ceased operations in 2015.

There are about 18,700 students in all years in the local medical schools in 2014 – about 7,600 in public and 11,100 in private medical schools.

The number of graduates from local medical schools is projected to increase from about 3,250 in 2016 to just under 4,500 in 2019, with the increase due to private medical schools.

The number of beds in the Ministry of Health ("MOH") hospitals is about 37,000. Based on the ratio of 1 medical student to 5 hospital beds, the MOH hospitals can only cater for about 7,400 medical students in their clinical years. Yet in 2014, there were about 10,000 of such students, a mismatch that inevitably impacts on the quality of training.

In addition, it has been estimated that there is a similar number of students in foreign medical schools. Most of these medical schools are recognized by the MMC, but some are not. There are about 350 qualifications from medical schools listed in the 2nd Schedule of the Medical Act that are recognized. The Schedule was inherited from colonial times with qualifications added to the Schedule over the years.

**Housemanship**

The housemanship was increased from one to two years in 2008 consequent to complaints raised about the competence of a significant number of housemen. Despite that, there is still a significant percentage of doctors who are unable to complete their housemanship in 2 years because of competence and/or attitude issues.

The number of housemen posts in the MOH is limited by the Public Services Commission. With the marked increase in the number of provisional registrations and the inability of some doctors to complete their training in two years, a backlog has resulted with a waiting time of 6 or more months for housemen posts. This impacts on the young doctor’s skills, knowledge and attitude as well as financially, for many.

Healthcare facilities in neighbouring countries have been offering housemanship training posts to the top final year students of public universities. Faced with uncertainty, the decisions of our young men and women is obvious, thereby contributing to a brain drain.

**The way forward**

When the costs to the state or to the individual of producing one doctor are considered, the question arises whether it makes economic sense to flood the market with doctors. The laws of supply and demand do not apply to doctors simply because doctors are not only suppliers but also play a significant role on the demand side of the equation. Studies from the developed economies have shown that a small number of doctors account for the majority of complaints and medical errors, where human factors are involved. Poor quality doctors will inevitably contribute to medical errors, morbidity, mortality and consequential increase in health care expenditure.

The current problem of housemanship training has its genesis in medical schools. It raises questions and challenges about the quality and quantity of medical graduates. The resolution of the problem can only be possible if a comprehensive approach is taken. Ad hoc measures will not solve the problem. Moratoria and increasing the number of hospitals for housemanship may be part of the solution but they are at best, interim measures. The fundamental issues have to be addressed before the situation gets out of hand. Medical schools have to be held accountable for the quality of their graduates. The principle that society’s health is more important than profits has to be adhered to at all times, particularly by the private medical schools.

There are several options which can address the quality of medical education and patient safety, and which will also address the issue of the oversupply of doctors. The measures have to be applied to local and foreign medical schools.

Medical schools have to be held accountable for the quality of their graduates. The principle that society’s health is more important than profits has to be adhered to at all times, particularly by private medical schools.

The moratorium on the establishment of new medical schools in Malaysia which has been around since 2005 should be strictly implemented. This includes the number of new medical schools and programmes. In addition, a comprehensive review of the intake of medical students of each medical school is needed to ensure that there is sufficient capacity to provide quality education. This is particularly so with several medical schools where students learn episodic care and not continuity of care from inadequate numbers of teaching staff, some of whom are not eligible to be registered on the National Specialist Register. This will include review of admission quotas, double intakes, twinning and franchise arrangements etc. Sharing of teaching staff
between medical schools and/or health care programmes, especially in the clinical years, should not be permitted. The entry requirements need to be enhanced to involve not only academic qualifications but also aptitude assessments. The assessment and monitoring of the medical programmes have to be comprehensive, consistent and stringent. There has to be a robust mechanism to assess the quality of assessment by assessors of the medical programmes.

The above measures may lead to mergers, acquisitions and even closures of some local medical schools. The licences of medical schools that have closed should be cancelled and not be tradable like in the marketplace.

The number of medical schools listed in the 2nd Schedule of the Medical Act have to be reviewed. Medical schools whose graduates have not performed during their housemanship in Malaysia should be derecognized. Foreign medical schools which admit students who not possess the minimum entry requirements to local medical schools should also be derecognized. The Public Services Commission’s terms and conditions of employment in the public sector may include compliance with the minimum entry requirements to local medical schools.

The regulators in many developed countries require the passing of an examination before graduates are permitted to practise e.g. United States of America, Australia. The General Medical Council of the United Kingdom is considering a licensing examination for all applicants including graduates of British medical schools. The proposal to have a local licensing examination by the MMC has been around for about two decades. It has not moved because of resistance from interested parties. A licensing examination has to include all who intend to practise Medicine in Malaysia. Good quality graduates will have no problems passing such an examination which is akin to the final year examination in medical school. Mediocre or poor quality graduates may have a problem. The question for those who are not in favour of a licensing examination is “Would you want to be treated by a poor quality doctor?” and that for medical schools is “How confident is the medical school about the quality of its graduates?”

