**AKHBAR : THE STAR**
**MUKA SURAT : 6**
**RUANGAN : NATION**

# Hospitals still short of doctors

## Contract system continues to be blamed for manpower crisis, long wait times

By RAGANANTHINI VETHASALAM
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**PETALING JAYA:** Five years after the Covid-19 pandemic and nearly a decade since the introduction of the contract system, some public healthcare facilities continue to grapple with chronic manpower shortages and long wait times for treatment.

Patients at government facilities can face wait times of up to six hours, with doctors at understaffed clinics sometimes seeing between 80 and 100 patients in a single day.

An orthopaedic surgeon at a government hospital said the ideal wait time for patients should be around 60 minutes.

"My clinic has about six or seven doctors managing around 120 to 130 patients daily," he said.

"While some orthopaedic cases with straightforward diagnoses can be handled within five to 10 minutes, the standard consultation takes about 15 minutes per patient. In contrast, psychiatric consultations may require up to 30 minutes, meaning doctors in that field typically see only six to seven patients per day. Ideally, an orthopaedic doctor should be seeing 15 to 20 patients daily," he added.

A recent viral social media post highlighted the issue, with a patient claiming she had registered at Hospital Kuala Lumpur's orthopaedic clinic at 9am but only completed treatment by 3pm.

The post included a photo of a notice that read: "There aren't many doctors. The waiting time to see a doctor will be more than six hours."

Another doctor serving in a rural clinic said patient loads could reach up to 80 a day per doctor.

"We are severely understaffed. We're constantly waiting for more doctors to be posted here," said the doctor, who spoke on condition of anonymity due to civil service restrictions on public statements.

"Things haven't improved much since the Covid-19 pandemic. Manpower remains a critical issue. It's time to abolish the contract system or we'll never be able to resolve the shortage."

According to projections released in 2023 by Dr Hirman Ismail, deputy director of the Health Ministry's medical development division, the public healthcare sector would require 63,040 doctors by 2025 and 79,931 by 2030.

As of last year, there were nearly 52,000 doctors employed in government service.

Data from the Statistics Department indicates that the national population is expected to reach 36 million in 2025 and 38 million by 2030.

Based on the recommended doctor-to-population ratio, Malaysia would require 90,057 active doctors in 2025 and 114,187 by 2030.

It was further projected that 30% of the doctors in public service should be specialists, translating to 18,912 and 23,979 specialists needed in 2025 and 2030 respectively.

However, as of last year, only around 8,000 specialists were serving in the public sector.

The ministry had targeted a ratio of 2.5 doctors per 1,000 population by 2025 and 3.0 per 1,000 by 2030, equivalent to one doctor for every 400 people by 2025 and one for every 330 people by 2030.

Sarawak Deputy Premier Datuk Amar Dr Sim Kui Hian said on July 12 that the state would need about 6,000 doctors by 2025, but currently has only 4,000.

The contract system, introduced nearly a decade ago, continues to be blamed for the manpower crisis, as not all doctors under contract are absorbed into permanent positions. The country is also contending with a growing brain drain in the medical field.

On July 5, Health Minister Datuk Seri Dr Dzulkefly Ahmad said that a plan to reduce excessive wait times at government hospitals is in the final stages of development.

He noted that efforts to address the issue had been ongoing even before he assumed office.

To its credit, the ministry has taken steps to ease the situation, including diverting non-critical cases to health clinics to decongest emergency departments, and reducing wait times at health clinics from three hours to 30 minutes.

**AKHBAR : THE STAR**
**MUKA SURAT : 6**
**RUANGAN : NATION**

# Public healthcare system under serious strain

By RHEMA SENG
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**JOHOR BARU:** Public healthcare workers in Johor are under severe strain, with nurses reportedly caring for over 10 patients per shift – far exceeding the ideal nurse-to-patient ratio of 1:6, says Johor Mentri Besar Datuk Onn Hafiz Ghazi.

He said serious manpower shortages, particularly in major hospitals in Johor Baru, are placing immense pressure on the state's healthcare system.

"The shortage of healthcare personnel across key categories such as specialist doctors, medical officers, assistant medical officers, nurses and support staff is a pressing concern.

