

# MALAYSIAN MEDICAL COUNCIL



## BIENNIAL 2009-2010 **REPORT**

**MALAYSIAN MEDICAL COUNCIL  
BIENNIAL REPORT 2009/2010**

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**EDITORIAL  
BOARD**

<b>ADVISOR</b>	Tan Sri Dato' Seri Dr. Hj. Mohd. Ismail Merican
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## PRESIDENT'S FOREWORD

## FROM THE PRESIDENT'S DESK

My Dear Colleagues,

It gives me great pleasure to write the Foreword for the 2009-2010 Biennial Report of the Malaysian Medical Council.

The Council has made great strides in the registration of our general practitioners over the years. From a meagre number of less than a thousand registered practitioners in 1971 to the current total of almost 30 thousand practitioners. In our efforts to uphold justice, ethics and fair play, the profession had to grapple with daunting challenges from many quarters but each time, diligent decisions will prevail. The colourful figures and doyens of the profession, each eminent in his own capacity, has shaped the Council to its formidable and respectable pedestal today.

It is a known fact that patients of yesteryears have been quite submissive and treated our medical practitioners with the utmost respect. But times have changed and we now have an educated and well informed society that is demanding and fully aware of their rights as patients. We have to be cautious when we issue statements while at the same time, send a strong signal that we brook no nonsense from anybody with regards to professional conduct and practice. Medical practitioners must be fully aware of the Code of Professional Conduct and perform their duties to the best of their ability. They must not take their patients for granted. Sufficient information, for example, must be given to their patients before conducting a procedure or performing an operation, lest they be accused of negligence or dereliction of duty. Even a physician who has been serving someone and his family dutifully for decades may find himself being sued for negligence. It is advisable, therefore, to regard every visit by any patient as a fresh visit, to avoid unnecessary challenges that come with familiarity and complacency.

The provision of healthcare has also changed and several reforms have been introduced, in tandem with what is happening the world over. The role of the private sector has become more significant and our country is moving towards public-private sector integration, starting with primary care. This is part of the 1 care initiative to be introduced by the government when the time is right. Meantime, doctors in the public sector can now do locum in the private sector and specialists in the private sector can also provide sessional services in government hospitals.

The Ministry of Health hopes to distribute the increasing number of registered practitioners in an equitable manner to ensure that the rural and the far flung sectors of the country, especially Sabah and Sarawak, are not deprived of quality health care. While the ratio of doctors in the urban areas has far surpassed the norms set by the World Health Organisation for a developing country, it is acutely lopsided in the rural and remote areas. Unreasonable parents who insist that their children be posted closer to home and interference from the various sectors in the posting exercise have made our efforts all the more daunting. Strategic steps are now being taken to limit the duration of postings to the less popular areas.

Future practitioners will continue to face challenges which include increased competition through globalisation, keeping abreast of the rapid advancements in medical technology, threats of emerging infectious diseases and drug resistance. Whatever the changes, the guiding principle to a practitioner's duty of care to his patients is to heal and provide the best of care. While information technology has been magical in allowing doctors to keep abreast of the latest development in the field of medicine, good communication and soft skills are still invaluable and are useful tools for practitioners to earn the respect and confidence of our patients. While it is good to invest in new technology, one must not ignore or belittle the strength of the human touch. Human kindness, humility, empathy, compassion and concern are timeless ingredients to gain the trust of our patients in order to achieve the desired outcomes.

Globalisation offers a real challenge to local doctors to equip themselves with the latest development in the field of medicine to remain relevant, competitive and maintain a level of medical care that is world class. To achieve a niche in the market one has to be innovative, creative and be research-orientated. However, whatever is being practiced has to be within the parameters of ethics. The hallmark of a modern doctor is one

who blends conventional practice with his own dose of ingenuity, without foraying into the realm of non-evidence based medicine with its unpredictable consequences.

Another issue which is of great concern is the escalating costs of healthcare which has resulted in a heavy burden to the government and employers. The self employed or the unemployed are the worst affected. Every practitioner is expected to keep costs down and refrain from providing services that may not be necessary or incur great costs. Of course, whatever needs to be done has to be explained judiciously to the patients and only when they agree or are convinced, should the practitioner proceed. This will avoid unnecessary misunderstanding and untoward incidents.

The Council in its endeavour to assist and guide its practitioners has come out with guidelines contemporaneous to prevailing circumstances and all this information can be easily accessed through our webpage.

In the current year, the finishing touches had been put to the concept paper for the Corporatisation of the Malaysian Medical Council in the near future in order to provide a more efficient and client-friendly service. More qualified staff and state-of-the-art infrastructure to complement and supplement the current status, is being planned to bring the Council at par with similar organisations the world over. I am confident that the Council and the Secretariat will be ready to undertake the mega task of corporatisation. With that in place, we must all strive to provide even better services to the profession and society.

Before I pen off, I wish to take this opportunity to thank all our registered practitioners for their selfless and sincere contributions to the profession and society at large. It is my fervent hope that each and every registered practitioner continues to practise medicine competently, professionally, ethically, as well as, legally.

I would also like to express my sincere appreciation and heartfelt gratitude to the Council, its Secretariat and all the permanent and contract staff whose invaluable assistance and contributions have ensured the smooth implementation of the Council's decisions.

Thank you.

**Tan Sri Dato' Seri Dr. Hj. Mohd. Ismail Merican**



## SECRETARY'S FOREWORD

## From the Secretary's Desk

The last two years had been tough but fruitful, producing both tangible and intangible results amidst various shortcomings, challenges and workloads. However, with anticipation of **Professional Excellence**, the President had benevolently taken it on himself to inculcate the shared mission to produce practitioners acceptable to the general public. Coupled with the unwavering determination and support from the esteemed Council members, the Council had worked tirelessly to achieve numerous accomplishments over the last two years. Some of the notable of the very many outcomes are highlighted here as follows:

1. Conduct of election of Council members for West Malaysia.
2. Conduct of attachment and training programme for medical graduates from unrecognized institutions.
3. Consolidating corporatization activities for the Council.
4. Enhancing the official website as well improving the data.
5. Revamping and consolidating houseman training from one year to two years.
6. Accreditation of several medical programmes.
7. Organizing annual meetings with Council members, Preliminary Investigation Committees, legal advisors and various stakeholders.
8. Ensuring timely issuance of Annual Practising Certificates.
9. Prompt inquiries into complaints against medical practitioners.
10. Regular regional meetings with house-officers and Supervisors (various procedures and processes for better working condition for houseman were undertaken by the Ministry of Health).
11. Meetings with medical students overseas (UK, India and Indonesia & Egypt)
12. Reduction of compulsory services from three to two years.
13. Presenting the final draft of the Medical Act amendments to the Health Minister.
14. Formulating and adopting various guidelines and statements beneficial to all practitioners.

Though these accomplishments contributed to our shared mission to leave a positive legacy for our future generations, but we should always remember the prime aim of each and every one of us is to ensure that our profession continually earns respect.

To that effect, I would like to sincerely appeal to all our registered medical colleagues to adhere strictly to the compliance of the statutory requirements as well as our professional boundaries. The practice of Medicine is not merely within the confinement of clinical matters. Inevitably, it involves ethical and legal matters as well. Please spare as much time as you can to enhance your knowledge and skill in non-clinical matters too.

I would like to express my heartfelt gratitude and thanks to the President and all Council members for their valuable contributions and commitments in steering our noble profession to greater heights.

I am very thankful for our hardworking staff that works consistently behind the scenes. Without their hard work and consistent efforts, we would not be as well organized and as great as it is. Hence, I would like to convey my sincere thanks to each and every one of them for their endless support, undying enthusiasm and unconditional allegiance.

Finally, I would like to apologise for any shortcoming and also humbly seek continual support and cooperation from all for the advancements of our beloved profession.

Thank you.

**Dr Haji Wan Mazlan bin Haji Mohamed Woojdy**  
Secretary.

## CORPORATE INFORMATION



The MMC is governed by 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 has the numbers 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 between what is ethical practice and the demands of our patients and society.

## INTRODUCTION

**MOTTO** | Safeguarding patients and guiding doctors.

The Medical 1971 was gazetted on 30<sup>th</sup> 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

## HISTORY

**MISSION** | The principal aim of the Malaysian Medical Council (MMC) is to ensure the highest standards of medical ethics, education and practice, in the interest of patients, public and the profession through the fair and effective administration of the Medical Act.

**PRESIDENT** | Tan Sri Dato' Seri Dr. Hj. Mohamed Ismail Merican

Dr. Hj. Wan Mazlan bin Hj. Mohamed Woody | **SECRETARY**

## CONTACT US

Most of the administrative activities are centred in Putrajaya whilst all meetings of the Council and its committees including Preliminary Investigation Committees are held in Jalan Cenderasari, Kuala Lumpur. The legal and ethical wing of the Council is also at its Jalan Cenderasari, Kuala Lumpur office.

LEVEL 2, BLOCK E-1,  
MINISTRY OF HEALTH,  
BLOCK E, PRECINT 1,  
PUSAT PENTADBIRAN KERAJAAN PERSEKUTUAN,  
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## MAIN OFFICE

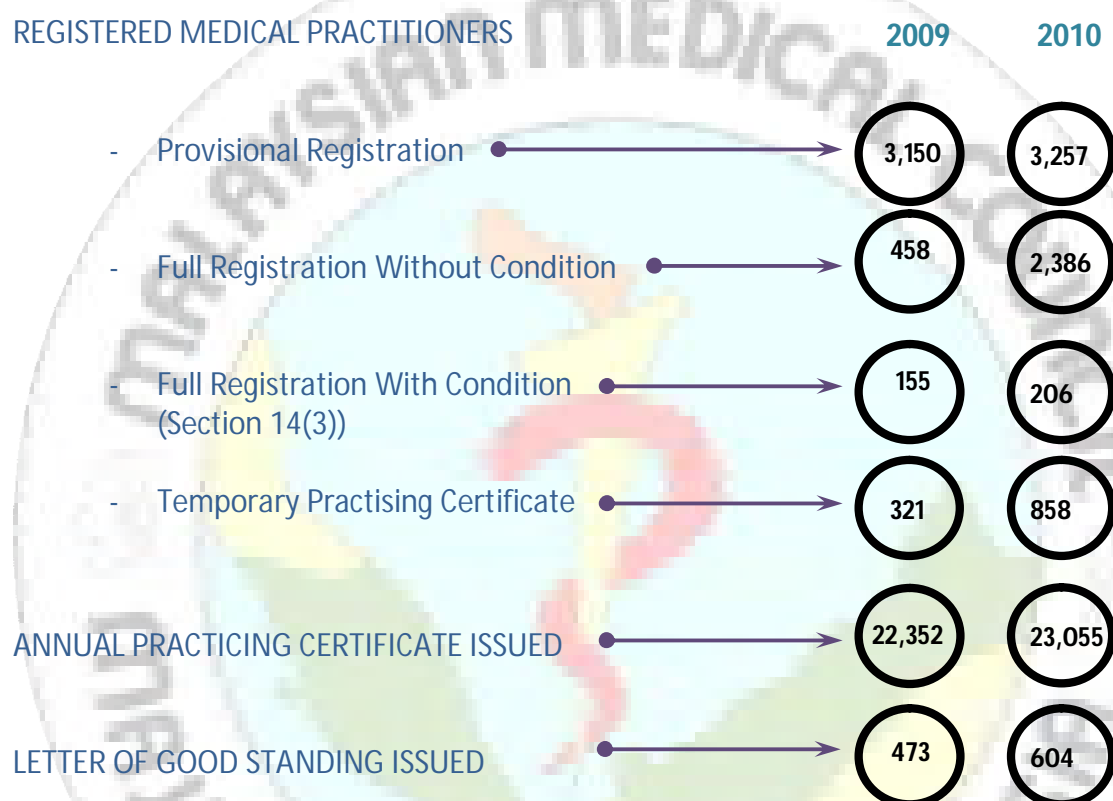
## BRANCH OFFICE

(Legal and Ethical Division)

3<sup>rd</sup> FLOOR, BLOCK D,  
MINISTRY OF HEALTH,  
JALAN CENDERASARI,  
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# 2009 & 2010: FACTS AT A GLANCE





## 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 30<sup>th</sup> September 1971. Paragraphs 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 re-nominated and reappointed.

