KERATAN AKHBAR 6/05/2026 (Rabu)

The Star M/S 9, 21

59% of Hospital Pasir Gudang's posts still unfilled

Ling: 'Despite the staffing constraints, all 14 specialist clinics and clinical services at the hospital are already operational.'

ISKANDAR PUTERI: More than half of the 2,271 approved positions at Hospital Pasir Gudang (HPG) remain vacant, says Johor health and environment committee chairman Ling Tian Soon.

He said only 929 positions or 41%, have been filled so far, leaving a manpower shortage of about 59%.

"Despite the staffing constraints, all 14 specialist clinics and clinical services at the hospital are already operational and the public is seeking treatment there.

"These include the emergency department, surgery, paediatrics and orthopaedics," he told reporters during the state assembly sitting recess here yesterday.

Due to insufficient manpower, he said only 157 beds in nine wards at the 14-ward hospital are operational, despite having a total of 304 beds.

"We are in discussions with the Health Ministry to send more medical assistants, doctors and nurses to help with operations.

"We are targeting all beds to be fully operational by September this year," he said.

On April 30, when opening the assembly meeting, Johor Regent Tunku Ismail Sultan Ibrahim highlighted staffing and equipment shortages at HPG, which must be resolved immediately.

On a separate issue, Ling said details of the proposed appointment of five unelected assemblymen to the legislative assembly have yet to be discussed.

The MCA Youth chief added that any such appointments would require the consent of His Majesty Sultan Ibrahim, King of Malaysia, who is also the Johor Ruler.

The state government is expected to table the proposal during the state legislative sitting on Thursday.

Ling also took the opportunity to brush aside criticism of the proposal from Tebrau MP Jimmy Puah.

"PKR had accepted appointed assemblymen in other states. Before criticising the Johor government, he should look at his own party first.

"In Pahang and Sabah, they have accepted appointed assemblymen as well," he said.

On Monday, Puah, who is also Johor PKR vice-chairman, said the proposal was "a direct challenge to democratic principles".

The 56-seat Johor legislative assembly comprises 40 Barisan Nasional assemblymen, 12 from Pakatan Harapan, three from Perikatan Nasional and one from Muda.

What to know about hantavirus

STUDIES indicate hantaviruses have been around for centuries, with outbreaks documented in Asia and Europe. In the Eastern Hemisphere, it has been linked with haemorrhagic fever and kidney failure.

The disease gained attention last year after late actor Gene Hackman's wife, Betsy Arakawa, died from a hantavirus infection in New Mexico.

Hantavirus is mainly spread by contact with rodents or their urine, saliva or droppings, particularly when the material is disturbed and becomes airborne, posing a risk of inhalation.

People are typically exposed to hantavirus around their homes, cabins or sheds, especially when cleaning out enclosed spaces with little ventilation or exploring areas where there are mouse droppings.

The WHO says that while it rarely happens, hantaviruses can also spread directly between people.

An infection can rapidly progress and become life-threatening. Experts say it can start with symptoms that include a fever, chills, muscle aches and maybe a headache.

Symptoms of hantavirus pulmonary syndrome usually show between one and eight weeks after contact with an infected rodent. As the infection progresses, patients might experience tightness in the chest, as the lungs fill with fluid.

The other syndrome caused by hantavirus – haemorrhagic fever with renal syndrome – usually develops within a week or two after exposure.

Death rates vary by which hantavirus causes the illness. Hantavirus pulmonary syndrome is fatal in about 35% of people infected, while the death rate for hemorrhagic fever with renal syndrome varies from 1% to 15% of patients, according to the CDC.

There is no specific treatment or cure, but early medical attention can increase the chance of survival. — AP

Early detection key to managing diabetes

Story and photo by VENESA DEVI
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DIABETES knows no age limit, making regular blood sugar checks essential for prompt medical intervention.

Diabetes Malaysia (Tanjung Puteri branch) president Datuk Tan Poi Chung warned that the condition was a "silent killer" that could trigger life-threatening complications such as heart attacks or stroke.

