

**ANNOUNCEMENT BY  
MALAYSIAN MEDICAL COUNCIL**

**ENFORCEMENT OF THE MEDICAL (AMENDMENT) ACT 2012, AND  
MEDICAL REGULATIONS 2017; ON THE 1<sup>st</sup> JULY 2017.**

1. Medical services in Malaysia are being governed by the Medical Act 1971 and the Medical Regulation 1974. The Act provides the power for the establishment of the Malaysian Medical Council as a corporate entity to regulate the practice of medicine and to ensure that only qualified medical practitioners be registered and allowed to practice medicine.
2. We are grateful that with the commitment and continuous support of the government and Ministry of Health for the last decades we are able to produce competent and doctors of high quality to be the backbone of the medical services in the country. Currently our Healthcare system is being recognized by the WHO as one of the best in the region capable of providing services to cater to the need of the nation and at the same time Malaysia is developing as another preferred health travel destination.
3. As the medical services is developing and becoming more complex, various new specialties and sub-specialties in medicine is being developed and being introduced into the healthcare system; the existing Medical Act 1971 and Medical Regulation 1974 was amended to cater to the current needs and to ensure that Malaysian Medical Council is capable of ensuring safe and quality medical care is being provided to the people.
4. The Medical (Amendment) Act 2012, which is the amendment to the Medical Act 1971, and the Medical Regulations 2017 which is to replace the Medical Regulation 1974 are to both appointed to come into force on the 1<sup>st</sup> July 2017. The amended Act and its Regulation 2017 are able to strengthen the functionality of the Malaysian Medical Council as a corporate entity (***Badan Berkanun***) to regulate and to ensure safe and quality medical care is being provided to our people.

5. Among the major changes in the amended Medical Act 2012 are:

**Establishment of the Council**

6. The composition of the 33 Council members will consist of 17 elected members, of which 15 are from West Malaysia and one each from Sabah and Sarawak, 9 appointed members to represent the local recognized medical schools, and three each appointed among the private medical practitioners and the practitioners in the public healthcare sector, and the Council to be lead by the Director General of Health as a President.
7. The new composition reflex the autonomy of the Council in drafting the policy, and it's provide opportunity for a balance input to be derived from the professionals from the academicians, doctors from the private and doctors from the public sectors, so as the Council will be able to discharge their function to register qualified medical practitioners and to regulate the practice of medicine.
8. As a corporate entity, Malaysian Medical Council is provided with power to appoint their own staff and employee of the Council, and is empowered to manage their own financial account through the 'Malaysian Medical Council Fund', of which it was not provided under the old Act.
9. The Council may get funding from the government and at the same time the Council may generate revenue from the services and activities that is rendered within the ambit of the Act.
10. The Council is empowered to do all things expedient or reasonably necessary for the carrying out of its function under the Act.
11. The daily activities of the Council will be carried out by the Chief Executive Officer that will be appointed by the President after consultation with Council, the candidate could be freely chosen as deems fit by the Council to be the CEO and he will be supported by the secretarial staff and function within the ambit and direction of the Council.

12. The Council is empowered to establish any committees as required to assist in performing their duties and functions.
13. For the last decades the development of medical service took place very fast. The number of doctors actively practicing in 2016 were at about 41,101 of which 27,417 were in the public sector and about 13,684 were in private sector; and as we are developing the number of specialist hospital is increasing and so as the number of doctors practicing as specialist; as of now there are about 9,898 medical specialists of various specialties in the country, they were trained from various training institutions with different training exposure. It is realized that there is a needs for the quality of the specialist to be monitored and they are up to certain standard; and to ensure that they have adequate training and capable to function as specialist, so as the safety of patient is taken care.

