

UCAPAN PERDANA MENTERI DI MAJLIS
MAKAN MALAM TAHUNAN UNIVERSITY OF
MALAYA MEDICAL ALUMNI DAN KUALA
LUMPUR/SELANGOR/PAHANG BRANCH OF
THE MALAYSIAN MEDICAL ASSOCIATION
PADA 9HB FEBRUARI, 1975

Tuan Pengerusi, Y.T.M. Raja Muda¹ dan Raja Puan Muda Selangor², Y.B. Tan Sri Lee Siok Yew³, Ahli-ahli Persatuan Perubatan Malaysia Cawangan Kuala Lumpur/Selangor/Pahang dan University of Malaya Medical Alumni, Tuan-tuan dan Puan-puan.

Saya dan juga isteri saya sangat berbesar hati atas jemputan menghadiri majlis yang permai malam ini. Nampaknya sudah jadi kebiasaan sekurang-kurangnya sekali setahun, saya diberi peluang untuk bersama-sama dengan badan-badan professional seperti MMA/Medical Alumni, dan tidak lama lagi (kalau betul ingatan saya) ada pula jemputan daripada Malaysian Dental Association, untuk majlis yang sama.

Bagaimanapun, saya faham saya dijemput bukanlah sefakat menghadiri majlis jamuan saja dan atas fahaman inilah saya bercadang hendak bercakap sedikit tentang Perkhidmatan Kesihatan kita hari ini.

I am very happy to be here with you all tonight for this joint function of the Kuala Lumpur/Selangor/Pahang Branch of the MMA and the Alumni. This get together among professionals is indeed a good thing as it brings the medical fraternity from the various disciplines closer not only for the dinner but to exchange experience in your own specialised areas. Likewise the various sectors and groups in the other professions should knit for their own benefit and the benefit of the nation.

1 Y.T.M. Tengku Idris Shah Ibni Sultan Salahuddin Abdul Aziz Shah.

2 Y.M. Raja Zarina binti Raja Zainal.

3 Menteri Kesihatan.

As we well know, the health services plan is part and parcel of the Government's total socio-economic programme which has to be pursued in accordance with the programmes laid down under the New Economic Policy. It needs hardly be emphasised again the Government's objective in restructuring society and in promoting national unity. It is in this context that the National Health Plan has been drawn up to advance further our aims and objectives in the just distribution of the services between the urban and rural areas.

Tuan-tuan dan Puan-puan,

In pursuit of this objective, Government is aware of the shortage of manpower. Unfortunately, there has been a spate of misleading statements about the shortage of doctors as well as specialists. Now we all know that doctor shortage is relative to circumstances prevailing in any country. When the demand for medical care is high, then more medical personnel will be required. In advanced countries where every sick person will consult a doctor, the number of doctors required will naturally be very high. But in developing countries like ours, where a fairly large number of the population still prefer the traditional methods of medical care, namely the *sinsehs* and the *bomohs* — fortunately for the Ministry of Health — the demand on the doctor is not so pressing.

It seems fallacious to me for anyone to conclude that because the doctor/population ratio in this country is higher than some other developed countries, the standard of modern medical care in our hospitals and health centres is any lower than that obtainable in those countries. There is overwhelming evidence on record to prove the effectiveness and quality of our medical, health and dental services which are continuously improving and advancing, and gaining international acclaim in the process.

The Government is more than convinced that the bold and dynamic training and development programmes carried out by the Ministry would be able to provide the necessary resources in personnel and facilities to cope up with the demand made on it by the people.

Over the last five years, we have increased the strength of its professional and sub-professional staff substantially and this in-

crease will be stepped up when the various training schools under construction are completed, within these few years.

On the construction of hospitals and health centres, to-date we have achieved 89% of our target. Up to the end of 1974, a total of 56 main health centres, 224 health sub-centres and 1,236 midwife clinics have been constructed and already serving the public. Similarly, a total of 27,927 beds are available now at the district and general hospitals throughout the country to provide modern and up-to-date medical care.

Tuan-tuan dan Puan-puan,

I can assure you that the Government has endeavoured in every possible way to make the conditions of service for doctors in the Government service as attractive as possible. With the construction of new hospitals, renovation and extension of older ones and the provision of modern equipment and additional supporting staff, doctors are now working under much more pleasant conditions and surroundings than before. You can choose your careers in various disciplines of the service. In the field of preventive medicine, we have many study awards for DPH and, in the clinical field there are ample study awards for higher examinations like the FRCS and the MRCP which are now held locally. Likewise, in administration course, study awards are given to attend the Hospital Administration for which places have been secured for them abroad. Study awards for post-graduate training overseas will continue to be given for those qualifications which are not obtainable locally. To date we have offered more than 300 study awards for post-graduate courses, including 31 in FRCS and 35 in MRCP. Everything possible has been done to conduct recognised post-graduate courses and examinations in our own universities. The ultimate objective of the Government is to establish our own Royal Colleges and conduct our own examinations and award diplomas.

Today, prospects for promotion for medical specialists in the Government are much better with the increase in the number of superscale posts from 79 in 1970 to 141 in 1973. You will note that out of the 168 Malaysian specialists in clinical fields, 83.9% specialists are in superscale grades. In 1974, there were a total of 240 superscale posts for the doctors and this number will be in-

creased by about 14 in 1975. As a result of this, the ratio of super-scale posts to timescale posts is now 1:5.4 which is a vast improvement as compared to what it was some years ago.

Tuan-tuan dan Puan-puan,

Another important step that has been taken by the Government to improve the condition of service of the medical officer is that the Government has created the post of Senior Medical Officers which carries the salary scale of \$1,500 x 100 — 1,900 effective from 1st January, 1974. So far 18 such posts have been created. It is the aim of the Government to create a Senior Medical Officer's post for the medical officer-in-charge of every district hospital.

While we will continue to improve the conditions of service, Government medical officers are at liberty to channel their grievances to the appropriate quarters where these grievances could be looked into. For this purpose, Government has established the National Joint Council and the Departmental Joint Council where the various Government trade unions could come to the negotiating table to discuss and iron out these problems. Since Government medical officers are represented by the Senior Government Officer's Association, I would urge them to join this organisation so that they could speak with one voice to air their grievances. It would not be in order for non-governmental organisations or professional bodies to speak or represent government doctors in this negotiating machinery.

In conclusion, I would like to thank you for the honour you have given me tonight, and urge you as members of a noble profession, whether in Government or in private practice, to offer your service with dedication and loyalty to those who need them for the betterment and progress of our country.