

#### Housemanship programme in Malaysia:

Availability of positions and quality of training

#### Lim Chee Han, PhD

Press Conference
Penang Institute in KL, Uppercase
21 July 2017

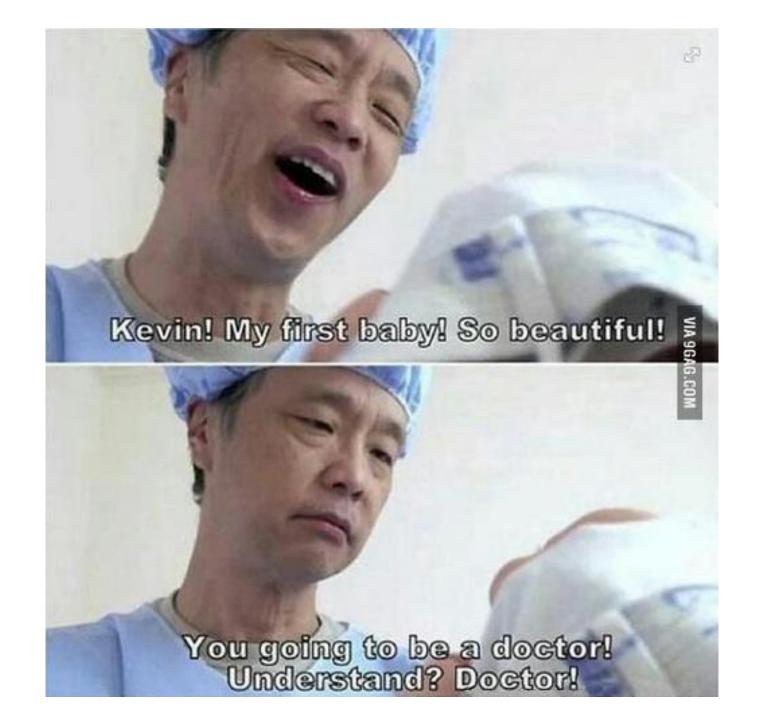


## Outline

- 1. Introduction
- 2. Study Objectives & Methodology
- 3. Report discussion points:
- Unrealistic target number of medical doctors required in Malaysia
- Sharp surge in the numbers of medical students entering the workforce
- Proliferation of recognized medical institutions over the years
- The turnover of Housemanship positions
- The capacity of MOH to accommodate more housemen
- > Housemanship extension and training quality
- 4. Policy Recommendations



## Introduction





### Journey of an aspiring medical doctor

- Many Asian parents might have unrealistically glamorous view of the medical profession and dream that their child follows suit. This kind of interest might be sparkled by popular culture such as *Grey's Anatomy* (US) and *Healing Hands* (HK).
- Entry into medical field used to be very competitive limited positions of medical courses in the public universities or very costly overseas education.
- Today, quite a number of medical programmes offered by local private institutions, typically cost around RM60,000-RM100,000 per year.
- Though exorbitant costs and considerable duration length (5 years), medical programmes are still in high demand.



#### Journey of an aspiring medical doctor

Entry → Enrolment (5 Years) → **Graduate** (MBBS or MD)

After more than 4-5 years.
Voluntary registered in
National Specialist Register

#### **HE institutions**

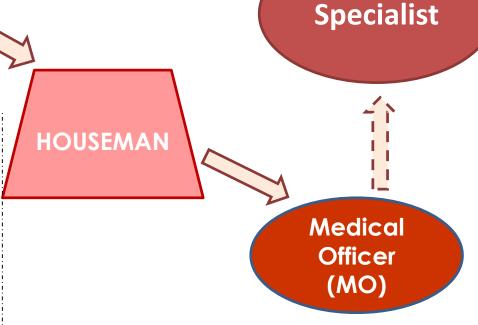
- Local Public
- Local Private
- Foreign

Medical Student

- Provisionally Registered
- 2 years posting programme:
- 5 core disciplines (4 months each):

Internal Medicine, Paediatrics, Surgery,
Obstetrics and Gynaecology, & Orthopaedics

4 elective disciplines (choose one):
 Emergency Medicine, Anaesthesiology,
 Primary Care & Psychiatry



- Fully Registered on Medical Register (MMC)
- Compulsory service in public sector for

a minimum of 2 years

Annual Practicing Certificate then issued

#### Journey from Medical Student to Houseman



Uni

•Complete Final Exams and graduate

**MMC** 

- Apply for Provisional Registration by filling MMC Form 4 with Appendix A and Fitness to Practice Declaration Form
- •More Info at http://www.mmc.gov.my/v1/images/contents/registration/PROVISIONAL%20REGISTRATION%20SOP%2026012016.pdf

SPA

- •Complete the SPA8i form (Borang Pendaftaran Pekerjaan Di Sektor Awam)
- •More Info at http://imej.spa.gov.my/dev/pdf/faq/MANUAL\_PERMOHONAN\_SPA8I\_PERUBATAN\_31122015 ENG.pdf
- · Attend interview, if passed then await offer letter from SPA

MOH

- •Fill and submit Senarai Semak Permohonan Penempatan Pegawai Perubatan (Lantikan Baru) to Bahagian Sumber Manusia
- Form available at http://www.moh.gov.my/index.php/pages/view/981
- •Register for placement via eHousemen system at http://ehousemen.moh.gov.my/auth/main

PTM

- Program Transformasi Minda 5 days, must pass end of course exam
- · Receive placement letter for posting

JKN

- Reporting of duty to State Health Department with offer letter from MOH and SPA
- · Receive Reporting letter

Hosp

Dept

- Reporting for duty at Pengarah's Office and submission of reporting letter
- Orientation / Travel Claims
- · Delegation to Department

· Report to Head of Department / Specialist in Charge of HO

· Start housemanship

Adopted from **SCHOMOS** Guidebook 2016, Malaysian Medical Association



## Issues at stake



## The issues

- Today, many <u>training hospitals cannot cope with the rising demand</u> for housemanship positions.
- 'There are just too many doctors and too many medical institutions flooding the market' former MMA president Datuk Dr N.K.S. Tharmaseelan (2013)
- Since 2000, all public and private medical schools in Malaysia have been accredited and recognised by the Malaysian Medical Council (MMC).
- The trend of <u>rapid proliferation of medical schools in Malaysia</u> probably cause the available pool of medical teachers to be spread very thin, while lowering the entry requirements for medical programmes as a way of wooing prospective students, in the long run, would have severe negative impacts on the healthcare service standard in Malaysia.



