MMA meets YBMK Tuan Khairy Jamaluddin

## Issues discussed with YBMK Kj



1 Contract Doctors.
(2) Pay grades and oncall payment.
(3) Public Doctors leaves.
(4) Public Private Partnership.
(5) Pandemic Preparedness GP Clinics.
6) Regulating the Third Party Administrators.
(7) 7th Fee Schedule.
(8) A new entity as a one stop centre for the private practice.
9) Formation of Health Commission.

## $\varangle$ CONTRACT DOCTORS

Doctors are now under the contract system since Dec 2016.

This contract system is not feasible as it does not allow career progression and specialization especially when we are already lacking specialists in the country

While the previous and current government has informed that discussions are with JPA, permanent positions are still insufficient and there are still flaws in the proposed contract system that needs to be looked into.

An increase in permanent positions.

## Transparency in the selection criteria

Extended contract of 10 years after joining service
for doctors which will allow for specialization and career progression.

YBMK to give a timeline to resolve this issue.

Involvement of MMA in the $>$ special task force to look into the matter.

## PAY GRADES \& ON CALL PAYMENT

Has not been discussed for some time now.

While many may argue that it may not be the best time to discuss monetary at the moment, we are also losing more doctors causing brain drain in the government service.
(3)

At times like this especially, we can't afford to contribute to the attrition rate

## PUBLIC DOCTOR'S LEAVES

Most healthcare workers have had their leaves frozen over the past year and as this pandemic continues, then a lot of leaves will be burnt.

We do realize the impact of this on a doctors mental health, not even having proper rest and being so distant from their loved ones.
( Let us not punish them further. n rate.

## PUBLIC PRIVATE PARTNERSHIP

The private practitioners are actively participating in the National COVID19 vaccination program and the COVID19 screenings

Many clinics are well equipped and have wide range of services.

Public sector is understaffed and overworked.

The public health facilities are overwhelmed and an increase in collateral damage for non covid cases.

## Outsource COVID19

screenings and vaccination to the private practitioners.

Blood investigations \&
X-ray services.

Public servant
> pre-employment \& pre-university medical screening.

## YBMK to

 make this as one of the policy priorities and set a KPI on the involvement of private sector.$>$ NCD management.

## PANDEMIC PREPAREDNESS

 GP CLINICThe private practitioners were under-utilised during the pandemic.

Countries like Singapore and Taiwan have capitalised their private practitioners as gatekeepers for early detection and triaging of cases.The private practitioners will be playing a major role when we move from pandemic to endemic
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Preparedness in the event another surge in cases which may overwhelm the public sector.

Early engagement for strategic planning \& seamless implementation.

Enhance process automation and self regulation when onboarding the private practitioners.

Guidelines in managing COVID19 during home monitoring and Long Covid.

1. YBMK to make this as one of the policy priorities and set a KPI on the number of clinics to be involved.
2. e-COVID system as one system for e-notification and home monitoring.
3. Communication network between private practitioners and public sector for patient care and arranging transportation.

5000 Specialist/ more than 3 million patients.
(2) Regulatory issues in the contractual Agreement.

Market size close to RM1 billion and growing.

Practice of Medicine regulated, but Business of medicine not regulated.

## Mutual Contractual

 Agreement.1. YBMK to monitor the progress.
2. AGC's opinion on Fee Splitting.

The need to regulate the MCOs/TPAs.
3. National MCO committee meeting.
4. To have the regulations under Part XV, Section 82/83 in Act 586 to compel MCOs/TPAs to be registered with MOH.

## $\varangle 7$ th FEE SCHEDULE

Consultation and procedures fees are regulated under PHFSA 2006.

Current GP fees was structured by MMA in 1992 and without any revision for 27 years.
(3) This was Incorporated in the PHFSA 2006

To gazette the deregulation
of the Consultation fees under the 7th Fee Schedule.

Seeking YBMK's support to get it gazetted.

Revision of 13th Fee Schedule for specialist was gazetted in 2013 but the 7th Fee Schedule for GPs was overlooked. Calls by the medical fraternity to rectify this have been consistent.The than government agreed to deregulate the fees.

## A NEW ENTITY AS ONE STOP CENTRE FOR THE PRIVATE PRACTICE

A new entity as one stop centre for the private practice.

It was mooted previously in corporatising CKAPS

Private sector contributes almost 49\% of total health expenditure

CKAPS should be upgraded to a division to look into matters pertaining to private healthcare and not only on regulatory issues.

A task force should also be set up by MOH to amend the Private Healthcare Facilities and Services Act to Private Healthcare Services with wider powers to regulate those who are providing healthcare services be it physical or virtual "facilities". This should be expedited.

Medical Development Division should assist the practice in the private sector.

## FORMATION OF A HEALTH COMMISSION

Our current healthcare system is a dichotomous system involving private and public healthcare.

The MOH which not only handles regulatory, licensing, governance but also training, research etc.

This has caused to a lot of disparity and questions on the healthcare system in the country.

Currently police and education department have its own commission.

The health commission should look into urgent matters for example human resource, infrastructure, procurement etc.

MMA would suggest for an independent body with all
> stake-holders to be in a commission that looks into critical issues related to the medical field.

Seeking YBMK's
support to study further.

## Thank you

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