

HEALTH MANPOWER PLANNING FOR 2020 AND BEYOND: CONFRONTING THE CHALLENGES

Malaysia's Vision 2020 and Mission

Before we embark to discuss on the issue of manpower planning in the next 20 years and beyond, let's look at the nation's planned direction as outlined by the Vision 2020 of the Prime Minister which was stated 10 years ago i.e. in February 1991 as follows:

"By the year 2020, Malaysia is to be a united nation with a confident Malaysia society infused by strong moral and ethical values, living in a society that is democratic, liberal and tolerant, caring, economically just and equitable, progressive and prosperous, and in full possession of an economy that is competitive, dynamic, robust and resilient"

As healthcare providers who are always close to the society at large, this vision that was said 10 years ago may sound real, forward-thinking and optimistic to some of us but may have setbacks to skeptics as the country progressed. We are yet to see this happening in 2020 and beyond but we are confident that some of this vision will be fulfilled in the years to come.

To realize the above vision, there were 9 strategic challenges viz:

1. Strengthening national unity
2. Attitude formation
3. Fostering a mature democracy
4. Spiritual enhancement
5. Creation of a tolerant and liberal atmosphere
6. Developing a scientific and progressive world view
7. Infusing a caring society
8. Proceeding towards a more equitable society
9. Achieving prosperity.

In our healthcare paradigm, the Ministry of Health has mooted the Vision statement for health which is as follows:

"Malaysia is to be a nation of healthy individuals, families and communities, through a health system that is equitable affordable, efficient, technologically appropriate, environmentally adaptable and consumer-friendly, with emphasis on quality, innovation, health promotion and respect for human dignity, and which promotes individual responsibility and community participation towards an enhanced quality of life".

Most of us are quite familiar with this quite a mouthful vision for quite sometimes and had in fact been discussed and elaborated into the strategic planning for quality in

healthcare and the recent 8 goals in the healthcare. We believe that the vision, by the Will of God will be sustainable for the years to come.

Scenario in healthcare services

There are several facets that have to be taken into consideration in delivery of health services:

1. Changing Demographic and Disease Patterns

As Malaysia is achieving a declining infant mortality rates (41.0 per thousand population in 1970 to 8.0 per thousand in 1998) and an increasing life-expectancy (in 1970's 63 and 68 for male and female respectively to 69.3 and 74.7 years in 1998 respectively), Malaysia will be having more elderly population. It must be noted that in developed countries, about 30 to 50% of total healthcare spending will go towards the healthcare cost for the elderly who tends to develop chronic and often incurable disease. With the expected population of 33 millions in 2020, the cost of healthcare will be tremendous. One way to counter this will be to institute more disease-prevention programme at both primary and secondary healthcare levels.

Communicable diseases will be declining further especially the immunisable disease but non-communicable diseases and AIDS will continue to cause considerable morbidity and mortality.

2. Migration and Urbanization

With the population around 33 millions and the vision to be an industrialized nation, the country would then have many more currently small towns becoming big towns that provide more job opportunities to the population in various industries. The rural-urban migration may not be an issue then as almost all nearby towns have all the facilities that can offer jobs to the population. However with the larger population and job competition there would be more densely populated areas with those in the lower socio-economic profile besides those more affluent group in the community. Diseases related to stress, mental health might be more profound.

3. Shortages and Maldistribution of Expertise

As we are facing the shortages of doctors, dentists and nurses, the problem would still continue as the supply

of professionals in medical fields did not commensurate with the demand. Expanding the scope of services as expected in the future will require more staff. This has to be looked into by institutions of higher learning especially medical related schools to produce more professionals in various medical disciplines.

Currently the Ministry of Health is loosing many doctors to the private sectors - be it in the GP practices or specialist hospitals. With the heavy workloads at the urban hospitals/clinics and poor response for doctors to serve the rural areas, the attraction for them to serve the government with limited incentives and attractions as compared to the private sectors would further jeopardise the workforce in the government sector. The government universities also has to look into more intakes as the exhorbitant cost of producing a doctor in the private institutions locally or overseas (around RM250,00 - RM450,000) is too expensive as compared to other courses .