## The issues

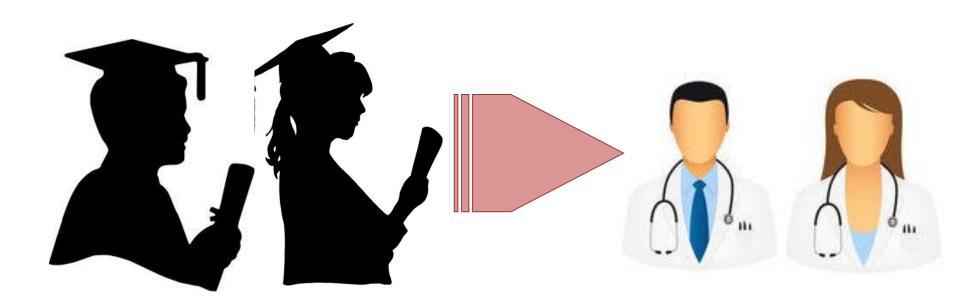
- An <u>oversupply of medical graduates</u> will cause a systemic shock to the MOH training capacity, especially when poor performers extend their stay and 'clog up' the system. That causes increasingly longer wait for the medical graduates to secure a housemanship position.
- The number of experienced specialists who are willing and able to supervise the house officers will determine the quality of the housemanship programme. However, specialists from certain disciplines might not be enough, resulted in large mentor-mentee group.



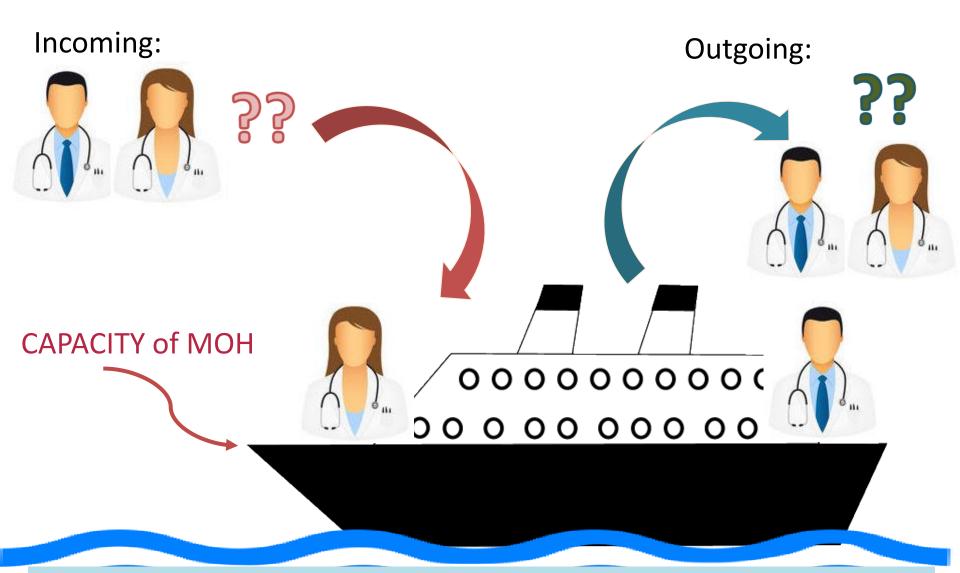
## Study Objectives



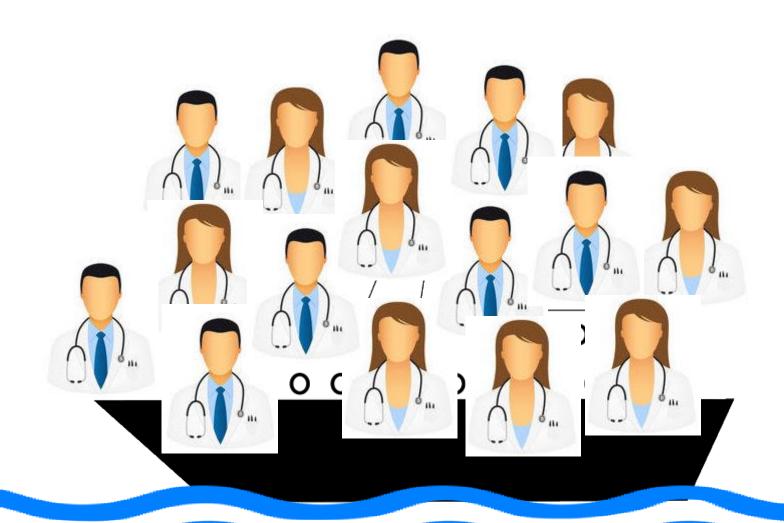
## In this study, we investigate...



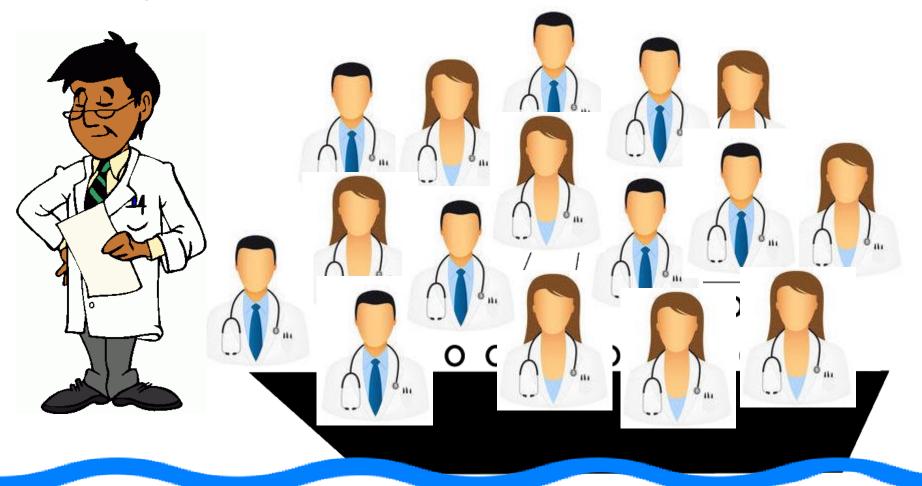
1. The <u>supply and demand of medical graduates</u> in Malaysia and the impact of <u>current policies by MOH and MOHE</u> on the numbers of medical graduates produced each year, the <u>institutions</u> involved in provision of medical courses, and quality of such <u>medical training</u>



2. The <u>capacity</u> of public hospitals to train house officers, in terms of <u>physical</u> and <u>human resources</u>, i.e. the no. of training hospitals and specialist trainers.