"What is particularly worrying is that it can go unnoticed for years until it is too late," Tan said, highlighting that early detection was possible through a simple test.

"By monitoring our glucose levels – even without a diagnosis – we can catch the early warning signs and take action."

Tan said this when met during the branch's annual general assembly in Taman Ungku Tun Aminah, Johor Baru.

The branch was set up almost 20 years ago.

The non-governmental organisation has been conducting programmes, including exhibitions and talks, to increase public awareness about the disease.

Marina (left) visiting one of the booths with Tan (second from left) during Diabetes Malaysia's Tanjung Puteri branch annual general assembly.

Tan lamented that despite its prevalence and danger, many Malaysians were still not taking diabetes seriously.

The event was launched by Skudai assemblyman Marina Ibrahim, who also voiced concern about the country's growing number of diabetics.

"We have to stop looking at this as a disease that only affects the elderly, as many living with the condition are below 50 years old.

"In fact, young people, including schoolchildren, are also being diagnosed with the condition more frequently now.

"This is partly due to the unhealthy food that is cheaply available, not just in schools but also outside," said Marina.

In November last year, Health Minister Datuk Seri Dr Dzulkefly Ahmad said about 3.6 million adults in Malaysia (18.3% of the adult population) were living with diabetes.

Citing a report from the National Health and Morbidity Survey 2023, Dr Dzulkefly added that nearly 1.9 million people were unaware of their condition.

In a special report by *The Star* later the same month, it was revealed that the number had risen to 21%, or one in every five people, as at 2024.

It added that data from the World Bank also showed that Malaysia had the highest rate of diabetes in South-East Asia.

New approach to senior care

The best senior care begins before something goes wrong. A new geriatric clinic is putting prevention first.

By S. INDRAMALAR
Photos: LOW LAY PHON/ The Star

FOR many Malaysian seniors, seeing a geriatric specialist often comes only afer a fall, when memory lapses start to surface, or when managing daily tasks seems impossible.

But, a new Petaling Jaya clinic wants to flip that entirely – by catching problems like these long before they even appear.

Located in Section 19, the ACT4Health clinic looks like a regular primary care clinic. It's open to all Malaysians, and you don't need a referral to walk in. But what differentiates it from most General Practitioner (GP) clinics is its focus on geriatric care. It is a consultant-led service built around proactive care: Timely identification of seniors' needs, followed by the right support and care to help them live healthy, independent lives.

"We want seniors to have their memory screened, or to get screened for deteriorating muscle strength, regularly," explains Prof Dr Tan Maw Pin, professor of geriatric medicine at Universiti Malaya (UM), and founder of the clinic.

"This way, as soon as there are signs of decline, we can pick it up, address it, reverse it, or prevent it from happening. That's what we are aiming for when we provide care for older people – as opposed to treating a problem after the fact."

This, Prof Tan points out, is in line with the United Nations' Decade of Healthy Ageing mandate to encourage independence among older adults.

The team at the Act4Health clinic are (from left) Dr Su, Prof Tan (seated), Dr Nabeela and Dr Ahmad Fakhrullah.

"We want to move away from care just being about crisis-response, to preventive care," she says.

Being in the government healthcare system, Prof Tan is acutely aware of how overextended the public system is.

"There are so many people waiting to see a geriatric specialist. At UMMC, I get about 30 referrals a week, and we are only able to see 10 new patients in our geriatric clinic per month.

"In our memory clinic, we can see about two or three new patients per week. So, the total number of new patients we can absorb a month is only about 20.

"And, we are working on a (staff) deficit. I am overworking my staff. Patients are not always getting the assessments they need, and staff are not getting the level of supervision they require.

"And, because of all this, seniors have to wait about 14 months for an appointment to see us," Dr Tan says.

This is especially frustrating, she adds, because timely assessments are the very foundation of geriatric care.

"Right now, the public healthcare system is operating on crisis-response. It hasn't stopped since 2020 (the pandemic), and the workforce is demoralised and burnt-out.