## COMPOSITION OF THE COUNCIL:

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

<b>President - (Ex-officio – section 3(1)(a) of the Medical Act 1971)</b>	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
<b>Appointed Members</b>	<p><b>From the Universities:</b></p> <p><b>University Malaya</b>  Prof. Dato' Dr. Mohd Amin Bin Jalaludin  Prof. Dr. Azad Hassan Abdul Razack  Prof. Dr. Lim Chin Theam  Prof. Dato' Dr. Ikram Shah Bin Ismail (29.10.2007 until 28.10.2010)</p> <p><b>Universiti Kebangsaan Malaysia</b>  Prof. Dr. Nor Azmi Kamarudin  Prof. Dato' Dr. Lokman Saim (01.08.2007 until 31.07.2010)  Prof. Dr. Abdul Hamid Abdul Rahman (01.08.2007 until 31.07.2010)  Prof. Dr. Zaleha Abdullah Mahdy (01.08.2007 until 31.07.2010)</p> <p><b>Universiti Sains Malaysia</b>  Prof. Dato' Dr. Mafauzy bin Mohamed  Prof. Dr. Aziz bin Baba  Prof. Dato' Dr. Wan Mohamed Wan Bebakar</p> <p><b>Universiti Putra Malaysia</b>  Prof. Dr. Azhar Bin Md Zin  Prof. Dr. Lim Thiam Aun  Prof. Madya Dr. Nazri Bin Yazid  Prof. Madya Dr. Sabariah Abdul Rahman (01.04.2006 until 31.03.2009)  Prof. Dr. Yunus Gul Bin Alif Gul (01.04.2006 until 31.03.2009)</p> <p><b>Universiti Malaysia Sarawak</b>  Prof. Madya Dr. Awi Idi  Prof. Madya Dr. Ahmad Hata Rasit  Tan Sri Datu Prof. Dr. Hj. Mohamad Taha bin Arif (1.4.2006 until 31.3.2009)  Prof. Dr. Henry Rantai Gudum (01.04.2006 until 31.03.2009)</p> <p><b>Universiti Malaysia Sabah</b>  Prof. Madya Dr. D. Kamarudin D. Mudin  Prof. Madya Dr. Shahril Yusof  Prof. MadyaDr. Muhamad Taufik Mohd. Noor  Prof. Dr. Osman Bin Ali (15.07.2007 until 14.07.2010)  Prof. Madya Dr. Ahmad Faris bin Abdullah (15.07.2007 until 14.07.2010)  Prof. Madya Dr. Zainal Arifin Mustapha (15.07.2007 until 14.07.2010)</p>

	<b>From the Public Services</b>  Datuk Dr. Noor Hisham bin Abdullah Dr. Mohd Yusof Bin Hj. Ibrahim Dr. Zulkifli Bin Jantan Dr. Hj. Marzuki Md. Isa (27.02.2008 until 26.02.2011) Dr. Mohd. Kamil bin Hassan (01.08.2008 until 31.07.2011)
<b>Elected Members</b>	<b>Peninsular:</b> Dato' Dr Megat Burhainuddin Megat Abdul Rahman Dato' Dr. Haji Abu Hassan Asaari Abdullah Prof. Datuk Dr. Abdul Razzak Bin Mohd Said Dato' Dr. Abdul Hamid Bin Abdul Kadir Prof. Dato' Dr. Anuar Zaini Bin Md. Zain Dato' Dr. Zaki Morad Bin Mohd Zaher Dr. Milton Lum Siew Wah Dr. David Quek Kwang Leng Dato' Dr. Lee Yan San Datuk Dr. Yeoh Poh Hong (14.08.2007 until 13.08.2010) Dato' Dr. Mahmud Mohd Nor (14.08.2007 until 13.08.2010) Prof. Dato' Dr. Khalid bin Yusoff (14.08.2007 until 13.08.2010)  <b>Sabah</b> Dr. Hajjah Suzain binti Datuk Hj. Suhaimi  <b>Sarawak</b> Dr. Chew Chee Ming Prof. Dr. Sim Kui Hian (01.07.2006 until 30.06.2009)

#### Functions of the Council:

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

#### Meetings of the Malaysian Medical Council

Subpara 2(1) of the First Schedule of the Medical Act 1971 mandates the Council to meet at least twice in a year whereas subpara 2(2) stipulates that the quorum for a meeting shall be nine and the decision shall be by a simple majority.

In 2009 and 2010, 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 allow the Council to establish 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:

- The Evaluation Committee
- The Ethics Committee
- The Medical Act and Regulations Amendments/Revision Committee
- The Medical Review Panel
- The Medical Review Panel (Appeal)
- The Charge Committee
- The Editorial Committee

- h. The Medical Qualifying Board
- i. The Joint Technical Committee for the Accreditation of Medical Programmes
- j. The various Ad Hoc Committees :-
  - a. MMC Corporatization
  - b. Proposal for Policy on Establishment of Guidelines on Competency and Practice and to Establish Monitoring Mechanism for Highly Specialized Procedures
  - c. Guidelines for Audio and Visual recordings
  - d. Guideline for Medical Practice by doctor beyond the Age of 70.
  - e. Review and update Guideline on Confidentiality.
  - f. Stem Cell Research & Stem Cell Therapy Guidelines
  - g. Review and update Good Medical Practice Guidelines
  - h. Preparation of Guidelines on Consent
  - i. Review Standing Orders for Conduct of Inquiries by the preliminary Investigation Committee and the Malaysian Medical Council
  - j. Managing Impaired Registered Medical Practitioners

### The Evaluation Committee

**Chairman** | Tan Sri Dato' Seri Dr. Hj. Mohd. Ismail Merican

**Members** | Datuk Dr. Noor Hisham Bin Abdullah  
 Dato' Dr. Abdul Hamid bin Abdul Kadir  
 Dr. Milton Lum Siew Wah  
 Prof. Datuk Dr. Abdul Razzak Bin Mohd Said  
 Dato' Dr. Abu Hassan Asaari Abdullah  
 Dato' Dr. Zaki Morad Mohd Zaher

**Secretariat** | Dr Hj Wan Mazlan bin Mohamed Woojdy  
 Dr. Sarie Idhadhyhu bte Yac'cob  
 Mr. Asraf B Abdul Aziz

### 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 annually for the year 2009 and 2010. Table 1.1 below shows the number of applications screened by the Committee in 2009 and 2010.

MONTHS/ YEAR	APPROVED		REJECTED		POSTPONED		TOTAL	
	2009	2010	2009	2010	2009	2010	2009	2010
JAN	43	51	2	2	5	1	50	54
FEB	121	48	3	2	2	0	126	50
MAR	69	40	3	2	23	5	95	47
APRIL	28	110	2	1	2	1	32	112
MAY	43	65	7	1	7	4	57	70
JUNE	57	36	4	0	2	1	63	37
JULY	69	53	1	0	2	2	72	55

<b>AUGUST</b>	61	55	1	3	1	4	63	62
<b>SEPTEMBER</b>	66	60	3	5	1	4	70	69
<b>OCTOBER</b>	76	59	0	3	1	5	77	67
<b>NOVEMBER</b>	107	61	3	2	23	7	133	70
<b>DECEMBER</b>	83	41	0	3	1	13	84	57

Table 1.1: Number of Applications screened by the MMC Evaluation Committee for the year 2009 and 2010.

**The Ethics Committee**

<b>Chairman</b>	Dato' Dr. Abdul Hamid Abdul Kadir
<b>Members</b>	Dr. Irfan Ngu Lock Hock Dr. Gunasekaran s/o V.J. Balasundram Puan Sharon Kaur d/o Gurmukh Singh Prof. Dr. Abdul Rahman Bin Abdul Jamal Prof. Dr. Zabidi Azhar Bin Mohd Hussin Prof. Dr. Looi Lai Meng
<b>Secretariat</b>	Dr. Karen Sharmini Mr Perumal Chinaya

**Terms of Reference:**

- 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 practice and research and the influence of commercial interests with a view to provide guidelines for medical practitioners and to periodically review such guidelines.
- To advise the Council on the potential ethical issues influenced by changing or new trends in medical practice in other countries; and
- To provide guidelines and publications pertaining to medical ethics.

**The Medical Act and Regulations Amendments/Revision Committee**

<b>Chairman</b>	Datuk Dr. Yeoh Poh Hong
<b>Members</b>	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.
<b>Secretariat</b>	Dr Hj Wan Mazlan bin Mohamed Woojdy Dr Karen Sharmini Mr Perumal Chinaya

**Term of References**

- To deliberate on the proposed amendments to the law.
- To review draft amendments to the law and regulations.
- 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 Medical Review Panel

Pursuant to sections 19 and 24 of the Medical Act 1971, the members of the Medical Review Panels (MRP) are 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.

For each Medical Review Panel Meeting, 5 members are selected from names listed below:

- a. Dr. Muhaini Binti Osman
- b. Dr. Ajit Kumar Mukherjee
- c. Dato Dr Thambiah Selvapragasam
- d. Dr. Norrashidah Binti Haji Abd Wahab
- e. Dr. Salina Binti Abdul Aziz
- f. Dato' Suarn Singh a/l Jasmit Singh
- g. Dr. Tan Chwee Choon
- h. Dato' Dr. Abdul Aziz Bin Abdullah
- i. Dato' Dr. Radhakrishnan Menon
- j. Dr. Abdul Rahim Bin Omar
- k. Datin Dr. Aziah Ahmad Mahayiddin
- l. Dr. Zainal Ariffin Bin Azizi
- m. Prof. Dr. Lim Chin Theam
- n. Dr Wan Hamilton Bin Wan Hassan
- o. Dr. Nor Hayati Ali

#### Secretariat

Ms. Nur Hidayu Bt Aris  
Mr Perumal Chinaya (Legal Officer)

#### 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 pursuant to sections 19 and 24 of the Medical Act.
- b. To make recommendations to the Council.

The Panel reviewed 30 new cases in 2010 compared to 49 in 2009 and 30 in 2008. The table below show the increasing number of MRP cases for the past 3 years:

2008	2009	2010
30	49	30

**Table 1.2: Number of MRP cases, 2008-2010.**

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. A panel was established for a case in 2009:

#### Panel Members

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



**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 one case in 2009. The outcome of the interview-meeting was forwarded to the Council with its recommendations and sanction. There was no appeal in 2010.

The case and decision are tabulated in Appendix II.

**The Charge Committee**

<b>Chairman</b>	Datuk Dr. Yeoh Poh Hong
<b>Members</b>	Dato' Dr. Abdul Hamid Bin Abdul Kadir Dato' Dr. Abu Hassan Asaari bin Abdullah Prof. Dr. Lim Chin Theam Dr. Milton Lum Siew Wah Puan Harjinder Kaur
<b>Secretariat</b>	Dr. Karen Sharmini Mr Perumal Chinaya

**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 12 charges in 2010 and 21 charges in 2009.

**The Editorial Committee**

<b>Chairman</b>	Dr. Milton Lum Siew Wah
<b>Members</b>	Dr. David Quek Kwan Ling, Prof. Yunus Gul bin Alif Gul Prof. Dr. Zaleha Abdullah Mahdy Prof. Dr. Azhar Md. Zain Prof. Dr. Lim Thiam Aun
<b>Secretariat</b>	Dr. Karen Sharmini Mr Perumal Chinaya

**Term of References:** To prepare the MMC Quarterly Bulletin.

**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 Committees of the Council:-****i. Corporatization of MMC**

An Ad Hoc Committee on Corporatisation was appointed by the Council in 2008 to prepare the ground work for the corporatisation of the Council with the impending amendments to the Medical Act 1971 and the Regulations enacted thereunder.

**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

**Secretariat** | Dr. Hj. Wan Mazlan bin Mohamed Woojdy  
Dr. Karen Sharmini  
Mr Perumal Chinaya

**Terms of Reference:**

- 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 governance and make recommendations to the Council.

Several meetings of this Committee were held throughout the year and the final Draft on Corporatization of the Malaysian medical Council was adopted by the Council. It is in the process of gradual implementation.

Application for the required staff had been forwarded to the relevant agencies.

Block B and part of Block C within the MOH Complex in KL which has been allocated to MMC for its corporate office is currently in the planning stages of renovations.

The Amendments to the Medical is in its penultimate stage.

**ii. Proposal for the Policy on Establishment of Guidelines on Competency and Practice and to Establish Monitoring Mechanism for Highly Specialized Procedures**

**Chairman** | Dato' Dr. Mahmud bin Mohd Nor

**Members** | Dato' Dr. Noor Hisham Abdullah  
Prof. Dr. Tan Hock Lim  
Dato' Dr. Abdul Hamid bin Abdul Kadir  
Dr. Miton Lum Siew Wah  
Dato' Dr. Zaki Morad bin Mohd Zaher  
Prof. Dr. Zaleha bt Abdullah Mahdy  
Dr. Zaleha bt. Abdul Manaf

**Secretariat** | Mr. Perumal Chinaya

**Terms of Reference:**

- To make recommendations to MMC on the approaches to address the issue of Practitioners performing highly specialized procedures without adequate training.
- Define the meaning of Highly Specialized Procedures
- Identify Procedures requiring Credentialing
- Identify Bodies that should develop standards and criteria for Credentialing
- Propose mechanisms to ensure only competent Practitioners are allowed to perform certain procedures.
- Propose mechanisms to monitor individuals performing those procedures

- g. Propose remedial measures to be undertaken for practitioners who are not or no longer competent to perform such procedures.

**iii. Guidelines for Audio Visual Recordings**

<b>Chairman</b>	Dr. Milton Lum Siew Wah Puan Sri Datuk Dr Suraiya H. Hussein Prof. Madhya Dato' Dr Sirajoon Noor bin S.M M. Abdul Ghani
<b>Members</b>	Brid. Gen. (B) Dato' Dr Samsuddin bin Hussain Datuk Dr Abdul Gaani bin Mohamed Din Prof. Dr. Azhar Md Zain Dr. Tee Lian Kim.
<b>Secretariat</b>	Mr. Perumal Chinaya Dr. Karen Sharmini

**Terms of reference**

- Identify areas of concern related to recording, copying, storing and transmission of records
- Prepare definitions
- Ascertain problems faced
- Develop guidelines based on the principles of confidentiality & consent

Four meetings were held throughout the year and the Guidelines were adopted by the Council subsequently.

**iv. Guideline for Medical Practice by Doctors beyond the Age of 70**

<b>Chairman</b>	Dr. Milton Lum Siew Wah Prof. Dato' Dr Mohd Amin bin Jalaludin Prof. Madhya Dr Sabariah Abdul Rahman
<b>Members</b>	Prof. Dr. Yunus Gul Alif Gul Dr. David Quek Kwang Leng
<b>Secretariat</b>	Mr Perumal Chinaya

**Terms of Reference**

- Identify related issues
- Propose mechanisms to overcome them to the Council

The Committee after a few meeting submitted the final paper to the Council which was adopted.

