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PRESIDENT'S FOREWORD

It gives me great pleasure to present the Annual Report 2008 of the Malaysian Medical Council (MMC). This Report presents the work and progress of the Council in the execution of its statutory responsibilities for the period 1 January 2008 to 31 December 2008.



To ensure that only safe doctors practice in this country, the responsibility of being the 'Sheriff of Doctors' has fallen on the broad shoulders of the Council. Hence, this publication covers the MMC's two main roles or core functions; namely the registration and regulation of its registered practitioners. This publication serves not only to inform the public of our achievements and milestones in our quest to ensure Malaysians receive good quality care from competent doctors, but also as an informative tool for current and potential medical practitioners.

During the year under review, it is noted that the past tireless labours and relentless efforts of the Council have been fruitful. Despite continuing threats and challenges from globalisation and modernisation of medical services, amongst others, the Council has been able to safeguard and protect the rights of our doctors and patients even as we move forward to become competitive.

Amongst our major successes were the increasing number of Malaysian practitioners returning from abroad, the reduction in the number of housemen extending their training period, the reduction in the number of graduates sitting for the Medical Qualifying

Examination, the increased utilization of our official website, the recognition and accreditation of medical training institutions and faster resolution of complaints from the public.

Part of the reason why there is an increase in the number of practitioners returning to Malaysia is the exemption from compulsory service given to them. The publication of a manual entitled *A Guidebook for House Officers* has also produced the desired effects. It is anticipated that more Malaysian practitioners working abroad will return home and serve in their own country. The reduction in the number of candidates sitting for the Medical Qualifying Examination under Section 12(1)(aa) of the Medical Act 1971 would indicate that more potential students are now pursuing their studies in recognized institutions.

In 2008, the Secretariat has started to reap the harvest of the computerization programme initiated the year before. There was a marked increase in the utilization of our official website by all parties concerned. The brickbats hurled against the Council previously were almost negligible during the current year and it is envisaged that the remnants of the problems faced before will be completely resolved in the coming years.

The Council together with the *Joint Technical Committee for the Accreditation of Medical Programmes* has approved 2 new public and 7 new private institutions in the country, bringing the total number of local institutions offering medical education to 10 in the public sector and 12 in the private sector. However it must be emphasised that stringent rules have always been applied and enforced to ensure that these institutions adhere strictly to best and safe practices. In 2008, another 12 foreign medical training institutions were recognized by the Council and subsequently

approved by the Health Minister to be inserted in the Second Schedule of the Medical Act 1971.

In our effort to keep registered practitioners abreast of ethical and medico-legal issues that keep cropping up of late, the Council has revised its various ethical guidelines and makes them available through its website. Numerous information, guidelines and application forms are now made available online for the public as well as practitioners.

The Council has been receiving complaints from patients and the public that some practitioners are turning away serious or ill cases, suggesting that they seek treatment elsewhere, without even examining them, let alone providing them with basic treatment to stabilise the patients. Such acts are considered serious dereliction of not only ethical but also legal obligations. This may subject them to severe repercussions which may affect their whole professional career. Practitioners had been suspended in the past for such demeanors and I would like to sternly forewarn these errant practitioners that the Council will not hesitate to take stern actions to curtail such practices.

Working tirelessly into 136 cases brought forward from the previous years and 97 new complaints received in the current year, the five Preliminary Investigation Committees managed to resolve 97 inquiries whilst the Council managed to dispose 25 cases. The majority of the remaining cases are within 2 years of the complaint.

Despite 2008 being a busy year, we manage to achieve much. We take our job of caring for our patients seriously. Hence, I take this opportunity to thank all members of the Council, the PICs and the MMC Committees, as well as the Secretariat for their painstaking and diligent contributions. My special appreciation also goes to

all registered practitioners who have contributed immensely to the provision of good quality health care in this country.

It is envisioned that the ensuing years will be filled with even greater challenges but our commitment, courage, and willfulness to grapple with these challenges will enable us to overcome them as we continue to provide quality services to our people, in the spirit of '*rakyat didahulukan dan pencapaian diutamakan*'.

Thank you.

TAN SRI DATO' SERI DR. HJ. MOHD. ISMAIL MERICAN

CORPORATE INFORMATION



INTRODUCTION

The MMC acts in accordance with the Medical Act of 1971. During the early years, the number of registered medical practitioners was not many. However, with the liberalization of medical education by the benevolent Malaysian government, not only the numbers have increased tremendously but also introduced evolving trends and demands from both doctors and patients. This has placed a heavy burden on the practice of medicine in this new era of modernization, having to balance out between what is ethical practice and the demands of our patients.

President: Tan Sri Dato' Seri Dr. Hj. Mohamed Ismail Merican.

Secretary: Dr. Hj. Wan Mazlan bin Hj. Mohamed Wooljdy.

OUR MOTTO

Safeguarding patients and guiding doctors.

HISTORY

The Medical 1971 was gazetted on 30th September 1971, and subsequently the Medical Regulations were enacted in 1974. Following this, the Council held its first election in October 1974. The initial representation of the members of the Council was 12 elected and 5 nominated members.

CONTACT US:

Most of the administrative activities are centred in Putrajaya whilst meetings of the Council and its committees are held in Kuala Lumpur. The legal and ethical wing of the Council is also at its Chenderasari office.

**MAIN OFFICE: LEVEL 2, BLOCK E-1,
MINISTRY OF HEALTH,
BLOCK E, PRECINT 1,
PUSAT PENTADBIRAN KERAJAAN PERSEKUTUAN,
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Fax : 603-8883 1406
Email : admin@mmc.gov.my GMAIL
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Or

**BRANCH OFFICE: 3rd FLOOR, BLOCK D,
MINISTRY OF HEALTH,
JALAN CENDERASARI,
50590 KUALA LUMPUR,
MALAYSIA.**

(Legal and Ethical Division.)

Tel : 603-2694 7920
Fax : 603-2693 8569

CHAPTER 1

THE MALAYSIAN MEDICAL COUNCIL AND ITS COMMITTEES:



The Malaysian Medical Council is a corporate body established under Section 3 of the Medical Act 1971. The Act was gazetted on 30th September 1971. Paragraph 3(1)(a) to 3(1)(g) of the Act provide that the Council shall consist of the Director General of Health as the President and registered Malaysian practitioners; either by election or nomination and appointment by the Minister of Health. The members shall hold office for a period of three years and maybe be renominated and reappointed.

The Adjudicatory Powers of the Malaysian Medical Council:

Section 3(1) of the Medical Act 1971 (Act 50) states:

'3. Establishment and composition of the Council

- (1) *There is hereby established a body corporate with perpetual succession and a common seal to be called the Malaysian Medical Council which shall consist of-*
 - (a) *The Director General*
 - (b) *Three fully registered practitioners from the members of the Faculty of Medicine or the staff of the Medical Centre of the University of Malaya to be nominated by the Council of the University of Malaya and appointed by the Minister;*
 - (c) *Three fully registered practitioners from each of the Faculties of Medicine of the other Universities established under the Universities and University Colleges Act 1971, to be nominated from among the members of the Faculty by the Council of the respective University and appointed by the Minister;*

- (d) *Nine fully registered practitioners resident in West Malaysia to be elected by the fully registered practitioners resident in West Malaysia;*
- (e) *One fully registered practitioners resident in Sabah to be elected by the fully registered practitioners resident in Sabah;*
- (f) *One fully registered practitioners resident in Sarawak to be elected by the fully registered practitioners resident in Sarawak; and*
- (g) *Three fully registered practitioners from the public services to be appointed by the Minister.'*

COMPOSITION OF THE COUNCIL:

The total membership of the Council is **33**.



1) **The President - (Ex-officio – section 3(1)(a) of the Medical Act 1971):**

The Director General of Health is the ex-officio President of the MMC. Tan Sri Dato' Seri Dr. Hj. Mohamed Ismail Merican is the current President since his appointment as the Director General of Health in April 2005.

2) **Appointed Members:**

2.1 **From the Universities:**

University Malaya

Prof. Dato' Dr. Mohd Amin Bin Jalaludin
Prof. Dr. Ikram Shah Ismail
Prof. Dr. Lim Chin Theam

Universiti Kebangsaan Malaysia

Prof. Dato' Dr. Lokman Bin Saim
Prof. Dr. Zaleha Abdullah Mahdy
Prof. Dr. Abdul Hamid Abdul Rahman

Universiti Sains Malaysia

Prof. Dr. Jafri Malin Datuk Hj. Abdulah (Until 30.06.2008)
Prof. Dato' Dr. Mafauzy bin Mohamed (w.ef. 01.07.2008)
Prof. Dr. Aziz bin Baba
Prof. Dato' Dr. Wan Mohamed Wan Bebakar

Universiti Putra Malaysia

Prof. Dr. Azhar Bin Md Zin
Prof. Dr. Yunus Gul Bin Alif Gul
Associate Prof. Dr. Sabariah Bt Abdul Rahman

Universiti Malaysia Sarawak

Prof. Dr. Henry Rantai Gundum
Tan Sri Datu Prof. Dr. Hj. Mohamad Taha bin Arif
Prof. Madya Dr. Ahmad Hata Rasit

Universiti Malaysia Sabah

Prof. Dr. Osman bin Ali
Associate Prof. Dr. Ahmad Faris Abdullah
Associate Prof. Dr. Zainal Arifin Mustapha

2.1 From the Public Services

Dato' Dr. Noorimi Haji Morad (Until 15.09.2009)
Datuk Dr. Noor Hisham bin Abdullah (w.e.f. 02.02.2008)
Dr. Andrew Kiyu Dawie Usop
Datuk Dr. Rahimah Md. Said (Until 31.05.2008)
Dr. Hj. Marzukhi Md. Isa (w.e.f 27.02.2008)
Dr. Mohd Kamil bin Hassan (w.e.f 01.08.2008)

3) **Elected Members:**

Peninsular:

Dato' Dr Megat Burhainuddin Megat Abdul Rahman
Dato' Dr. Haji Abu Hassan Asaari Abdullah
Prof. Dato'Dr. Khalid bin Yusoff
Dato' Dr. Abdul Hamid Bin Abdul Kadir
Dato' Dr. Mahmud Mohd. Nor
Dato' Dr. Zaki Morad Bin Mohd Zaher
Dr. Milton Lum Siew Wah
Dr David Quek Kwang Leng
Datuk Dr. Yeoh Poh Hong

Sabah: Dr. Hajjah Suzain binti Datuk Hj. Suhaimi

Sarawak: Prof. Dr. Sim Kui Hian

Functions of the Council:

- a To register all eligible medical practitioners.
- b To maintain a Register of practitioners.
- c To accredit medical institutions; both locally and abroad.
- d To regulate the conduct and ethics of registered medical practitioners.
- e To empanel a Medical Review Panel to consider cases of mental illness or physical disabilities.
- f To evaluate and register foreign medical practitioners.
- g To publish and update relevant guidelines on the practice of medicine in the country.
- h To advise and make recommendations to the Minister of Health on matters relating to the practice of medicine in Malaysia
- i To carry out such other acts so as to give effect to the **Medical Act 1971**.

Meetings of the Malaysian Medical Council

The subpara 2(1) of the First Schedule requires the Council to hold at least two meetings in a year at the place the President may appoint. The subpara 2(2) stipulates that the quorum for a meeting shall be nine and the decision shall be by a simple majority.

In 2008, the Council convened every second Tuesday of the month.

Committees of the Council:

Provisions under certain sections of the Act and the First Schedule of the Medical Act 1971 allows the Council to form one or more committees, and may delegate to them some of the Council's function as the Council thinks fit. The committees currently established by the Council are:

- a. The Evaluation Committee
- b. The Ethics Committee
- c. The Medical Act and Regulations Amendments/Revision Committee
- d. The Preliminary Investigation Committees
- e. The Medical Review Panel
- f. The Medical Review Panel (Appeal)
- g. The Charge Committee
- h. The Editorial Committee
- i. The Medical Qualifying Board
- j. The Joint Technical Committee for the Accreditation of Medical Programmes
- k. The Ad Hoc Committee on MMC Corporatization

The Evaluation Committee:

Chairman: Tan Sri Dato' Seri Dr. Hj. Mohd. Ismail Merican (Ex-officio)

Members: Prof. Dato' Dr. Mohd Amin bin Jalaludin
Datuk Dr Yeoh Poh Hong
Dato' Dr. Abdul Hamid bin Abdul Kadir
Dr. Milton Lum Siew Wah
Dato' Dr. Noorimi Haji Morad
Prof. Dato' Dr. Mafauzy bin Mohamed

Prof. Madya Dr. Sabariah Abdul Rahman
Prof. Dato' Dr. Lokman Saim
Prof. Dr. Ikram Shah Ismail
Dato' Dr. Abu Hassan Asaari Abdullah
Prof. Dato' Dr. Khalid bin Yusoff
Dato' Dr. Zaki Morad Mohd Zaher

Terms of Reference:

- a To consider application from Malaysian practitioners who graduate and complete their housemanship training overseas for full registration under section 14(1).
- b To consider application from Malaysian specialists from overseas for full registration under section 14(1).
- c To consider application from foreigners and spouses of Malaysian citizens for full registration under section 14(3).
- d To consider application from foreign specialists for full registration under section 14(3).
- e To consider application from foreigners and spouses of Malaysian citizens for provisional registration under section 12.
- f To consider application from foreign practitioners for temporary practicing certificate under Section 16(1).
- g To consider application from graduates of medical schools not listed in the Second Schedule to sit for the Medical Qualifying Examination under Section 12(1)(aa) of Medical Act 1971.

The Evaluation Committee met 12 times for the year 2008. Table 1 below shows the number of applications screened by the Committee in 2008.

MONTHS	APPROVED	REJECTED	POSTPONED	TOTAL
JAN	71	8	1	80
FEB	74	1	1	76
MAR	77	0	5	82
APRIL	53	1	6	60
MAY	71	0	3	74
JUNE	70	2	5	77
JULY	54	2	7	63
AUGUST	98	5	11	114
SEPTEMBER	64	5	4	73
OCTOBER	90	1	4	95
NOVEMBER	61	2	2	65
DECEMBER	61	4	4	69

Table 1: Number of Applications screened by the MMC Evaluation Committee for the year 2008.

The Ethics Committee:

- Chairman:** Dato' Dr. Abdul Hamid Abdul Kadir
Members: Prof. Emeritus Datuk Dr. Alexius Ernald Delilkan
 Dato' Dr. Mohd Rani bin Jusoh
 Dr. Raja Abdul Malik bin Raja Jallaludin
 Dr. Choy Yew Sing
 Prof. Dr. Mohd. Nizam Isa
 Dr. M. K. Rajakumar
 Ms Sharon Kaur Gurmukh

Terms of Reference:

- a To deliberate and make recommendations on ethical issues related to policy raised by members of the MMC, registered practitioners or public. To identify prevailing ethical issues relating to public health, medical
- b practice and research and the influence of commercial interests with a view to provide guidelines for medical practitioners and to periodically review such guidelines.
- c To advise the Council on the potential ethical issues influenced by changing or new trends in medical practice in other countries; and
- d To provide guidelines and publications pertaining to medical ethics.

