

GP fee overhaul aims to sustain primary care

➤ Flexible pricing to match complexity as doctors assure affordability remains priority: MMA president

BY ANDREW SAGAYAM
newsdesk@thesundaily.com

PETALING JAYA: A long-awaited revision to general practitioner consultation fees will introduce greater flexibility while safeguarding affordability, with doctors stressing the move is aimed at strengthening primary care rather than raising costs across the board.

Malaysian Medical Association (MMA) president Datuk Dr Thirunavukarasu Rajoo said the revised fee structure allows consultation fees to better reflect clinical complexity, market conditions and patient needs.

He added that flexibility should not be misunderstood as a uniform increase and must be exercised with professional judgement while maintaining affordability for patients.

"GPs remain the most accessible point of care in the system. Strengthening primary care means strengthening continuity, early detection and long-term disease management within the community.

"MMA understands that patients may have concerns regarding fee revisions. This does not mean that all consultations will increase. Fees will vary depending on the nature and complexity of care.

"A simple consultation is not the same as managing a complex chronic condition and should not be priced the same," he said.

Thirunavukarasu said a significant proportion of patients access care through corporate panels managed by third-party administrators, with many of these rates remaining unchanged for years.

"Many of these rates no longer reflect the scope and responsibility of current medical practice. Sustainability of primary care cannot be achieved if reimbursement structures remain outdated.

"MMA will continue to engage with relevant stakeholders to ensure consultation rates are aligned appropriately. This revision must not be a one-off exercise.

"If we do not build a system for periodic review, we will repeat the same problem a decade from now," he said.



Thirunavukarasu said MMA will continue to advocate for a structured and consistent approach to future revisions, including better alignment across the entire system. – AMIRUL SYAFIQ/THE SUN

He added that MMA will continue to advocate for a structured and consistent approach to future revisions, including better alignment across the healthcare system.

"This is an important step forward. But more importantly, it is a reminder.

"Primary care is not the lowest cost component of healthcare, it is the foundation that prevents higher costs elsewhere.

"The focus now must be on implementation, sustainability and strengthening the role of primary care within the healthcare system," he said.

MMA welcomed the amendment to the general practitioners fee structure, noting consultation fees have remained unchanged since 2006, based on a framework dating back to 1992.

"We are pleased that the amendment to Schedule 7 under the Private Healthcare Facilities and Services Regulations 2006 takes effect from yesterday.

"This is a long-overdue revision. Primary care cannot remain sustainable on a pricing

model from three decades ago," he said.

On the revised GP consultation fees, Thirunavukarasu said MMA acknowledges and appreciates Health Minister Datuk Seri Dr Dzulkefly Ahmad, adding that his continued engagement reflects a clear commitment to prioritising primary care.

"MMA further acknowledges Prime Minister Datuk Seri Anwar Ibrahim for announcing this revision in Budget 2026, recognising the importance of strengthening primary care.

"We acknowledge the Health Ministry, particularly the Medical Practice Division and its team, for their work in bringing this process to completion," he added.

He said MMA also welcomed the Health Ministry's issuance of new guidelines on IV drip services in private medical clinics.

"This provides much-needed clarity to ensure such services are delivered safely, ethically and within the appropriate outpatient scope. It also reinforces consistency in practice and professional standards."

WFH for civil servants with long commutes

➤ Government allows three days at home from April 15 to ease fuel costs amid energy crisis

■ BY QIRANA NABILLA MOHD RASHIDI
newsdesk@thesundaily.com

PETALING JAYA: Civil servants facing commutes longer than 8km will be allowed to work from home three days a week starting April 15 as the government moves to ease disruption amid rising tensions linked to the West Asia conflict.

Public Service Department director-general Tan Sri Wan Ahmad Dahlan Abdul Aziz said the phased work-from-home (WFH) scheme will cover officers in Kuala Lumpur, Putrajaya, Selangor and all state capitals.

He added that WFH days will differ depending on state working schedules.

For states with Sunday as the weekly rest day, WFH will be from Tuesday to Thursday, with Mondays and Fridays excluded.