"This is affecting not only the morale of our frontline workers but also the quality of care delivered to patients," he said in a Facebook post after visiting Hospital Sultan Ismail (HSI) with state health and environment committee chairman Ling Tian Soon yesterday.

Onn Hafiz cited instances where nurses were tasked with caring for 10 to 14 patients per shift – well above the recommended ratio of 1:6, or at most 1:8.

"This situation is not only unfair to our medical staff but also poses a serious risk to patient safety if left unresolved," he warned.

He emphasised that the state government is treating the issue with urgency and will continue to support the healthcare sector through improved facilities and additional medical resources.

The matter, he added, would also be raised with the Health Ministry and other relevant agencies.

Onn Hafiz said he would personally appeal for the immediate filling of vacant healthcare positions in Johor, stressing that this must be done without compromise.

He also expressed his gratitude to all healthcare workers for their continued dedication and service, assuring them that the state government remains committed to building a more efficient and sustainable healthcare system.

His remarks come just days after Johor Regent Tunku Mahkota Ismail called on the Federal Government to expedite the filling of vacancies in the health sector to address the severe overcrowding at several major hospitals in the state.

The Regent voiced concern over the critical situation at Hospital Sultanah Aminah, HSI, Hospital Temenggong Seri Maharaja Tun Ibrahim in Kulai and several other facilities struggling with staff shortages.

**Making the rounds:** Onn Hafiz (second from left) visiting HSI to observe the working conditions of healthcare staff with Ling (walking behind him).

**AKHBAR : THE STAR**
**MUKA SURAT : 6**
**RUANGAN : NATION**

# Trainee specialists to receive full allowance

By SHYAFIQ DZULKIFLI
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**PETALING JAYA:** Doctors undergoing supervised work experience (SWE) following their specialist training will now be entitled to full specialist allowances under a new incentive introduced by the Health Ministry.

The ministry announced in a statement that the rollout of the Pre-Gazette Specialist Incentive Payment (BIPPW), which ensures that doctors performing specialist-level duties during the mandatory SWE period receive the same financial incentives as fully gazetted specialists.

This initiative is in line with the Medical (Amendment) Act 2024, which came into effect on July 1.

The BIPPW will be granted immediately upon a doctor's entry into SWE, a transitional stage after completing specialist training, during which they are supervised by senior specialists to assess their clinical competence.

The incentive mirrors the existing Specialist Incentive Payment (BIP), offering rates between RM1,900 and RM2,800, depending on the officer's grade (UD/UG10 to UD/UG14).

Previously, under the old gazettement process, medical officers only became eligible for BIP after being formally registered as specialists.

The restructured framework now streamlines this transition, offering uninterrupted financial recognition for those already working at a specialist level.

The ministry said the incentive reflects its commitment to safeguarding the welfare of public healthcare professionals and ensuring continuity in patient care.

It also noted that the new legal framework helps address long-standing issues related to specialist recognition and registration under the National Specialist Register (NSR), particularly in fields such as cardiothoracic surgery, family medicine, plastic surgery and general pathology.

Meanwhile, the Malaysian Medical Association's Section Concerning House Officers, Medical Officers and Specialists (MMA Schomos) welcomed the announcement, saying it alleviated concerns that existing specialist allowances might be reduced under the revised gazettement process.

"We take note of the assurance that the specialist allowance will not be reduced in any way under the new NSR-SWE-gazettement model, but is now rebranded as the BIPPW. We are thankful," the group said in a Facebook post.

MMA Schomos also renewed its call for the introduction of a dedicated allowance for subspecialists, stressing the importance of fairly rewarding and retaining highly-trained professionals in advanced medical fields.

**AKHBAR : THE STAR**
**MUKA SURAT : 6**
**RUANGAN : NATION**

# Staff barred from accepting 'gifts' for mortuary services

**PETALING JAYA:** Hospital staff are strictly prohibited from accepting any form of gratification or bribes for mortuary services, warns the Health Ministry.

"They are prohibited from receiving any gift, contribution, payment or inducement that could be considered a bribe or corruption in managing deceased patients. This includes providing information or personal details of the deceased to external parties or individuals involved in funeral management," the ministry said in a recent circular.

It said any wrongdoing or corrupt activity related to mortuary services must be reported, adding that the hospital's role ends once the remains are handed over to the deceased's family.