"We need our young doctors to see the hope in the horizon, and work towards a solution," she says.

That was the catalyst behind ACT4Health. The clinic operates as a start-up under UM, commercialising intellectual property developed through research produced by the university. It is designed to be a replicable model.

"We are aiming to develop clear protocols and hopefully franchise this model," says Prof Tan.

Ideally, our geriatric healthcare model should be built on a three-tier system, she explains. First,

Regular screening for memory and muscle strength is critical care to prevent or reverse decline, not just respond after the fact, says Prof Tan.

specialist-directed care for complex, hard-to-manage individuals who require close geriatric oversight.

Second, GP-led care, guided by clear, evidence-based protocols that allow GPs to deliver proactive geriatric care.

And third, a shared care model – where a senior sees a geriatric specialist once for a comprehensive assessment and care plan, after which their regular GP follows up.

This approach, Prof Tan, says, makes geriatric care more affordable.

Primary care clinics, she notes, are easily accessible to the community but, right now, most GPs cannot offer specialist-level geriatric care.

"This clinic can serve as a model: Offering accessible care for seniors, while also easing the burden on the public health system," she says.

Apart from Prof Tan (who is at the clinic every Saturday), the clinic is manned by two resident doctors, Dr Ahmad Fakhrullah Annuar (also the CEO of the clinic), Dr Nabeela Saaedah Shofwan Badrie, and Dr Jolene Su (an internal medicine specialist with geriatric medical experience), who is at the clinic twice weekly.

"We offer dementia and fall screenings, shingles vaccinations, and preventive check-ups," says Dr Fakhrullah, noting that most who come in do so for memory tests, often after sensing something is wrong.

"At the moment, all of them have a problem," says Prof Tan. "Thankfully, they are at a stage where preventive action can still reverse the issue.

"But, we hope to see seniors who have not yet developed any problems so that a baseline can be established, changes can be monitored over time, and early detection becomes possible."

When seniors walk in, clinic staff will administer baseline tests, including a memory test, grip strength test, "Timed Up and Go" fall risk screening, a standing blood pressure check, and a BMI assessment before they see the doctor. Patients can book appointments online.

And, though it is a geriatric-focused clinic, younger patients can also visit the clinic for their health needs.

"But, we also want people in their 40s and 50s with memory concerns to know that this clinic is for them too," says Prof Tan.

The clinic is building partnerships with private hospitals for services not available onsite, such as PET scans for dementia diagnosis and X-rays.

COMMENT by Dr Chow Sze Loon

To vape or not to vape?

STEP outside many offices today and you will notice a familiar scene – employees gathering for a quick smoke or vape break. It may seem like a routine habit, a moment to unwind. But what if it is telling us something more?

What if rising nicotine use in the workplace is not just about personal choice but a signal of underlying psychosocial stress?

Seventy years ago, tobacco companies reassured the public with a bold claim: The science linking smoking to disease was "not conclusive". That message, published in *"A Frank Statement to Cigarette Smokers"*, delayed public understanding for decades.

Today, the products have changed but the strategy feels familiar. Vaping is often marketed as a cleaner alternative to smoking, appealing to smokers who want to quit.

At the same time, young working adults, especially those facing stress, are increasingly turning to vaping as a coping mechanism. This raises a deeper question: What does the growing use of nicotine in the workplace really signify?

Nicotine use: More than a personal lifestyle

This year's theme for World Day for Safety and Health at Work is "Let's Ensure a Healthy Psychosocial Working Environment". In this context, smoking and vaping should not be viewed merely as lifestyle choices. They may also reflect underlying workplace stress.

Employees may use nicotine to cope with workload pressure, fatigue or demanding tasks. Yet, visible smoking or vaping can also create tension among colleagues, affect productivity and impact the well-being of non-users, especially when it leads to perceived unfairness in break practices.

Nicotine use, therefore, can be both:

- a response to psychosocial strain; and
- a contributor to workplace stress dynamics.

