



PMPS News

FOR MEMBERS ONLY

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Editor's Request

Members who are interested to write articles for the Newsletter kindly email: pmips.secretariat@gmail.com
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Letters to the Editor / President / Committee may be published in the Newsletter in full or in abbreviated form at the Editor's discretion. If the writer does not wish her/his name to be published she/he must specifically state so.

From the President's Desk



My warm and humble regards to all our beloved members during this month of Merdeka. As we go about celebrating the day, let UNITY be our theme for all privately practising doctors especially in Perak. This unity will decide how our "maruah" will be when we are getting more and more bonded into unfair deals with the TPAs and MCOs.

TPAs and MCOs

The cheap consulting fees and now the unfair insistence of prescriptions of only three medications for ONE diagnosis (that too for a limited period) are all unfair. We are not even given our choice of medications. We see, examine, and diagnose, but are unable to prescribe as per the needs of the patient/diagnosis.

In response to queries from the members in the PMPS Members Forum, we got our member, Dr Arvinder Singh to do a survey. The result published shows 67% of doctors were unhappy with the fees of RM15.00 as consultation, while 33% did not mind. How is PMPS going to fight for our right? I guess most of the doctors who did not mind, had studied in public medical colleges with government or para-government scholarships. Those who had studied under parents' scholarships or bank loans, spending between 400 to 850 thousand, will feel the difficulties and will take years to earn back this amount working as a GP. Most of the 477 doctors surveyed were unhappy with the prescription policies from the TPAs.

PMPS has sent this survey report (see next pages) to the President of the Federation of Private Medical Practitioners' Associations (FPMPAM) for his opinion. FPMPAM's Secretary has agreed to speak to AIA in particular to try to resolve the problem.

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According to FPMPAM, we cannot do anything about the fees as it is between a willing doctor and the TPA. But anyone can complain to Bahagian Amalan Perubatan (BAP) regarding the restrictions of, quality and duration of medications allowed to be prescribed, especially if there is a complaint from a patient that the doctor is at fault for not treating as to the norm. FPMPAM's advice is to take instant photographs of these pop-ups and send to BAP or keep as future evidence in case you get queried by MMC or BAP. If most of the members openly support the call for boycott then FPMPAM can take the initiative against these TPAs. UNITY is of utmost importance. All doctors must be willing to raise their consultation fees to a median of RM30 to RM35 as in the survey report.

APC 2021

Regarding the APC online application, it was down but is working now. MMC council members are fighting to simplify the online form so that there is no need for all the unnecessary information like spouse's IC, marriage certificate, etc. But you need a passport size photo with a white or blue background, a copy of applicant's IC (front and back) and fill up your main practice address correctly. Pin code should be in the pin code area. Also seniors who initially registered with MMC with their old IC numbers must fill in their old IC numbers too. Though CPD points are waived this year, you must submit your 2021 medical indemnity insurance.

12th ASEAN & 9th Perak Health Congress on Primary Health Care

We are tentatively thinking of holding our 12th ASEAN & 9th Perak Health Congress on Primary Health Care sometime in June 2021 in Kinta Riverfront Hotel. It will be a direct participation under strict SOP conditions if the pandemic eases, or if still persists via online if necessary. But it will be attributed 20 points, especially useful for the late collectors of CPD points.

Medical Indemnity

With regards to medical indemnity insurance Penang PMPS, Perak PMPS and PMPASKL have gotten into an arrangement with Chubb Insurance Malaysia Bhd. They have 50 years of experience in Medical Indemnity, previously operating under the name of

ACE JERNEH. Our members will get a 7% discount from the total premium. They are represented by a group called Fin Freedom Sdn Bhd who acts as consultant. We have already arranged two webinar sessions for our members with them. Please feel free to contact

Ms Teoh Ai Ling at 0124615876 or
Ms Scally Wong at 0125324727.

Any member who wants to change his medical indemnity insurance for 2021, can call them and ask for a quote. You will be quite surprised with their lower quotes than your present insurers. For more details you can visit www.chubb.com.my or www.financialfreedom.com.my. Please see their advert in our forthcoming PMPS Members Directory.

Zoom AGM

Our online Zoom AGM was successfully held on 9 Aug 2020. About 33 members took part in the AGM. Since it was not an election year, the AGM went on smoothly and finished fast. We thank Dr Rosalind Simon for hosting and directing without any hitch the AGM on Zoom.

Others

Our Mentor-Mentee Programme is slated to start in November. Those members wishing to be Mentors please contact Wendy, Dr Yee MK or Dr Amarjeet.

Malaysian Doctors' Day this year hopefully will be celebrated in Pos Lanchang in Pahang with the Orang Asli. A Medical Camp and a Home Stay are on the cards. Please wait for further information.

Our new PMPS Members Directory is under printing at the moment and will be sent out as soon as it is ready.

Wishing everyone a Happy Merdeka and Happy Holidays to those disappointed with the current political situation.

Till the next edition, be safe, stay at home, avoid crowded places and adopt all necessary SOPs in your clinical practices.

Thank You.
Dr Kamalanathan AG Raju

PMPS 80th AGM – ZOOM MEETING ON 9th AUGUST 2020

Dr Loke Yee Heng (Secretary)

This year's AGM was cancelled in March because of the lockdown due to COVID-19. In an unprecedented situation, the Registrar of Societies issued a directive that society annual general meetings would have to be postponed because gatherings were not permitted. Only when the country went into the phase of Recovery Movement Control Order did we decide to have our AGM and on Zoom platform. The Committee felt that the COVID-19 situation in the country was still volatile and that it might be safer to do online meeting so as to avoid physical meeting.

