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## The President's Maiden Message

As this is my first Berita MMA message as President, I would like to first and foremost thank all of you for having elected me as President elect two years ago and for giving me this opportunity to do what I can to lead the Association for the next one year.

This article is the essence of my inaugural speech as President, delivered at the MMA Annual Banquet on 27 May 2011 in Ipoh, in conjunction with the 51st AGM of the MMA. The speech outlined my plans for the year.

I have just taken over the helm of the MMA as its 46th President, and the first woman to take this position. I realise that I carry a big responsibility and that there are a lot of expectations of me. In the past two years, Dr David Quek has been a very active and effective President, and is a hard act to follow! But - there is a job to be done, I have taken it on, and I will do my best.

### My background

Although I have been working in the greater KL area for more than 10 years, I have also worked in Ipoh, Penang and Sarawak, so I do have some knowledge of the issues facing doctors outside of KL, including those in the remote areas. I will draw upon these experiences during my term. For example, when I was serving in Kapit and Belaga in the late 1980s, although already an MMA member, I felt pretty removed from "the centre" - KL - and did not get much information about what was going on in KL. In those days, we did not have the internet and mobile phones and communication was much more difficult, but obviously, two-way communication is a key issue that we need to address in order to make the MMA meaningful and relevant to doctors, especially those in the remote areas.

Those who know me well know that I have always been motivated by a desire to make things better and to redress injustices and imbalances. I started being active

in organisations and organising during my student days and was a member of the University of Malaya student union. Subsequently, I was active in the All Women's Action Society (AWAS) and then in several professional societies associated with Pain and Anaesthesiology, while maintaining contact with the MMA mainly through my involvement in the Berita, and subsequently, as you know, taking the position of HGS of MMA in 2007.

My experience in the other organisations and in particular, the women's movement has contributed largely to me standing today as the first female president of MMA; and I hope to put the rich lessons I have gained from my history of activism to help our Association become stronger and more relevant to members as well as to Malaysia. At this point, I would like to thank the many experienced leaders in the MMA and other organisations who have influenced me and helped to build me up into what I am today.

### Looking back

Looking back over the past two years, I would like to congratulate Dr David Quek and his Council for a "job well done". For those who were not at the AGM, David was "garlanded" by one of the members on the first day of the AGM, and received many accolades at the AGM, in testimony to his effectiveness during his term.

The MMA has always been the voice of doctors in raising concerns and commenting on national issues concerning health and healthcare. During the past two years, under Dr Quek's leadership, MMA had a strong media presence, both in the mainstream as well as the alternative media and social networking sites. David has commented several times on various health policy issues ranging from the dangers of such a rapid increase in the number of medical schools churning out doctors, to our concerns and reservations about the proposed "1Care for 1Malaysia" health reform.

In particular, the Immediate Past President, together with the PPS addressed General Practitioners' concerns in detail. A very successful "GP Summit" was convened in mid-2010 by the Primary Care Practitioners' Coalition, and the report of the proceedings and recommendations are now available in the book "GPs at the Crossroads", available from the MMA secretariat. Other issues that have been addressed include our concern with the rapid increase in the number of medical schools and the consequent large numbers of doctors graduating and the implications for quality in the training of housemen and medical officers.

The MMA has also been concerned with the rise of infectious diseases and has worked with the Ministry of Health (MOH) during the H1N1 outbreak, dengue outbreaks etc. The MMA also successfully organised, with the strong support of the Minister and the Ministry of Health, two conferences on infectious diseases, the first in 2009 concentrating on H1N1 and the second in 2010 on emerging infections.

Within the organisation, we have tried to streamline and improve the efficiency and timeliness of decision making, while at the same time saving costs - for example, we use email communication within Council a lot more now and the processing and approval of membership applications is now done in a more timely fashion, thanks to the efforts of the HGS. We have continued all services for members and added more, including more online CPD programs, reduced rates for MPS membership for young doctors joining the MMA, insurance for our members, upgraded rooms for short term rental (on the 5th floor of MMA house) and generally tried to make things run more smoothly.

## Looking Forward: My Aims

I will be addressing this at two levels, organisational - within the MMA - and national issues.

