



Press Statement

“A Call for Resolution on Issues Faced by Contract Medical Officers”

26 August 2020 - This statement is released to affirm our collective endeavor to advocate for better welfare and fairer contracts for our junior doctors in Malaysia following the conclusion of the Malaysian Medical Summit 2020. We are concerned by the ongoing predicament that Malaysian junior doctors are facing in regards to their contract which provides neither job security nor opportunity for further career advancement.

This year, more than two-hundred Malaysian medical students and doctors from across nine countries convened for a two-day virtual summit with the aim of producing a workable and realistic memorandum through the MMI General Assembly during the Summit to call upon various stakeholders to improve the burgeoning issues surrounding the current contract system for junior doctors in Malaysia.

Beginning December 2016, a new system was introduced to appoint new junior doctors in the civil service via contract system. While this is a reasonable and justified change for the employment system, there remains a lack of clarity surrounding the contract for medical officers (MO) three-and-a-half years later. Many junior doctors are uncertain of their future when their contracts expire in a year or two from now. The solution was more akin to a firefighting move and has now become a growing anxiety for many. Hence, we, the members of the MMI General Assembly of the Malaysian Medical Summit 2020, urge for the following:

1. Robust and transparent selection criteria for permanent posts

The number of permanent positions for medical officers in Malaysia is limited. A robust and transparent selection system is required for a fair selection of successful candidates from a competitive pool of applicants. We urge the authorities to publish selection scores and competition ratios to achieve better transparency.

Furthermore, it is important to weigh on the competencies of medical officers. We urge for improvements in the current meritocratic system through performance-based assessments with the requirement for additional merits such as passing a national-level entrance exam (similar to MedEx). These criteria can also be used to evaluate the competency of a medical officer for a further contract extension(s).

2. Equal pay grades for permanent and contract medical officers

Although permanent and contract medical officers perform the same duties and responsibilities, they are accorded different pay grades. We are appalled by the different service grades for contract medical officers (UD41) and their permanent counterparts (UD44). The difference in salary between the two grades is around RM7,968 annually. Clearly, this substantial difference has a severe impact on the motivation and mental health of contract medical officers. We condemn all forms of discrimination. Thus, we call for equal pay grades for permanent and contract medical officers, along with the same remunerations as they have equal responsibilities.

3. Taking care of their welfare

Both permanent and contract medical officers have the same set of responsibilities, workload, exposure to occupational hazards, and levels of stress. Despite that, they are not treated equally. Contract medical officers are not entitled to unrecorded leaves (*cuti tanpa rekod*) even for examination purposes, and to take care of their ill children (*cuti menjaga*

anak). Worse, those who are in radiology and psychiatry are ineligible to apply for hazard leaves (*cuti khas perubatan*). These leaves are vital to maintaining the welfare, wellbeing, and mental health of a doctor. Therefore, we strongly condemn this inequality and unfair treatment of our contract doctors.

We further implore that all doctors in the civil service, be it permanent or contract, should be qualified for a tax rebate or deduction for the fees they self-paid for their professional examinations.

4. Improve pathways for specialisation

Contract medical officers face several obstacles in their pathway towards specialisation, mainly in terms of duration of contract tenure and training positions available. The act of improving the pathways for specialisation will preserve more doctors to serve within the country, prevent brain drain, and ensure the quality of care by competent doctors to the people. We support the upcoming National Postgraduate Training Program which would provide a holistic and systematic training pathway for all medical officers, and we urge for it to be utilised as a primary training pathway equivalent to a master program.

We support the call for the Public Service Department (JPA) to offer contracts with longer tenures such as a 5 + 5 years contract to all medical officers to allow them sufficient time to complete their respective specialisation training and gazettement. Such contracts should have clauses that may allow for a further contract extension to accommodate certain training goals, such as passing accredited specialist examinations. Current batches of MOs should be offered contract extensions to allow them this same opportunity.

5. Increase and improve available service and training posts for job security and advancements

The uncertainty in terms of job security or career advancements for contract MOs has proven to be demotivating. We suggest a fixed intake (4-monthly), centralised platform, that hires staff based on advertisement for recruitment to allow them to work and thus be trained in their field of interest.

We further implore for the gradual lifting of the moratorium on hiring additional medical personnel that is currently in place, to ensure that the bottleneck of medical practitioners progressing in their respective careers is loosened. While this will involve a considerable investment into healthcare, doing so will ensure that healthcare in Malaysia does not suffer from a lack of competent medical professionals, on all levels of specialisation from housemen to specialists, so as to better face the challenges of a modern healthcare system.

The memorandum was tabled to Dato' Dr Norhizan, the Director of Hospitals' Management Division, Kementerian Kesihatan Malaysia on behalf of Datuk Adham Baba, Ministry of Health Malaysia. The list of signatories can be found in the memorandum.

The recent pandemic has demonstrated the importance of a strong and well-funded healthcare system. Contract medical officers are an important part of the system. We humbly implore that they are given due appreciation and attention. A solution should be made and implemented soon to allow young trainees the opportunity to serve to their best capacity. Otherwise, the people of Malaysia would be at the losing end amidst the mess in our healthcare system and the failure for us to care for our carers. In conclusion, we, the members of the MMI General Assembly of the Malaysian Medical Summit 2020 solemnly unite to call for fairer and better treatment of our contract doctors in Malaysia.

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 eight 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.