The ministry said the deceased's family is responsible for managing the remains, and the hospital is not allowed to recommend any funeral services to them.

Hospitals may, however, provide a list of funeral service operators from the state Islamic religious council but it is up to the next of kin to choose their preferred service.

Hospitals do not provide funeral management services such as bathing, shrouding, embalming or transporting the body overseas, it added.

However, in cases involving victims of gruesome accidents, decomposed bodies, infectious disease patients or other situations deemed appropriate by the Forensic Department, the hospital may provide a bathing room if available.

Last year, five staff members of a government hospital in Seremban were charged with accepting bribes ranging from RM600 to RM2,250 for mortuary services between 2021 and 2023.

**AKHBAR : NEW STARITS TIMES**
**MUKA SURAT : 3**
**RUANGAN : NATION**

HEALTH MINISTRY

# New incentive payment for pre-gazette specialist doctors

**KUALA LUMPUR:** The Health Ministry has approved the Pre-Gazette Specialist Incentive Payment, a new incentive payment for medical officers undergoing supervised work experience following the completion of specialist training.

Previously, payments were made after the gazettement process was completed. Payments will now be made monthly starting from the date the supervised work experience begins.

Supervised work experience refers to the mandatory probationary period during which medical officers, after completing their specialist training, are supervised by a senior medical officer to ensure they are fully competent in fulfilling their roles as specialists.

The ministry said the rate would be equivalent to the existing Specialist Incentive Payment and would be determined based on the medical officer's grade (Grades 10 to 14).

"Before the Medical Act 1971 was amended in 2024, this process was known as the specialist gazette process, where the medical officer would only receive the Specialist Incentive Payment after completing the gazettement.

"The implementation of the Pre-Gazette Specialist Incentive Payment is in line with the Medical Act 2024 (Amendment) (Act A1729), which came into force on July 1," it said yesterday.

The ministry said the incentive recognised the responsibilities and workload of medical officers during their supervised work experience, which involved performing duties comparable to those of a qualified specialist.

It said specialist training programmes in the country were now more regulated with the enforcement of the amended act.

Medical practitioners previously affected by issues surrounding the recognition and registration of specialties, particularly in cardiothoracic surgery, family medicine, plastic surgery and generic pathology, can now be considered for registration.

"The ministry is committed to strengthening the national health system and hopes that all medical officers can continue to contribute to the well-being of society," it said.

**AKHBAR : THE SUN**
**MUKA SURAT : 3**
**RUANGAN : NATIONAL**

# 'Medical officers to receive incentive payment during probation period'

**PUTRAJAYA:** The government has approved the specialist incentive payment to medical officers who are undergoing the supervised work experience (SWE) after completing their specialist training.

SWE is a probationary period during which they will be supervised by senior medical experts to ensure they are competent in carrying out their duties and responsibilities as specialists.

The Health Ministry, in a statement yesterday, said the incentive payment is in line with the Medical (Amendment) Act 2024 [Act A1729], which came into force this month.

"The payment will start as soon as the officer commences SWE. Before the Medical Act 1971 was amended, the process was known as the specialist gazettement, where the medical officer would only receive the incentive payment after completing the gazette process.

"The payment rate is the same and it involves officers in Grades 10 to 14," it said.

The incentive serves as recognition of the commitment and responsibilities carried by medical officers throughout the SWE period, during which they perform duties equivalent to those of a medical specialist.

It is also a significant step in safeguarding the welfare of ministry personnel, while boosting morale and ensuring the continuity and quality of medical services for the people.

With the enactment of Act A1729, all specialist training programmes are more clearly regulated under the law.

"Any medical practitioner affected by the issue of recognition and registration of specialists, especially those in the fields of cardiothoracic surgery, family medicine, plastic surgery and generic pathology can now be considered for registration as promised by the government early last year."

Medical officers who undergo SWE under the regularity of the relevant process also no longer need to worry about the allowances they are entitled to receive. – Bernama

**AKHBAR : UTUSAN MALAYSIA**
**MUKA SURAT : 1**
**RUANGAN : MUKA DEPAN**

# 'Ikat' graduan perubatan, elak krisis kesihatan negara

**Oleh ARIF AIMAN ASROL**
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**PETALING JAYA:** Kerajaan dicadang 'mengikat' graduan perubatan tempatan bagi mengelak mereka dari menabur khidmat di negara luar sehingga menyebabkan Malaysia kerugian dan kekurangan pekerja perubatan, sekali gus membentuk krisis kesihatan negara.

