

Long Overdue GP Fee Revision Strengthens Primary Care — MMA

By CodeBlue | 2 April 2026

MMA will continue to advocate for a structured and consistent approach to future revisions, including better alignment across the system.



Malaysian Medical Association president-elect 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 Codable.

The Malaysian Medical Association (MMA) welcomes the gazettelement of P.U. (A) 150/2026, the amendment to Schedule 7 under the Private Healthcare Facilities and Services Regulations 2006, which will take effect on April 2, 2026.

This is a long-overdue revision. General practitioner (GP) consultation fees have remained unchanged since 2006, based on a structure that dates back to

1992. Primary care cannot remain sustainable on a pricing model from three decades ago.

We also record our appreciation to Health Minister Dzulkefly Ahmad, whose continuing engagement reflects a clear commitment that primary care is not rhetoric, but a priority.

MMA further acknowledges Prime Minister Anwar Ibrahim for announcing this revision in Budget

2026, recognising the importance of strengthening primary care.

We also acknowledge the Ministry of Health (MOH), particularly the Medical Practice Division and its team, for their work in bringing this process to completion.

This revision reflects a necessary step forward for the profession and the health care system.

MMA also welcomes the MOH's issuance of new guidelines on IV drip services in private medical clinics.

This provides much-needed clarity to ensure that such services are delivered safely, ethically, and within the appropriate outpatient scope. It also reinforces consistency in practice and professional standards.

The revised fee structure introduces flexibility, allowing consultation fees to better reflect clinical complexity, market conditions, and patient needs. This is both a recognition and a responsibility.

Flexibility must not be misunderstood as uniform increase — it must be exercised with professional judgment, while maintaining affordability for patients.

GPs remain the most accessible point of care in the system. Strengthening primary care means strengthening continuity, early detection, and long-term disease management within the community.

MMA understands that patients may have concerns regarding fee revisions. This does not mean that all consultations will increase. Fees will vary depending on the nature and complexity of care.

A simple consultation is not the same as managing a complex chronic condition — and should not be priced the same. At the same time, a significant proportion of patients access care through corporate panels managed by third-party administrators.

Many of these rates have remained unchanged for years and no longer reflect the scope and responsibility of current medical practice.

Sustainability of primary care cannot be achieved if reimbursement structures remain outdated. MMA will continue to engage with relevant stakeholders to ensure that consultation rates are aligned appropriately.

This revision must not be a one-off exercise. If we do not build a system for periodic review, we will repeat the same problem a decade from now.

MMA will continue to advocate for a structured and consistent approach to future revisions, including better alignment across the system.

This is an important step forward, but more importantly, it is a reminder.

Primary care is not the lowest cost component of health care — it is the foundation that prevents higher costs elsewhere.

The focus now must be on implementation, sustainability, and strengthening the role of primary care within the health care system.

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

This is the personal opinion of the writer or publication and does not necessarily represent the views of CodeBlue.