The participants numbered 44 at the start of the AGM at 5:00 pm. Four members of the Committee joined from KPJ ISH meeting room. By the end of the AGM there were 30 participants and we managed to capture them on screenshot.

This being a non-election year, the AGM was shortly concluded at 5:40 pm after going through the minutes of the 79th AGM, the secretary's annual report for 2019 and the treasurer's audited statement of accounts. There were no resolution mooted by the members.

Until we meet again in person, may we all keep safe and healthy.



In Bilik Cemerlang, KPJ ISH.

PMPS COMMITTEE MEETINGS

Dr Loke Yee Heng (Secretary)

The present PMPS Committee 2019-2021 was elected at the 79th PMPS AGM on 24 March 2019. The meetings are usually held at KPJISH Meeting Room, on Sunday 3:00pm to enable as many committee members as possible to attend. It has held six meetings so far. The Committee has worked hard for its members. The sixth meeting was held on 28 Jun following strict SOP soon after the start of RMCO, as worthily commemorated in photographs below.



Also a birthday occasion



Meeting in progress



Physical distancing according to SOP then

Fun CORNER Beautiful Old People's Posterior Humour



© Brian Crane

THE PERAK MEDICAL PRACTITIONERS' SOCIETY – A PAGE FROM THE PAST

SOURCE: PMPS ANNUAL REPORT YEAR 1970-1971

The Perak Medical Practitioners' Society traces its existence back to 1937 when a keen and dedicated band of private practitioners in Ipoh felt that it would bind them together on medical, professional and social lines. It was agreed to welcome the dental profession to its membership, and to invite practitioners from all over Perak to become members. The Society proved to be the pioneer in its similar societies in other parts of the country.

The pioneers of our Society and those who foresaw a promising future were Dr J.J. Samuel, now deceased, of Kampar and Drs C.R. Paul and Goh Teik Wah of Ipoh. It was at their hands that the Society was born, nurtured through difficult periods and we are fortunate today to have two of them with us and from whom we GRATEFULLY acknowledge most of the information available in this article. Today, our members will have to consider a carefully drafted revision of our rules of Constitution which have become necessary and essential with the passage of time. Our Society has a proud past, having had at its helm professional men of high regard and distinction in both the dental and medical fields. We have always maintained most friendly relations with our medical confrères in the Government service and, as detailed elsewhere, have always striven by organising and helping in the conduct of medical meetings, film shows, lectures and seminars. In addition, we have at all times offered our services to the Government in emergencies of all kinds. Our first meeting was

held in the home of Dr Goh Teik Wah in Lau Ek Ching Street. Subsequently, our venues have been varied. During the period of the Japanese occupation, we still carried on quietly and were able to assist in the despatch of drugs and medicines to those giving medical assistance on the ill-famed Death Railway. On the return of the British, our members were able to help in supplying essential and life-saving medicines to be sent to badly affected areas till such supplies were brought into the country. For the sake of posterity it will be pertinent to list the main office-bearers of our Society. At the helm have been men of rare distinction and we apologise for any errors or omissions.

Editor's note:

There was some discussion on the beginning of PMPS (Perak) in PMPS WhatsApp Forum. We are grateful to Ms Wendy Wong for very kindly retrieving the above and typing it verbatim from PMPS Millenium Directory published during Dr S R Manalan's presidency (1999-2000; Honorary Secretary Dr Mahendra Mano, Honorary Treasurer Dr N Prasad). For the term 1970-1971 when it was written the president was Dr James Yuen Wai Mun, and Hon. Sec. Dr Cheah Hoong Hee. The first treasurer post was started only in 1971-1972 and held by Dr Yan Poh Lok, the 1969-1970 president who has remained faithfully with PMPS and is among our most senior members now.

THE FPMPAM MENTOR-MENTEE PROGRAMME IN PERAK

The next PMPS Mentor-Mentee Session is planned to be in November to December 2020 (two months). Nevertheless this is subject to further development of the COVID-19 Pandemic.

PMPS members wishing to be Mentors please contact Wendy, Dr Amarjeet, or Dr Yee MK.

THE OPINION OF PRIVATE HEALTHCARE PRACTITIONERS ON NEW TPA REGULATIONS – A CROSS-SECTIONAL STUDY

by Dr Avinder Singh HS and Dr Harbaksh-Singh MS

Third Party Administrators or TPAs (sometimes known as Health Management Organisations / HMOs) have come into the field of medical payments via insurance schemes. They offer organisations interested to provide healthcare for their staff for a fixed amount of money per year, regardless if the services are used or not. These TPAs normally have different plans for companies depending on the budget they have allocated or are willing to pay. The utilisation of these medical plans covers a wide range of services from out-patient to in-patient services. These plans are normally meant for medical service payments to private healthcare facilities. In recent years, there has been much dispute between the private healthcare doctors and these TPAs. Trying to get more value for the money for services rendered, these TPAs have been dictating terms with private healthcare facilities and they have bordered between being unreasonable to ridiculous. Among some of the past disputes were the fixing of consultation fees to RM 15 and the fixing of medication prices (sometimes even lower than our cost).