It is a potential early warning sign that should not be overlooked.

Three questions to ask before you vape

Before deciding to vape, particularly for young adults entering the workforce, it is important to rely on evidence, not perception.

Ask yourself three simple questions: Why vape? What is inside? And what does it really cost?

1. What is your real motivation?

For smokers, the motivation is often to quit – a positive and important goal. The benefits of quitting begin quickly: Heart rate improves within minutes and cardiovascular risk starts to decline within weeks. However, switching to vaping is not the same as quitting nicotine.

Evidence on vaping as a cessation tool remains inconsistent. Many users become dual users, continuing to smoke while vaping, potentially increasing exposure to harmful substances rather than reducing it. Proven cessation methods include behavioural counselling, nicotine replacement therapy and prescribed medications under medical supervision.

For younger individuals, vaping is often driven by curiosity, social influence or stress. But nicotine does not relieve stress in the long-term. It creates a cycle of temporary relief followed by withdrawal symptoms such as irritability and anxiety, leading to repeated use.

More concerning is that young vapers are more likely to start smoking later. What is marketed as an alternative may, in reality, act as a gateway.

Key point: The goal should be to quit nicotine; not change how it is delivered.

2. What are you actually inhaling?

Vaping is often described as producing "just water vapour". This is misleading. Vape aerosol contains nicotine – an addictive substance. When inhaled, the fine particles, as well as heavy metals such as nickel, lead and chemical – compounds linked to cancer – penetrate deep into the lungs.

Flavours play a powerful role in masking the harshness of these chemicals, making vaping more appealing, especially to younger users. But flavour does not mean safety. While vaping may expose users to fewer toxic substances than traditional cigarettes, it is not harmless. Some devices deliver nicotine more efficiently, increasing the risk of dependence.

Emerging studies have also shown biological changes in users, including inflammation and oxidative stress – early indicators linked to disease development.

Key point: Fewer toxins do not mean safe. Vaping is simply another way of delivering nicotine along with other harmful substances.

3. What does it really cost?

Nicotine addiction carries health and financial consequences. The "relief" from vaping is short-lived.

Nicotine triggers a brief release of dopamine, creating a temporary sense of calm or pleasure. This is quickly followed by cravings, reinforcing a cycle of dependency.

Although long-term health effects are still being studied, early warning signs are already emerging. Cases of e-cigarette or vaping use-associated lung injury (Evali) have been reported, with some individuals experiencing lasting respiratory problems.

There are also concerns about links to anxiety, depression and cognitive effects following severe lung injury. Financially, the cost adds up.

In Malaysia, regular users may spend between RM300 and RM500 per month, amounting to RM3,600 to RM6,000 annually, for a habit that offers no real health benefit.

Key point: A fleeting sense of relief comes at a real and ongoing cost to both health and finances.

Nicotine addiction carries health and financial consequences. The "relief" from vaping is short-lived. – ***AMIRUL SYAFIQ/THESUN***

Hidden workplace issue

When more employees rely on nicotine to cope, it signals a deeper organisational issue – a potential psychosocial hazard. A healthy work environment should reduce excessive stress, promote healthy coping strategies and support mental well-being.

If nicotine becomes a default coping mechanism, it suggests these supports may be lacking. Employers, therefore, have a role beyond enforcing smoke-free policies. They must also address workplace stress, strengthen mental health support and foster fair and supportive work environments.

Making an informed choice

The question is not simply "to vape or not to vape". It is whether the decision is based on evidence or shaped by perception.

We have seen how doubt can delay action. Today, the science is clearer. For smokers, the most effective path remains: quit nicotine completely, using proven methods.

For those who have never started: there is no benefit in beginning because in the end, changing the device does not remove the risk; it only changes the form.

And in today's workplaces, rising nicotine use may be telling us something more – not just about individuals but about the environments they are trying to cope with.