**v. Review and Update Guidelines on Confidentiality**

<b>Chairman</b>	Dr. Milton Lum Siew Wah Puan Sri Datuk Dr. Suraiya Hj. Hussein Prof. Madya Dato' Dr. Sirajoon Noor.
<b>Members</b>	Datuk Dr. Abdul Gani bin Mohd Din Dr. Tee Lian Kim
<b>Secretariat</b>	Mr. Perumal Chinaya

**Terms of Reference**

- To study contemporaneous issues in this field
- Get feedback from stakeholders
- Study trend abroad
- Customize to local needs

**vi. Stem Cell Research & Stem Cell Therapy Guidelines**

<b>Chairman</b>	Dato' Dr. Abdul Hamid Abdul Kadir
<b>Members</b>	Dr. Irfan Ngu Lock Hock Dr. Gunasekaran s/o V.J. Balasundram Puan Sharon Kaur d/o Gurmukh Singh Prof. Dr. Abdul Rahman Bin Abdul Jamal Prof. Dr. Zabidi Azhar Bin Mohd Hussin Prof. Dr. Looi Lai Meng
<b>Secretariat</b>	Mr Perumal Chinaya

**Terms of Reference**

- Identify areas of concern
- Identify problems in implementation
- Propose mechanism to ensure Stem Cell Research and Treatment confirm to ethical guidelines

This guideline was published by the Council as paper 001/2009.

**vii. Review and update Good Medical Practice Guidelines**

<b>Chairman</b>	Dato' Dr. Abdul Hamid Abdul Kadir Dato' Dr. Mahmud bin Mohd Nor Datuk Dr. N. Arumugam
<b>Members</b>	Datuk Dr. Johan Tambu Malek Dr. Chong Su Lin Dr. Hjh. Suzain bt Datuk Suhaimi Dr. Chang Keng Wee
<b>Secretariat</b>	Mr Perumal Chinaya

**Terms of Reference**

- To review current guideline
- To identify weaknesses
- To look into practice by other Councils
- To formulate contemporaneous guidelines

**viii. Preparation of Guideline on Consent**

<b>Chairman</b>	Dato' Dr. Mahmud bin Mohd Nor Mr Darrel S.C. Goon Mr Mohd. Fazin bin Mahmud Mr Donald Joseph Franklin Dato' Dr. Abu Hassan Asaari Abdullah Dr. David Quek Kwang Leng
<b>Members</b>	Dr. Nor Akma bte Yusuf Dr. Eeson Sintamoney Dr. Lim Wee Leong Dr. Nik Shamsidah bte Nik Ibrahim Dr. Zulkifli bin Osman Mr Zainal Ariffin bin Azizi Dr. Rosnah bte Yahya
<b>Secretariat</b>	Mr Perumal Chinaya Dr Hj Wan Mazlan bin Mohamed Wooljdy

## Terms of Reference

- a. Identify areas concerned
- b. Ascertain problems faced
- c. Study stand adopted by other Councils
- d. Prepare broad principles allowing for the relevant professional bodies to customize to their needs

ix. **Review Standing Orders for Conduct of Inquiries at the Preliminary Investigation Committee and Council level**

<b>Chairman</b>	Datuk Dr. Megat Burhainuddin bin Megat Abdul Rahman Mej. Gen. Dato' Pahlawan Dr. R. Mohanadas Brig. Gen. (B) Dato' Dr Samsudin bin Hussain Prof. Madya Dato' Dr Sirajoon Noor bin S.M Abd Ghani Prof. Dr. Abdul Latiff Mohamed
<b>Members</b>	Prof. Dr. Lim Thiam Aun Prof. Dr. Lim Chin Theam Datuk Dr. Yeoh Poh Hong Dato' Dr. Abdul Hamid bin Abdul Kadir Dato' Dr. Mahmud bin Mohd Nor Dr. Milton Lum Siew Wah
<b>Secretariat</b>	Dr. Karen Sharmini Mr Perumal Chinaya

## Terms of Reference

- a. To study current standing orders
- b. To identify weaknesses
- c. To amend guidelines

x. **Managing Impaired Registered Medical Practitioners**

<b>Chairman</b>	Dato' Dr. Abdul Hamid Abd Kadir Dr. Hj. Marzuki B. Md Isa
<b>Members</b>	Prof. Dr. Azhar Md Zain Dato' Dr. Abu Hassan Asaari Abdullah Dr. David Quek Kwang Leng
<b>Secretariat</b>	Dr. Wan Mazlan Bin Mohamed Wooljdy Mr Perumal Chinaya

## Terms of Reference:-

- a. Identify areas of concern
- b. Study available cases
- c. Ascertain issues
- d. Propose procedures for managing impaired doctors



## CHAPTER 2 - REGISTRATION OF MEDICAL PRACTITIONERS

Pursuant to the Medical Act 1971, all persons are required to register with the Council in order to practice medicine legally 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 the various types of registrations approved and certificates issued by the Council for 2009 and 2010 according to categories is shown below in Table 2.1.

TYPE OF REGISTRATION	2009	2010
Provisional Registration	3,150	3,257
Full Registration	613	2,592

**Table 2.1. Summary of registrations approved and certificates issued by the Council according to categories for 2009 and 2010.**

The drastic decrease in the number of full registration in 2009 is due to the two-year housemanship training introduced on 1<sup>st</sup> January 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 vide 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.*

However if he/she holds a medical qualification which is not recognized by the Council, then he/she has to sit and pass the Medical Qualifying Examination in accordance to Section 13(2) of the Medical Act 1971 before being eligible to undergo the housemanship training.

As of 31 December 2010, 41 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:

CITIZENSHIP	2009	2010
a. Citizens	3134	3247
b. Non-citizens and Permanent Residents	16	10
<b>TOTAL</b>	<b>3150</b>	<b>3257</b>

**Table 2.2. : The number of provisional registration issued according to citizenship status**

### Full Registration (Section 14)

Medical practitioners, on the satisfactory completion of their housemanship or those given exemption from housemanship will be given full registration either under section 14 and section 14(3). For those registered under section 14, there is no constraint and condition attached.

However under section 14(3), practitioners are registered to practice medicine subject to restrictions stated by the Minister, after seeking advice from the Evaluation Committee appointed by the Council. They will be awarded conditional registrations which allow them to practice medicine only at the approved institution and for the period stipulated in the certificate.

The Council will re-evaluate the registration of practitioners in the event they breach any of the terms of their contract or conditions mentioned in the certificate of registration.

In the event they wish to practice at another institution, a new application must be made to the Council for consideration.

Some applications from the private sector were not approved due to the following grounds:-

- Prospective employers from private hospitals did not submit relevant documents as determined by the Council.
- Certain private hospitals did not fulfil the Ministry of Health and the Council's criteria.
- The foreign medical practitioners did not fulfil the requirements set out in the guidelines in that:
  - Their basic medical degrees are not recognized by the Council; and
  - Their clinical experience did not meet the stipulated requirements (i.e. less than 3 years)

FULL REGISTRATION	2009	2010
a. Registered According to Section 14:		
Malaysians - Completing Housemanship Locally	361	2306
Malaysians - Completing Housemanship Overseas	97	80
<b>TOTAL</b>	<b>458</b>	<b>2,386</b>
b. Registered According to Section 14(3):		
Foreigners - Completing Housemanship Locally	3	20
Foreigners - Completing Housemanship Overseas	152	186
<b>TOTAL</b>	<b>155</b>	<b>206</b>
<b>GRAND TOTAL CERTIFICATE ISSUED</b>	<b>613</b>	<b>2592</b>

**Table 2.3. : The number of full registration issued according to citizenship and place of internship, 2009 and 2010**

The number of foreign medical practitioners granted registration under section 14(3) according to sector and employer in 2009 and 2010 are illustrated in Appendix V.

### PRACTICING CERTIFICATES

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

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

## ANNUAL PRACTICING CERTIFICATES

Section 20 of the Medical Act 1971 states that any fully registered medical practitioner who desires to practice in Malaysia needs to apply for an Annual Practicing Certificate. Application forms (Form 11) should be submitted with a renewal fee of RM50. A penalty of RM50.00 will be imposed on practitioner whose application is received after 1<sup>st</sup> December of the preceding year for which the APC is applied.

The total numbers of APCs issued in 2009 were 22,355 compared to 23,055 in 2010. It is noted that there has been an increase of number of APCs issued from year to year. Table 2.4 below illustrates the increment of the number of APCs issued according to states and sectors between 2009 and 2010.

STATE	2009		2010	
	Public Sector	Private Sector	Public Sector	Private Sector
FEDERAL TERRITORY OF KUALA LUMPUR	2,797	1,952	2856	1958
FEDERAL TERRITORY OF LABUAN	12	17	21	16
FEDERAL TERRITORY OF PUTRAJAYA	294	10	364	13
JOHOR	933	1,072	957	1085
KEDAH	580	482	646	482
KELANTAN	926	218	1005	222
MELAKA	374	406	364	408
NEGERI SEMBILAN	532	372	524	398
PAHANG	489	385	587	350
PULAU PINANG	683	960	702	975
PERAK	924	854	903	871
PERLIS	139	38	142	37
SELANGOR	1,692	2,624	1791	2738
TERENGGANU	335	193	357	204
SABAH	696	379	690	390
SARAWAK	605	382	596	403
<b>TOTAL</b>	<b>12,011</b>	<b>10,344</b>	<b>12,505</b>	<b>10,550</b>
<b>GRAND TOTAL</b>	<b>22,355</b>		<b>23,055</b>	

Table 2.4.: The Number of Annual Practicing Certificates Issued According to State and Sector, 2009 and 2010.

### Temporary Practising Certificate

In accordance with Section 16(1) of the Medical Act 1971, Temporary Practising Certificate (TPC) is issued to Medical Practitioners who are registered outside Malaysia or whose registration with the Malaysian Medical Council has lapsed more than 6 (SIX) months.

The purposes of this registration is either to pursue postgraduate studies at local universities, training/ transferring knowledge to local practitioners during workshops/conferences or for those involving in research or attachment in clinically related fields.

Though the TPC is valid only for 3 (THREE) months, it can be applied for maximum 1 (ONE) year per application. The TPC issued by the Council has also increased from year to year as shown in Appendix VI.

### Letter of Good Standing

The Letter of Good Standing (LOGS) is issued upon request to medicals practitioner wishing to register with medical councils or professional registering bodies abroad, provided that the medical practitioner has

complied with the conditions of registration and compulsory service. He should also have had no disciplinary action pending or taken against him. The LOGS is valid only for 3 (THREE) months from the date of issuance.

The number of LOGS issued over the last three years, as reflected below:

YEAR	2009	2010
Letter of Good Standing	473	604

**Table 2.5.: The Number of Letter of Good Standing Issued, 2009– 2010.**

### Medical Qualifying Examination

Pursuant to the Medical Act 1971, only individuals possessing recognized basic medical degrees listed in the Second Schedule are eligible to register and practise medicine in Malaysia whilst graduates from unrecognized institutions 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;*
  - aa) *in the case of a person who holds a qualification referred to in subparagraph (ii) 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.*

Section 12(1) (aa) of the Act prescribes provisions for the Minister to approve bodies to conduct 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 principal aim of the Medical Qualifying Examination is to determine whether an individual has the necessary basic knowledge and skills to practise safe medicine. Hence, graduates from unrecognized institutions will be assessed at par with final year medical undergraduates of the relevant local examining bodies.

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 2009 and 2010 are tabulated in Appendix VII.

### CHAPTER 3 – ACCREDITATION & RECOGNITION OF MEDICAL INSTITUTIONS

Malaysia endeavors to maintain the highest standards of medical professionalism and care received by the public. Towards this purpose, the Malaysian Medical Council, under the Medical Act 1971, is entrusted to ensure that only qualified persons are allowed to practice the noble profession. Hence, all doctors wishing to be licensed to practice in Malaysia must be a graduate of an accredited or recognized medical institution as listed in the Second Schedule of the Medical Act or has passed the Qualifying examination.

The Council is responsible for evaluating medical institutions, for the purpose of licensing their graduates to practice in Malaysia, based on compliance to standards contained in the “Guidelines on Standards and Criteria in the Accreditation of Basic Medical Education Programme”. The guideline was formulated based on the criteria set by the World Federation of Medical Education (WFME), and conforms to national norms of preparation for practice and further training.

To ensure the quality and standards of medical education and training is being safeguarded and enhanced, a regular appraisal of recognition of institutions 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 Joint Technical Committee (see below). 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. The accreditation process assists medical institutions in the attainment of structures and functions as well as the performance of graduates in compliance with set norms.

For this purpose, a Joint Technical Committee for the Accreditation of Medical Programmes has been formed, comprising five public agencies i.e. the Malaysian Medical Council, Malaysian Qualification Agency, Ministry of Health, Ministry of Higher Education and the Public Services Department. The Committee members are illustrated below (Table 3.1.)