Perkara ini boleh dilakukan menerusi peraturan atau syarat baharu yang boleh dikenakan terutama bagi graduan perubatan yang menerima biasiswa termasuk dari Majlis Amanah Rakyat (Mara).

Pelajar yang menerima tajaan kerajaan hingga 95 peratus perlu diwajibkan berkhidmat di sektor kesihatan awam negara.

**Bersambung di muka 3**

**AKHBAR : UTUSAN MALAYSIA**
**MUKA SURAT : 3**
**RUANGAN : DALAM NEGERI**

# 'Ikat' graduan perubatan, elak krisis kesihatan negara

**Dari muka 1**

Pengerusi Majlis Dekan Fakulti Perubatan Universiti Awam Malaysia (MDFPUAM), Prof. Dr. Jamalludin Ab. Rahman berkata, graduan berkenaan perlu menunjukkan 'kesetiaan' mereka kepada negara selepas tamat pengajian.

"Kami pun setuju bahawa sepatutnya pelajar-pelajar yang menjalani program perubatan dengan menggunakan subsidi kerajaan, seharusnya ada sifat setia kepada negara kerana yuran mereka ditaja," katanya kepada *Utusan Malaysia*.

Terdahulu, akhbar ini melaporkan, Agensi Pencarian Bakat Singapura kini dipercayai sedang 'memburu' doktor dan jururawat berkualiti dan berpengalaman negara ini untuk bekerja di republik itu dengan tawaran gaji dan elaun lebih tinggi.

Ini terbukti apabila agensi dari negara jiran itu bakal mengadakan sesi temuduga terbuka bagi pengambilan doktor berpengalaman di sebuah hotel di Kuala Lumpur bulan depan dengan iklan menawarkan pakej tahunan RM365,106 bersama perumahan dan faedah lain.

Pada 2015, Malaysia berhadapan dengan jumlah lambakan graduan perubatan iaitu sekitar 6,000 orang setahun dikeluarkan hingga menyebabkan mereka terpaksa menunggu untuk penempatan housemanship dan kerajaan mula memperkenalkan sistem lantikan kontrak doktor pelatih.

Perkara itu menyumbang kepada masalah yang berlaku dalam sektor kesihatan awam ketika ini iaitu ramai doktor pelatih yang hanya menerima lantikan kontrak sehingga menyebabkan mereka memilih untuk berhijrah ke luar negara.

Mengulas lanjut, Dr. Jamalludin berkata, langkah mewajibkan pengkhidmatan itu perlu diselaraskan dengan jaminan kerjaya dan faedah yang baik untuk terus mengekalkan bakal pegawai perubatan itu di dalam sektor awam.

Ini kerana, jelasnya, pegawai perubatan memilih untuk meninggalkan sektor kesihatan awam adalah kerana masalah penjawatan yang kebanyakkannya bergantung kepada lantikan kontrak dan tiada jaminan bagi masa hadapan mereka.

"Kita hendak sangat ada doktor tetapi pada masa sama, kita kena pastikan perjawatan tetap itu ada. Hendak pegawai-pegawai perubatan ini kekal di dalam kerajaan maka perlunya laluan kerjaya yang jelas dan terjamin.

"Jika pegawai perubatan ini terus ditakut-takutkan dengan kata tiada perjawatan di dalam kerajaan, mereka terpaksa menunggu untuk jawatan kontrak dan akan diperbaharui sahaja, sudah pasti mereka akan cari tempat yang lebih baik," katanya.

Beliau turut mengakui bahawa terdapat banyak negara terutama Singapura yang kini menjadi tempat tumpuan untuk graduan dan pegawai perubatan berhijrah atas faktor pelbagai tarikan lumayan.

"Selain dari laluan kerjaya yang jelas, peluang untuk melanjutkan pengajian iaitu untuk buat kepakaran, tawaran-tawaran lain juga lumayan. Saya merasakan sukar untuk kerajaan bersaing dengan semua ini.

