



What exactly is 1Care for 1Malaysia?

DR KOH KAR CHAI

PPS Chairman

We are all aware that the healthcare system of our country is in for a transformation. What do we know about it? For many years, the Ministry of Health, Malaysia has been studying our health system and also the need to reform. There has been a dearth of information from the Ministry of Health on the progress of this study. Has the Ministry of Health reached the stage whereby the framework for this new system is already in place? Is the Ministry of Health going to spring the new healthcare system on us and expect everyone to follow it?

Reaction from the medical community has been vociferous, especially from the General Practitioners, whose way of practicing medicine may be drastically changed, perceivably for the worst. Accusations are hurled at the Ministry of Health for not involving the private sector in the planning stage of this new healthcare system. It doesn't help any when some Ministry of Health officials insist that everyone in the private sector must conform at the risk of being penalised.

After all the hue and cry from mainly the General Practitioners amidst calls for the Ministry of Health to be more involving and transparent as well as demands that the Malaysian Medical Association play a role in voicing out the apparent injustice being levelled against the private sector doctors, we are finally at the point where the private sector doctors are being invited to participate in the various Ministry of Health Technical Working Groups on this new healthcare system.

The Ministry of Health, acting as the lead agency in the healthcare sector, has proposed a concept paper, which we know as 1Care for 1Malaysia. This is going to be part of the country's transformation agenda which has been set in motion by our Right Honourable Prime Minister of Malaysia. 1Care for 1Malaysia will affect the delivery of healthcare, its governance, financing as well as changes in lifestyle behaviour.

This proposal has been accepted in principle by the Malaysian government. An official mandate has been

given to the Ministry of Health to develop a detailed blueprint on the implementation of 1Care for 1Malaysia within a two year period. This blueprint will be used as the main reference for the development and phased implementation of 1Care for 1Malaysia.

Input from the private sector doctors is seen as being crucial to the development of this blueprint. The present dichotomy of our Malaysian healthcare system leads to a misunderstanding of happenings on both sides of the great divide. There has to be a joining of hands in this blueprint development as at the end, the new 1Care for 1Malaysia will affect all of us from both sides of the divide. More importantly, it will affect every one of us, our families and friends as recipients of this new healthcare system.

Involvement of healthcare professionals from both the Ministry of Health and the private sector is needed, but not in terms of absolute numbers. Ministry of Health officials shouldn't just be there to make up the attendance list, nor should the private sector doctors be there as part of the opposition team. Every one of us should be there because of a sincere wish to come up with something that will benefit the delivery of healthcare in Malaysia.

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Granted that there will be some “prima donnas” in the Ministry of Health who will want to call the shots in everything, just as there will be “profiteers” in the private sector who will keep on forwarding their own agenda; we need to keep things in the proper perspective and move ahead. Of course, at the back of every private sector doctor’s mind at this moment will be the big question. Are we being taken for a ride by this apparent willingness of the Ministry of Health to work together with the private sector? I sincerely hope not as our healthcare system will then definitely fall apart.

Moving on to other issues involving the private sector.

FOMEMA

As of the beginning of September 2011, a total of 2.3 million legal and illegal foreign workers have been registered under the 6P Amnesty Programme. We have been made to understand that more than a million of these recently registered workers will need to undergo the mandatory FOMEMA medical examination. This exercise is supposedly due to start by 15 September 2011.

All MMA members who are registered on the FOMEMA panel of doctors are advised that this exercise may need to be completed by year end and hence should be prepared to handle the extra workload. We are also reminded to be ethical in the examination of these foreign workers. In view of the need to handle such a large number of examinees within the short space of time, the quota of 700 workers to be examined per year may not be applicable at the moment.

JPJ Annual Commercial Driver’s Medical Certification

There is a need to address this issue and to look at the need for a format of the medical examination form. The present form which is being used only necessitates the examining doctor to certify the applicant fit or unfit. In view of this, the Accident Prevention Committee of MMA has been revived and given this all too important task.

Pharmacy issues

A meeting with the Pharmaceutical Services Division of the Ministry of Health was held on 7 September 2011 and a healthy discussion on pharmacy related issues ensued during the meeting.

Proper record keeping, especially of psychotropics was emphasised. Barring the cases where some doctors are blatantly misusing their privilege by over prescribing psychotropics, it was found that many doctors do not keep proper records. There are records kept, but the format is not consistent among all doctors. A standard format will be drawn up by the Pharmaceutical Services Division and disseminated to our doctors for their usage. At the moment, the need to keep hard copies of such records still stands, even though many clinics do keep soft copies.

Our doctors are to note that all scheduled poisons are to be dispensed by the medical doctor him/herself and not by the clinic assistant. However, understanding the constraints involved, the emphasis would be on the need to dispense psychotropics by the doctors themselves.

Our doctors have brought up issues where pharmacists have been playing the role of doctors by diagnosing

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and treating patients. The role of a community pharmacist doesn't extend to diagnosis and treatment, though they are allowed to monitor patients and advise them. The Pharmacy Enforcement unit is aware of this and will take action against pharmacists who act as doctors. However, they will need to catch them in the act of doing so, and will need information on which pharmacists are flouting the law. There have been cases of the pharmacist's licence being revoked, though it is not reported in public.

Coming to the need of a permit to purchase and dispense buprenorphine and methadone, it is being done to prevent abuse. There have been recorded cases of the doctors abusing their position by selling 'cocktails' to those who need them. On the question of why pharmacists do not need that permit, the answer is that pharmacies are already registered and licensed before being allowed to operate.

We have requested that the Pharmaceutical Services Division come up with a set of Standard Operating Procedures for the enforcement unit and that it be made known to the doctors as well, so that encounters with the enforcement officers can be a pleasant affair. Allow the doctors to know what is required of them during an inspection of their clinic.

The Malaysian Medical Association will be working closely with the Pharmaceutical Services Division and it is hoped that this rapport can be maintained. There are a multitude of issues which are yet to be discussed.

We welcome comments and queries from our members to enable us to present them at future meetings. **M**



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