The latest dispute with some TPAs is that they are now limiting prescriptions to three medications and some have mandated that chronic medications can only be dispensed for three weeks to a month and if the patient were to come back before the three weeks, no adjustments of medications will be allowed, including additional or removal of medications. The two authors of this write-up have had some bitter experiences with the TPAs that even refused to pay for intravenous frusemide given to patients and many disputes about certain medications given for short periods of time being considered as chronic medications. When we called their hotline regarding this, we were met by very rude staff who in-fact told us that we should know

better. (They were non-doctors by the way and they have since apologised after we made a complaint.) What was even worse is that this change of policy was not even explained to the clients of these TPAs - the letters were only sent to the clinics, and the human resource departments of the companies purchasing health insurance from them were kept in the dark. Many of us who informed the patients on these latest regulations as we were either unable to provide them with their usual medications duration were scolded and insulted by the patients. This left us even more bitter because we were now doing what the TPAs should have done. Many understanding patients who heard us out, decided to consult their HR on this and were informed that they too were unaware of such new regulations.

This prompted us to wonder if our other colleagues were facing the same issues. A quick discussion with a few of them proved that many were having trouble with the TPAs. We then decided to construct a short survey among our private practitioner colleagues across Malaysia to obtain their opinions on the subject. We vetted a series of questions and short-listed it to 10 questions to ensure that it will not consume much time of our busy colleagues. The form was created via Google forms and sent out to various closed social media groups for dissemination. The sample size needed for a successful survey among our 6000-odd colleagues in this country was 384.

Results

After sending out the survey via many closed social media groups, we obtained a response rate of 477 (24% more than the intended sample of 384). The details of the respondents' demography are described in Table 1. The biggest number of respondents came from the Selangor (22.43%), followed by 84 (17.61%)

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from Penang, 69 (14.47%) from Perak, 66 (13.84%) from Wilayah Persekutuan Kuala Lumpur and 61 (12.79%) from Sarawak. Overall, colleagues from all states in Malaysia responded to the survey, with some states more than another.

The respondents were asked a series of questions regarding their opinions on the recent actions of TPAs in their attempt to regulate private healthcare practitioners.

Major Findings

1. 66.9% of the doctors felt that the RM 15 fee for consultation was too low.
2. 70.4% felt that it was not the job of the TPAs to curb over doctors' treatment within acceptable norms.
3. 90.8% felt that TPAs should not be allowed to dictate the number of days treatment is given to a patient.
4. 95.6% of respondents agreed that the drug prices should not be fixed by the TPAs.
5. 54.7% felt that it was fair to mark-up medications between 5% to 15%.
6. The mean consultation price suggested by doctors that was deemed fair was RM33.25 (SD: 8.09; 95% CI: 32.52-33.98), in other words

Table 1: Demography of respondents

Region	n (%)	N=477
Selangor	107	(22.43)
Penang	84	(17.61)
Perak	69	(14.47)
WP KL	66	(13.84)
Sarawak	61	(12.79)
Johor	29	(6.08)
Sabah	17	(3.55)
Negeri Sembilan	11	(2.31)
Kedah	9	(1.89)
Pahang	8	(1.67)
Melaka	5	(1.05)
Terengganu	5	(1.05)
Perlis	2	(0.42)
WP Putrajaya	2	(0.42)
Kelantan	1	(0.21)
WP Labuan	1	(0.21)

between RM27 to RM41. The commonly suggested answer by doctors were RM30 and a number of respondents expressed that it should be between RM35 to RM125 depending on the length of consultation.

Table 2: Details of the questions enquired to respondents

Questions	n (%)	N=477
Do you agree with certain TPAs capping the consultation fee at a flat rate of RM 15 as being too low?	Yes	319 (66.9)
	No	158 (33.1)
Do you think that TPA/HMOs should curb over-treatment protocols when it is within acceptable norms?	Yes	141 (29.6)
	No	336 (70.4)
Do you feel that TP/HMOs should dictate the number of days treatment that should be given to patients (e.g. Chronic conditions like hypertension and diabetes)	Yes	44 (9.2)
	No	433 (90.8)
Do you agree that prices of drugs should be fixed by the TPA/HMOs (e.g. fixing the price of PCM)?	Yes	21 (4.4)
	No	456 (95.6)
Do you think charging retail price with a mark-up of a small percentage (e.g. 5-15%) is acceptable?	Yes	261 (54.7)
	No	216 (45.3)
What do you think is the minimum consultation fee that is fair?	Mean (SD): RM33.25 (8.09) Mode: RM30 (commonly suggested figure) Median: RM30 A number suggested a range or RM35-RM125 depending on length of consultation	
Would you join us in our quest to reprimand these TPA/HMOs or boycott those TPA/HMOs that are being unreasonable (fixing consultation fee to RM15, dictating on medications allowed and duration, fixing prices of medication etc.)?	Yes	323 (67.7)
	Maybe	144 (30.2)
	No	10 (2.1)

After the survey, we asked if our private practitioner colleagues will participate in a boycott if the TPAs refuse to amend their unreasonable policies towards doctors. 67.7% affirmed that they will participate in the boycott and 30.2% might join in. Full details of the responses are available in Table 2.

Discussion

From the results, we can assume that most doctors are of the opinion that the TPAs are being unfair and unreasonable towards private healthcare doctors.

The doctors are willing to stand firm on this and there is a consensus of 67.7% (answered “Yes”) to 97.9% (sum of “Maybe” and “Yes” in last row of Table 2) of doctors that can make a boycott successful.