Comprehensive medical manpower planning has to be evidence based, transparent and include all stakeholders. It is essential that the targets are robust and regularly reviewed by all stakeholders. The medical profession has been and is unaware of manpower plans except that the target to have a doctor population ratio of 1 in 400 by 2020. The basis for the target is unknown. The current wait for housemanship posts is an indicator that there are serious deficiencies in manpower planning.

Various organizations are involved in medical manpower planning. They include the Education and Health ministries, the Economic Planning Unit and the Public Services Commission. The MMC has not been involved in manpower planning. It recommends to the Health Minister the qualifications that can be recognized. All these parties have to move in tandem to address the quality and patient safety issues. Input from medical organizations and consumers would be necessary.

A moot and frequently asked question is “Is there political will to address the problems of patient safety, quality of medical education and supply of medical manpower?” To date, there is still no cogent response to this question posed by many concerned doctors, who are also patients or potential patients.

Society and future generations are owed a health care delivery system that is founded on patient safety and quality of care. Good quality doctors have a crucial role to play in health care delivery. The consequences of having significant numbers of poor quality personnel in other areas of human activity may not be significant but in health care, it can be and is a matter of life and death for all the population.

*Dr Milton Lum is a Past President of the Federation of Private Medical Practitioners Associations and the Malaysian Medical Association. The views expressed do not represent that of any organization he is associated with.*
The FPMPAM healthcamp to rural Sabah took place from 11th to 13th August 2016. The camp turned out to be a fruitful three days with our dental and medical team, treating and touching the lives of more than 700 patients. The long hard days were greeted by the glorious sunsets over the Crocker Range - reminding the volunteers of the power of their presence there. The FPMPAM effort touched the lives of the rural people of Sabah and ensured patients would leave the camp not only being healed physically, but touched emotionally as well.
Doctors’ Day 2016 Set to Bring Smiles to Over 100 Orphans

Malaysia will celebrate the third National Doctors’ Day in Kuala Lumpur on 10th October this year. The theme of this year’s Doctors’ Day event is “A Day of a Thousand Smiles”. Over 100 orphans from orphanages across the Klang Valley will be hosted to a very special day program on the eve of Doctors’ Day, Sunday, 9th October 2016, including a Mini Fashion Show by the Doctor’s themselves, a magic show, book donation a whole host of games and goodies.

Coming to the capital city of Kuala Lumpur for the very first time since introduced in Malaysia in 2014 by the Federation of Private Medical Practitioners’ Associations Malaysia (FPMPAM), the Doctors’ Day 2016 event is set to take place at the Medical Academies of Malaysia, located on Jalan Tun Razak in Kuala Lumpur.

University students and members of the public are invited to the concurrent blood and organ donation event. A public talk on “Party drugs and partying without drugs” will be presented by Mr Chris Sekar, clinical psychologist and addiction counselor. CARE, an outreach program established by the FPMPAM and St John’s Ambulance Malaysia, will also be conducting a training session on CPR and other basic life sharing techniques.

Doctors’ Day in Malaysia was first introduced in 2014 by FPMPAM as a special dedication to the medical community and the public to reflect on and to enhance doctor-patient relationship. The FPMPAM hosted Doctors’ Day celebrations in Ipoh in 2014 and in Penang in 2015. Doctors’ throughout the country celebrated the event in their own way. Malaysians, who have continued to grow more receptive to the idea of a National Doctors’ Day, also took the opportunity to wish their doctors on this very special day.

According to Dr Steven Chow, FPMPAM president, “Doctors’ Day has been celebrated in many other countries like the United States and India. We introduced the celebration to Malaysia for the first time on 2014 as we wanted Malaysians to come to celebrate this very special day as well.”

“We chose October 10 as Doctors’ Day to emphasize on the importance of precision of judgement in medical care or 10-10, required of all doctors in their care of their patients. We urge all Malaysians to join their doctors in this celebration to share the importance of a good doctor-patient relationship,” says Dr Chow.

Finally, after all the hard work, participants will be invited to the Doctors’ Day gala dinner where doctors from all over Malaysia will gather in KL and enjoy fellowship on this special day.

Don’t miss this great opportunity to celebrate Doctors’ Day right here with us in Kuala Lumpur. Do join us on this very special day for the medical fraternity in Malaysia and spread word that every 10th October is Malaysia’s National Doctors’ Day.

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