



Press Statement

“Improving Houseman Training in Malaysia”

16th January 2021 - This statement is released to affirm our stand to improve houseman training in Malaysia. As depicted by numerous news reports and results of multiple surveys and studies detailing the myriad of issues in the Housemanship Training Programme, it is evident that this is a pressing issue which is causing unfair termination, loss of talent, mental health issues, and multiple cases of suicide among doctors.

The issues above have impacted our healthcare system negatively. House Officers (HOs) are the first to tend to patients in hospitals. When HOs are poorly treated and denied support, patient care will inevitably be affected. According to surveys by Malaysian Medical Association (MMA) and Doctors Only Bulletin Board System (DOBBS), up to 80% of doctors in Malaysia have experienced bullying while serving in the public sector. Of these doctors, 71% experienced symptoms such as anxiety, loss of confidence, and hypervigilance, while 17% considered suicide.^{1,2}

On the surface, Malaysia has achieved a 1:500 doctor to patient ratio, but this ratio is unjustly inflated by the glut of junior doctors. It distracts us from many actual indicators that measure the quality of our healthcare system. Our healthcare system must endeavour to train our junior doctors and retain specialists to protect the wellbeing of the *rakyat*.

Besides that, our HOs are often overworked and underpaid.^{2,3} The act of seeking help or advice is often unjustly seen as a sign of incompetence and may come with repercussions, including the possibility of housemanship extension.¹ These barriers to learning, amongst many other reasons, make it extremely difficult for housemen to improve; making them susceptible to the current culture of humiliation, bullying, and derogative behaviours from superiors that is perpetuated by the acceptance of such acts within the community.³

Furthermore, as per the latest available data in Malaysia, the current ratio of hospital-based specialists to HOs 1:3.13 in 2011, resulting in inadequate supervision of HOs. This often leads to psychological challenges and insecurities amongst junior doctors when they apply medical knowledge or perform clinical procedures on patients, especially without supervision or guidance. Appropriate mentorship with sufficient motivation and fair assessments during houseman training had been postulated by a study to be one of the key approaches to prevent emotional burnout among HOs.⁴

MMI thereby urges the government to carry out the following actions to improve the quality of houseman training in Malaysia.

1. **Increase funding for public hospitals to improve training and available vacancies in the Housemanship Training Programme**

In 2018, Malaysia's health expenditure was at 3.76% of the country's Gross Domestic Product (GDP), significantly lower than our South-East Asian counterparts which include Philippines (4.40%), Myanmar (4.79%), and Singapore (4.46%).⁵ An increase in funding from the Government of Malaysia is necessary to increase vacancies in the Housemanship Training Programme and improve the current wages and welfare for housemen. These include entitlement for leaves and reducing unhealthy working hours. We strongly urge the Ministry of Health to devise a sustainable and achievable plan to improve, protect, and safeguard the welfare of our HOs.

2. **Create a conducive environment for healthcare professionals to speak out and report negative culture**

Support groups and existing feedback channels must be reinforced to better deal with further reports and feedback. Relevant organisations or support groups must protect the reporters by either keeping their identities confidential or keeping them safe from abusive behaviours when reports are received, preventing power abuse from superiors and allowing for prompt actions. It is also of utmost importance for the involved hospitals to assess the situation and take immediate actions and further steps to prevent similar incidents. Concurrently, the Ministry of Health must develop nationwide policies to prevent such incidents from occurring in all hospitals. This not only will create a safe space for healthcare workers to speak up against negative work cultures, at the same time, propagating positive changes towards the future of our healthcare system. Additionally, nationwide audits and surveys measuring the extent and acts of bullying in hospitals will also be a means towards developing policies to safeguard the welfare of our HOs.

In conclusion, MMI urges the government of Malaysia and all relevant stakeholders to come together and devise strategies to improve the dire conditions faced by many junior doctors. We call upon the medical fraternity to propagate kindness and uphold a positive work culture in order to create a conducive working environment for all medical practitioners. MMI understands the government has been actively identifying the concerns of various parties involved on the issues and challenges to the Housemanship Training Programme.⁶ However, these pressing issues in the Housemanship Training Programme must be magnified to improve the welfare of young doctors. Junior doctors today are the leaders of healthcare tomorrow. MMI strongly believes that a change is necessary for our junior doctors, for our healthcare, and for our *rakyat*.

Thank you.

MALAYSIAN MEDICS INTERNATIONAL

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About Malaysian Medics International (MMI)

MMI is an international medical student-led organisation that aims to connect, educate, and cultivate. Since our inception in 2013, we have grown into a global network of more than 200 leaders from seven countries around the world. Presently, we are an active advocate for inclusivity and diversity, reform in medical education, and the welfare of our junior doctors and medical students.

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