

Issues on Foreign Worker Screening



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Since the inception of foreign worker screening program in 1997, there has never been a rise in the fees for the medical examination and X-ray done by the general practitioners. The cost has shot up even higher with the introduction of the digital X-ray with SWAST system and the detailed five-page medical examination which requires a minimum of 20 minutes. MMA has had brought up this issue in the numerous meetings including with UKAS. The parties involved in the concessionaire signing are MOH, UKAS, and FOMEMA.

We have sent two memoranda to the Honourable Prime Minister in 2015 and another in 2016. A survey and report done by MMA in 2015, found that GPs are very meticulous during the medical screening process for foreign workers. This ensures the prevention of the spread of identified communicable diseases and also leads to lower incidence of imported diseases and lower related morbidity and mortality. We have highlighted various issues faced by FOMEMA registered panel doctors, via various channels including during the meetings with Minister of Health Datuk Seri Dr S Subramaniam and Director General of Health Datuk Dr Noor Hisham Abdullah.

Ministry of Health as the custodian of the healthcare professionals has been very supportive of our plea, and heartfelt thanks to YBhg Dato' Seri Dr Chen Chew Min, for honouring his promise during a special meeting held with MMA on the 20 May 2016 to address the issue. Deputy Director General of UKAS, Datuk Dayang was also present in the meeting with Dr Chong Chee Kheong Director, Disease Control Division, MOH and Dr Ahmad Razid, Director of Medical Practice Division, MOH.

On the 22 Feb 2017, we saw the light at the end of the

tunnel when YBhg Dato' Seri Dr Chen Chew Min, chaired a meeting between Malaysia Medical Association (MMA), Federation of Private Medical Practitioners Association Malaysia (FPMPAM), Malaysian Practitioners Coalition Association Malaysia (MPCAM), Pertubuhan Doktor Islam Malaysia (PERDIM) and TKSU Kewangan (MoH), Bahagian Perolehan & Penswastan (MoH), Bahagian Kawalan Penyakit (MoH), Bahagian Amalan Perubatan (MoH), Bahagian Kawal Selia Radiasi Perubatan (MoH), Peguam Kanan Persekutuan, Pejabat Penasihat Undang-undang, MOF, UKAS and FOMEMA.

MMA in unison with the other medical associations proposed :

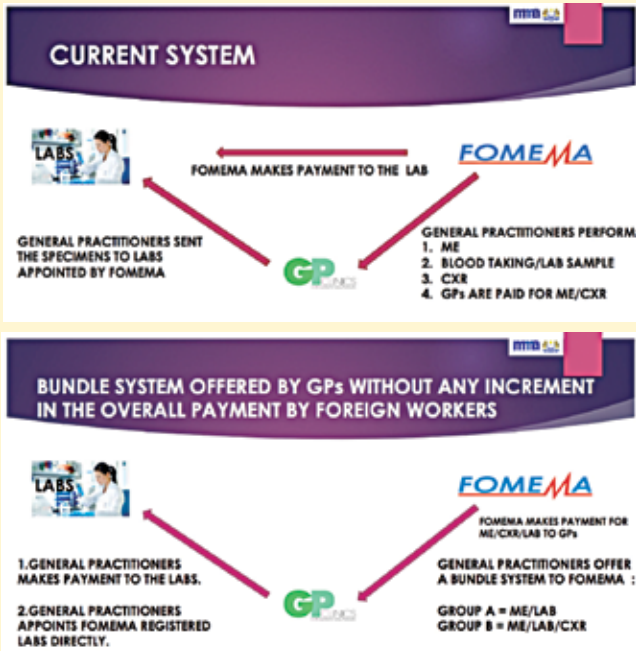
1. To increase foreign worker screening fees for general practitioners.

Due to the increase in the detailed work scope, operation cost and CPI, MMA is proposing a fee increase with immediate effect in the medical screening for FOMEMA. This increase is timely and appropriate as the screening have been carried out with no change in fees for many years. The fees should be reviewed every three years with the involvement of the general practitioners via medical associations.

