

Stakeholders Consultation of Human Resource in Healthcare



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It was a fine sunny morning on 28 October 2015 in Crystal Crown Hotel, Petaling Jaya. A meeting on "Stakeholders Consultation of Human Resource in Healthcare" was held in this old elegant hotel. The meeting was organised by the Ministry of Health (MoH) Malaysia with the cooperation of World Health Organization (WHO). It had gathered important stakeholders in the MoH, Ministry of Higher Education (MoHE), Public Service Department (e.g. MoH Directors, Head of Services in MoH, Hospital Directors, Deans of local universities etc.) and representatives from relevant non-governmental organisations (NGOs) including Malaysian Medical Association (MMA). The objective of the meeting was to discuss the strategic planning of Human Resource Healthcare Malaysia in the future. I was fortunate to attend the meeting along with our National SCHOMOS Chairman, Mr Vasu Pillai. As a young inspiring doctor, sitting in the crowd of old wise brains did make me feel jittery but knowing that MMA will be kept abreast on the directions of the MoH on this important issue, it was worthwhile after all.

The first session of the meeting was indeed an eye-opening experience, listening to the presentations from three WHO consultants, namely Dr Indra Pathmanathan, Ms Brenda Wraight and Prof James Buchan on the current evidence-based situational analysis of Human Resource Healthcare in Malaysia (the three consultants had earlier conducted a short study prior to this meeting based on data from the ministries and related agencies).

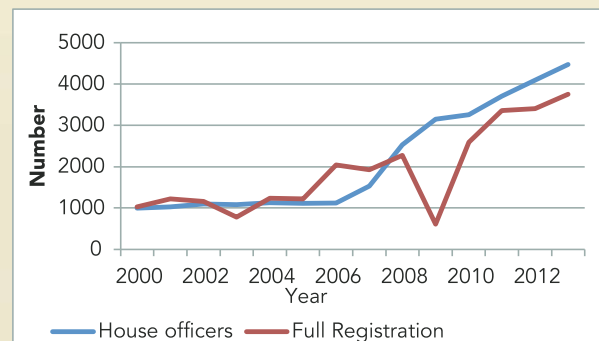
The scope of presentations and discussions covered the profile of Human Resource Healthcare (HRH), education of HRH, legislation & regulations of HRH, and governance & strategic planning of HRH.

On the right are the highlights and summaries of critical issues pertaining to doctors in Malaysia.

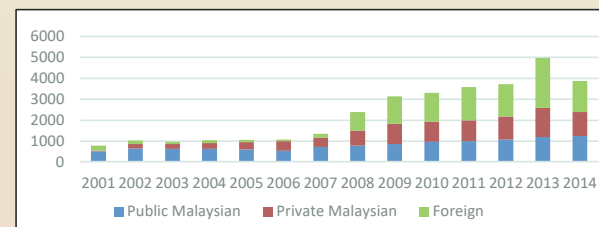
- Production quantity of entrants to healthcare workforce:

The recent rapid increase of medical graduates has overloaded the current housemen pools that are undergoing their compulsory trainings and services at Government Hospitals. Medical students under training in the institutions are expected to further increase the output in the next five years. Private institutions and foreign training are now the major contributors to the pipeline. This can be explained by the increase of unregistered and uncontrolled agents with commercial pressure, especially on private institutions and foreign training.

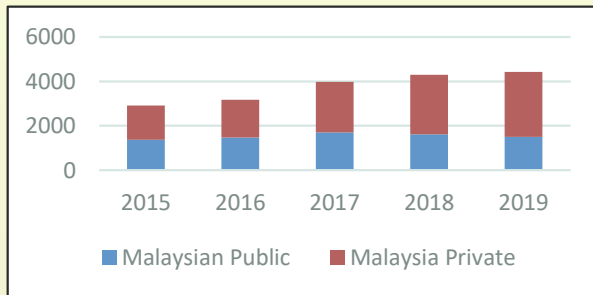
Graph 1: House officers and fully-registered doctors



Graph 2: Number of medical graduates according to Institutions (Source: MoH)

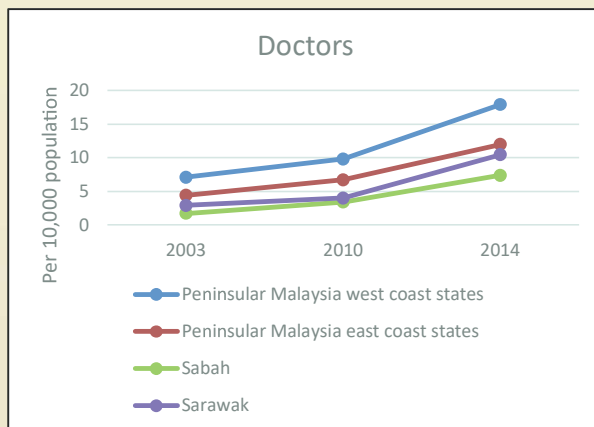


Graph 3: Projected number of medical graduates from Malaysian Institutions



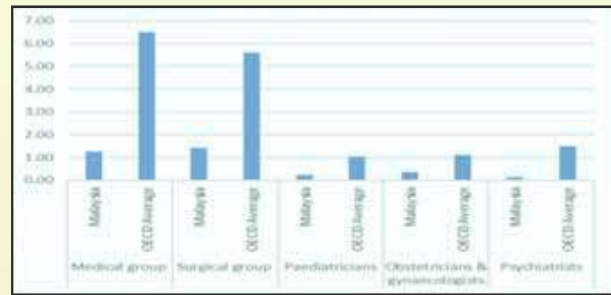
- Production quality of entrants to workforce: There are varied quality of graduates and uneven standards despite Malaysian Qualification Framework Specification and Malaysian Qualification Agency processes.
- Distribution of doctors: There has been an improvement in reducing the regional distribution but Sabah's gap persists.

Graph 4: Distribution of doctors



- Majority of the healthcare workforce are female. The MoH workforce is predominantly young. This situation may cause the increasing bottleneck in career development and promotions in the future. However, the eventual impact on pensions and retirement were not known.
- Accredited or Credentialed Specialists
The Specialist stock is barely keeping pace with the population growth. The current training pipeline is inadequate in meeting the required number. Family Practitioners and Psychiatrists are particularly insufficient.

Graph 5: Specialists in Malaysia



Source: Clinical Research Centre. National Healthcare Establishment and Workforce Statistics (NHEWS) hospital survey 2012-2013. Ministry of Health, Malaysian (unpublished).

OECD – Organisation for Economic Co-operation & Development

- MoH and MoHE are the two main governance bodies overseeing the education of human resource in healthcare. The WHO consultant suggested the policymakers to strengthen the basic professional education, postgraduate education and continuing professional development. These include the aspects of selection of candidates, standardisation of curriculum, assessment of the candidates, processes of recognition and governance. Besides that, they also suggested a single model of governance, accountability and financing for all related Councils and Boards.
- The current database is lacking. Hence, the improvement of database is mandatory to strengthen the data projections and the monitoring of production and utilisation of human resource in healthcare.

On the second session of the meeting, the above highlighted issues were discussed among the stakeholders in small groups for additional input and feedback. This was followed by a session moderated by the Director General of Health, Datuk Dr Noor Hisham Bin Abdullah, to discuss the outcome of the groups' discussion. The meeting was concluded at 5.00pm.

As a young doctor serving in the ground-field of public service, I see this meeting as a vital move to tackle the issues we are facing now rather than later. I am optimistic about the future of public service in Malaysia and I hope we will have an efficient system in HRH, fulfilling the needs of the nation to become a developed country by the year 2020.