For Kedah, Kelantan and Terengganu, where Friday is the weekly rest day, WFH will be from Monday to Wednesday, with Sundays and Thursdays excluded.

"The implementation follows the Human Resource Service Circular Clause SR.4.1.2 on

the Work From Home policy, with additional conditions tailored to the current situation," he said.

Several critical sectors will be exempt, including security and defence services such as the Malaysian Armed Forces, police, Fire and Rescue Department, Prisons Department, Malaysian Maritime Enforcement Agency, Malaysian Border Control and Protection Agency and the Immigration Department.

Healthcare professionals, including medical officers, pharmacists, dental officers and nurses, as well as education service officers involved in school sessions, are also excluded.

Wan Ahmad Dahlan said department heads have been instructed to implement WFH arrangements while ensuring service delivery remains uninterrupted.

"They are required to identify essential services and organise WFH schedules based on operational needs to ensure service delivery is not disrupted.

"Civil servants working from home must operate from their registered residential

address in the Human Resource Management Information System," he said.

He added that officers will record attendance using the SPOT-Me system, which tracks check-ins via geolocation on mobile devices from home.

Wan Ahmad Dahlan said officers are required to check in every hour, while department heads will monitor compliance and productivity.

He added that the directive will also extend to state public services, statutory bodies and local authorities, subject to approval by their respective authorities.

On Wednesday, Prime Minister Datuk Seri Anwar Ibrahim said the Cabinet had agreed to implement WFH arrangements across government ministries, agencies, statutory bodies and government-linked companies from April 15.

He added in a special address that the move aims to reduce fuel consumption and safeguard the country's energy sustainability.

Anwar also urged the private sector to adopt similar WFH arrangements where possible.

He added that the Treasury is currently spending RM4 billion monthly to absorb rising crude oil prices following the closure of the Strait of Hormuz.

Tuanku Zara graces health event at Hospital UTAR

By **MANJIT KAUR**
manjit@thestar.com.my

KAMPAR: Raja Permaisuri Perak Tuanku Zara Salim graced the World Health Day 2026 celebration at Hospital Universiti Tunku Abdul Rahman (UTAR).

Her Royal Highness also marked the occasion with a visit to UTAR's Traditional and Complementary Medicine (T&CM) centre, which is celebrating its fourth anniversary.

While visiting the exhibition booths, Tuanku Zara also presented gifts to dialysis patients.

At the T&CM centre, Tuanku Zara visited treatment rooms for Tui Na, acupuncture, Ayurveda and traditional Malay massage, as well as the herbal dispensary unit.

Among those present were Perak Menteri Besar's wife Datin Seri Aezer Zubin, UTAR pro-chancellor Tan Sri Wong See Wah, its Education Foundation board of trustees chairman Tan Sri Dr Sak Cheng Lum, UTAR council chairman Tan Sri Dr Ting Chew Peh, hospital board chairman Tan Sri Dr Chuah Hean Teik, hospital chief executive officer and medical director Datuk Dr Ding Lay Ming and T&CM centre director Assoc Prof Dr Te Kian Keong.

Chuah said the visit reflects Tuanku Zara's keen interest in the development of T&CM and its role alongside Western medical practices.

He said the centre, established in April 2022, has treated more



Royal visit: Tuanku Zara (in red and black) with (from left) Wong, UTAR's M. Kandiah Faculty of Medicine and Health Sciences dean Prof Dr Thong Meow Keong, Chuah, Ting, Dr Sak, Orang Kaya Bendahara Seri Maharaja's wife Toh Puan Datin Seri Diraja Rasiyah Md Nor, Aezer, Dr Ding and other guests taking a photo together during her visit to Hospital UTAR in Kampar. — RONNIE CHIN/The Star

than 167,000 patients to date.

"These patients are not only from Kampar but other areas, including Kelantan and Cameron Highlands.

"Our centre goes beyond traditional Chinese medicine and incorporates other practices such as Ayurvedic and Malay traditional medicine as part of a broader integrative healthcare model," he said.

