

## Time To Abolish Contract System For Doctors — Malaysian Medical Association By CodeBlue | 11 July 2025

MMA calls for abolition of the contract system for new doctors joining service, as there's no longer a shortage of permanent posts like a decade ago. "This will provide job security and do away with the present burdensome contract offer of 3+2+2+4 years."



*Malaysian Medical Association president Dr Kalwinder Singh Khaira. Photo from Kementerian Kesihatan Malaysia's Facebook page posted on August 20, 2024.*

The Malaysian Medical Association (MMA) refers to reports of a Singaporean recruitment drive in Kuala Lumpur, targeting Malaysian doctors with attractive remuneration packages.

While MMA respects the rights of individuals to seek opportunities abroad, we urge the government to take serious note of the increasing consequences of such recruitment. Although Singapore has long recruited Malaysian health care professionals, recent developments suggest an intensification of these efforts, likely driven by growing health care demands in the island nation.

The potential impact on Malaysia's public health care services is significant and cannot be understated. We are already experiencing critical shortages of health care workers in many public facilities across the country.

This is especially so in Sarawak and Sabah, where shortages have led to calls for more autonomy to allow these states to fill up longstanding shortages of medical officers (MOs) and specialists. The loss of even more medical professionals to neighbouring countries and also to the UK, Australia, and Ireland will further strain our health care delivery system.

MMA has highlighted the issue of health care worker shortages many times and voiced it to both the Ministry of Health (MOH) and publicly.

Of utmost importance now is for the Malaysian government to immediately implement effective strategies to retain doctors in the public sector. As part of these efforts, the MMA strongly recommends the following key measures:

**1) Abolish the contract system for new doctors joining public service.**

Reinstate the previous policy of offering permanent positions (with a probationary period) to all new doctors as was practiced before. The indication for the contract system was due to a dramatic increase in new graduating doctors and the shortage of permanent posts a decade ago.

This is not the case now as the numbers have dropped drastically and hence there are and should be enough posts for direct recruitment into permanent posts.

This will provide job security and do away with the present burdensome contract offer of 3+2+2+4 years, which leads to uncertainty of career progression. This will also encourage students and parents to see the medical profession as one with a future.

**2) Fulfill the promise made last year to increase the on-call allowances of doctors.**

The government must expedite this long overdue increase in on-call allowance rates for doctors in the public sector. There must be an understanding that retaining health care workers will come at a cost.

A special budget must be allocated for emoluments and on-call allowances for doctors and nurses, who are the backbone of health care delivery in the country and toil long hours taking care of the *rakyat*. The present rates do not do justice to the services of our doctors.

**3) Establish clear and open career pathways.**

Provide more transparent and structured opportunities for doctors to specialise and progress within the health care system. The MOH has been recognised as a training provider under the amended Medical Act and new regulations and hence, must step up its role in the training of doctors in all its hospitals across the country where there are adequate capabilities.

This not only allows doctors to stay and train in places where they are posted without the worry of transfers and rotations, but will also allow better service in all areas of the country where training takes place.

There is an acute shortage of specialists and at the present rate, we will not be able to attain the levels needed unless training opportunities are increased, facilitated and encouraged.

**4) Allow specialist training under the parallel pathway postgraduate programmes in MOH hospitals to be done without the need for taking up the compulsory Hadiah Latihan Persekutuan (HLP).**

This policy comes with numerical restrictions as monetary costs are involved and hence, limits the numbers of doctors that can take up specialisation training every year. Opening up training slots without HLP and with multiple entries a year will allow more to join and train in MOH facilities.

This is a system which had been in place for many years and worked very well, training thousands of specialists, especially in the field of medicine and paediatrics.

**5) Amend current policies to ensure travel and cargo reimbursements are allowed for all interstate transfers for those going from contract to permanent posts, especially from West Malaysia to East Malaysia and vice versa.**

The costs involved in moving family and belongings, especially to rural areas, is a burden to those transfers and is a reason why some reject the transfers and resign.

**6) Rectify the Bayaran Insentif Wilayah (BIW) disparity between doctors.**

New rules under the SSPA salary scheme have caused a discrepancy in the take-home salaries of doctors transferred within regions after December 1, 2024. This has caused more doctors to refrain from going to Sabah and Sarawak.

This policy, which sees doctors of similar seniority being paid differently for the same work and responsibility, needs to be reviewed and rectified.

MMA reiterates that retaining our doctors must be made a national priority. Delaying action risks causing irreparable harm and compromising the quality and accessibility of health care for the majority of Malaysians, who are dependent on public health care services.

*This statement was issued by Dr Kalwinder Singh Khaira, president of the Malaysian Medical Association.*

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