Dr Chow Sze Loon is a consultant public health physician and occupational health doctor at Penang Adventist Hospital. Comments: letters@thesundaily.com

NST M/S 7

RISE IN CASES

'Adopt humidity-based heat index to gauge real-world conditions

KUALA LUMPUR: Experts say Malaysia's reliance on temperature measurements alone may underestimate heat risks, calling for a humidity-based heat index to better reflect real-world conditions.

The warning comes as heat-related illnesses continue to rise, with the Health Ministry reporting 56 cases nationwide so far this year, including two deaths linked to outdoor exposure and physical activity.

The fatalities involved a 2-year-old boy left inside a vehicle and a 42-year-old man who participated in a marathon in Penang.

Malaysian Environmental Health Practitioners Association chairman Professor Dr Jamal Hisham Hashim said current assessments might not fully capture actual heat stress, particularly in humid environments.

"Temperature alone does not determine heat stress. High humidity reduces the body's ability to cool itself, especially when there is little wind," he told the *New Straits Times*.

He said incorporating heat index-based measurements could improve risk assessments and help authorities better manage exposure, particularly during outdoor activities.

International Islamic University Malaysia medical officer Dr Nur Zafirah Zauddin said recent cases highlighted the need for stronger preventive measures, especially for high-risk groups.

"Hydration alone is not sufficient to prevent heatstroke, particularly during prolonged or high-intensity activities."

She added that outdoor events should be modified or cancelled once heat index levels reached high-risk thresholds, as continued exertion under such conditions could lead to serious complications.

Dr Zafirah said vulnerable groups — including the elderly, children and those with chronic illnesses — should limit outdoor exposure during peak heat hours.

Meanwhile, the Education Ministry said schools must adhere to existing guidelines during hot weather, including limiting outdoor activities, ensuring adequate hydration and monitoring students' condition.

It said schools could adjust or cancel outdoor activities during periods of extreme heat.

Dr Zafirah described heatstroke as a medical emergency that "requires rapid cooling and urgent medical attention".

She said delays in treatment could lead to severe complications.

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Lee cradles a 'baby' delivered by a midwife during the launch of the conference.

Work together on S'wak's maternal, child healthcare challenges, stakeholders told

Jenifer Laeng

MIRI: Strong partnerships among healthcare professionals are crucial to improving maternal and child health outcomes, particularly in Sarawak's vast and challenging rural landscape, said Dato Sri Lee Kim Shin.

Speaking at the 5th International Midwives Day Conference 2026 here yesterday, the Transport Minister said midwives are not only caregivers but trusted companions in ensuring the safe delivery of new life.

"This year's theme, 'The Power of Partnership: Midwives Collaborating for Better Maternal and Child Health Outcomes,' is both timely and significant.

"It reflects our shared understanding that quality healthcare cannot be achieved through individual effort alone, but through strong and meaningful collaboration," he said.

The Senadin assemblyman said the challenges facing maternal and child healthcare today are complex and constantly evolving, requiring close cooperation among midwives, doctors, specialists, and all relevant stakeholders.

"When all parties work together, they strengthen the entire healthcare system and, in turn, improve outcomes for the communities they serve."

Touching on Sarawak's unique context, Lee said partnerships must also address geographical challenges, as vast distances, dispersed rural populations, and remote settlements continue to affect access to timely maternal healthcare.

"In many interior areas such as Kapit and Baram, midwives are the primary, and at times the only, providers of maternal care.

"Their dedication often requires travelling by river or rugged overland routes to reach expectant mothers in longhouse communities," he said.

He stressed that connectivity is therefore a critical enabler of healthcare delivery, noting that investments in road infrastructure, reliable transport systems and emergency access are essential to reducing preventable maternal and neonatal deaths.

"These efforts are in line with Sarawak's Post Covid-19 Development Strategy 2030, which prioritises inclusive and balanced development.

"Equitable healthcare access, supported by rural infrastructure and digital connectivity, is key to ensuring no community is left behind," he said.