According to Chuah, the Ayurvedic segment, in particular, has received support from the Indian government, including the placement of specialists and an academic chair to help develop training programmes and courses.

"Plans are underway to introduce a formal degree programme in the field," he said.

Chuah also said the long-term

goal of the hospital is to evolve into a full-fledged teaching hospital, leveraging its growing patient base, case diversity and ongoing collaborations with local and international institutions.

Currently, he said the centre already functions as a training hub, receiving interns from within Malaysia, as well as from countries such as China, Hong Kong

and the United Kingdom.

"Efforts are also being made to integrate T&CM and Western medicine more closely with selected patients undergoing joint assessments by practitioners from both disciplines to determine the most suitable course of treatment.

"As a not-for-profit hospital funded largely through donations, we are committed to providing affordable care with the setting up of a welfare fund.

"Among the initiatives is a 'care now, pay later' programme to assist patients who are unable to afford upfront treatment costs.

"Outreach programmes are regularly conducted in rural areas, including Chinese new villages, Orang Asli and fishing settlements, to provide health screenings and promote awareness," he said.

Dr Ding said the programme is aimed to encourage greater awareness on health and well-being.

"In conjunction with the event, the hospital introduced a special rebate for patients undergoing total knee replacement and total hip replacement surgeries.

"Backed by a RM1mil allocation, the initiative is expected to benefit about 200 patients with priority given to senior citizens in Perak," she said.

Dr Te said the centre has grown steadily in both services and public trust, reflecting increasing recognition within an integrative healthcare model.

In the face of grief, conversations about organ donation with family members must be handled very delicately.

By ZALINA MOHD SOM

MORE than 10,000 Malaysians are currently waiting for life-saving organ transplants.

According to the official pledge portal of the National Transplant Resource Centre (NTRC), the number stands at 10,325, with 10,284 patients waiting for kidneys, 13 for livers, 17 for hearts, three for lungs and eight for combined heart-lung transplants.

Yet the number of available donors remains painfully small.

The website, dermaorgan.gov.my, also shows that 422,126 Malaysians have pledged to donate their organs, but only 1,084 pledges have ultimately translated into actual donations after death, resulting in 3,414 organs and tissues being donated.

This leaves Malaysia's cadaveric organ donation rate – about 1.3 donors per million population – among the lowest in the world.

Yet behind these stark statistics, there are deeply personal moments that unfold quietly inside hospital intensive care units (ICUs).

It is here – often after days of fighting to save a patient's life – that doctors and nurses must sit with grieving families to discuss the possibility of organ donation.

"These are some of the most sacred conversations we have in the ICU," says consultant intensivist and head of critical care services Dr Premela Naidu Sitaram.

Families, she says, are often confronting the shock of sudden loss. "They are facing one of the worst moments of their lives.

Initiating the conversation requires sensitivity, correct timing and deep respect."

The transition from saving a life to requesting a donation must be handled with extreme care. "The approach for organ donation is never introduced in the same breath as the declaration of death," Dr Premela says. "It involves multiple family conferences."

"The family members must be given ample opportunity to ask questions and clear all doubts," she explains.

"Most importantly, they must clearly understand the diagnosis of death. There must not be any confusion, and they must not

feel compelled or rushed."

Working alongside her is Sharon Ann Selvaraj, a senior nurse manager for the critical care unit who helps guide families through discussions with sensitivity to their cultural and personal beliefs.

"Our approach is to support, not persuade," she notes. "We make it very clear that organ donation is entirely their choice and that there is no obligation to decide immediately."

The weight of these conversations might overwhelm an outsider, yet within the ICU, this work is guided by a deep belief in the possibility of survival – even when that survival comes in a different form.

Building trust

"Contrary to popular belief that the ICU is where patients come to die, I saw it as a place where the sickest of patients had a chance to survive," Dr Premela reflects, recalling the thought that drew her to the field decades ago.

