

PPSMMA Updates



Dr Thirunavukarasu Rajoo
PPSMMA Chairman
drarasu@cahayaclinics.com

Dialogue Session with Dr Salmah Bahri, Senior Director of Pharmaceutical Services Department

18 August 2017, MMA represented by President Ravi Naidu, PE Dr M Namazie, HGS Dr Koh Kar Chai, PPSMMA by Chairman Dr Arasu, VC Dr Sivanesan and both the deputy secretaries Dr Hanafiah and Dr Balachandran. The meeting was chaired by Dr Salmah Bahri, the Senior Director of Pharmaceutical Services Department, MOH and attended by the Head of Enforcement Unit, Mr Tan Ann Ling, MOH Legal Advisor Mr Peh Suan Yong and other enforcement officers.



Meeting with Pharmaceutical Services Department

The concerns that we highlighted were:

1. Standard Operating Procedures during Raids and Routine Visits.
2. Statistics on Raids and Routine Visits.
3. OTC drugs dispensed in a GP Clinic without seeing a doctor.

The statistics showed around 1.3% of the registered clinics under PHFSA were raided in 2016, compared to 6.9% of community pharmacy. In 2016, 100% of the Community Pharmacy outlet were subject to routine visits compared to 30% of the GP clinics. Average number of raids per year for the last 5 years shows 59 GP clinics compared to 122 Community Pharmacy. Raids are conducted in matters related to diversion of psychotropic drugs. Upon receiving a complaint, a team will be set up to investigate, "risikan" and test buy is also done before being subject to raid. Psychotropic audit can also be turned into a raid if they have high suspicion with the records. They have stringent procedures to follow during the routine and raids. Clinic raids can be done without the presence of the PIC, however the PIC will be informed and asked to be present. The enforcement officers will go through the purchase records and psychotropic register. When they have suspicion, clinic records will be scrutinised and patient may be called to verify.

MMA has stressed that we do not condone unethical practices and those who break the law must face the consequences.

Only registered products with MAL ending with X, N and T can be dispensed in the counter without seeing a doctor in person. Group B and C drugs like anti-hypertension, anti-dyslipidemia, diabetic drugs, NSAIDs, anti-histamines, etc, cannot be sold as a OTC drug without seeing a doctor. However Group B and C drugs can be dispensed at the counter after the patient is registered in the clinic with a quick consultation by the doctor at the counter.

11th Meeting with Third Party Administrators

23 August, the meeting was chaired by PPSMMA Chairman Dr Arasu, well attended by representatives from FPFMAM, MPCAM and PERDIM representing the GPs and TPAs by AIA, PMCARE, ASP, RED ALERT, MICARES, PCS Rakyat and EMAS.



PERDIM-1) and 5 from TPAs (AIA-1, PMCARE-1, ASP-1, PCS Rakyat-1, Red Alert-1). The terms of reference are being formulated and once it is done we would be proposing that Bahagian Amalan sends representatives to the committee.



Meeting with Medical Associations and TPAs

The second phase of the ongoing engagement is to set up the Grievance Mechanism Committee to address issues faced by GPs and TPAs. The committee will be represented by 5 members from the medical associations (MMA-2, FPMPAM-1, MPCAM-1,

We hope to move to the final phase of our engagement that is on the current contractual Agreements between TPAs-GPs. The contractual agreement needs to conform to the existing acts and regulations.

On-Air at BFM 89.9 (Private Primary Healthcare in Malaysia)

25 August, President Elect Dr M Namazie and PPSMMA Chairman Dr Arasu, was on air live with BFM to discuss issues faced by General Practitioners. We highlighted the challenges faced from over regulation by the various acts and regulations, stiff competition from Private Hospitals which are encroaching primary care, Diagnostic Centres, Third Party Administrators and also Klinik 1 Malaysia.



At BFM89.9 Studio before going live.

The importance of GP clinics as the gate keepers play a role in the preventive care of which can contain the spiralling healthcare cost in the private hospitals. The need to review the current GP consultation rate of RM10-RM35 which was proposed by MMA in 1992 but gazetted in the PHFSA regulation in 2006. It will help desensitise the public to the impending increase of the consultation rate.

Meeting with Bahagian Amalan (To Replace Mercury Containing Devices at Private Facilities)

8 September, Dr Sivanaesan L and Dr Hanafiah Hamidon, represented MMA a meeting to discuss on Mechanism to replace Mercury containing medical devices at Private Healthcare Facilities. The meeting was chaired by Dr Ahmad Razid, Director of Medical Practice Division, MOH.

This is in line with the Minamata Convention that Malaysia signed in Sept 2014, with 125 countries signing while 75 countries have ratified it.

For the registered medical practitioners, the items that may contain mercury are Mercury Thermometer, Mercury Based BP set, antiseptics like mercurochrome and some skin lightening creams.

Some salient points:

1. Under Article 4 of the Minamata Convention, the manufacturer, importer of mercury devices shall not be allowed after 2020.
2. Registered Medical Practitioners can continue to use the current mercury containing medical devices beyond 2020 provided the instruments in a good working order. However it is encouraged not purchase such devices.
3. The disposal processes is currently being worked out by MOH. MMA has requested MOH to facilitate with the existing vendors without additional cost to the GPs.

Smart Partnership with IJN

16 September, at the 6th IJN GP Symposium, MMA signed a smart partnership with IJN college to enhance GPs who are keen to up-skill themselves and provide the support service for IJN patients. The phase one will be to provide training for general practitioners via a tailor made module taking into consideration of the cost and also challenges in attending classes. The training provides learning pathways of consulting with patients with common and significant cardiac conditions that are seen in General Practice. It will help GPs to enhance themselves in interpreting ECGs, Cardiovascular Biomarkers, Imaging, ECG and Hemodynamic Data, identify the relevant screening and diagnostic tests appropriate for cardiovascular risk stratifications. The first phase is to be rolled out by first quarter of 2018.

Second phase will be to map out GPs who have been certified by IJN College to provide services for stable IJN patients. The program will start with IJN patients who falls under out of pocket and private insurance scheme. With this program we can create an opportunity for GPs with special interest in Cardiology and value-add their current practice. This will also reduce the overall cost of treatment during follow ups with IJN. This is an initiative by the GP Enhancing Committee headed by Datin Dr Fadzilah Hassan.



Smart Partnership Signing Between IJN College and MMA. Datuk Dr Aizai Azan Abdul Rahim (Chief Clinical Officer and Board Member IJN College) represented IJN College

Meeting with Medical Protection Society (MPS)

19 September, a meeting was held with MPS (Medical Protection Society of UK). PPSMMA highlighted and gave data on the GP practice in the country. We requested MPS to come out with an attractive but affordable indemnity package for the GPs.



MPS was represented by Allison Newell (Executive Director International), Harris Shum (Regional Director Asia), Dr Teoh Ming Keng (Head of Medical Services, Asia), Dr Alison Metcalfe (Head of Medical Services)

Taman Pelangi, Johor Bahru Paediatric Clinic for Sale

This is a well established children's clinic with a large list of patients.
Good premises with room for expansion.
Kindly contact 6012-720 1980 any day after 3.00pm for more information.