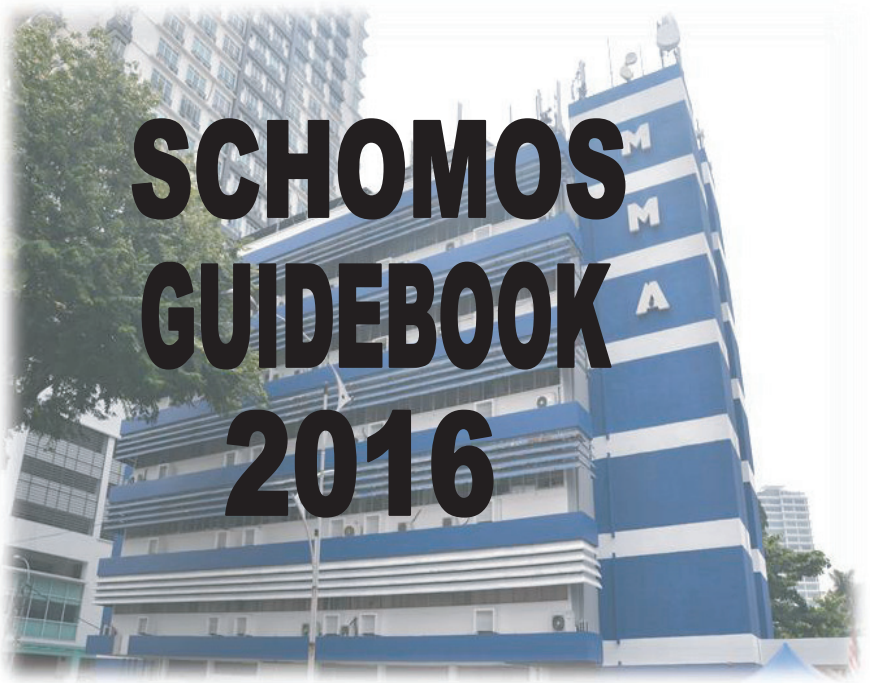
MALAYSIAN MEDICAL ASSOCIATION




# SCHOMOS GUIDEBOOK 2016

Contents:

**Foreword from the President, Malaysian Medical Association**

**Dr. Ashok Zachariah Philip**

**MMA President 2015/2016**

I would like to congratulate the SCHOMOS team for preparing and printing this handbook. It is compact enough for all doctors, especially those new to the Government service, to carry around and refer to.

Being a doctor in the Government service is now, and always has been, a stressful thing. There are so many patients to see, colleagues to interact with, bosses to satisfy and procedures to follow. Along with all this, one has to learn fast, develop oneself and further one's career. No doubt it is doable – many of us have gone along this route before, with a little help from our friends.

However, I think the issues faced now by junior doctors are starting to become more challenging. Nobody wants to keep running to their seniors and superiors all the time looking for help, advice and guidance. That is what this book is for. People who have gone through all this before, succeeding by trial and error, are now putting their knowledge into black and white for you.

The topics covered are varied, from how to fill in forms properly, how to progress in your career up to what not to do on social media. No doubt there are topics that the readers might feel need to be expanded and others which need inclusion. Please do let us have your feedback so the next edition can be even better.

Once again, congratulations to the editorial team and the authors. Keep up the good work!

## SCHOMOS EXECUTIVE COMMITTEE OF 2015-2016

| NO | NAME | DESIGNATION |
|---|---|---|
| 1. | DR. VASU PILLAI A/L LETCHUMANAN | **CHAIRMAN** |
| 2. | DR. ARVINDRAN A/L ALAGA | **VICE CHAIRMAN** |
| 3. | DR. KEVIN NG WEI SHAN | **HONORARY SECRETARY** |
| 4. | DR. VASANTHI SELVARAJU | **HONORARY TREASURER** |
| 5. | DR. KHIRITHARAN A/L MANNIE RAJAH | **HONORARY ASSISTANT SECRETARY** |
| 6. | DR. JULIAN TEY HOCK CHUAN | **HONORARY ASSISTANT SECRETARY** |

## SCHOMOS EXECUTIVE COMMITTEE OF 2014-2015

| NO | NAME | DESIGNATION |
|---|---|---|
| 1. | DR. DATESH A/L DANESHWAR | **CHAIRMAN** |
| 2. | DR. SIVAKUMAR A/L KUMARASAMY | **VICE CHAIRMAN** |
| 3. | DR. ARVINDRAN A/L ALAGA | **HONORARY SECRETARY** |
| 4. | DR. TEE HOI POH | **HONORARY TREASURER** |
| 5. | DR. KHIRITHARAN A/L MANNIE RAJAH | **HONORARY ASSISTANT SECRETARY** |
| 6. | DR. LONG TUAN MASTAZAMIN | **HONORARY ASSISTANT SECRETARY** |

## 1. APPOINTMENT AS A HOUSE OFFICER

**Dr. Kevin Ng Wei Shan**

Congratulations on completing medical school. This would be the first step in the long journey of Medicine where learning never ends. Before starting as a House Officer, you will be required to fill in some forms to get yourself registered by the Malaysian Medical Council (MMC), apply for a position under the Public Service Commission (Suruhanjaya Perkhidmatan Awam/SPA) and undergo the Induction course and posting by the Ministry of Health (Program Transformasi Minda by JPA /MOH). Below is a basic guide in completing this process.

### 1.1 Provisional Registration with the Malaysian Medical Council

Start by applying for Provisional Registration with the Malaysian Medical Council. The forms and documents should be submitted in person to the MMC and not via a proxy. Full guidelines for application can be obtained from the MMC website of the link below.
http://www.mmc.gov.my/v1/images/contents/registration/PROVISIONAL%20REGISTRATION%20SOP%2026012016.pdf

| MALAYSIAN MEDICAL COUNCIL PROVISIONAL REGISTRATION | | |
|---|---|---|
| Forms | Documents Required | Contact Details |
| • Form 4<br>• Appendix A<br>• Fitness to Practice Declaration | • **Original Dean's Letter** or certified true copy of **Medical Degree**<br>• Results Transcripts of whole course<br>• 2 recent passport size photos<br>• RM 20 registration fees bank draft/money order/postal order addressed to **'The Registrar of Medical Practitioners'**<br>• Certified true copies of<br>o National Identification Card<br>o Birth Certificate<br>o SPM certificate<br>o SPA Offer of Employment letter (Once available)<br>**Additional Documents**<br>• Graduates from Indian Universities<br>▪ Certified true copy of Student Bonafide Certificate and Rotating Internship Certificate<br>• Graduates from Indonesian Universities<br>▪ Certified true copy of Sijil Kedokteran (S.KED) and Ijazah Kedokteran (Ijazah Profesi Dokter). | • The Registrar of Medical Practitioners, Malaysian Medical Council, Block B, Ground Floor, Jalan Cenderasari, 50590 KUALA LUMPUR<br>• +603-26912171 Ext 112/113<br>• www.mmc.gov.my |

*All certified true copies should be done in accordance to MMC guidelines. http://www.mmc.gov.my/v1/images/contents/downloadable/Guideline-doc-verify.pdf

After submission of the completed forms, MMC will issue a "Qualifiable for Registration" Letter to be submitted to the SPA prior to the interview.

### 1.2 Application to Public Service Commission (SPA) for a position within the Malaysian Public Service

Start by logging on to the SPA8i website at http://putra12.spa.gov.my/spa8new/login.jsp or http://putra2.spa.gov.my/spa8new/login.jsp.