#### **Registration of Medical Practitioners**

14. The amended Act provides that all doctors to practice in Malaysia must be fully registered under this Act; and for a doctor to practice as a specialist he must be registered under this Act as a specialist. The Malaysian Medical Council established the **National Specialist Register** to cater for the specialist registration.
15. The MMC works closely with the Academy of Medicine and specialties fraternity on standard setting and also to evaluate the application for specialist registration. Specialist registration is valid for 5 years, and for those yet to be registered is given until 1 January 2018 for them to be registered.
16. Those who are not register as specialist under this Act is not qualified to practice as specialist and if they do so it is contravene to this Act and shall be subjected to the disciplinary jurisdiction of the Council. Among the pre-requisites for specialist registration are:
- a. Has been fully registered under this Act
  - b. Ha attended specialized training in that specialty in a recognized training institution
  - c. He holds a recognized specialist qualification, and
  - d. Has proven to the satisfaction of the Council that he is fit and of good character.

17. The Medical Regulation 2017 specifically provides the power to the Council to establish the **Medical Education Committee**, which is responsible to recognize the training institution and to recognize the qualification awarded by the recognized training institution for the purpose of registration of medical practitioners. And for that, the Medical Education Committee will recommend to the Council:

- a. The required standard and qualifications of training institutions and the maintenance of such standard,
- b. The standard of proficiency which is required from candidates in the qualifying examinations (for those graduated from unrecognized university),
- c. The relevant training programme for the provisionally registered medical practitioners (Houseman); and
- d. The standard and qualifications for entry into the specialist register.

18. The Medical Regulation 2017 also provided for the establishment of the **Evaluation Committee** for Primary Medical Qualification (**PMQ**) and the **Evaluation Committee** for Specialist Medical Qualification (**SMQ**) to assess and to consider the application for the registration of practitioners under this Act, i.e. consideration for full registration of the medical practitioners and the registration of specialist respectively.

19. The Evaluation Committee for the PMQ shall recommend to the Council for certain condition and restriction deems necessary to be imposed to those apply for Provisional Registration, full registration and temporary practicing certificate, whereas the Evaluation Committee for SMQ shall do so for those for those apply for specialist registration; and the Council may accept or refuse the recommendation made by the committee.

### **Annual Practicing Certificate**

20. Annual Practicing Certificate (APC) is mandatory for those to practice medicine, except for the first year upon being granted the full registration under the Act; the practitioners is obliged to apply for the APC before the first day of December for them to practice in subsequent year, failing which additional fee for late application will be imposed.

21. The Council views the patient safety as of utmost important, and for that very reasons it is very important for the practitioners to continuously updated their knowledge and skill so as they are keeping abreast with the latest knowledge for the benefit of patients.
22. Under the Medical Regulation 2017, all application for Annual Practicing Certificates shall be accompanied by :
- a. Professional indemnity cover, and
  - b. Evidence of sufficient Continuing Professional Development (CPD) points in order for them to be eligible for APC.
23. The Council is working closely with the Ministry of Health, and the professional association to manage the CPD point's collection, which is set to be implemented by 1 January 2019, together with the requirement of the professional indemnity cover for APC application.
24. The template for the CPD points collection already being agreed with the Ministry of Health, Academy of Medicine Malaysia, and Malaysian Medical Association, and the total CPD points required is 20 points.

### **Disciplinary Jurisdiction**

25. Disciplinary Jurisdiction of the Council against the registered medical practitioners is being provided under the Section 29 of the amended Act. The Council may exercise its power against any registered person who:
- a. Has been convicted in Malaysia or elsewhere of any offence punishable with imprisonment
  - b. Has had his qualification withdrawn or cancelled by the awarding authority
  - c. He has been alleged to have committed serious professional misconduct as stipulated in the Code of Professional Conduct and any other guideline sand directives of the Council
  - d. Has obtained registration by fraud or misrepresentation
  - e. Was not at the time of his registration entitled to be registered;  
or
  - f. Has since been removed from the register of medical practitioners maintained in any place outside Malaysia.

