

MALAYSIAN MEDICAL ASSOCIATION*1

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^{*1} This article is base on a presentation made as the Report of Activities by each NMA at the 30th CMAAO General Assembly and 51st Council Meeting, Yangon, Myanmar, on September 23-25, 2015.

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OBJECTIVES

- To promote and maintain the honour and interest of the profession of medicine in all its branches and in every one of its segments and help to sustain the professional standards of medical ethics.
- To serve as the vehicle of the integrated voice of the whole profession and all or each of its segments both in relation to its own special problems and in relation to educating and directing public opinion on the problems of public health as affecting the community at large.
- To participate in the conduct of medical education, as may be appropriate.
- To promote social, cultural and charitable activities in building a united Malaysian nation.
- ❖To carry on any business, trade, joint venture, commercial arrangement, transaction or any enterprise whatsoever which may in the option of the Association be advantageous to the Association or calculated directly or indirectly to enhance any of the Association's assets, properties or rights.

Sections

Section Concerning House Officers, Medical Officers & Specialists (SCHOMOS)
Private Practitioners Section (PPS)

Societies
Society of Occupational & Environmental Medicine (SOEM)
Society of Medical Students (SMMAMS)
Society of Public Health
Society of Sports Medicine

20 MMA Committees
29 MMA Representatives in various committees
in External Organizations, GOVT & NGO

SECTION CONCERNING
HOUSE OFFICERS,
MEDICAL OFFICERS &
SPECIALISTS (SCHOMOS)

- Its objective is to identify, address and seek the cooperation of the government to resolve issues relating to the welfare, pay, and allowances and working conditions of all grades of doctors in government service.
- *SCHOMOS over the years has evolved into a powerful Section of the MMA which conducts periodic meetings with the Director General and other top Ministry of Health officers and has achieved many notable successes in its ventures.
- The issues discussed periodically includes: clinical allowance for medical officers, review of specialist allowance, overtime pay, promotion prospects for Medical Officers and Specialists, House Officers issues and better working conditions.

THE PRIVATE PRACTITIONERS SECTION (PPS)

- Private Practitioners Section of MMA was established to look after the needs and challenges of the private practitioners
- ❖ PPS continues to be the negotiating arm of the Association in all matters relating to private practitioners. Currently, the PPS is concerned on issues related to:
 - o Pharmacy Bill-
 - o FOMEMA
 - Third Party Administrators (TPA) / Managed Care Organizations (MCO)
 - National Health Financing Scheme
 - TPPA

MEMBERSHIP

- Currently there are 41,715 registered medical practitioners in Malaysia.
- Approximately 20 percent of them are members of MMA.
- MMA has established a separate wing for student members.

IN MALAYSIA IN MALAYSIA

1) GST (Good and Services Tax)

- *Effective 1st April 2015, the Ministry of Finance, Malaysia has implemented GST in the country which includes health care services.
- *The MMA had several meetings with the Ministry of Finance and the Customs Department to discuss the impact of GST on Healthcare and the people of Malaysia. However, there was no consideration given.
- *The MMA believes the implementation of GST will have a major effect on the people of the nation. We are continuously engaging with the Government.

2) Dispensing Separation and the Pharmacy Bill

- *Recently The Pharmacy Division of Ministry of Health Malaysia had a few meetings with MMA to discuss the new bill, the Pharmacy Bill whereby Dispensing Separation was included.
- *The Pharmacy Bill is a transformation of the Pharmacy Legislation. This BILL is to replace The Registration of Pharmacists Act 1951, Poisons Act 1952, Sale of Drugs Act 1952 and Medicines (Advertisements and Sale) Act 1956.

- * MMA concern in this new bill is mainly about the PHARMACISTS ONLY MEDICINAL PRODUCTS. An assurance was given that doctors will continue to be able to dispense these medicines. There was no proper engagement with the various providers when this Bill was prepared. When we were called for engagement, this Bill was with the Attorney General's Chambers and therefore classified under the Official Secrets Act before being presented to Parliament.
- There was much dissatisfaction from all the General Practitioners in the country that this Bill is back to the drawing board after which there will be proper engagement with all the stake holders and only when the general consensus has been achieved will it be forwarded to the AGs chambers and then presented to the Parliament.