Once registered, complete the online form carefully. A guide to filling in the form can be found at http://imej.spa.gov.my/dev/pdf/faq/MANUAL_PERMOHONAN_SPA8I_PERUBATAN_31122015_ENG.pdf
Upon completion of the form, sit back, relax and await your turn to be called for the SPA interview in Putrajaya. Take the time to read up on recent events and brush up on your general knowledge of the Government, Ministry of Health and the Public Service Department.

| SPA Application | | |
|---|---|---|
| Forms | Documents Required at Interview | Contact Details |
| • SPA8i<br><br>**Important notes**<br>• Parents IC and info needed | • Short Resume with Picture<br>• Original and Certified true copies of<br>▪ National Identification Card<br>▪ Birth Certificate<br>▪ SPM certificate<br>▪ Medical Degree<br>▪ Result Transcripts<br>• Qualifiable for Registration letter from MMC / Provisional Registration Cert<br>• Scholarship letter / Documents for Govt Service Bond (JPA)<br>• Original Certificates for Extracurricular activities | • Aras 6-10, Blok C7, Kompleks C, Pusat Pentadbiran Kerajaan Persekutuan, 62520 Putrajaya, Malaysia.<br>• +603-8885 6338/6339<br>• www.spa.gov.my |

*All certified true copies should be done in accordance to MMC guidelines. http://www.mmc.gov.my/v1/images/contents/downloadable/Guideline-doc-verify.pdf

The Interview normally would be conducted by 2 interviewers, one from the MMC who will be a medical doctor and another from the SPA. Thus, there would be 2 components to the interview; one part testing medical knowledge and another general knowledge regarding the Government of Malaysia and the MOH respectively.

Upon successfully completing the interview, SPA and MOH will then offer you a position within the Ministry of Health as a House Officer. This offer letter will be mailed to your mailing address.

### 1.3 Using the eHousemen System for placement

After completion of the SPA8i form, you can then proceed to complete the "SENARAI SEMAK PERMOHONAN PENEMPATAN PEGAWAI PERUBATAN (LANTIKAN BARU)" form to be submitted to Unit Pengurusan & Professional, Bahagian Sumber Manusia, MOH. This form was previously the Borang Maklumat Diri, which has been replaced with the eHouseman online system since 2015. The form can be downloaded from the following webpage
http://www.moh.gov.my/index.php/pages/view/981

| Houseman Placement | | |
|---|---|---|
| Forms | Documents Required | Contact Details |
| • Senarai Semak Permohonan Penempatan Pegawai Perubatan (Lantikan Baru) | • Copies<br>▪ National Identification Card<br>▪ SPM certificate<br>▪ Medical Degree / Result Transcripts<br>• Provisional Registration Certificate from the MMC<br>• Marriage certificate (if applicable)<br>• 1 recent passport size photo (attached to the form) | • Unit Pengurusan & Professional, Bahagian Sumber Manusia, Kementerian Kesihatan Malaysia, ARAS 9, BLOK E7, KOMPLEKS E, 62590 PUTRAJAYA.<br>• 03-8883 2735/2805<br>• ehousemen.moh@gmail.com |

Upon successfully completing the interview with SPA, you will then receive an offer letter (Surat Tawaran) to join the Government service from the SPA and the MOH. The date of this letter is of the utmost importance as it will determine which batch you are to log in and apply for placement in the eHousemen system. The dates for the opening of the portal will be posted on the website itself and applicants are advised to complete the forms early to ensure that you get a better choice of hospital placements.

Tips for the eHousemen system

- Get the information required ready and on hand
- Ensure that your computer and internet services are fast and stable, a printer is also advisable
- You will have to complete the whole form in one setting to select your hospitals
- Have a list of hospitals that you would prefer to be posted to ready, give yourself at least 5 options as some of the more popular hospitals may not be accepting houseman at the time of your application
- If the hospital(s) that you want are not available, consider deferring and opting for the next instead of applying this session. This is because no appeals will be considered once the placement has been made, so choose wisely.

| eHousemen Placement | | |
|---|---|---|
| Forms | Information required | Contact Details |
| • ehousemen system<br>• http://ehousemen.moh.gov.my/auth/main | • Information needed<br>  ○ Personal details including SPA letter reference number<br>  ○ Family details<br>  ▪ Name and IC numbers<br>  ▪ Get this ready as it is compulsory to fill in all family members from parents, spouse and children<br>  ○ Qualifications other than SPM and your medical degree<br>  ○ Choice of state and hospital<br>  ▪ Unfortunately only one choice with limited positions in every hospital so choose fast and wisely<br>  ○ If you decide to defer, have your reason ready<br>  ○ Final submission and printing<br>• User manual downloadable at http://www.moh.gov.my/index.php/file_manager/dl_item/625746756457467349484 26c626d646e645735684948426c636d746f615752745958526862694276626d7870626d5576545746756457467358325574534739316332567 45a573566626d56334c6e426b5a673d3d | • Unit Pengurusan & Professional, Bahagian Sumber Manusia, Kementerian Kesihatan Malaysia, ARAS 9, BLOK E7, KOMPLEKS E, 62590 PUTRAJAYA.<br>• 03-8883 2735/2805<br>• ehousemen.moh@gmail.com |

### 1.4 Program Transformasi Minda

Program Transformasi Minda (PTM) was formally known as Kursus Induksi dan Kenegaraan. The course is aimed at introducing the participants to the Malaysian Public Service, informing the new doctors on their rights and responsibilities, establishing a first class mindset as well as inculcating them with a sense of national pride. PTM is normally carried out over 5 days with lectures and activities.

The dates will be announced on the eHousemen website and will differ by the state in which you are posted to. The course itself is fully subsidized, with food and lodging provided. Do look out for the SCHOMOS presentation on why you should join the MMA during the course and sign up early for the many benefits afforded to members.
There will be an exam at the end of the course to gauge your understanding of the matters discussed. Passing this course is a requirement for confirmation in service and as such it is important to pay attention to the lectures given as well as to read the course material set.

Further details at https://www.kompetensi.jpa.gov.my/ptm/
Results for the MOH can be checked at http://einduksi.moh.gov.my/eTransformasi/

## 1.5 Salary and other emoluments

The offer letter from SPA and MOH will state the following information.

Jawatan : Pegawai Perubatan
Gred : UD41
Kumpulan : Pengurusan & Professional
Kem/Jab : Kementerian Kesihatan Malaysia

The starting basic salary for a House Officer in Malaysia is RM 2458.39 (P1T6). Other details of your total salary is as follows.

| | | |
|---|---|---|
| **Gaji Permulaan** | : | RM 2,777.98 |
| **Elaun Tetap** | | |
| Elaun Perumahan | : | RM 250 |
| Imbuhan Tetap Khidmat Awam | : | RM 300 |
| Elaun Kritikal | : | RM 750 |
| Elaun Waktu Bekerja Fleksi | : | RM 600 |
| **SubTotal** | : | **RM 4677.98** |
| **Imbuhan Lain** | | |
| Bantuan Sara Hidup (COLA) – depending on location | : | RM 100/200/300 |
| Bayaran Insentif Wilayah (Sabah and Sarawak) 15% - 25% of basic pay | : | RM 416 - 694 |
| Bayaran Insentif Pedalaman (Sabah and Sarawak) 10% of basic pay | : | RM 250 |
| **Possible Total** | : | RM 4777 – RM5371 |

House officers in Sabah and Sarawak will not receive COLA but will receive Bayaran Insentif Wilayah instead, giving a slight difference in terms of total pay.

Other issues

- Should you stay in the Hospital Quarters, you will be ineligible for Elaun Perumahan and only receive half of your COLA.
- Deductions
  - 11% will be deducted from your pay as EPF contributions
  - Part of your pay will also be deducted to pay income tax (Potongan Cukai Berjadual)

## 1.6 Reporting for duty

Upon completion of Program Transformasi Minda, you will likely have 2 days to settle down before reporting for duty. The first stop would be at the State Health Department (Jabatan Kesihatan Negeri, JKN) where you will hand over the posting letter given to you during the Program Transformasi Minda. JKN will then issue you a reporting letter for submission to the Hospital that you are to report to. After JKN, you will then be asked to report to the Pengarah Hospital that you are posted to.