26. The amended Medical Act 2012 provides a new approach in managing the disciplinary proceeding of the registered medical practitioner, it provides the power for the Council to establish a Disciplinary Panel consisting of members of the Council, fully registered medical practitioners of at least ten years of good standing and with current Annual Practising Certificates and any layperson other than doctors.
27. Any complaints or information pertinent to the registered medical practitioners touching on any disciplinary or ethical matter will be subjected for preliminary investigation by the Preliminary Investigation Committee which will be derived from the Disciplinary Panel, and will determine whether there shall be inquiry or not.
28. The Disciplinary Board also will be derived from the Disciplinary Panel and may consist of at least 3 Council members, three registered medical practitioners of at least 10 years of good standing and any other person other than the doctors and the Council members.
29. The presence of the layperson or non-doctors in the disciplinary proceeding is only introduced by the amended Act, such a provision was not provided under the old Act. Its main objective is to ensure fair and transparent proceeding.
30. A new provision under Section 29a of the Act provides for the Disciplinary Board to impose **Interim Orders** for the suspension of the registration of practitioners for a period not more than 12 months, if it deems necessary for the protection of members of the public.
31. This provision is important so as the public or patients will be protected from the risk of being exposed to the unsafe practices of practitioners.
32. During the course of inquiry, if the Disciplinary Board found that the registered medical practitioner concerned is professionally incompetent or his fitness to practice is impaired due to physical or mental disability, then the Board may refer the practitioner to the **Fitness to Practice Committee** for an evaluation (not in old Act).
33. The Council may, upon considering the recommendation of the Disciplinary Board and the records of the proceeding, decide whether:

- a. Accept the recommendation of the Disciplinary Board and impose punishment; which may range between just simple reprimand, suspension from the register, or removal of practitioner's name from the register.
  - i. It is also provided under the amended Act among others for the practitioners to be referred for medical treatment if required, or be subjected for educational courses or programme which may be specified by the Council,
- b. Direct the Disciplinary Board to reconvene the meeting and inquire further into the complaints or information
- c. Direct that a new Disciplinary Board to be constitute and conduct an inquiry
- d. Direct the charge to be dismissed if the Council finds that no case has been made against the practitioner
- e. Reject the decision of the disciplinary Board and makes it decision, or
- f. Give such other direction as the Council thinks fit.

34. The Act provided for the practitioners aggrieved by the Council decision to appeal to the High Court within one month.

### **Power of the Minister**

35. The power granted to the Minister under the Medical act 2012 amongst others are:
- a. Appointment of the appointed Council members
  - b. To issue general instruction to the Council not inconsistent to the provision of the Act
  - c. To add or to delete any universities from the list in the Second Schedule after Consulting the Council
  - d. To approve to registration of medical practitioners whose qualification is not listed in the Second Schedule but subjected to condition and restriction after consulting the Council
  - e. To consider any appeal for the reinstatement of names of those deregistered practitioners, the decision of Minister shall be final.
  - f. To consider appeal by the aggrieved practitioners against imposition of interim orders (Section 29a), the decision of Minister is final.

### **Saving and Transitional Provisions**

36. Not to disrupt the running of the Council, it was provided under Section 42 of the Medical (Amendment) Act 2012 for the Council to decide on the process of transition, either to let existing Council members to complete their terms of office, or to revoke or to be replaced in phases.

37. The existing proceeding before the Preliminary Investigation Committee or the Council shall continued to be dealt with as per the principal Act, and all the new cases after the enforcement of the Act will be dealt with as per Amended Act/Regulation.

### **Fee for Services Render by MMC**

38. The regulation stipulated the fee to be imposed for services rendered by MMC as provided under Second Schedule of the Medical Regulations 2017.

39. As a corporate entity MMC Council set fees to be imposed for some of the services rendered by the Council (refer to the appendix).