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	01/01/09 – 31/08/10
3.	Prof. Dr. Ikram Shah Ismail	Malaysian Medical Council	08/08/07 – 07/08/10
4.	Prof. Dato' Dr. Lokman Saim	Malaysian Medical Council	08/08/07 – 07/08/10
5.	Dato' Dr. Zaki Morad Bin Mohamad Zaher	Malaysian Medical Council	1/1/08-31/12/10
6.	Dr. Milton Lum Siew Wah	Malaysian Medical Council	1/9/10 – 31/12/2012
7.	Prof. Dato' Dr. Mafauzy Mohamed	Malaysian Medical Council	1/9/10 – 31/12/2012
8.	Datuk Dr. Noor Hisham Bin Abdullah	Ministry of Health	w.e.f. 29/1/08, replacing Dato' Dr. Noorimi Bt. Hj. Morad
9.	Dato' Dr. Jeyaindran a/l Tan Sri Dr. Sinnadurai	Ministry of Health	01/03/09 – 28/02/12
10.	Prof. Dr. Rujhan Mustafa	Ministry of Higher Education	01/01/08 – 03/05/09
11.	Prof. Madya Dr. Zarida Bt. Hambali	Ministry of Higher Education	w.e.f. 04/05/09, replacing Prof. Dr. Rujhan Mustafa as Director, Acad. Mgmt. Dev. Div., MOHE.
12.	Prof. Dato' Dr. Md. Tahir bin Azhar	Ministry of Higher Education	01/01/09 – 31/12/11
13.	Prof. Dato' Dr. Wan Mohamad Wan Bebakar	Ministry of Higher Education	1/1/08-31/12/10
14.	Prof. Dato' Dr. Syed Ahmad Hussein	Malaysian Qualifications Agency	01/01/09 – to date
15.	En. Mohd. Ali Bin Jabar	Public Services Department	28/08/06 – to date

**Table 3.1.: The Joint Technical Committee Members throughout 2009 and 2010**



**The terms of reference of the Committee are as follows:**

- 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.
- 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.
- To conduct visits to evaluate and accredit medical training programs and institutions for the purpose of licensing under the Medical Act 1971.
- To appoint panel of visitors for accreditation and recognition purposes to medical training institutions both locally and abroad.
- To study reports of accrediting teams and make recommendations to the Malaysian Medical Council for ratification.
- 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.
- 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. The number of visits conducted to local medical training institutions and its outcome in 2009 and 2010 are tabulated in Tables 3.2. and 3.3. below:

No.	Training Institution	Degree/ Programme	Visiting Date	Outcome
1.	Universiti Kebangsaan Malaysia	Own/Own	5-9 Jan 2009 (Accreditation renewal)	5 year accreditation period given commencing from 7 September 2009 approved with conditions.
2.	Alliance College of Medical Sciences – Universiti Sumatera Utara, Indonesia (International Class Programme)	USU/USU	23-26 Feb 2009	3 year accreditation period given commencing from 26 February 2009 approved with conditions.
3.	Taylor's University College (Medical Degree Transfer Programme)	Transfer University/ Pre-Clinical : Own, Clinical : Transfer University	22 April 2009	Conditional approval given to start programme.
4.	Universiti Islam Antarabangsa Malaysia	Own/Own	24 Dec 2009 (Post-renewal)	5 year accreditation period continued till 13 May 2012.
5.	Melaka-Manipal Medical College (Melaka-Manipal Campus)	Own/Own	10-11 (Melaka Campus) and 17-18 (Manipal Campus) Dec 2009 (Accreditation renewal)	5 year accreditation period continued commencing from 26/03/2010.

**Table 3.2. Visits Conducted to Local Medical Training Institutions and its Outcome, 2009:**

No.	Training Institution	Degree/ Programme	Visiting Date	Outcome
1.	International Medical University	Own/Own	11-13 January 2010 (Accreditation renewal)	5 year accreditation period given commencing 1 July 2010 with conditions.
2.	UCSI University	Own/Own	1-5 March 2010 (First accreditation)	1 year accreditation period given commencing 26 March 2010 with conditions.
3.	Monash University Sunway Campus	Own/Own	22-26 March 2010 (First accreditation)	5 year accreditation period given commencing 26 March 2010 with conditions.
4.	Universiti Sultan Zainal Abidin	Own/Own	3-4 May 2010 (Post-approval)	Programme allowed to continue.
5.	Taylor's University College	Own/Own	15 July 2010	Programme allowed to commence.
6.	Universiti Malaysia Sabah	Own/Own	20-23 July 2010 (Accreditation renewal)	3 year accreditation period given commencing 23 July 2010 with conditions.
7.	Cyberjaya University College of Medical Sciences	Own/Own	26-29 July 2010 (First accreditation)	Accreditation given from 29 July 2010 till 31 December 2010 only with conditions.
8.	Kolej Universiti Insaniah (Twinning with University of Science and Technology, Yemen)	Own/Own	28 July 2010	Outcome pending till visit to Yemen & other criteria fulfilled.
9.	SEGi University College	Own/Own	24 September 2010 (Pre-approval)	Programme allowed to commence.
10.	Penang Medical College	Own/Own	4-6 October 2010 (Accreditation renewal)	3 year accreditation period given commencing 4 October 2010 with conditions.
11.	AIMST University	Own/Own	25-28 October 2010 (Accreditation renewal)	3 year accreditation period given commencing 25 October 2010 with conditions.

**Table 3.3. Visits Conducted to Local Medical Training Institutions and its Outcome, 2010:**

As of 31 December 2010, the list of accredited local undergraduate medical schools is as follows:

**PUBLIC INSTITUTIONS**

- a. Universiti Malaya
- b. Universiti Kebangsaan Malaysia
- c. Universiti Sains Malaysia
- d. Universiti Malaysia Sarawak
- e. Universiti Putra Malaysia
- f. Universiti Islam Antarabangsa Malaysia
- g. Universiti Teknologi Mara
- h. Universiti Malaysia Sabah

**PRIVATE INSTITUTIONS**

- a. Penang Medical College
- b. Melaka-Manipal Medical College
- c. Royal College of Medicine, Perak (University of Sheffield Programme)

- d. Royal College of Medicine, Perak (MBBS Malaya Programme)
- e. AIMST University
- f. Allianze College of Medical (Universitas Sumatera Utara – International Class Programme)
- g. Monash University Sunway Campus
- h. UCSI University
- i. Cyberjaya University College of Medical Sciences

**Table 3.4. List of Accredited Local Undergraduate Medical Schools as of 31<sup>st</sup> December 2010:**

The accreditation visit will be done once the first batch reaches the final year. Until 31<sup>st</sup> December 2010, 20 undergraduate medical programs were awaiting accreditation. These programs are:

<b>PUBLIC</b>	<b>Degree/ Programme</b>	<b>YEAR ESTABLISHED</b>	<b>YEAR TO BE ACCREDITED</b>
Universiti Sains Islam Malaysia	Own/Own	2004	2011
Universiti Kebangsaan Malaysia (Twinning with Universitas Padjadjaran, Indonesia – International Class Programme)	Own/Own	2006	2011
Management & Sciences University, International Medical School, Bangalore.	Own/Own	2006	2011
Royal College of Medicine, Perak (Universiti Kuala Lumpur)	Own/Own	2007	2012
Management & Science University, Shah Alam Campus	Own/Own	2008	2013
Universiti Sultan Zainal Abidin	Own/Own	2009	2014
Universiti Kebangsaan Malaysia with Allianze College of Medical Sciences	Own/Own	2009	2014
Universiti Kuala Lumpur - Royal College of Medicine, Perak with Vinayaka Mission's University, Salem, India	Own/Own	2009	2014
Universiti Sains Malaysia with KLE University Belgaum, Karnataka, India	Own/Own	2009	2014

PRIVATE	Degree/ Programme	YEAR ESTABLISHED	YEAR TO BE ACCREDITED
National University of Ireland, Galway and University College, Cork with Alliances College of Medical Sciences	NUI & UCC/ NUI & UCC	2009	2014
Taylor's University College (Pre Clinical Programme)	Transfer University/ Pre-Clinical : Own, Clinical : Transfer University	2009	2014
Taylor's University College (Own Programme)	Own/Own	2010	2015
MAHSA University College	Own/Own	2009	2014
Melaka-Manipal Medical College - Manipal Campus	Own/Own	2010	2015
SEGI University College	Own/Own	2010	2015
Universiti Tunku Abdul Rahman	Own/Own	2010	2015
Perdana University – John Hopkins University School of Medicine (JHUSOM)	Own/JHUSOM	2010	2015
Perdana University – Royal College of Surgeons Ireland (RCSI)	Own/RCSI	2010	2015

**Table 3.5 List of Approved Local Undergraduate Medical Schools Awaiting Accreditation as of 31<sup>st</sup> December 2010.**

For foreign institutions, the recognition exercise concentrates on the evaluation of the suitability of the institution in providing quality medical education to Malaysians rather than its administration and governance, as it is believed that the Medical Council or Board of that country would have already dealt with these aspects. Due to geographical and monetary constraints, recognition is usually a one-off exercise.

In 2009 and 2010, a total of four foreign medical training institutions were approved by the Health Minister and inserted in the Second Schedule of the Medical Act 1971. Please refer to Tables 3.6 and 3.7 below.

Country	Parent University	Name of the Institution	With Effect From
United Kingdom	Warwick University	Warwick Medical School	22 May 2009
	Keele University	Keele University School of Medicine	22 May 2009
	University of Brighton & University of Sussex	Brighton-Sussex Medical School	22 May 2009

**Table 3.6. List of Newly Recognized Foreign Medical Training Institutions, 2009**

Country	Parent University	Name of the Institution	With Effect From
United Kingdom	Universities of Exeter and Plymouth	Peninsula Medical School	24 September 2010

**Table 3.7. List of Newly Recognized Foreign Medical Training Institutions, 2010**

The names of recognized medical training institutions are listed in the Second Schedule of the Medical Act 1971. Presently, 370 medical schools are recognized and their graduates are eligible for registration with the Council. (Note: for a complete list of recognized institutions please refer to our official website at [mmc.gov.my](http://mmc.gov.my))

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'*. No institution was withdrawn from the Schedule in 2009 and 2010.





## CHAPTER 4 – HOUSEMANSHIP TRAINING

**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 **throughout 2009 and 2010** are shown below:

Names	Representing	Tenure of appointment
1. Tan Sri Dato' Seri Dr. Hj. Mohd. Ismail Merican	Ministry of Health	Ex-Officio w.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 - 31/3/10
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
9. Prof. Madya Dr. Shaiful Bahari Ismail	Universiti Kebangsaan Malaysia	1/4/10- 31/3/12

**The terms of reference are:**

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

### 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. In 2008, a 2-year housemanship period was introduced to ensure house officers obtain sufficient clinical training in major disciplines comprising medicine, pediatrics, surgery, orthopedics, obstetrics and gynecology and emergency medicine. The training can be extended or their full registration denied, due to attitude problem, lack of knowledge, incompetence, insubordination or other disciplinary problems, mental illness or physical disabilities.

In 2009, the Medical Qualifying Board extended the period of housemanship training for 20 house officers compared to 141 in the year 2008. Tabulated below is the number of house officers whose training period was extended for the last three years and the reasons (Table 4.1).

REASON FOR EXTENSION	2008	2009	2010
Poor work performance	103	8	18
Sick leave and exceeded leave entitlement	35	6	9
Maternity leave	27	2	5
Unpaid leave	4	0	4
Others	59	4	32
<b>Total</b>	<b>141</b>	<b>20</b>	<b>68</b>

**Table 4.1.: Number of House Officers Whose Housemanship Extended according to Reasons, 2008-2010.**

For further details regarding extension according to disciplines, please refer to Appendix VIII and Appendix IX for details 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.*

**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 four main categories of 'Infamous Conduct' for which a complaint against a Registered Practitioner can be inquired into. 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.'*

The categories are:

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 through 2010 is as shown in the Table 5.1. below:

YEAR	2008	2009	2010
TOTAL	87	119	112

**Table 5.1.: Number of complaints received in 2008-2010.**

The number of complaints received in 2008 through 2010 based on the number of APC issued is as shown in the Table 5.2. below.

YEARS	TOTAL COMPLAINTS RECEIVED	TOTAL APCS ISSUED	COMPLAINT PER 1000 PRACTITIONERS
2008	87	20,280	4.3
2009	119	22,423	5.3
2010	112	23,055	4.86

**Table 5.2.: Number of Complaints Per 1,000 Practitioners Between 2008 - 2010.**

### Procedures of Disciplinary Inquiries

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

### 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 X.

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 apart from an in-house legal officer.

### 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.*

The statuses of investigation by PICs are as detailed out in Table 5.3..