"Malah, ternyata dengan jelas daripada Majlis Perubatan Singapura bahawa lulusan dari Universiti Malaya (UM) dan Universiti Kebangsaan Malaysia (UKM) bahawa mereka boleh terus bekerja di negara tersebut mengikut regulasi semasa. Jadi ini antara keistimewaan yang diberikan," katanya.

Tambahnya, kerajaan juga perlu menyelesaikan masalah-masalah yang membebani sektor kesihatan awam sekian lama iaitu seperti isu buli dan beban kerja.

"Kementerian Kesihatan (KKM) perlu atasi masalah-masalah yang ada dan diperjelaskan kepada pegawai-pegawai perubatan," ujarnya.

**AKHBAR : UTUSAN MALAYSIA**
**MUKA SURAT : 3**
**RUANGAN : DALAM NEGERI**

# Kekurangan petugas kesihatan di Johor kritikal - Onn Hafiz

**Oleh KHAIRUL MOHD. ALI**
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**JOHOR BAHRU:** Seorang jururawat di Johor terpaksa menguruskan antara 10 hingga 14 pesakit dalam satu syif berbanding nisbah ideal 1:6 atau maksimum 1:8.

Menteri Besar, Datuk Onn Hafiz Ghazi berkata, situasi itu jelas menunjukkan negeri ini berdepan isu kekurangan petugas kesihatan yang kritikal, melibatkan hospital-hospital utama.

Beliau berkata, tekanan kerja tinggi bukan sahaja menjejaskan moral petugas, malah memberi kesan terhadap kualiti rawatan yang diterima pesakit.

Katanya, kerajaan negeri komited bekerjasama dengan Kementerian Kesihatan (KKM) bagi memastikan isu itu dapat diatasi.

"Realitinya amat membimbangkan, kekurangan petugas kesihatan di hospital utama melibatkan pelbagai kategori, termasuk doktor pakar, pegawai perubatan, penolong pegawai perubatan, jururawat serta anggota sokongan lain," katanya dalam kenyataan selepas meninjau operasi Hospital Sultan Ismail (HSI) di sini, kelmarin.

Pada 8 Julai lalu, Pemangku Sultan Johor, Tunku Mahkota Ismail bertitah supaya isu kekurangan petugas kesihatan di tiga hospital awam utama iaitu HSI, Hospital Sultanah Aminah (HSA) dan Hospital Pasir Gudang (HPG) yang akan beroperasi secara berfasa bermula 1 Ogos ini dapat diselesaikan dengan segera.

Situasi sama turut berlaku di Melaka, di mana sektor kesihatan awam negeri itu berdepan tekanan kerana mengalami kekurangan lebih 1,000 jururawat dan kira-kira 30 pegawai perubatan sehingga menjejaskan kelancaran operasi di hospital dan klinik kerajaan.

Onn Hafiz berkata, beliau merayu supaya pengisian jawatan kesihatan di Johor dapat disegerakan.

"Semoga petugas kesihatan di Johor terus dikurnia kekuatan, ketabahan dan perlindungan dalam menjalankan amanah. Terima kasih atas segala usaha dan kerja keras dalam menjadi tulang belakang sistem kesihatan negeri ini," katanya.

ONN Hafiz Ghazi berbual dengan petugas kesihatan semasa meninjau operasi Hospital Sultan Ismail, Johor Bahru.

**AKHBAR : BERITA HARIAN**
**MUKA SURAT : 9**
**RUANGAN : NASIONAL**

# Rakan KKM milik kerajaan, bukan penswastaan penjagaan kesihatan

## Inisiatif dimiliki MKD 100 peratus, kementerian buat keputusan penting syarikat

Oleh Zanariah Abd Mutalib
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**Kuala Lumpur:** Inisiatif Rakan KKM yang diumumkan baru-baru ini, bukan satu bentuk penswastaan penjagaan kesihatan, sebaliknya adalah milik kerajaan, sama ada secara langsung atau melalui syarikat pelaburan berkaitan kerajaan (GLIC).