#### Mentor specialists



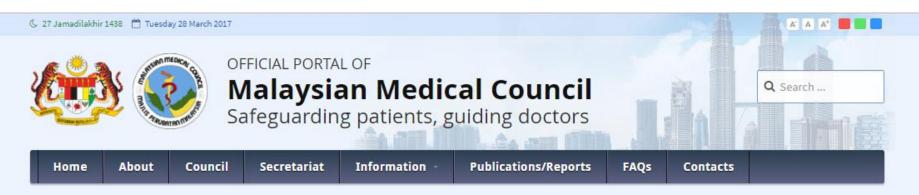
3. The quality of housemanship training, the performance of housemen and their ability to cope with various situations



## Methodology



## Medical Register (MMC)



You are here: Home / Search for Registered Doctor

#### **Patients & Public**

We protect public health and safety by requiring all doctors to meet our standards before they can practise medicine in Malaysia.



Search for Registered Doctor
Making a Complaint
Vacancy Advertisement

#### Search for Registered Doctor

SEARCH BY:	
NAME	
GRADUATED FROM	
PLACE OF PRACTICE	
REGISTRATION / TPC NUMBERS	FULL REGISTRATION ▼
00	



## Medical Register (MMC)

NAME : JASON LEONG SAY KEONG

BACHELOR OF MEDICINE, BACHELOR OF SURGERY AND BACHELOR OF OBSTETRICS

UNDERGRADUATE OF : NATIONAL UNIVERSITY OF IRELAND (PENANG

MEDICAL COLLEGE)

PROVISIONAL

QUALIFICATION

REGISTRATION NUMBER : 38413

DATE OF PROVISIONAL

PROVISIONAL : 21-07-2009

FULL

REGISTRATION NUMBER : 51607

DATE OF

FULL REGISTRATION : 18-05-2011



			APC							
#	APC YEAR	APC NO	PLACE OF PRACTICE (PRINCIPAL)	PLACE OF PRACTICE (OTHERS)						
<b>*</b>	2014	30963	KLINIK KESIHATAN TAMAN MEDAN JALAN PJS 2C/5 46000 PETALING JAYA SELANGOR	SEMUA FASILITI DIBAWAH KEMENTERIAN KESIHATAN MALAYSIA 						
2.	2013	7317	JABATAN KECEMASAN HOSPITAL SELAYANG LEBUHRAYA SELAYANG-KEPONG 68100 BATU CAVES SELANGOR	SEMUA FASILITI DIBAWAH KEMENTERIAN KESIHATAN MALAYSIA  -						
3.	2012	24306	JABATAN KECEMASAN HOSPITAL SELAYANG LEBUHRAYA SELAYANG-KEPONG 68100 BATU CAVES SELANGOR	SEMUA FASILITI DIBAWAH KEMENTERIAN KESIHATAN MALAYSIA 						

ONLY THE LATEST 3 YEARS OF THE APC WILL BE DISPLAYED AS DECIDED BY THE COUNCIL MEMBERS DURING THE MMC
MEETING HELD ON 12TH JULY 2011.



