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MMA: Doctor shortage, healthcare reform must top agenda

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PETALING JAYA: Addressing the shortage of doctors must be a top priority in the 13th Malaysia Plan (13MP) as well as a focus on strategies to retain health workers and for a healthcare financing model, say stakeholders and experts.

Future-proofing the workplace to account for older workers is also important, they said.

Malaysian Medical Association president Datuk Dr Kalwinder Singh Khaira said the 13MP

should be a turning point for Malaysia's healthcare system, with the next five years focused on making it more resilient, fair and sustainable for all.

"Addressing the shortage of doctors must be a top priority, especially in the public sector.

"This goes beyond increasing the number of doctors. It also involves ensuring adequate distribution across urban and rural areas, improving career security and aligning training with national healthcare needs," he said in an interview.

The 13MP, according to MMA,

should also include long-term strategy to expand and retain the healthcare workforce as well as measures to address burnout, improve working conditions and the creation of more permanent career pathways.

"It is also time that the government abolish the contract system and go back to offering permanent positions to all doctors joining the system to retain our healthcare workforce," Dr Kalwinder said.

He added that more should also be done to accelerate the adoption of digital health infrastruc-

ture such as the use of electronic medical records, and for a stronger public-private partnership to tackle the rising burden of non-communicable diseases.

MMA also calls for greater investment in postgraduate medical training to boost the number of specialists and the development of a sustainable national healthcare financing framework.

"These are not just aspirations. They are essential reforms for the health and well-being of future generations," said the MMA president.

Dr Kalwinder said several criti-

cal goals from the 12MP remain unrealised or only partially fulfilled, including the digitisation of the health care services and deeper public-private collaboration.

"While progress is still ongoing, the pace has been slow and often fragmented. The 13MP must provide clear timelines, accountability mechanisms and political will to accelerate reforms in these areas.

"Without this, the gaps in our healthcare system will only widen," he said.

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More breathing room for housemen

Rotations tailored according to hospitals' needs, says Health Ministry

By RAGANANTHINI VETHASALAM
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PETALING JAYA: More flexibility will now be given for the rotations of house officers where postings will be done based on a hospital's internal manpower needs.

This comes after a review by the Health Ministry on housemanship postings.

According to a ministry circular dated July 25 signed by Health director-general Datuk Mahathir Abd Wahab, the Medical Qualifying Committee had decided that the postings will be done in accordance to the needs of hospitals.

The order comes into immedi-

ate effect.

House officers are required to finish six postings over two years. This includes rotations in compulsory departments, namely general surgery, obstetrics and gynaecology, internal medicine, paediatrics, orthopaedic surgery and emergency medicine.

An earlier circular dated Feb 18 earmarked the first year of training for general surgery, obstetrics and gynaecology, and internal medicine.

However, the latest circular states that for the three postings in the first year, trainee doctors will have to be posted at obstetrics and gynaecology, and either general surgery or orthopaedics.

The third posting would be

either for paediatrics or internal medicine.

The hospital, too, has the flexibility to determine the order of posting based on its needs.

For the second year, when the doctors become junior medical officers, they will be posted to the emergency medicine department and any department that they have not been rotated to in the first year.

"In order to ensure effective coordination, all housemanship directors are responsible for determining the rotation of posting for each housemen according to the distribution and training needs in the department."

According to the circular, the Housemanship Programme

Committee at the hospital level also needs to play a role in ensuring the housemen posting rotation is practical, innovative, and suitable so that the distribution of housemen in each department does not burden any particular department.

The ministry had reviewed an earlier proposal issued in February where house officers will undergo surgical, medical, obstetrics and gynaecology in the first year and orthopaedics, paediatrics and emergency medicine in the second year.

The ministry had also studied the efficacy of the move.

"Given that the dynamic nature of the numbers (of house officers) and how the positions are filled,

the ministry had reviewed the posting rotations," it said.

The Star reported on Feb 21 that the six rotations were proposed in preparation of reducing the housemanship training from two years to one year.

Rotations of house officers to the anaesthesiology, psychiatric and primary care units would also be stopped temporarily.

On Feb 24, the ministry explained that its proposal to shorten housemanship from two years to one was intended to improve efficiency and productivity.

The house officers training was increased to two years in 2008 due to an increase in medical graduates at that time.

