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Budget 2027 Must Stop Bleeding Of Health Care Workforce — MMA

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Budget 2027 should recognise years served under contract when doctors are appointed permanently, besides reviewing the requirement for three consecutive LNPT assessments before subspecialty training. Consider Jusa promotions for specialists after 5 years.

Malaysian Medical Association president Dr R. Arasu speaks at a doctors' rally in Putrajaya on May 6, 2025, to protest the Domestic Trade and Cost of Living Ministry's (KPDN) jurisdiction over mandatory drug price display under the Price Control and Anti-Profiteering Act 2011 (Act 723). Photo by Sam Tham for CodeBlue.

Malaysia is losing specialists faster than it can replace them. The immediate cost is a vacant post. The deeper cost is the loss of the senior specialists who train, supervise and mentor the next generation.

When a senior specialist leaves, the country does not lose only one doctor. It loses years of clinical experience, institutional knowledge and training capacity.

The Malaysian Medical Association (MM) has consistently raised these concerns through the appropriate channels. We presented our position to the Parliamentary Special Select Committee on Health on August 4, 2026, at the Budget 2027 engagement session chaired by the Prime Minister and Finance Minister on August 18, and subsequently at the Ministry of Health's (MOH) Budget 2027 engagement session chaired by the Health Minister.

As meetings are now being held to finalise Budget 2027, this is the window for decisions that can determine whether Malaysia retains its health care professionals or continues to lose them.

Therefore, MMA is proposing three priorities for the upcoming Budget 2027:

- Stop the loss of Malaysia's health care workforce through a stronger merit-based pathway for specialists and the removal of barriers pushing doctors out.
- Strengthen Malaysia's screening network by ensuring treatment, monitoring, and continuity of care.
- Develop the private health care sector as a national partner.

The Numbers Behind The Warning

Between 2019 and 2023, 3,494 doctors left MOH, including 2,385 medical officers and 1,109 specialists. Specialist resignations increased by 57 per cent from 2019 to 2023.

Malaysia is already short of nearly 11,000 specialists, while nursing vacancies stand at approximately 18 per cent. Only 529 housemanship positions offered in January 2026 were filled.

Data presented by the Public Service Department (JPA) to the Parliamentary Special Select Committee also showed that MOH vacancies increased from 10,419 in 2017 to 54,362 in 2024, while the filling rate fell from 96 to 83 per cent.

Creating posts alone will not solve the problem. We must make public health care sufficiently attractive for people to join, remain and build their careers.

Permanent appointments are important, but permanent posts alone are not enough. Health care professionals also need clear career pathways, fair recognition, reasonable working conditions, and confidence that their service will be valued.

A Merit-Based Pathway For Specialists

MOH's own 2022 circular recognises a specialist who has served for more than 10 years after gazettement as a medical consultant, even if the specialist remains at Grade 56 or below.

This creates a clear anomaly. The system recognises the doctor's consultant-level seniority and responsibilities, but does not provide a corresponding and predictable pathway for grade progression.

MMA therefore proposes that specialists become eligible for consideration for progression to Gred Khas or Gred Utama C after completing a minimum of five years of satisfactory service following gazettement.

Promotion should not be automatic. It should be merit-based, with 80 per cent of the assessment based on published, objective and measurable criteria and 20 per cent based on a structured professional assessment.

By the tenth year following gazettement, every specialist recognised as a medical consultant should have undergone a formal promotion assessment, with the outcome and reasons clearly communicated.

A similar pathway should be established for recognised subspecialists after a defined minimum period of subspecialist service.

The government should not recognise consultant-level responsibilities without providing a fair and transparent opportunity for corresponding career progression.

This will strengthen accountability, restore confidence, and give experienced specialists a reason to remain in public service.

Remove The Barriers Pushing Doctors Out

Budget 2027 should recognise years served under contract when doctors are appointed permanently. Doctors should not lose seniority and salary progression because they were initially employed under the contract system.

The requirement for three consecutive complete Annual Performance Appraisal Report (LNPT) assessments before subspecialty training should also be reviewed. Doctors undertaking government-recognised specialist training while continuing to serve patients should not be disadvantaged.

MMA also calls for sufficient Jawatan Simpanan Latihan, specialist allowance from the date of gazettement, fair on-call rates for doctors performing specialist responsibilities, and the maintenance of previous BIW rates for health care personnel serving in Sabah, Sarawak and Labuan.

Working arrangements must also be aligned with the 45-hour weekly standard under the Public Service Remuneration System (SSPA), including protected rest after a continuous 24-hour shift. This is not only a workforce welfare issue. The safety of health care workers is directly linked to patient safety.

Screening Must Lead To Care

Screening without follow-up is only awareness. Budget 2027 should fund treatment and monitoring after government-supported screening, using Malaysia's network of more than 11,000 private general practitioner (GP) clinics.

Their role can also be expanded to support the National Immunisation Programme (NIP) and conduct medical examinations for university students and civil servants.

This will strengthen continuity of care, improve access and reduce pressure on public facilities.

Develop The Private Health Care Sector As A National Partner

The private sector accounts for approximately 49 per cent of Malaysia's total health expenditure and is an important part of the national health care ecosystem.

MMA proposes the establishment of a Private Health Care Development Division within MOH to develop and coordinate the sector, complementing the regulatory role of the Private Medical Practice Control Section (CKAPS).

Its initial priority should be private primary care, where more than 11,000 GP clinics can be mobilised quickly to support national health care programmes.

Its wider mandate should include engagement and development across the private health care sector, including hospitals, diagnostic services and other health care providers.

MMA also proposes a targeted RM10 million allocation to digitise the registration and licensing processes administered by CKAPS. A single online platform would reduce processing time, improve transparency, and strengthen regulatory efficiency.

We Understand The Fiscal Constraints

MMA recognises that the government faces genuine fiscal constraints. We are not asking for every proposal to be implemented immediately.

Measures with financial implications can be introduced progressively, beginning with long-serving personnel, critical specialties and areas facing the most severe shortages.

Other reforms, including transparent promotion criteria, removal of unnecessary administrative barriers and better coordination, require policy decisions rather than major allocations.

A real-time national health care workforce dashboard should also be implemented to track vacancies, distribution, training capacity and attrition.

MOH carries the frontline responsibility, but decisions involving funding, posts and training are shared across JPA, the Ministry of Finance (MOF), and the Ministry of Higher Education (MOHE). A whole-of-government approach with clear responsibilities, deliverables and timelines is therefore essential.

Malaysia has already invested heavily in training its health care professionals. We must now invest wisely in retaining them.

Budget 2027 should not be judged only by the size of the health allocation. It should be judged by whether it protects the people who keep the health care system functioning and who will train those expected to carry it forward.

If we lose the people who train our future doctors, no new hospital, equipment, or technology can replace them in time.

This press statement was issued by MMA president Dr R. Arasu.

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