



PPSMMA GP Enhancing Committee Meeting with Professor Dr Adeeba Kamarul Zaman, Dean of Faculty of Medicine, University Malaya

Enhancing GP Practice in Malaysia



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Chairperson
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Prof Adeeba's team presented on the currently ongoing initiative on formulating a National Primary Care Post Graduate Programme which is still in progress. This initiative is a collaboration between UM with other Higher Learning Institutes in the country including UPM, USM, UKM, USIM, UMS with the Ministry of Health and AFPM. This programme is still at its infancy and may take up to 2-3 years to complete.

We explained that there is a need for a local based post graduate qualification tailor made for the current 7,000 GP needs and suggested for University Malaya to spearhead.

Prof Adeeba agreed on the need and urgency of such a program and suggests on the possibility of tweaking or changing currently available post graduate programs, making it simpler and in modular form, but also taking into account of the practicing GPs need. Prof Adeeba also suggested to include GPs in the National Committee for the Post Graduate Program for General Practitioners. She also noted that such a program will also require the collaboration and agreement of other local universities as this will make the program more available with better uptake by the GPs Nationally. She promised MMA she will raise this issue in the Deans Council Meeting.

In conclusion, the dean of the Faculty of Medicine of UM has agreed on the need and urgency of the proposed post graduate program as proposed by MMA. She also agrees on the program to be simpler for the practicing general practitioners compare to those who are intending to become general practitioners.

GP practice in Malaysia begins with a small number of private practitioners. In the eighties, private GP practices were few and far between. Most early general practitioners had reasonably good businesses if not lucrative. From early 90s onwards, there were mushrooming numbers of GP practices entering the market. Today there

are more than 6,000 GP practices with around 3,000 practices in Kuala Lumpur and Selangor. The scenario has changed with GPs facing fierce competitions. In the recent survey commissioned by MMA which studied the health economics of general practitioners in Malaysia, it was found that around 70% of general practitioners are seeing less than 30 patients a day. General practitioners have to work for longer hours to make ends meet. (Kenny, K., Omar, Z., Kanavathi, E.S. and Madhavan, P., 2017)

Osler was quoted by Lister, J (1994) as saying, "The hardest conviction to get into the mind of a beginner is that education upon which he is engaged is not a college course, not a medical course but a life course, for which the work of a few years under teachers is but a preparation."

Postgraduate medical association in the UK came into being in the UK in 1911 and Osler became the chairman. Further progress followed by numerous serial reports from influential committees, changes in the law and in responding to the progress in science and technology relating to medicine. NHS was introduced in 1948. Among prominent reports relating to postgraduate training included Goodenough report, Platt report and Morrison report. NHS vocational training regulations were brought about in 1979, followed by Short report. In 1987, GMC education committee produced recommendations on training of specialists. In 1993 the department of health produced a document titled "Hospital doctors: training for the future."

Goodenough report intimated, "A nation embarking upon a comprehensive health service cannot afford to do without a comprehensive system of postgraduate medical education." Dedicated vocational training for budding general practitioners were applauded which includes two years hospital posts in relevant positions followed by another year of practice in approved training position (Lister, J., 1994). Royal College of GP UK core curriculum statement emphasises on knowledge, skills, attitudes and behaviours. Its professional modules elaborated on GP consultation in practice, patient safety, quality of care, the GP on the wider professional environment and enhancing professional knowledge. The clinical modules consists of more than twenty area of care such as health promotion and prevention, genetics, acutely ill, children and young people, care of the elderly and many others (rcgp.org.uk).

In Malaysia, most GPs enter the practice after finishing compulsory service or after finishing their scholarship

contract with the government. However currently there is no structured training posts except for those who are doing Family Medicine Specialist course. There has been some mention about Voluntary Health Insurance (VHI) by the government possibly coming into healthcare landscape in the future. It is anticipated there will be some of collaboration between government practice and GP practice. It is unclear whether all GPs would be offered or only for GPs with post-graduate qualification. Further, if all are offered whether remuneration between those with post-graduate and those without would be different. Keeping in view that around 70% of GPs are seeing less than 30 patients a day, postgraduate courses that demand many hours away from the clinic would lead to the demise of the clinic.

GP enhancement committee of MMA is looking at finding parallel pathways locally as well as internationally accredited colleges. Current GPs requires courses which are near to their practice and/or easy to access online. Specialties post-graduate courses in Malaysia are either offered at public universities or as alternative pathways. Equally important for GPs, as well as current alternative pathways, universities with robust postgraduate Family Medicine courses should be allowed to offer postgraduate courses for GPs. With the advancement in technology such as Moodle, Echo360, webinars and many others, would enable GPs easier access for further education.

Currently GPs are still waiting for a blueprint for GPs postgraduate education. Blueprint that could be followed is to allow senior GPs a grandfather clause, new GPs a minimal postgraduate qualification and future GPs with a proper postgraduate qualification. There should be also National Specialist Register for GPs. In the absence of a blueprint for 7,000 GPs, the committee will prepare a blueprint to be presented to Ministry of Health. Times are changing and keeping abreast with technology is unavoidable. There are uncharted territories ahead but with the right directions and clear vision, obstacles and challenges would be easier to manage.

References:

1. Kenny, K., Omar, Z., Kanavathi, E.S and Madhavan, P. (2017). A study on health economics of General Practitioners in Malaysia; trends, challenges and moving forward. International Journal of Public Health Research. Vol 7 No.1 (2017), pp (765-773)
2. Lister, J. (1994). The history of postgraduate medicine education. Postgraduate Medical Journal (1994) 78, 728-731. ncbi.nlm.nih.gov
3. The RCGP Curriculum: Professional and clinical modules RCGP (Version approved 19 January 2016) Last accesses 7 July 2017



17th – 19th November 2017
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For more info please visit
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or call: 03-4042 3766 to arrange for an interview.