

Policy Brief POL-2021-01

Improving Houseman Training in Malaysia

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Published January 2021

Glossary of Terms

Housemanship/ Houseman Training	Period of training in resident medical practice for the purpose of being fully registered medical practitioner ¹
MOH	Ministry of Health Malaysia
MMC	Malaysian Medical Council
SPM	Sijil Pelajaran Malaysia (<i>English: Malaysian Certificate of Education</i>)
HRH	Human Resources for Health
OECD	Organisation for Economic Co-operation and Development
MQA	Malaysian Qualifications Agency
HOs	House Officers
JPA	Jabatan Perkhidmatan Awam (<i>English: Public Service Department</i>)
MOs	Medical Officers
UKMMC	Universiti Kebangsaan Malaysia Medical Center (<i>English: National University of Malaysia</i>)
WHO	World Health Organization

Background

Roles of MMI

Malaysian Medics International (MMI) is a global medical student-led organisation that aims to connect, educate, and cultivate Malaysian medical students across the globe. Since our inception in 2013, we have grown into a global network of more than 200 leaders from seven countries around the world.

Aims of this Policy

This policy aims to address the burgeoning issues regarding housemanship in Malaysia from the perspective of medical students, and our proposal for improvement to the current housemanship in Malaysia.

Purpose of Internship/ Housemanship in Malaysia

The purpose of internship or housemanship in Malaysia is to equip medical graduates with appropriate attitude, knowledge, skills, and experience to work in Malaysia's healthcare sector.² House Officers (HOs) are expected to utilise learnt theories from their undergraduate years and integrate these theories into their patients' care. At the same time, housemanship aims to develop essential technical, clinical, personal, and professional skills which are required for medical graduates to be responsible and caring medical practitioners.²

Malaysian Medical Council (MMC), established under Medical Act 1971, regulates the registration of medical practitioners, qualification and practice of medicine, as well as public healthcare services in Malaysia.¹ MMC, with the approval of the Health Minister, can make amendments to the Housemanship Training Programme as needed to accommodate the needs of the public healthcare sector and to ensure adequate training of the medical graduates.¹

Before 1996, housemanship in Malaysia lasted for one year, with compulsory four-months training each as Medical HOs, Surgical HOs, and Obstetrics and Gynaecology (O&G) HOs^{1,3} In 2008, this period was extended to two years, with the addition of four months in Orthopaedics, Paediatrics, and Emergency and Trauma each.⁴⁻⁶ Three alternative disciplines were subsequently added to increase training opportunities, which were Anaesthesiology in 2010, as well as Primary Care in 2013 and Psychiatry in 2013.⁶

In 2013, the Modified Flexi System was introduced. In this system, HOs are required to work 65 – 75 hours weekly.^{5,6} Later in 2015, the ‘e-Houseman system’ was created to address the backlog of medical graduates. At the same time, this system grants medical graduates freedom to choose their preferred hospitals for housemanship.^{6,7}

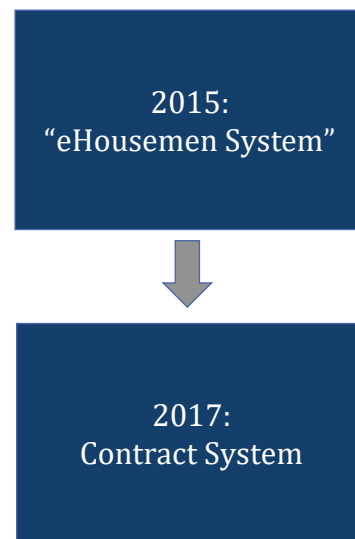
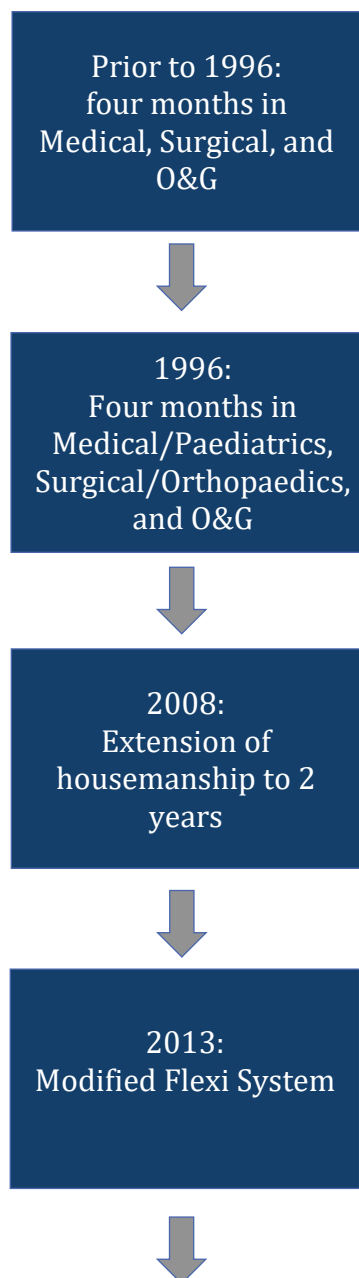