## 24,500 doctors' details were analysed for housemen who entered the workforce from 2008 to 2014

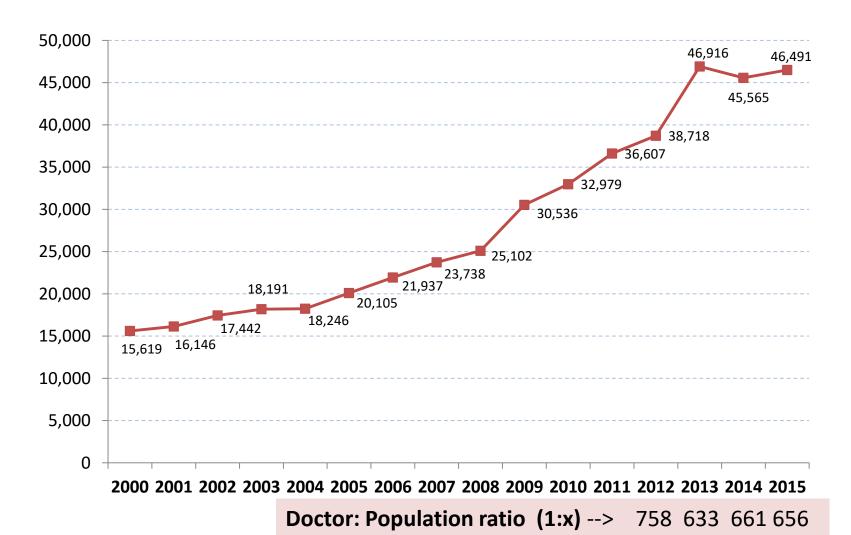


## Finding 1:

Unrealistic target number of medical doctors required in Malaysia

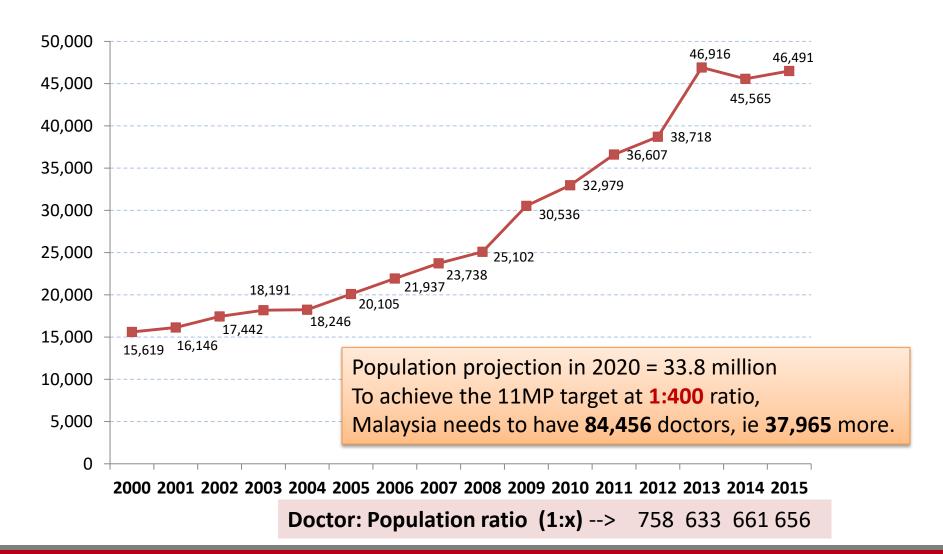


## Number of Doctors in Malaysia





## Number of Doctors in Malaysia



## Supply gap and clearance of housemanship positions



		1	Positions			
Year	No. of medical graduates (1)	No. of housemanship positions filled up (2)	Supply gap housemanship positions: Supply (2) – Demand (1)	No. of housemanship positions released locally (3)	Difference in the vacated and demand for positions:  (3) - (1)	
2000	996			829	-167	
2001	1029	780	-249	1009	-20	
2002	1104	997	-107	1011	-93	
2003	1083	959	-124	583	-500	
2004	1126	1036	-90	874	-252	
2005	1112	1049	-63	1060	-52	
2006	1122	1059	-63	1703	581	
2007	1534	1298	-236	1622	88	
2008	2530	2326	-204	1787	-743	
2009	3147	3058	-89	364	-2783	
2010	3256	3252	-4	2326	-930	
2011	3708	3565	-143	2923	-785	
2012	4094	3743	-351	3086	-1008	
2013	4472	4991	519	3374	-1098	
2014	4740	3860	-880	3602	-1138	
2015	5146			4121	-1025	

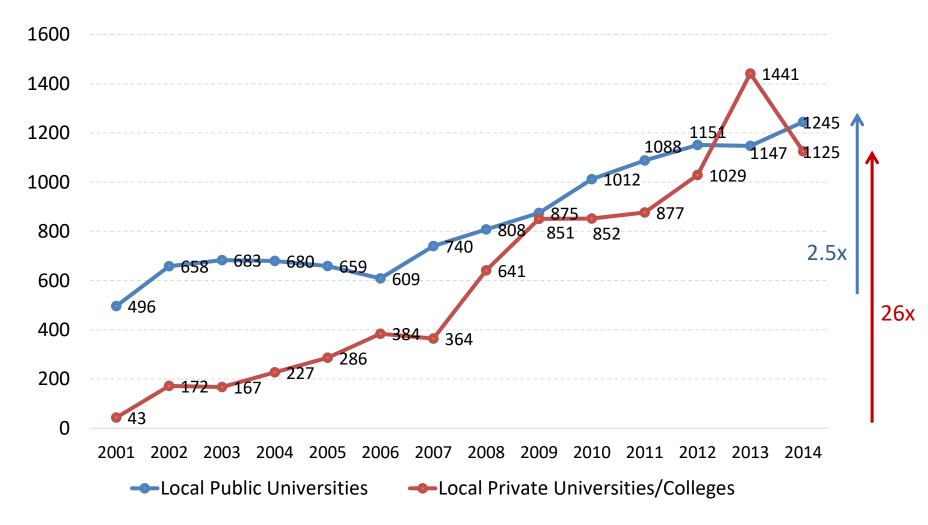


## Finding 2:

Sharp surge in the numbers of medical students entering the workforce

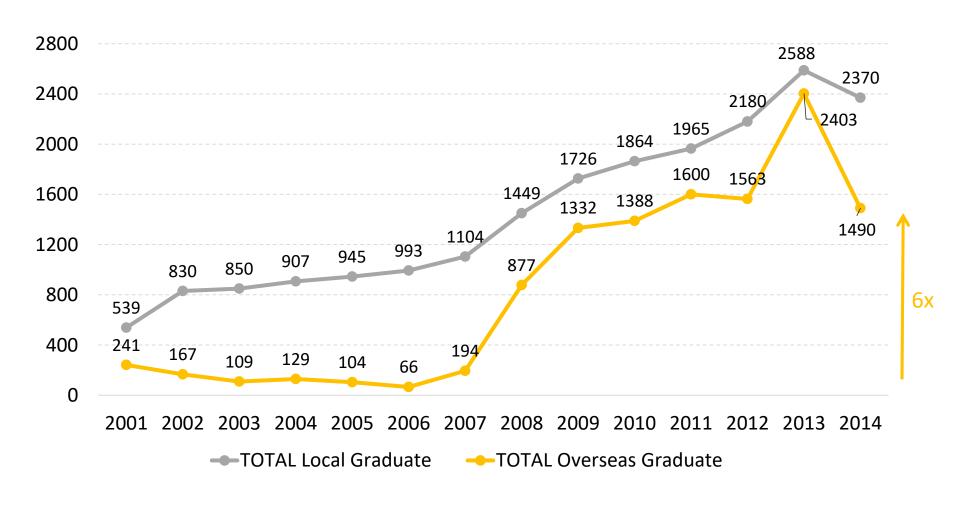


## No. of House-Officers by Local Public vs Private medical graduate origin





## No. of House-Officers by Local vs Overseas medical graduate origin





### No. of House-Officers by Local Public medical graduate origin

No.	University	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
	Local Public Universities														
1	University of Malaya (UM)	137	175	182	175	149	144	150	141	150	159	182	188	198	197
	National University of														
2	Malaysia (UKM)	131	160	162	160	160	142	185	203	173	223	219	259	220	208
	University of Science														
3	Malaysia (USM)	150	185	201	181	147	159	151	179	191	186	180	193	193	205
	University of Malaysia														
4	Sarawak (UNIMAS)	38	38	22	33	47	13	76	68	53	79	64	74	39	92
	University Putra Malaysia														
5	(UPM)	40	54	61	72	82	69	90	81	123	101	131	111	143	99
	International Islamic														
6	University of Malaysia (IIUM)	46	55	59	74	82	88	88	95	105	121	108	96	128	-
	University of Malaysia Sabah														
7	(UMS)	-	-	-	-	-	-	-	29	36	68	75	70	80	81
	University of Technology														
8	Mara (UiTM)	-	-	-	-	-	-	-	19	54	91	116	148	178	182
	Islamic Science University of														
9	Malaysia (USIM)	-	-	-	-	-	-	-	-	-	-	-	-	-	53
	Sub-total	496	658	683	680	659	609	740	808	875	1012	1088	1151	1147	1245