Documents needed during reporting for duty

- Passport size photos (Keep at least 12 on hand)
- Copy of SPA / MOH Offer Letter
- Copy of Posting Letter from MOH
- Original Reporting Letter from JKN
- Copies of
  - Bank book first page
  - IC
  - Medical Degree Certificate

At the hospital, there will be a checklist of things for you to get signed and done before you are assigned to your respective departments. This orientation may differ slightly between hospitals but will normally take you from the Director's office to the various units and departments of the hospital. A normal orientation will include

- Pejabat Pengarah
  - Logbook and delegation to department
  - Other matters
    - Hospital Quarters
    - Deferrment
- Unit Akaun
  - To submit a copy of your bank book for claims and salary purposes
  - Submit KWSP registration
  - Explanation on how to complete the various claims you are entitled to
- Unit Perkembangan
  - myCPD Registration
- Unit IT
  - In computer based hospitals to get you set up with a user name and password
  - User training for the various IT systems
- Unit Keselamatan
  - For ID tag and sometimes car stickers / parking cards
- A visit to the Medical Laboratory and short introduction to the lab forms / ordering of lab tests
- A visit to the Mortuary
- A visit to the Radiology unit

### 1.7 Confirmation of Appointment (Pengesahan dalam Lantikan)

This is an important process which has to be done by every public servant in Malaysia. This process informs the Public Service Department and the Public Service Commission that you have reported for duty and indicates your date of appointment to the public service (Tarikh Lantikan). This date is required in almost every form in the Government service when requesting for leave or scholarships.

Confirmation of service is normally done within the first week of reporting for duty. The documents required are prepared by the Hospital administration and given to you when you report. It is then your duty to complete the forms and return it to the Hospital administration office as soon as possible.

The documents required are as follows

- Surat Setuju Terima Pelantikan (SPA. 6A)
- Surat Akuan Sumpah (SPA. 6B)(Bagi Pegawai Lantikan Terus)
- Pengesahan Pengamal Perubatan Berdaftar (Bagi Pegawai Lantikan Terus)
- Keputusan Pemeriksaan: Sihat/Tidak Begitu Sihat/Tidak Sihat*
- (Berdasarkan Pekeliling Perkhidmatan Bilangan 1 Tahun 2013)
- Penyata Perubahan (Kew. 8)
- Surat Aku Janji
- Sijil Pengesahan Tapisan Keselamatan (bagi jawatan yang disyaratkan)
- Salinan Ijazah Perubatan
- Salinan Perakuan Pendaftaran Sementara MMC
- Salinan Kad Pengenalan Pegawai

### 1.8 Asset declaration (Pengisytiharan Harta)

Another important document to be completed upon reporting and then subsequently updated every 5 years or when a new asset is purchased. This is now done online via the eHRMIS application/website. This declaration is a requirement and failing to do so may lead to disciplinary action taken against you.

### 1.9 Transfer Claims

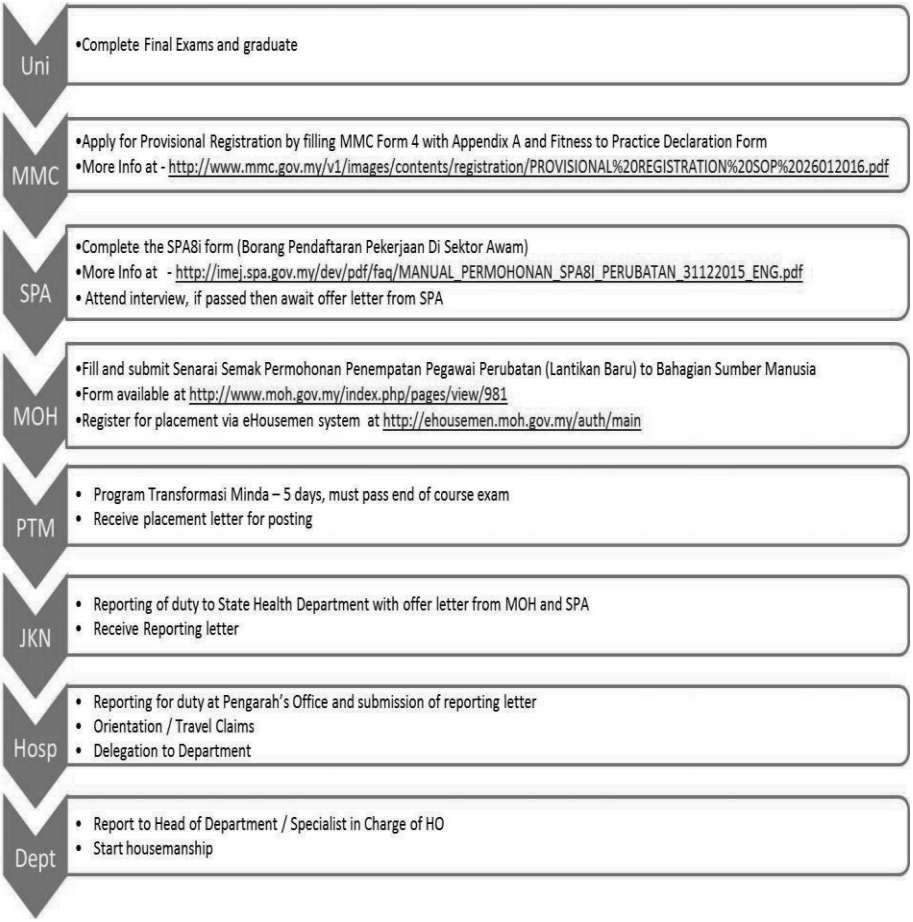
You are entiltled to the following claims upon reporting for duty. This is to be submitted within a month of reporting.

- Elaun Perjalanan (From your home to the Hospital that you are posted to)
- Elaun Makan (2 days prior and 5 days after reporting for duty)
- Elaun Penginapan (2days prior and 5 days after reporting for duty – with proper receipts)
- Elaun Pertukaran

### 1.10 Compulsory service

Under section 40 of the Medical Act 1971, every new doctor has to serve 2 years housemanship + a minimum of 2 years continuous service within the public service upon full registration with the MMC. Failure to complete this compulsory service will lead to the doctor being unable to register for an annual practicing certificate and thus practice medicine.

Flow Chart showing the journey from Medical Student to Houseman




Key : Uni = University, MMC = Malaysian Medical Council, SPA = Public Service Commission / Suruhanjaya Perkhidmatan Awam, MOH = Ministry of Health, PTM = Program Transformasi Minda, JKN = State Health Department / Jabatan Kesihatan Negeri, Hosp = Hospital, Dept = Department

## 2. HOUSEMANSHIP

**Dr. Julian Tey Hock Chuan**

### 2.1 Postings

Under the Medical Act 1971, Section 13(2) and Surat Pekeliling Ketua Pengarah Kesihatan Bil. 11/2007;a medical graduate has to **complete** two (2) years of Housemanship, to be registered by Malaysian Medical Council (MMC). The doctor would be known as House Officer (HO) or *Pegawai Perubatan Latihan Siswazah*.
You have to undergo six (6) diifferent diciplines posting every 4 monthly.
There are five (5) core disciplines/ postings you have to complete:

*a) Internal Medicine*
*b) General Surgery*
*c) Obstetrics & Gynaecology*
*d) Paediatrics*
*e) Orthopedics*

The 6th posting, you will be posted to **one** of the discipline as below:

a) Emergency Medicine
b) Anesthesiology
c) Psychiatry
d) Primary Care (Based in *Poli-klinik Kesihatan*)

*The sequence of the posting might be different between hospitals.

### 2.2 Log Books

Each posting has its own designated logbook which is used nationally in all government hospitals with House Officers. The Logbook contains the lists of clinical skills which you need to observe and perform in the posting. It also shows the attendance of continuous medical education (CME) activities in the posting. It is compulsory for you to complete and submit the logbook to your supervisor before the end of posting assessment.

### 2.3 "Tagging" During Housemanship

"Tagging" is compulsory for all House Officers (HO) who newly join a clinical posting, to obtain **on the job** training so as to be able to function **independently** once the HO starts working on flexi-hours. Maximum duration of "tagging" is usually two weeks, but this may be extended for a longer duration if the HO is not competent to work independently.

"Tagging" usually starts from 730am until 1000pm but it can be of longer duration depending on the posting's needs.

## 2.4 Working Hours and Off Day

Everyday is considered as a working day **inclusive of** Public Holidays and weekends.

The average duration of working hours is between 65 – 75 hours per week. It depends on the workload of the postings.

A HO shall not work continuously for more than 16 hours per session.

HOs will get one full day off per week. The day off can fall on any day of the week, not necessarily on the weekends.

