



Should General Practitioners Be Doctors or Businesspersons?



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Hopefully, 2017 will bring some new changes to General Practitioners (GPs) and one issue that we can see light at the end of the tunnel involves Third-Party Administrators (TPAs).

The above debate has been ongoing for decades. The GP practice in Malaysia has been shaped even before the independence. The landscape of GP practice changed after the implementation of the Private Healthcare Facilities and Services Act (PHFSA) 1998 and its Regulations 2006 (PHFSA 1998), whereby too much focus was given to the facility, which in turn has increased the cost of practice to a certain degree. While PHFSA may have its purpose of regulating the private sector, more focus and importance should have been given to the outcome of the services.

The policy makers should also understand how a GP clinic operates. Hence it is important to continuously engage the stakeholders, before implementation of any acts, regulations or directives. However, under the current leadership of Minister of Health, YB Datuk Dr S Subramaniam and Director-General of Health, Datuk Dr Noor



Figure 1: Managing a GP clinic.

Hisham Abdullah, MoH has been more friendly, approachable and willing to listen to new ideas; which we hope will continue.

GPs play dual roles, one as that of a doctor in the capacity of treating patients and another as a “businessperson” when managing his practice. It is a challenge to interface the practice of medicine with the business of medicine. The easiest part of being a GP is managing the patient. Having minimal to no knowledge in businesses has caused GPs to not be able to sustain their practice in the current market where the operational cost has increased, lop-sided agreements with TPAs and stiff competition from other non-regulated healthcare industries. While the majority may not have formal knowledge on managing businesses, they have been doing a good job at being the gatekeeper of the healthcare system.

The government should allocate a certain budget to support this self-sustaining, least profitable healthcare industry, ONLY for clinics 100% owned by registered medical practitioners. Incentives should be given based on the outcome of the GP services, subsidies should be given to professional development programs, special interest rates should be given for the purchase of the medical devices and interest-free loans should be available for upgrading clinic facilities.

Diploma in nursing graduates who are unemployed should be retrained by the government to be able to work in the GP clinics. GP clinics provide more than 20,000 places for employment. Trained human resources professionals should be able to take the burden of training a clinic nurse so a GP can focus on managing his or her clinic.

The government should play an important and proactive role in training the GPs so that continuity and standard of care are maintained at the highest level possible. At the moment, the route to general practice is self-directed with personal financing following two years of mandatory government service as a medical officer.

The doctor, upon completion then opts to complete a two-year mentored distance learning education course that leads to a Diploma in Family Medicine, or has the option to sit for the conjoint The Royal Australian College of General Practitioners-Malaysian Fellowship (RACGP-

	Training details						Governance		
	Mandatory	Entry	Duration	Defined curriculum	Formal assessment	Regional	University affiliation	Funding source	Assessment independent
Australia	Yes	PGY 2	3 years	Yes	Yes	Yes	Weak	Government	Yes
New Zealand	Yes	PGY 2	3 years	Yes	Yes	No	Weak	Mixed	Yes
Hong Kong	Varies	PGY 2	6 years	Yes	Yes	No	Weak	Self	No
Philippines	No	PGY 1	3 years	Yes	Yes	No	Strong	Self	No
Malaysia	No	PGY 4	2 years	No	Yes	No	Weak	Self	No
Singapore	No	PGY 2	1-6 years	Yes	Yes	No	Strong	Self	No
United Kingdom	Yes	PGY 3	3 years	Yes	Yes	Yes	Weak	Government	Yes
Ireland	Yes	PGY 2	4 years	Yes	Yes	Yes	Weak	Mixed	No
Northern Europe	Yes	PGY 2	3-5 years	Yes	Yes	No	Weak	Government	Varies
Central and Southern Europe	Varies	Varies	Varies	Varies	Varies	Varies	Varies	Varies	Varies
Canada	Yes	PGY 1	3 years	Yes	Yes	Yes	Strong	Government	Yes
United States	Yes	PGY 1	3 years	Yes	Yes	Yes	Strong	Government	Yes

PGY – postgraduate year.

Figure 2: Source MJA.

Malaysian Fellowship) exam. Currently, this is self-funded and organised by the Academy of Family Physician Malaysia (AFPM).