Source: Human Resources Division, Ministry of Health



## No. of House-Officers by Local Private medical graduate origin

No.	University	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
	Local Private Universities/Colleges														
1	Penang Medical College (PMC)	43	59	23	31	19	132	64	105	97	131	100	97	150	115
	International Medical University														
2	(IMU)	-	90	76	72	109	64	117	156	148	140	118	231	183	136
	Royal College of Medicine Perak														
3	(RCMP)	-	23	-	-	4	10	53	57	82	63	23	19	136	119
1 1	Malacca-Manipal Medical College														
	(MMMC)	-	-	68	124	154	178	130	222	405	271	254	249	258	117
	Asian Institute of Medicine and														
1 1	Technology (AIMST)	-	-	-	-	-	-	-	101	119	134	113	108	205	14
1 1	Alliance College of Medical														
1 1	Science (AUCMS)	-	-	-	-	-	-	-	-	-	52	30	69	58	89
1 1	Monash University (SUNWAY)	-	-	-	-	-	-	-	-	-	29	27	10	71	76
1 1	University College Sedaya														
	International (UCSI)	-	-	-	-	-	-	-	-	-	32	43	41	50	32
1 1	Cyberjaya University College of														
1 1	Medical Sciences (CUCMS)	-	-	-	-	-	-	-	-	-	-	140	133	126	143
1 1	Management & Science														
	University (MSU)	-	-	-	-	-	-	-	-	-	-	29	38	62	186
1 1	MAHSA University	-	-	-	-	-	-	-	-	-	-	-	34	142	98
	Sub-total	43	172	167	227	286	384	364	641	851	852	877	1029	1441	1125

Source: Human Resources Division, Ministry of Health



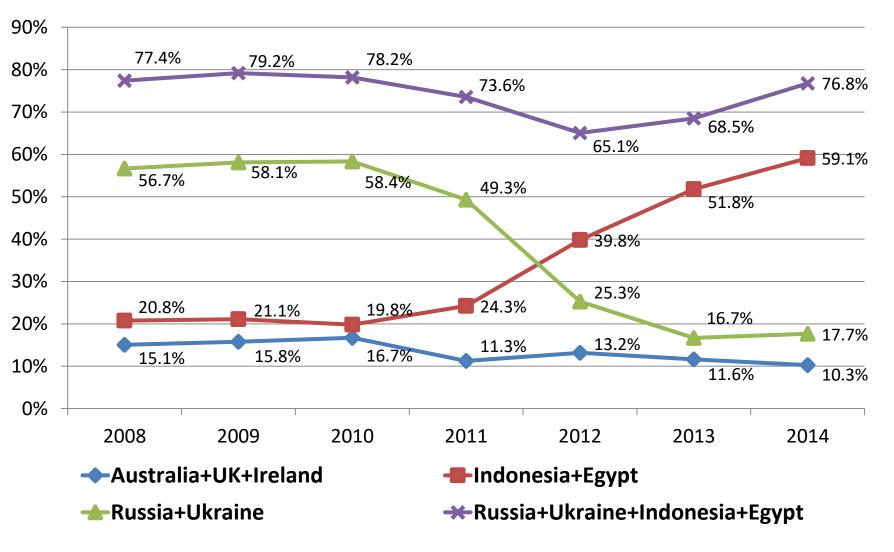
In view of the increasing number of housemen, the MOHE had in **2011** placed a **moratorium** on the number of new institutions that can offer medical programmes since 2011.

"The rational behind the moratorium is to <u>manage the number of students entering medical</u> <u>programmes **locally** and to address concerns such as a surplus of houseman (waiting time)."</u>

Director-General of MoHE Datuk Dr Asma Ismail, 17 March 2016



## Foreign trained medical graduates by selected country





## Finding 3:

Proliferation of recognised medical institutions over the years



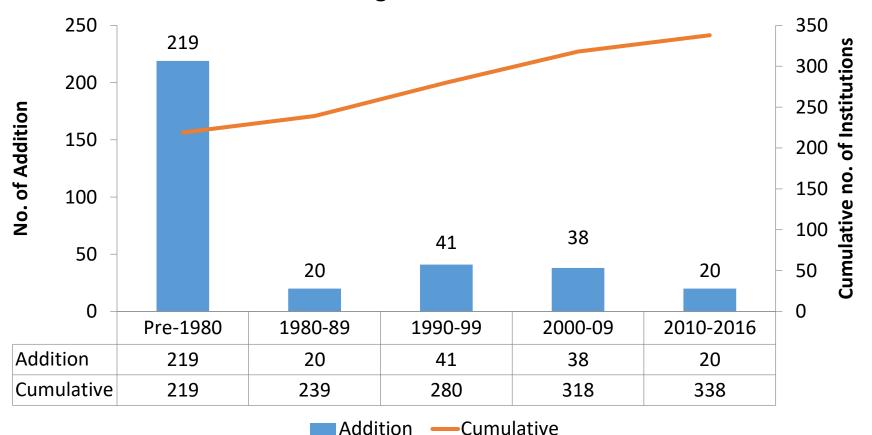
## Top 10 origin countries with most number of medical institutions recognised

Rank No.	Country	No. of Institutions Recognised
1	UNITED STATES OF AMERICA	89
2	INDIA	52
3	UNITED KINGDOM	33
4	MALAYSIA	29
5	CANADA	14
6	AUSTRALIA	13
7	INDONESIA	13
8	JAPAN	10
9	TAIWAN	8
10	ARAB REPUBLIC OF EGYPT	7
	PAKISTAN	7



#### Proliferation of Recognised Medical Institutions

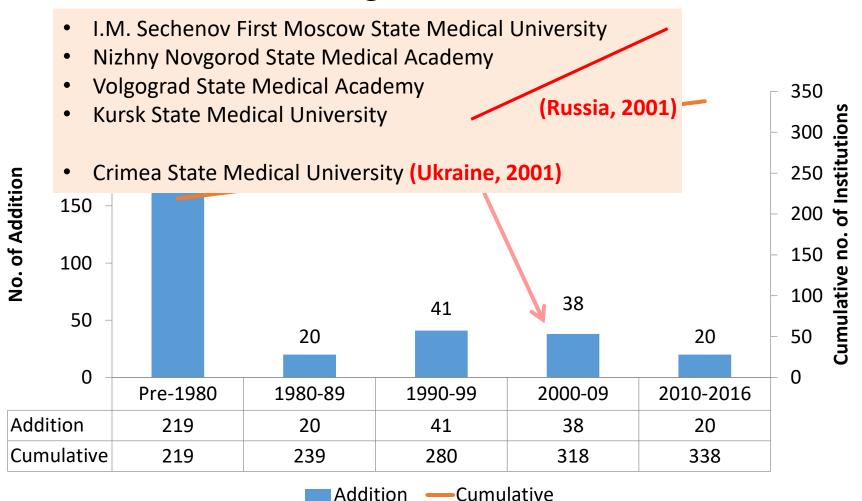
#### **Number of Recognised Medical Institutions**



