

Malaysian Medical Association urges Budget 2027 action as MOH vacancies surge, doctors leave public system

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Dr Sivanaesan Letchumanan

KUCHING (Sept 26): The Malaysian Medical Association (MMA) is urging the federal government to use Budget 2027 to urgently address the loss of doctors and specialists from the public healthcare system, warning that Ministry of Health (MOH) vacancies have risen more than fivefold since 2017.

MMA president Dr Sivanaesan Letchumanan said 3,494 doctors left the MOH between 2019 and 2023, comprising 2,385 permanent medical officers and 1,109 specialists.

He said specialist resignations increased by 57 per cent during the period, while Malaysia was

already short of nearly 11,000 specialists and faced nursing vacancies of about 18 per cent.

“Malaysia cannot afford to wait while its public healthcare workforce continues to shrink,” he said in MMA’s Budget 2027 wish list issued today.

Dr Sivanaesan said data presented by the Public Service Department (JPA) to the Parliamentary Special Select Committee on Health showed MOH vacancies rising from 10,419 in 2017 to 54,362 in 2024, while the filling rate fell from 96 per cent to 83 per cent.

Only 529 of the housemanship positions offered in January this year were filled, he added.

“These are not simply vacancies on paper. Every unfilled post adds pressure to an already stretched workforce and risks further weakening the capacity of public healthcare to deliver timely and quality care,” he said.

MMA called for sufficient funding to support the government’s plan to abolish the contract system and offer eligible house officers permanent positions upon completion of housemanship, targeted for implementation by 2028.

It also called for previous years of contract service to be recognised for seniority and salary progression, while proposing transparent, merit-based promotion pathways for experienced specialists and recognised subspecialists.

Dr Sivanaesan said specialist promotion should be based on 80 per cent objective and measurable criteria and 20 per cent structured professional assessment, with every Medical Consultant undergoing a formal promotion assessment by their 10th year following gazettement.

Other proposals include reviewing requirements for subspecialty training, providing sufficient Jawatan Simpanan Latihan, paying specialist allowances from the date of gazettement and ensuring fair on-call rates.

MMA also called for previous BIW rates to be maintained for healthcare personnel in Sabah, Sarawak and Labuan, with working arrangements aligned with the 45-hour weekly standard under SSPA, including protected rest after continuous 24-hour shifts.

“These are not merely workforce welfare measures. An exhausted, overstretched and poorly supported workforce cannot sustain a safe healthcare system. The safety of healthcare workers is directly linked to patient safety,” he said.

Beyond workforce issues, MMA called for Malaysia’s more than 11,000 private GP clinics to be incorporated into a national healthcare

network to support screening follow-up, treatment and monitoring.

“Screening without follow-up is only awareness,” said Dr Sivanaesan.

He said private GPs could also support the National Immunisation Programme and conduct medical examinations for university students and civil servants, helping improve continuity of care and reduce pressure on public facilities.

MMA proposed establishing a Private Healthcare Development Division within the MOH to coordinate the private sector, initially focusing on primary care before expanding to private hospitals, diagnostic services and other providers.

The association also called for private healthcare providers to be integrated into national digital health infrastructure and proposed RM10 million to digitise CKAPS registration and licensing through a single online platform.

MMA further called for greater investment in primary care and prevention to address non-communicable diseases (NCDs), particularly diabetes and hypertension, while urging the government to increase funding for the Flying Doctor Service (FDS) following the recent helicopter tragedy that claimed five lives.

The additional FDS funding should support maintenance, equipment, aircraft and operational needs, while personnel allowances — which have remained unchanged since 1978 — should also be reviewed, he said.

MMA also called for a real-time national healthcare workforce dashboard to track vacancies, workforce distribution, training capacity and attrition, involving the MOH, Ministry of Finance, JPA and Ministry of Higher Education (MOHE).

“Malaysia has already invested heavily in training its healthcare professionals. The priority now must be to retain them,” said Dr Sivanaesan.

He said financial measures could be phased in, prioritising long-serving personnel, critical specialties and areas facing severe shortages, while reforms such as transparent promotion criteria and removing unnecessary administrative barriers could be implemented through policy changes.

He said Budget 2027 should ultimately be judged not only by the size of the health allocation, but by whether it retained healthcare professionals, protected training capacity and strengthened the healthcare system's ability to serve Malaysians.