Private healthcare doctors must be united and move towards the same direction if we are to make ourselves relevant in the healthcare system in time to come. Backstabbing, under-cutting and sly techniques between our colleagues have caused non-medical entities to take advantage and govern us. Doctors must be firm and demand that the TPAs inform their clients of the change in their policies and not make us the middle and bad person in this situation. If the TPAs are adamant in their stance, we must unite and demand for them to write to all doctors officially on their stance whilst remembering the fact that tying the doctors’ hands with their latest shenanigans must not bind a doctor to medico-legal implications should the patient suffer from

complications due to their silly imposed conditions, e.g. chronic drugs only allowed to be dispensed for three weeks to a month; or if a patient comes in with a high blood sugar level with that medications, we cannot alter the medications until his due time is up and if he suffers from diabetic ketoacidosis, we should not be held responsible. They must learn that the field of medicine is not as straight forward as what they think it is.

We recommend that the Federation of Private Medical Practitioners’ Associations Malaysia gets its members together and moves towards discontinuing this unjust practice by the TPAs, not only for ourselves but for the best interest of our beloved patients.

Editor’s Note: This article is given preference to be published in this issue. Dr Arvinder’s *THE MEDICAL RESEARCH MAVERICKS OF MALAYSIA - THE UNSUNG HEROES (Part II)* will be in Dec 2020 issue.

Dr Arvinder-Singh HS, MBBS (AIMST, Mal), MSc Health Research (RCSI, UK), OHD (NIOSH), Diploma in Football Medicine (FIFA), Certificate in Advanced Shockwave Therapy, is the first Gold Medal Recipient of Dr Wu Lien-Teh Research Award - Malaysian Young Investigator’s Award given at the National Conference for Clinical Research 2015 in Penang. **Dr Harbaksh-Singh MS**, MBBS (Mysore), FAFP, FRACGP, father of Dr Arvinder, is a practicing family medicine specialist and Past President (2018 - 2019) of Academy of Family Physicians of Malaysia.

TO KEEP YOU CONTINUOUSLY INFORMED AND UPDATED

PMPS WhatsApp groups:

- 1. PMPS Broadcast:**
The Secretariat handled by Wendy uses this one-way avenue to inform members of relevant issues.
- 2. PMPS Members Forum:**
This has become a very vibrant forum. Members are urged to be prudent in using this Forum and avoid inadvertently sending unauthenticated information.

We welcome the following new members approved at PMPS Committee Meeting on 26 Jun 2020:

NEW MEMBERS

Life member: Dr Dhanaventhana Raman
Ordinary members: Dr Loo Wan Wei
Dr Manmeet Rai Singh

MYANMAR TOUR WITH THE PERAK MEDICAL PRACTITIONERS' SOCIETY (01-07 NOVEMBER 2019) (PART II)

by Mrs Shanti Kumar



Day 3 – Golden Rock-Yangon-Heho (3 November 2019)

We were greeted at Yangon International Airport by our local guide Mr Aung Nya and as it was difficult for us to pronounce he asked us to call him Andrew. Andrew proved to be a delightful, affable and helpful guide. He soon became the tour favorite with his quirky greetings and respectful manner.

At 5:00 am we gathered to catch the dawn breaking over Mount Kyatiko. It was a cloudy day but we patiently waited for the sun to peer through the clouds and it did not disappoint. It was a beautiful sunrise that greeted us on Golden Rock. With a last look at

Golden Rock and taking in the sights of the morning as monks lined the streets to collect offerings of food and money from the faithful (there was an abundance of giving by devotees) we travelled back down the mount by truck and onwards to Yangon by coach. In Yangon we proceeded to catch our short flight to Heho. Due to flight delays which seemed to be quite common in Myanmar we arrived later than scheduled and missed the sunset views

over Lake Inle. Our hotel was the fabulously luxurious Novotel Hotel, with sprawling grounds abundant with beautiful frangipani trees and lotuses in full bloom in the waterways. It was a little bit of paradise.



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Day 4 – Inle-Bagan

After a hearty breakfast we all headed towards a little jetty in the grounds of the Novotel Hotel where boatmen in five-seater long boats waited to ferry us down Lake Inle. Lake Inle is the second largest freshwater lake in Myanmar famed for its scenic beauty. It certainly did not disappoint. It is a UNESCO Biosphere Reserve. Teeming with fish and other water life it was a unique sight to watch the iconic one-leg paddling Intha fishermen fishing on the pristine lake. The verdant lush vegetation growing on the length of Lake Inle was breathtaking. It was a wonderful boat ride meandering through waterways and seeing the peaceful hardworking daily lives of people who lived on the banks of Lake Inle.

We docked at a village called Indein along Lake Inle and were greeted by Pa-Oh ladies in vibrant colours selling colourful woven tribal scarves and lungis. Here as we walked deeper into the village we saw a mystical array of thousands of ancient stupas mostly in ruins and slowly being claimed back by the creeping greenery.

We visited the Swe Indein Pagoda complex in Indein. The golden Buddha enshrined here was in a meditative pose and was said to have been built by King Asoka. The vicinity of the pagoda was surrounded by hundreds of golden stupas. In later centuries two kings of the Bagan empire built even more stupas at this site.



At another stop on Lake Inle we had an opportunity to see the Padaung (meaning long neck in the Shan language) ladies of the Kayen tribe. Our guide told us that the brass neck coils that the females started to wear from a young age were meant to emulate the dragon from whom the tribe was believed to descend from. The ladies on the tour took delight in trying on some of these beautiful brass coils. But we were also thankful it was only for a photograph as a lifetime in brass coils would be unimaginable for us.