HOs can be given post-night off after night duty provided the HO had completed his/her work, pass over and ward rounds. Normally the HO is given the afternoon off.

The Hospitals and Clinical Departments involved in housemanship training are given the flexibility to modify the flexi-system accordingly, to suit the local setting & environment.

## 2.5 Continuous Medical Education (CME)

It is compulsory for HO to attend the Department CME and Hospital CME.

## 2.6 Annual Leave

A HO is entitled for 25 days of leave per year. Normally it is divided into 8 days (1st posting), 8 days (2nd posting) and 9 days (3rd posting). It can be carried forward if the HO is unable to clear the leave due to service. It can be carried forward to Medical Officer-ship as described in the General Order.

## 2.7 Other Leave

Example: Medical leave, maternity leave, paternity leave and breastfeeding leave.
HO is entitled for these types of leave as prescribed under Chapter C in the General Order. The approval of leave is subject to the approval of the respective Head of Department.
He/she will **need to replace** the number of leave (days) taken, to ensure the total duration of each posting is equivalent to four (4) months.

## 2.8 End of Posting Assessment

HO will be assessed by the Supervisor (Specialist or Consultant in the respective posting) at the end of each posting. The assessment may vary among the six postings. Normally the assessment is a written exam or viva; to test the HO's knowledge, clinical skills and competency. Assessment of HO's attitude will be based on the day to day clinical works in the respective posting.

## 3. CONFIRMATION IN SERVICE

**Dr. Khiritharan A/L Mannie Rajah**

### 3.1 When are you Eligible?

You are eligible to be confirmed in service between 1 to 3 years from the date of appointment (Tarikh Lantikan). Confirmation in service is a **VERY IMPORTANT** procedure as only then are you eligible for all the benefits of the government sector such as taking of car loans, house loans, computer loans, promotions, masters application etc.

### 3.2 Documents for confirmation in service (Pengesahan Dalam Perkhidmatan)

The following documents are needed for 'Pengesahan Dalam Perkhidmatan';

a) Perakuan Ketua Jabatan - Jadual Ketiga P.U. (A) 176/2005

b) Borang Opsyen Skim KWSP - Jadual Kelima P.U. (A) 176/2005

c) If you decide to choose Pension Scheme, you have to fill up Jadual Keenam – Perakuan Pemberian Taraf Berpencen (Peraturan 36).

d) Copy of your Service Book with the following information documented:

   i. MMC Full Registration Number
   ii. Date of postings with the end of posting exam results
   iii. Date of Program Transformasi Minda (With certificate attached)
   iv. Duration of posting extension (If applicable)
   v. Date of Pemberian Taraf Berpencen (If applicable)
   vi. Date and Duration of Unpaid Leave (If applicable)
   vii. Absent from work, without permission (If applicable)
   viii. Disciplinary action (If applicable)

e) Copy of MMC Full Registration Certificate

f) Copy of degree certificate

g) Copy of Surat Tawaran Perlantikan SPA

h) Surat Setuju Terima Perlantikan (SPA.6A)

i) Surat Akuan Sumpah (SPA.6B)

j) Surat Akuan Doktor

k) Penyata Perubahan (Kew. 8)

l) Surat Aku Janji

m) Copy of identity card

n) Approval of Tapisan Keselamatan

### 3.3 Difference between KWSP and Pension Scheme

All government servants would be given an option to choose between these 2 schemes at the time of application for confirmation in service. If you opt for the pension scheme, you are entitled for pension and medical benefits if you stay in government sector till you retire. The government WOULD NOT contribute anymore to your EPF. If you decide to resign earlier, you would lose your pension and medical benefits. If you choose to take the EPF scheme, you may leave the government sector at any time or stay till you retire and still take both yours and the government portion of the EPF. If you decide to stay in government service till you retire, you are still entitled to receive medical benefits on compulsory retirement.

**(Individuals who choose pension scheme can still continue to contribute to EPF on their own with minimum monthly contribution of RM50 to maximum of RM 5000 monthly)**

It is important to know that it is the **responsibility of the doctors themselves** to apply for confirmation in service as it is **not an automatic procedure**.

### 3.4 Exit Policy

In 2015, an exit policy was enacted for the removal of poorly performing government servants. This is done after taking into account the performance, behaviour, the value of the officer in service, failure of the officer to fulfil the requirements of his work and any other matter raised by the government.
If a government servant did not achieve at least 60% SKT marks for 3 consecutive years, he/she will be put on observation period for at least 1 year and further investigation will be conducted by the human resource department and the head of department. If the government servant's performance is still not satisfactory during the period, the exit policy will be carried out.

Public servants removed via exit policy can still be considered for pension under the act 227.
For those who chose KWSP, they will be entitled to receive benefits as stipulated by the law with regards to KWSP. They will also be eligible for medical benefits.

## 4. ANNUAL SALARY INCREMENT

**Dr. Khiritharan A/L Mannie Rajah**

### 4.1 SKT (Sasaran Kerja Tahunan)

SKT is an important document which has to be filled by everyone at the end of each year online via HRMIS system. A doctor who does not fill up his SKT is not eligible for annual salary increment. SKT marks are also important for your promotion and Masters degree application. SKT marks of **85% on average for 3 consecutive years** are required compulsorily to be eligible to apply for Masters program.

### 4.2 LNPT (Laporan Nilaian Prestasi Tahunan)

LNPT is an evaluation system introduced in 2011 which has to be cleared before anyone is to be given 'anjakan gaji' or promotion. It has a few components, mainly KPI (key performance indicator), SKT, 'sumbangan idea kreatif/inovatif' and 'sumbangan di luar tugas rasmi'. All these areas are assessed by two superior officers. LNPT is filled up online via HRMIS system.

### 4.3 Salary Increment

Everyone is entitled for salary increment as long as you have **SKT marks 60% and above**, and a **completed LNPT** has been submitted online.

## 5. DOCTOR PATIENT COMMUNICATION: PERFECTING THE ART

**Tan Sri Dr. Mohd Ismail Merican**

*'Observe, record, tabulate, and communicate. Use your five senses. Learn to see, learn to hear, learn to feel, learn to smell, and know that by practice alone you can become expert'*

Sir William Osler

*Doctor patient communication is the most common cause of complaints and failure of communication is an important cause of medical errors.*

*I do not wish to regurgitate what has been extensively published on this subject but will instead stress the main points in the art of doctor- patient communication through my own experience and anecdotes. This approach would probably be more effective and impactful to our younger doctors.*

### 5.1 Non-verbal communication

I remember an encounter with a patient many years ago when I was working as a physician in Taiping Hospital. She was in her early thirties and came regularly to see me, each time smiling and complaining of vague abdominal pain. I could not find a cause and wondered why she kept on coming to see me, each time looking seemingly happy and quite unconcerned that we could not reach a definite diagnosis. As a physician, your observational skills are important. This is part of non-verbal communication. I sensed that she could have underlying depression and was masking it from me probably because of shyness or discomfort in discussing her marital problems with me. Perhaps the monthly sessions with me were sort of therapeutic even though the problem remained unsolved. After several visits, I persuaded her to get herself admitted mainly to ascertain the diagnosis. I encouraged her to bring along her husband. She readily agreed. During the interview in the ward, she broke down and cried for the first time and the husband was taken aback obviously oblivious of his wife's unhappiness. To cut the long story short, she improved after the truth was unraveled. They both made up and the abdominal pain did not recur. I wanted to share this story with our young doctors to stress the importance of observation and non-verbal communication. The case stayed with me till today.

### 5.2 Getting the most from your patient

Courtesy, respectfulness, responsiveness and empathy are vital for a beneficial interaction with your patient.

A doctor's communication and interpersonal skills are imperative if he or she wishes to gather the most amount of information from his or her patient in order to get an accurate diagnosis, discuss the management plan, prognosis and at the same time observe the reaction of the patient after being told the news. There are patients who do not absorb fully what you tell them. Either they do not understand or they do not care. Your job is to make sure they understand what they are suffering from and that you have the ability to guide them through the critical period. You have to show that you care and they can trust you.

