



“Worth” Of A GP In Malaysia Are You “Worthy”?

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As the title states, dear GPs, please ask yourselves this vital question – what is your “worth” in the healthcare industry and where is your future heading? This has been an issue that has long been debated throughout the history of MMA. Leaders come and go but the matter at hand still remains unresolved for various reasons. Even the MMA Fee Schedules have been revised 4/5 (?) times yet this problem has been hogging every GP in the country.

There have been many complaints from our members about the consultation fee paid by certain companies — they feel that they are underpaid. The 4th edition of the MMA Fee Schedule states the following.

Consultation Fee		
10010	Minor	RM30-35
10011	Intermediate	RM35-75
10012	Major	RM75-125
10014	Consultation after stipulated clinic hours – 50% above the usual rate	

Some of the companies have been paying GPs a mere RM10 to RM17 for their employees' consultation fees. This is certainly outrageous and totally unacceptable. GPs need to quote the 4th edition of the Fee Schedule before going into any agreement/contract with companies when setting the cap for consultation fee. If you choose to accept whatever rate a company is offering, then you only have yourselves to blame for starting this “epidemic” which has spread throughout the country like wild fire. If all GPs can cooperate and stand united in fighting this practice, then the companies would be forced to implement it.

Let me quote some examples of how GPs are funded or paid in their respective countries.

U.K.

Most UK GPs are independent contractors with the National Health Service (NHS). They own their own premises, hire their own staff and supply general medical services.

Remuneration is based mainly on capitation (i.e. a payment dependent upon list size), supplemented by fees for certain specific services (e.g. maternity care) and for achieving certain “target” levels of service (a complex system, although it only involves childhood vaccination and cervical cytology). Payments are also made for seniority and postgraduate education activities.

Alternatives: the NHS (Primary Care) Act of 1997 allowed GPs to provide “personal medical services” (PMS) on a salaried basis through local service contracts that are designed to meet the particular needs of the locality. More than 35% of GPs are now salaried.

A new GP contract took effect in April 2004, with GP payments more closely linked to “quality targets” for both clinical and organizational activity. This has been coupled with increased funding and structural change — for example, GPs are no longer obliged to provide out-of-hours services, and the contract is with whole practices rather than individual GPs.

(Source: “How general practice is funded in the United Kingdom”, David P Weller and Alan Maynard, *MJA* 2004; 181 (2): 109-110)

Singapore

In 1982, the Association of Private Medical Practitioners of Singapore conducted a survey on consultation fees (without medicines) that GPs would like to charge. The response rate was 51.1% (285 out of 555 members). For a short consultation, the mode was \$8 - \$10 (29.8% of the 286 respondents). About half (48.4% of the respondents) would like to charge a consultation fee between \$8 - \$12. Fifty-four (18.9%) recommended a consultation fee of \$5 - \$8. For a long consultation, 44.6% (127 out of 285) preferred a consultation of \$12 - \$18. Based on these figures, the Association recommended a short consultation of \$8 - \$12 with an average of \$10 and a long consultation of \$12 - \$18 in 1982. In 1984, an attempt was made by the Singapore Medical Association to recommend a separation of the consultation and medicine fee and based on the findings of a survey conducted by the Association of Private Medical Practitioners of

Practice costs per patient, excluding doctor's remuneration (Singapore dollars)

Consultation period	30 min	20 min	15 min	10 min	6 min	4 min
Fixed overheads	7,000	7,000	7,000	7,000	7,000	7,000
Clinic	3,000	3,000	3,000	4,500	4,500	6,000
Assistants	(2×1,500)	(2×1,500)	(2×1,500)	(3×1,500)	(3×1,500)	(4×1,500)
Depreciation	1,000	1,000	1,000	1,000	1,000	1,000
Total practice cost	11,000	11,000	11,000	12,500	12,500	14,000
Patient encounter load	300	450	600	900	1,500	2,250
Costs per patient	36.66	24.44	18.33	13.88	8.33	6.22

Doctor's remuneration cost to the patient (Singapore dollars)

Consultation period	30 min	20 min	15 min	10 min	6 min	4 min
Patient encounter load	300	450	600	900	1,500	2,250
Doctor's remuneration (pm)						
\$4,000	13.33	8.88	6.66	4.44	2.66	1.77
\$6,000	20.00	13.33	10.00	6.66	4.00	2.66
\$7,000	23.33	15.55	11.66	7.77	4.66	3.11
\$8,000	26.66	17.77	13.33	8.88	5.33	3.55
\$10,000	33.33	22.22	16.66	11.11	6.66	4.44

Consultation costs (practice costs plus doctor's remuneration) (Singapore dollars)

Consultation period	30 min	20 min	15 min	10 min	6 min	4 min
Patient encounter load	300	450	600	900	1,500	2,250
Doctor's remuneration (pm)						
\$4,000	49.99	33.32	24.99	18.32	10.99	7.99
\$6,000	56.66	37.77	28.33	20.54	12.33	8.88
\$7,000	59.99	39.99	29.99	21.65	12.99	9.33
\$8,000	62.32	42.21	31.66	22.76	13.66	9.77
\$10,000	69.99	46.66	34.99	24.99	14.99	10.66

(Source: "Calculating The GP Consultation Fee in Singapore : Towards a Rational Costing Approach", L G Goh, P Y Cheong, K H Phua, Singapore Medical Journal 1993; Vol 34 : 496-499)

Singapore, it recommended a consultation fee of \$10 in 1984. The recommendations of a ten dollar consultation were however, not taken up by many GPs as there was no universal agreement.

To maintain a low consultation fee and earn an income of \$4,000 - \$6,000 for example, doctors would need a high volume of patients with short consultation periods. Such a high volume of consultation meant that it would be difficult to address complex problems at the primary care level without going beyond the usual consultation time and consequent long queues if there were several patients whose consultation periods exceed the usual time.

The recommendations of the Singapore Medical Association for a GP consultation has been revised in 1993 to \$12 - \$20 for a short consultation and \$20 - \$40 for a long consultation.

The above were some examples of how GPs function within the healthcare system of the relevant countries. The habit of "under-cutting" is most prevalent amongst the General Practitioners in our country. Unless this is stopped, there is nothing the MMA or for that matter, any other organisation can do in order to be successful in negotiating a proper deal. **M**