### A. Organisational Level

#### 1. Boosting our membership

I think it is important to continue to work on boosting our membership numbers. It has been mentioned several times that the percentage of registered doctors in Malaysia who are MMA members has steadily declined over the years - from about 70% in the 1970s to 60% in the 80s to 50% in the 90s to only about 25% of registered doctors today. Although we manage to recruit almost one thousand new members each year, we also seem to "lose" about half that number of "old" members, i.e. there are still quite a number of members who do not renew their membership. In 2010, for example, the actual number of members increased only

by about 500, hardly 15% of the 3,000 plus new Malaysian doctors graduating from local and overseas medical schools.

Some of the strategies that have been used recently include concerted recruitment drives in every state, mainly targeted at young doctors, carried out through the efforts of SCHOMOS. Here, I must congratulate Perak and Perlis who have done very well, recruiting up to 90% of house doctors to MMA membership; and I can see that many other states are also obviously trying hard to follow suit. Last year we reduced (yet again) the fee for Life Membership to RM2,500 (from RM4,000) so that members do not have the hassle of renewing their membership every year.

## What's new for this year?

This year I am pleased to inform members that we will soon be implementing an online membership system ("Register@MMA") to make it more convenient for members to renew their membership. This online system can also be used by new members wishing to join the MMA. We want to make the MMA more web-savvy and technologically up to date and will be utilising social media to improve communication and outreach to doctors so that everyone will know about us!

But more fundamentally, in order to address the declining membership, we need to make the organisation more relevant to doctors. Doctors will only join, and/or stay in the MMA if the organisation is meaningful to them and responsive to their needs and concerns. One of my objectives therefore is to seek feedback from doctors, especially from those in remote areas, as to how the MMA can serve them better.

In this I will be heavily reliant on the support of our 14 MMA branches. As you know, these Branches are a vital component of the MMA. Branch committees work hard to benefit members through numerous activities every year, ranging from CPD activities and giving updates on the latest drugs and developments in different fields, to providing opportunities for community service through health camps, screening and free clinics in remote areas.

I intend to continue the tradition of 'presidential visits' to the branches during my term in office in order to support the branches, and meet and acknowledge those who have been working so hard to organise branch activities. In addition, I hope my visits will also enable me to get feedback from doctors as to what their concerns and needs are, and how the MMA can serve them better.

I hope that these visits will also close the gap between the "periphery" and the "centre" and reduce the

disconnection that I feel is one of the roots of some of the challenges that we are facing within the organisation today.

## 2. Improving communication - increasing MMA's online presence

This will be done primarily through the utilisation of online communication. It seems unbelievable, but we still do not have the email addresses of all our members! In this day and age, electronic communication and use of social media cannot be avoided and recognising this, the MMA has commissioned a company to set up our online membership registration module, as mentioned earlier. In addition to making joining and renewing membership easier and more accessible, the online membership system will also enable us to send regular emails to our members for updates and news. This will also decrease the use of paper in the MMA secretariat and hopefully save some trees!

I hope too, by increasing the online presence of the MMA, to improve two-way communication between members and the centre. Increasing the use of the internet will also improve the availability of online CPD programmes for members especially in the remote areas, who may not have opportunities to attend talks and seminars on the developments in their field.

At the same time, we hope to get feedback from members of doctors' needs and interests, possibly by conducting an online survey. The MMA can also in this way, know the concerns of our members and, if necessary, make representations to the Ministry of Health or other relevant authorities, or make our concerns known through the media.

## 3. Health and well-being of doctors

Doctors are well-known for looking after everybody but themselves, but I think it is important to start focusing on our own health and well-being. We are very good at giving advice to our

patients but not so good at taking our own "medicine"! However, we live in an increasingly stressful world, one which places severe demands and pressures on doctors, with the result that many doctors are having problems coping. In recent years, for example, we have heard more reports of housemen having to suspend training due to mental health problems. We need to look into firstly, the magnitude of the problem, and secondly, the reasons for this, and take steps to address it.

But on the whole, I feel that we as doctors do not take enough care of our own health. Often, we put our patients' needs and our work before our own health, either ignoring symptoms or having "corridor consultations" with a colleague.

A few years ago, the MMA worked with insurance companies to extend the coverage of health insurance for doctors over the age of 70, and we have also negotiated personal accident coverage for our government doctors at a very low rate. But this is not enough, and we need to look into ways of ensuring that we carry out regular health checks for ourselves, maintain a healthy lifestyle and work-life balance, etc. In this regard, I welcome ideas about what our doctors' health needs are and ways to encourage doctors to look after ourselves better.