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'Consider reinstating midwifery training for nurses in Sarawak'

> From Page 1

He pointed to tangible progress through rural road upgrades, expanded telecommunications networks, mobile healthcare services, and flying doctor initiatives which have enhanced the reach and responsiveness of healthcare teams in remote areas.

On the two-day conference, which kicked off Monday and attended by some 500 midwives from across Malaysia and Brunei, Lee commended the organisation of the conference for its strong focus on innovation and excellence, particularly discussions on the responsible use of technology and artificial intelligence in patient care to improve efficiency, access and clinical decision-making.

Meanwhile, Sarawak Midwives Association president Rosena Abdul Ghani called for policymakers to consider reinstating midwifery training in Sarawak for nurses.

Also present were Ministry Of Health director of nursing Gowry Narayanan and organising chairlady Rose Mary Jok.

Sinar Harian M/S 21

HPG masih kekurangan tenaga kerja

Hanya 41 peratus atau 929 daripada 2,271 perjawatan diisi setakat ini

Oleh NOR AZURA MD AMIN

ISKANDAR PUTERI – Kerajaan negeri menyasarkan 59 peratus lagi kekosongan jawatan kosong di Hospital Pasir Gudang (HPG) dapat diisi pada September depan.

Exco Kesihatan dan Alam Sekitar negeri, Ling Tian Soon berkata, ketika ini perjawatan di HPG sudah 41 peratus diisi sejak beroperasi pada awal tahun ini.

Jelas beliau, secara keseluruhan terdapat 2,271 perjawatan tetapi buat masa kini hanya 929 perjawatan sudah diisi.

"Buat masa ini, 14 klinik pakar atau klinikal servis di HPG sudah beroperasi secara keseluruhan contohnya jabatan kecemasan, pembedahan am, pediatrik dan ortopedik.

"HPG mempunyai 304 katil dan kini 157 katil dalam sembilan wad sudah beroperasi, kami belum cukup kakitangan (untuk membolehkan wad lain beroperasi)," katanya.

Beliau berkata demikian dalam sidang akhbar ketika sidang Dewan Undangan Negeri (DUN) di Bangunan Sultan Ismail, Kota Iskandar di sini pada Selasa.

Pada Khamis, Pemangku Sultan Johor, Tunku Mahkota Ismail dalam ucapan pembukaan sidang DUN bertitah agar operasi HPG dapat di percepatkan.

Mengulas lanjut, Tian Soon berkata, ketika ini Hospital Sultanah Aminah (HSA) dan Hospital Sultan Ismail (HSI) di Johor Bahru masih menampung jumlah pesakit dari Pasir Gudang.

Dalam pada itu, Tian Soon turut berterima kasih kepada Tunku Ismail kerana membangkitkan masalah tersebut demi kepentingan dan keperluan rakyat.

HPG dijangka beroperasi secara penuh pada September depan.

Berita Harian M/S 2, 5

Tangani klinik swasta 'tenat', elak jangkiti fasiliti kesihatan awam

Laporan eksklusif akhbar ini, semalam, mengenai lebih 70 peratus klinik swasta 'tenat' bukan hanya menyuarakan nasib dihadapi pengamal perubatan am (GP) dan klinik swasta di negara ini, bahkan ia juga membangkitkan kemungkinan berlakunya ketidakseimbangan dalam keseluruhan ekosistem perkhidmatan kesihatan tanah air. Dalam keadaan sistem kesihatan awam sudah berdepan kesesakan, kedudukan lebih 10,000 klinik swasta sebagai barisan hadapan penjagaan primer tidak boleh dipandang ringan. Jika segmen ini mula melemah, kesannya bukan sahaja kepada mereka secara individu, tetapi akan 'berjangkit' terus kepada hospital dan klinik kerajaan.

Dapatan kajian Persatuan Perubatan Malaysia (MMA) membabitkan hampir 2,000 klinik itu, mendedahkan realiti sebenar yang jarang diperkatakan. Sebanyak 21.1 peratus klinik memperoleh pendapatan bawah RM20,000 sebulan, manakala majoriti lain berada dalam julat tidak jauh berbeza, sekali gus menggambarkan tekanan besar terhadap kelangsungan operasi. Pada masa sama, hanya sebahagian kecil berada pada tahap selesa.

