MESSAGE FROM THE PRESIDENT

On 22 September 2008, I met some 200 senior specialists from the Ministry of Health (MOH), comprising clinicians, public health specialists, family medicine specialists and dental specialists to remind them of their roles and responsibilities as specialists, clinicians and managers. Of late, I have been rather concerned about the declining standards of care, training and professionalism amongst our health care providers. This range from problems related to attitude, behaviour, discipline, ethics, integrity and competence to name a few. There have also been spats and lack of co-operation amongst senior specialists and lack of camaraderie and respect between senior and younger doctors.

I began to wonder why this is happening and I am quite sure it is not just happening in MOH but also in other hospitals too. I am especially concerned about the lack of mentorship and teaching given to the younger doctors, even in the university hospitals. Good teachers are hard to come by these days and this may affect the training of our medical students. In the private sector, teaching activities would depend on the individual specialists. Some are happy to share their knowledge while others would rather keep what they know to themselves. But in MOH, the largest healthcare provider in this country and the one with the largest number of senior specialists and trainees, including house officers, it is important and imperative for our specialists to realize that being good in their work is not enough; they must ensure that the whole team is just as competent. For this to occur, they must double up as effective teachers and trainers. To do this, they must instill discipline and find ways to encourage and motivate their staff. Not many like hard work. Perhaps they are in the wrong profession. To be a doctor, one has no choice but to work hard and refrain from counting the hours.

The MOH will be introducing Key Performance Indictors (KPIs) for our specialists and this include 5 elements namely, performance (including quantity, variety and quality of work), customer satisfaction, training & teaching (including type and level of training and feedback from trainees), research & publication and finally the 360 degrees perception. I wish to share this with all doctors so that they too will subscribe to what the MOH is planning to do in promoting competency, efficiency and enhancing professionalism. It is pointless to say that one is a good doctor or specialist without a corresponding acknowledgement from his or her peers, clients and trainees.

Some points raised in my meeting with specialists include the importance of capacity building to improve the accessibility of specialist services as well as enhance the quality and level of care, teaching responsibilities, subspecialty training, Continuing Professional Development (CPD), housemanship training, emergency services, KPIs and others.

Heads of clinical departments or units have a big responsibility in nurturing the younger specialists. Besides ensuring their competency, the heads must also teach, train, guide them and be exemplary role models. In addition, they must strive to provide them with opportunities to expand their knowledge & expertise. They should not get unsettled if their trainees are better than they are in some clinical areas. They should, in fact, use this to their advantage rather then consider them as a threat. They must also allow for differences of opinion and not bear a grudge simply because someone has a different view.

The other issue discussed is subspecialty training. This is of concern as more and more specialists subspecialise and forego their responsibilities as generalists. This should not happen in government hospitals at least, as we still need to have a good number of doctors who can be effective frontliners with a sound grounding of general medicine, surgery, paediatrics or obstetrics a& gynaecology respectively. Also, most of our subspecialists will have to go on calls. Obviously, when one is on general call, one will have to be armed with sufficient knowledge of general medicine or surgery as

the case maybe. There is a general reluctance for subspecialists to dwell in this area and this is a challenge to the MOH. Subspecialists should do some general stuff 20-30% of the time. In fact, it will be to their advantage to know aspects of general medicine in order to sharpen their diagnosis. We have many examples of subspecialists failing to make an accurate diagnosis because of their poor grounding of general medicine. A case in point is misdiagnosing DHF with hepatitis as ordinary viral hepatitis. Treatment and complications of both diseases are different and the wrong treatment can affect the outcome for the patient. The MOH intends to introduce a fellowship in Acute Medicine soon for those interested in Advanced General Medicine.

Continuing Professional Development (CPD) is no longer a luxury but a necessity. Doctors or specialists are of no use to anyone if they are out of date. Log books and credits points must be in place to attest to what you have done. The MMC will implement the linking of CPD credit points for APC renewal soon, whereby medical practitioners will have to provide evidence that they have the required number of credit points before their APCs can be renewed.

Housemanship training is a very critical part of the training of a doctor. Training is now two years, with a structured format for evaluation. House officers will be given a better grade upon successful completion of their housemanship training. I urge all specialists to give special attention to housemanship training as these young doctors come from medical schools with diverse backgrounds and different training methods. I would also like to remind my senior colleagues to teach and train them but not make their lives miserable. Discipline must not be compromised of course and special attention should be given to enhance their clinical & people skills. Evaluation made on them must be fair and justified. Some clinical heads resort to non committal and confusing reports and by doing that, shirks their responsibilities as respected evaluators.

Emergency Services (ES) is another area of concern and I have reminded those in charge of ES to ensure that their staff is competent, have a sense of urgency and no qualms about getting a second opinion. It would be good if they have a pleasant and caring attitude. This applies to all our hospitals, both public and private. We must remember that the quality of services one gets in the Emergency department is the 'moment of truth' that will attest to our efficiency and capability in handing a crisis. It is the barometer of the quality of service provided in that particular hospital. No point brandishing an array of accreditation certificates if you fall short of expected standards during a life threatening situation. Every one working in ED must have BLS and ACLS. A concerted effort must be made to ensure this. Such courses are not hard to organize and can be done within two days.

Let me end this message with a quote

'The greater danger for most of us lies not in setting our aim too high and falling short, but in setting our aim too low, and achieving our mark' *-Michelangelo*

TAN SRI DATO' SERI DR. MOHD ISMAIL MERICAN