Menteri Kesihatan, Datuk Seri Dr Dzulkefly Ahmad, menegaskan Rakan KKM Sdn Bhd kini dimiliki 100 peratus oleh Menteri Kewangan Diperbadankan (MKD) dan Kementerian Kesihatan (KKM) adalah kementerian kawal selia yang bertanggungjawab membuat keputusan penting berkaitan pengurusan syarikat itu.

"Apabila pelabur daripada GLIC turut serta, GLIC berkenaan mungkin akan mengambil pegangan ekuiti dalam Rakan KKM Sdn Bhd.

"Sepanjang operasi, pemilikan Rakan KKM kekal di tangan kerajaan sama ada secara langsung atau melalui GLIC," kata Dr Dzulkefly melalui platform X, semalam.

Beliau membuat penjelasan itu susulan persoalan yang ditimbulkan beberapa pihak berikutan Rakan KKM dilesenkan di bawah Akta Kemudahan dan Perkhidmatan Jagaan Kesihatan Swasta 1998 (Akta 586), yang kebiasaannya dikaitkan dengan entiti swasta.

Dari segi sumber pembiayaan, Dr Dzulkefly berkata, sebanyak RM25 juta diumumkan untuk pembiayaan permulaan dalam Belanjawan dan disediakan oleh Kementerian Kewangan.

Katanya, pembiayaan tambahan daripada GLIC akan diteroka dalam fasa dua, yang kemudian akan dibayar balik melalui hasil atau keuntungan operasi Rakan KKM.

"Dalam semua keadaan, sumber pembiayaan adalah daripada kerajaan atau entiti berkaitan kerajaan," katanya.

Mengulas lanjut, Dr Dzulkefly berkata, pakar yang merangka Akta 586 sudah pun menjangkakan kemungkinan kerajaan akan menyediakan perkhidmatan kesihatan melalui badan korporat ('diperbadankan').

### 5 objektif utama

Dr Dzulkefly berkata, sebagai satu inisiatif awam, Rakan KKM mempunyai lima objektif utama yang berteraskan kepentingan awam, antaranya menyediakan perkhidmatan penjagaan kesihatan ekonomi premium berasaskan nilai bagi menaikkan had atas kualiti perkhidmatan, teruta dalam persekitaran inflasi harga perubatan yang tinggi.

Selain itu, hasil lebihan daripada operasi Rakan KKM akan digunakan untuk subsidi silang bagi semua pesakit awam, seterusnya menaikkan tahap minimum mutu penjagaan, selain menyokong usaha mengekalkan tenaga kerja kesihatan KKM dengan menyediakan peluang untuk mereka meningkatkan pendapatan secara signifikan.

"Ia juga berperanan sebagai penanda aras harga, termasuk untuk hospital swasta, bagi mengawal inflasi harga perubatan untuk semua, termasuk pesakit yang tidak menggunakan perkhidmatan Rakan KKM secara langsung dan memberi pulangan yang sewajarnya kepada pemegang saham GLIC dan ahli mereka," katanya.

Sementara itu, KKM menerusi kenyataan semalam, memaklumkan kerajaan meluluskan pelaksanaan Bayaran Insentif Pakar Prawarta (BIPPW) kepada pegawai perubatan yang sedang menjalani tempoh pengalaman kerja diselia (SWE) selepas tamat latihan kepakaran.

"Bayaran BIPPW ini akan mula diberikan sebaik pegawai memulakan SWE. Sebelum Akta Perubatan 1971 dipinda pada 2024, proses ini dikenali sebagai Proses Pewartaan Pakar, iaitu pegawai itu hanya akan menerima Bayaran Insentif Pakar (BIP) setelah berjaya menamatkan proses pewartaan.

"Kadar bayaran bagi BIPPW adalah sama seperti kadar bayaran bagi BIP dan ditetapkan mengikut gred hakiki pegawai, membabitkan Gred 10 hingga 14," menurut KKM.

SWE adalah tempoh percubaan yang perlu dilalui semua pegawai perubatan setelah berjaya tamat latihan kepakaran. Pegawai akan diselia oleh pakar perubatan lebih kanan bagi memastikan mereka kompeten dalam melaksanakan tugas dan tanggungjawab sebagai seorang pakar.