Our next stop took us to the revered Phaung Daw Oo Pagoda. It can be accessed by boat which brings you directly to a landing pier in the front of the famed pagoda. This 12th century pagoda was built by King Alangsithu who brought five golden Buddha images seen inside the main shrine. The images have been gilded with offerings of gold leaf over the centuries. The centuries of gilding with gold leaf have covered

the original images to a point that their original form can no longer be seen and appear as solid masses of gold. Four of these statues are removed from the shrine during the important Phaung Daw Oo Pagoda festival every year and taken on a Royal Karaweik barge towed by a hundred leg rowers.

Until the 1960's all five images were taken on the royal barge to all 14 villages on Lake Inle. In 1965 the barge capsized and the images fell into the water. Four only were recovered from the waters much to the grief of the devotees. But miraculously when they returned to the pagoda the



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fifth image was back in the shrine. Since then only four of the images are carried around the lake with the fifth remaining in the pagoda.

Our last stop after lunch and after downing several bottles of Myanmar beer (the most favorite time for many on the tour) was the Nga Pha Chang Monastery.

The monastery is the oldest and largest on Lake Inle. It houses a large collection of stunning Buddha images in Shan, Tibetan Intha and Bagan styles. It is locally known as the Jumping Cat Monastery as cats were once trained by the monks residing there to jump hoops here. However the practice has ceased as the present head monk did not think it seemly for monks to train cats to jump to entertain tourists.



Just behind the Jumping Cat Monastery one can view vast floating gardens. These floating gardens are made from water hyacinth and sea grass to form rafts and secured down by long bamboo poles into the lake's muddy bottom. These are topped with silt and all varieties of vegetables are grown. Tomatoes are the most successful produce

but beans, cucumbers and gourds are also grown. A quarter of Lake Inle is topped with these fertile floating gardens which is 22 km long by 10 km wide. One would need a few days to fully explore this beautiful piece of paradise. It is a peaceful beautiful place and time spent here refreshes the soul.

We headed on to catch our evening flight to Bagan for dinner and more beer!



Editor's Note: This heart-warming and well-researched narrative of the Myanmar Tour is written by Mrs Kumar. The beautiful photographs are supplied by her - not all are used because of limited space in PMPS News. It is being published in three parts - in PMPS News Issues 24, 25 and 26. This is Part II. Displayed below are more photographs supplied by Tours Coordinator Dr Loke.



COVID-19, ITS MODES OF TRANSMISSION

by Dr Yap Foo Ngan

COVID-19 was called “2019 novel coronavirus (2019-nCoV)” when clinical presentation in the first reported cases (41 patients) was published online in Lancet on 24 Jan 2020¹ from Wuhan, China. The first reported case had his onset on 01 Dec 2019. On 11 Jan 2020 Chinese scientists shared the viral genomic sequencing data internationally². Its epidemiology and person-to-person transmission were characterized and reported from mainland China and Hong Kong when more cases emerged there². WHO declared it a Public Health Emergency

of International Concern (PHEIC) on 30 Jan 2020, named the new infection “COVID-19” on 11 Feb and declared it a Pandemic on 11 Mar 2020³.

In Malaysia the first three cases were confirmed on 25 Jan and first death on 17 Mar⁴. Number of cases escalated and then plateaued with control measures. The Ministry of Health, health and non-health frontline workers as well as the citizens deserve accolade for the achievement in controlling the pandemic locally.

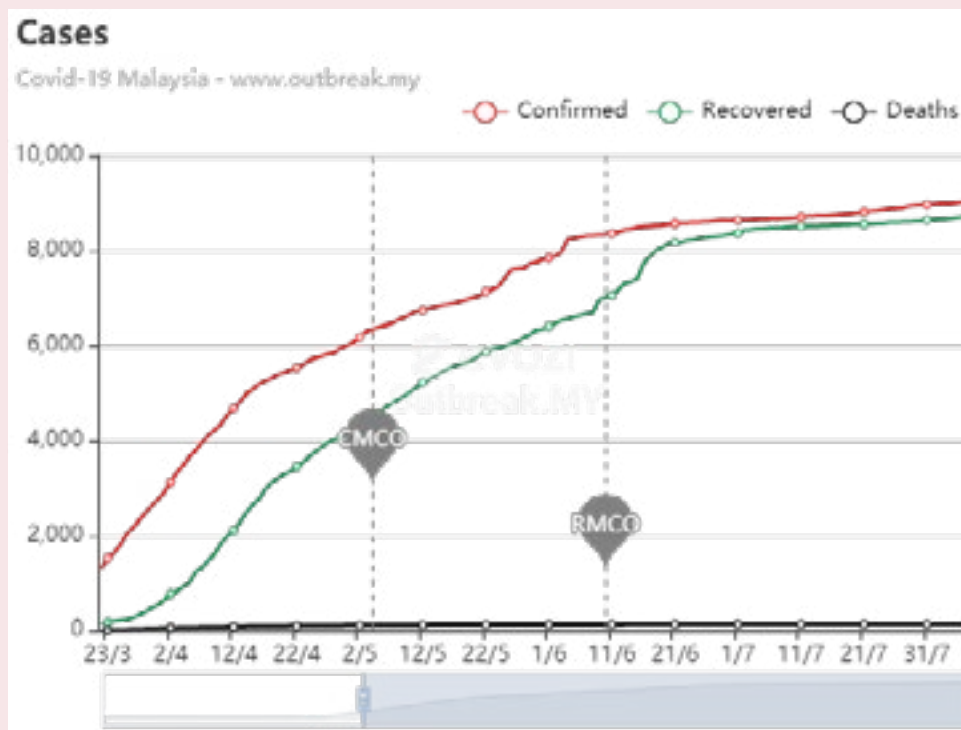


Table 1: Movement Control and cumulated number of COVID-19 cases in Malaysia⁴

	Start of	Cumulated Number of Cases		
		Confirmed	Recovered	Death
MCO	18 Mar 2020	790	60	2
CMCO	04 May 2020	6353	4484	105
RMCO	10 Jun 2020	8338	7014	118
-	08 Aug 2020	9070	8775	125