3) Trans - Pacific Partnership Agreement (TPPA)

A round table conference on TPPA was held in MMA to discuss the matter on TPPA on 20th July 2014.

12 Countries are participating in this issue. They are United States of America, Australia, Brunei Darussalam, Canada, Chile, Japan, Malaysia, Mexico, New Zealand, Peru, Singapore and Vietnam.

Our concerns were:-

- *Extension of patent periods for existing drugs even in the absence of improved therapeutic efficacy - Usually a patent is granted 20 years but the TPPA proposal will allow further extension.
- *The extensions can lead to increase in the cost of drugs.
- *Patenting of diagnostic, therapeutic and surgical methods and techniques.
- *Doctors may have to pay royalty for using the methods or end up liable for performing patented procedures.
- Data exclusivity If data exclusivity is imposed, generic companies will have to repeat costly clinical trials on drugs or wait till the expiry of data exclusivity before registering the product.
- Patent linkage the process of patenting a drug and obtaining approval are independent.
- * TPPA requires countries to link these two processes and prohibits the National Drug regulatory authorities from evaluating drug safety and efficacy, and approving generic medicines until the patents expired.
- * This will delay the process of generics which will increase the price of the drugs.
- * The Investor-State Dispute Settlement (ISDS) System which allows the Private foreign investors to sue the government.
- Tobacco plain packaging with warnings of cancer are now present.

- There is an expropriation clause where the Government is brought before the International Arbitration Tribunal and may be asked to pay the losses due to these warnings on cigarette packaging which deprive companies of future profits.
- In conclusion MMA is of the opinion that TPPA will increase cost of Healthcare in Malaysia

4) New Proposed Fees By MMC

- *On 11th August 2015, MMA had a meeting with MMC and discussed issues relating to increase in Annual Practicing Certificate Fees.
- *Below is the proposal by MMC and counter proposal by MMA

New Proposed Fee Table (1/2)

NO.	DESCRIPTION	EXISTING RATE (RM)	PROPOSED RATE (RM)	MMA PROPOSED RATE (RM)
1.	Application for Provisional Registration	20	100	50
2.	Application for Full Registration	100	500	150
3.	Application for Annual Practising Certificate	50	200	100
4.	Application for Annual Practising Certificate (Late Penalty)	50	100	100
5.	Application for Temporary Practising Certificate	50	500	500 (foreigners only)
6.	Application for Restoration of Name in the Register		500	100
7.	Application for Examination for Provisional Registration (EPR) or Medical Qualifying Examination (MQE)	200	1,000	400
8.	Application for Specialist Registration	1,000 (every 5 years)	1,500	1,200 (every 5 years)

New Proposed Fee Table (2/2)

NO.	DESCRIPTION	PROPOSED RATE (RM)	MMA PROPOSED RATE (RM)
9.	Search and verification of information:		
	a. Two (2) names or less	100	25
	b. Three (3) to five (5) names	125	50
	c. More than five (5) names	150	75
10.	Application of Issuance of Certification of LOGS	500	250
11.	Application of translated certificate	200	50
12.	Application of copy of document/certificate	200	20 (Though perhaps repeated applications may attract higher fees)
13.	Cancellation of Condition for Registration 14 (3)	1,500	Should be not more than 500
14.	Delivery of documents by registered postal services/courier services	50	10
15.	Application of Copy of Proceeding Records	250	50
16.	Application of response/feedback through facsimile :		
	a. Less than 5 pages	25	5
	b. Six (6) to ten (10) pages	35	10

NEW MEDICAL ACT 2012

- The amendments in the New Medical Act 2012, requires every doctor who renews the APC must have:
- . CPD Points
- II. Indemnity Insurance Cover