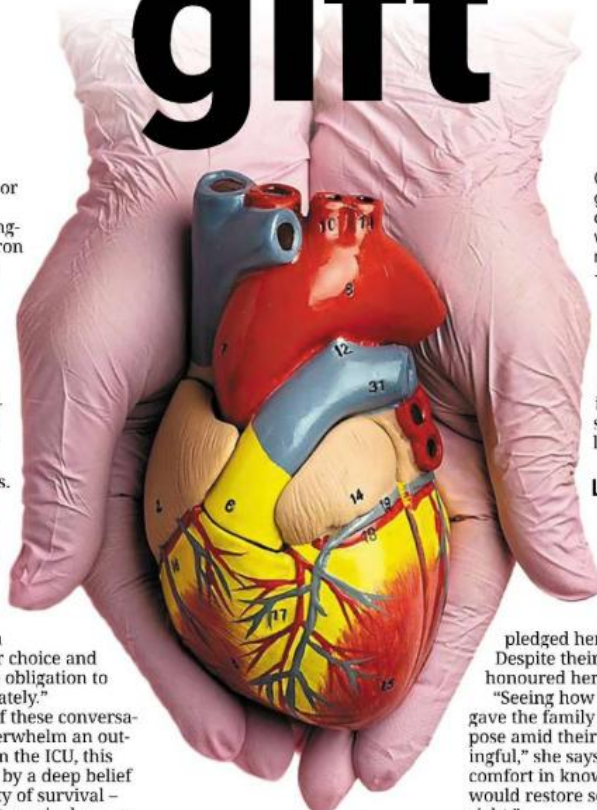
"It is a place where family members have hope and faith."

"Intensivists are involved from the moment a patient is admitted," says Dr Premela. "We spend a lot of time building rapport. There's a circle of trust that exists, which makes breaking bad news and the organ donation conversation smoother. It does not get easier, but it is a conversation that becomes relevant at that point."

Selvaraj says that once a patient's prognosis points towards end-of-life, her role is to guide families with empathy and clarity.

"We listen to their questions, address their fears, and respect

An irreplaceable gift



Organ donation gives others a chance at life when a person is no longer alive. – Freepik

sense of purpose in giving others a second chance at life."

Loss and hope

Selvaraj remembers a case involving a patient battling cancer who had pledged her corneas.

Despite their grief, her family honoured her final wish.

"Seeing how organ donation gave the family a sense of purpose amid their loss was meaningful," she says. "They found comfort in knowing that the gift would restore someone else's sight."

For Dr Premela, every case is heartwrenching and heartwarming in equal measure. "That's the nature of the organ donation process," she says.

"There were patients who died waiting for life-saving organs and subsequently became organ donors themselves."

Dr Premela recalls her first Malay donor, a young man who became brain dead after a motor vehicle accident. The image of his young wife and two-year-old daughter saying goodbye moved the entire ICU team to tears.

"A few days later, the wife and daughter came back to thank us for giving meaning and closure to his sudden and unexpected death," she says. "This was a very humbling and uplifting moment all at once."

For organ pledger Nur Sitifarah Redzuan, her job as a cardiac ward sister allows her to see how organ donation can save lives.

"I have seen patients waiting with hope and families praying for a second chance," says the 35-year-old mother of three, who



Dr Premela says the ICU is where the sickest patients still have a chance to survive and where families hold on to hope. – DR PREMELA NAIDU SITARAM



Selvaraj says discussions about organ donation must be guided by empathy and respect. – SHARON ANN SELVARAJ



Nur Sitifarah believes donation is a final act of compassion. – NUR SITIFARAH REDZUAN

registered as a donor at age 20. For her, faith and profession are inevitably linked.

She says as a Muslim, she believes in the value of helping others.

"Organ donation is my small contribution. When my life ends but my organs could allow someone else to continue living ... that thought gives me comfort."

She says that initially, her family had reservations regarding religious rulings.

However, after learning that organ donation is permitted in Islam as an act of sadaqah or continuous charity, they became her biggest supporters.

For Nur Sitifarah, the decision ultimately comes down to compassion.