The Medical Act and Regulations Amendments/Revision Committee

Datuk Dr. Yeoh presenting the final draft of New Medical Act to Tan Sri Dato' Seri Ismail

- Chairman:** Datuk Dr. Yeoh Poh Hong
- Members:** Dato' Dr. Abdul Hamid bin Abdul Kadir
Dr. Milton Lum Siew Wah
Dato' Dr. Mahmud bin Mohd Nor
Prof. Dr. Osman bin Ali
A Representative from the Medical Development Division of the Ministry of Health.
A Representative from the Legal Office of the Ministry of Health.

Term of References

- a. To deliberate on the proposed amendments to the law.
- b. To review draft amendments to the law and regulations.
- c. To recommend to the Council of such amendments.

The Committee has finalized the draft amendments and its regulations and has submitted it to the relevant authorities for further action.

The Preliminary Investigation Committees:

The members of the Preliminary Investigation Committees (PICs) are appointed by the President as stipulated in the Medical Regulations 1974. The PIC will be discussed separately in the Ethics and Discipline section.

The Medical Review Panel:

Pursuant to sections 19 and 24 of the Medical Act 1971, the members of the Medical Review Panels (MRP) were appointed from time to time by the Council to assess applications for registration from practitioners who are unable to perform their professional duties by reason of their mental or physical condition. During the current year, 2 MRPs were appointed to review related cases.

The composition of the Medical Review Panel is as follows:

Panel I: Chairman:

Members: Prof. Dr. Syed Hassan bin Syed Ahmad Al-Mashoor
Prof. Dr Azhar bin Md.
Datin Dr Aziah Ahmad Mahyiddin
Prof. Dr. Tan Chong Tin
Mr. (Dr.) Zainal Ariffin bin Azizi
Prof. Dr. Lim Chin Theam

Panel II: Chairman:

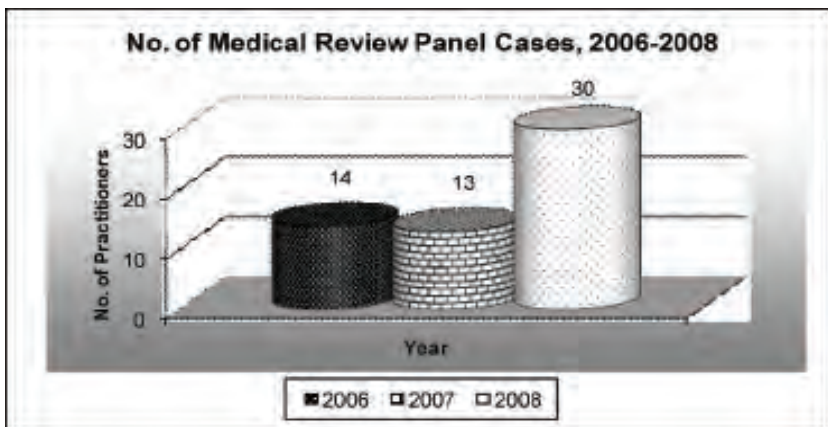
Members: Prof. Dr. Mohamed Hatta bin Shaharom
Dato' Dr. Thambirajah Selvapragasam
Dr. Safraz bin Mansoor Hussain
Dr. Tan Chwee Choon
Dr. Ajit Kumar Mukherjee

Term of References:

- a To review practitioners applying for provisional or full registration who are unfit to perform their professional duties by reason of their mental or physical condition.
- b To make recommendations to the Council.

The Panel reviewed 30 new cases in 2008 compared to 13 in 2007. This steep rise of 200% would probably be attributed to the increased number of practitioners applying for registration and the increased awareness created amongst the supervisors regarding their responsibilities in the training of house officers.

The graph below illustrates the increasing number of MRP cases for the past 3 years:



Graph 1: Number of MRP cases, 2006-2008.

The outcome of the interview-meeting was forwarded to the Council with their recommendations for sanction.

The cases and decisions are tabulated in Appendix I.

The Medical Review Panel (Appeal):

Pursuant to sections 19 and 24 of the Medical Act 1971, a Medical Review Panel (Appeal) was appointed by the Council to assess appeals against the Council's decisions under these sections. There were 2 panels for 2 cases in 2008:

Panel I: Chairman: Dr. Abdul Rahim Omar
Members: Dato' Dr. Jeyaindran a/l Tan Sri Sinnadurai
Dato' Dr. Abu Hassan Asaari bin Abdullah
Dr. Ng Chun Wai
Dato' Dr. Radhakrishnan Menon

Panel II: Chairman: Dato' Dr. Jeyaindran a/l Tan Sri Sinnadurai
Members: Dr. Safraz bin Mansoor Hussain
Dr. Abdul Rahim Omar
Dr. Ng Chun Wai
Dato' Dr. Radhakrishnan Menon
Prof. Dr. Maniam Thambi

Term of References:

- a To review appeals by practitioners on the decision made by the Council on practitioners found to be unfit to perform their professional duties by reason of their mental or physical condition.
- b To make recommendations to the Council.

The Appeal Panel reviewed 2 cases in 2008. The outcome of the interview-meeting was forwarded to the Council with its recommendations and sanction.

The cases and decisions are tabulated in Appendix II.

The Charge Committee:

Chairman: Datuk Dr. Yeoh Poh Hong
Members: Dato' Dr. Abdul Hamid Bin Abdul Kadir
Dr. Milton Lum Siew Wah
Prof. Dr. Yunus Gul bin Alif Gul

Term of References:

- a To review draft charges against practitioners recommended by the Preliminary Investigation Committees for Council inquiry;
- b To draft charges against practitioners decided by the Council for inquiry; and
- c To make recommendations to the Council.

The Committee revised/formulated 32 charges in 2008 compared to 24 in 2007 and 26 in 2006.

The Editorial Committee:

Chairman: Dr. Milton Lum Siew Wah
Members: Dr. David Quek Kwan Ling,
Prof. Yunus Gul bin Alif Gul
Prof. Dr. Zaleha Abdullah Mahdy

Term of References: To prepare the MMC Quarterly Bulletin.

Apart from the MMC Quarterly Bulletin, the Council also produced the following publications in 2008:

1. Guidelines on Aesthetic Medicine
2. Credentialing of new procedures.
3. Upgrading of the handbook entitled Confidentiality

The Medical Qualifying Board:

The functions and outcome of the Board will be discussed separately in the ensuing chapter.

The Joint Technical Committee for the Accreditation of Medical Programmes:

The functions and outcome of this Committee will be discussed separately in the ensuing chapter.

The Ad Hoc Committee on MMC Corporatisation:

Chairman: Datuk Dr. Megat Burhainudin bin Megat Abdul Rahman

Members: Datuk Dr. Yeoh Poh Hong
Dato' Dr. Abdul Hamid Bin Abdul Kadir
Dr. Milton Lum Siew Wah
Dato' Dr. Zaki Morad Mohd Zaher

Terms of Reference:

- a To study relevant sections in the Medical Act 1971 and its Regulations with regards to corporatization and make recommendations to the Council for amendment.
To study appropriate policies regarding corporate structure and
- b governance and make recommendations to the Council.

Updates for 2008:

1. Discussion on plans for renovation of Block B, Ministry of Health, Jalan Cenderasari Kuala Lumpur.
2. Organization Chart of the new coporatized Secretariat.
3. Staffing and payment of the new coporatized Secretariat.

CHAPTER 2

REGISTRATION OF MEDICAL PRACTITIONERS:

The Medical Act 1971 requires all medical practitioners to be registered with the Council to practice in Malaysia. The Council maintains a Medical Register for this purpose. There are 4 types of registration:

- a. Provisional Registration (section 12).
- b. Full Registration (without conditions) (subsection 14(1)).
- c. Full Registration (with conditions and restrictions) (subsection 14(3)).
- d. Temporary Registration (section 16).

The summary of registrations approved and issued by the Council for 2006-2008 according to categories were as shown below in Table 2.1.

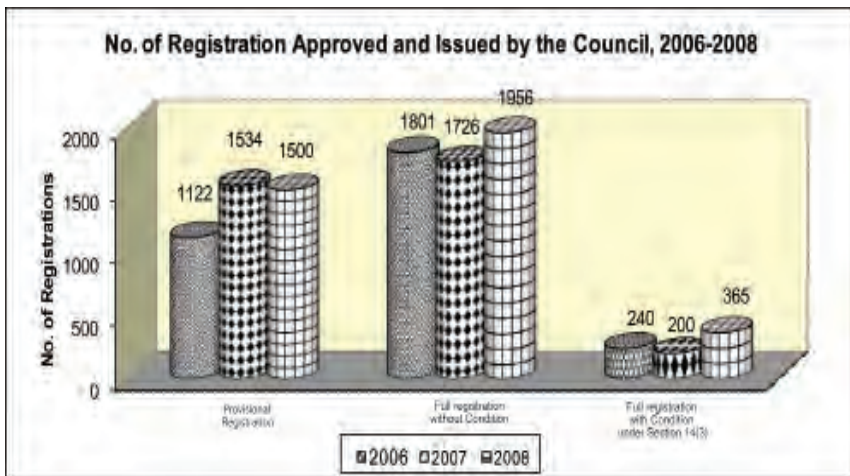


Table 2.1. : Summary of Registrations Approved and Issued by the Council according to categories, 2006-2008.

Provisional Registration (Section 12):

The Medical Act 1971 stipulates that a person shall be entitled to be provisionally registered as a medical practitioner solely for the purpose of obtaining experience as a house officer if he/she holds a qualification recognized by the Council. If he/she holds a medical qualification which is not recognized by the Council, he/she has to sit and pass the Medical Qualifying Examination in accordance to Section 13(2) of the Medical Act 1971 which states that:

The provisionally registered person, shall, immediately upon being provisionally registered, engage in employment in a resident medical capacity to the satisfaction of the Medical Qualifying Board for a period of not less than one year in a hospital or institution in Malaysia which is approved by the said Board for the purpose of such employment; four months in a resident medical post and four months in a resident obstetrical and gynaecological post at the conclusion of satisfactory service, as certified by the Medical Qualifying Board, under this paragraph, the provisionally registered person shall be entitled to a certificate issued by the Council in the prescribed form as evidence thereof.

As of 31 December 2008, 38 hospitals as listed in Appendix III were approved by the Medical Qualifying Board as housemanship training centres. Matters related to housemanship training will be elaborated further in the ensuing specifically dedicated chapter.

The number of provisional registration certificates issued by the Council according to institutions awarding the degrees is shown in Appendix IV. The number of provisional registration issued according to citizenship status is shown in Table 2.2. below:

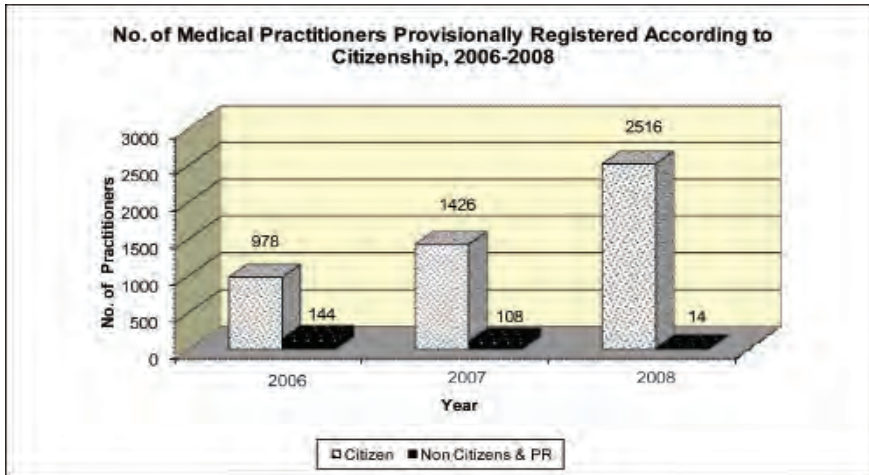


Table 2.2. : Number of Provisional Registration Issued According to Citizenship Status, 2006-2008.

Full Registration (Section 14):

The Council approves full registration to medical practitioners under two different circumstances, namely section 14 and section 14(3). Under section 14(3), practitioners are registered to practice medicine subject to restrictions and conditions as stipulated by the Minister, after consulting the Evaluation Committee appointed by the Council. For those registered under section 14, no restrictions and conditions are imposed.

Successful applicants will be given conditional registration by the Council under Subsection 14(3) of the Act. They are restricted to practice only at the approved institution and for the period mentioned in their full registration certificates.

The Council will reconsider the registration of practitioners who breach their contract or the conditions stated in the certificate of registration. If they intend to practice at another institution, they have to submit fresh applications to the Council for consideration.

A small percentage of applications from the private sector are not approved due to the following reasons:

- a) Prospective employers for private hospitals did not submit relevant documents as requested by the Council.
- b) The private hospitals did not fulfill the Council's criteria.
- c) The foreign medical practitioners did not fulfill the requirements set out in the guidelines such as:
 - i) Their basic medical degrees are not recognized by the Council; and
 - ii) Their clinical experiences did not meet the stipulated requirements (less than 3 years).

The number of full registration approved between 2006 and 2008 is shown in Table 2.3.

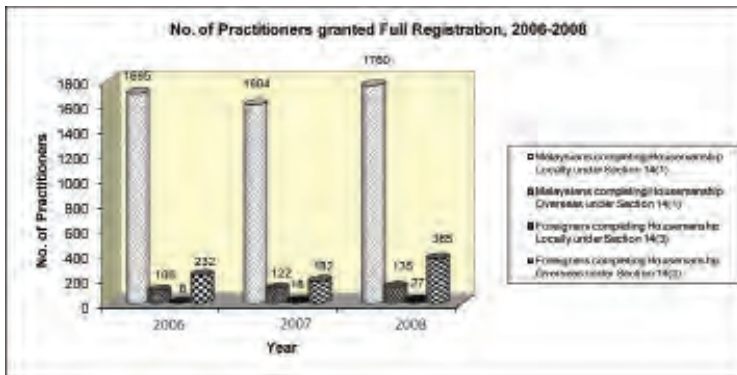


Table 2.3. : Number of Practitioners Approved for Full Registration, 2006-2008.

The number of foreign medical practitioners granted registration under section 14(3) according to sector and employer between 2006 and 2008 is illustrated in Appendix V.

