INTRODUCTION

There is strong evidence that health workforce of a country is positively associated with its health outcomes.[1] Currently, there is paucity of evidence on the total practising medical doctors and specialists in Malaysia. This is due to the existence of dual sector health practices in the country. In 2011, it was estimated that 36,607 doctors were licensed; 25,845 in public and 10,762 in the private sector.[2] However, this number reflects the total doctors licensed and includes those working in administrative and research institutes. In addition, house officers also have been included in this total.

Under the Medical Act 1971, all doctors who practise in Malaysia should be registered under the Malaysian Medical Council. The Act was amended in 2012 to make it compulsory for specialists to be registered under the National Specialist Register (NSR). The NSR was established to ensure that doctors designed as specialists are gazetted, credentialed and competent to practise the expected higher level of care in their respective fields. However, the Act has yet to be enforced.

OBJECTIVE

The primary aim is to examine the distribution of specialists in Malaysian Hospitals by specialties, sector and also by geographical location.

METHODOLOGY

Secondary data was obtained from the National Healthcare Establishment and Workforce Survey (NHEWS) which was conducted by Healthcare Statistic Unit, Clinical Research Centre. It has been conducted from 2009 to 2011. The survey population was constructed from multiple sources of Medical Development Division for the MOH hospitals and the Private Medical Practice Control Division for the private hospitals. It is a cross sectional survey. Three hundred and thirty seven hospitals were included. From the database of the survey, we specifically looked at distribution and demographics of clinical specialists in Malaysian hospitals.

DISCUSSION

- The response rate has increased over the three year period; 100% for both MOH and university hospitals, and from 59% to 64% for private hospitals.
- The top five specialties in Malaysia were General Medicine, General Surgery, Obstetrics and Gynaecology (O&G), Anaesthesiology and Paediatrics (Figure 2).
- There were more specialists in private sector especially in the top three specialties; Medicine, Surgery and O&G. Whereas the number of specialists were higher in MOH for the discipline of anaesthesiology (Figure 3).
- There was a disproportionate distribution amongst specialists across regions. The density was heavily distributed towards West Coast Peninsular Malaysia (Figure 1 Table 1).
- In 2010, there were more male specialist compared to female specialist, 63.7% and 36.3% respectively.
- Limitations of our study: We have not included specialists who work exclusively in a non-hospital setting for e.g. Paediatricians who practice in their respective specialist clinics might not be captured in our study.

CONCLUSION

This maldistribution needs to be addressed in future manpower planning for equitable human resource for health. We also need to examine the successes and failures of previously implemented policies and work towards a national policy that provides equitable access of care with a narrower gap in between regions. Most importantly, we need to identify the push and pull factors that drive our specialist towards private practice and the urban areas and address those weaknesses.

RESULT

There was a disproportionate distribution amongst specialists across regions. The density was heavily distributed towards West Coast Peninsular Malaysia (Figure 1 Table 1). Other studies around the region including Thailand and Indonesia have demonstrated similar findings on inequity.[3]

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- Limitations of our study: We have not included specialists who work exclusively in a non-hospital setting for e.g. Paediatricians who practice in their respective specialist clinics might not be captured in our study.

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