**AKHBAR : KOSMO**
**MUKA SURAT : 6**
**RUANGAN : NEGARA**

# Krisis tenaga kerja hospital Johor serius

- **Libatkan doktor pakar, jururawat**
- **Tekanan kerja tinggi, 1 jururawat urus 14 pesakit**

Oleh MOHD. SHARKAWI LONDING

**JOHOR BAHRU** – Hospital utama di bandar raya ini dikesan berdepan krisis kekurangan tenaga kerja kesihatan yang serius dan kritikal.

Menteri Besar Johor, Datuk Onn Hafiz Ghazi berkata, situasi itu dikesan ketika beliau melakukan lawatan mengejut ke Hospital Sultan Ismail (HSI), di sini, yang juga hospital pakar terbesar kedua di negeri ini.

Menurutnya, kekurangan tenaga kerja kesihatan di hospital-hospital utama itu melibatkan pelbagai kategori kritikal termasuk doktor pakar, pegawai perubatan, penolong pegawai perubatan, jururawat serta anggota sokongan lain.

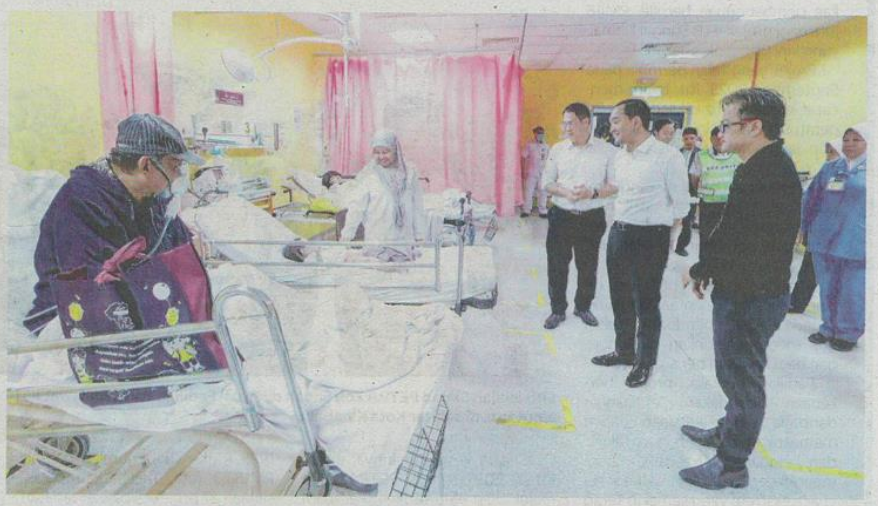
"Tekanan kerja yang semakin tinggi ini bukan sahaja menjejaskan moral petugas malah turut memberi kesan kepada kualiti rawatan yang diterima pesakit.

> "Keadaan ini bukan sahaja tidak adil buat petugas, tetapi juga tidak selamat untuk pesakit jika dibiarkan berpanjangan."

"Sebagai contoh di beberapa wad, seorang jururawat terpaksa menguruskan lebih 10 hingga 14 pesakit dalam satu syif, berbanding nisbah ideal 1:6 atau maksimum 1:8.

"Keadaan ini bukan sahaja tidak adil buat petugas, tetapi juga tidak selamat untuk pesakit jika dibiarkan berpanjangan," katanya dalam satu kenyataan di sini semalam.

Onn Hafiz menegaskan, kerajaan negeri memandang serius perkara ini dan akan terus menyalurkan sokongan daripada segi fasiliti serta keperluan kesihatan selain akan membawa isu tersebut kepada perhatian Kementerian Kesihatan (KKM) serta jabatan berkaitan.



ONN HAFIZ (dua dari kanan) ketika melakukan lawatan ke salah satu wad di Hospital Sultanah Aminah, Johor Bahru kelmarin.

Tambahnya, beliau akan merayu agar pengisian jawatan kesihatan di Johor dapat disegerakan tanpa kompromi.

"Semoga petugas kesihatan di Johor terus dikurniakan kekuatan, ketabahan dan perlindungan dalam menjalankan amanah. Terima kasih atas segala usaha dan kerja keras yang menjadi tulang belakang sistem kesihatan negeri ini.

"Kerajaan negeri akan terus komited dalam memperjuangkan sistem kesihatan yang cekap, saksama dan mampan demi kepentingan seluruh negeri dan Bangsa Johor," katanya.