PRACTICING CERTIFICATES:

The Council issues two types of practicing Certificates, upon request, to medical practitioners:

- a) Annual Practicing Certificate (APC)
- b) Temporary Practicing Certificate (TPC)

ANNUAL PRACTICING CERTIFICATES:

Medical Practitioners with full registration are required to apply for APC (section 20 of the Medical Act). The onus is on the practitioners to ensure that they have their APCs to practice in this country.

The forms are downloadable from the Council's Website at www.mmc.gov.my. Plans are ongoing to introduce Online registration in the near future. All practitioners are required to apply for the ensuing year's APC before 1st December of that year. At present, the fee for APC is RM50. An additional penalty of RM50 is levied on those who apply after the 1st December of the year.

The Registrar of Medical Practitioners issued 20,280 APCs in 2008 compared to 18,284 in 2007. Of the APCs issued in 2008, 10,274 and 10,008 were issued to public and private sector respectively.

Table 2.4. below illustrates the number of APCs issued according to state and sector between 2006 and 2008.

State	2006		2007		2008	
	Pb	Pr	Pb	Pr	Pb	Pr
Federal Territory Kuala Lumpur	1,675	1,545	2,239	1762	2,590	1,881
Federal Territory Labuan	13	12	18	16	12	17
Federal Territory Putrajaya	202	6	254	9	257	10
Johor	456	924	612	981	752	1041
Kedah	355	444	446	458	484	483
Kelantan	595	192	637	209	784	207
Melaka	231	326	306	378	322	363
N. Sembilan	212	319	354	341	401	401
Pahang	223	311	340	355	440	378
Pulau Pinang	370	822	514	874	559	938
Perak	483	773	662	803	759	835
Perlis	60	33	95	28	120	28
Selangor	757	2,103	1,198	2,337	1,393	2,508
Terengganu	227	141	260	166	266	182
Sabah	225	312	462	342	592	358
Sarawak	300	339	471	357	543	378
Total	6,384	8,602	8,868	9,416	10,274	10,008
Grand Total	14,986		18,284		20,282	

Table 2.4.: Number of Annual Practicing Certificates Issued According to State and Sector, 2006 to 2008.(Key: Pb = Public; Pr = Private)

Tables 2.5. tabulates the number of APCs issued according to ethnic origins and sectors. It is noted that there has been a steady increase in the number of Annual Practising Certificates issued. This achievement is due to incessant reminders.

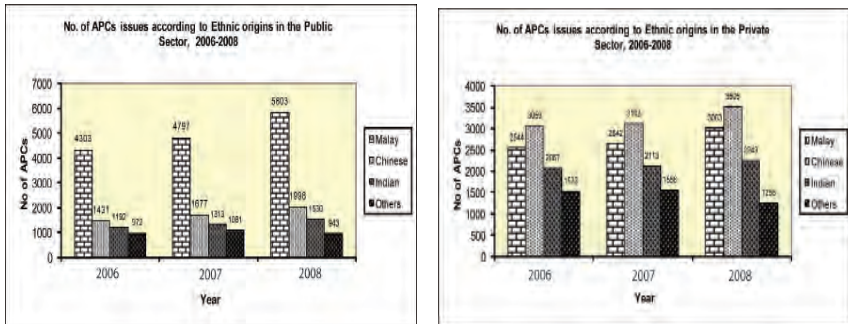


Table 2.5.: Number of Annual Practising Certificates Issued According to Ethnic Origin and Sector (Public and Private) for Years 2006– 2008.

(Key – Others* refers to the minor ethnic groups encompassing Kadazan, Iban and others as well as non-citizens.)

Temporary Practising Certificate:

Section 16 of the Act provides for the issuance of Temporary Practising Certificates (TPCs) to practitioners registered outside Malaysia who intend to practice medicine in Malaysia either for the purpose of undergoing post-graduate courses at local institutions, training local practitioners during workshops/conferences or for research/attachment. The certificate is renewable quarterly.

Applications for TPCs must be submitted by a medical body, hospital or institutions which sponsors the applicant and provides proof of their good standing with their respective Medical Councils and possess valid international medical protective insurance.

The number of the TPCs issued by the Council has been on the rise from year to year except for 2008 where there is a drop of 30% as shown in Appendix VI.

Letter of Good Standing:

The Letter of Good Standing (LOGS) is required for the purpose of registration with other foreign medical councils or professional registering bodies. The certificate is issued upon request to any registered medical practitioner who has complied with the compulsory service or conditions of registration or who have no disciplinary action pending or taken against him. Each LOGS is valid for only three months from the date of issuance.

The number of LOGS issued over the years, as reflected below (Table 2.6) has been rising.

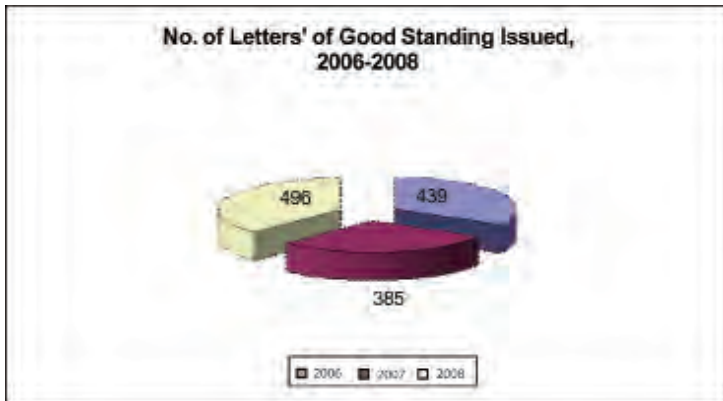


Table 2.6.: Number of Letter of Good Standing Issued, 2006 – 2008.

Medical Qualifying Examination

Pursuant to the Medical Act 1971, only individuals possessing recognized basic medical degrees as listed in the Second Schedule are eligible to register and practice medicine in Malaysia whilst graduates from unrecognized colleges have to sit and pass the Medical Qualifying Examination in three local universities or examining bodies before their registrations are accepted.

Section 12(1) of the Medical Act 1971 states:

- 1 Subject to the provisions of this Act and the regulations thereunder, a person shall be entitled to be provisionally registered as a medical practitioner, Solely for the purpose of obtaining the experience specified in section 13, upon application to the Registrar in the prescribed form if –*
- a) he holds –*
 - i) any of the qualifications specified in the third column of the Second Schedule granted by an institution specified in relation to that qualification in the second column of that Schedule; or*
 - ii) a qualification in medicine and surgery other than the qualifications referred to in subparagraph (i), deemed suitable for registration by the Minister after consulting the Council;*
in the case of a person who holds a qualification referred to in subparagraph of paragraph (a), he has passed such examination as may be prescribed or set for the purpose of this paragraph by a body approved by the Minister.

Under Section 12(1)(aa) of the Act Minister gives the directive to conduct the examination for medical undergraduates from institutions not listed in the Second Schedule of the Act. Successful candidates are then eligible for provisional registration with the Council.

The examinations are held at Universiti Kebangsaan Malaysia, University of Malaya and Universiti Sains Malaysia twice a year in March and October. The candidates are subjected to the rules and the regulations of those examining bodies with regards to the examination, the re-sitting of any examination and the imposition of any fee. The candidates will be balloted to the university where they will be trained and sit for the examination.

The outcomes for the year 2008 are tabulated in Appendix VII.

CHAPTER 3

ACCREDITATION & RECOGNITION OF MEDICAL INSTITUTIONS

Number of Operating Medical Schools (Source: IMED)

As of March 19, 2009 there were 2,086 recognized and operating medical schools in 170 countries or territories listed in the International Medical Education Directory (IMED). This map shows their distribution across the globe (Figure 3.1.). The medical schools listed in IMED are recognized by the appropriate government agencies in the countries where the schools are located. MMC recognises 370 institutions according to 2nd Schedule of the Medical Act 1971 which makes up 17% of the World's Medical Schools. The estimated population of world versus Malaysia is 6,790,062,216 (Source: World Fact Book) as compared to 27,730,000 (Source: Department of Statistics Malaysia).

Mapping the World's Medical Schools:

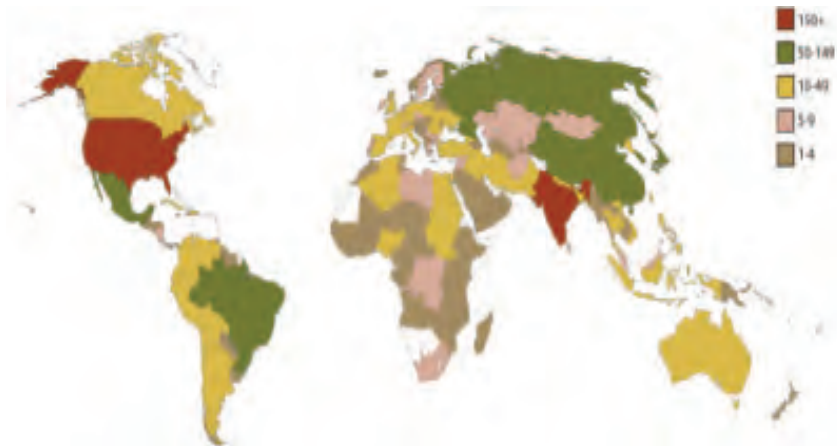


Figure 3.1.: World Medical Schools in 2008.

Malaysia is committed to maintain the highest standards of professionalism in medical practice. All doctors wishing to be licensed for practice in Malaysia must graduate from an accredited medical institution as stated in the Second Schedule of the Medical Act 1971. The Malaysian Medical Council is responsible for recognizing medical institutions for the purpose of licensing their graduates to practice in Malaysia. During the process, an external evaluation based on a set of criteria and standards judged to be good practices for the discipline is carried out by a group of peers. Usually, recognition is a one-off exercise.

To ensure the quality of provision and standards of medical education and training are being safeguarded and enhanced, a regular appraisal of recognition or better known as accreditation has been introduced as a quality assurance mechanism. Under the initiative, recognized institutions are evaluated on a regular basis between 1-5 years depending on the conformance to the standards set by the Council. The Accreditation process assists medical institutions in the attainment of structures and functions as well as the performance of graduates in compliance with national norms of preparation for practice and further training. The standards are contained in the 'Guidelines on Standards and Criteria in the Accreditation of Basic Medical Education Programme in Malaysia'. This Guideline was revised and approved by the Council in August 2007.

For that purpose, a Joint Technical Committee for the Accreditation of Medical Programmes was formed. The Committee comprises five public agencies; Malaysian Medical Council, National Accreditation Board (MQA), Ministry of Health, Ministry of Higher Education and Public Services Department. The Committee members are appointed by the President of the Council.

No.	Name	Representing	Tenure of appointment
1.	Tan Sri Dato' Seri Dr. Hj. Mohd. Ismail Merican	Chairman/Malaysian Medical Council	Ex-officio
2.	Datuk Dr. Yeoh Poh Hong	Malaysian Medical Council	01/01/06 – 31/12/08
3.	Prof. Dr. Ikram Shah Ismail	Malaysian Medical Council	08/08/07 – 07/08/10
4.	Prof. Dato' Dr. Lokman Saim	Malaysian Medical Council	8/08/07 – 07/08/10
5.	Dato' Dr. Zaki Morad Bin Mohamad Zaher	Malaysian Medical Council	1/1/08-31/12/1
6.	Datuk Dr. Noor Hisham Bin Abdullah	Ministry of Health	w.e.f. 29/1/08, replacing Dato' Dr. Noorimi Bt. Hj. Morad
7.	Dato' Dr. Mahmud bin Mohd Nor	Ministry of Health	Till 17/12/08 (Expiry of MOH Contract)
8.	Prof. Dr. Rujhan Mustafa	Ministry of Higher Education	Appointed on 1/1/08, after dissolution of Quality Assurance Division, MOHE.
9.	Prof. Dato' Dr. Md. Tahir bin Azhar	Ministry of Higher Education	Ongoing
10.	Prof. Dato' Dr. Wan Mohamad Wan Bebakar	Ministry of Higher Education	1/1/08-31/12/10
11.	Prof. Dato' Dr. Syed Ahmad Hussein	Malaysian Qualifications Agency	Ongoing
12.	En. Mohd. Ali Bin Jabar	Public Services Department	Ongoing

Table 3.1.: The Joint Technical Committee Members in 2008.

The Committee terms of reference are as follows:

- a To determine standards and criteria for the establishment and approval of medical training programs and institutions and make recommendations to the Ministry of Higher Education.
- b To prepare and regularly update guidelines and standards for accreditation and recognition of medical training programs and institutions for the purpose of licensing under the Medical Act 1971.
- c To conduct visits to evaluate and accredit medical training programs and institutions for the purpose of licensing under the Medical Act 1971.
- d To appoint panel of visitors for accreditation and recognition purposes to medical training institutions both locally and abroad.
- e To study reports of accrediting teams and make recommendations to the Malaysian Medical Council for ratification.
- f To monitor and regulate standards of medical program and make recommendations to the Malaysian Medical Council to withdraw the recognition of any institutions flouting the standards.
- g To monitor, evaluate and make recommendations to the Malaysian Medical Council pertaining to changes in name, curriculum and affiliation of recognized institutions.

Visits are made to medical schools for the sole purpose of physical evaluation towards granting recognition. During visits, the panel of auditors appointed by the Joint Technical Committee would conduct site inspection as well as interviews with students, staffs and administrators. The MMC by virtue of the Medical Act 1971, after being satisfied that the program conforms to the standard set, sanctions the report and forwards it to the Minister of Health for his approval and is subsequently gazetted and included in the Second Schedule of the Medical Act 1971. Second Schedule in the Medical Act 1971 details out the list of recognized institutions. Presently, 370 medical schools are recognized and their graduates are eligible for registration with the Council.

Even after granting recognition or accreditation, the Council is empowered to withdraw the recognition or accreditation from any college or institution that fails to conform to the requirements set forthwith. This is explicitly stated in section 12(3) of the Medical Act, where the Health Minister '*may from time to time, after consulting the Council, add to, delete from or amend the Second Schedule by order published in the Gazette*'. Under this proviso, a medical training institution is accorded recognition. The accreditation-recognition process is shown in Appendix VIII.

Visits Conducted to Local Medical Training Institutions and Outcome, 2008:

No.	Training Institution	Visiting Date	Outcome
1.	UM	3-6 Nov 2008 (Accreditation renewal)	5 year accreditation period given commencing from 24 February 2008 approved with conditions.
2.	USM	6-9 Oct 2008 (Accreditation renewal)	5 year accreditation period given commencing from 11 July 2008 approved with conditions.
3.	UPM	1-4 Dec 2008 (Accreditation renewal)	5 year accreditation period given commencing from 8 June 2009 approved with conditions.
4.	MSU- Bangalore	22 Jan 2008 (Post-approval)	Due for accreditation in 2011.