40. All fees due to the services rendered by MMC should be paid to:  
**“Kumpulan Wang Majlis Perubatan Malaysia”.**

**Secretary**  
**Malaysian Medical Council**  
**29 June 2017.**



**Appendix:**

**FEE RATE  
FOR SERVICES RENDER BY MALAYSIAN MEDICAL COUNCIL  
EFFECTIVE ON THE 1<sup>st</sup> JULY 2017**

<b>No</b>	<b>SERVICES (Second Schedule, Medical Regulation 2017)</b>	<b>FEE - (RM)</b>
1.	Application for Provisional Registration	100
2.	Application for Full Registration	150
3.	Application for Annual Practising Certificate (APC)	100
4.	Additional fee for late application for APC	100
5.	Application for renewal of Temporary Practising Certificate	500
6.	Application for reinstatement and restoration of name into register	100
7.	Application for Specialist Registration (5 years)	1,500

<b>No.</b>	<b>OTHER SERVICES</b>	<b>FEE – (RM)</b>
<b>8.</b>	Application for Examination for Provisional Registration	1,000
<b>9.</b>	Application for cancellation of Condition for Registration 14 (3)	500
<b>10</b>	Application for search and verification of information	75
<b>11</b>	Application for Issuance of certification of LOGS	500
<b>12</b>	Application for translated certificate	200
<b>13</b>	Application for copy of document / certificate	200
<b>14</b>	Application for registered postage or courier services of documents – additional fee	20
<b>15</b>	Application for Copy of Proceeding Records	50
<b>16</b>	Application which need response through facsimile – additional fee	5
<b>17</b>	EPR Examination – Theoretical Exam Fee	3,000
<b>18</b>	EPR Examination – for Clinical Exam Fee	3,000
<b>19</b>	Rechecking of EPR Examination result	300

**Payable to: “Kumpulan Wang Majlis Perubatan Malaysia”**

**KADAR FI - SEMUA PERKHIDMATAN YANG DISEDIAKAN  
OLEH MAJLIS PERUBATAN MALAYSIA  
BERKUATKUASA MULAI PADA 1 JULAI 2017**

<b>No</b>	<b>PERKHIDMATAN (Jadual Kedua, Peraturan Perubatan 2017)</b>	<b>KADAR FI - (RM)</b>
1.	Permohonan Pendaftaran Sementara	100
2.	Permohonan Pendaftaran Penuh	150
3.	Permohonan Perakuan Sijil Amalan Tahunan (APC)	100
4.	Fi Tambahan kepada permohonan lewat APC	100
5.	Permohonan pembaharuan Perakuan Sijil Amalan Sementara (TPC)	500
6.	Permohonan pendaftaran dan memasukan semula nama ke dalam daftar ( <i>Application for reinstatement and restoration of name into register</i> )	100
7.	Permohonan Pendaftaran Doktor Pakar (5 tahun)	1,500

<b>No.</b>	<b>LAIN-LAIN PERKHIDMATAN</b>	<b>KADAR FI - (RM)</b>
8.	Permohonan untuk Peperiksaan Pendaftaran Sementara (EPR)	1,000
9.	Pembatalan syarat ( <i>condition</i> ) dalam pendaftaran-14(3)	500
10	Permohonan untuk mencari dan menyemak maklumat	75
11	Permohonan untuk pensijilan LOGS	500
12	Permohonan penterjemahan sijil	200
13	Permohonan salinan dokumen / sijil	200
14	Permohonan penghantaran dokumen secara pos berdaftar atau perkhidmatan kurir – tambahan fi	20
15	Permohonan salinan rekod prosiding	50
16	Permohonan yang memerlukan maklum balas melalui faksimile – tambahan fi	5
17	Peperiksaan EPR – Kertas teori	3,000
18	Peperiksaan EPR – Kertas klinikal	3,000
19	Semakan semula keputusan peperiksaan EPR	300

**Bayar kepada: “Kumpulan Wang Majlis Perubatan Malaysia”**