Figure 1: Evolution of housemanship in Malaysia¹⁻⁷

The Requirement for Accreditation in Malaysia vs Other Countries

Medical graduates from recognised institutions listed by MMC are entitled to have a provisional registration to be a HO.¹ All medical graduates who are seeking employment in the public sector must have a minimum grade ‘C’ in Bahasa Malaysia, English, and History in Sijil Pelajaran Malaysia, (SPM).¹¹ This makes it compulsory for all Malaysian medical graduates to sit for SPM regardless if they have taken another equivalent school certificate.¹¹ Otherwise, students can opt for various higher education certificates to enter the medical programme as long as they meet the necessary requirements but are not eligible for registration with MMC and Jabatan Perkhidmatan Awam (*English: Public Service Department*) (JPA).¹¹

In Australia and the United Kingdom (UK), in addition to their pre-university qualifications, students who apply to medical schools are required to sit for unique admission tests.^{12,13} For example, in Australia, local applicants are required to sit for the Undergraduate Medicine and Health

Sciences Admission Test (UMAT) while international applicants are required to sit for the International Student Admission Test (ISAT). In the UK, the equivalent test is the University Clinical Aptitude Test (UCAT).

There are no exit exams required for the accreditation to be a medical doctor in Australia, if and only if the candidate has an Australian medical degree. In the UK, applicants will be allocated to different training hospitals depending on the results of their Situational Judgement Test (SJT) score and the Educational Performance Measure (EPM).^{8,9}

Standards of Assessment of Housemen in Malaysia vs Other Countries

MMC oversees the Housemanship Training Programme under the Medical Qualifying Board to ensure satisfactory performance amongst HOs before progressing further into their careers.¹ During housemanship, they are under the administrative control of their individual hospital directors and the Committee for Housemanship.² The head of department will determine the required training and learning via informal and formal assessments.^{2,6} Logbooks are given to housemen to provide vital evidence of varied and balanced clinical activities and educational experiences.² These logbooks will be submitted to the supervisor of each posting for endorsement from time to time. At the end of each posting, HOs are formally evaluated by a viva voce examination.²

In the UK Foundation year, foundation doctors (housemen equivalent) are assessed via an e-portfolio system where they are required to keep and upload a record of procedures and tasks completed during their training.⁸ This is done regularly throughout their training. At the end of each placement, they are also required to obtain a report from the supervisor who is in charge

of their progress.⁸ In Australia, interns (housemen equivalent) are assessed by assigned Term Supervisors during each posting.¹⁰ The supervisors will assess the interns based on their ability to apply knowledge, demonstrate skills, and if they have met the pre-defined learning objectives during their training.¹⁰

Number of Medical Graduates Produced Annually in Malaysia

Every year since the start of the 21st century, Malaysia's annual number of medical graduates has been steadily increasing. Compared to the number of medical graduates in 2000, the number of medical graduates had increased 500%, with 5146 medical graduates as per the end of 2015.¹⁴ This number is expected to rise according to the trend.

Currently, the number of Medical Programme offered in Malaysia is very high. Malaysia has 34 medical schools with a population of 31.53 million.^{15,16} The number of medical schools in Malaysia with its existing population is notably higher compared to the United Kingdom and United States of America which have 35 medical schools with a population of 67.91 million and 193 medical schools with a population of 331.08 million respectively.^{15,16,17} This significant difference in terms of ratio, (Malaysia 1: 0.93 million, UK 1: 1.94 million and USA 1: 1.72 million) explains the higher number of medical graduates produced in Malaysia.

Pitfalls and Weaknesses of the Current System

The increasing number of fully registered medical graduates entering the workforce have placed a heavy strain on the existing clinical training sites, which results in inadequate training and long waiting period for new medical graduates to enter the

Housemanship Training Programme.¹⁸ This gives the public the misconception of an oversupply of healthcare workforce, despite the current low stock of Human Resources for Health (HRH) compared to Organisation for Economic Co-operation and Development (OECD) countries such as the UK, Australia, Canada, and Korea.^{18,19} For instance, licensed doctors per 1000 population in the UK was 3.65 in 2018, while licensed doctors per 1000 population in Malaysia was 1.89 in 2018.^{20,21}