List of Accredited Local Undergraduate Medical Schools till December 2008.

PUBLIC INSTITUTIONS	
Name	Accreditation Date
1. University of Malaya	15th January 1971
2. Universiti Kebangsaan Malaysia	22nd June 1979
3. Universiti Sains Malaysia	11th July 1986
4. Universiti Malaysia Sarawak	15th May 2000
5. Universiti Putra Malaysia	5th June 2001
6. Universiti Islam Antarabangsa Malaysia	14th May 2002
7. Universiti Teknologi Mara	10th April 2008
8. Universiti Malaysia Sabah	26th May 2008
PUBLIC INSTITUTIONS	
Name	Accreditation Date
9. Penang Medical College	June 2001
10. International Medical University	19th February 2002
11. Melaka-Manipal Medical College	9th July 2003
12. Perak Royal College of Medicine (University of Sheffield)	19th January 2006
13. Asian Institute of Medicine, Science & Technology (AIMST)	17th August 2007

Until December 2008, there were 9 undergraduate program awaiting accreditation. The accreditation visit will be done once the first batch reaches the final year. These programs are as shown below:

List of Approved Local Undergraduate Medical Schools till December 2008.

Public	Year Established	Year to be Accredited
1. Universiti Sains Islam Malaysia (USIM)	2004	2009
2. Universiti Kebangsaan Malaysia with Universiti Padjadjaran, Indonesia	2006	2011
Private		
3. Allianze College of Medical Sciences	2003	2009
4. University College Sedaya International	2003	2009
5. Monash University Sunway Campus	2004	2009
6. Cyberjaya University College of Medical Sciences	2006	2011
7. International Medical School, Bangalore (under Management & Science University)	2006	2011
8. Universiti Andalas, Indonesia with Management & Science University, Malaysia.	2006	2011
9. Perak Royal College of Medicine (UniKL)	2007	2012

During 2008, another 12 foreign medical training institutions were recognized by the Council and subsequently approved by the Health Minister to be inserted in the Second Schedule of the Medical Act 1971.

List of Newly Recognized Foreign Medical Training Institutions, 2008:

Country	Parent University	Name of the Institution	With Effect From
India	Rajiv Gandhi University of Health Sciences, Bangalore, Karnataka	• Jagadguru Jayadeva Murugarajendra (J.J.M.) Medical College, Davangere, Karnataka.	21/01/2008
		• Sri Devaraj Urs Medical College, Kolar, Karnataka.	27/01/2008
		• JSS Medical College, Mysore, Karnataka.	27/01/2008
		• Yenepoya Medical College, Mangalore, Karnataka.	27/01/2008
		• K. S. Hegde Medical Academy, Mangalore, Karnataka.	27/01/2008
		• Vinayaka Mission's Kirupananda Variyar (VMKV) Medical College & Hospital, Salem, Tamil Nadu.	27/01/2008
	Vinayaka Missions University	• Aarupadai Veedu Medical College, Pondicherry.	27/01/2008
		• Vinayaka Mission's Medical College Karaikkal, Pondicherry.	27/01/2008
		• Dr. D.Y. Patil Medical College, Pune, Maharashtra.	27/01/2008
Dr. D.Y. Patil University Krishna Institute of Medical Sciences University	• Krishna Institute of Medical Sciences, Karad, Maharashtra.	27/01/2008	
	-	-	
Australia	-	• University Of Western Sydney, Sydney, Australia	2/6/2008
	-	• Australian National University, Canberra, Australia	25/8/2008

Note: a complete list of recognized institutions can be obtained from our website.

CHAPTER 4

HOUSEMANSHIP TRAINING



The Medical Qualifying Board is established under subsection 13(1)(aa) of the Medical Act 1971 for the purpose of section 13(2) of the Act which states that:

*‘The provisionally registered person shall, immediately upon being registered, engage in employment in a resident medical capacity to the satisfaction of the **Medical Qualifying Board** for a period of not less than one year in a hospital or an institution in Malaysia which is approved by the said board for the purpose of such employment; four months of such period shall be spent in a resident surgical post, four months in a resident medical post and four months in a resident Obstetrics and Gynecology post; at the conclusion of satisfactory services, as certified by the **Medical Qualifying Board**, under this paragraph, the provisionally registered person shall be entitled to a certificate issued by the Council in the prescribed form as evidence thereof.’*

Section 14(1) states:

'Subject to the provisions of this Act, no person shall be entitled to be fully registered as a medical practitioner under this Act unless –

- (a) *he has been provisionally registered under section 12; and*
- (b) *he furnishes proof of having satisfied the provisions of section 13.'*

Composition of the Medical Qualifying Board:

Pursuant to Section 13(1)(a) of the Medical Act, the Medical Qualifying Board consists of the Director General of Health as the Chairman with equal number of representatives from each of the Faculties of Medicine of the Universities established under the University colleges Act 1971, to be determined and appointed by the Minister of Health.

The Board members of the Medical Qualifying Board for 2008 are shown below:

Names	Representing	Tenure of appointment
1. Tan Sri Dato' Seri Dr. Hj. Ismail Merican	Ministry of Health	Ex-Officiow.e.f. April 2005
2. Prof. Dr. Wan Azman Bin Wan Ahmad	Universiti Malaya	1/7/08 - 30/6/10
3. Prof. Dr. Abdullah Sani Mohamed	Universiti Kebangsaan Malaysia	1/7/08 - 30/6/10
4. Prof. Madya Dr. Abdul Rahman Noor	Universiti Sains Malaysia	1/7/08 - 30/6/10
5. Prof. Madya Dr. Liew Ngoh Chin	Universiti Putra Malaysia	1/7/08 - 30/6/10
6. Prof. Dr. Pan Kok Long	Universiti Malaysia Sarawak	1/7/08 - 30/6/10
7. Prof. Madya Dr. D. Kamarudin D. Mudin	Universiti Malaysia Sabah	1/7/08 - 30/6/10
8. Prof. Dato' Dr. Nik Nasri Bin Nik Ismail	Universiti Sains Islam Malaysia	1/7/08 - 30/6/10

The terms of reference were:

- a. To evaluate and approve hospitals as training centres for houseman;
- b. To decide on standards and criteria of houseman training module;
- c. To approve application for full registration after satisfactory completion of housemanship in Malaysia; and
- d. To advise the Director General of Health in matters pertaining to houseman training.

Extension of Housemanship Training:

Under Subsection 13(2) of the Act, practitioners are required to undergo housemanship training for a period not less than one year. During the current year, a 2-year housemanship period was introduced to ensure house officers obtain sufficient clinical training in major disciplines. They are entitled to a total of 28 days of annual leave during their training. House Officers who exceed this allocated leave, will have their housemanship training extended equivalent to the number of days exceeded. House officers can also be extended during the training, or their full registration denied, due to attitude problem, lack of knowledge, incompetence, insubordination or other disciplinary problems, mental illness or physical disabilities.

In the year 2008, the Medical Qualifying Board extended the period of housemanship training for 141 house officers compared to 103 in the year 2007. Tabulated below is the number of house officers whose training period was extended for the last three years and the reasons (Table 4.1).

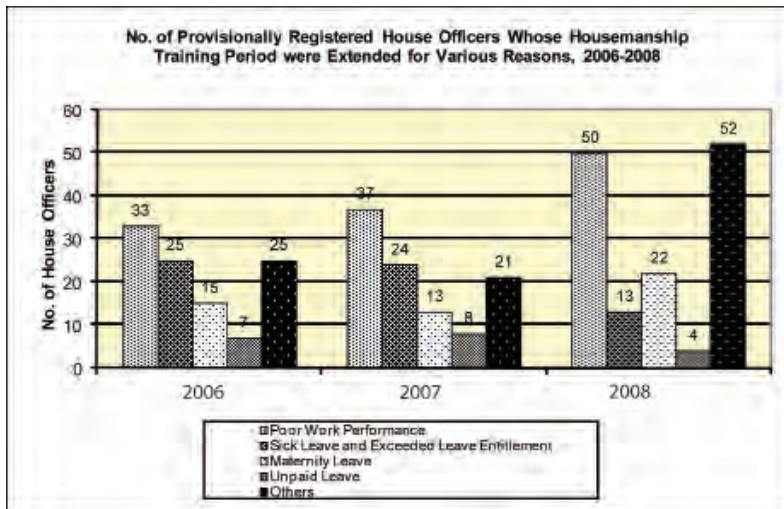


Table 4.1.: Number of House Officers Whose Housemanship Extended according to Reasons, 2006-2008.

For further details with regards to extension according to disciplines, please refer to Appendix IX and Appendix X according to training centres.

CHAPTER 5

PROFESSIONAL CONDUCT AND ETHICS

Disciplinary Jurisdiction of the Council



Section 29 of the Medical Act states that:

- 1) *The Council shall have disciplinary jurisdiction over all persons registered under this Act.*
- 2) *The Council may exercise disciplinary jurisdiction over any registered person who—*
 - (a) *has been convicted in Malaysia or elsewhere of any offence punishable with imprisonment (whether in itself only or in addition to or in lieu of a fine).*
 - (b) *has been guilty of infamous conduct in any professional respect.*
 - (c) *has obtained registration by fraud or misrepresentation.*
 - (d) *was not at the time of his registration entitled to be Registered.*
 - (e) *has since been removed from the register of medical practitioners maintained in any place outside Malaysia.*

The phrase ‘*infamous conduct in a professional respect*’ was defined in 1894 by Lord Justice Lopez as follows:

‘If a medical man in the pursuit of his profession has done something with regard to it which will be reasonably regarded as disgraceful or dishonorable by his professional brethren of good repute and competency, then it is open to the General Medical Council, if that be shown, to say that he has been guilty of infamous conduct in a professional respect.’

In another judgment delivered in 1930 Lord Justice Scrutton stated that:

‘Infamous conduct in a professional respect means no more than serious misconduct judged according to the rules, written or unwritten, governing the profession.’

Code of Professional Conduct:

The Code of Professional Conduct (CPC) supports and promotes medical professionalism, facilitates good medical practice, and enhances the doctor-patient relationship.

It serves the profession in its own self-regulation by establishing a set of professionally accepted standards of conduct. It provides a good defense for doctors who are asked to explain and justify their decisions and actions or inactions.

The CPC is accepted and upheld by the profession, and it serves the public by protecting patients and informing them, their family members, carers, and the wider community of the professionally accepted, accountable standards of behaviour they can expect from the profession.

The CPC helps to guide practitioners in their relationships with patients and help practitioners respond to individual circumstances and diverse work settings.

There are 4 main categories of ‘Infamous Conduct’ for which a complaint against a Registered Practitioner can be inquired into.

1. Neglect or disregard of professional responsibilities.
2. Abuse of professional privileges and skills.
3. Conduct derogatory to the reputation of the medical profession.
4. Advertising, canvassing and related professional offences.

Any dereliction to abide by this professional ethical code may amount to 'infamous conduct' or tantamount to 'Serious Professional Misconduct'. The number of complaints received in 2008 based on the 4 categories of the CPC as shown in the table below:

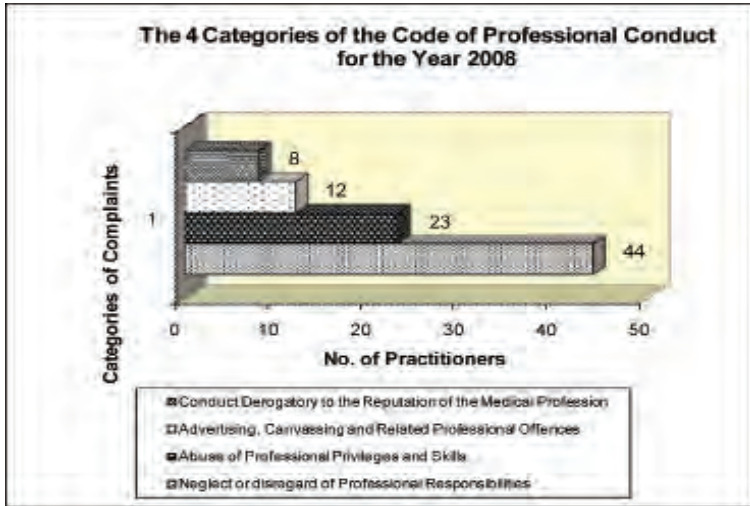


Table 5.1.: Number of complaints received in 2008 according to the CPC categories.

A total number of 87 complaints were received in 2008. Based on the 20,280 APCs issued in 2008 (20,280) the complaint per 1,000 Registered Medical Practitioners was 4.3.

YEARS	TOTAL COMPLAINTS RECEIVED	TOTAL APCS ISSUED	COMPLAINT PER 1000 PRACTITIONERS
2004	9	15392	0.6
2005	50	15797	3.2
2006	69	14986	4.6
2007	41	18284	2.2
2008	87	20280	4.3

Table 5.2.: Number of Complaints Per 1,000 Practitioners Between 2003-2008.

Procedures of Disciplinary Inquiries

The procedures of the disciplinary inquiry are laid out as per Regulation 29 to 33 of the Medical Regulations 1974 enacted under the Medical act 1971. This comprises of a two step procedure, first through a Preliminary Investigation Committee (PIC) (Appendix XI) and after their recommendation and the Council thinks fit, a hearing by the Council (Appendix XII).

Investigations by the Preliminary Investigation Committee (PIC)

The inquiry at the PIC consists of two distinct stages. At the first stage it basically adduces statements from the complainant and any other person acquainted with the circumstances. After taking the statements it decides whether the statements support the allegation, if so, at the second stage a charge is framed and the respondent practitioner is offered an option whether to defend himself before the Committee or the Council. If he chooses to defend himself before the Committee, it has to decide whether there is sufficient grounds to support the Charge and recommend to the Council to hold any inquiry or, if not to recommend no action be taken.

Note: The PIC only recommends to the Council on the disposal of a complaint. It is only the Council which has the jurisdiction to decide on the final disposal of any complaint.

Currently there are 5 PICs, whose members are appointed by the President. Each PIC consists by 6 senior members of the profession including the Chairman. The compositions of the PICs are listed in Appendix XIII.

The minimum quorum of the Committee as per Regulation 29 of the Medical regulation 1974 is two to conduct an inquiry, however the same two members must be present for all subsequent inquiries of the said complaint till its final disposal at the PIC level. Each PIC is assigned a Legal Advisor appointed by the Council. There are 6 firms of Legal Advisors.