PIC	COMPLETED		OUTSTANDING	
PIC/YEAR	2009	2010	2009	2010
PIC I	12	14	32	41
PIC II	18	19	33	38
PIC III	11	14	38	41
PIC IV	24	14	32	41
PIC V	13	16	32	41
<b>TOTAL</b>	<b>78</b>	<b>77</b>	<b>167</b>	<b>202</b>

**Table 5.3. Lists of the statuses of investigation at the PIC level in 2009 and 2010.**

The details of the outcome of PIC investigations according to the PIC in 2009 and 2010 are as follows:

Outcome	PIC I		PIC II		PIC III		PIC IV		PIC V		Total	
Year	2009	2010	2009	2010	2009	2010	2009	2010	2009	2010	2009	2010
New cases forwarded to PIC	18	23	28	24	20	17	34	23	19	25	119	112
Summary dismissal under Reg. 28 (1)	-	1	2	4	3	5	10	5	5	4	20	19
Dismissal under Reg. 29(3)	4	3	2	5	2	5	2	3	4	10	14	26
No sufficient grounds to support the allegation 29(4)(a)	2	3	4	7	1	2	6	1	1	-	14	13
No sufficient grounds to support the charge 29 (7)(a)	2	4	4	2	1	-	1	-	1	1	9	7
Council inquiry recommended 29 (7)(b)	4	2	5	-	4	1	5	5	2	1	20	9
Recommendation/s overturned by the Council	-	1	1	1	-	1	-	-	-	-	1	3
<b>Total</b>	<b>32</b>	<b>41</b>	<b>33</b>	<b>38</b>	<b>38</b>	<b>41</b>	<b>32</b>	<b>41</b>	<b>32</b>	<b>41</b>	<b>167</b>	<b>202</b>

**Table 5.4. Details of the outcome of PIC investigations according to the PIC in 2009 and 2010.**

## 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 22 disciplinary inquiries completed in 2009 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 2008 and 2009 are shown in Table 5.5 below:

YEAR	STATUS	PIC I	PIC II	PIC III	PIC IV	PIC V	TOTAL	MMC INQUIRY*
2008	Completed	20	20	24	27	6	97	25
	Outstanding	26	23	29	22	26	126	0
2009	Completed	12	18	11	24	13	78	22
	Outstanding	32	33	38	32	32	167	0
2010	Completed	14	19	14	14	16	77	15
	Outstanding	41	38	41	41	41	202	0

**Key:** \* - Cases for hearing by the Council only  
 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.

**Table 5.5.: Details of the investigation status by PICs and Council, 2008 to 2010**

### 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 2009 and 2010.

TYPES OF PUNISHMENT	2009	2010
a. Charges dismissed & practitioner found not guilty	11	4
b. Name of practitioner struck off from the medical register	2	0
c. Name suspended from the medical register	7	4
d. Reprimanded	2	7
<b>TOTAL</b>	<b>22</b>	<b>15</b>

**Table 5.6.: Outcome of Council Inquiries, 2009-2010.**

### Appeal Against the 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 31<sup>st</sup> December 2009, 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 XI.



## CHAPTER 6 – COMPULSORY SERVICE

In 1971, during the establishment of the Medical Act 1971 (Act 50), national service was made compulsory. Every fully registered practitioner has to serve a minimum period of three years within the public service (as prescribed under Article 132 of the Federal Constitution) in a medical post to overcome the shortage of medical practitioners in the country on the directives of the Director General of Health. This provision is stated in Part VII of the Medical Act 1971.

In 1997, the Cabinet accepted the proposal by the MMC to offer Malaysian medical officers or specialist employed overseas and wishing to return and serve the country a partial or full exemption on compulsory service. If they are willing to do community service in any government hospitals or clinics, then they will be given permission to work in the private sector as well, taking this service as part of the compulsory service. In order to attract more Malaysian specialists abroad to return and serve the country, the Honorable Health Minister has given consent to revise the previous directive for compulsory service.

In September 2004, the Cabinet agreed to the new revised compulsory service directives and it was commenced immediately. The following criteria were laid for exemption from compulsory service:-

- Aged 45 years old and above, regardless of having postgraduate degrees or otherwise.
- Having postgraduate qualifications in need in Malaysia as prescribed by the Committee on Exemption of Compulsory Service.
- To work in public or private universities or military hospitals provided the practitioner serves the institutions 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 table below shows the number of practitioners who have benefited from the compulsory services relaxation for the years 2008-2010.

YEAR	2008	2009	2010
a. Permitted to work in public services outside the Ministry of Health	55	10	40
b. Compulsory service postpone	55	20	24
c. Compulsory service exempted	55	19	44
d. Compulsory service reduced	55	10	10

**Table 6.1.: Number of practitioners benefited from the compulsory services relaxation, 2008-2010.**

With the introduction of the 2-year internship training period on 1<sup>st</sup> January 2008, the compulsory service was reduced from three to two years with effect from 1st January 2010.

## 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.

The income generated by the Council for years 2008-2010 is tabulated in Table 7.1. below. All income are credited into the Government's consolidated account.

SOURCES OF INCOME	AMOUNT (RM)		
	2008	2009	2010
1. APC	566,970.00	483,021.50	612,414.40
2. TPC	49,550.00	100,504.20	93,706.00
3. Provisional Registration	43,840.00	57,100.50	64,840.00
4. Full Registration Fees	35,000.00	23,900.50	36,950.50
5. Fine for late APC applications	76,711.00	63,600.00	92,900.00
6. Qualifying Examinations fees	6,800.00	6,600.00	28,000.00
7. Penalty *	-	-	5,400.00
<b>TOTAL</b>	<b>778,871.00</b>	<b>734,726.70</b>	<b>934,210.90</b>

Note: \*Prior to year 2010, the penalty was not defined. The penalty is based on Regulations 31 of the Medical Regulations 1974.

**Table 7.1. Income Generated by the Council for Years 2008-2010**

**Expenditure**

The Council expenditure is paid out of the annual budget of the Ministry of Health. Details of the expenditure by item and year are given in Appendix XII. 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 Woody 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 on its day to day judicial role as well as coordinates 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 mentioned in the Ethics and Discipline Chapter.

The Secretariat consists of 21 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. The workforce of the Secretariat has increased to cater for the multiplication of the number of registered medical practitioners and escalating administrative requirements.

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

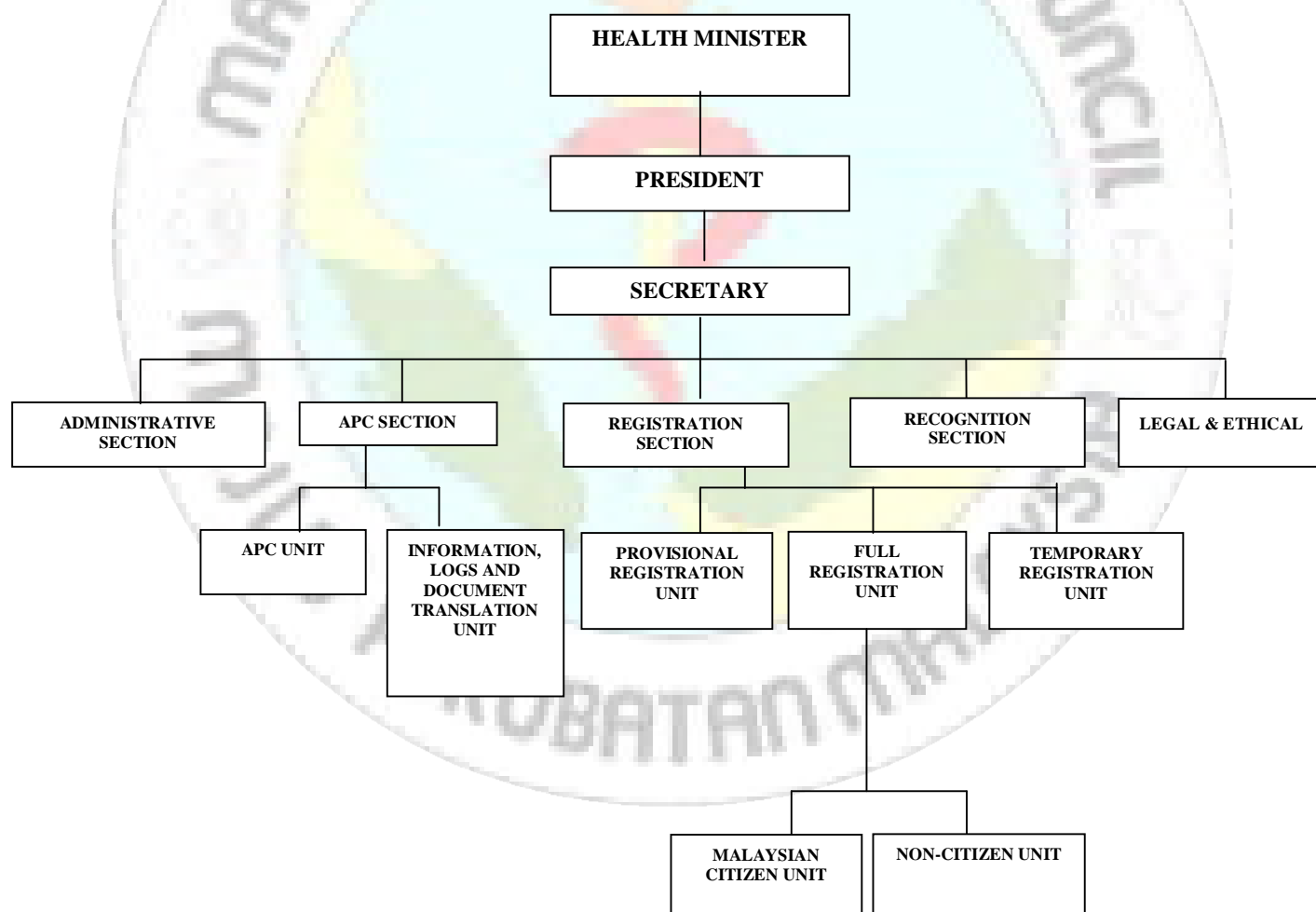


Figure 1: Organizational chart of the Secretariat.

## APPENDICES

## Appendix I: The outcome of the interview-meeting forwarded to the Council by the Medical Review Panel with recommendations in 2009 and 2010

2009

No.	Case	Outcome
1.	Adjustment disorder with mixed anxiety and depressive mood.	Full registration was granted with a condition that the practitioner will be evaluated after a year from the date of registration or if there is a relapse during the training.
2.	Adjustment disorder with depressed mood.	The practitioner was allowed to continue housemanship training and to be assessed again after a year or if there is a relapse during the training.
3.	Post Traumatic Stress Disorder.	The practitioner was allowed to continue housemanship training and to be assessed again after a year or if there is a relapse during the training.
4.	Reported for poor performance during housemanship training. On treatment for Major Depression with Anxiety Disorder.	Full registration was granted with a condition that the practitioner will be evaluated after a year from the date of registration or if there is a relapse.
5.	Reported to have communication problems with patient and colleague. Diagnosed as having stress and depression.	Full registration was granted with a condition that the practitioner will be evaluated after a year from the date of registration or if there is a relapse.
6.	Major Depression. Mentally stable and good report.	Full registration was granted with no condition.
7.	Adjustment Disorder with Depressive Mood. Presently recovered and have good report.	Full registration was granted with no condition.
8.	Bipolar Affective Disorder. Required psychiatric treatment. Currently, mentally stable.	Full registration was granted with no condition.
9.	Major Depression with Treatment Resistant Major Depression.	Not allowed to practice medicine. May appeal once stable (with medical report).
10.	Schizophrenia and has no insight regarding the sickness.	Not allowed to practice medicine. May appeal once stable (with medical report).
11.	Schizophrenia. Not recovered fully.	Not allowed to practice medicine. May appeal after 6 months (with medical report).
12.	Post Traumatic Stress Disorder. Stable but still on treatment.	Full registration was granted with a condition that the practitioner will be evaluated after six months or if there is a relapse.
13.	Diabetes Mellitus type 1 and was treated with insulin and oral antihyperglycaemic agents. Further treatment	Full registration was granted with a condition that the practitioner will be evaluated after a year or if there is a relapse

	discovered anxiety disorder due to organic cause. Currently still continue treatment.	
14.	Major Depressive Disorder with Mixed Anxiety and Depressive Symptom. From last treatment showed no signs of having Psychotic Symptoms and Cognitive Function is intact.	The practitioner is allowed to change posting and continue the housemanship training and evaluated after a year or if there is a relapse.
15.	Severe Major Depression. Current treatment showed that the practitioner's condition has improved.	Full registration was granted with no condition.
16.	Major Depression, on treatment with antidepressant.	Full registration was granted with a condition that the practitioner will be evaluated after a year or if there is a relapse
17.	Adjustment disorder with Depressed Mood. Has recovered and not on any treatment.	After the review session, it is concluded that the practitioner is not having any mental illness but more of personal problems. Full registration was granted with no condition.
18.	Major Depressive Disorder and was treated with escitalopram and alprazolam.	Granted conditional full registration with condition to practice under close supervision and to be assessed after a year.
19.	Adjustment Disorder with Depressed Mood. Has recovered and not on any treatment	Full registration was granted with no condition.
20.	Adjustment Disorder	Practitioner is mentally stable and is allowed to continue to do housemanship.
21.	Bipolar Mood Disorder. On treatment and medication.	Full registration was granted with a condition that the practitioner will be evaluated after a year or if there is a relapse
22.	Schizophrenia on medication	Allowed to practice and to be reviewed after two months.
23.	Major Depressive Disorder with Anxiety Attack.	Full registration was granted with a condition that the practitioner will be evaluated after a year or if there is a relapse
24.	Bipolar Affective Disorder.	Full registration was granted with a condition that the practitioner will be evaluated after a year or if there is a relapse
25.	Major Depression on treatment (Cognitive behaviour therapy) and medication such as Lithium.	Allowed to continue housemanship training and to be reviewed upon completion or when there is a relapse, with a medical report from a treating consultant.
26.	Antiphospholipid Syndrome with right partial anterior circulation infarct with left hemiparesis, left Deep Vein thrombosis and symptomatic localization related epilepsy on treatment with Warfarin.	Granted provisional registration to pursue housemanship training and to be evaluated after a year or if there is a relapse.
27.	Social Anxiety Disorder and Bronchial Asthma. Responds well to treatment.	Practitioner is in good health and is allowed to do houseman training. Will be evaluated when practitioner applies for full registration.
28.	Drug addiction problems requiring psychiatric treatment and follow up.	Not allowed to practice medicine. Needs to be evaluated after 6 months.
29.	Schizophrenia with no signs of improvement yet.	Not allowed to practice medicine. May appeal once stable (with medical report).
30.	Unethical behavior - drug addiction problems.	Application for full registration denied.