\* 1 institution with no date



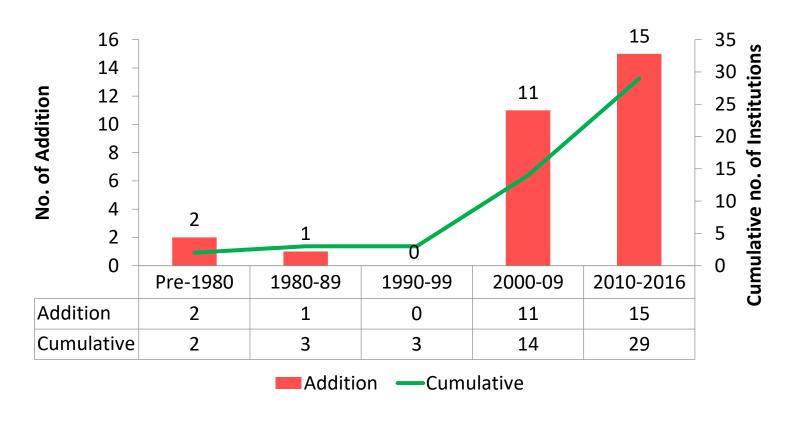
#### Proliferation of Recognised Medical Institutions



\* 1 institution with no date



## No. of recognised Medical Institutions from Malaysia only



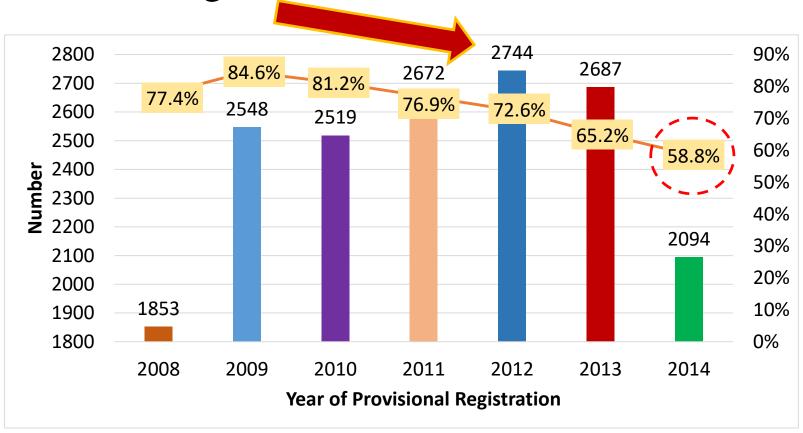
- Rapid addition of accredited local institutions since 2000.
- No. of accredited local private institutions have shot up from 0 to 18



# Finding 4: The turnover of housemanship positions



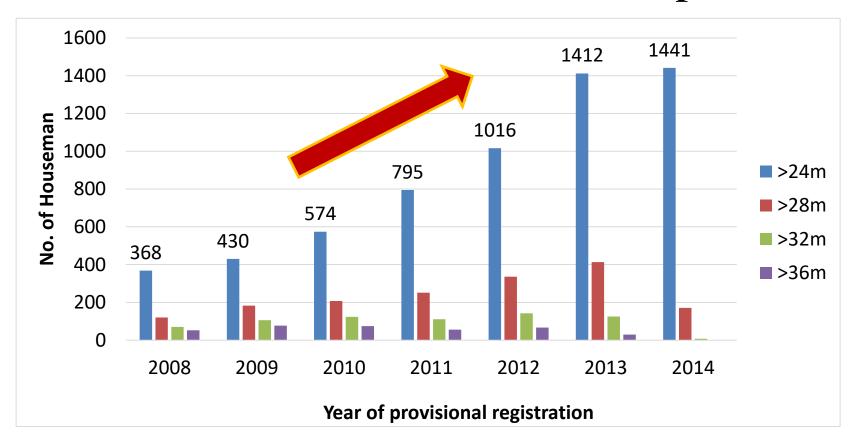
# No. of housemen obtained full registration within 24 months



 More housemen needed extension of training ( < 60% finish in time for year batch 2014)



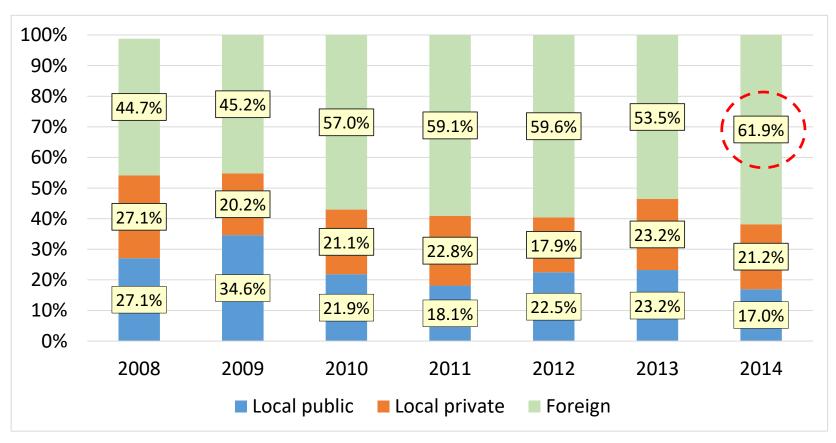
#### "Overdue" Housemanship



Increasing number of housemen who could not finish within 24 months



### Medical Education background of housemen dropped out or failed to obtain full registration



Among housemen who dropped-out, ~60% graduated from overseas



# Where were the overseas dropouts received their education?

Medical Institution(s)	2008	2009	2010	2011	2012*	2013*	2014*
	RUSSIA+UKRAINE+INDONESIA						
R+U+ID	33	35	53	80	95	76	246
KTOTID	86.8%	74.5%	72.6%	79.2%	66.4%	47.8%	44.3%
	RUSSIA+INDONESIA+INDIA+EGPYT						
R+ID+IN+E	21	22	30	57	109	130	463
K+ID+IN+E	55.3%	46.8%	41.1%	56.4%	76.2%	81.8%	83.4%
	THE REST OF REGIONS						
The REST (non R+U+ID+IN+E)	5	10	19	21	34	28	85
THE REST (HOH R-O-ID-IN-E)	13.2%	21.3%	26.0%	20.8%	23.8%	17.6%	15.3%
	TOTAL FOREIGN INSTITUTIONS						
Total FOREIGN	38	47	73	101	143	159	555



# Finding 5: The capacity of MOH to accommodate more housemen



Efficiency for 2016 (or up till March '17?) = 48.6%



Home > News > Nation

Wednesday, 15 March 2017

## More slots at training hospitals opening up for housemen

DEPUTY Health Minister Datuk Seri Dr Hilmi Yahaya said houseman training hospitals will open up more slots for housemanship.