MCO Movement Control Order
 CMCO Conditional Movement Control Order
 RMCO Recovery Movement Control Order; supposed to cover the period 10 Jun to 31 August 2020

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Modes of Transmission^{5,6}

WHO's overarching aim of control of the pandemic is to suppress transmission of the SARS-CoV-2 virus and prevent associated illness and death. Transmission is predominantly person-to-person, primarily through respiratory droplets and contact routes. The routes of entry are mucosae in mouth, nose and eyes (conjunctiva).

- **Respiratory Droplets:** The droplets are >5 to 10 micrometer in diameter. Droplet transmission can occur with an infected person coughing, sneezing, singing or talking within 1 metre.
- **Contacts:**
 - o Direct contact with infected people
 - o Contact with fomites (objects/surfaces contaminated by respiratory droplets from an infected person): One can get infected by touching a fomite and then one's own mouth, nose or eyes.
 - i. surfaces in the immediate environment of an infected person
 - ii. objects used on the infected person (stethoscope, thermometer etc.)
- **Aerosol Transmission**
This is also called "Airborne Transmission". Aerosol is a suspension of droplets <5 micrometer in diameter. Experimentally induced contaminated aerosols may stay in air samples for up to three hours in one study and 16 hours in another.
 - o **Health Care Workers (HCW)** especially in ICU can be infected by airborne aerosols generated from patients during many respiratory procedures and even cardiopulmonary resuscitation.
 - o **Outside health care setting,** it is hypothesised that normal respiratory droplets may evaporate to produce aerosols. This postulates possible transmission from infected persons within specific indoor situations, e.g. crowded and inadequately ventilated situations like choir practices, restaurants or fitness classes, in the context of exposures which are i) short-ranged and ii) prolonged. To date transmission by this type of aerosol route has not been decisively demonstrated and much more research is awaited. However it is presumed safer to take caution related to this.

Other Modes

- o Viable SARS-CoV-2 have been found in stools and urine. But to date there have been no published reports of transmission of SARS-CoV-2 through feces or urine.
- o Role of bloodborne transmission remains uncertain. Low viral titers in plasma and serum suggest that the risk of this mode of transmission may be low.
- o From limited data so far there is no evidence for intrauterine transmission.
- o Studies have found no viable virus in breast milk. WHO recommends that mothers with COVID-19 should be encouraged to breastfeed.
- o Transmission through intermediate host
 - i. Surprisingly to date the role of bats as an intermediate host in facilitating transmission in the earliest known human cases remains unclear.
 - ii. Current evidence suggests that humans infected with SARS-CoV-2 can infect other mammals, including dogs, cats, and farmed mink. However, it remains unclear if these infected mammals pose a significant risk for transmission to humans.

Duration of Transmissibility^{5,6}

The timing of shedding of SARS-CoV-2 virus (as measured by RT-PCR) from an infected person varies with the case's severity.

- o SARS-CoV-2 RNA become detectable one to three days before symptom onset with the viral load highest around the first day, followed by gradual decline.
- o Duration of viral shedding varies with disease severity:

Table 2: Duration of shedding of SARS-CoV-2 virus according to COVID-19 severity

COVID-19 Severity	Duration of viral shedding from symptom onset as measured by RT-PCR
Mild to moderate	Up to 3 weeks
Severe	>3 weeks

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Future

COVID-19 is a newly emerged viral infection known for just about nine months. We are still learning about it as new findings are uncovered by researchers. The pace of ongoing researches is furious. There is an astonishingly large increase in volume of publications on it within less than four months (Table 3).

Table 3: WHO Scientific Briefs on transmission of COVID-19 and implications^{5,6}

Date	Number of publications referenced
29 March 2020	22
9 July 2020	99

As medical professionals we observe and counsel preventive measures based on what is scientifically known. We also need to be vigilant about new research findings. Meanwhile let us recognise and appreciate the invaluable role of researchers, public health personnel and the gargantuan task WHO is doing in handling this supersized pandemic.

References

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- 3) WHO. Timeline of WHO's response to COVID-19. 2020 30 Jul. Available from: <https://www.who.int/news-room/detail/29-06-2020-covidtimeline>
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COMMUNITY SERVICE & SPORTS

In view of COVID-19 movement control still in place these are pending.

REMINDER

The usual reminder to support your society:

1. pay your subscriptions
 2. check that your latest details are recorded.
- Please inform your secretariat.

Bank details:

Account name:

THE PERAK MEDICAL PRACTITIONERS' SOCIETY

Bank: Public Bank Berhad • Account number: 3072790829

Send to:

The Perak Medical Practitioners' Society
c/o KPJ Ipoh Specialist Hospital
26 Jalan Raja Dihilir, 30350 Ipoh



PMPS AND PERAK DOCTORS' INITIATIVES FOR FRONTLINE HEALTH CARE WORKERS IN HOSPITAL RAJA PERMAISURI BAINUN IPOH

by Dr Yap Foo Ngan

“The frontline healthcare professionals and workers in government are our SHIELD against COVID 19 outbreak. They are our heroes. They are facing mounting workload, significant risk of infection, psychological stress as well as major disruption to their family lives. We as MALAYSIANS must show solidarity and give support in whatever means possible. I am setting up support groups to assist our healthcare professionals/workers in hospitals which are treating COVID 19 patients. To begin with I am starting with HRPB Ipoh and Hospital Teluk Intan. They will be called Agent of Shield (AOS) HRPB Ipoh and AOS Teluk Intan.”