Senior doctors and professional bodies often complain about the inability to provide sufficient supervision and guidance to new medical graduates.^{18,22} A sharp increase of medical graduates has resulted in a shortage of clinical training sites and overcrowding of existing sites. These factors have added an additional burden to experienced doctors and specialists who usually hold a huge range of responsibilities, including clinical training for postgraduates and management of their individual clinical departments.^{18,22} Despite statistics showing that the majority of healthcare personnel occupies the public sector rather than the private sector, a large proportion of this number is due to a huge influx of new medical graduates who are undergoing housemanship plus a period of compulsory service in the public sector.¹⁹ In fact, most doctors take up the option of moving into the private sector when they are fully qualified as a specialist.¹⁹ The brain drain of specialists from the public into the private sector had significantly decreased the ratio of hospital-based specialists to HOs from approximately 1.9:2.3 in 2008 to about 1:3.13 in 2011.¹⁸

Low Job Satisfaction Amongst House Officers (HOs) in Malaysia

A cross-sectional research studying anxiety symptoms amongst HOs serving in Universiti Kebangsaan Malaysia Medical Centre (UKMMC) was conducted. The study showed that anxiety amongst HOs was

closely associated with work-related challenges, performance pressure, poor relationship with supervisors and colleagues, poor job constraints, as well as bureaucratic constraints.²³ In addition, the unhealthy ratio of senior doctors to HOs resulted an inadequate supervision of HOs. This often leads to psychological challenges and insecurities amongst junior doctors when they apply their medical knowledge or perform clinical procedures in real-life situations.²³ As the principle goes, “the value of experience is not in seeing much, but in seeing wise”. Appropriate mentorship with sufficient motivation and fair assessments during houseman training had been postulated by a study to be one of the keys to prevent emotional burnout among HOs.²⁴

Perceived bullying among the HOs was also found to be one of the risk factors of anxiety.²⁵ A notable number of housemen had pointed out in a study that they were aware of not being guided nor corrected their mistakes in an appropriate manner, instead, they were openly harassed and abusively rebuked in front of their patients.²⁶ Many reflected that these experiences were gravely detrimental to their confidence, which indirectly affected them to carry out their duties effectively.²⁶ In fact, it may not be the intention of senior doctors to do so most of the time.²⁶ Hence, it is extremely important to gain opinions from both the perspectives of housemen and senior doctors.²⁵ Still and all, it is important to make proper channels available for involved personnel to address such issues, as well as protecting doctors from abuse.²⁶

Declining Turnover Rates of Housemen Graduating

The shortfall in HO positions is further exacerbated by the declining graduation or ‘turnover’ rates of existing housemen.¹⁴ It is noted in the Medical Register records that housemen provisionally registered from 2008 to 2014 showed a decline in percentage of those who completed the

Housemanship Training Programme within 24 months from 84.6% in 2009 to 58.8% in 2014.¹⁴ 61.9% of housemen who failed to complete the Housemanship Training Programme were graduates from foreign medical institutions in 2014.¹⁴

Variations in syllabus and local communication styles may result in acclimatisation and adaptation amongst foreign graduates during their housemanship in Malaysia.²⁷ Additionally, the differences in local health needs may pose significant challenges to these medical graduates. For example, they might be completely unfamiliar with diseases endemic to Malaysia and their management.

Steps Taken to Address the Influx of Medical Graduates in Malaysia

In 2014, 30% of new medical graduates were from Malaysian public medical institutions, 30% from Malaysian private medical institutions, and 40% from overseas medical institutions.¹⁹ A study involving 11 and 22 public and private Malaysian medical institution respectively showed that 5.8% of entrants did not meet the minimum entry qualification established by the Malaysian Qualifications Agency (MQA).¹⁹ Students who did not meet the minimum entry criteria were 2.6 times more likely to require an extension of their Housemanship Training Programme period.¹⁹

In December 2010, a five-year moratorium on new medical programmes was announced. This was further continued for another five years in 2016.^{5,18} Institutions are required to carry out a curriculum review at least once every five years, or more frequently if required to comply with the MQA guidelines.¹⁸

In the 11th Malaysian Plan 2016-2020, MOH emphasised on increasing public healthcare accessibility by addressing healthcare personnel shortage and its unequal distribution across the country,

improving capacity building programmes, as well as building new and upgraded healthcare facilities.³⁰ Ten (10) hospitals without specialists were planned to be upgraded to minor specialist hospitals, in addition to building new hospitals in required areas.³⁰

To ensure that HOs are able to gain adequate clinical exposure, have greater accountability, and ownership of patient care, a new Modified Flexi System was introduced to HOs.⁵ Additionally, to further improve competency and quality of housemen, MMC was considering the establishment of a common qualifying assessment for both local and overseas medical graduates.⁵