Lebih membimbangkan ialah persaingan tidak seimbang daripada perkhidmatan kesihatan dalam talian dan penjualan ubat melalui media sosial tidak dikawal selia dengan ketat. Dalam situasi ini, klinik swasta yang tertakluk pelbagai peraturan ketat seolah-olah berdepan padang permainan tidak sama rata. Pesakit pula semakin cenderung mencari alternatif lebih murah, termasuk membeli ubat sendiri, sejajar tekanan kos sara hidup semakin menghimpit.

Namun, realiti dihadapi klinik swasta tidak boleh dilihat secara terpisah daripada cabaran masyarakat secara keseluruhan. Kenaikan kos sara hidup, peningkatan harga perubatan dan persepsi terhadap kos rawatan swasta turut mempengaruhi tingkah laku pesakit. Dalam keadaan ini, ramai memilih menangguhkan rawatan, beralih kepada klinik kerajaan atau mencari jalan pintas yang mungkin menjejaskan keselamatan kesihatan.

Hakikatnya, klinik swasta memainkan peranan penting sebagai penampan kepada sistem kesihatan negara. Mereka membantu mengurangkan kesesakan di fasiliti awam, mempercepat akses kepada rawatan dan menyediakan perkhidmatan pada peringkat komuniti. Jika semakin banyak klinik terpaksa menutup operasi, tekanan ke atas sistem awam akan meningkat secara mendadak, sekali gus menjejaskan kualiti perkhidmatan kepada rakyat.

Justeru, penyelesaian kepada isu ini tidak boleh bersifat terasing atau bersifat reaktif semata-mata. Kementerian Kesihatan (KKM) perlu melihatnya secara menyeluruh dalam kerangka lebih besar, selari aspirasi Kertas Putih Kesihatan. Ini termasuk menilai semula model pembiayaan kesihatan, peranan klinik swasta dalam sistem nasional serta keperluan kawal selia lebih adil antara perkhidmatan fizikal dan digital. Pada masa sama, pendekatan bersepadu membabitkan semua pemegang taruh perlu diperkukuh. Isu seperti campur tangan pihak insurans, beban regulasi, harga ubat dan laluan kerjaya doktor tidak boleh diselesaikan secara berasingan. Setiap komponen ini saling berkait dan memerlukan dasar lebih tersusun serta responsif terhadap perubahan semasa.

Akhirnya, cabaran dihadapi klinik swasta hari ini mencerminkan keperluan reformasi lebih luas dalam sistem kesihatan negara. Tanpa tindakan menyeluruh dan berani, kita berisiko menyaksikan satu lagi tekanan besar terhadap sistem yang sudah sedia rapuh. Apatah lagi dalam soal kesihatan, kegagalan satu segmen akan 'berjangkit' kepada keseluruhan sistem dengan rakyat yang berada pada hujung perkhidmatan turut menerima kesannya.

Peluang jalani latihan perubatan di UK kini lebih kompetitif

Kuala Lumpur: Kelayakan graduan perubatan tempatan yang mengikuti program berkaitan United Kingdom (UK) kekal diiktiraf oleh badan profesional antarabangsa, namun peluang untuk menjalani latihan siswazah di negara itu kini menjadi lebih kompetitif susulan perubahan dasar kerajaan itu.

Provost Wilayah dan Ketua Eksekutif Kumpulan (Asia Timur dan Asia Tenggara) Newcastle University, Profesor Dennis Wong, berkata kelayakan pelajar masih diiktiraf oleh Majlis Perubatan Am (GMC) UK serta Majlis Perubatan Malaysia (MMC), sekali gus membolehkan graduan meneruskan kerjaya sebagai doktor.