31.	Prolapsed Intervertebral Disc with early Lumbar Spondylosis and reported stable with treatment.	Allowed to continue houseman training and to be evaluate after 6 months or when there is a relapse.
32.	Radiculopathy affecting the left sciatic nerve and colitis. Reported stable with antidepressant treatment.	Full registration was granted and to be assessed again after 1 year.
33.	Reported as tend to become nervous and having insomnia due to stress of work.	Granted full registration without condition.
34.	Post Traumatic Stress Disorder. On medication and treatment with improvement.	Granted full registration without condition.
35.	Depression with Immature personality and had suicidal thoughts. Reported stable with treatment	Application for full registration was denied. The practitioner needs to be evaluated after 6 months with a medical report from a treating consultant.
36.	Work related stress. Reported mentally stable	Granted full registration.
37.	Major depressive disorder. Reported stable.	Granted full registration.
38.	Obsessive compulsive disorder. Reported stable.	Granted full registration.
39.	Feeling depressed and reported as mentally unstable.	The practitioner needs to submit a latest medical report. The decision was deferred to another date.
40.	Prolapsed inter-vertebral disc on oral analgesic and physiotherapy.	Allowed to pursue housemanship training and direct to undergo rehabilitation at the same time.
41.	Seizures. Reported stable with treatment	Granted provisional registration to pursue housemanship training and to be reviewed again after 1 year.
42.	Sciatica Pain. Improvement with treatment.	Full registration was granted and to be assessed again after 1 year.
43.	Anxiety and insomnia due to stress while doing internship training. After transfer to another hospital, manage to adapt with the new environment without any problem.	Full registration was granted and to be assessed again after 1 year.
44.	Post Traumatic Stress Disorder. Undergo counseling and medication treatment. Showed improvement and mentally stable.	Full registration was granted and to be assessed again after 1 year.
45.	Depression with Immature personality and suicidal thoughts. After transfer to another hospital, manage to adapt with the new environment without any problem.	Full registration was granted and to be assessed again after 1 year or when there is a relapse.
46.	Behavioral and attitude problems. Refused to submit medical report	Not allowed to practice. Pending review upon submission of medical report.

2010

No.	Case	Outcome
1.	Bipolar Affective Disorder	Granted Conditional Full Registration and to be assessed again in a year or when there is a relapse.
2.	Depression with anxiety	Allowed to continue housemanship training and to be assessed again after a year or when there is a relapse.
3.	Epilepsy	Allowed to continue housemanship training and to be assessed again after a year or when there is a relapse.
4.	Major Depression	Not allowed to continue housemanship training. May appeal once stable (with a medical report).
5.	Major Depression in pregnancy	Full Registration was not granted and to be assessed after delivery.
6.	Adjustment Disorder with Depressed Mood	Allowed to continue housemanship training and to be assessed again after a year or when there is a relapse.
7.	Major Depression	Allowed to continue housemanship training and to be assessed again after a year or when there is a relapse.
8.	Major Depressive Disorder	Allowed to continue housemanship training and to be assessed again after a year or when there is a relapse.
9.	Dysthymia with Major Depression	Granted Conditional Full Registration and to be assessed again in a year or when there is a relapse.
10.	Major Depression	Granted Conditional Full Registration and to be assessed again in a year or when there is a relapse.
11.	Mood Disorder	The practitioner needs to be reevaluated again after a full psychiatric assessment.

12.	Schizophrenia	Allowed to continue housemanship training and to be assessed again after a year or when there is a relapse.
13.	Anxiety Disorder with Panic Attack	Allowed to continue housemanship training and to be assessed again after a year or when there is a relapse.
14.	Stimulus Sensitive Myoclonus	Application for full registration postponed. May appeal once stable with a medical report.
15.	Adjustment Disorder with Mixed Anxiety and Depressive Mood	Granted Full Registration and to be evaluated every year continuously for 3 years.
16.	Affective Psychosis	Granted Full Registration and to be evaluated every year continuously for 3 years.
17.	Major Depressive Disorder	Allowed to continue housemanship training and to be assessed again after 6 month.
18.	Panic Disorder with Agoraphobia	Granted Full Registration and to be assessed again after 6 month.
19.	Major Depression with Anxiety Disorder	Granted Full Registration and to be assessed again in a year.
20.	Affective Psychosis	Granted Full Registration and to be assessed again in a year.
21.	Major Depression	Allowed to continue housemanship training and to be assessed again after 6 month.
22.	Acute Transverse Myelitis	Allowed to continue housemanship training and to be assessed again after 6 month.
23.	Schizophrenia	Allowed to continue housemanship training and to be assessed again after 6 month.

24.	Bipolar Disorder Type II	Full Registration with condition was granted and for evaluation in a year.
25.	Hepatitis B	Application for full registration postponed and may appeal once stable with a medical report from a treating consultant.
26.	Depression	Full Registration with condition was granted and for evaluation in a year.
27.	Depression	Full Registration with condition was granted and for evaluation in a year.
28.	Post-traumatic Stress Disorder	Full Registration with condition was granted and for evaluation in a year.
29.	Bilateral Retinitis Pigmentosa	Full Registration was granted without condition.
30.	Major Depression	Allowed to continue housemanship training and to be assessed again after one year.

## Appendix II: The outcome of the interview-meeting forwarded to the Council by the Medical Review Panel with recommendations in 2009

No.	Case	Outcome
1.	Suffering from schizophrenia which may jeopardized patient safety during housemanship training.	Full registration not granted.



## Appendix III: List of 41 hospitals approved for the training as at 31 December 2009 and 2010:

State	No.	Hospital	2009	2010
			Posts Approved	Posts Approved
Perlis	1.	Hospital Tuanku Fauziah, Kangar	47	141
Kedah	2.	Hospital Sultanah Bahiyah, Alor Star	89	388
	3.	Hospital Sultan Abdul Halim, Sungai Petani	49	155
	4.	Hospital Kulim	36	108
Pulau Pinang	5.	Hospital Pulau Pinang	90	259
	6.	Hospital Seberang Jaya	39	135
Perak	7.	Hospital Taiping	80	166
	8.	Hospital Raja Permaisuri Bainun, Ipoh	95	230
	9.	Hospital Teluk Intan	55	122
	10.	Hospital Seri Manjung	35	83
Wilayah Persekutuan	11.	Hospital Kuala Lumpur	250	474
	12.	Hospital Putrajaya	31	160
Selangor	13.	Hospital Tengku Ampuan Rahimah, Klang	88	248
	14.	Hospital Selayang	32	190
	15.	Hospital Kajang	37	136
	16.	Hospital Serdang	40	177
	17.	Hospital Ampang	28	166
	18.	Hospital Sungai Buloh	46	174
N. Sembilan	19.	Hospital Tuanku Jaafar, Seremban	82	201
	20.	Hospital Tuanku Ampuan Najihah, Kuala Pilah	40	77
Melaka	21.	Hospital Melaka	78	187
Johor	22.	Hospital Pakar Sultanah Fatimah, Muar	52	161
	23.	Hospital Sultanah Aminah, Johor Bahru	98	302
	24.	Hospital Batu Pahat	37	108
	25.	Hospital Sultan Ismail, Pandan, Johor Bahru	44	126
Pahang	26.	Hospital Tengku Ampuan Afzan, Kuantan	70	247
	27.	Hospital Sultan Ahmad Shah, Temerloh	38	142
Terengganu	28.	Hospital Sultanah Nur Zahirah, Kuala Terengganu	76	489
	29.	Hospital Kemaman**	*	20
Kelantan	30.	Hospital Raja Perempuan Zainab II, Kota Bharu	71	194
	31.	Hospital Tanah Merah**	*	20
	32.	Hospital Kuala Krai**	*	20
Sarawak	33.	Hospital Umum Sarawak	57	235
	34.	Hospital Sibu	51	154
	35.	Hospital Miri	36	99
Sabah	36.	Hospital Queen Elizabeth	80	223
	37.	Hospital Tawau	25	60
	38.	Hospital Duchess of Kent, Sandakan	38	66
Pusat Pengajian Tinggi	39.	Pusat Perubatan Universiti Malaya	82	82
	40.	Pusat Perubatan Universiti Kebangsaan Malaysia	72	72
	41.	Hospital Universiti Kebangsaan Malaysia	63	63
<b>Total</b>			<b>2357</b>	<b>6860</b>

Source : Medical Professional Development Branch, Medical Development Division

**N.B.** : Post allocation and posting is determined by the Housemen Placement Committee (*Jawatankuasa Penempatan Pegawai Perubatan Siswazah*) of the Human Resource Department of the Ministry of Health.

**Legend** : \*\* = Only approved for housemen training in 2010  
 \* = Posts not yet allocated



## Appendix IV:

Number of Medical Practitioner Provisionally Registered According to Institution Awarding the Degree, 2008 to 2010:

SOURCES OF PERSON	2008	2009	2010
<b>LOCAL PUBLIC INSTITUTIONS</b>			
UNIVERSITI ISLAM ANTARABANGSA MALAYSIA (UIAM)	90	100	107
UNIVERSITI KEBANGSAAN MALAYSIA (UKM)	198	188	223
UNIVERSITI MALAYA (UM)	207	155	177
UNIVERSITI MALAYSIA SABAH (UMS)	30	36	69
UNIVERSITI MALAYSIA SARAWAK (UNIMAS)	66	65	69
UNIVERSITI PUTRA MALAYSIA (UPM)	104	110	107
UNIVERSITI SAINS MALAYSIA (USM)	183	193	186
UNIVERSITI TEKNOLOGI MARA (UiTM)	19	59	90
<b>TOTAL</b>	<b>901</b>	<b>906</b>	<b>1,028</b>
<b>LOCAL PRIVATE INSTITUTIONS</b>			
AIMST UNIVERSITY	102	132	136
ROYAL COLLEGE OF MEDICINE PERAK (UNIVERSITI MALAYA)	0	85	43
INTERNATIONAL MEDICAL UNIVERSITY (IMU)	160	151	139
MANIPAL ACADEMY OF HIGHER EDUCATION - MELAKA-MANIPAL MEDICAL COLLEGE, MALAYSIA.	366	352	10
MANIPAL UNIVERSITY - MELAKA-MANIPAL MEDICAL COLLEGE	3	0	256
MONASH UNIVERSITY SUNWAY CAMPUS, TAN SRI JEFFREY CHEAH SCHOOL OF MEDICINE	0	21	15
NATIONAL UNIVERSITY OF IRELAND (PENANG MEDICAL COLLEGE)	112	109	115
UCSI UNIVERSITY	0	0	34
<b>TOTAL</b>	<b>901</b>	<b>1,076</b>	<b>748</b>
FOREIGN INSTITUTIONS	877	1394	1481
<b>GRAND TOTAL</b>	<b>2520</b>	<b>3150</b>	<b>3257</b>

## Appendix V:

## Number of Foreign Practitioners Granted Registration Under Section 14(3) According to Sector and Employer Between 2008 and 2010:

<b>a. Public Sector:</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>
1. Ministry of Health	123	142	78
1. Universiti Kebangsaan Malaysia	13	22	1
2. University of Malaya	25	8	7
3. Universiti Sains Malaysia	20	31	16
4. Universiti Malaysia Sabah	12	29	28
5. Universiti Putra Malaysia	3	1	3
6. Universiti Malaysia Pahang	0	3	0
7. Universiti Islam Antarabangsa Malaysia	13	14	8
8. Universiti Malaysia Sarawak	4	11	10
9. Universiti Teknologi Mara	19	14	17
10. Universiti Teknologi Malaysia	13	1	0
11. Universiti Malaysia Perlis	0	1	0
12. Hospital University Kebangsaan Malaysia (HUKM)	0	32	11
13. Pusat Perubatan Universiti Malaya (PPUM)	0	42	21
14. Kementerian Kemajuan Luar Bandar dan Wilayah	0	0	1
15. Universiti Darul Iman	0	0	1
<b>TOTAL</b>	<b>245</b>	<b>329</b>	<b>202</b>

<b>b. Private Sector:</b>			
<b>Private Medical Colleges</b>			
16. International Medical University	13	15	7
17. Melaka-Manipal Medical College	40	19	26
18. Perak Medical College/ KL Univ. Royal College of Medicine Perak	2	2	0
19. Asian Institute of Medical Sciences and Technology (AIMST University)	17	12	2
20. Penang Medical College	0	3	0
21. Monash University Sunway Campus	5	2	1
22. University College Sedaya International	12	15	15
23. Cyberjaya University	0	2	0
24. Allianze College Of Medical Sciences	0	2	0

<b>Private Healthcare Facilities</b>			
25. Assunta Hospital	0	1	0
26. A.M Medical Care & Services Sdn Bhd	0	1	1
27. Dewan Bandaraya Kuala Lumpur	0	2	1
28. Gribbles Pathology (M) Sdn. Bhd.	0	2	1
29. Hospital Lam Wah Ee	0	1	0
30. Hospital Pakar Ampang Puteri	0	1	0
31. Hospital Pantai Mutiara	0	1	0
32. National Heart Institute	9	11	3
33. Gleneagles Intan Hospital	0	1	0
34. KPJ Healthcare Berhad	0	2	1
35. Mount Miriam Hospital	1	1	0
36. Mahkota Medical Centre	0	1	1
37. Sime Darby Medical Centre	0	1	0
38. Normah Specialist Medical Centre	2	1	0
39. Penang Adventist Hospital	1	1	2
40. Sime Engineering	0	1	0
41. HSC Medical	0	1	0
42. Regency Medical Centre	0	2	1
43. Putra Medical Centre			2
44. Wijaya International Medical Center			1
<b>TOTAL</b>	<b>102</b>	<b>104</b>	<b>65</b>