"At the moment, we have a total of 10,835 housemen in 44 teaching hospitals and Royal Military Hospitals nationwide.

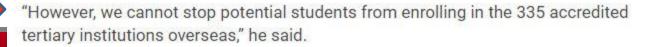
"The ministry plans to include Hospital Shah Alam and Hospital Langkawi in the list of houseman training hospitals.

"These hospitals have stated that they are willing to increase the number of training slots for housemen," he told Teresa Kok (DAP-Seputeh).

Dr Hilmi added that the Public Service Commission had interviewed 3.474 medical graduates as at December 2016, with 1.687 of them already placed in hospitals.

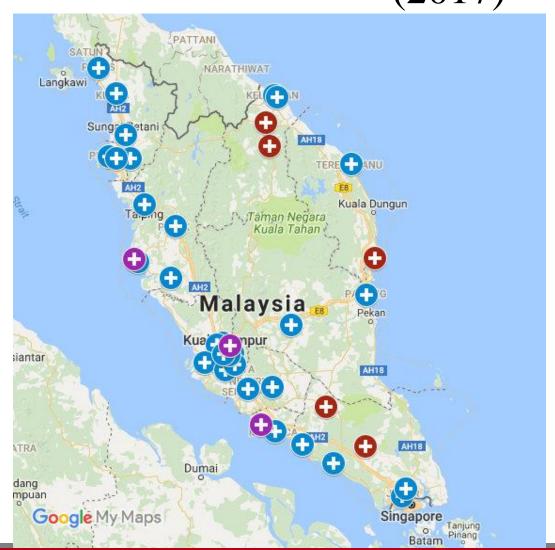
On the issue of too many medical graduates in Malaysia, he said the existing moratorium on new medical programmes at tertiary education institutions would restore balance in demand and supply.

"Under the moratorium, we have been able to ensure there will be no more new medical courses on top of the 44 programmes already in place locally," he said.





## Housemanship Training Hospitals (2017)



State	No.
Perlis	1
Kedah	3
Penang	2
Perak	4
Selangor	6
KL & Putrajaya	4
Negeri Sembilan	2
Melaka	1
Johor	6
Pahang	2
Terengganu	2
Kelantan	4

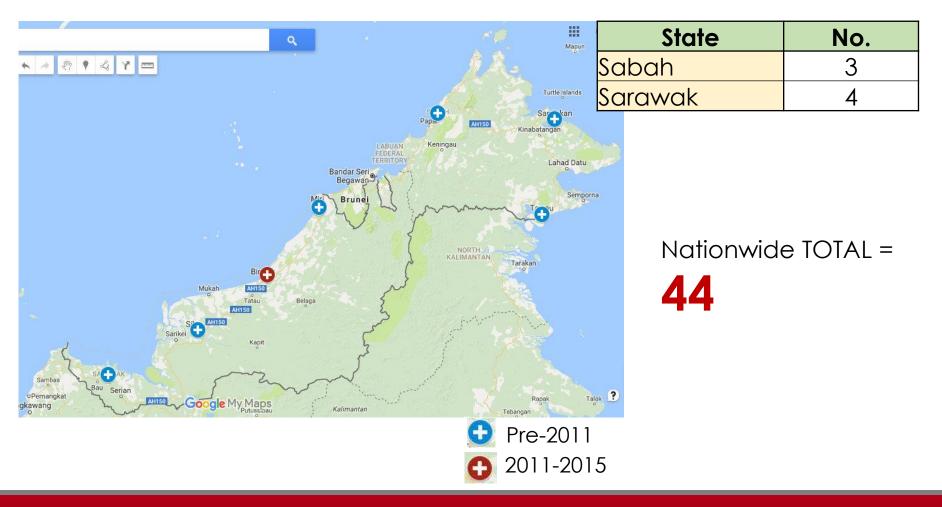
Pre-2011

2011-2015





# Housemanship Training Hospitals (2017)



	Discipline Area	No. of MOH	
	(Core/ <i>Elective</i> )	Specialists	
1	Internal Medicine (General)	668	
2	General Paediatrics	391	
3	General Surgery	248	
4	Obsterics and Gynaecology (O&G)	232	
5	Orthopaedic Surgery	224	
6	Emergency Medicine	139	
7	Anaesthesiology and Critical Care	397	
8	Family Medicine	146	
9	Psychiatry	108	





Assumed no. of specialist(s) per core discipline per hospital	No. of housemanship training hospitals	Possible no. of housemanship trainers/mentors	No. of housemen allocated per core discipline (Assume equal distribution)	Ratio of Specialist: Housemen
1	44	44	1806	1:41
2	44	88	1806	1:21
3	44	132	1806	1:14
4	44	176	1806	1:10
5	44	220	1806	1:8.2
6	44	264	1806	1:6.8
7	44	308	1806	1:5.9
8	44	352	1806	1:5.1
9	44	396	1806	1:4.6

Source: National Specialist Register (Feb 2017)



# Finding 6: Housemanship extension and training quality

### Minister: 25 to 30pc of housemen fail to complete internships

MARCH 21, 2017



Datuk Seri Dr Hilmi Yahaya says each year, there are about 5,000 new housemen who need to undergo medical training. — Picture by KE Ooi

KUALA LUMPUR, March 21 — Twentyfive to 30 per cent of housemen fail to complete their internships within the set time due to incompetency, the Dewan Rakyat was told today.

Deputy Health Minister Datuk Seri Dr Hilmi Yahaya said this situation contributed to the problem of placement for new housemen as the current ones had to extend their training.

He said each year, there were about 5,000 new housemen who needed to undergo medical training.

"Admittedly, the problem of housemen is perpetual...because of their incompetency, they have to extend their training period and many other graduates cannot do their training," he

said in reply to a supplementary question from Izani Husin (PAS-Pengkalan Chepa) during the Question-and-Answer session at the Dewan Rakyat sitting today.