Dismissal of a complaint

The PIC is vested with the authority to summarily dismiss any complaint under Regulation 28 of the Medical Regulation 1974 which states:

- (1) *The Committee to which such complaint or information has been forwarded, may summarily dismiss any complaint or information if it is satisfied—*
- (a) *that the name and address of the complainant is unknown or untraceable.*
 - (b) *that even if the facts were true, the facts do not constitute a disciplinary matter.*
 - (c) *for reasons which must recorded, that there is reason to doubt the truth of the complaint or information.*
- (2) *The Committee may before making any summary decision require the complainant to make a statutory declaration of the facts alleged by him.*

Status of Investigations by PICs:

Table 5.3. delineates the status of investigations at the PIC level in 2008.

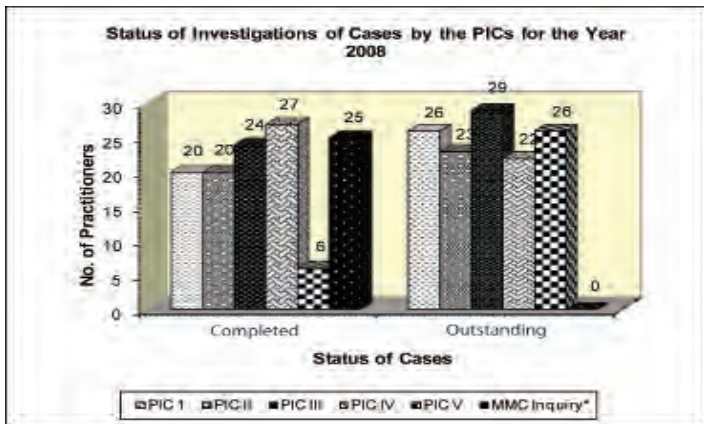


Table 5.3.: Status of Investigations by PICs in 2008

Key: * - Case pending for hearing by the Council as at December 2008

Table 5.4. details out the outcome of PIC investigations according to the PIC in 2008.

Outcome*	PIC I	PIC II	PIC III	PIC IV	PIC V	TOTAL
New cases forwarded to PIC	12	13	20	29	13	87
Summary dismissal under Reg. 28(1)	-	2	10	9	2	23
Dismissal Under Reg. 29(3)	2	4	5	8	-	19
No sufficient grounds to support the allegation 29(4)(a)	2	6	4	1	-	13
No sufficient grounds to support the charge 29(7)(a)	2	4	1	3	-	10
Council inquiry recommended 29(7)(b)	9	1	4	6	3	23
Recommendation/s overturned by the Council						0
TOTAL	27	30	44	56	18	175

Table 5.4.: Outcome of Investigations According to PICs in 2008

INVESTIGATIONS BY THE COUNCIL

Regulation 31(1)

The Council shall, where the Committee recommends that there shall be an inquiry, and may, for reasons to be recorded, in cases where the Committee, after hearing the statements of the complainants and other persons in support of the allegation has recommended that no action be taken, hold a disciplinary inquiry against the practitioner.

There were 25 disciplinary inquiries completed in 2008 under the Medical Act 1971. The majority of cases meted with punishment continue to relate to issues of neglect and disregard of professional responsibilities. The details of the investigation status between 2004 and 2008 are shown in Table ... below:

YEAR	STATUS	PIC I	PIC II	PIC III	PIC IV	PIC V	MMC INQUIRY*	TOTAL
2004	Completed	30	17	10	16	N/A	73	10
	Outstanding	59	70	43	68	N/A	240	19
2005	Completed	18	35	19	28	N/A	100	20
	Outstanding	67	37	35	50	N/A	189	17
2006	Completed	18	27	21	27	4	97	27
	Outstanding	55	21	30	35	22	163	0
2007	Completed	21	14	13	17	7	72	24
	Outstanding	34	32	33	19	18	136	0
2008	Completed	20	20	24	27	6	97	25
	Outstanding	26	23	29	22	26	126	0

Table 5.5.: Details of the investigation status by PICs and Council, 2004 TO 2008

- Key: * - Cases for hearing by the Council only
 N/A - Not Applicable as the PIC V was only appointed in 2006
Completed - For PIC means 'summarily dismissed' or 'recommended to the Council for enquiry or no enquiry by the Council'. For Council means 'finding of no case' has been made out against the practitioner or the Council 'has imposed punishment'.
Outstanding - Pending inquiry at the Council level.

Disciplinary punishments

Section 30 of the Medical Act 1971 clearly states:-

The Council may, in the exercise of its disciplinary jurisdiction, impose any of the following punishments:

- (i) *order the name of such registered person to be struck off from the Register;*
- (ii) *order the name of such registered person to be suspended from the Register for such period as it may think fit.*

- (iii) order the registered person to be reprimanded.
 (iv) make any such order as aforesaid but suspend the application thereof, subject to such conditions as the Council may think fit, for a period, or periods in the aggregate, not exceeding two years,

and may, in any case, make such order as the Council thinks fit with regard to the payment of the costs of the Registrar and of any complainant or of the registered person, and any costs awarded may be recovered as a civil debt.

Tabulated below is the complaints/information received and punishments meted out by Council for 2008.

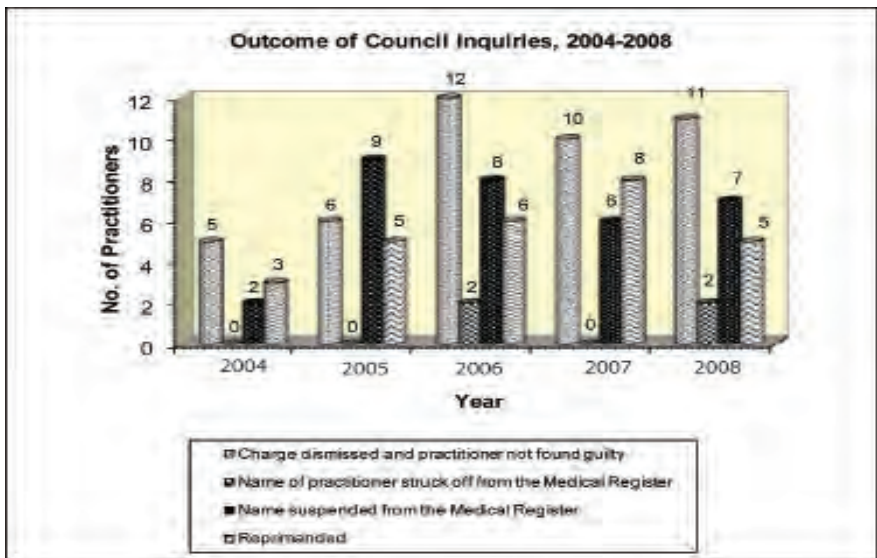


Table 5.6.: Outcome of Council Inquiries, 2004-2008.

Appeal Against Orders of the Council/Judicial Review:

Section 31(1) and 31(1A) states:

31. Appeal against orders of the Council

- (1) Any person who is aggrieved by any order made in respect of him by the Council in the exercise of its disciplinary jurisdiction may appeal to the High Court, and the High Court, and the High Court may thereupon affirm, reverse or vary the order appealed against or may give such direction in the matter as it thinks proper, the cost of the appeal shall be in the discretion of the High Court.*
- (2) The decision of the High Court upon such appeal shall be final.*
- (3) The practice in relation to any such appeal shall be subject to the rules of court application in the Court;*

Provided that the High Court shall not have power to hear any appeal against an order made under section 30 unless notice of such appeal was given within one month of the service of the order in the prescribed manner:

31A. Restoration of name to Register

- (1) No person whose name has been struck off from the Register under the provisions of paragraph (i) of section 10 shall thereafter be entitled to be registered as a medical practitioner under the provisions of this Act, but the Council may, if it thinks fit in any case to do so, on the application of the person concerned, order that the name of such person be restored to the Register; and where the name of a person has been suspended from the Register.*

As of 31st December 2008, there were a total of 31 appeal cases pending at the High Court. The types of ethical offences, the punishment meted and its statuses are summarized in Appendix XIV.

CHAPTER 6

COMPULSORY SERVICE

The compulsory national service commenced in 1971 when the Medical Act 1971 (Act 50) was enacted. Every fully registered practitioner has to serve a minimum period of three years within the public services (as defined under Article 132 of the Federal Constitution) to overcome the shortage of medical practitioners in the country in a medical post as ordered by the Director General of Health. This provision is stipulated in Part VII of the Medical Act 1971.

In 1997, the Cabinet approved the proposal to give either partial or full exemption of compulsory service to Malaysian medical officers or specialists working abroad who wished to come back and serve the country. They were allowed to work in the private sector provided they also performed community service in government hospitals or clinics. As an incentive to attract more Malaysian specialists abroad to come back and serve the country, the Honorable Health Minister agreed to revise the previous directive for compulsory service. In September 2004, the Cabinet agreed to the new revised compulsory service directives and it came into force immediately. The current criteria imposed for exemption from compulsory service are as follows:

- (a) Aged 45 years old and above, regardless of having postgraduate degrees or otherwise.
- (b) Having postgraduate qualifications in need in Malaysia as prescribed by the Committee on Exemption of Compulsory Service.
- (c) To work in public or private universities or military hospitals provided the practitioner serves the institution for a continuous period of 3 years.

Since the new incentive was introduced, a number of Malaysian practitioners working overseas have return to serve the country. The graph below shows the number of practitioners benefited from the compulsory services relaxation for the years 2006-2008.

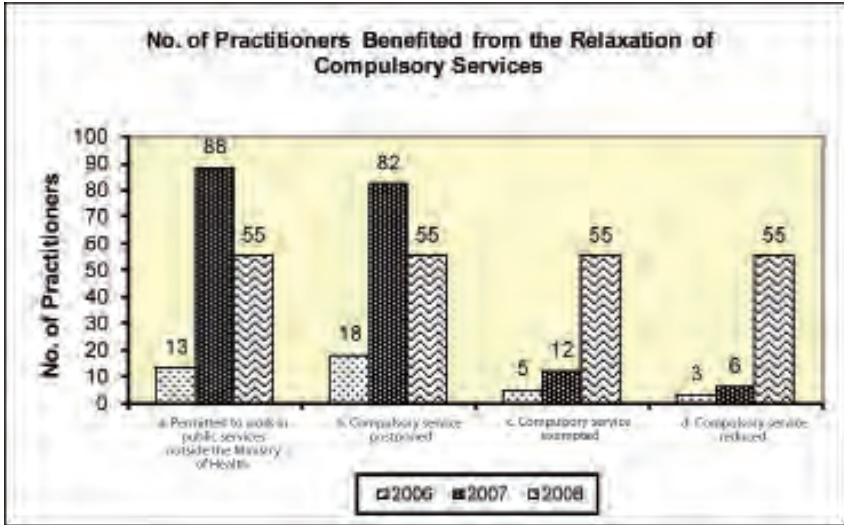


Table 6.1.: number of practitioners benefited from the compulsory services relaxation, 2004-2008.

CHAPTER 7

BUDGET AND EXPENDITURE OF THE COUNCIL:

Income:

Although the Council is a corporate body with its own power and authority, it receives its financial and administrative manpower support from the Ministry of Health.

Income generated by the Council for Years 2006-2008:

SOURCES OF INCOME	AMOUNT (RM)		
	2006	2007	2008
1. APC	555,984.00	541,740.00	566,970.00
2. TPC		18,600.00	49,550.00
3. Provisional Registration	77,800.00	51,500.00	43,840.00
4. Full Registration Fees		29,720.00	35,000.00
5. Fine for late APC applications	70,000.00	70,000.00	76,711.00
6. Qualifying Examination fees	3,600.00	3,600.00	6,800.00
TOTAL	707,384.00	718,360.00	778,871.00

All income generated by the Council is credited into the Government's consolidated account.

Expenditure:

The expenditure of the Council is paid out of the annual budget of the Ministry of Health. Details of the expenditure by item and year are given in Appendix XV. In general, there is an annual increase of 5%.

CHAPTER 8

THE SECRETARIAT TO THE COUNCIL

Schedule 1, para 4 of the Medical Act 1971 stipulates that the Secretary of the Council is an officer of the Ministry of Health appointed by the President of the Council.

Dr. Hj. Wan Mazlan bin Hj. Mohamed Woojdy is the present Secretary of the Council since December 2002. He is entrusted to ensure the smooth day to day function of the Council.

The Legal Officer of the Secretariat is Mr. Perumal Chinaya who assists and advises the Secretariat and the Council in its day to day judicial role as well as coordinating the activities of the Legal Advisors. The Council has engaged the services of six firms of Legal Advisors, one for each Preliminary Investigation Committee and the Council. The list of the legal advisors is as shown in the Ethics and Discipline Chapter.

The Secretariat consists of 14 permanent and 12 temporary staff at the main office in Putrajaya and 4 permanent and 10 temporary staff at the branch office in Kuala Lumpur. With the increasing number of registered medical practitioners and their problems yearly, the demand for the workforce of the Secretariat has increased as well to satisfy the needs of the Council and the doctors as well.

Besides the permanent workforce, there is on average of about 5-10 staff from other departments within the MOH working overtime at the Council after office hours on a daily basis. To avoid the RM50 penalty, if the APC applications reach the Council after 30th November, ironically, the majority of the practitioners usually submit towards the later part of the year. Hence, to cater for the 'tsunami', the number of part timers had to be increased to almost two-fold.

The organizational chart of the secretariat is shown in Figure 1.

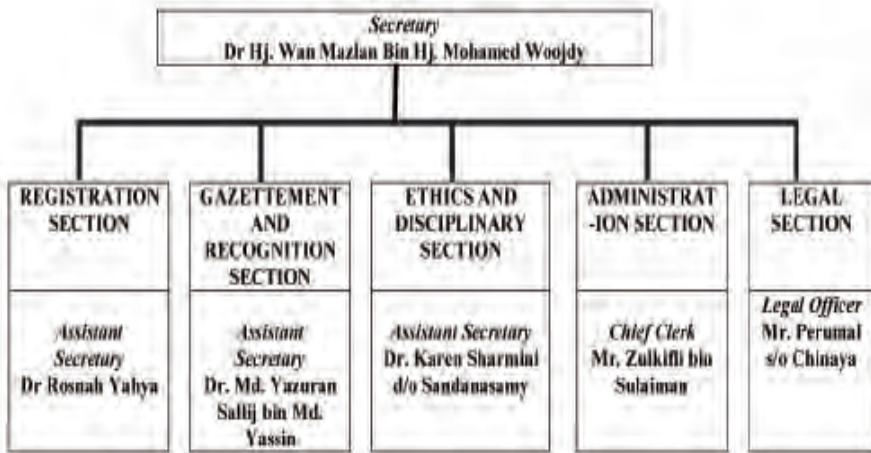


Figure 1: Organizational chart of the Secretariat.