"It is about giving hope to another mother, another child, another family," she says.

Countries push back pandemic pact deadline

THE World Health Organisation has said that talks towards completing the missing piece of a pandemic agreement designed to avoid the panic and chaos of Covid-19 has been extended.

Fresh talks are scheduled to run from April 27 to May 1.

Last May, WHO member states adopted a landmark pandemic agreement on tackling future health crises, after more than three years of talks sparked by the shock of Covid-19.

It aims to prevent future pandemics suffering the disjointed international response that characterised the approach to the coronavirus crisis.

But talks on the Pathogen Access and Benefit-Sharing (PABS) system — the heart of the treaty — was put to one side to get the deal over the line. It deals with sharing access to dangerous pathogens with pandemic potential, then sharing the benefits derived from them: vaccines, tests and treatments.

But observers said countries remain deeply divided. Several coun-

tries, especially in Africa, want assurances that once they share pathogen data, they will have access to anything developed using that information.

European countries however, especially those with big pharmaceutical industries, have warned that compulsory benefit-sharing risks stifling research and development.

"There are unfortunately different views on how we can make sure that this system works," said one Western diplomatic source ahead of the talks.

The countries have been tasked with getting PABS finalised by the next World Health Assembly, the WHO's

decision-making body, in mid-May.

As the talks were again adjourned, Michel Kazatchkine, member of The Independent Panel for Pandemic Preparedness and Response, issued a similar message.

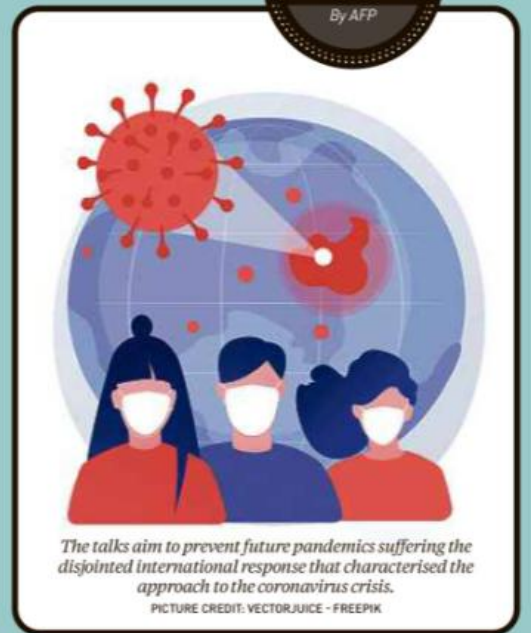
Urging member states to keep working towards common ground, he added: "Their hard work in the weeks ahead can make our world safer for the future."

WHO chief Tedros Adhanom Ghebreyesus warned countries at the start of the talks that they had to get the job done.

"The next pandemic will not wait," he said.

NEW STRAITS TIMES
HEARD THE NEWS?
 Read with me

Supported by the **Malaysian Communications and Multimedia Commission**



GP fee revision strengthens primary care sustainability — MMA

KUCHING: The revision of General Practitioners' (GP) consultation fees marks crucial step towards strengthening primary care and ensuring its long-term sustainability, said the Malaysian Medical Association (MMA).

Its president Datuk Dr Thirunavukarasu Rajoo said the updated structure is necessary as GP fees have remained unchanged since 2006, based on a framework last set in 1992.

"The revision is long overdue. Primary care cannot remain sustainable on a pricing model from three decades ago," he said in a statement.

He said MMA welcomed the gazette of P.U. (A) 150/2026, the amendment to Schedule 7 under the Private Healthcare Facilities and Services Regulations 2006, which took effect yesterday (April 2).

He also expressed appreciation to Health Minister Datuk Seri Dr Dzulkefly Ahmad, saying continued engagement showed primary care is a national priority, as well as to Prime Minister Datuk Seri Anwar Ibrahim for announcing the revision in Budget 2026.

MMA also acknowledge the Health Ministry, particularly the Medical Practice Division, for completing the regulatory process.

