

# MMA Straddles The Fence On Medical Officer Relocations

By CodeBlue | 9 August 2023

MMA Schomos says the redistribution of MOs from Klang Valley to Sabah & Sarawak and non-central states is a “step in the right direction”, but also says this will worsen doctor burnout, increase resignations, and affect health services in Klang Valley.



Medical officers (in long-sleeved collared shirts), medical assistants (in light green), and nurses (in purple) handling patients and other tasks at Melaka Hospital's emergency and trauma department (Red Zone). Photo by Saw Siow Feng, taken on June 26, 2023.

KUALA LUMPUR, August 9 — The Malaysian Medical Association (MMA) appears to try to please both the Ministry of Health (MOH) and angry government doctors in the relocation of medical officers.

In its latest statement on the matter – via an interview with *BFM's Health & Living podcast* aired last Monday – the country's largest doctors' association expressed contradictory opinions on issues of regional workforce redistribution and the tying of permanent appointment offers with transfers

from the MOH's placement exercise of over 4,000 trained medical officers last July 31.

On one hand, MMA's Section Concerning House Officers, Medical Officers, and Specialists (Schomos) vice chairman Dr Sivabala Selvaratnam praised the redistribution of government doctors from the Klang Valley to Sabah and Sarawak, and other non-central peninsular states, as a "step in the right direction". He repeated this multiple times during the interview.

"The relocation was definitely targeted to fill a gap in service. So, we do know that there are areas such as East Malaysia and the non-central regions of Malaysia, peninsular Malaysia, where there is a [staff] shortage, and when there is a shortage, there definitely needs to be an exercise of relocation," Dr Sivabala told *BFM*.

He did not state – to justify his argument backing the relocation – if the Klang Valley or the central region had excess medical officers that could be transferred to Borneo or other states to correct workforce maldistribution – *without* affecting health care services in the states from which doctors relocated out of.

Instead, Dr Sivabala admitted that the exodus of medical officers out of the Klang Valley would exacerbate burnout among doctors in an understaffed workforce, increase resignation rates, and affect public health care services and patient care in the developed region.

"Short-term, we have longer waiting times; a minefield of misdiagnosis, meaning a wrong diagnosis; mismanagement of patients; delay of treatment, inadvertently increasing costs, given that it's cheaper to treat in the early phase of any disease compared to at a later presentation; as well as delaying elective surgeries," he said.

"Longer-term impact would be an exacerbation of burnout that I stated earlier amongst doctors, leading to higher rates of resignation, exacerbating the trust deficit in the Ministry of Health as a reliable health care provider."

Dr Sivabala even highlighted that doctors, whether house or medical officers, are trained on the job in particular fields, and that relocations to not only different places but also different fields would disrupt their training.

"For example, those in a surgical department previously could very well now be filling gaps in a medical department, according to their new posting. In a nutshell, medical expertise is not transferable in this manner. That is the conundrum."

On the issue of implementing mass transfers of thousands of medical officers at the same time as the date of effect of their permanent

appointments, MMA Schomos believes that the MOH wanted to counteract resistance to relocations during permanent service.

“Generally, when you request a doctor in government service to relocate, there tends to be resistance because as human beings, we are all quite averse to change. We are all in our comfort zone,” Dr Sivabala told *BFM*.

“So when you need to relocate, I suppose the ministry found it prudent to time it along with the promotion exercise, which is the case for senior doctors as well.”

Yet, on the other hand, Dr Sivabala also acknowledged that the simultaneous offer of permanent positions and the relocation exercise last July 31 – which caused medical officers to be ineligible for transfer claims – placed a huge financial strain on doctors, costing them “easily” more than a month’s salary.

“For example, those who have purchased a house are now forced to continue paying their mortgage and continue renting elsewhere. Most rental agreements – we would know – require a notice period of at least two months prior to moving out; two to three months perhaps.

“Therefore, those renting will effectively forfeit one month’s rental fee from the previous unit due to the tenancy agreement. Then there’s the scramble to find rental units in the new location.”

Dr Sivabala asked the government to consider one-off allowances for the transfers of not just doctors and pharmacists, but also – bizarrely – nurses and teachers, even though the latter two professions were not reported to undergo any mass relocation exercise in the public service or face any problems in the past with claiming transfer expenses.

The problem of ineligibility for transfer allowances was specific to doctors (more than 4,000), and dentists and pharmacists (more than 300 each), in the MOH’s recent relocation exercise, due to the disruption of their period of service from contract to permanent that occurred at the same time as their transfers last July 31.

If the permanent appointments had come into effect *before* the date of reporting for duty in new placements, medical, dental, and pharmacy officers would have been eligible to claim transfer expenses under existing Finance Ministry policy – without needing the creation of new budget-line items like one-off allowances as suggested by Dr Sivabala.

And if the transfers of more than 4,000 permanent medical officers had been spaced out over a period of a few years – besides minimising the

impact to services, as MMA Schomos itself admitted – relocation costs to the government would also be spread out over several annual budgets.

Yet, Dr Sivabala simply said: “A little bit of compassion when handling the current situation would go a long way in placating those affected, and other long-term solutions should include a revision in policy, so as to enable all benefits enjoyed by permanent doctors to be enjoyed by contract doctors as well”.

The medical officers involved in the relocation were not contract doctors per se, but contract-turned-permanent.

MMA Schomos also called for data-driven distribution of health care professionals in the public sector. Mapping of medical officers and specialists could be done in major departments in hospitals, such as surgery, medical, obstetrics and gynaecology, and paediatrics.

“When you map the service, and you say that, ‘Okay, one doctor sees 40 patients per day at an outpatient clinic, which works out to about 12 minutes per doctor.’ Then you know whether the posting and allocations of medical officers would be based on workload norms that are set at the national level and followed through at the state level,” Dr Sivabala said.

“The state would be more well versed with the human resource and staffing needs, whereas the federal government would have all the details needed for funding.”

MMA Schomos’ remarks during the *BFM* interview starkly contrasted against [MMA’s previous statement last July 13](#), when it condemned the mass relocation of medical officers as “negligence at the highest level”. [MMA Schomos even posted last month a copy of an internal memo](#) from the medical department at a major tertiary hospital that announced service cuts due to a shortage of medical officers caused by transfers.

In a [statement](#) last Friday, Health director-general Dr Muhammad Radzi Abu Hassan defended the mass doctor relocations, saying that Sabah, Sarawak, Johor, and Pahang had a “high number of vacancies”. This confirmed *CodeBlue’s analysis* of the transfers that found these states to be the biggest beneficiaries of the placement exercise, gaining more than 500 and over 400 medical officers net each. The biggest losers were Kuala Lumpur and Putrajaya, Selangor, Melaka, and Negeri Sembilan that lost net totals of between 190 and 130 doctors each.

Five tertiary referral centres — Tuanku Ja’afar Seremban Hospital in Negeri Sembilan, Melaka Hospital, and three in Selangor (Sungai Buloh Hospital, Sultan Idris Shah Hospital, and Selayang Hospital) — lost net totals of

between 80 and 120 trained medical officers each from the relocation exercise.

Dr Radzi did not provide specific data on workforce mapping or needs, but simply told doctors, dentists, and pharmacists that their placement experience would make them “more mature, empathetic, and tougher”.

Health Minister Dr Zaliha Mustafa previously estimated vacancies at certain hospitals to be filled, latest by December. Hartal Doktor Kontrak has projected that the impact from doctor relocations would extend until June 2024, as “floating” medical officers (those who just completed housemanship) filling these vacancies would need training of at least three to six months to be “fully functional”.