APPENDICES

Appendix I: The outcome of the interview-meeting forwarded to the Council by the Medical Review Panel with recommendations in 2008:

No.	Case	Outcome
1.	Diagnosed as having depression with an addiction to heroine.	To continue with Full Registration and to be evaluated every six months. Interview session will be held every 6 months continuously for 2 years.
2.	Diagnosed as having Major Depression.	To continue with Full Registration and to be evaluated by the MRP in a year.
3.	Diagnosed as having Major Depression.	Granted Conditional Full Registration and to be assessed again in a year.
4.	Reported to be suffering from Hypomania and was diagnosed as Bipolar Affective Disorder.	Granted Conditional Full Registration and to be assessed again in a year.
5.	Reported to be suffering from Depression.	Full Registration was not granted and to be assessed again by the MRP.
6.	The practitioner was not present throughout the evaluation.	The practitioner did not attend the scheduled interviews. A decision was made to call the practitioner for the subsequent MRP session.
7.	Diagnosed as Major Depressive Disorder.	Members of the panel agreed that the practitioner is allowed to continue the housemanship training and to be assessed again in six months.
8.	Reported as having Adjustment Disorder with Depressive Mood.	Granted Conditional Full Registration: To practice medicine under supervision and to be assessed again in a year.
9.	Diagnosed as Bipolar Affective Disorder.	Granted Conditional Registration : To practice medicine under supervision and to be assessed again in a year.
10.	Reported to have a problem with anger management and noted not to have any psychiatric illness.	Members of the panel agreed that the practitioner is not suffering from any psychiatric illness and therefore suggested that this case is to be brought to the attention of the Medical Qualifying Board for evaluation.
11.	Diagnosed to have Social Anxiety Disorder and Depression.	Members of the panel suggested that the practitioner continue the Housemanship training at Hospital Ipoh. The panel also suggested that the practitioner continue to get psychiatric treatment at Hospital Ipoh and to be assessed again after 3 months.
12.	The practitioner was noted to be behaving weird during an inquiry conducted by the MMC. Therefore, it was decided that the practitioner should be evaluated by the MRP.	Members of the panel noted that the practitioner is suffering for a mental disturbance. Therefore, it was suggested that the practitioner undergo a full psychiatric assessment at HKL to determine a fit mental and functional ability. The practitioner will be evaluated again by the MRP after the full psychiatric assessment.
13.	Reported to be suffering from "Panic Disorder with Secondary Depression and Schizophrenia.	Full Registration was not granted and the practitioner will be evaluated again before being granted permission to continue housemanship. Reevaluation will be conducted once the practitioner has been diagnosed stable to practice by a treating consultant issued along with the medical report.
14.	Diagnosed as having depression with a stable mitral valve prolapse.	Full Registration was granted.
15.	Reported to be suffering from stress due to overload of work and communication problems with peers.	Full Registration was granted
16.	Diagnosed as having major depression with personality disorder.	Application for full registration was postponed and the practitioner has to undergo housemanship again for a year and has to be evaluated by the members of the panel prior to reapplication of full registration.
17.	Diagnosed as having "Adjustment disorder with depression"	Full Registration was granted

18.	Reported to be suffering from schizophrenia, auditory hallucinations, thought broadcasting and delusion. The practitioner is not treatment and therefore mental status is not stable.	A suggestion was made that the practitioner does not undergo housemanship at this critical period where urgent psychiatric evaluation and treatment is recommended.
19.	Reported to be suffering from schizophrenia and mental instability.	The practitioner did not attend the scheduled interview as was emotionally unstable. A new date was given.
20.	The practitioner was initially diagnosed to be schizophrenic and subsequently treated for schizo-affective disorder. Currently on treatment since 1994. The practitioner still has symptoms and has not shown signs of improvement yet.	Full registration with condition was granted where the practitioner will be evaluated after a year from the date of registration. To be evaluated again after 2 years by the members of the panel.
21.	Reported as suffering from "psychotic depression".	Full registration with condition was granted and for evaluation later.
22.	Diagnosed schizophrenic.	Full registration with condition was granted and for evaluation in a year.
23.	Reported as suffering from "Adjustment Disorder with depressed mood".	Full registration was granted without condition.
24.	Diagnosed as schizophrenia with 'migraine headache'. Reported as having "panic attack with depression".	Full registration was not granted. A comprehensive psychiatric assessment was recommended. An evaluation should be done by the MRP once confirmed stable by a treating physician.
25.	Diagnosed as having "Major Depressive Disorder" and "Acute Stress Reaction". Diagnosed as suffering from depression secondary to family problems.	Full registration was not granted as the practitioner was not stable from mental disturbances. Full registration was granted.
26.	Reported as suffering from depression.	Full registration was granted.
27.	Diagnosed as suffering from recurrent posterior scleritis with the possibility of multiple sclerosis.	Granted full registration with condition and to be assessed again in a year. Full registration was granted.
28.	Diagnosed as suffering from "Adjustment Disorder".	Full registration was not granted. The practitioner requires a more comprehensive psychiatric evaluation.

Appendix II: The outcome of the interview-meeting forwarded to the Council by the Medical Review Panel with recommendations in 2008:

No.	Case	Outcome
1.	Reported to have breached the Code of Professional Conduct and found to be consuming dependence drugs.	His appeal for full registration was rejected.
2.	Suffering from schizophrenia which was noticed to have jeopardized patient safety during housemanship training. Not under psychiatrist follow-up or treatment.	The practitioner has to complete 4 months in paediatrics posting and subsequently will be reevaluated with reports from the Paediatrics supervisor in charge as well as the treating Psychiatrist.

Appendix III: List of 38 hospitals approved for the training as at 31 December 2008:

Bil.	Name of Hospitals	No. of allocated House Officers
1	Hospital Kangar	47
2	Hospital Alor Star	71
3	Hospital Sungai Petani	49
4	Hospital Pulau Pinang	90
5	Hospital Seberang Jaya	39
6	Hospital Taiping	58
7	Hospital Ipoh	95
8	Hospital Teluk Intan	55
9	Hospital Manjung-Lumut	35
10	Hospital Kuala Lumpur	179
11	Hospital Putrajaya	31
12	Hospital Tengku Ampuan Rahimah	88
13	Hospital Selayang	53
14	Hospital Serdang	40
15	Hospital Kajang	37
16	Hospital Seremban	82
17	Hospital Kuala Pilah	40
18	Hospital Melaka	78
19	Hospital Muar	52
20	Hospital Sultanah Aminah, JB	98
21	Hospital Batu Pahat	37
22	Hospital Tengku Ampuan Afzan	68
23	Hospital Temerloh	38
24	Hospital Kuala Terengganu	76
25	Hospital Kota Bharu	80
26	Hospital Umum Sarawak	57
27	Hospital Sibu	51
28	Hospital Queen Elizabeth	80
29	Hospital Tawau	25
30	HUKM	72
31	HUSM	63
32	PPUM	82
33	Hospital Sungai Buloh	46
34	Hospital Ampang	28
35	Hospital Kulim	36
36	Hospital Sultan Ismail	44
37	Hospital Miri	36
38	Hospital Sandakan	38
	TOTAL	2274

Appendix IV:

Number of Medical Practitioner Provisionally Registered According to Institution Awarding the Degree, 2006 to 2008:

SOURCE	2006	2007	2008
Local Public institutions			
Universiti Malaya	143	212	207
Universiti Kebangsaan Malaysia	160	211	202
Universiti Sains Malaysia	152	170	183
Universiti Putra Malaysia	81	87	104
Universiti Malaysia Sarawak	95	79	66
International Islamic University of Malaysia	86	92	90
Universiti Malaysia Sabah	0	0	30
UiTM	0	0	19
TOTAL	717	851	901

Local Private institutions			
International Medical University	113	115	160
Penang Medical College	33	63	0
Perak Medical College	0	0	0
Melaka-Manipal Medical College	146	182	369
Asian Institute of Medical Sciences and Technology (AIMST University)	0	0	102
TOTAL	292	360	631
Foreign institutions	113	323	881

GRAND TOTAL	1,122	1,534	2,413
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Appendix V:**Number of Foreign Practitioners Granted Registration Under Uection 14(3)
According to Sector and Employer Between 2006 and 2008:**

a. Public Sector:		2006	2007	2008
1.	Ministry of Health	77	54	123
1.	Universiti Kebangsaan Malaysia	8	9	13
2.	University of Malaya	23	24	25
3.	Universiti Sains Malaysia	21	24	20
4.	Universiti Malaysia Sabah	17	15	12
5.	Universiti Putra Malaysia	3	2	3
6.	Universiti Utara Malaysia	0	0	0
7.	Universiti Islam Antarabangsa Malaysia	6	1	13
8.	Universiti Malaysia Sarawak	6	16	4
9.	Universiti Teknologi Mara	2	3	19
10.	Armed Forces Malaysia	16	0	13
11.	Universiti Malaysia Perlis	0	1	0
TOTAL		179	149	245

b. Private Sector:				
Private Medical Colleges				
1.	International Medical University	8	4	13
2.	Melaka-Manipal Medical College	19	15	40
3.	Perak Medical College/ KL Univ. Royal College of Medicine Perak	0	3	2
4.	Asian Institute of Medical Sciences and Technology (AIMST University)	5	7	17
5.	Penang Medical College	3	0	0
6.	Monash University Sunway Campus	0	1	5
7.	University College Sedaya International	4	3	12

Private Healthcare Facilities				
1.	Bakun Hydroelectric Project	1	0	0
2.	Berjaya Resort	2	0	1
3.	Damai Service Hospital	0	0	1
4.	Dewan Bandaraya Kuala Lumpur	3	2	0
5.	Gribbles Pathology (M) Sdn. Bhd.	1	0	0
6.	Hospital Lam Wah Ee	0	0	0
7.	Hospital Pakar Ampang Puteri	0	0	0
8.	Hospital Pantai Mutiara	0	1	0
9.	National Heart Institute	3	6	9
10.	Klinik Raj dan Rakan-Rakan	0	1	0
11.	Klinik Ruslan Amin, Lahad Datu	0	0	0
12.	Mount Miriam Hospital	2	2	1
13.	Nilai Cancer Institute	1	1	1
14.	Nilai Medical Centre	0	0	
15.	Normah Specialist Medical Centre	3	0	2
16.	Penang Adventist Hospital	2	1	1
17.	Prince Court Medical Centre/Petronas	1	0	0
18.	Pusat Kesihatan Pemulihan Kuala Lumpur Rotary PERKIM	0	0	0
19.	Putra Specialist Hospital	0	2	1
20.	Sabah Family Planning Association	1	0	
21.	Sabah Medical Centre	1	1	0
22.	Southern Hospital	0	0	
23.	Tun Hussein Onn Eye Hospital	0	0	0
24.	Wijaya Baru Medical Services / Wijaya International Medical Centre	1	1	1
25.	Yayasan Al Bukhary	0	0	0
TOTAL		61	51	107
GRAND TOTAL		240	200	352

Appendix VI: Number of Temporary Practicing Certificates Issued According to Institutions, 2006-2008:

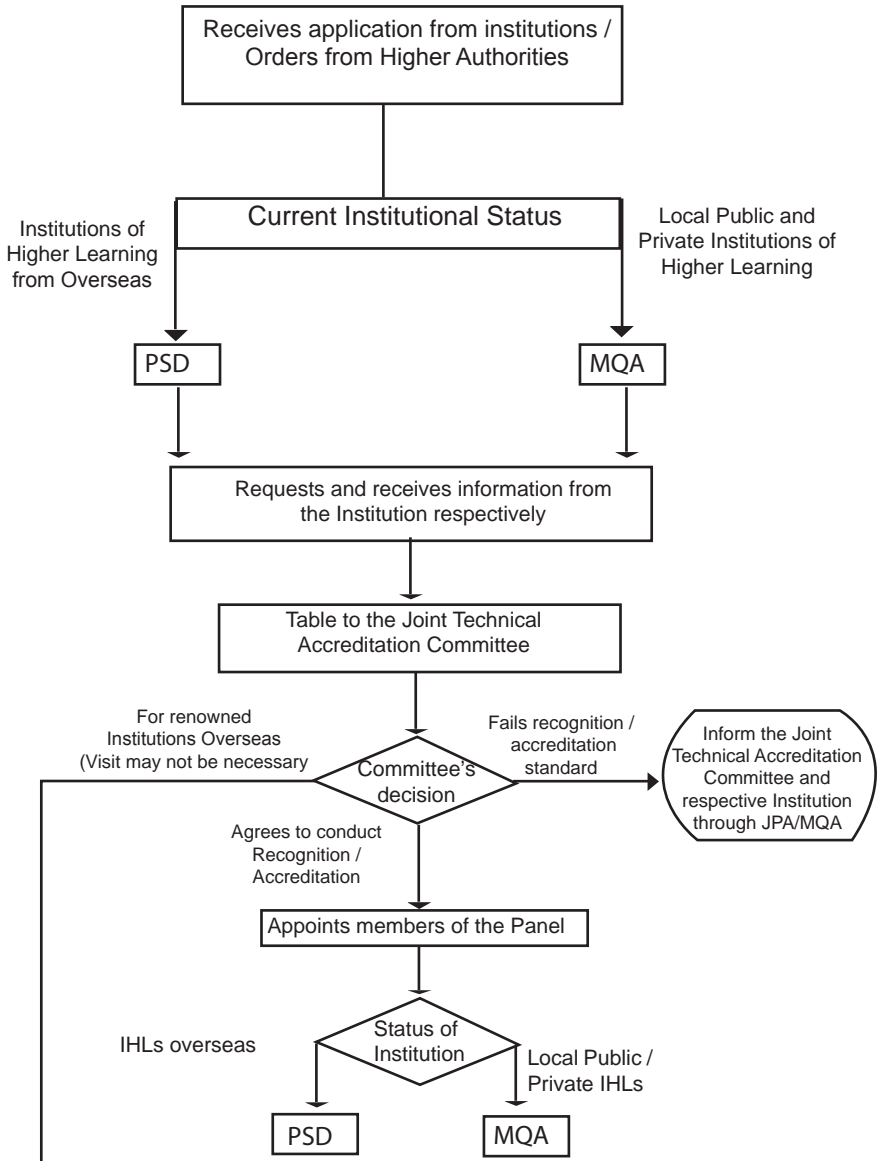
INSTITUTIONS/INDIVIDUALS	2006	2007	2008
A. Universities/Colleges:			
1. Hospital Universiti Sains Malaysia and Universiti Sains Malaysia	129	136	35
2. Hospital Universiti Kebangsaan Malaysia	130	101	40
3. Melaka-Manipal Medical College	0	0	7
4. Penang Medical College	0	0	0
5. University of Malaya / UMMC	102	76	96
6. University Malaysia Sarawak	0	0	3
7. International Islamic University Malaysia	0	1	2
8. University Putra Malaysia	1	1	5
9. University Technology MARA	0	1	4
10. ANCC Medical College	0	0	4
11. International Medical University	0	0	3
12. USCI Medical College	0	0	3
13. AIMST University	0	0	4
B. Healthcare Facilities			
14. Ampang Putri Medical Centre	1	1	0
15. Gleneagles Medical Centre	6	2	5
16. Hospital Duchess Of Kent	0	0	1
17. Hospital Alor Setar	0	0	2
18. Hospital Ipoh	2	1	2
19. Hospital Johor Bharu	0	0	2
20. Hospital Kuala Lumpur	15	15	8
21. Hospital Kuala Terengganu	0	0	0
22. Hospital Lam Wah Ee	0	0	3
23. Hospital Melaka	0	0	1
24. Hospital Pulau Pinang	4	4	6
25. Hospital Putrajaya	2	2	5
26. Hospital Selayang	2	2	4
27. Hospital Sibu	0	0	0
28. Hospital Sultanah Fatimah Muar	2	0	0
29. Hospital Queen Elizabeth	0	1	0
30. Hospital Serdang	0	4	6
31. Hospital Tuanku Jaafar Seremban	1	2	1
32. Hospital Sungai Petani	0	0	0
33. Hospital Umum Sarawak	2	0	1
34. Hospital Tg. Ampuan Afzan	0	0	9
35. Island Hospital	0	1	1
36. National Heart Institute	77	50	21
37. Normah Specialist Medical Centre	0	0	0