Do not be clinical and state "you have cancer" or 'you have only 3 months to live' nonchalantly and expect them to thank you for the news. Nothing is worse than releasing a barrage of information to an unprepared patient. You might scare them off. Worse still, they may think you are being too brutal and therefore uncaring.

I always feel that your attire, your professionalism, warmth, gentility, composure, tone, bedside manners are important ingredients in order for you to build a trusting relationship with your patients. Of course you must be knowledgeable, honest, humble and approachable. Attentive listening, empathy and genuine concern for the patient will endear you to your patients. They have to trust you in order to adhere to your instructions and management plan.

### 5.3 Do not assume your patients understand you

Do not assume the patient understand what you tell them all the time. I remember prescribing patient with dulcolax suppositories for his constipation only to learn later from him that the treatment did not work and instead he had to endure terrible discomfort in trying to swallow the suppositories! There was also this surgeon who instructed the nurse to give 'mist pot cit' (mist potassium citrate) to a patient with urinary problems only to discover later that the nurse gave him a pot to sit on! There are many examples of such breakdown in communication.

Always talk in a language the patient can understand and this include avoiding medical jargon as far as possible. Build a trusting relationship with him if you want him to follow your advice and comply with treatment. Do not be put off if he asks a zillion questions. It is his right to ask and your job to explain and provide the answers. Remember these days patients may have more information than you do. Sometimes they may be testing you. If you fail to impress them or provide wrong or evasive answers, you will lose the patient and the whole town will soon learn about it. So always be prepared, knowledgeable and honest. If patients default treatment, you must share part of the blame as you have obviously failed to convince him enough, discounting those who wish to seek alternative remedies. Some doctors think they are great communicators and get enraged when their patients do not heed their advice.

### 5.4 Getting the right diagnosis

Good doctor-patient communication is vital for you to get the right diagnosis and provide the right treatment. It is all about trust and patience. The patient need to trust you and you need to be patient. Listen carefully and emphatically to his problems without showing signs of impatience, boredom and inattention. If he finds or thinks that you are not interested or notices that you prefer looking at your watch or sending text messages etc. the communication is over and you will lose him.

You must show genuine respect for you patients; do not be condescending or patronising. Manage the patient's expectations no matter how difficult or challenging they are. These days, patients are demanding. That is not to say they are being difficult. It is just that they themselves are knowledgeable especially having access to the internet. They get naturally worried if their doctors know less than they do.

## 6. MEDICAL INDEMNITY/ INSURANCE FOR GOVERNMENT DOCTORS.

**Do you need to invest in it?**

**Prof. Dato' Dr. NKS Tharmaseelan**

### 6.1 Introduction

We are humans and are certainly prone to errors of judgment in the practice of medicine whilst providing proper healthcare management to the public. . However, a better educated and increasingly assertive public who have greater awareness of the medical and legal systems , with rising expectations, do not seem to tolerate or accept these errors of judgment lightly . They demand a pound of flesh for these incidents. This is evidenced by the rising number of complaints and civil suits filed against doctors.

### 6.2 The Reality

It is assumed by many doctors serving in the public sector, that the government will indemnify anyone for all acts performed by public sector doctors during the course of duty. ***Whilst it may be true to a certain extent it certainly does not cover all aspects of your conduct and acts during the course of work.***

### 6.3 The Caveat

When medical negligence is proven against the public sector doctor in the court of law, the Ministry of Health (MOH) usually bears all legal costs including the awards for damages given out by the courts against the doctor. The Ministry of Health ***usually*** exercises its discretion in favour of the doctor and bears all costs, awards and damages involved. .

***However,*** of late, the Ministry of Health has **felt it necessary** to impose a **certain percentage** of the damages awarded, onto the doctor, **when they find that the doctor has been grossly negligent.**

The MOH felt that it was necessary for the doctor to bear some responsibility and pay for grossly negligent acts. MOH feels that doctors, even if they are in the government sector, had to assume responsibility for grossly negligent acts.

Unless done so, the doctor may not view his acts seriously and may continue to perform negligently and may not make efforts to improve his performance in the course of duty.

### 6.4 The current trend

Courts these days are increasing the awards given to patients for negligence in millions, the latest being ***over RM 5 million*** for a cerebral palsy case. Paying a percentage of such enormous awards can wipe out all that you have saved in years of public sector 'service'. ***To avoid being burdened by such awards, the doctor would be advised to procure medical indemnity from the various indemnity / insurance organisations.***

***Public sector doctors are given special rates for indemnity/insurance involving clinical work. The indemnity fees will only cost a fraction of the premiums charged for private sector doctors .It will not burn a hole in your pocket.***

In cases where a negligence suit is filed against you whilst serving the public sector, the Indemnity organization will work with the government appointed lawyers and defend the matter where necessary. They will also bear the portion of the damages which the courts may impose on you.

### 6.5 LOCUM and after hours practice

It is 'norm' these days for government doctors to do locum in the private sector. It certainly is advisable that you have the necessary indemnity / insurance cover. There are special rates for doctors in this category. ***It would be foolish for anyone to do locum in the private sector without any form of insurance***. Be reminded that only doctors who are fully registered with MMC and have obtained the necessary permission from MOH are allowed to do locum in the private sector meaning that ***house-officers are barred from doing so.***

There is also special type of covers where you can pay a nominal sum as government doctor. This allows you to seek legal advice and the services of a defense counsel on any matter but not for any awards or damages made against you. Further, the indemnity will allow you to seek advice from a legal counsel and representation when the Department, the MOH or even the Malaysian Medical Council (MMC) initiates disciplinary action against you.

***In rare instances a criminal case can arise against you during the course of work such as allegations of sexual molestation, fraudulent issuance of Medical certificates and other acts that may warrant criminal prosecution. Even though you may work in government sector, any government agency may still choose to prosecute you for any disciplinary, civil or a criminal offence. In these instances it would not be feasible or appropriate for the government to defend you at the same time. Thus, only an indemnity organization will be able to help you.***

### 6.6 The cost of legal representation is high!

A legal counsel will charge you a minimum of RM 5000.00 a day, for appearance before the MMC or at a disciplinary hearing at department or hospital level. You can obtain indemnity at a fraction of the cost. To be of assistance, you must have taken indemnity before the incident not after the incident.

### 6.7 What you need to do before investing in a medical cover

You must speak to your indemnity organization to know all details before paying the fees. Some indemnity organizations will offer 'Claims made basis' cover,that offers protection for the incident if you are currently paying their fees. They will not pay any awards or protection if you have lapsed in payment. You must be an 'active' paying member of the insurance or indemnity organization when action is initiated against you for previous incident. Other insurance or indemnity organisations will offer an 'Occurrence or Incident based cover'.

This will offer protection for an incident many years later; if you were an active subscriber at the time of the incident though currently you may not be a subscriber. Premiums usually are higher for this type of cover.

### 6.8 Take home message

Though procuring indemnity or insurance, may be deemed to be, not absolutely essential, it is preferable to have some form of indemnity or insurance cover even if you are working for the public sector.

## 7. THE ROAD TO POST GRADUATION IN MALAYSIA AND THE ALTERNATIVE PATHWAYS: A POINT BASED GUIDE

**Dr. H. Krishna Kumar**

**INTRODUCTION:**

There are 3 ways to do post graduate examinations in Malaysia:

- Masters
- Membership
- Others

### 7.1 MASTERS

Requirements:

a) 2 years as a medical officer (after completing 2 years housemanship)
b) Confirmation in service
c) A Credit in Bahasa Malaysia
d) 3 years average PTK above 85%
e) No disciplinary action on your service book
f) A Pass in the qualification examination

There will be an **ADVERTISEMENT** usually out between September and December for the coming year.

#### 7.1.1 QUALIFICATION EXAMINATION

- Differs between disciplines
- Held once or twice a year
- Compulsory pass in some disciplines for entry requirement

#### 7.1.2 SHIFTING BY BAHAGIAN LATIHAN

- Conditions as above
- No compromise as run by PTD officers

#### 7.1.3 INTERVIEW

- By university professors, head of service of that individual discipline from the Ministry of Health and JPA representatives
- As a screening for other requirements i.e. EQ, aptitute, atitude, commitment, etc
- Usually marked and differentiated by a point system

#### 7.1.4 SELECTION

- A number of candidates for each specialty has been predetermined
- Offered based on criteria and points above

**7.1.5 OFFER**

- All will be a with scholarship from the Government (Hadiah Latihan Persekutuan)
    - The Bond is the actual cost for training including all emoluments and fees paid. A minimum amount is usually mentioned i.e. RM150, 000 but changes with the increase cost of living.