Dr Thirunavukarasu said the revised fee structure introduces flexibility, allowing consultation charges to reflect clinical complexity, market conditions and patient needs.

However, he stressed that flexibility must be applied responsibly and should not be misinterpreted as a blanket



Datuk Dr Thirunavukarasu Rajoo

increase.

He said GP services remain the most accessible point of care, and strengthening primary care means improving early detection, continuity of care and long-term disease management.

MMA also addressed public concern over possible fee increases, clarifying that charges would vary depending on consultation complexity.

"A simple consultation is not the same as managing a complex chronic condition, and should not be priced the same," he said.

He added that many corporate panel rates managed by third-party administrators have remained unchanged for years and no longer reflect current medical practice.

Dr Thirunavukarasu said MMA would continue engaging stakeholders to ensure consultation rates remain aligned and called for structured, periodic reviews to avoid similar issues in the future.

"Primary care is not the lowest cost component of healthcare—it is the foundation that prevents higher costs elsewhere," he said, adding that the focus now must be on implementation and sustainability.



Akses lebih adil di bawah Pelan MHIT Asas



Akses perlindungan perubatan diperluas termasuk kepada individu dengan penyakit sedia ada, namun stabil dan terkawal

Oleh Kamarulzaidi Kamis dan Mahanum Abdul Aziz
bhbiz@nstp.com.my

Pelan Insurans dan Takaful Perubatan dan Kesihatan (MHIT) Asas yang akan diperkenalkan awal 2027 bakal menawarkan perlindungan yang lebih inklusif, adil dan berterusan kepada pemegang polisi.

Ia berikutan Bank Negara Malaysia (BNM) sedang mempertimbangkan pengenalan elemen utama iaitu klausa *no look-back* dalam pelan itu.

Dengan adanya klausa khas itu, ia bermakna selepas satu tempoh perlindungan berterusan dipersebutkan, syarikat insurans dan pengendali takaful (ITO) tidak boleh sewenang-wenangnya menolak tuntutan atas alasan penyakit sedia ada dan mesti mengambil kira perlindungan berterusan tanpa sebarang tuntutan terdahulu

yang dibuat oleh pemegang polisi dalam masa tempoh tertentu.

Bagi pemegang polisi, sudah pasti klausa itu memberikan kepastian jangka panjang dan keyakinan bahawa perlindungan mereka akan terpelihara apabila mereka memerlukannya.

Gabenor BNM, Datuk Seri Abdul Rasheed Ghaffour, berkata matlamat pelan MHIT asas adalah jelas iaitu untuk memperluas akses kepada perlindungan perubatan, termasuk bagi individu yang mempunyai penyakit sedia ada, namun stabil dan terkawal.

Justeru, beliau berkata, BNM merumus kerangka pengunderraitan yang bukan saja lebih telus dan seragam, tetapi juga lebih seimbang dari segi pengurusan risiko.

Katanya, Pelan MHIT Asas tidak akan berfungsi seperti produk perlindungan perubatan swasta semasa yang rata-ratanya sering

menolak tuntutan atas sebab teknikal, sebaliknya menawarkan perlindungan yang lebih inklusif, wajar dan berterusan.

"Pada masa ini, kita sedang memuktamadkan mekanisme ini, termasuk definisi yang lebih jelas, tempoh menunggu untuk kelulusan sebagai pemegang polisi pelan asas itu khusus mengikut jenis keadaan kesihatan dan peraturanan pengunderraitan yang konsisten, dengan input daripada pakar perubatan dan ITO.

"Langkah ini bagi memastikan kita mencapai keseimbangan yang baik, memperluas akses sambil mengekalkan kemampunan kumpulan risiko keseluruhan dan premium yang mampu dibayar

semua pihak," katanya kepada *BH* dalam satu temu bual eksklusif, baru-baru ini.

Gabenor berkata, perincian mekanisme itu dijangka dimuktamadkan sebelum pelancaran Pelan MHIT Asas.