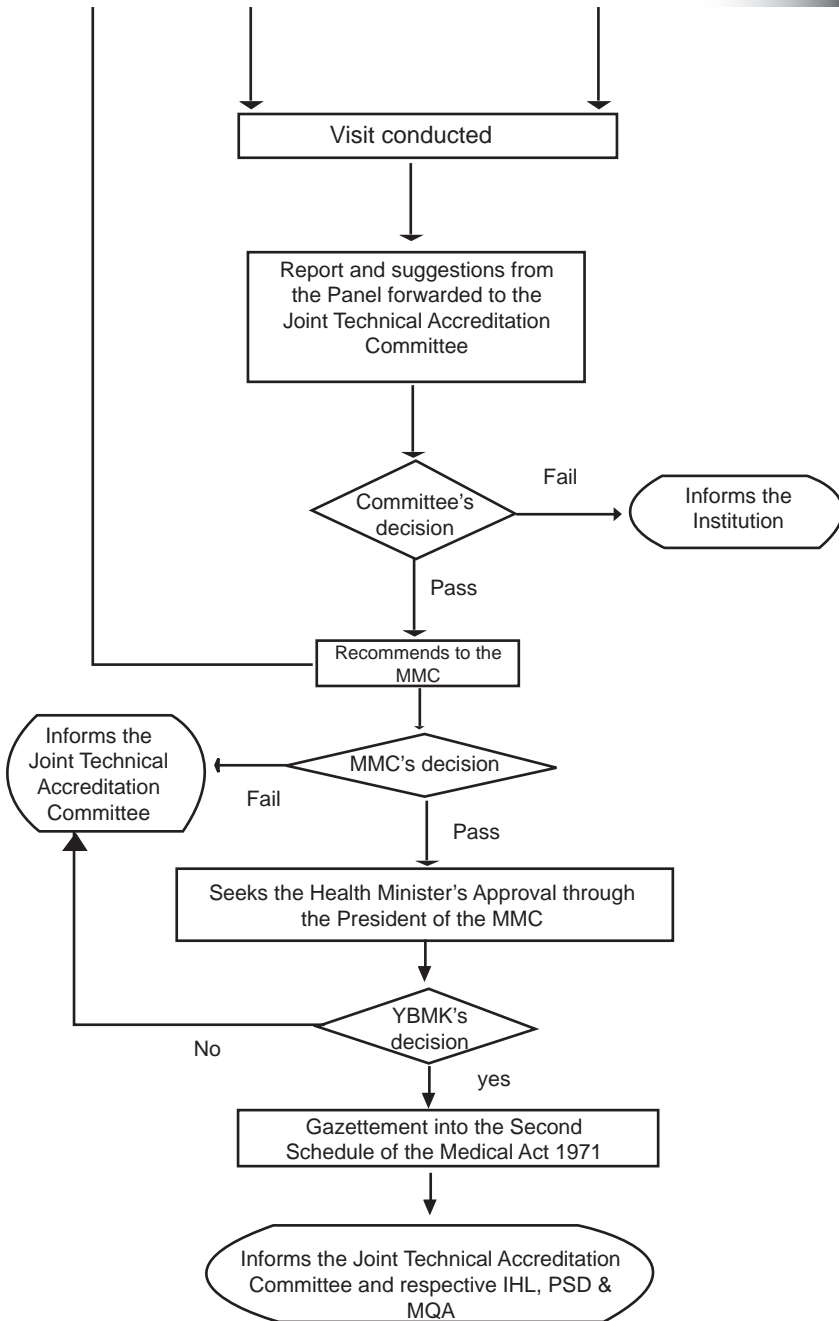
38.	Pantai Medical Centre	4	0	1
39.	Penang Adventist Hospital	0	3	7
40.	Sabah Medical Centre	0	0	1
41.	Sri Kota Medical Centre	0	0	2
42.	Subang Jaya Medical Centre	2	0	6
43.	Sunway Medical Centre	1	2	0
44.	Tun Hussein Onn National Eye Hospital	1	6	4
45.	Nilai Cancer Hospital	0	2	0
46.	Prince Court Medical Centre	0	3	5
47.	Putra Hospital Melaka	1	0	0
48.	Damansara Specialist Hospital	1	0	1
49.	Loh Guan Lye Hospital	0	0	1
50.	HSC Medical Center	0	0	2
51.	Gleneagles Intan Medical Center	0	0	2
52.	Ministry of Health	0	0	24
TOTAL		535	523	332

Appendix VII: Results of Examination Under Section 12(1)(aa) According to Examining Body for 2008:

	MARCH			OCTOBER		
	UKM	USM	UM	UKM	USM	UM
Number of new candidates registered	No examination held	No examination held	4	14	No examination held	8
Number of repeat candidates			0	15		16
Total number registered			4	29		24
Number deferring examination			2	19		10
Actual number of candidates sat			2	10		14
Fail (1st attempt)			2	5		6
Fail (2nd attempt)			0	0		2
Fail (3rd attempt)			0	0		1
Total number of failures			2	5		9
Number Passed			0	5		5
Percentage Passed			0	50		35.71

Appendix VIII: The Accreditation-Recognition Process of Medical Training Institutions:





KEYS:

IHL : Institutions of Higher Learning
 PSD : Public Service Department (JPA)
 MQA : Malaysian Qualifications Agency
 MMC : Malaysian Medical Council
 JTPPP : Joint Technical Committee
 YBMK : The Honourable Health Minister

Appendix IX:**Number of House Officers Extended According to Disciplines in 2008:**

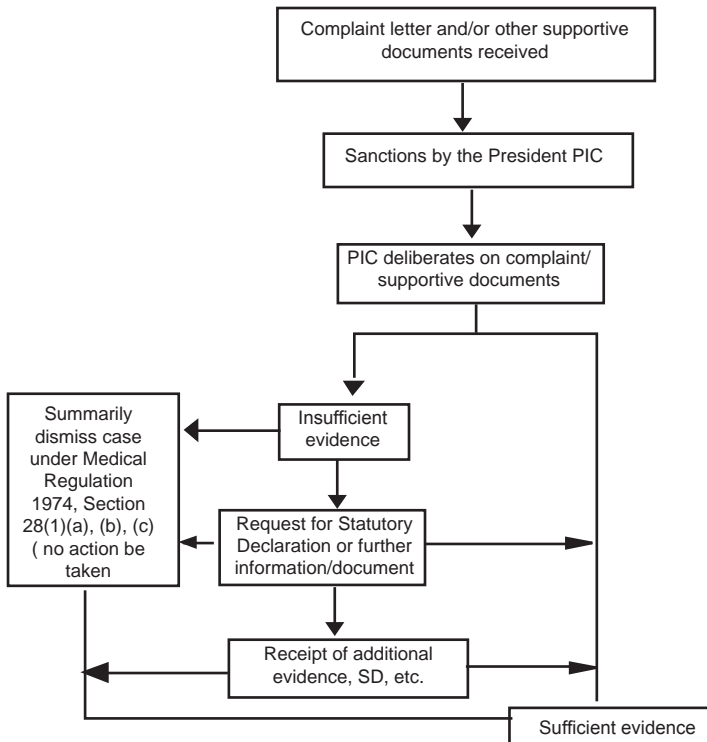
DISCIPLINES	MEDICINE	PAEDIATRICS	OBS & GYNAE	SURGERY	ORTHOPAEDICS
YEAR	06 07 08	06 07 08	06 07 08	06 07 08	06 07 08
Poor Work Performance	8 9 14	6 7 3	11 9 25	5 7 8	3 3 5
Exceeded leave Entitlement	7 6 3	5 6 1	7 5 7	3 4 1	1 2 1
Sick/Maternity Leave	2 4 5	1 3 2	3 2 9	6 3 5	2 1 6
Unrecorded/ Unpaid Leave	3 4 2	5 1 0	0 2 1	0 2 1	1 0 1
Others	1 2 1	7 3 3	7 6 32	5 3 11	0 5 5
TOTAL	21 26 25	22 20 9	28 24 74	19 19 26	7 11 18

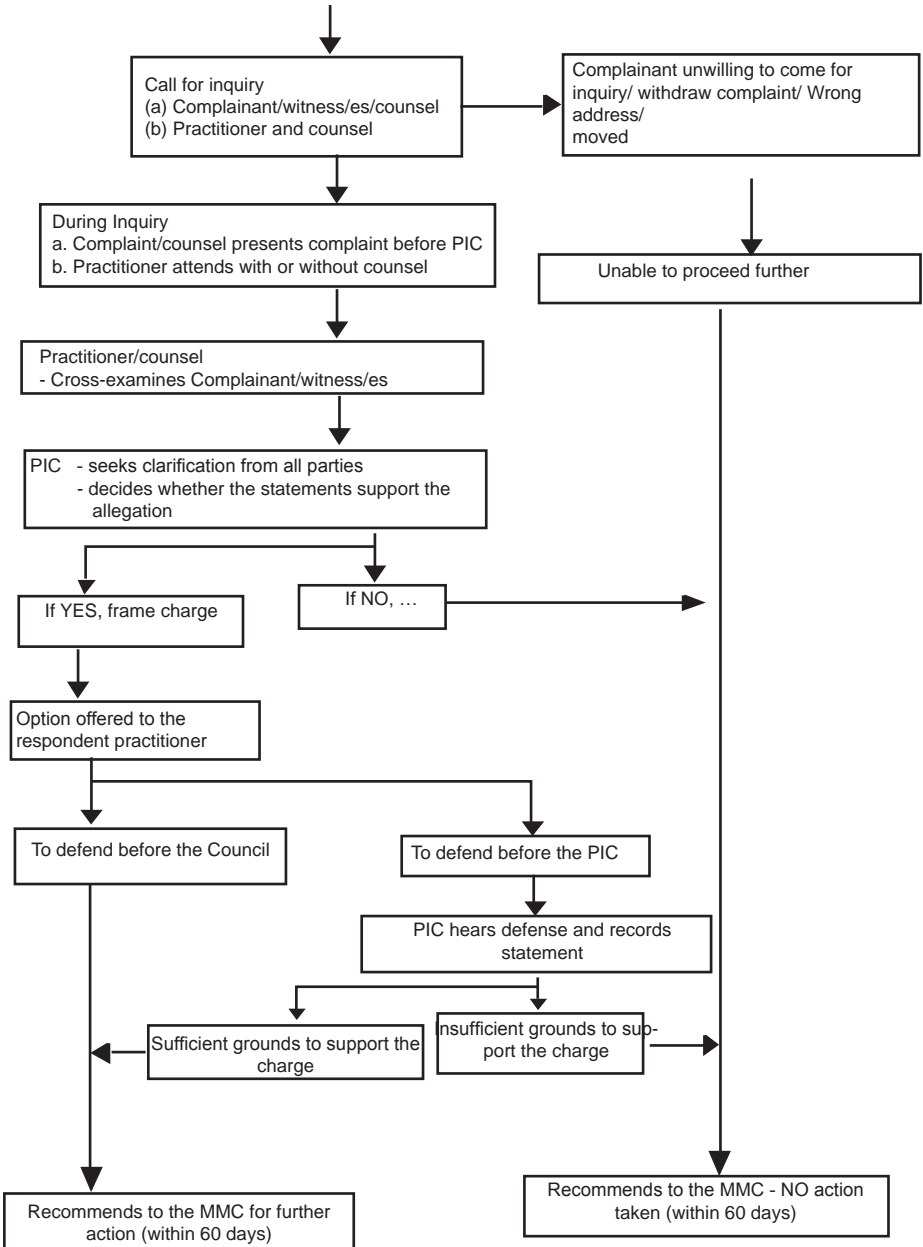
Appendix X: Number of House Officers Extended According to Training Centres, 2006-2008:

TRAINING CENTRES	2006	2007	2008
1. Hospital Alor Setar, Kedah	11	10	6
2. Hospital Ipoh, Perak	7	8	0
3. Hospital Kajang	0	0	0
4. Hospital Kangar	0	1	6
5. Hospital Kota Bharu	9	27	8
6. Hospital Kuala Lumpur	13	25	12
7. Hospital Kuala Pilah	0	0	1
8. Hospital Kuala Terengganu	5	5	0
9. Hospital Melaka	0	1	2
10. Hospital Muar	1	1	7
11. Hospital Putrajaya	0	0	0
12. Hospital Queen Elizabeth (incl. Hospital Likas)	5	9	7
13. Hospital Seberang Jaya	5	3	12
14. Hospital Selangor	4	4	4