<b>Private Sector (Others)</b>			
1. Berjaya Redang	0	0	1
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>1</b>

<b>GRAND TOTAL</b>	<b>347</b>	<b>433</b>	<b>268</b>
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**Appendix VI: Number of Practitioners Issued With Temporary Practicing Certificates According to Institutions, 2008-2010:**

INSTITUTIONS/INDIVIDUALS		2008	2009	2010
<b>A. Universities/Colleges</b>				
1.	Pusat Perubatan University Malaysia	0	81	49
2.	Pusat Perubatan University Kebangsaan Malaysia	0	33	99
3.	Hospital University Sains Malaysia	0	31	21
4.	AIMST University	0	0	11
5.	Cyberjaya University	0	0	1
6.	International Medical University	0	0	10
7.	MAHSA College	0	0	1
8.	Melaka Manipal Medical College	0	0	14
9.	Monash University	0	0	3
10.	University College Sedaya International (UCSI)	0	0	16
11.	University Islam Antarabangsa	0	0	6
12.	Universiti Teknologi MARA	0	0	6
13.	Universiti Kebangsaan Malaysia	0	0	1
14.	Universiti Malaysia Pahang	0	0	2
15.	Universiti Malaysia Sabah	0	0	21
16.	Universiti Kuala Lumpur	0	0	2
17.	Universiti Malaysia Perlis	0	0	1
18.	Universiti Malaysia Sarawak	0	0	12
19.	Universiti Putra Malaysia	0	0	3
20.	Universiti Tun Abdul Razak	0	0	1
<b>B. Healthcare Facilities</b>				
21.	Ampang Putri Medical Centre	0	4	3
22.	A.M Medical Care & Services Sdn Bhd	0	0	3
23.	Assunta Hospital	0	4	3
24.	Agensi Pekerjaan DHR Sdn Bhd	0	0	16
25.	Gleneagles Medical Centre	5	5	8
26.	Hospital Kuala Lumpur	8	16	4
27.	Hospital Lam Wah Ee	3	3	4
28.	Hospital Raja Permaisuri Bainun	1	1	0
29.	Hospital Pulau Pinang	6	9	13
30.	Hospital Selayang	0	1	23
31.	Hospital Serdang	6	6	2
32.	Damansara Specialist Hospital	1	4	1
33.	Hospital Sultanah Aminah	0	1	3
34.	Hospital Queen Elizabeth	0	1	1
35.	Hospital Sg Buloh	0	3	1
36.	Hospital Taiping	0	1	1
37.	Kempas Medical Centre	0	0	1
38.	Kementerian Kesihatan Malaysia	0	0	138
39.	Kluang Utama Specialist	0	0	2
40.	Laguna Redang Resort	0	0	1
41.	National Heart Institute	21	42	37
42.	Pantai Medical Centre	1	3	13
43.	Penang Adventist Hospital	7	8	11
44.	Sri Kota Medical Centre	2	3	2
45.	Prince Court Medical Centre	5	15	11
46.	Tun Hussein Onn National Eye Hospital	4	2	1
47.	Hospital Pakar Metro	0	1	0
48.	Hospital Assunta	0	4	11
49.	Hospital Pantai Ayer Keroh	0	1	1

50.	Hospital Tengku Ampuan Afzan	0	2	0
51.	Hospital Pantai Mutiara Penang	0	5	0
52.	Hospital Universiti Kebangsaan Malaysia	40	5	0
53.	HSC Medical Centre	2	6	6
54.	Gleneagles Intan Medical Centre	0	12	4
55.	KPJ Selangor Specialist Hospital	0	3	0
56.	KPJ Johor Specialist Hospital	0	0	2
57.	Loh Guan Lye Hospital	1	1	0
58.	Selangor Medical Centre	0	1	0
59.	KL Sports Medical Centre	0	1	0
60.	Subang Jaya Medical Centre	0	4	0
61.	Putra Specialist Hospital	0	1	1
62.	Tropicana Medical Centre	0	1	1
63.	Sime Darby Medical Center	0	0	4
64.	Sunway Medical Center	0	0	2
65.	Ipoh Specialist Hospital	0	0	1
66.	Mahkota Medical Center	0	0	3
67.	National Cancer Institute	0	0	1
68.	Normah Specialist Medical Center	0	0	1
69.	Penawar Healthcare Group	0	0	1
70.	Penang Medical College	0	0	1
71.	Putra Medical Center	0	0	1
72.	Regency Medical Center	0	0	2
<b>TOTAL</b>		<b>113</b>	<b>321</b>	<b>626</b>

## Appendix VII: Results of Examination Under Section 12(1)(aa) according to Examining Body for 2009 and 2010:

2009

	MAC			OCTOBER		
	UKM	USM	UM	UKM	USM	UM

Number of new candidates registered	16	10	6	5	2	2
Number of repeat candidates	11	13	5	25	18	10
<b>Total number registered</b>	<b>27</b>	<b>23</b>	<b>11</b>	<b>30</b>	<b>20</b>	<b>12</b>
Number deferring examination	22	10	3	15	5	2
<b>Actual number of candidates sat</b>	<b>5</b>	<b>13</b>	<b>8</b>	<b>15</b>	<b>15</b>	<b>10</b>
Fail (1 <sup>st</sup> attempt)	0	7	7	5	4	3
Fail (2 <sup>nd</sup> attempt)	4	2	0	0	1	2
Fail (3 <sup>rd</sup> attempt)	0	0	0	1	0	2
<b>Total number of failures</b>	<b>4</b>	<b>9</b>	<b>7</b>	<b>6</b>	<b>5</b>	<b>7</b>
Passed (1 <sup>st</sup> attempt)	0	2	1	6	6	0
Passed (2 <sup>nd</sup> attempt)	1	2	0	0	4	2
Passed (3 <sup>rd</sup> attempt)	0	0	0	3	0	1
<b>Total number of passed</b>	<b>1</b>	<b>4</b>	<b>1</b>	<b>9</b>	<b>10</b>	<b>3</b>
<b>Percentage Passed</b>	<b>20</b>	<b>30.8</b>	<b>12.5</b>	<b>60</b>	<b>66.7</b>	<b>30</b>



2010

	MAC			OCTOBER		
	UKM	USM	UM	UKM	USM	UM

Number of new candidates registered				60	37	23
Number of repeat candidates				10	16	7
<b>Total number registered</b>				<b>70</b>	<b>53</b>	<b>30</b>
Number deferring examination				10	11	4
<b>Actual number of candidates sat</b>				<b>60</b>	<b>42</b>	<b>26</b>
Fail (1 <sup>st</sup> attempt)				49	26	22
Fail (2 <sup>nd</sup> attempt)	No Examination Held	No Examination Held	No Examination Held	2	1	4
Fail (3 <sup>rd</sup> attempt)				0	0	0
<b>Total number of failures</b>				<b>51</b>	<b>27</b>	<b>26</b>
Passed (1 <sup>st</sup> attempt)				6	8	0
Passed (2 <sup>nd</sup> attempt)				3	5	0
Passed (3 <sup>rd</sup> attempt)				0	2	0
<b>Total number of passed</b>				<b>9</b>	<b>15</b>	<b>0</b>
<b>Percentage Passed</b>				<b>15</b>	<b>35.7</b>	<b>0</b>

## Appendix VIII:

## Number of House Officers Extended According to Disciplines in 2008-2010:

DISCIPLINES	MEDICINE			SURGERY			O&G			PEADIATRICS			ORTHOPEADICS			A & E /EMERGENCY MEDICINE		
YEAR	08	09	10	08	09	10	08	09	10	08	09	10	08	09	10	08	09	10
Poor work performance	50	45	9	30	19	5	61	53	4	21	29	10	13	17	5	0	10	5
Sick leave and exceeded leave entitlement	9	13	5	7	10	6	12	9	1	4	11	7	6	4	1	0	2	5
Maternity leave	3	11	0	7	5	4	12	3	6	3	4	4	6	13	3	0	6	6
Unpaid leave	0	0	0	1	0	0	1	2	0	1	1	4	1	0	1	0	3	2
Others	26	47	9	21	31	10	47	28	11	10	30	15	14	27	20	0	12	28
<b>TOTAL</b>	<b>88</b>	<b>116</b>	<b>24</b>	<b>66</b>	<b>65</b>	<b>25</b>	<b>133</b>	<b>95</b>	<b>22</b>	<b>39</b>	<b>75</b>	<b>40</b>	<b>40</b>	<b>61</b>	<b>30</b>	<b>0</b>	<b>33</b>	<b>46</b>

**Appendix IX: Number of House Officers Extended According to Training Centres, 2008-2010:**

TRAINING CENTRES	2008	2009	2010
HOSPITAL TUANKU FAUZIAH	17	13	8
HOSPITAL SULTANAH BAHYAH	12	15	4
HOSPITAL SULTAN ABDUL HALIM	11	12	2
HOSPITAL PULAU PINANG	15	12	5
HOSPITAL SEBERANG JAYA	13	5	1
HOSPITAL TAIPING	19	19	3
HOSPITAL SERI MANJUNG	3	1	1
HOSPITAL TELUK INTAN	6	13	2
HOSPITAL KUALA LUMPUR	19	52	20
HOSPITAL TENGKU AMPUAN RAHIMAH	11	30	5
HOSPITAL SELAYANG	14	33	10
HOSPITAL KAJANG	0	3	4
HOSPITAL PUTRAJAYA	2	2	6
PUSAT PERUBATAN UNIVERSITI KEBANGSAAN MALAYSIA	7	13	21
PUSAT PERUBATAN UNIVERSITI MALAYA	11	8	4
HOSPITAL TUANKU AMPUAN NAJIHAH	7	8	1
HOSPITAL MELAKA	7	16	8
HOSPITAL BATU PAHAT	5	3	1
HOSPITAL PAKAR SULTANAH FATIMAH	12	10	10
HOSPITAL SULTANAH AMINAH	25	9	6
HOSPITAL TENGKU AMPUAN AFZAN	31	10	10
HOSPITAL SULTAN HAJI AHMAD SHAH	9	27	2
HOSPITAL SULTANAH NUR ZAHIRAH	12	15	5
HOSPITAL RAJA PEREMPUAN ZAINAB II	18	29	12
HOSPITAL UNIVERSITI SAINS MALAYSIA	3	6	4
HOSPITAL SIBU	2	3	2
HOSPITAL UMUM SARAWAK	25	24	4
HOSPITAL QUEEN ELIZABETH	9	16	7
HOSPITAL TAWAU	3	1	0
HOSPITAL AMPANG	0	5	3
HOSPITAL PAKAR LIKAS	8	8	5
HOSPITAL TUANKU JA'AFAR	10	11	6
HOSPITAL RAJA PERMAISURI BAINUN	2	11	1
HOSPITAL SERDANG	13	2	2
HOSPITAL SULTAN ISMAIL	0	0	2
HOSPITAL KULIM	0	1	0
<b>Total</b>	<b>366</b>	<b>446</b>	<b>187</b>

**Appendix X: Membership of the five Preliminary Investigation Committees:**

<b>PIC I</b>	<b>PIC II</b>
Dato' Dr Mahmud bin Mohd. Nor - Chairman	Dato' Dr. Megat Burhanuddin bin Megat Abdul Rahman – Chairman
Dr. Krishnamurthy Thuraiappah	Dr. Rahim bin Omar
Dato' Dr. George Ananda	Dato' Dr. Radhakrishnan
Dato' Dr. T. Selvapragasam	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
Dato' Dr. Mahathevan	
<b>LEGAL ADVISOR</b>	<b>LEGAL ADVISOR</b>
Messrs Jasbeer, Nur, Hakimah & Rajpal	Messrs Ram Rais & Partners

<b>PIC III</b>	<b>PIC IV</b>
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
Dr. Arlene Francis Fung Ngan	Datuk Dr. P. Krishnan
Dr. Tee Lian Kim	Prof. Dr. Kulenthiran Arumugam
Dr. Musa Mohd. Nordin	Prof. Dato' Dr. (Mrs) Kew Siang Tong
Dr. Mohamed Namazie Bin Ibrahim	Maj. Jen. (R) Dato' Pahlawan Dr. R. Mohanadas
<b>LEGAL ADVISOR</b>	<b>LEGAL ADVISOR</b>
Messrs Gurdev & Co	Messrs Mazlan & Associates (Until 31 Dec 2009) Ms Jessica, Theiva & Kumaari

<b>PIC V</b>
Dato' Dr. Jeyaindran s/o Tan Sri Sinnadurai
Prof. Dr. Saimy @ Saman Ismail
Prof. Dr. Abdul Latiff B. Mohamed
Dr. MMS Krishnan
Dr. P. Vythilingam
Dr. Kumar Iswaran Kulatratanam
<b>LEGAL ADVISOR</b>
Messrs Hafarizam Wan & Aishah Mubarak (Until 23 Nov 2010)