To resolve the influx of medical graduates and limited available positions as housemen in public hospitals, MOH had introduced contract-based appointments of Medical Officer (MO), Grade UD41 in 2016 and was executed in 2017.³¹ Only excellent housemen will be absorbed as permanent MOs and granted with Grade UD43/44.³² Unfortunately, the rest will continue as contract MO for two years from that cohort.³³ This implementation had been received with discontentment from junior doctors due to the lack of transparency in its selection process. In addition, the lack of contract doctors' welfare resulted in junior doctors feeling extremely underappreciated.^{33,34}

Advisory Committee Present Recommendations to Improve Housemanship Training Programme in Malaysia

An analysis modelling that was carried out by the Government of Malaysia and Harvard University suggested that attention may be best focused on the composition, location, and training of the health workforce, along with associated reforms in payment incentives, management, and healthcare organisation to improve the contribution of

HRH to overall health system performance.²² The World Health Organization (WHO) concluded that Malaysia has well-articulated macro-policies, strategies, and plans for HRH, but needs a sector-wide approach to planning and projections.¹⁸ The system, particularly for monitoring and ensuring good data quality, needs to be strengthened and modernised to ensure better and more reliable compliance. HR information collected through several overlapping systems is inadequate in terms of collecting private sector information, giving insights on market demand and employment rates, as well as providing nationwide analysis and information on HRH to support macro-

planning and policy-making.¹⁸ Hence, there is a need to develop a mechanism for sector-wide HRH planning and policy-making. This step is necessary to pin-point the responsible division/agency/unit and clarify the scope of responsibility. This mechanism can also aid the development of sufficient technical capacity for making and updating HRH projections, strengthening HRH information for sector-wide policy-making and planning, as well as maintaining strong linkages with policymakers in health and education to move from projections to policies and plans.¹⁸

Positional Statement

1. MMI is appalled by the poor state of houseman training in Malaysia and the lack of commitment to resolving various pressing issues surrounding it.
2. MMI believes that all Malaysian medical graduates must be guaranteed a quality houseman training within a reasonable timeframe by the government.
3. MMI affirms its stand for the need to have a transparent, holistic, and continuous assessment of house officers that merits an individual's personal quality and achievement, as well as relevant contribution to the society.

Policy

MMI calls upon the Government of Malaysia

1. To allocate sufficient and sustainable funds for the employment and training of House Officers in the Ministry of Health.
2. To prioritise all efforts in improving the welfare and job security of healthcare professionals in the public sector, including tax-benefits, entitlements, perks, and remunerations for them.
3. To standardise, restructure, and redelegate the working model, transfer of power, and relationship between the various stakeholders such as Jabatan Perkhidmatan Awam and Ministry of Health in handling the human resources for health in Malaysia.

MMI calls upon the Jabatan Perkhidmatan Awam

1. To create more positions for House Officers in the Ministry of Health.
2. To study and revise the provision of welfare for contract House Officers including their current wages, entitlement for leaves, and unhealthy working hours.

MMI calls upon the Ministry of Health Malaysia

1. To ensure all Malaysian medical graduates are given a position in the Housemanship Training Programme within four (4) months of their graduation.
2. To provide all Malaysian medical graduates with pre-housemanship courses/workshops if they have to wait longer than four (4) months before getting a training position in the Housemanship Training Programme.
3. To encourage the involvement of specialist doctors from the private sector in contributing to the training of House Officers in the public sector via activities such as continuing medical education through various incentives including tax benefits.
4. To establish an official, independent, and secured platform for House Officers to voice out their complaints and dissatisfaction without fear for recuperation from their higher-ups.

MMI calls upon the Malaysian Medical Council

1. To implement a common qualifying examination for all medical graduates in order to apply for provisional registration with the council.
2. To implement a transparent, holistic, and continuous assessment that takes into account the House Officer's attitude, discipline, interpersonal skills, and other merits e.g. additional relevant qualification, involvement in research, and pro bono work in addition to their clinical work and end-of-posting assessments.

MMI calls upon all healthcare professionals and the medical students' community

1. To recognise and speak out against unhealthy and unprofessional toxic work culture in order to create a safe and conducive work environment for everyone.
2. To appreciate the importance of being united in taking care of each other in a team especially in a high-pressure working environment.
3. To treat underlings and colleagues, including medical students or other health professionals, with respect and decorum to create a safe and conducive working environment for everyone.

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Policy Governance

Term	Malaysian Medics International Term 2019/2020 Malaysian Medics International Term 2020/2021
Created by	Chua Yizhi Dr. Lim Ming Yee Dr. Mohd Syameer Firdaus Mohd Shafiaai Tan Yen
Independent Reviewer	Dr. Kim Ling Goh
Published on	4th January 2021
Version History	Version 1.3