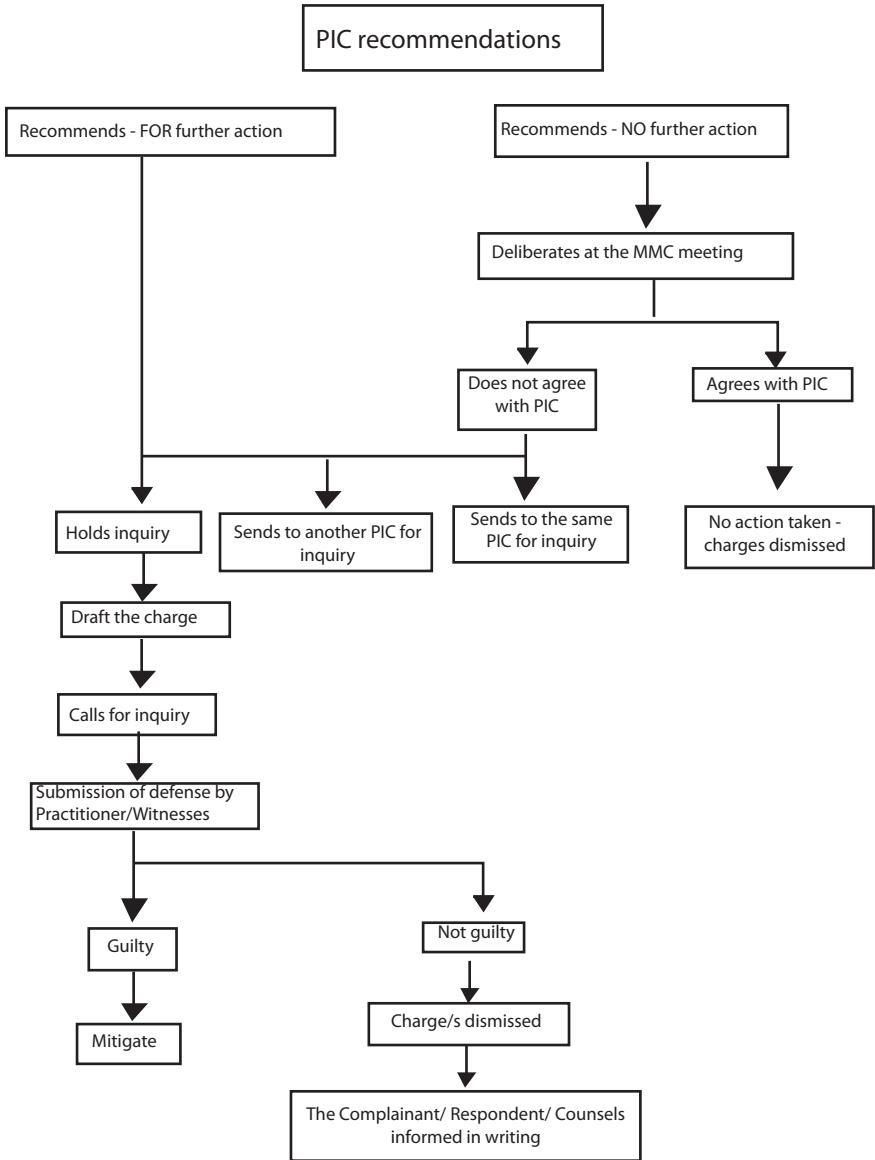
15.	Hospital Seremban	5	7	4
16.	Hospital Seri Manjung	2	4	2
17.	Hospital Sibu	0	0	2
18.	Hospital Sultanah Aminah	9	13	12
19.	Hospital Sungai Petani	0	0	8
20.	Hospital Taiping	0	0	7
21.	Hospital Tawau	0	2	1
22.	Hospital Teluk Intan	2	1	2
23.	Hospital Tengku Ampuan Afzan, Pahang	6	2	1
24.	Hospital Tengku Ampuan Rahimah Klang	8	7	3
25.	Hospital Pulau Pinang	5	6	10
26.	Hospital Umum Sarawak	7	4	14
27.	Hospital Universiti Kebangsaan Malaysia	0	0	1
28.	Hospital Universiti Sains Malaysia	0	2	1
29.	Pusat Perubatan Universiti Malaya	14	11	7
30.	Hospital Temerloh	0	1	3
31 .	Hospital Batu Pahat	3	0	4
TOTAL		121	154	152

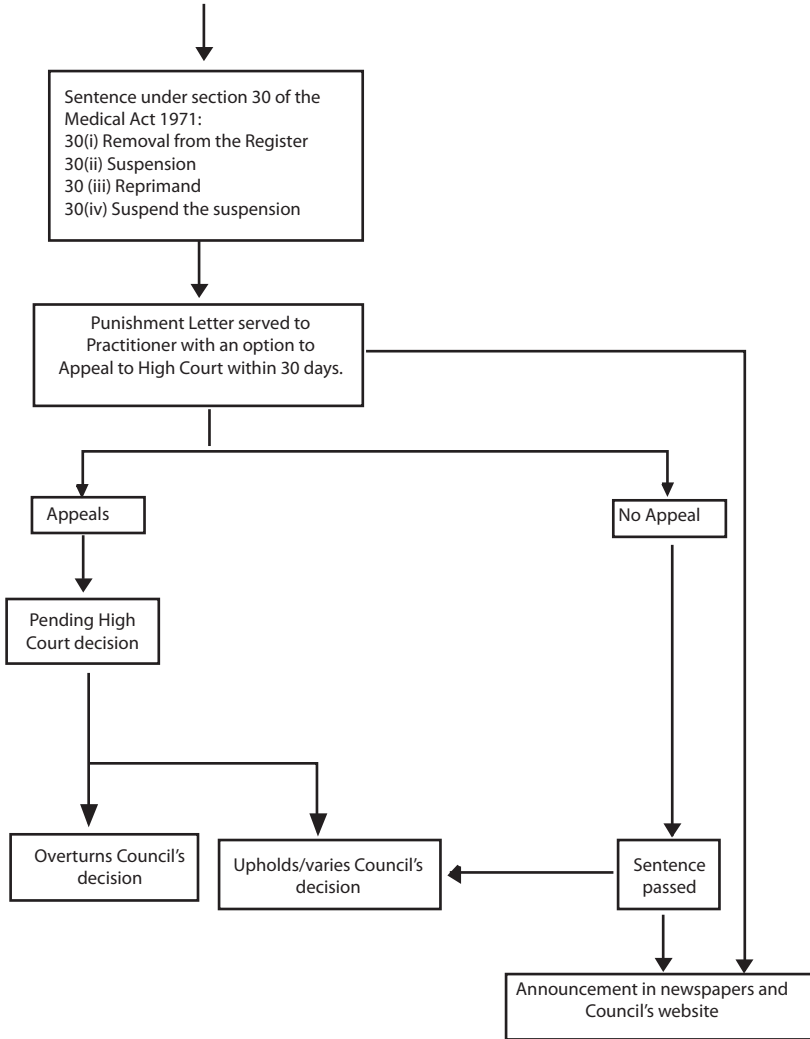
Appendix XI: Flow Chart for the PIC Hearing





Appendix XII: Flow Chart for the MMC Hearing





Appendix XIII: Membership of the five Preliminary Investigation Committees:

PIC I	PIC II
Dato' Dr Mahmud bin Mohd. Nor - Chairman	Dato' Dr. Megat Burhanuddin bin Megat Abdul Rahman – Chairman
Dato' Dr Ismail bin Saad	Dr. Rahim bin Omar
Dato' Dr. George Ananda	Dato' Dr. Radhakrishnan
Dato' Dr. T. Selvaprakasam	Dr. A. K. Mukherjee
Brig. Gen. (B) Dato' Dr. Samsudin bin Hussain	Prof. Dato' Dr. Raja Khuzaiah binti Raja Abdul Razak
Dr. Ng Chuan Wai	Dato' Dr. J.C. Mehta
LEGAL ADVISOR	LEGAL ADVISOR
Messrs Jasbeer, Nur , Hakimah & Rajpal	Messrs Ram Rais & Partners
COORDINATOR	COORDINATOR
Mr. C. Perumal	Dr. Karen Sharmini

PIC III	PIC IV
Dr. Ng Kok Ying- Chairman	Prof. Dr. Victor Lim Kok Eow – Chairman
Prof. Madya Dato' Dr. Sirajoon Noor b. S. M Abdul Ghani	Prof. Emeritus Datuk Dr. Alexius Ernald Delilkan
Prof. Dato' Dr. S. Selvarajah	Datuk Dr. P. Krishnan
Dr. Arlene Francis Fung Ngan	Prof. Dato' Dr. Abu Hassan Asaari bin Abdullah
Dr. Tee Lian Kim	Prof. Dato' Dr. (Mrs) Kew Siang Tong
Dr. Musa Mohd. Nordin	Maj. Jen. (R) Dato' Pahlawan Dr. R. Mohanadas
LEGAL ADVISOR	LEGAL ADVISOR
Messrs Gurdev & Co	Messrs Mazlan & Associates
COORDINATOR	COORDINATOR
Mr. C. Perumal	Mr. C. Perumal

PIC V
Dr. Ong Hean Choon – Chairman
Dato' Dr. Jeyaindran s/o Tan Sri Sinnadurai
Prof. Dr. Saimy @ Saman Ismail
Prof. Dr. Abdul Latiff B. Mohamed
Dr. MMS Krishnan
Datuk Dr. Abdul Gani B. Mohammed Din
LEGAL ADVISOR
Messrs Hafarizam Wan & Aishah Mubarak
COORDINATOR
Mr. C. Perumal

Appendix XIV: TYPES OF ETHICAL OFFENCES AND DISCIPLINARY PUNISHMENT METED OUT IN 2008

No	Types of Ethical Offences	Disciplinary Punishment	Status
I.	<p>Falsely claiming to be a graduate of a local University whereas he was actually a foreign graduate. Repeatedly absconding from his place of practice and making false accusation of wrongful dismissal against his employers and subsequently demanding monetary compensation.</p>	Deregistered	Appealed to High Court
II.	<p>Associating with an unqualified and unregistered person, by allowing him to attend, treat and prescribe scheduled drugs to a patient, without her or any other registered practitioner's immediate personal supervision.</p>	Deregistered	Did not appeal against punishment- Practitioner untraceable
III.	<p>Employing and associated himself with an unqualified and unregistered person and permitted the said person in his absence or without his or any other registered medical practitioner's immediate supervision to attend, treat and prescribe scheduled poisons to a patient in breach of the Poison's Act 1952.</p>	Suspended for 6 months	Undergone punishment
IV.	<p>Disregarding and/ or neglecting his professional responsibilities in:-</p> <ol style="list-style-type: none"> i) Despite being informed of the patient's specific election for an open procedure, went against the wishes of the patient and performed a Laparoscopic Assisted Vaginal Hysterectomy. ii) Not explaining the risks to the patient, not giving prior notification to the patient nor seeking the consent of the patient; and iii) Failing to carry out competent and considerate inquiries post surgically to ascertain the well being of the patient and failing to provide appropriate and prompt action upon confirmation of the perforation of the patient's large intestine. 	Suspended for a period of 1 year but the suspension was suspended for a period of 2 years	Undergone punishment
V.	<p>Employing and/or associating himself with a person not qualified and not registered by permitting him, in his absence and without his or any other registered medical practitioner's immediate personal supervision to attend, treat and prescribe scheduled poisons to a patient in contravention of the Poison's Act 1952.</p> <p>He had also been charged in Court and pleaded guilty at the Magistrate Court for conspiring with and permitting the said person to attend, treat and prescribe scheduled poisons in contravention of the Poison's Act 1952 to a patient in his absence and without his and any other registered medical practitioner's immediate personal supervision.</p>	Reprimanded	Undergone punishment

<p>VI. Employing or associating himself with a person not registered as a medical practitioner under the Medical Act to attend, treat and prescribe scheduled poisons to a patient in contravention of the Poison's Act 1952. He was also charged and pleaded guilty and was convicted and fined RM3,000 in default of imprisonment for abetting with the said person to perform the abovementioned illegal act.</p>	<p>Suspended for 6 months</p>	<p>Undergone punishment</p>
<p>VII. Employing and associating himself with a unregistered person to attend and treat a patient at his place of practice without his supervision.</p>	<p>Reprimanded</p>	<p>Appealed to High Court</p>
<p>VIII. Employing and/or associating himself with a person not qualified and not registered and permitting the said person to prescribe and supply scheduled poison to a patient</p>	<p>Suspended for 6 months and the suspension was suspended for 2 years</p>	<p>Undergone punishment</p>
<p>IX. Abuse of professional privilege and disregard of professional responsibilities after pleading guilty and being convicted of an offence for breaches of the Poisons Act 1952 and fined RM 2000 and RM 3000 respectively, in default of 3 month imprisonment by the Magistrates Court.</p>	<p>Suspended for 6 months and the suspension was suspended for 2 years</p>	<p>Undergone punishment</p>
<p>X. Abuse of professional privilege and skills for producing reports which were untrue, misleading and improper and for not taking the most scrupulous care in issuing documents in relation to medical examination carried out on foreign workers.</p>	<p>Suspended for 6 months</p>	<p>Undergone punishment</p>
<p>XI. Disregarding and neglecting professional duties in failing to inform a patient that he was going to start a vaginal digital examination after a Pap Smear examination</p>	<p>Reprimanded</p>	<p>Undergone punishment</p>
<p>XII. For using the patient's Medical Report, as an exhibit in her affidavit in a civil suit at the High Court without obtaining the consent of the patient when such information can only be released or disclosed on the strict instruction of the patient.</p>	<p>Suspended for 3 months</p>	<p>Undergone punishment</p>
<p>XIII. Neglecting and disregarding his professional responsibilities in failing to provide competent and considerate professional management by failing to explain the details of the procedure performed, other possible alternatives and the complications that may arise during surgery.</p>	<p>Reprimanded</p>	<p>Undergone punishment</p>
<p>XIV. Conducting himself in a manner derogatory to the reputation of the medical profession in that he had sexually harassed and/or molested his patient while examining her without the presence of a chaperone.</p>	<p>Reprimanded</p>	<p>Undergone punishment</p>

Appendix XV: Details of Council Expenditure, 2006-2008:

EXPENDITURE	AMOUNT (RM)		
	2006	2007	2008
1. Meetings:			
a. a. MMC meetings	330,617.70	347,148.00	365,506.00
b. Evaluation Committee meetings	15,765.75	16,554.03	17,381.00
c. Committee meetings of the Council (Ethical, Qualifying, Amendment and others)	112,141.00	117,748.00	123,635.00
d. Joint Technical Accreditation meetings and visits	75,105.00	78,860.00	82,803.00
e. Medical Qualifying Board	38,234.00	40,146.00	42,153.00
f. Preliminary Investigation Committees (I-IV)	222,969.00	234,118.00	245,823.00
g. Medical Review Panel	6,010.00	6,311.00	6,626.00
TOTAL	800,842.45	840,885.03	883,927.00

2. Utilities – Phones and Faxes	27,783.00	29,172.00	30,630.00
3. Stationeries, photocopies and consumables	166,752.00	175,089.00	183,844.00
4. Postal services	313,451.00	329,124.00	345,580.00
5. Office automation/equipments.	61,701.00	64,786.00	68,025.00
6. Staff salaries (staff – permanent and temporary)	395,267.00	415,030.00	435,782.00
7. Staff overtime and outstation claims	194,520.00	204,246.00	214,459.00
8. Legal Adviser	688,511.00	722,936.00	759,083.00
9. Gazettement and advertisement	150,160.00	157,668.00	165,551.00
10. Newspapers	2249.00	2361.00	2,479.00
TOTAL	2,000,394.00	2,100,412.00	2,205,433.00