

# Coffee with Our Prime Minister



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With YAB Dato' Sri Haji Mohammad Najib bin Tun Haji Abdul Razak

Specialists was gazette in 2013 while the 7th Fee Schedule meant for GPs was overlooked. It is the perception among the GPs that they are the "step children" of the Ministry of Health.

As a result of this meeting, we are hopeful our expectations and prayers will be fulfilled and that the revised 7th Fee Schedule will be gazetted as promised by the Minister of Health during a meeting held on 24 July 2017. Our optimism was kept high when the Prime Minister finally agree to bring the discussion to Cabinet level.

**4** April 2018, Wednesday was a memorable day that I will mark in the Malaysian Medical Association's calendar. After a request for several years, we had been finally granted an audience with the Prime Minister of Malaysia, YAB Dato' Sri Haji Mohammad Najib bin Tun Haji Abdul Razak.

As the meeting was called at short notice and meant for General Practitioners, we managed to gather some members of our EXCO, Medical Practitioners Coalition Association of Malaysia (MPCAM), PERDIM and Federation to attend the meeting. During this meeting, we were able to present five very pertinent and impending issues that have been going around the medical realm for the last 20 years.

We managed to list down several overdue matters which required the immediate attention of the government. Discussion was solely on issues faced by the General Practitioners such as 7th Fee Schedule for General Practitioners, Managed Care Organisations/Third Party Administrators, Foreign Workers Screening (FOMEMA) and Enhancing General Practice and Local Council-Imposition of Premise License for clinics.

## 7th Fee Schedule for General Practitioners (GPs)

For GPs, we highlighted that consultation and procedural fees are regulated under the Private Healthcare Facilities and Services Act 586 (PHFSA). However, the current GP fees was proposed by our good association in 1992 and it was implemented in the PHFSA in 2006. Imagine the tremendous increase in cost over the years, and yet GPs are compelled to live in the same 'fees world' for almost two decades. I guess their time must have frozen since 1992. We can't deny that we were utterly disappointed when the revision of 13th Fee Schedule for

## Managed Care Organisations (MCOs) / Third Party Administrators (TPAs)

Our concern towards MCOs/TPAs is a never-ending problem due to regulatory issues in the contractual agreement and the old 7th Fee schedule. Bearing in mind the market size for this is close to RM 1 billion and the terrifying fact is that these organisations are not regulated! If one issue happens from this and it will escalate to the 7000 GPs, 3000 Specialists and more than 3 million patients. Imagine how big a mess it will cause through this non-regulated organizations and how important it is to put them in frame with a comprehensive regulation.

During the discussion, we proposed several solutions for the PM to deliberate. We suggested utilising sections 82/83 in the Private Healthcare Facilities & Services Act 586 to compel MCOs/TPAs to be registered and be regulated by the Ministry of Health (MOH). Not only that, we expressed our hopes for the National Committee on MCOs to be convened at least biannually. Finally, a formulation of a specific Act for MCOs would be very beneficial to all concerned.

## FOMEMA – Foreign Workers Screening

The FOMEMA issue warranted a detailed and long discussion with the PM. Since 1998, the fees for full medical examination and x-ray has remained unchanged at RM60.00 and RM25.00 respectively. Therefore, we requested the PM to expedite the current revision and hope that Public Private Partnership Unit (UKAPS) and MOH would engage with the GPs on these issues.

Recently it was brought to our attention that foreign medical examination has not been exclusive to GP clinics but instead done by Private Hospitals, laboratories and



With YBhg Datuk Seri Dr Jeyandran and representatives from MPCAM, PERDIM & Federation

non-GPs. It has been estimated that approximately 300,000 x-rays are being channelled to private hospitals and diagnostic centres. We would like to appeal that priority should be given to GP clinics with x-rays facilities. We hope that MOH will take immediate steps to address this problem and give definite directives to FOMEMA.

### Enhancing General Practice

GP clinics are highly regulated and well distributed hence there is accessibility, affordability, providing patient-centred care with family doctor concept and excellent quality of care. The GPs undergo a minimum of four years of training at MOH or Ministry of Higher Education (MOHE) or MOH facilities before opting to set up practices which are self-financed and complying to more than 60 laws. Almost 70% of GP practices are underutilised and lack remuneration or assistance from the Government which discourages GPs to further their studies.

We request the government to buy services from the underutilised GP clinics. We proposed that the government set up a Task Force under the Prime Minister's Department, dedicated to enhancing the Private Primary Care as the gatekeeper and reduce the overall ballooning of healthcare cost by focusing on preventive care. The Task Force will comprise of GPs represented via their associations, industry experts, MOH and other relevant agencies.

### Local Councils – Imposition of Premise License

Imposition of premise license on GP clinics by local council is not in line with the objective of the Federal Government to reduce over-regulation and increase productivity. The GP clinics are regulated by more than 60 laws. It is not only inconvenient but also increases the cost of practice. Private medical clinics are in fact governed and regulated by primary legislation, namely the PHFSA and the regulations thereunder and are monitored by MOH.

We appealed that this imposition by all local councils namely DBKL, should be withdrawn immediately and federal government should issue a directive to all local councils including DBKL and *Perbadanan Putrajaya* to immediately revoke these new rules.

The 1Malaysia clinic was started to address the urban poor's need for affordable health care and was to be in PPR flats, but over the years, the original objectives have deviated and therefore a request to relook at the concept and options to offer better healthcare delivery at value for money.

The discussion was very amenable, frank and the Prime Minister was very receptive and sympathetic and now fully aware of the challenges faced by the GPs and has requested for some time as some matters need administrative actions which may be implemented soon. To me, this is the beginning of more such meetings if the need should arise.

We were open to criticisms on completion of this meeting by several members of the medical fraternity accusing this of being a political and pre-election ploy. However, I must say a BIG 'Thank You' to our PRIME MINISTER who settled the issue of the imposition of Premise License by DBKL within a few days of our meeting. We have received a circular from DBKL saying that clinics have been exempted from paying premise license.

On another note, the MMA had an important discussion with the Malaysian Medical Council (MMC) on the same day to finalise guidelines on Continuing Professional Development (CPD) for Medical Practitioners in Malaysia.

The draft of the guidelines was discussed, and some minor edits were made to the CPD Grading system. The definitive version of the grading system will be finalised and circulated to the respective members. Mention of core points for specialists was expunged from the guidelines. We were informed during the meeting that medical practitioners can use any of the CPD systems for purpose of APC renewal, this decision can help ease the burden and avoid any confusion to the registered medical practitioners.

In this meeting, MMA and AMM were requested to provide names of CPD Reviewers. The MMA will use the names of the CPD Committee as reviewers and add more names when necessary.

I have attended both important meetings on the same day. Through the meetings, I hope that we are able to come to the end of the tunnel to each of the issues discussed.