

Notes of Meeting with Acting CEO of MMC with FPMPAM

Date: 7 May 2018 Time: 3.30 pm
Venue: Bilik Mesyuarat 2, Block B MMC, Jalan Cenderasi Kuala Lumpur

Attendance:

FPMPAM: Dr Steven Chow, Dr Shanmuganathan, Dato Dr Satish Shukla, Dr Pearl Leong

MMC: Acting Chief Executive Officer Dr. Muhammad Yazuran Sallij Muhd Yasin, Deputy Secretary Dr Mathyvani Umaphathi(Unit APC), Finance officer En. Arulazahar(Unit Kewangan) , APC unit staff

1.0 Dr Yazuran welcomed the FPMPAM members and remarked he was aware of the delay in APCs. Recent changes that have increased the workload include the fact that now public sector doctors also have to pay the APC fees unlike before when only private medical practitioners paid. The APC system that had been in use for some time have suffered several breaches and had been unable to cope with the volume demanded. The meeting was informed that the MMC is now developing a new system that now integrates the financial aspect as well. They have recently appointed a in-house IT officer. Staffing of the new corporatized MMC has also been an issue and recently, the Council has approved additional staff.

2.0 President FPMPAM, Dr Steven Chow thanked Dr Yazuran for convening the meeting. He highlighted the Federation had called for this urgent meeting in view that the APC problem is quite critical to some doctors where:

- APC is a requirement as an update for Banks providing facilities, loans and other banking services and require documentary proof that the doctor is a practicing doctor
- APC is needed for renewal of X-ray licenses
- APC is required by Pharmaceutical companies when credit facilities/order/ purchasing/dispensing of poison items by registered medical practitioners (RMPs)
- New RMPs leaving public service need APC when applying for jobs or setting up their own clinics.
- Inspection by UKAPS/ Yearly Renewal of Private Hospital license requires APC to be displayed

3.0 Processing and issuance of APC

Dr Steven Chow then requested for details of the APC process.

Dr Mathyvani explained that applications are either online or physical. Applications are registered then forwarded to Kewangan for clearance of payment. Once payment have been cleared, a receipt is issued, and they then revert back to Unit APC to document and to the print out of the Sijil. A covering letter is then prepared, the Sijil and letter is then put in the suitable envelop for posting. Cranking for posting is done in-house. It was clear that there is delay in all aspects of the process from Unit Kewangan all the way to posting. The meeting was informed that there were still APCs waiting to be posted out but would be resolved with the recruitment of extra staff for the APC unit.

The above processes were noted to take longer time than their KPIs. The Fed pointed out that many applications were sent in since October 2017. It was clear that the current processing of APCs in not in keeping with the KPI of the MMC incorporated though the RMPs have abided by the law.

Dr. Pearl Leong, FPMPAM suggested that the processes could be efficiently shortened with concurrent processing by both units the moment an application is received, rather than the present process. The Federation pointed out that the KPI for APCs should bear in mind that the last day of application by law is 1st. December and all APCs were valid from 1st. Jan up to 31st. December the following year. The turnaround time should not exceed 10 working days per unit from start to finish. As of 17 April, 5500 APCs were awaiting posting. Then with additional staff, as of 4 May 2018, 1500 remain to be posted. When there were mistakes or queries with applications these added to delays

in processing time. MMC informed that with the additional staff, the current backlog will be cleared soon but was unable to commit the exact time frame.

4.0 Legal issue with delayed APC

Dr Steven brought up the question of the legal status of doctors awaiting APCs despite applications and payments made on time.

He proposed that a Statement of Assurance be issued by MMC pending resolution of the delays. Federation requested MMC for a legal opinion on this matter as the issue might have important implications for the doctors affected, should there be a medico-legal matter arising during the period when the APC was not available.

Dr Satish suggested that the temporary receipts be modified to include information that the applicant had been given the APC and that the Certificate or Sijil would be issued in due course.

Dr Shan commented whether the MMC had looked into other systems. For example the nurses who were in much greater numbers had received their APCs without problems. Dr Yazuran replied that they had seen the system. They were also in discussions with MAMPU to see how to improve MMC system. They were even looking into providing kiosks in large hospitals for self-issuance of APCs.

Dr Steven questioned the commencement date of the APCs where one member complained that the validity date was not 1st. January but a much later date. Dr Yazuran replied that this would be the case for late applicants. Dr Shan enquired that in that case, why a late fee should be imposed. It was then pointed out that renewed APC must be contiguous and must cover the doctor's practice without breaks. There cannot be gaps where there is no APC cover and the same goes for Medical Indemnity insurance.

5.0 Future APC/CME points/Medical Indemnity

FPMPAM urged MMC to look into this matter in view of the inclusion of CPD points and compulsory indemnity insurance as a condition for APC. The addition of these two documentary pre-requisites will definitely make the matter more complex for APCs applications in 2019 for the 2020 APC and will incur more delays

The Federation proposed that CME point certification should be left to registered RMP associations/societies. All the doctor will need is the documentary confirmation that sufficient CME points have been acquired during the preceding year at the time of application together with the certificate of medical indemnity.

It was agreed that the only way the process can be made efficient is by e-application. For a start, the meeting agreed that it is best to encourage all doctors to do e-application for the year 2019. The MMC informed the meeting that the flaws of the e-application system have been rectified recently and should be able to cope.

6.0 For those needing APC urgently

Dr Yazuran also added that for doctors needing the APC urgently for urgent matters to email MMC directly so as to hasten the issuance. An e-copy will be sent immediately.

7.0 MMC Client's Charter

Dr Steven also suggested that MMC should have a Client's Charter.

In summary, FPMPAM would like urgently, the Statement of Assurance and the legal opinion on the status of practitioners yet to be issued with APCs despite payment and application made in time. FPMPAM also forwarded a list of doctors and feedback from doctors who had not received their APCs for urgent attention

Federation requested that the official minutes of the meeting to be forwarded in due course.

Dr Shanmuganathan
Hon Secretary
FPMPAM