**7.1.6 POSTING**

- May be IN-HOUSE: All 4 years in the university
- May be SHARED: Usually first 2 years in the Ministry of Health Hospitals. Followed by 2 years in the university. There may be a variance among the disciplines.
- The above 2 are usually required by the Universities as they need the free workforce to run their services in their individual hospitals.
- May be OUT campus totally: Planned for the future. Able to offer more candidates. Spend all the time in the Ministry of Health hospitals except for compulsory classes and courses that will be predetermined by each discipline at the beginning of the course. This is preferred by the MOH as it has minimal disturbance to the services provided by the MOH Hospitals and the doctors continue to provide the required services to the takyat.

**7.1.7 STARTING DATE**

- 1ST June or 1st December
- Option given for some to fulfil personal requirements including pregnancy and other temporary medical conditions.

**7.1.8 TRAINING**

- Depending on the above.
- Will usually have a mentor from the university and a mentor from the hospital where you are posted.
- Minimum 4 years.
- Not able to proceed to second year until completing the Part 1 exams. Part 2 exams are usually before graduation.
- Total a maximum of 7 years unless special circumstances.
- Getting pregnant, ill more than 2 weeks or for any other reason would be considered as failing the exam and having a 6 month extension and a missed attempt.

**7.1.9 SCHOLARSHIP**

- 4 years without any problems.
- All fees and 2 courses per year paid. 5th and 6th year, no more courses.
- May have to pay your own exam fees.
- Usually posted back to MOH hospitals. 7th year - all on your own - term fee, exam fees, leave, etc at your own expense.

### 7.1.10 BOND

Starts the moment you accept the place and scholarship. No reduction if you quit before completing the programme. Minimum amount is RM150,000. Bond is for 6 years for those completely in campus and may reduce to 5 years for those in out campus.

## 7.2 MEMBERSHIP

- Usually UK based exams but sometimes the Australian exams are also recognised
- Differs between disciplines
- Most common are MRCP, MRCPaeds, MRCOG and MRCPsy
- MRCS not recognised. You need to get FRCS. Currently you need about 2-3 years of recognised training before sitting for the exam but this has been restricted to hospitals in the UK. Cardio-thorasic have started in Malaysia. Others need to go to the UK to do the training. May be brought here in the near future.

### 7.2.1 TRAINING

- MINIMUM 4 years.
- Recognised training centre with specialist supervision.
- 6 months gazzetement USUALLY but can be up to 18 months.
- Although there is a minimum of 4 years, there is no maximum. The usual limiting factor is the cost and interest to continue sitting for the exams.
- MRCP and MRCPCH need 3 years of training before Part 2. They need 18 months before gazzettement and must full-fill certain rotations

### 7.2.2 EXAM FORMAT

- Based on individual exams. Usually divided to 2 or 3 parts. 3 part system becoming more common as you do not need to resit the theory paper if you do not get through the practical / clinical paper
- **PART 1 EXAM**
    - Requirements differs for each discipline
- **PART 2 / 3**
    - Differs between the disciplines. Some of the exams can be done locally but others will require you to go broad to sit for them.

## 7.3 OTHERS

We must not forget the other non-clinical disciplines. These include specialties like public health, occupational health, hospital administration, etc.

However, each has its own curriculum and pathway for gazzettement. In some of these areas currently, is being headed by people who do not have the post graduate qualification but are substituted with their experience.

Hence, this postgraduate qualification would be a bigger asset in these disciplines for career development.

## 7.5 BOARD CERTIFICATION

This has been a new proposal. It is based on the American system and has been successfully implemented in Singapore as well.

With the new Medical Act, the certification and recognition of specialists lies with the Malaysian Medical Council (MMC). Through the National Specialist Registry (NSR), they are able to recognise or refuse recognition of people claiming to be specialists. This has created a new opportunity outside the control of the Education Ministry.

The MMC can through the new law appoint another body i.e. the Academy of Medicine to set the curriculum and the exams. It can also appoint a separate body i.e. the Ministry of Health to conduct the organised, structured training of at least 4 years. By having an exit exam at the end of a 4 year training course, a doctor can be Board Certified by the MMC as a specialist qualification. This would enable the

MMC to subsequently register these doctors as specialists in the NSR.
These are all in the planning stages only and have not seen the light of day. We still await the Rules and Regulations of the MMC which may shed more light into this issue.

## 8. SOCIAL MEDIA GUIDELINE FOR THE MALAYSIAN HEALTHCARE PROFESSIONALS

**Mohd Razeen Mohd Hassan, Dr. Lee Yew Fong, Mr. Prabhu Ramasamy, Mr. Baljit Singh s/o Jigiri Singh**

### 8.1 SUMMARY

Social media are online platforms that allow real time sharing of information/multimedia contents and discussion among individuals, peers or the public. Examples of social media include Facebook, Twitter, YouTube, WhatsApp, WeChat, Instagram, blogs, etc. When using social media, healthcare professionals (HCP) must carefully observe the following etiquettes when sharing multimedia or discussing issues pertaining to patients' healthcare.

**I. SAFEGUARDING PATIENTS' INTEREST ON SOCIAL MEDIA**

- Doctors **must** maintain patient privacy and confidentiality at all times on social media
- Doctors **must not** discuss about patient's case or provide consultation on the following social media sites: Facebook, Twitter, Instagram, Blogs and YouTube
- Doctors **must not** share details of personal information, medical information or images of body parts that may directly or indirectly reveal the identity of patient on social media
- Doctors **must** obtain prior written consent from patient before capturing, sharing on social media or using photographs of patient for academic purposes
- Doctors **must** ensure that patient care details intended for a professional closed target audience are not accidentally shared with other unintended recipients on social media

**II. SAFEGUARDING DOCTORS' INTEREST ON SOCIAL MEDIA**

- Doctors **must:** maintain a high level of *professionalism* at all times on social media
- Doctors **must not** be seen portraying *behaviours* that are legally and/or professionally unacceptable to the profession (eg: alcohol intoxication, discriminatory gesture, etc.)
- Doctors should be mindful that any content shared on social media may be *retrieved* in the future for purposes that could either benefit or more likely *harm their career*
- Doctors **must** avoid *verbal conflicts* with members of the public on social media
- Doctors **must not** harm the *reputation of their colleagues* through contents posted on social media
- Doctors **must not** make or reproduce any *defamatory allegation* against individuals or organisations on social media
- Doctors **must not** make or reproduce offensive statements against other *race or religion* on social media
- Doctors **should** acknowledge personal opinions regarding healthcare-associated issues as such if shared with the public on social media
- Medical consultations between *doctors and patients* and *doctors in Ministry of Health and doctors in private institutions* **must not** be held on social media
- Details of any professional consultation held on social media **must** be followed with contemporaneous documentations in patient's case notes
- Doctors **must not** *refer cases* over social media platforms

**III. SAFEGUARDING THE HEALTHCARE INSTITUTION ON SOCIAL MEDIA**

- Doctors **must** keep the *identity* of the healthcare institution involved in patient care confidential when reproducing healthcare-associated contents on social media
- Doctors **must not** make or reproduce *defamatory allegations* against any healthcare organisation on social media

## 8.2 SOCIAL MEDIA USE AMONG HEALTHCARE PROFESSIONALS

Social media is an online platform that promotes collective gathering and discussion among individuals, peers or populations. Examples of commonly used social media platforms include Facebook, Twitter, Google+, YouTube, Instagram, Blogger, WhatsApp, WeChat, etc.

The use of social media among doctors in the current decade is ubiquitous. Although social media bring about various advantages to healthcare providers, there are threats associated with the use of these social platforms. Doctors should therefore understand the distinction of the social and professional roles of social media, as well as the unique challenges that may arise when using social media for each purpose.