## 4. Women's issues

Women now form a significant proportion of the medical "fraternity", but we have little information on what our specific concerns and needs are. So far no one has looked into this and this would be something else that I would like to do. It is well known that there are certain issues that affect women differently from men, for example, issues of sexual harassment, child care, double burden of career and housework (studies in Malaysia show that working women still bear most of

the burden of taking care of home and family and receive little support from their husbands), "glass ceilings" in career development, etc. While I think we should be proud that the medical profession has been welcoming to women, it is clear that there are specific challenges and concerns faced by women doctors. I think it is important to find out more about this so that we can provide the necessary support.

I would also like to encourage more women to take up leadership positions in the MMA - I am happy that the number of women in Council is slowly but steadily increasing and am happy that SCHOMOS has elected yet another woman chairperson - but I hope that this trend will continue to grow and I would like to be able to contribute to this process by addressing specific issues which prevent women from taking up the challenge of leadership.

## 5. Grooming young leaders in the MMA

In order for an organisation to grow stronger and remain relevant, we also need to look into grooming younger members to become future leaders of the organisation. To this end, capacity building, leadership training opportunities for members, especially younger ones, will be carried out. I feel that as doctors, we sometimes have spent so much time studying medicine that we forget about the rest of the world; but to be effective doctors and advocates for our patients, we need to broaden our world view, read more, take an interest in current affairs and political developments, so that we can influence health policy more effectively. We also need to nurture our medical student members as future leaders and representatives of the profession. I am happy to say that the current committees of the SMMAMS have been very active and enthusiastic, and I hope that this will continue in the coming years.

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## B. National Level Issues

So far I have addressed the organisational issues I intend to address in my term of office. At the national level, I will continue work on the various issues that have been of concern in the past two years, including

### 1. 1Care for 1Malaysia

The most pressing issue, I believe, is contributing positively to the process of shaping the reform of the healthcare system in Malaysia - "1Care for 1Malaysia". While we certainly agree with the basic principles - to restructure the health system into one that is "integrated ... responsive and provides choice of quality health care, ensuring universal coverage for the health care needs of the population based on solidarity and equity" - there are still a lot of uncertainties about the implementation.

Change is always something that is difficult to accept and manage and uncertainty about the exact nature of the change makes matters worse, breeds discontent and opposition. GPs in particular feel threatened, understandably so, and we do need to ensure that no one's rice bowl is threatened, while providing the best quality of care for our citizens. At the same time, doctors in other sectors, private as well as government, do not know their "fate" and we need to have more clarity about the proposed changes.

The MMA has called for a blueprint on the 1Care proposal, and we will be reiterating this call. A blueprint is necessary so that more concrete discussion and proposals can be made so that together we can come up with the best system possible.

### *GP concerns*

The MMA is happy that the MOH has included GPs in the Technical Working Groups (TWGs) on Primary Care, but we have been informed that there are many other TWGs on other aspects of implementation of 1Care, and MMA would like to be involved in the other TWGs as well.

One of the current concerns is the need for recertification and accreditation of clinics. While every GP agrees that there is a need for continuing professional development, and we all strive to provide the best quality care to our patients, we are concerned about having, once again, more rules and regulations implemented which will add another burden to GPs. The MMA is working with the Academy of Family Physicians to work out ways of ensuring the standard of care and continuing education of GPs without necessarily burdening them further.

We would also like to suggest to the Ministry of Health to engage with all the different groups of stakeholders who will be affected at this stage in time - discussions need to be not just with the doctors, hospitals and MOH but also with civil society and community groups - the rakyat. MMA would like to assist and

participate in this process of discussion with various community groups, as we are also interested in what the concerns of the rakyat are, and how to address these in the best possible way.

Perhaps the methodology of conducting intense discussions in the form of a "lab" can be utilised, where all stakeholders - doctors (private and public, GPs and specialists, junior and senior), hospital administrations, Ministry of Health officials as well as the rakyat (consumer groups, women's groups, etc.) can participate and discuss what we would like to have included in the 1Care model of healthcare for our country. If we do it in this way, we should be able to come up with the best system for our country, as well as more "buy in" from the different stakeholders.

### *Health is not a commodity*

Today we see increasing commercialisation and commodification of healthcare and this is something of concern to me. I hope that our reformed healthcare system will also look into this aspect and recognise that health cannot be treated as "just another commodity". As has been stated several times, Health is a basic human right and access to healthcare will definitely be compromised if health is seen as a commodity.