Tingkat akses perlindungan

Menurut Kertas Putih Pelan MHIT Asas yang dikeluarkan BNM pada Januari 2026, pelan itu akan mengguna pakai pendekatan pengunderraitan yang diseragamkan, telus dan mencerminkan pendekatan yang seimbang dalam mengurus risiko berkaitan keadaan perubatan sedia ada.

Ia bertujuan untuk meningkatkan akses kepada perlindungan

insurans dan takaful bagi individu yang mempunyai keadaan perubatan sedia ada yang stabil dan dikawal dengan baik, sambil menyokong kemampuan premium serta kestabilannya dalam jangka panjang melalui perlindungan telus yang merangkumi tempoh menunggu yang khusus dan adil.

Abdul Rasheed berkata, Pelan MHIT Asas itu akan mempunyai ciri-ciri yang diseragamkan dan penyertaannya adalah secara sukarela, sementara premium akan ditentukan berdasarkan kumpulan risiko tetapi dalam keadaan yang lebih terkawal.

Katanya, dalam merumus pelan asas itu, nilai utama yang dititikberatkan adalah pelarasan premium yang lebih sederhana dan stabil berbanding produk lain di pasaran sepanjang tempoh perlindungan.

"Ini bermakna pelarasan premium berikutan inflasi perubatan dan faktor peningkatan usia akan lebih terkawal dan dilaksanakan secara beransur-ansur.

"Kestabilan pelarasan ke atas premium ini disokong oleh pengumpulan risiko yang lebih luas melalui penyeragaman produk dan disiplin kawalan kos yang lebih kukuh," katanya.

Langkah ini bagi memastikan kita mencapai keseimbangan yang baik, memperluas akses sambil mengekalkan kemampunan kumpulan risiko keseluruhan dan premium yang mampu dibayar semua pihak

Abdul Rasheed Ghaffour,
Gabenor BNM





Pihak polis membawa Nurul Syafiqaa (kanan) ke Penjara Kajang selepas gagal membayar denda pada Selasa.

Buka klinik gigi tidak berdaftar, wanita ke Penjara Kajang

PETALING JAYA - Seorang wanita didenda RM100,000 oleh Mahkamah Sesyen di sini pada Selasa, kerana menyediakan klinik pergigian swasta yang tidak didaftarkan, enam tahun lalu.

Hakim, Dr Syahliza Warnoh memutuskan demikian selepas mendapati pihak pembelaan mewakili Nurul Syafiqaa Ali, 27, gagal menimbulkan keraguan munasabah di akhir kes pembelaan.

Bagaimanapun, wanita itu selaku orang kena saman (OKS) dihantar ke Penjara Kajang bagi menjalani hukuman jel selama 12 bulan selepas gagal membayar denda tersebut.

Mengikut pertuduhan pindaan, wanita itu didakwa menyediakan klinik pergigian swasta yang tidak didaftarkan di bawah Seksyen 27 Akta Kemudahan dan Perkhidmatan Jagaan Kesihatan Swasta 1998, di Puchong Prima, di sini jam 2.30 petang pada 6 April 2021.

Dia dituduh mengikut Seksyen 4(1) Akta Kemudahan dan Perkhidmatan Jagaan Kesihatan Swasta 1998 dan boleh dihukum di bawah Seksyen 5(1) akta sama, yang membawa hukuman denda tidak melebihi RM300,000 atau penjara tidak melebihi enam tahun atau kedua-duanya, jika sabit kesalahan.

Mengikut fakta kes, pada 6 April 2021, sepasukan pegawai Cawangan Kawalan Amalan Perubatan Swasta, Jabatan Kesihatan Negeri Selangor menyerbu sebuah premis di Puchong Prima selepas menerima maklumat mengenai operasi klinik pergigian swasta yang tidak berdaftar.

Ketika serbuan, OKS sedang memberikan rawatan pemasangan pendakap gigi kepada seorang wanita.

Pemeriksaan mendapati dia gagal mengemukakan bukti pendaftaran klinik pergigian serta perakuan tahunan sebagai pengamal pergigian berdaftar.