



Review incentives, MMA urges govt after doctor no-shows in East M'sia

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Medical association calls for East Malaysia service allowance and fixed durations for postings to encourage doctors to take up permanent postings.



There were reports that 70% to 76% of medical officers assigned to permanent postings in Sabah and Sarawak failed to report for duty on Sept 28. (Bernama pic)

PETALING JAYA: The Malaysian Medical Association (MMA) has urged the government to review incentives and revert to the percentage-based regional incentive payment (BIW) for doctors posted in East Malaysia.

This follows reports that 70% to 76% of medical officers assigned to permanent postings in Sabah and Sarawak failed to report for duty on Sept 28.

MMA president Dr L Sivanaesan said the current fixed payment system for BIW had weakened the value of the incentive for those serving in Sabah and Sarawak.

Sivanaesan also said the government should review the quantum of relocation assistance for doctors given these posts, adding that the aid should be given before they relocate, not months later through a claims process.

“MMA also calls for the introduction of a dedicated East Malaysia service allowance for medical officers, alongside supplementary incentives such as housing assistance, transport support and retention bonuses.

“There should also be certainty on the duration of East Malaysia postings. Doctors whose long-term preference is to serve in Peninsular Malaysia should be given a clearly defined period of service in Sabah or Sarawak, with a transparent pathway for transfer back upon completion.

“Knowing from the outset how long they are expected to serve may encourage more doctors to accept these postings,” he said in a statement.

The MMA president also called for improved living and working conditions, as well as rewards for those who serve underserved areas with meaningful career progression.

This can be done by making rural service count towards postgraduate training, specialist pathways, promotions and preferred future placements, he said.

“Compulsory postings and administrative directives alone will not solve this problem. Doctors need compelling reasons to go – and compelling reasons to stay.”