Izani had wanted to know the ministry's plans to increase the number of government hospitals and training hospitals. — Bernama

# Consequences of poor planning & management



#### 20% M'sian medical students lack qualifications

Posted on 7 September 2014 - 09:19pm Last updated on 8 September 2014 - 12:53pm Annie Freeda Cruez

newsdesk@thesundaily.com



SUNPIX

PETALING JAYA: About 20% of Malaysian students who entered foreign universities to do medicine since 2009 did not even have the minimum academic qualifications required to enter the programmes.

# Consequences of poor planning & management





#### HOUSEMEN EXTENSION : THE CONCERN OF ALL

Norrina J, Nor Haniza Z, Noriah B, Idris O, Eliana M, Izzah S Institute for Health Management, Ministry of Health, Malaysia

#### INTRODUCTION

In 2011 we have a total of 7414 housemen in Ministry of Health Hospital. Internship plays a vital role to enhance their knowledge and practical skills

1/3 housemen were extended yearly!

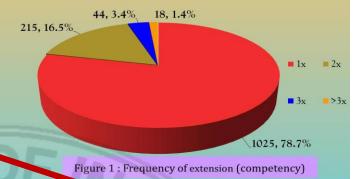
~55% = Incompetent

applied. Target population was all housemen who

~45% = Disciplinary issues

Table 1: Extension causes according to gender and education background

EXTENSIO	N CAUSES	
<b>ADMINISTRA</b>	COMPETENC	P
TIVE	Υ	VALU
n (%)	n (%)	



Out of 39 no pitals, 28(71.8%) participated in the study. A total of 2377 hous, mer, were extended between 2009 until December 202 Average 1 in 3 housemen was extended yearly (32.9%).

Majority of them (76.7%), are extended only once (1 discipline) as illustrated in Figure . 54.8% were extended due to competency (Incompetent or poor work performance), whilst 45.2% were extended due to administrative rease . example, taking leave more than stipulat . by the General Order, incomplete log box, poor attitude and any disciplinary action. Statistically (p=0.013) more male doctors were extended due to competency issue as compared to female doctors (57.7% vs 52.5%).

Graduates from foreign universities had higher extension rate due to competency as compared to local universities (p < 0.01) Among those who did not fulfilled minimum entry requirement, 6.68% were extended due to competency as compared to 49.6% of those who fulfilled the minimum entry requirement (Table 1).

#### Consequences of poor planning & management





#### MENTORING JUNIOR DOCTORS IN PUBLIC SECTOR HOSPITALS, MALAYSIA

Ang KT\*, Roslinah A\*\*, Noriah B\*

\* Institute for Health Management, Ministry of Health Malaysia \*\* Institute for Health System Research, Ministry of Health Malaysia



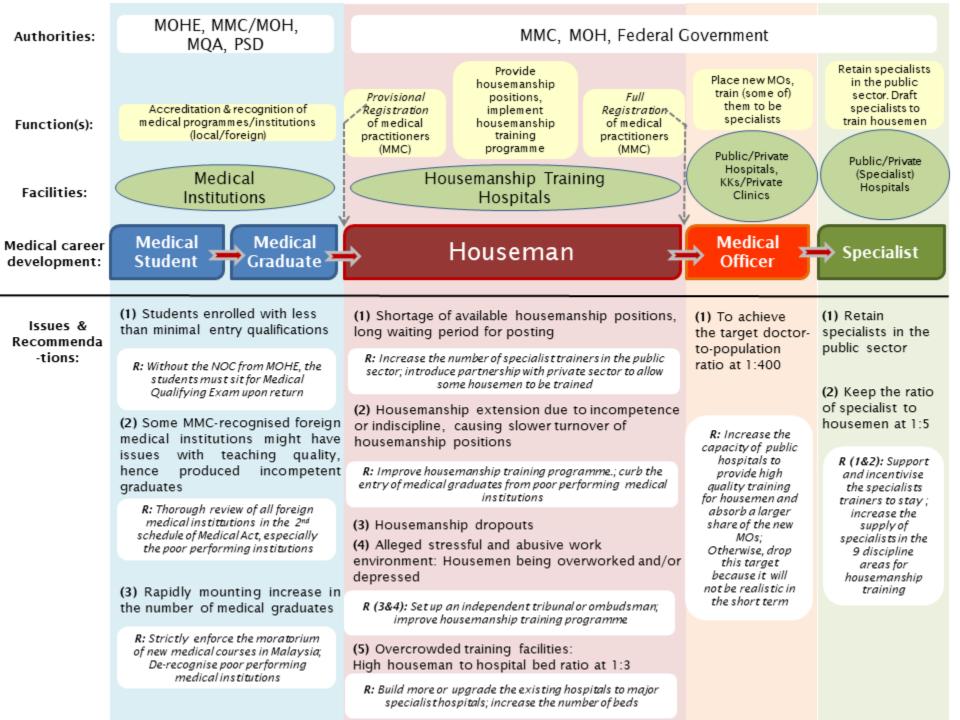
Table 2: Mentoring practice in the hospitals

Practice	4	Proportion (%)	
Arrangement	Assigned	40.7%	
	Spontaneous	58.5%	
	Both	0.7%	
Mentoring meeting/activity	scheduled	31.6%	
	Ad hoc	66.9%	
	both	1.5%	
Mentor-Mentee gender match	Same Gender	14.0%	
	Different Gender	8.8%	
	Both	77.2%	
Number of mentees	1-2 mentees	21.4%	
	3-5 mentees	30.2%	
	6-10 mentees	27.8%	1
	11-20 mentees	13.5%	48.49
	> 20 mentees	7.1%	



#### Policy recommendations

- MOH should train significantly more specialists and retain them in the public sector
- MOH should revise the structure of the housemanship programme to be more effective in supporting or incentivising specialist trainers
- An <u>independent tribunal or ombudsman</u> should be established for housemen to address their grievances should they feel that they have been abused or unfairly treated Recommend: SCHOMOS
- MOH should explore the possibility of forging partnerships with private hospitals to utilise their expertise and resources to train more housemen, through voluntary schemes. Attractive incentives should be given and the cost burden of training should be shared with willing participating hospitals and their consultants.
- Local private and overseas medical education institutions must be more tightly regulated
- There should not be a further increase in the <u>number of local private and public universities</u> offering medical programmes until the housemanship issue is resolved
- There should be a strictly enforced cap on the <u>yearly medical student intake</u> for existing local programmes.





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# Thank you!

