

Medical Associations against the Apartheid system implemented for Junior Doctors and Dentists

The Malaysian Medical Association, SCHOMOS (Section Concerning House Officers, Medical Officers and Specialists), Malaysian Medics International, the Islamic Medical Association of Malaysia, Malaysian Dental Association, SCODOS (Section Concerning Dental Officers and Specialists) are deeply concerned with the press conference and statement issued by the Minister of Health regarding the plight of the house officers and new medical/dental officers. This joint statement is to highlight the issues that we feel remain unanswered by the press conference held by YBMK on the 8th of November 2019.

The crux of the issue is that despite the extensive planning and discussions done by the Ministry and the Medical Development Unit, there has been little support from those who control the release of the positions, namely the JPA and MOF. This issue is now an administrative issue, with the inability or perhaps reluctance of the relevant persons to facilitate the expansion of the medical services by supporting the increase in staff positions. YBMK mentioned in his statement, the Ministry of Health had asked for 21 000 new positions, instead were rejected and asked to reconsider the proposal.

How does this affect the Rakyat? With our existing workforce we are already faced with increasing waiting times, burnout and physician fatigue. With no increase in staffing to help alleviate the current situations we would see a delay in the implementation of universal healthcare as well as possible stagnation in our government healthcare goals.

Preamble

- The Contract position was introduced in December 2016 to reduce the waiting time for medical graduates to enter the service
 - o This has sadly failed to reduce the waiting time, but it would have been much worse without the introduction of the contract house officer
 - o At its inception, the MMA and SCHOMOS were supportive of the idea with the caveat that the promotions and benefits of the contract doctor not be infringed upon when compared to the permanent staff
- The current issues are
 - o The lack of available permanent positions for Medical/Dental Officers
 - Only about 20% of the current cohort have been offered permanent positions, leaving the majority of this cohort as contract medical officers
 - While we understand that the Ministry has taken necessary steps to try to obtain more positions, we are disappointed that JPA has not approved the applications, and instead have asked for MOH to relook their proposals.
 - This is not an acute issue, but one that has been long time coming. In the initial phase, SCHOMOS and the MMA were assured that the majority of the House officers would be absorbed into permanent positions. However, looking at the current situation it appears that the junior doctors/dentists are faced with the harsh reality of unemployment in the near future.
 - We the Associations, urge the government to approve the request by the Ministry of Health for an increase in Medical/Dental Officer positions and to ensure that the increase in positions are given YEARLY in line with the increase in hospital encounters seen as well as population growth. We estimate that

there is a need for 2000 new positions yearly to match the population growth while ensuring proper coverage for the population and preventing burnout amongst healthcare providers.

- Lack of transparency
 - The current government was elected on the premise of transparency. Yet the selection criteria used for permanent positions are not in public domain with just a rough outline of the criteria used
 - The system that is in place has taken into account the possibility of bias with the need for 2 assessors to sign off on the assessments within the system. The multiple assessments for end of posting as well as the division of criteria looking at competency and professional behavior appears to be comprehensive. However, there is a need to further streamline the assessments to ensure that it is more objective.
 - However, the final rankings and marks has not been made known to the House Officers and we feel that it should be made available to all doctors.
- The contract offered is lower than the grade of the permanent Medical/Dental Officers.
 - This is indeed a sorry state of affairs and has created the majority of the uproar from those affected.
 - Whilst performing the same tasks and with the same responsibilities, the MOH has deemed that the permanent Medical/Dental Officer would be promoted to UD44 whilst their contract counterparts would have to settle for UD41. This apartheid implemented essentially marginalizes the majority of the new medical officers.
 - The Associations are of the opinion that the double standards do no justice to the doctors involved and should be rectified immediately. There should not be 2 pay grades for these new medical officers, which is demoralizing and creates undue stress on the contract Medical Officer which would already be facing the uncertainty of unemployment.
- Rights of the Contract Medical Officer
 - It was mentioned that contract medical officers can still pursue the parallel pathway, but we would like to highlight that the training duration for the parallel pathways have been standardized and would still require 4 years of training and exposure before gazettement. This would be impossible to complete on a 2 year Medical Officer contract offered now. As such, logic dictates that with the lack of medical officer positions we will see a decrease in specialist training for this current cohort of new medical officers, and this would probably only be seen in 10 years time reflecting as a shortage of new specialists produced.
 - The Associations suggest that contract Medical Officers who show improved competency and ambitions should be allowed to apply for HLP and register for the Parallel pathway with permanent positions or extended UD44 and UD48 contracts made available to them to complete their training.
- Competency and patient safety
 - The majority of doctors leaving for private practice at the moment are senior medical officers and specialists, but in the near future we would have about 1500 junior medical officers expected to enter private service. Some may be

fortunate enough to join the existing general practices or private hospitals and some would join the pharmaceutical companies.

- Those entering private practice would be less experienced and there could be gaps in competency which could have issues with patient safety in the long run. These doctors who have been released by the Ministry of Health would have been deemed “competent” as medical doctors but would be ill equipped for individual practice given the many levels of supervision in the Government practice which would not be available in private practice.
 - The effect on the health of the country cannot be underestimated. Medicine is built on the premise of apprenticeship and multiple levels of care to ensure that nothing is missed. This matter and its effect on patient safety would need to be considered further.
 - The MMA has suggested for mandatory postings in the Klinik Kesihatan or OutPatient departments for at least 6 months prior to the end of contract to prepare them for independent practice.
- Inequality of distribution
 - There are large inequalities in the distribution of the Medical/ Dental officers with the larger hospitals in major cities having too many and those in the rural and districts having very few.
 - Thus, despite the reports of having adequate Medical/ Dental Officers, the distribution causes some areas to be short with those working in said hospitals dealing with burnout and work related stress.
 - The Associations suggest that to improve distribution, postings to the districts should be incentivized for the specialists (new JUSA Positions only in the district hospitals which have been earmarked for HO training) and permanent positions only in the rural and district hospitals. The redistribution of specialists who take up the incentive to serve in these district hospitals would allow for the increase in the number of Houseman Training hospitals which in turn would allow for a better training and a faster turnover for House Officers.
 - There is still a need for doctors in these areas. The Ministry needs to relook at the workforce distribution to these district hospitals and with it increase the Medical / Dental Officer positions there.

We would like to reiterate again that the crux of the matter is that this is an administrative issue that can be resolved. The plans and suggestions have been submitted and reviewed, but the fixation on not increasing the size of civil service should not be the only consideration here. Healthcare services expand yearly with and increase demand on its services. As such, it is only logical that we expand together with it to improve and meet these demands. The latest Auditor General’s report has already stated that the Ministry of Health is underfunded, under staffed and under equipped but yet maintaining the highest level of service possible to the Rakyat. Now it is the time of JPA, SPA and MOF to act on this and release the funds and positions needed to overcome these problems and let us the doctors go back to what we love best, treating our patients.

Signed by

- Malaysian Medical Association and Section Concerning House Officers, Medical Officers and Specialists (SCHOMOS)
- Malaysian Medics International (MMI)
- Islamic Medical Association of Malaysia (IMAM)
- Malaysian Dental Association and Section Concerning Dental Officers and Specialists (SCODOS)