4. Rising healthcare costs

It is a fact that medical-care cost is expensive and escalating all over the world as this is a discipline where much of the research and latest technology are being employed. In the US health-care cost could reach 37% of GDP by the year 2030 from around 16% GDP currently. Even though it will not be that high for our country but the yearly health budget reflects the cost implicated by this industry. That was the reason why the government is gearing towards some kind of health financing scheme in order to support the current expenditure. In Malaysia 25% of deaths is due to cardiovascular and cerebrovascular related conditions and another 25-30% is due to injuries and cancer and perinatal condition. The government is already on the right tract when IJN was established. But this is the area where lots of funds are required as the management is expensive and require a highly skilled personnels.

5. Technology

Computer technology had brought so much advancement not only in health field but also in other disciplines. In healthcare this technology has brought much reforms in patient management, medical education and also communication.

Strategy in Healthcare delivery

With the above scenario and aiming to uphold the health vision mentioned earlier the Ministry has come out with its strategic plan by having 8 Healthcare Goals of Future Health-Care System. Briefly the 8 goals comprises the following:

1. **Wellness focus** - provide services that promote individual wellness throughout life.

2. **Person Focus** - focus service on the person and ensure services are available when and where required.
3. **Informed person** - provide accurate and timely information and promote knowledge to enable a person to make informed health decision.
4. **Self-help** - empower and enable individuals and families to manage health through knowledge and skills transfer.
5. **Care provided at home or closer to home** - provide services into rural and metropolitan homes, health settings and community centres.
6. **Seamless and continuous care** - manage and integrate healthcare delivery across care setting, episodes of care and throughout life.
7. **Service tailored as much as possible** - customize services to meet individual and group needs and special circumstances.
8. **Effective, efficient and affordable services** - provide enhanced access, integration and timely delivery.

In order to implement the above goals, Telehealth is set as a major enabler in giving the healthcare to the population. The MOH has already put in place the various following programmes:

1. Lifetime Health Plan (LHP)
2. Mass customized personalized Health information and Education project (MCPHIE)
3. CME and
4. Teleconsultation

It is hoped that with the implementation of the various activities, the community will get the full benefit of modern and quality health care service.

Challenges to Health Care

The future would be an era where it revolves around information-based and knowledge-based society in a borderless global village. Peoples' values, ideas and cultures will cut across individuals, communities, states and nations. The patients who belong to this information era will be far more educated and will have greater expectations from their health care providers. They will have access to the latest information. Patients will become partners in the delivery of health care and would not be a passive recipient. Healthcare providers would have to be up to date, through in their knowledge and have to spend more time communicating with patients.

Medical care will also be influenced by the changing trend of disease patterns. New disease epidemics in the form of emerging and re-emerging infections will continue to pose public health crisis. Chronic diseases and conditions related to changing behaviors, lifestyles, and socio-economic developments, such as substance abuse,

micro-malnutrition, diabetes mellitus, cancers, stress, domestic violence, child abuse, trauma and motor vehicular accidents will continue to be present. Therefore, there is a need to improve in the management of the chronically ill and the provision of long term support to caregivers.

The following model table I might be of help in the disease management in the future where the population has to be involved and educated on the levels of their health. Those who are healthy has to be educated on self-care, health education and health promotion activities to enhance their quality of life and also to empower them in directing their own health. And for those with certain health conditions has to be taught on disease management, health education to their families and siblings in order to have a continuous care at all time.