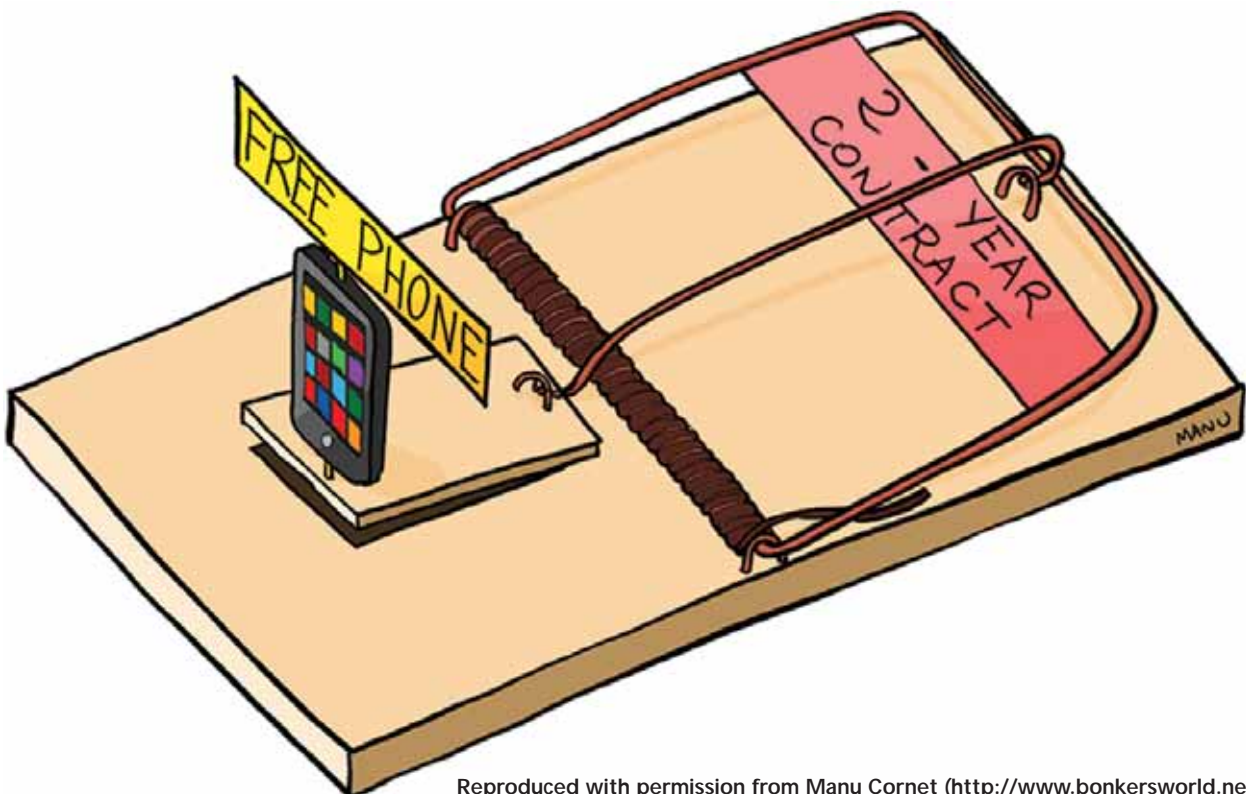
Strengthening the Primary Care as the gatekeeper is one of the key areas in Healthcare transformation. Hence, I hope the government would play a prominent role, as in other developing countries, in funding and training the GPs. There should be a body to administer the training, including accreditation, standard setting, curriculum development and summative assessment. The majority of board members who manage the body should be trained specialists who have passed out from the masters GP courses and who are actively practising.

While we have 30 over medical universities producing undergraduate doctors, more focus should be given to training specialists including general practitioners. We need a short and long term solution to address this issue. The recent cases of selling babies, botched circumcision procedures and some GPs getting involved in illegal, lucrative

“aesthetic” businesses can be curbed if proper training programs are given to GPs to continue to do what they are trained. We foresee more problems in the GP sector, with the implementation of contract services for the new batch of doctors and also chronic medical officers in various public medical facilities. Will there be an influx of poorly trained doctors in the private sector whose contract may not be renewed?

General practice training in Malaysia should evolve from a voluntary process for a minority of the General Practitioners into a high-quality system with a defined curriculum and certification assessment for a recognised specialty. This will then reflect the central role of primary care as the gatekeeper in the healthcare system. The GPs, while continuously being trained and updating their knowledge and skills, should continue to play the dual role of a doctor and a businessperson.

This issue will be one of the major issues for PPSMMA to embark on in 2017.



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