Dr Lee Boon Chye, current PMPS member, PMPS Past President (2003–2004) and former Deputy Minister of Health, 23 Mar 2020



With the above message AOS HRPB was formed on 24 Mar 2020.

There are currently 81 volunteers in AOS HRPB including 33 PMPS members. Others are doctors in both government and private hospitals as well as some members from a diverse background. AOS HRPB members and their contacts generously contributed fund, items and transport. The following were procured and transported to HRPB for the frontline health care workers (HCW) of various categories and their families: food, personal protective equipment (PPE), personal care items, medical instruments and other items needed to facilitate their work and safety as well as boosting their morale.

Note that PPEs and medical instruments were needed urgently to fill governmental logistic gaps resulting from red tapes and MCO, which began on 18 Mar 2020.

AOS HRPB's work started immediately. PMPS News Apr 2020 issue has reported on the above. Table 1 summarises the details.

continue in page 16

**Table 1: AOS Hospital Raja Permaisuri Bainun Activities – 2020**

Date	Event
18/3	MCO
23/3	AOS HRPB WhatsApp Group began. Formation & recruitment of volunteers, raising fund.
24 - 25/3	Delivery for HRPB HCWs: truck-loads of vegetables sourced from Cameron Highlands, bread, diapers/
26 - 29/3	Delivered: vegetables from Cameron Highlands, food packets, eggs, nitrile gloves from Rubberex Bercham, bath shampoo, gowns, BP meter, pulse oximeters. Note: HRPB had established 8 COVID wards & 2 SARI wards by then. Most SARI noted to turn out COVID +ve.
30 - 31/3	Delivered: tables, chairs, file racks, cabinets donated by a hotelier; on request from Bilek Gerakan KK Buntong , where the Family Medicine Specialist and her team diligently carried out contact screening in the community.
1 - 8/4	Delivered: oximeters, gowns (including hazmat suits), shoe covers, face shields, caps. Note: Emergency Department (ED) and O&G Departments also needed these. Note: 3 SARI wards established to date.
9 - 19/4	Delivered: laryngeal mask airways.
19/4	Perak did well in controlling the local COVID-19 epidemic, no new cases for 2 days; only 25 out of 251 COVID-19 cases remained in the hospital.
20 - 27/4	Delivered: surgical gowns & caps, including to Makmal Kesihatan Awam Jelapang . Note: 27/4, 3 COVID-19 patients remained in HRPB.
30/4	No more COVID-19 patients in Perak hospitals.
4/5	Conditional MCO.
6/5	Donated: Mindray portable monitor. Note: This is in view of use for COVID-19 patients of hydroxychloroquine which has the side effects of causing prolonged QT and fatal arrhythmia.
8/5	Delivered: surgical gowns, disinfectant wipes (for ED). Note: A & E COVID Centre & SARI Zone continued functioning.
31/5	New COVID-19 case from Batu Gajah.
10/6	Recovery MCO.
3/7	Dr Lee BC: "For information of all the Agents of Shield: we shall keep this group (and the account) till Nov 2020 and we shall make a decision then."
16/7	AOS HRPB Fund Donation = RM107,720.00 Spent = RM60,274.75 Balance = RM47,445.25

“ On behalf of the HCWs in HRPB, we would like to express our deepest gratitude to the people behind Agent of Shield HRPB. You have been simply amazing. Your generosity should rightly be rewarded in some way. You would really not know how much of difference you’ve made to us in HRPB. Every time we needed something urgently, it reaches your ears and it is delivered. The work is not over yet but we wish to record our appreciation here. Thank you!

**Dr Letchuman Ramanathan, Head of Medical Department,
HRPB Ipoh, 19 Apr 2020**



Body shampoo for ICU, 27 Mar



Providing transport, 28 Mar



Rice for HCPs, 28 Mar



Protective wear for HCPs,
30 Mar



Tables and chairs
through a generous
hotelier, for Bilik Gerakan
for surveillance and
tabulations in KK
Buntong where the team
works the whole night
through, 31 Mar



Shoe covers,
2 Apr



Patient monitor; Dr Lee BC
representing AOS HRPB
6 May



Disinfectant wipes for ED,
8 May



Shower gel & thermoscan for ED,
16 Jul

ANNUAL PRACTISING CERTIFICATE (APC)

Pursuant to the Medical Act 1971 (the Act), practitioners are required to register with the Malaysian Medical Council (MMC) to practice medicine in Malaysia. Apart from registration, the Act also mandates practitioners who want to practice in that particular year to apply for Annual Practising Certificate (APC).