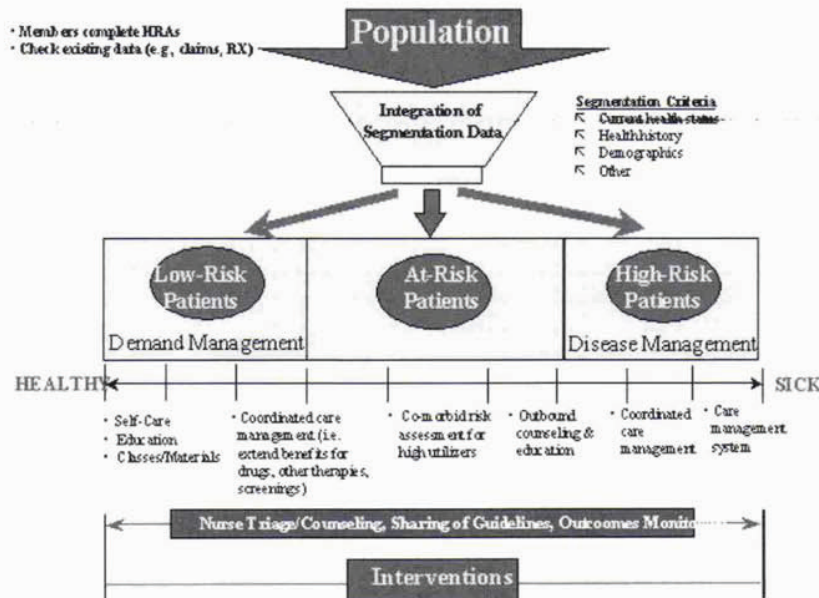
With the longevity of life, there will be an increasing need for specialized knowledge and skills for the treatment and management of the elderly, palliative care, and the need for the development of continuous care. There will also be a need for health care providers to improve and enhance the surveillance, diagnosis and treatment of infectious diseases.

The delivery of health care will be affected with escalation of health costs as a result of increasing demand for high technology medical care by both the health care providers and the population, as well as the policy of free market economy which have con-

tributed to the growth of the profit-driven private sector. This demands doctors to be more cost conscious in the provision of medical care. There is also a trend towards specialization and greater/increasing consumer's expectation of specialized care. The IT era will require doctors to be more skilled in information technology, thus a need to include this in the training of medical students.

As the trend towards recognizing the alternative therapies is growing and its being accepted as a major contribution in the society, doctors have to be aware on this increasing acceptance of alternative therapies and need to understand the hazards of alternative therapies as the strategies of these practitioners are mainly to influence on the minds of their clients about the beauty of their products and sometimes denied the existence of the allopathic medical care. Thus team approach to management and may result in the mobility of professionals across national boundaries. Health care financing involving payment of care and the issue of medical insurance will influence the way health care system will be organized. Options for health care reforms will result in restructuring of the organization. There will be issues on managed care organizations and the need for networking in the delivery of services, in our quest for greater integration of health services.

Future Direction



Source: Anderson Consulting NMHCC 1998

Table I. Disease Management of the future

Doctors of the future need to be committed to the Vision of Health . This has enormous implications to the medical profession, medical practice and the trainings of doctors of the future. Advances in modern medicine has brought enormous benefits to human being. However these advances can prolong life but at the expense of greater suffering, illness and higher costs.

Doctors as care providers need to understand the purpose of medicine which is to serve the community by continually improving health, health care and the quality of life of the individuals and the populations through health promotion, prevention, treatment rehabilitation within the context of available resources.

The type of doctors we need and expect

In considering the values inherent in our health vision, goals and purpose of medicine and the traditional values of our noble profession, the "core" values expected of all doctors is a positive work culture, which are a set of values, practices and behaviors shared by members of the group. This might be repeated from time to time by the officials from the Ministry of Health however this repetition is necessary as development of positive and caring attitudes is not that easy after all - it is the "Corporate Culture Initiative" since 1991 having the following elements:

- Caring
- Teamwork and
- Professionalism

In the context of caring, a doctor needs to be polite, responsive and respectful, thus providing quality caring attitude which has a human touch, sympathy and concern.

The ingredients in teamwork include being united in purpose, sense of belonging, leadership, mutual trust, accountability, skills and knowledge, creativity and innovative. Teamwork is a very important characteristic of health care. Modern medicine demands teamwork because of the complexity and specificity of care that need the expertise of various category of healthcare providers , including those outside the profession. Health workers must value, respect and appreciate the contributions of all members of the team. Thus, learning to work in teams should be an integral part of undergraduate training.

