

### Medical Education and Practice in Malaysia, Quo Vadis?

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As of June 2016 there are 28 medical schools [1] in both private and public sectors in Malaysia offering more than twice as many programs [2] with yearly graduates of about 4500 including those that graduated from overseas. This magnitude is beyond the usual capacity of Ministry of Health (MOH) that is entrusted to accord preregistration training posts to the graduates as the whole process of allocation to available places in public hospitals nationwide is painfully slow. It is already a tragedy having to wait 6 months on average for a placement but words that a delay for up to a year can occur is totally unacceptable when the actual training places available at grade DU41 preregistration house officers is said to be more than the graduate number [3]. Delay can be detrimental to the training itself because waiting is a waste of talent and potential, a disincentive to a young aspirant, tacitly is a testimony of system failure and deprives the public of highly trained graduates to serve in our healthcare system that ironically suffers from chronic and ever growing wait but yet we have excess medical graduates. Some of them have taken a simple and quick route out of the mess by migrating to our neighbours near and far, not entirely their faults, but their thresholds to despair seem very low indeed. The need for a speedy and right solution to the delay is long overdue and this is nothing more than what the public and the young doctors deserve.

How did we get to this? Not unexpectedly but the magnitude stemmed from the unusually large number of *Sijil Pelajaran Malaysia* (SPM; Malaysia Certificate of Education) leavers that opted to study medicine, in part made easy by the many medical schools in the country and those that have been accredited abroad. This was augmented by the constant reminder of the need for more doctors, parental or hype

pressure perhaps for whatever reasons, and also the ease with which scholarships were available to study medicine. The principle driver for the whole mess was money initiated by those who wish to make profits under these “fortunate” circumstances [4]. The resulting deluge of medical graduates clogged the system up and unfortunately created many of the unnecessary challenges that we face today. Paradoxically despite this excess our doctor population ratio is still lower than the Organization for Economic Cooperation and Development (OECD) average and our more prosperous neighbour in the south. These veiled and unscrupulous drivers are addressing the gap in ratio with such a speed that it strains the system to almost breaking point and had somewhat ruffled both Ministry of Higher Education (MOHE) and MOH.

The doctor number that we need should ideally be planned or rather managed at this point and this can only be done by addressing all the factors that had led us to this. For a start we should look at the basic question of what the country needs in the future (2020 and beyond) and then work backwards. This sounds simple enough but in practice this is where the challenge lies. Two ministries MOH and MOHE are both looking at the issue albeit with different focus but inevitably with some overlapping jurisdiction. The MOH concerns with the nation’s health issues and MOHE deals with medical education and consequently doctor number, although seemingly separate but in actual fact they will converge. Whatever the number of medical students approved at Malaysian Qualifications Agency (MQA) / Malaysian Medical Council (MMC) or sponsored by *Jabatan Perkhidmatan Awan* (JPA; Public Services Department) /MOHE the final tally in five years will be the medical graduates that will have to be allocated to training places. Too many medical

graduates too soon appear to be the main problem and therefore it is high time that we try to regulate the number that goes into training. Immediate actions are required too to restore public confidence in the light of unsympathetic media comments. This includes policies that require hard choices such as derecognizing some foreign medical schools in the archaic list of schedule 2 and introducing the right to practice examination for those who have graduated from abroad. Both can regulate number and consequently emphasize quality.

The next challenge is the specialist number now that doctor number at lower grades will address the gap in ratio in time. Although a lot has improved but by most estimates the number of specialists must double to take up the challenges of a developed nation status and we need to add to this the question of disparity (uneven number by specialty) and geographical mal-distribution, unfortunately the issues remain despite numerous incentives introduced by MOH over the years. An easier question of churning up specialist number can be addressed rather immediately because we have a robust, economical, and internationally respected system within our midst that is the Master in Medicine (MMED). But when the issue of increasing the specialist number is debated, the discourse mystically takes a pathetic course to the times when postgraduate medicine began in the country in the 60s, a return to our colonial ancestry for training opportunities and supervision. When postgraduate medicine first started we indeed relied heavily on the hospitals in the United Kingdom (UK) and their college exams but these are things of the past. Except for stated and specific niche areas for training and education, or occasional exception, by and large we have existed and trained our specialist independently from the system in the UK for more than three decades. For the record, to date more than 8000 specialists have graduated from MMED system and for a rapidly growing Malaysia this number is huge. Especially so for the surgical based specialties that are the most challenging to train and in all domains the surgeons have been at par with the very best in the world. In fact from our own survey, MMED trained specialists are the backbone of doctors that service the public hospitals and clinics in Malaysia.

Despite this apparent regression, the universities that offer MMED are in the process of institutionalizing the training pathway and system to maintain the quality and improve the process further. Steps are taken to formalize the training pathway via MQA and MOHE to reinforce public perception of the system and in preparation for soon to be implemented trade and economic liberalization in ASEAN. For practical purposes the MMED system essentially has two types; one that is based on the presence of the faculty's own teaching hospital and the other on the absence of one and thus reliance on the state hospital as the faculty's affiliated teaching hospital. Both models have achieved success and maintained the quality and competency required by a robust comprehensive assessment system that includes standardized examinations attended by a wide selection of examiners in the country and abroad. In the next 5 years or so, the training environment to some extent the MMED will undergo a significant change with the completion of another 7 teaching hospitals and the incorporation of a consortium of university teaching hospitals. With an estimated number of nearly 10000 tertiary care beds at peak activity this will provide an excellent opportunity to train more specialists and partake in subspecialty training. This includes research and teaching activities that will enhance the return on investment to the public.

Based on the cumulative years of experience and a much more organized MQA the future of medical education for both undergraduate and postgraduate looks very promising indeed but the main lingering issues in both must be addressed. For undergraduate medicine the need to maintain a robust and stringent control on quality is paramount and data shows that the emphasis of this is mainly on graduates from some foreign medical schools because the local ones are subject to very stringent accreditation exercise and compliance audit, therefore quality is assured. Another strategy to achieve this is the introduction of fitness to practice examination for foreign medical school graduates. Both will help control number. The main issue that is affecting postgraduate education is the need to institutionalize the MMED for the future and the creation of teaching hospitals consortium by working closely with MQA and MOHE. This will ensure the best deal for the public. The future is in our hands.

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