HOW TO RENEW APC

Do it through:

MeRITS – <https://meritsmmc.moh.gov.my/>

MeRITS = Medical Register Information and Technical System

Mandatory Documents required are soft copies of

1. Identity card (front & back image)
2. Passport sized photo
3. Certificate of basic medical degree
4. Professional Indemnity cover note

You can get help through the following:

1. **Manual for APC Renewal** available at above MeRITS site.
2. **YouTube channel** – Tutorials relating to the Annual Practising Certificate application
<https://www.youtube.com/watch?v=pxxWl6BEDFc>
The APC tutorial times 4:39 minutes. It is easy to follow.
3. **Face to face** on appointment basis in MMC office
Level 1, Block C,
Malaysian Medical Council,
Jalan Cenderasari,
50590 Kuala Lumpur
Book appointment via:
<https://malaysianmedicalcouncil.simplybook.asia/>

FURTHER ENQUIRY

Website <https://mmc.gov.my>
Phone 03-26912171 general line
Email admin.mmc@moh.gov.my

RENEWING APC FOR THE FIRST TIME THROUGH MeRITS

Go to <https://meritsmmc.moh.gov.my/>

You may need to proceed as follows.

Login.

Click **Forgot Your Password.**

Enter email address.

Click **Send Password Reset Link.**

Open your inbox to read email from “Admin” on the subject “MeRITS: Request to reset password”.

In this MeRITS email, click “Reset Password” using a mix of uppercase, lowercase alphabets and digits.

Complete your **Biodata.**

You are a registered medical practitioner with a MMC full registration number and have been getting your APC yearly. Hence under Biodata you see your personal details you have submitted before. Click the edit icon on the right upper corner of the screen, and enter new details required, including the personal biodata of your spouse. Remember to save.

Complete details under **Qualification.**

Similarly details of your basic degree you submitted before are found here. If needed click the edit icon to make amendment. Remember to save.

In **Full Registration** you status should be “Approved”.

Under **Annual Practising Certificate (APC)** you will see your APCs for previous years as “Approved”.

You proceed to click on “+ **Apply APC**” to apply for APC 2021.

Follow instructions henceforth under **Professional Indemnity Insurance, Principal Place of Practice, Other Places of Practice** and **Document.**

The **Mandatory Documents** (mentioned above) are required to be uploaded.

According to MeRITS Manual for APC Renewal the **Supporting Documents** are not required.

If you do not manage to complete APC renewal in one sitting, whatever you have completed and saved will remain as **Draft**. You can complete it later.

ANNOUNCEMENTS

NEW PMPS DIRECTORY OF MEMBERS

The Directory of Members 2020 is ready and being posted to all members.

12th ASEAN & 9th PERAK HEALTH CONGRESS ON PRIMARY HEALTH CARE

The Congress will be held from 18 to 21 June 2021 in Kinta Riverfront Hotel. It will carry 20 CPD points. The first Organising Committee meeting has been held via Zoom on 26 Aug 2020.

The theme will be “Navigating the Future in Primary Health Care”.

CONDOLENCES

Dr Tang Sek San (1924 - 2020) passed on peacefully in Ipoh on 06 Jul 2020. He was the senior most PMPS member. PMPS Committee as well as some PMPS members sent wreaths to his residence. Despite the COVID-19 RMCO a number of us attended his wake and funeral service.

RETIREMENT

We wish Dato' Dr Yeoh Beng San **Happy Retirement** from his paediatric practice and **All the Best** in his future undertakings. He, together with Dr Shanmuganathan Narayanan and four doctors from other states, received the FMPAM National Community Service Award 2018 during the Fifth Malaysian Doctors' Day celebrated on 13 Oct 2018 in Kedah. He has contributed much to special children's welfare. He has been for years President and now Advisor of Perak Association for Intellectually Disabled. He is the Fundraising Chairman and Advisor for Ray of Hope (ROH), a non-profit, non-religious multiracial centre, which helped young adults with learning difficulties through vocational training and sheltered employment in its café, bakery and restaurant. Both he and his wife (Chairperson of ROH) are personally very involved in running ROH.

60th MMA AGM 2020 – Virtual

The 60th MMA AGM will be held on 26 Sep 2020 (9:00 am to 5:00 pm) on a virtual platform. MMA Executive Committee Members will be conducting the Virtual AGM in Kuala Lumpur. The Virtual MMA AGM / pre-registration link will be forwarded to all MMA members in due course. Members who wish to attend the Virtual MMA AGM, need to pre-register latest by 19 Sep 2020.

PMPS Committee would like to extend warm greetings to members and families on the following occasions:

Hari Merdeka (31 Aug, Monday)
Hari Malaysia (16 Sep, Wednesday)
Prophet Muhammad's Birthday (29 Oct, Thursday)
Sultan of Perak's Birthday (6 Nov, Friday)
Deepavali (15 Nov, Saturday)

WHY JOIN PMPS?

The membership of PMPS is open to registered medical practitioners and dental surgeons resident in Perak. It has been established to help contribute to the well-being of its members as well as the public through the following objectives as stated in its constitution.



OBJECTIVES

- To encourage and foster friendship amongst its members.
- To encourage the further development of medical science whenever possible.
- To protect and promote the professional interests of its members.
- To promote and maintain professional ethics.
- To enlighten the public on matters of health.
- To carry out community services to the Malaysian public.

BENEFITS TO MEMBERS

- Continuous Professional Development (CPD)** — PMPS is a registered CPD provider. It regularly holds CPD sessions for its members together with other medical organisations.
- Discount of registration fee for PMPS' 2-yearly Congress On Primary Health Care.** E.g. the registration fee for PMPS members for the 11h Conference in Jun 2019 was RM300 compared to RM400 for non-member doctors. Note that this discount is equal to twice the annual subscription of RM50.
- Others** — these are evident when you go through this PMPS News, which also keeps you informed of issues relevant to you and which you receive free.