**a. Social purposes**

- Contents deemed personal that are shared with members of social networks such as family and friends. Eg: Photos of a vacation trip, video of a child reaching a milestone
- Challenges: Unprofessional behaviour exhibited on social media may lead to questioning of a doctor's reputation and integrity

**b. Professional purposes**

- Contents that are part of *professional* communication between healthcare professionals, or between a healthcare professional and members of the public. Eg: Images of patient X-ray film and healthcare-related consultation (between healthcare professionals); educational blog posts about healthcare-related topics – diseases, medical affairs, etc. (between a healthcare professional and members of the public)
- Challenges: Breach of patient confidentiality, sharing of anecdotal medical information, real-time and permanence of the contents shared online that are freely viewed online

## 8.3 DEFINITIONS

a) **"Social media"** are online platforms that allow sharing of information, opinions, personal messages or user-generated multimedia contents in real time between the user and the online target audience [1-4].

b) **"Patient-related information"** are contents that include patient's personal information, medical information on case notes, sensitive social information, photographs, clinical investigation results, excised surgical specimen and institutional information, that may be reproduced on social media

c) **"Consultation"** is a deliberation between healthcare providers to obtain advice or discuss a case for the purpose of patient management[5]

d) **"Referral"** is a process in which a healthcare provider in one health facility transfers the responsibility of the management of the patient to another healthcare provider or health facility[5]

e) **"Health education"** refers to the combination of learning experiences designed to help individuals and communities to improve their knowledge, attitudes and health practices[5]

f) **"Child patient"** is a patient who has yet to attain the legal age of consent – i.e. less than 18 years-old

## 8.4 SAFEGUARDING PATIENTS' INTEREST ON SOCIAL MEDIA

**Patient Identity & Medical Records**

a) Doctors have legal and ethical obligations to maintain patient privacy and confidentiality at all times

b) The jurisdiction of the privileged doctor-patient relationship extends to the domains of social media

c) Doctors ***must*** ensure that **patient identity** is not revealed[6] when sharing patient-related information, consulting or discussing patient's case with other healthcare providers

d) Doctors ***must not*** share any patient-related information, discuss cases or provide consultations on Facebook, Twitter, Instagram, Blogs and YouTube

e) Doctors ***must*** obtain **written consent** from patient (or parent of a child patient) prior to sharing patient-related information with other healthcare provider(s) on social media for discussion or consultation purposes

f) Doctors ***must not*** reproduce photographs of an ill or dysmorphic paediatric patient on social media

g) Prior **written consent** must be obtained from patient (or parent of a child patient) before:

   i. Photographing
   ii. Sharing on social media
   iii. Using for academic purpose

Photographs of patient's physical examination findings, deformity or other patient-related information, after obtaining the approval of a senior member of the medical team caring for the patient

- Prior **written consent** must be obtained from the parent of a healthy child/neonatal patient prior to taking the patient's photograph and sharing it on social media
- Doctors ***must not*** distribute patient-related information or discuss issues related to patient on social media platforms which allow access to the public or any unknown third-party user
- All doctors who are involved in the exchange of patient-related information via social media ***must*** delete all patient-related information stored in their mobile devices at the end of each consultation
- Doctors ***must*** ensure that access to their mobile devices are protected by password, pin or pattern to prevent breach of patient confidentiality when patient-related information stored within the device is accessed by non-healthcare providers in the event of theft of the device
- Doctors ***must not*** share any patient-related information (including photographs) for health education purposes with members of the public

## 8.5 SAFEGUARDING DOCTORS' INTEREST ON SOCIAL MEDIA

**Professionalism**

- Doctors ***must*** maintain a high level of professionalism at all times on social media
- Doctors ***must not*** portray behaviours that are legally and/or professionally unacceptable to the profession (alcohol intoxication, physical abuse, discriminatory gesture, profanity, etc.)
- Doctors ***must not*** produce offensive statements regarding other race or religion

**Permanence**

- Doctors ***must*** assume that any user-generated contents that are uploaded on social media will:
    - belong permanently to the social networking service company
    - be permanently stored on the servers online
- Doctors ***should*** therefore be careful of the nature and tone of the contents that they choose to upload, as these contents **may** be retrieved in the future for purposes that could either benefit or *more likely* harm their career

**Personal space, privacy and boundary**

- The doctor-patient boundary on social media may appear unclear in certain regards. When offered an invitation to connect from a patient, doctors ***may*** either approve the request or **politely decline** it. Doctors ***may*** notify such patients of their personal policy to maintain a professional doctor-patient boundary on social media
- Doctors ***must*** assume control of the target audience for every content they choose to share on social media, including personal status updates, photos and other media contents

**Conflicts with members of the public/peers**

- Doctors carry an esteemed reputation and integrity at every avenue that identifies them as a doctor, including social media. Doctors ***must*** thus maintain the highest professional and ethical standards expected of them at all times on social media
- Doctors ***must*** avoid conflicts (eg: verbal, belief, opinion, etc.) with members of the public on social media as these may bring disrepute towards the professional outlook of the doctor
- With reference to the **Malaysian Medical Council (MMC) Code of Professional Conduct 1986**[7] **- 1.3**, doctors ***must not*** harm the reputation of their fellow colleague(s) through contents posted on social media
- Doctors ***shall not*** share patient-related information for amusement purposes on social media

**Defamation**

- Pursuant to the **Defamation Act 1957**[8]**,** doctors ***must not*** make or reproduce any defamatory/ slanderous allegation against another individual on social media
- Pursuant to **Sect. 499-502 of the Penal Code**[9]**,** doctors ***must not*** make or reproduce any defamatory/ slanderous allegation against individuals or organisations on social media

**Healthcare-associated opinions**

- Doctors ***should*** aim to provide high-quality, evidence-based opinions when engaging with the public about healthcare-associated issues on social media
- Doctors ***should*** acknowledge personal opinions regarding healthcare-associated issues as such if shared with the public on social media to avoid confusion between factual and opinion-based nature of the information received

**Consultations and Conversation Threads**

- Medical consultations between:
  i. **Doctors and patients**
  ii. **Doctors in MOH and private institutions**
  ***must not*** be held on any social media platform[5]
- When discussing cases between two healthcare providers, details of the professional consultation made over social media ***must*** be contemporaneously documented in patients' case notes (i.e. identity of the sender, the conveyed information and the type of social media used)
- Case referrals ***must not*** be made over social media platforms
- The following conditions must be satisfied when discussing patient-related medical issues within a closed group of healthcare providers on social media for the purpose of exchanging ideas and exploring professional opinions:
  - Patient's identity is kept confidential when discussing the case or sharing medically-relevant patient-related information
  - Approval is obtained from a senior member of the medical team to engage in the discussion
  - A moderator is selected to add or remove members from the conversation thread and ensure adherence of all members to the *Social Media Guidelines* of Ministry of Health (MOH), 2016[5] when interacting in the thread
  - Identity of all audience within the conversation thread/group is known to the doctor
- Doctors ***must*** know the identity of the sender before replying with sensitive patient-related information
- Doctors ***must*** ensure that patient-related information intended for a professional closed target audience are not accidentally shared with other unintended recipients of different conversation threads in their social media application
- Doctors **must not** use social media to communicate details of patient care with peers who are not involved in patient care unless it is for a second opinion, with approval from a senior member of the healthcare provider

## 8.6 SAFEGUARDING THE HEALTHCARE INSTITUTION ON SOCIAL MEDIA

**Roles and Responsibility**

- The Person-In-Charge (PIC) of the healthcare institution (Eg: Hospital CEO, hospital director or head of department/unit) ***shall*** ensure the adherence of all doctors within the institution to the Social Media Guidelines of MOH[5]
- PICs ***shall be*** aware of all the clinical conversation threads that are formed and registered within their individual healthcare institution
- PICs of each healthcare institution ***shall be*** responsible for the confidentiality and authenticity of the patient-related information that are shared between doctors within the institution

**Identity**

- Doctors ***must*** ensure that the identity of the healthcare institution involved in patient care is kept confidential when reproducing patient-related information on social media. Any form of multimedia shared on social media ***must not*** reveal or imply the identity of the institution involved (Eg: Name, emblem, photo or video depicting the institution). Such contents may include, but are not exhaustive of the following documents:
  - Patients medical record documents
  - Referral letter
  - Appointment card
  - Clinical investigation results
  - Diagnostic investigation films or report
  - Treatment chart
  - Medication dispensary sheets
  - Medical certificate of absence
  - Medical certificate of death
  - Other documents pertaining to patient care

**STATEMENT OF INTENT**

This guideline intends to serve as a practical advisory document to guide the use of social media amongst healthcare professionals in Malaysia. Adherence to this guideline may not confer absolute medicolegal or ethical protection to the healthcare professionals on social media, as online sharing of these contents may present with unique sets of challenges that this guideline may not address in this edition. It is thus the duty of each healthcare provider to consult their superiors when faced with uncertainties related to conduct on social media. Regardless, each healthcare professional is responsible for the consequences of his/her own actions on social media.