### 2. Government doctors' issues

Obviously, the MMA will continue to address those issues related to government doctors. We recognise that we have achieved a lot especially in the past 5-10 years, thanks largely to the activism of SCHOMOS, which will continue in the coming years.

### *Promotions*

Last year, time-based promotion to U54 for doctors was approved, but there are still some problems with implementation. Although further promotion is supposed to be based on merit, we still get stories of senior specialists "stuck" at U54 and therefore at the same level as others who are very much their junior. These delays in promotion to JUSA posts of senior specialists are demotivating and demoralising and will again contribute to the brain drain from public to private sector. We are also still waiting for the implementation of the new rates for call allowance, and the incentive allowance for doctors in Sabah and Sarawak.

### *Houseman issues*

The MMA is still concerned about the large numbers of housemen and the quality of their training. In addition, we have also heard reports that the facilities (e.g. houseman quarters) are not adequate and cannot accommodate the large numbers of housemen in the hospitals today. We would also like the Ministry to look into the facilities for doctors e.g. library, tea room - so that doctors have a place to meet and discuss common issues as well as patient care, and have a place to relax as well.

With regard to the training of housemen, MMA would like to propose that the Ministry have a minimum ratio of specialist to HO, e.g. 1 specialist to 4-5 HOs, and a minimum workload necessary for housemen (i.e. ratio of patients to HOs, e.g. one HO should look after at least 8-10 patients in a ward) so that we can work out the number of housemen we can train effectively in our hospitals. If MOH hospitals are not able to take the numbers of housemen graduating each year, there are two strategies to consider - firstly, to make use of the private hospitals for houseman training as well - with proper procedures in place like accreditation criteria of hospitals as training centres, regular inspection, etc. - and secondly, and more importantly, to limit the number of doctors being trained in local universities. While we are happy that there has now been a moratorium on medical schools in the country, we also need to look at limiting the student intake for each medical programme.

### 3. Healthcare issues of public interest

The role of MMA is not just to protect the interests of the profession but also in the advocacy of health-related matters. In this light, the MMA will continue working on having more of a presence in the media not just on issues relevant to doctors but also public health issues.

In this regard, I am very happy that at the 51st AGM, our members from the Pahang branch highlighted the important health implications of the Lynas project (which was also discussed in detail in last month's Berita MMA) and the members present resolved, "that the Exco and Council lead the campaign to relook into this issue of the Lynas Project and if possible to stop

this project because it harms our people's health." Our Pahang branch members also made a representation to the expert panel examining the risks in detail and we await their report eagerly.

We call on the Ministry of Health, in future similar situations, not to wait for protest from citizens but to call upon the MMA to give expert advice and input on the health implications. The MMA has always worked closely with the MOH on other matters related to public health for example to improve the management and control of infectious diseases like H1N1 and dengue. This year, the MMA will also be addressing the issue of Non communicable diseases (NCD) and we will be organising a conference on NCD towards the end of the year.

## Conclusion

Looking at all the issues I have brought up above, it looks like I have a big job on my hands! Nevertheless, I am ready to take up the challenge, and I promise that I will do my best both in addressing the issues related to organisational change as well as addressing national policy and public health issues. My council has already reminded me that all that I have mentioned above will be my "Key Performance Indicators" or KPIs that will be measured at the end of the year, so I'd better get cracking!

I welcome feedback from members at any time, so that at least one of my KPIs (to improve two-way communication between the Exco and members) will be achieved! **M**



## Statistics according to State and Category of membership as at 30 May 2011

No	State	Ordinary Members	Life Members	Total	Student Members
1	Johor	253	396	649	49
2	Kedah	326	197	523	153
3	Kelantan	89	105	194	112
4	Melaka	183	183	366	836
5	N. Sembilan	159	222	381	34
6	Penang	241	408	649	208
7	Pahang	136	153	289	11
8	Perak	821	550	1371	181
9	Perlis	95	21	116	1
10	Sabah	254	236	490	129
11	Sarawak	363	298	661	152
12	Selangor	634	839	1473	221
13	Terengganu	44	45	89	16
14	W.P	657	916	1573	176
15	W.P Labuan	3	6	9	0
15	<b>GRAND TOTAL</b>	<b>4258</b>	<b>4575</b>	<b>8833</b>	<b>2279</b>

Overseas Members = 130

Exempt Members = 326

Honorary Members = 7

Associate Members = 3