"Bagaimanapun, dasar baharu UK memberi keutamaan kepada graduan tempatan serta pelajar antarabangsa yang menuntut di UK sendiri bagi penempatan latihan perubatan.

"Justeru, pelajar tempatan atau penuntut asing yang belajar di Malaysia masih boleh memohon, tetapi permohonan mereka kini berada dalam senarai simpanan.

"Ia berikutan keutamaan diberikan kepada graduan UK terlebih dahulu dan hanya kekosongan lebihan akan ditawarkan kepada calon lain," katanya kepada *BH*.

Situasi terbabit berpunca daripada pengenalan Medical Training (Prioritisation) Bill Act di Parlimen United Kingdom yang bertujuan mengutamakan graduan perubatan tempatan dalam penempatan latihan klinikal (Foundation Programme).

Langkah itu diambil bagi melindungi pelaburan pembayar cukai UK memandangkan kos melatih seorang doktor di sana mencecah £245,000 (RM1.31 juta), selain menangani lonjakan permohonan latihan yang meningkat secara mendadak daripada 12,000 pada 2019 kepada hampir 40,000 orang tahun lalu.

Dasar baharu ini secara teknikal memperkenalkan kriteria 'kehadiran fizikal' yang bermaksud keutamaan automatik diberikan kepada pelajar yang menamatkan pengajian sepenuhnya di dalam wilayah UK.

Perubahan itu memberi cabaran besar kepada model pendidikan rentas negara (TNE) walaupun ijazah yang dianugerahkan setara dari segi akademik, graduan dari kampus antarabangsa kini diletakkan di bawah kategori senarai simpanan.

Menjelas lanjut, Dennis berkata, bagi kampus Malaysia, implikasi perundangan menyebabkan graduan perubatan kini perlu bersaing dalam ekosistem yang lebih kompetitif untuk mendapatkan tempat latihan di UK.

Bagaimanapun katanya, situasi itu tidak memberi kesan besar kepada pelajar negara ini kerana mereka masih boleh menjalani latihan perubatan di hospital kerajaan atau universiti tempatan.

"Program 'housemanship' terpilih di Malaysia juga diiktiraf GMC, justeru mereka tetap layak berkhidmat di Malaysia dan berpotensi ke UK pada masa depan," katanya.

Bagi pelajar antarabangsa, katanya mereka tidak boleh terus berada di Malaysia selepas tamat pengajian dan perlu kembali ke negara asal atau memohon penempatan di UK atau negara lain.

"Tahun ini, seramai 103 graduan memohon penempatan di UK dengan kira-kira separuh daripadanya rakyat Malaysia dan selebihnya pelajar antarabangsa.

> "Pelajar tempatan atau penuntut asing yang belajar di Malaysia masih boleh memohon, tetapi permohonan mereka kini berada dalam senarai simpanan"

Dennis Wong,
Provost Wilayah dan Ketua Eksekutif Kumpulan (Asia Timur dan Asia Tenggara) Newcastle University

"Bagaimanapun, sebelum pandemik COVID-19, hanya sekitar 30 peratus graduan memilih ke UK, namun peluang meningkat selepas pandemik berikutan kekurangan tenaga kerja dalam Perkhidmatan Kesihatan Kebangsaan (NHS) serta pelonggaran sekatan visa tertentu pada 2020," katanya.

Beliau berkata, perubahan dasar terbaharu oleh kerajaan UK yang memberi keutamaan kepada graduan mereka sendiri selaras dengan amalan negara lain seperti Australia yang turut mengutamakan graduan tempatan.

"Ini bukan isu kerajaan Malaysia, sebaliknya keputusan dasar kerajaan UK. Setiap negara mempunyai hak untuk menentukan keutamaan masing-masing," katanya.

Beliau menjelaskan pihak universiti kini bekerjasama rapat dengan pelbagai pihak termasuk universiti lain yang berada dalam situasi sama, British Council, Suruhanjaya Tinggi British dan UK Medical School Council bagi memperjuangkan peluang graduan sejak Februari lalu.