The following international guidelines on social media were used as references in the production of this guideline:

- "Garis Panduan Penggunaan Media Sosial Dalam Perkhidmatan Penjagaan Pesakit Di Fasiliti Kementerian Kesihatan Malaysia", Surat Pekeliling Ketua Pengarah Kesihatan Bil 10/2016, 31-03-2016
- "Doctors' Use of Social Media", General Medical Council UK, 2013
- "Social Media and the Medical Profession", Australian Medical Students' Association, 2010
- "Social Media and Canadian Physicians: Issues and Rules of Engagement", Canadian Medical Association, 2011
- "Social Media for Family Physicians: Guidelines and Resources for Success", American Association of Family Physicians, 2013

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6. Malaysian Medical Council, *Good Medical Practice,* 2002
7. Malaysian Medical Council, *Code of Professional Conduct*, 9th December 1986
8. *Defamation Act 1957 (Revised 1983)*, Laws of Malaysia, Percetakan Nasional Malaysia Bhd, 2006
9. *Penal Code (Act 574),* Laws of Malaysia, International Law Book Services, Malaysia, 2002

## 9. HEALTH RECORDS IN MALAYSIA: WHAT DOCTORS SHOULD KNOW

**Dr. Azhar bin Amir Hamzah**

When we talk about heath records; how they are kept, governed and scrutinized; most doctors will shy way considering the hard dry facts that haunt this subject.

In this era of ever increasing medical negligence and litigations, increased awareness of patients' privacy and confidentiality rights, it is important doctors have a better understanding of health record access and what they can and cannot do within the constraints of the existing laws. There can be no excuse to live in the world of self-ignorance and hoping things will work for us, unless you are careful and keep your self-updated. A survey done is US showed that only 30% of doctors know the proper procedures and access for health records. It's your guess how many of our doctors are aware!

Health professionals often receive requests from people who wish to view or obtain copies of their own health records or those of others. Sometimes these requests come directly from the patient and at other times the requests may be from third parties such as solicitors and Third party administrators.

**What is a health record?**

A health record is any record which consists of information relating to the physical or mental health, or condition of an individual made by a health professional usually in connection with the care of that individual. It can be recorded in a computerised form, in a manual form or a mixture of both. Information covers expressions of opinion about individuals as well as facts.
Health records include the following:

- Notes made during consultations
- Correspondence between health professionals such as referral and discharge letters
- Results of tests and their interpretation
- X-ray films, videotapes, audiotapes, photographs
- Tissue samples taken for diagnostic purposes.

They may also include internal memoranda, reports written for third parties such as insurance companies, as well as theatre lists, booking-in registers and clinical audit data, if the patient is identifiable from these.

### 9.1 Doctors need to know who has the right to have access to health records

The problems starts when doctors reveal information to unauthorised individuals. Doctors need to be clear who should have access to health records. Those who are eligible are:-

- Competent patients

  Competent patients may apply for access to their own records, or may authorize third parties such as lawyers, employers, or insurance companies to do so on their behalf. Competent young people may also seek access to their own health records. It is **not necessary** for competent patients to give reasons as to why they wish to access their records.

- Individuals on behalf of adults who lack capacity

Patients with mental disorders or learning disabilities should not automatically be regarded as lacking the capacity to give or withhold consent to disclosure of confidential information. Unless unconscious, most people suffering from a mental impairment can make valid decisions about some matters that affect them. An individual's mental capacity must be judged in relation to the particular decision being made. If therefore a patient has the requisite capacity, requests for access by relatives or third parties require patient consent. When patients lack mental capacity, health professionals are likely to need to share information with any individual authorised to make proxy decisions.

- Next of kin

Despite the widespread use of the phrase 'next of kin', this is not defined, nor does it have formal legal status. A next of kin cannot give or withhold their consent to the sharing of information on a patient's behalf. A next of kin has no rights of access to medical records.

- Police

If the police do not have a court order or warrant they may request voluntary disclosure of a patient's health records under section 29 of the DPA. However, while health professionals have the power to disclose the records to the police, there is no obligation to do so. In such cases health professionals may only disclose information where the patient has given consent, or there is an overriding public interest. Disclosures in the public interest based on the common law are made where disclosure is essential to prevent a serious threat to public health, national security, the life of the individual or a third party, or to prevent or detect serious crime. This includes crimes such as murder, manslaughter, rape, treason, kidnapping and abuse of children or other vulnerable people. Serious harm to the security of the state or to public order and serious fraud will also fall into this category. In contrast, theft, minor fraud or damage to property where loss or damage is less substantial would generally not warrant breach of confidence. Health professionals should be aware that they risk criticism, and even legal liability, if they fail to take action to avoid serious harm.

- Solicitors

Health professionals releasing information to solicitors acting for their patients should ensure that they have the patient's written consent to disclosure and, where there is any doubt, confirm that the patient understands the nature and extent of the information disclosed. In practice, most solicitors will provide the patient's signed consent when requesting confidential information. If a solicitor acting for someone else seeks information about a patient, the patient's consent to the release of the information must be obtained. Should the patient refuse, the solicitor may apply for a court order requiring disclosure of the information.

### 9.2 Pearls on record-keeping

Health records must be clear, accurate, factual, legible and should be contemporaneous. They must include all relevant clinical findings, the decisions made, information given to patients, and drugs or treatment prescribed. Personal views about the patient's behaviour or temperament should not be included unless they have a potential bearing on treatment. Health records should not be altered or tampered with, other than to remove inaccurate or misleading information. Any such amendments must be made in a way that makes it clear that they have been altered and when. Doctors should ensure that their manner of keeping records facilitates access by patients if requested. It may be helpful to order, flag or highlight records so that when access is given, any information which should not be disclosed, (such as those which identify third parties) is readily identifiable.

If patients express views about future disclosure to third parties, this should be documented in the records. Doctors may wish to initiate discussion about future disclosure with some patients if it seems foreseeable that controversial or sensitive data may be the issue of a future dilemma, for example after the patient's death.

### 9.3 Be careful of this – there can be information that shouldn't be disclosed!

Information should not be disclosed if:

- it is likely to cause serious physical or mental harm to the patient or another person;
- it relates to a third party who has not given consent for disclosure (where that third party is not a health professional who has cared for the patient);
- it is requested by a third party and the patient had asked that the information be kept confidential;
- the records are subject to legal professional privilege
- it is restricted by order of the courts;
- it relates to the keeping or using of gametes or embryos or pertains to an individual
- being born as a result of in vitro fertilisation;
- in the case of children's records, disclosure is prohibited by law, e.g. adoption records.

### 9.4 Amending medical records

Some doctors realise various documentation errors done while reviewing these records. Some would think it appropriate to just cancel off something and add on something else in the documents.

**That's wrong and potentially against the law**.

Records should not be amended because of a request for access. If amendments are made between the time that the request for access was received and the time at which there records were supplied, these must only be amendments that would have been made regardless of the request for access.

Amendments to records must be made in a way which indicates why the alteration was made so that it is clear that records have not been tampered with for any underhand reason. Patients may also seek correction of information they believe is inaccurate. The health professional is not obliged to accept the patient's opinion, but must ensure that the notes indicate the patient's view. Health professionals are advised to provide the patient with a copy of the correction or appended note.

Patients also have the right to apply to the Information Commissioner to have inaccurate records amended or destroyed.

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