## Appendix XI: TYPES OF ETHICAL OFFENCES AND DISCIPLINARY PUNISHMENT METED OUT IN 2009 AND 2010

No.	Types of Ethical Offences	Disciplinary Punishment	Status
I.	The practitioner had abused his professional privileges and skill, knowing the patient to be comatosed and on life support system, by signing as a witness to the purported will when he had not seen the deceased executing the said will thereby contravening section 2.1.4 and section 2.2.1 of the code of professional conduct.	Suspension for two years but suspend the suspension for two (2) years on condition that no similar offence has been proven against him for the said period.	Undergoing the punishment
II.	The practitioner had been charged and found guilty in Court for failing to keep psychotropic drugs in a locked cabinet, failing to record the total stock of psychotropic drugs and failing to keep and maintain the psychotropic drugs register, thereby contravening section 2.1.1 of the code of professional conduct.	Suspension for 6 months but suspend the suspension for one (1) year	Undergoing the punishment
III.	<p>The practitioner had neglected and disregarded his professional responsibilities:</p> <ul style="list-style-type: none"> <li>i) in failing to obtain the Patient's consent to surgery and the administration of anaesthesia immediately prior to the surgery and instead, seeking to rely on the Consent Form signed by the Patient almost 7 months before date of Surgery</li> <li>ii) in failing to inform the Patient or to obtain the Patient's consent for another practitioner to perform or to be involved in the performance of the Surgery on the Patient .</li> <li>iii) in improperly delegating his medical duties to or permitting another colleague to perform or to be involved in the performance of the Surgery on the Patient, without the Patient's prior consent.</li> </ul>	Suspension for 6 months	Appealed to High Court
IV.	The practitioner had abused his professional privileges and skills in that he had failed to exercise the most scrupulous care in issuing documents namely medical certificates without examining the patients and by signing such certificates which are untrue, misleading and improper, thereby contravening part 2.1.4 of the Code of Professional Conduct.	Suspension for 1 year	Appealed to High Court
V.	<p>The practitioner had neglected and disregarded her professional responsibilities in that she had failed to provide and maintain a good standard of medical care for the baby as required under part 1.1 of the Code of Professional Conduct by:</p> <p>Failing to provide competent and considerate professional management by not</p>	<p>Suspension for 1 year but the suspension was suspended for one year with the following conditions:-</p> <ul style="list-style-type: none"> <li>(a) during the said period of one (1) year she is not to be found</li> </ul>	Undergoing the punishment

	attending to and monitoring the baby after her birth, despite being repeatedly notified of her deteriorating condition.	<p>guilty of any similar offence, whereupon the said order will cease to have effect at the end of the said period; but</p> <p>(b) if she is found guilty of any similar offence during the said period of one (1) year, the said order shall take immediate effect.</p> <p>(c) She has to provide evidence of improvement in her medical record system.</p> <p>(d) She has to attend courses to enhance her skills in the management of newborns.</p> <p>(e) She has to employ adequately trained staff (i.e. doctors and nurses)</p> <p>(f) She has to improve the facilities in her clinic</p> <p>Documents supporting the above conditions have to be tendered to the Council on a six (6) monthly basis.</p>	
VI.	<p>The practitioner had disregarded and neglected his professional duties to the patient, where he had failed</p> <p>i) to provide sufficient and/or appropriate standard of medical care in the management of the patient causing the patient to suffer unnecessary pain and suffering and a worsening of his medical condition, leading to his death.</p> <p>ii) to perform or order appropriate investigations and failed to refer to a</p>	Reprimanded	



	specialist to ascertain the patient's actual medical condition.		
VII.	The Practitioner had abused her professional privileges by improperly disclosing information as to the reasons for the Patient's visit to the Clinic to the patient's employer without the Patient's consent.	Reprimanded	Appealed to High Court
VIII.	<p>The practitioner had abused his professional privileges and skills by</p> <ul style="list-style-type: none"> <li>i) supplying and making available drugs including drugs of dependence, dangerous drugs and poisons otherwise than in the course of <i>bona fide</i> treatment, contrary to part 2.1.1 of the Code of Professional Conduct.</li> <li>ii) Further, by storing, supplying and offering for sale such drugs in possible contravention of the provisions of the Dangerous Drugs Ordinance and Regulations, which is currently the subject matter of criminal proceedings against him, contrary to part 2.1.2 of the Code of Professional Conduct.</li> <li>iii) By allowing and/or leaving his unqualified assistants in charge to sell scheduled poisons or preparations containing scheduled poisons to the public and his practice is deemed professionally discreditable and fraught with danger to the public pursuant to part 2.1.3 of the Code of Professional Conduct.</li> </ul>	Deregistered	Appealed to High Court
IX.	The practitioner had issued Medical Certificates (MC) and affixed his signature on Insurance Company Claim Forms containing false and/or erroneous information to several persons thereby contravening part 2.1.4 of the Code of Professional Conduct, and the said persons used the said MC's and Insurance Company Claim Forms to make false claims .	Suspension for 2 years	Undergoing punishment
X.	<p>The practitioner had neglected and disregarded his professional responsibilities in that:</p> <ul style="list-style-type: none"> <li>i) he used treatment and procedures of unproven efficacy to treat the condition for which the Patient attended at the Clinic, namely, diabetes;</li> <li>ii) he improperly delegated his medical duties to an unqualified and unregistered person to perform the Colon Cleansing Treatment, and to attend to and treat the Patient during the course of the Colon Cleansing Treatment and the Infra Red Treatment when the Patient was experiencing</li> </ul>	Suspension for 6 months	Appealed to High Court

	<p>severe abdominal pain, which are matters requiring professional discretion;</p> <p>iii) he failed to provide appropriate and prompt action when the Patient first started to complain of severe abdominal pain whilst she was undergoing the Colon Cleansing Treatment at the Clinic, which suggested the existence of a condition requiring urgent medical attention; and</p> <p>iv) he failed to provide appropriate and prompt action when the Patient's complaint of severe abdominal pain persisted throughout the Colon Cleansing Treatment, and when he identified the Patient as being in shock, which suggested the existence of a condition requiring urgent medical attention and instead, he kept the Patient overnight at the Clinic until she was taken to the Hospital.</p>		
XI.	<p>The practitioner had neglected and disregarded her professional responsibilities contrary to part 1.4.1 of the Code of Professional Conduct, by maintaining and operating a private medical clinic without the requisite registrations (as required by the Private Healthcare Facilities and Services Act 1998 and its Regulations 2006), and employing and/or permitting an unqualified person to run the clinic in her absence and she herself who is only provisionally registered under the Act practicing medicine at the said Clinic by inter alia treating patients, administering/prescribing medication and issuing medical certificates, without obtaining her full registration nor possessing an Annual Practising Certificate.</p>	Deregistered	Undergoing punishment
XII.	<p>The practitioner had neglected or disregarded his professional responsibilities in the standard of medical care to his patient</p> <p>i) by his incompetent and inconsiderate professional management, and failing to provide appropriate and prompt action when urgent intervention was needed, thereby causing permanent damage to the patient's genitals, thereby contravening Section 1.1 of the Code of Professional Conduct.</p> <p>ii) by failing to obtain an informed consent and failing to explain the procedure or options available and not conducting proper physical examination or test prior to conducting a circumcision thereby contravening Section 3.7 of the Good Medical Practice Guideline.</p>	Suspension for 6 months	Undergone punishment
XIII.	<p>The practitioner had violated the Code of Professional Conduct as adopted by the Malaysian Medical Council concerning advertising and canvassing, directly and/or</p>	Reprimanded	

	indirectly drawing attention to his professional skills and services for the purpose of obtaining patients or promoting himself for his professional advantage.		
XIV.	<p>The practitioner had violated the Code of Professional Conduct as adopted by the Malaysian Medical Council</p> <ul style="list-style-type: none"> <li>i) Concerning an article in a local magazine which have directly or indirectly been advertised for the purposes of obtaining patients by promoting his professional skill, knowledge and services which is contrary to public interest and discreditable to the profession of Medicine.</li> <li>ii) By involving himself with an Aesthetic Centre, he had associated himself with a non-registered practitioner and have influenced or appeared to have influenced his attitude towards the treatment of his patients thereby creating conflict of interest with the patients which amounts to a conduct derogatory to the reputation of the medical profession.</li> </ul>	Reprimanded	
XV.	<p>The practitioner had neglected or disregarded his professional responsibilities in the standard of medical care to his patient</p> <ul style="list-style-type: none"> <li>i) by failing to conscientiously assess the history, symptoms and signs of the Patient's condition, after four (4) visits to his clinic.</li> <li>ii) by failing to take appropriate and prompt action upon evidence suggesting the existence of a condition requiring urgent medical intervention thereby contravening Section 1.1 of the Code of Professional Conduct.</li> </ul>	Suspension for 6 months	Appealed to High Court
XVI.	The practitioner had neglected or disregarded her professional responsibilities in the standard of medical care to her patient by failing to examine the patient when she first attended the antenatal clinic despite the fact she was referred by a senior specialist. The patient was not called back for review and there was no proper documentation to the management of the said patient.	Reprimanded	
XVII.	The practitioner had conducted himself in a manner derogatory to the reputation of the medical profession contrary to Part 3.2.2 of the Code of Professional Conduct,	Suspension for 3 months	Undergone punishment

	<ul style="list-style-type: none"> <li>i) by accepting kick backs in the form of monies as an inducement to refer patients to another practitioner and thereby subjecting himself to improper financial transactions .</li> <li>ii) by influencing or committing dishonest acts in the course of a practitioner's professional practice by inducing falsification of x-ray reports.</li> </ul>		
XVIII.	The practitioner had neglected or disregarded his professional responsibilities in the standard of medical care for an infant in not taking appropriate and prompt action during the transfer of the infant to the Hospital when evidence suggested the existence of a condition requiring urgent medical intervention thereby contravening Section 1.1(d) of the Code of Professional Conduct.	Reprimanded	
XIX.	The practitioner, being the person responsible at a private and healthcare facility, have neglected and disregarded his professional responsibilities contrary to part 1.4.1 of the Code of Professional Conduct, by employing and/or permitting an unregistered person, to practice medicine at the said premise by <i>inter alia</i> treating patients, administering/prescribing medication, without ensuring that such a person has obtained a valid Annual Practicing Certificate to practice at the said premise.	Reprimanded	Appealed to High Court
XX.	<p>The practitioner had abused his professional privilege and skill,</p> <ul style="list-style-type: none"> <li>i) by purchasing, storing with the purpose of prescribing and supplying dangerous drugs and</li> <li>ii) further in contravention of the Dangerous Drugs Ordinance and the Regulations made there under resulting his conviction and sentence in a Court of law, he had acted contrary to Part 2.1.2 of the Code of Professional Conduct.</li> </ul>	Suspension for 1 year	Undergoing punishment
XXI.	<p>The practitioner had violated the Code of Professional Conduct as adopted by the Malaysian Medical Council</p> <ul style="list-style-type: none"> <li>i) in that she had procured, sanctioned and/or acquiesced to the publication of an Article that commented on or directed attention to her professional skills,</li> </ul>	Reprimanded	

	<p>capabilities, knowledge, services and qualification.</p> <p>ii) by such Article drawn public attention to her capability and skills, which tantamount to disseminating information in an unethical manner for the purpose of obtaining patients or promoting her own professional advantage.</p> <p>iii) by the Article advertised the value of the medically unproven device in the treatment of the various medical conditions described in the Article, using unacceptable anecdotes which do not constitute evidence based medicine.</p> <p>iv) and had made sweeping and erroneous statements about treatments of various medical and orthopedic conditions implying that the said treatment method is the only option for these conditions, thereby misleading the public.</p>		
XXII.	The practitioner who is a foreigner had neglected or disregarded his professional responsibilities by violating the expressed condition of his Full Registration Certificate by practicing as a locum at the Accident and Emergency Unit of the a Private Healthcare Facility.	Reprimanded	

## Appendix XII: Details of Council Expenditure, 2008-2010:

EXPENDITURE	AMOUNT (RM)		
	2008	2009	2010
1. Meetings:			
a. MMC meetings	365,506.00	383,050.00	400,287.25
b. Evaluation Committee meetings	17,381.00	18,215.00	18,761.45
c. Committee meetings of the Council (Ethical, Qualifying, Amendment and others)	123,635.00	129,569.00	125,681.00
d. Joint Technical Accreditation meetings and visits	82,803.00	86,777.00	65,083.00
e. Medical Qualifying Board	42,153.00	44,176.00	-
f. Preliminary Investigation Committees (I-IV)	245,823.00	257,622.00	270,503.00
g. Medical Review Panel	6,626.00	6,944.00	7,499.00
<b>TOTAL</b>	<b>883,927.00</b>	<b>926,353.00</b>	<b>887,814.70</b>
2. Utilities – Phones and Faxes	30,630.00	32,100.00	38,100.00
3. Stationeries, photocopies and consumables	183,844.00	192,668.00	202,583.00
4. Postal services	345,580.00	362,167.00	365,396.00
5. Office automation/equipments.	68,025.00	17,290.00	33,453.00
6. Staff salaries (staff – permanent and temporary)	435,782.00	456,699.54	576,235.00
7. Staff overtime and outstation claims	214,459.00	224,753.00	228,000.00
8. Legal Adviser	759,083.00	795,518.98	613,469.00
9. Gazettelement and advertisement	165,551.00	173,497.47	55,122.00
10. Newspapers	2,479.00	2,589.00	518.40
<b>TOTAL</b>	<b>2,205,433.00</b>	<b>2,257,282.99</b>	<b>2,112,876.40</b>
<b>GRAND TOTAL</b>	<b>3,088,369.0</b>	<b>3,183,635.99</b>	<b>3,000,691.10</b>