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'Give Sabah, S'wak postings a chance'

By ZAKIAH KOYA
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PETALING JAYA: About 20% of medical officers who have applied to be transferred from Sabah and Sarawak to Peninsular Malaysia may have to remain in their current postings, says Health Minister Datuk Seri Dr Dzulkefly Ahmad.

He urged the doctors to "give it a chance".

"I have seen many specialists in Sabah during my hospital visits. When they were first posted, they were very reluctant to be there but now, they are in their 10th year.

"So give the posting a chance, especially if both husband and wife are posted together.

"We are looking into the appeals by doctors based in Sabah and Sarawak, but 20% may have to bite the bullet (and stay on)," he told the media after launching the book *Crisis and Community: Covid-19 in Malaysia* yesterday.

Dzulkefly said the ministry is looking into ways to improve the incentives and allowances for



Learning curve: Dzulkefly (fourth from right) holding a copy of 'Crisis and Community Covid-19 in Malaysia' at the launch event. — RAJA FAISAL HISHAN/The Star

those stationed in the two Borneo states.

It was reported that around 600 medical officers currently posted there have applied for transfers to the peninsula.

The Health Ministry said the high number of transfer requests

has made it difficult to ensure sufficient public health services in Sabah and Sarawak.

The Malaysian Medical Association had called for current policies to be amended to ensure travel and cargo reimbursements are allowed for all inter-state

transfers, especially for those moving from contract to permanent posts across regions.

It also called for the rectification of the Bayaran Insentif Wilayah disparity, which has led to discrepancies in take-home salaries of doctors transferred with-

in regions after Dec 1, 2024.

"This has caused more doctors to refrain from going to Sabah and Sarawak.

"This policy sees doctors of similar seniority being paid differently for the same work and responsibility," it added.

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Creative financing key to sustaining national healthcare, says Dzulkefly

PETALING JAYA: Bold, creative financing reforms are the only way forward to heal the deep cracks in Malaysia's healthcare system unmasked by the Covid-19 pandemic, says Health Minister Datuk Seri Dr Dzulkefly Ahmad.

Unveiling plans for public-private collaboration under a government-linked investment company (GLIC) model, he warned that health security must be treated with the same urgency as national defence.

Dzulkefly said this yesterday at the launch of a book titled *Crisis and Community: Covid-19 in Malaysia* at Gerakbudaya here.

On the concerns that the Health Ministry's Rakan KKM initiative is a form of healthcare

privatisation, Dzulkefly said he will not reveal details but noted it was created due to budgetary allocation limits, national debt, and GDP ratios that restrict spending.

He said health security must be dealt with "the same urgency we defend our borders".

"That means sustained investment in our healthcare workforce.

"I am introducing a game-changing initiative where public facilities collaborate with private sector specialists, likely under a GLIC model.

"The idea is to generate revenue through elective services (non-emergency), possibly in specialised private wings within pub-

lic hospitals.

"Funds generated would cross-subsidise public health services and infrastructure," said Dzulkefly.

"We want to retain our specialists, reduce the bleeding, and invest back into public facilities.

"I can't keep asking for more budget, so I'm unlocking value through reforms," said Dzulkefly.

He also said the Covid-19 had shown that the healthcare system has inadequate social safety nets for vulnerable groups such as the elderly and the mentally ill.

"Future crisis governance must be targeted, empathetic, data-informed and inclusive.

"We must design interventions that are community-driven and

flexible, not one-size-fits-all," said Dzulkefly.

At the forum, consultant paediatrician and child disability activist Datuk Dr Amar-Singh HSS said that Covid-19 has revealed the fragility of our institutional services.

"During the height of the pandemic, we experienced desperate cries for help to find an ICU bed for their family members.

"The support for carers was weak, and equipment and resources were limited even in non-pandemic times, stretched thin.

"Some doctors placed their children with grandparents and did not see them for months," said Dr Amar.

He said that there must be bet-

ter preparation for the next pandemic by placing greater emphasis on building our institutional services, especially health, education and social services.

He also urged making indoor air more clean, as he said most indoor air is filled with "airborne diseases".

Ampang Hospital paediatrician Dr Tan Hui Siu narrated how medical officers and healthcare workers trudged the pandemic and had to make do with what they had as frontliners.

Virologist and policy analyst Dr Lyana Khairuddin called for better education on the vaccine naysayers as well as more investments be made into vaccine research and development.