Conclusion:

MOH agreed to the need for a fee increase for the foreign worker screening. The concessionaire can only be reviewed after five years, that is 2021. Since the fee increase has been overdue, YBhg KSU has agreed to propose to the cabinet and prepare a cabinet paper on this. UKAS has no objection on this and has advised MoH to get the statistics and data from the stakeholders and relevant authority to support the proposal.

MMA proposed a bundling system for FOMEMA Registered panel doctors, as an interim solution while awaiting the review for the FW screening by UKAS/MOH. The proposal has full support from FPMPAM, MPCAM, and PERDIM.



Since 1998	Male [RM]	Female [RM]
Detail History taking/Medical Examination/Blood taking/Tedious Paper work	60	60
X-ray & Reporting	25	25
Laboratory services	65	75
Fees for FOMEMA	30	30
TOTAL	180	190

Proposed Bundle System	Male [RM]	Female [RM]
Detail History taking/Medical Examination/Blood taking/Tedious Paper work	79-80	86-90
X-ray & Reporting	35-40	35-40
Laboratory services	30-36	30-39
Fees for FOMEMA	30	30
TOTAL	180	190

Note: Average price for the laboratory services for GP is RM39. Some of the labs have offered RM27-RM30 for similar package.

YBhg KSU has proposed MMA to come with more details and to get more quotations from the FOMEMA registered labs to present to MoH. FOMEMA has no objections and stand guided by MoH.

2. To withhold the lop-sided new agreement and SOP by FOMEMA.

To withhold the current agreement and SOP issued unilaterally by FOMEMA on the 17 January 2017.

Conclusion:

The agreement & SOP has been put on hold as it was not viewed by MoH and also to address some of the contentious issues in the clause like:

- punitive action
- inspectorate visits
- seminar by FOMEMA.
- bearing the cost for the subsequent visit to the

FOMEMA registered panel doctor by FOMEMA

3. FOMEMA screening to be allocated solely to General Practitioners.

Due to the investment of time, money, machines and manpower by GPs in ensuring that the FOMEMA screening (including X-ray facilities) meets the standard of healthcare service required by FOMEMA, these services should be given solely to GPs only. Private hospitals, solo specialists and diagnostic centres should not be involved in this process but merely serve as a point of reference whenever required by the GPs involved.

Conclusion:

The allocation is decided by Unit Kawalan Penyakit Any doctors with a Borang B and an Annual Practising Certificate (APC) can apply to be a registered FOMEMA panel doctor.

The above issue will be deliberated further with Unit Kawalan Penyakit.

4. Transparency in the fair distribution of foreign workers & allotment of labs and x-ray centres.

As in all aspects of healthcare, there should be transparency in the distribution of foreign workers undergoing the FOMEMA screening at various panel clinics. The number of FOMEMA clients already seen by a panel doctor should be made visible at the "Doctor's Availability" webpage in FOMEMA. The list of labs and radiologists should also be made available here. This is to ensure fairness, transparency, accountability amongst the panel clinics and to reduce any form of abuse of the system.

Conclusion:

The above issue will be deliberated further with Unit Kawalan Penyakit.

5. Monopoly and high cost of digital x-ray transmission services.

There should not be a monopoly by certain parties for the x-ray transmission services. The existing fees should be either reduced or borne by FOMEMA. There should also be an expansion in the number of participating companies, particularly those in the private sector with excellent track records in handling clients.

Conclusion:

Associations can propose any system to FOMEMA. FOMEMA is open for any proposal as long as it fulfils the technical requirements.

6. Conflict of interest and lack of transparency in CXR criteria, screening and reporting.

The acceptance or rejection criteria of CXR should be done by peer review of a group of independent Radiologists (Public & Private) in order to maintain professionalism and ensure the quality of product and services received by FOMEMA clients. The FOMEMA Panel of radiologists should not be directly or indirectly involved in the FOMEMA appointed foreign worker Chest X-ray screening facilities.

Conclusion:

The above issue will be deliberated further with Unit Kawalan Penyakit.

Presentation can be accessed at the MMA website and the minutes will be sent out to the members.