

Changing trends in private medical education in Malaysia

Raman Narayanasamy

Professor Dato' Dr. Raman Narayanasamy
Professor, Department of Psychological and Behavioural
Medicine (PBM)
Vice-Chancellor, Quest International University Perak
No. 227, Plaza Teh Teng Seng (level 2)
Jalan Raja Permaisuri Bainun
30250 Ipoh, Perak Darul Ridzuan, Malaysia
Email: raman.narayanasamy@qiup.edu.my

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Private medical education is experiencing a major transformation in Malaysia. Students choose to study medicine for a number of reasons. Some are passionate about the profession when they begin the course. However, whatever fantasies they may have had before the beginning of the course may change with the reality of the situation after they graduate and start working.

Many consider the profession as an honourable, safe and secure means of earning a livelihood. Some consider it as an investment that provides an avenue for good earnings in the future. Private medical education is expensive. When the government opened up opportunities for private medical education, it became a business and a lucrative one at that. Graduates began to pour in from local and foreign medical schools until the situation became overwhelming with too many doctors. The duration for housemanship training was also changed from one year to two. Estimates are that up to 20 per cent of housemen required extension due to poor performance during their training. This clogged up the system because there were only a limited number of posts for training in public hospitals. The waiting period to get posted for training became longer and longer. At present new graduates have to wait for up to almost a year before they start work as housemen.

The system of service also changed. Unlike the past where house doctors were considered to have entered public service from the day they join service, it became a contract service for the two years of training followed by another two years as a medical officer also on contract. At the end of this period, a certain number would be absorbed into public service as permanent staff after probation. This was automatic for all earlier. This means a significant proportion would have to fend for themselves and look for a job outside the public health system though they may be registered with the Malaysian Medical Council and are eligible to practice. General practice is the main option open to them. Here are young doctors who have obtained their license to practice but left on their own to seek employment or start a practice to earn a livelihood. This is where the problem starts.

Starting private practice is a daunting task for young doctors. They have to compete with senior doctors who have already established their practice. They have to comply with all the strict regulations of the Private Health Care Facilities Act to establish a clinic. It requires capital, a premise in a suitable location presumably rented to begin with, equipment, expenses for engaging staff and overheads to run the clinic unless they buy over an

established practice. This is an extremely alarming scenario for a young doctor starting his career. He may have loans to settle in the first place having borrowed to pursue the basic medical degree course.

A new dilemma has cropped up with regard to the fees chargeable to the patients. This is a limited amount determined by the government and has remained unchanged for the past 27 years. This is often much less than what a plumber or electrician charges for consultation. With this kind of earning capacity and so much initial expenditure how is a young doctor to establish a practice?

With all these issues combined it doesn't seem to make economic sense in spending so much money for an education that doesn't provide a decent livelihood. The majority, however, continue to work in public service, specialise and sub-specialise and do well. They remain in public service or go into private practice as specialists in private specialist hospitals. They do very well financially. It is the younger doctors who are out of the system not by their choice who will face this dilemma. Earlier those who opted to go into private practice did so by their own choice. The situation now is that they have to go into private practice as they are left with no other choice. The same scenario is being faced by dental and pharmacy graduates due to a surplus of graduates from both these fields.

This is probably the explanation for the drastic drop in the enrolment of medical students in private universities. The future has yet to be seen what impact this is going to have on private medical education in Malaysia.

Regards,

Editorial Advisory Board Member

Professor Dato' Dr. Raman Narayanasamy
Professor, Department of Psychological and Behavioural
Medicine (PBM)
Vice-Chancellor, QIUP
Quest International Journal of Medical and Health
Sciences

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