



## **A CALL FOR RESOLUTION ON ISSUES FACED BY CONTRACT MEDICAL OFFICERS**

Beginning December 2016, doctors joining the civil service are appointed on a contract basis. Three and a half years later, the lack of clarity surrounding contract medical officers (MO) remains prominent. Till today, uncertainty remains of what lies in store for all contract medical officers. What began as a solution has now caused growing anxiety to many. Hence, we urge the following:

### **1. Robust and transparent selection criteria for permanent posts**

A limited number of available permanent positions for medical officers in Malaysia means that a robust and transparent selection system is required for the 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. This can also be a factor considered in the contract extension, should there be no more permanent posts moving forward in the future. We suggest improvements in the meritocratic system by including performance-based assessments such as KPIs and merit-based assessments such as national-level entrance exams similar to MedEx.

### **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 following the different service grades they are hired under. Our request here concerns contract medical officers hired under UD41 service grade. Despite the difference in service grades for contract medical officers (UD41) and their permanent counterparts (UD44), the difference in salary obtained is around RM7,968 annually. This is a substantial difference which has a severe impact on the motivation and mental health of contract medical officers, as they felt underappreciated and discriminated against. We urge that equal pay grades be granted for permanent and contract medical officers, along with the same remunerations as they have equal responsibilities to their patients.

### **3. Taking care of their welfare**

As mentioned above, permanent and contract medical officers take on the same amount of workload, are exposed to similar occupational hazards, and experience similar stress levels. Despite that, those who are from eligible departments such as Radiology and Psychiatry are ineligible to apply for hazard leaves (*cuti khas perubatan*). Contract medical officers as a whole are not entitled to unrecorded leaves (*cuti tanpa rekod*) even for

examination purposes and to take care of their ill children (*cuti menjaga anak*). These leaves are important in maintaining the doctor's welfare and health regardless of the status of their employment. We also implore that a tax rebate or deduction for the fees for professional medical qualification examinations be eligible to all doctors, be it permanent or contract staff. Said examinations include, but are not limited to, Member of the Royal College examinations for the fields of Medicine (MRCP), Surgery (MRCS), Paediatric and Child Health (MRCPC), Psychiatry (MRCPsych), and Obstetrics and Gynaecology (MRCOG).

#### **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. Improving the pathways for specialisation will preserve more doctors to serve within the country, prevent brain drain, and ensure 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 urge for it to be utilised as a primary training pathway equivalent to a master programme as soon as possible.

We support the suggestion for the Public Service Department (JPA) to offer contracts with longer tenures such as a 5 + 5 years contract proposal to all medical officers to allow them sufficient time to complete their respective specialisation training and gazettement. Such contracts could have clauses which may allow for extension should certain training goals, such as passing accredited 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 Medical Officers has proven to be demotivating. We suggest a fixed intake (4-monthly), centralised platform, that hires staff based on an advertisement-based recruitment system to allow them to work and thus be trained in their field of interest.

We would also like to appeal for a gradual lifting of the moratorium on the hiring of 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, at all levels of specialisation from housemen to specialists, so as to better face the challenges of a modern healthcare system.

The recent pandemic has shown the importance of a strong and well-funded healthcare system. Contract medical officers are an important part of the system. We plead that they are to be given due appreciation and attention. A solution should be drafted and implemented soon to allow young trainees the opportunity to serve to their best capacity.

**In witness whereof, this memorandum has been tabled during the  
Malaysian Medics International General Assembly 2020.**

*This memorandum is electronically signed by*

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**Supported by**

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