Accountability is very much a concern and inherent in our profession. With the introduction of Credentialing and Privileging activities we will be having only professionals and reliable care givers to the patients. This is reflected in our emphasis on clinical standards, outcomes, indicators, effectiveness,

appropriateness and audit. Variation in treatment modalities and outcomes will increasingly be debated. Clinical audit and other tools to ensure quality will be important in clinical practice and in the health care system. The ability to define outcomes is an important professional challenge. The use of clinical practice guidelines(CPG) is a reflection of good clinical practice and is part of care and is not an end in itself. Guidelines should have local involvement in its development and should not exclude the possibility of new management methods. Our concern and emphasis on quality must also be patient and public focused and must be clearly seen to be so. All doctors must be involved in changing and improving clinical practice and must have strong interests in research and development in view of the dynamic changes and improvements in medicine.

A doctor must also exhibit professionalism when performing his/her duties. This is exemplified by being committed, disciplined, a high standard of ethics and meeting set standards. Medical practice has a strong ethical foundation which earns the profession the respect of the community. Ethical principles are however not static and need to be continually debated and clarified with the changing technology and practice. There is greater public interest in the professional practice and standards which have increasingly come under the public scrutiny and have frequently been opened to public debate. The profession needs to participate in the debate freely and constructively. Malpractices and misbehavior among doctors will have to be addressed as the community become more aware of their rights.

Quality is another important issue and all doctors must understand the need for this. Quality must be viewed from the perspective of all stakeholders: doctors, nurses, government, funders, community, patients and others. We need to meet the expectations of the patients and the community.

The ability to communicate is also a key function of a doctor and yet problems of communication are among the common complaints made against doctors. There is a need to improve communication skills such as eliciting good medical history, anticipating and being sensitive to patient's needs. The doctor should develop negotiating skills inculcate a caring attitude. Experience from a local focus group discussion showed that doctors lack empathy and put fear in patients. They hardly put a smiling face and sometimes not able to control their emotions. They are also not sensitive to patients. In short they do not communicate and listen effectively to patients.

Advances in science and technology have empowered our doctors to diagnose, treat and rehabilitate our

patients. But it is equally important that our doctors give due emphasis on health promotion and preventive measures. It is important that the focus be on wellness rather than on disease in helping individuals to value their health and take positive measures to improve their quality of life and to adopt healthy behaviors and lifestyles.

Doctors are usually in important positions in the community. By and large they are recognized as community leaders and have an important role to play. They need to promote a balance between the individual and the community's needs and work with the community to improve their health status and quality of life. They need management skills in health care management, and training in quality assurance and health economics. Doctors should be role models in working for the good of the community.

As we plan for the futures needs of medicine, the health care delivery system and the manpower requirement, the education and training program for doctors need to be given due attention. We need to see that medical education is a continuum which include basic training, continuing medical education and continuing professional development. Knowledge base and acquisition of specific skills is the essence of being a professional and as doctors, they have an obligation to keep abreast with developments in these disciplines. In other words, doctors not only have to continue

learning, but also need to broaden their vision and to see the complete perspective of the profession in this context. Doctors need to critically appraise the latest scientific advances and appreciate its use on the patients. Doctors need to change and adapt to the knowledge base changes and widen their interest outside the realm of their profession, in the context of health of the community.

The above qualities and programmes are the basic ingredients for doctors that we want to create in the future. In term of numbers, the estimation is as in appendix I which I will not elaborate as the calculation is based on the projected norms which is in line with the OPP3 already documented.

Conclusion

In conclusion, I would again reiterate that the future doctors will face enormous pressure for change from well informed patients, public and funders, expecting doctors to perform as a medical expert, a clinical decision maker, an effective communicator, educator, humanist, healer, collaborator, gatekeeper, resource manager, an avid learner, a health advocate, a scientist, a scholar, and above all a caring person who will always say to their patients that "We doctors only helps but only God heals".

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