



# FMSA NEWSLETTER

Malaysian Family Medicine Specialists' Association

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FMS KK Gemencheh

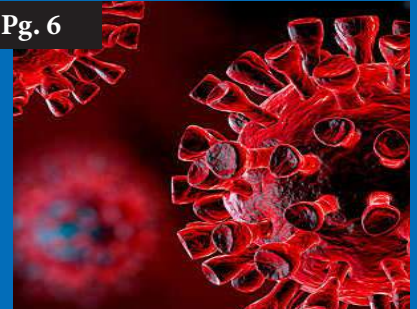
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# Welcome Message

from

**Dr Sri Wahyu Taher**

*President FMSA 2022*

Gosh! It is that time again for our next FMSA newsletter publication. Our March 2022 newsletter has to materialize despite having to deal with Omicron variant. This is to show how resilient we are. FMS Malaysia continuously battling COVID-19 pandemic in the community and staying abreast with the new development of eCOVID Outbreak Management System. Congratulations FMSA members!!!!

However, have we forgotten about our future pathway as family medicine specialist in Malaysia? Up to this date there are already 600 over family medicine specialists working in Ministry of Health Malaysia. It sounds a huge number but Malaysia needs around 6000 FMS to look after 33 million population. Thus, we should continue promoting our doctors to take up family medicine specialist training. Since we need to train more family medicine specialists, FMS have the option to venture and encouraged into becoming trainers in family medicine parallel pathway training. Hence facilitating to increase the numbers of FMS significantly.

Apart from becoming a trainer, FMS must become sub specialists by doing sub specialty training or area of interest training. Examples of sub specialist training available are Non-Communicable Disease in Primary Care, Women's Health, Mental Health, Adolescent Health, Dermatology and many more relevant scopes that will benefit the community and nation. In years to come, these specialties will lead specified programs in primary care making it more refined, tangible, diverse and feasible with successfully improved outcome.

After 25 years in existence, we have shaped Malaysian healthcare into a commendable level that we should be proud of.

With all these hopes and positive projections coupled with continued enormous contribution from FMS Malaysia, our hope for a better promotion and recognition are desired. The authorities must realize the pertinent future progression of family medicine fraternity supporting Malaysia into a developed nation. Thus, long due promotion to well deserved FMS is essential in order to sustain the momentum of our country's development. It is regrettable if brain drain and losing key opinion leaders in primary care to others.

Dear FMS Malaysia, keep the spirit high and burning but do not get yourselves burnt out. Find ways to console and comfort your soul. Hold out to each other, support each other, extend our help wherever possible and continue to be an asset to the country. Pray hard and may God be with us all. Thank you to the editorial board and contributors to the articles. We will never be able to publish the newsletter without your ideas and contributions. Congratulations again. Happy reading.

**Dr Sri Wahyu Taher**

Consultant Family Medicine Specialist  
KK Simpang Kuala  
Alor Setar

# PRIMARY CARE IN THE 'NEW NORMAL' ERA

*"Doktor sajalah harapan saya"*

By Dr. Suraihan bt. Sulaiman, FMS KK Gemencheh

It has been 2 years since the pandemic hits our country and since then a lot of changes happened. The common saying 'same storm, different boats' has been uttered by many to describe how people were coping differently to live with the pandemic COVID-19 .

I was working in KK Kundasang, Sabah when the 3rd wave of pandemic COVID-19 hit us in early October 2020. It hit us hard due to our limitations in resources as well as the challenges of the long distance between Primary Care and tertiary centre. When the cases surmounted rapidly, we needed to survive despite having limited stock of Personal Protective Equipment (PPE). It was a great relief to the clinics under my care when we received donations from Seremban's Family Medicine Specialist (FMS), FMS lecturers in UKM, FMSA, and NGO's such as Makcik Vogue, The Little Yellow Flower, and some local donators. I believed that the other Primary Care facilities were able to survive the storm with the numerous donations and manpower from our own FMSA and NGOs such as IMARET, PAPISMA, and MMA. Their generosity and support helped us get through the 'storm'.

Passing through the 'storm' were not limited to the challenges in resources but also a major change in facilities and services by the Primary Care. The clinics with well-established Family Doctor Concept needed to be reverted to the previous concept (the conventional way of segregation of OPD, MCH, and NCD) to accommodate the additional services in the clinic such as Fever-URTI (FURTI) or isolation area and a dedicated sampling area for swabbing. Besides that, among the existing staff, we had to rotate them to running the existing and additional services in the clinic and taking turns to manage the patients in the Low-Risk COVID-19 Quarantine and Treatment Centres (PKRC) and Covid Assessment Centre (CAC).



*Klinik Kesihatan Kundasang*

On top of that, the primary health care clinic staff did daily calls for Covid confirmed patients who were under home monitoring and be on duty at the Vaccination Centres (PPV) with scheduled outreach vaccination programs. We needed to stretch our time to accommodate these services. Some services needed to extend hours from the usual 8am-5pm services to late evenings and from weekdays only to weekends and public holidays.

In addition, the hospitals also had to make some adjustments. Some of the specialized clinics were forced to close to accommodate space and staffs for the new Covid wards. The clinics that were still opened needed to reduce their appointments tremendously to adhere to the standard operating procedures. These actions led to rerouting patients to the Primary Care team. While some may not be affected much and just have to continue the medications till a new appointment was given by the primary team, many were not that fortunate. The COVID-19 infection itself brought its own complications such as Long Covid Syndrome that needed to be addressed immediately by the Primary Care team.

The job scope of an FMS in the clinic expanded with the addition of services mentioned before. FMSes were then overwhelmed as the patients under tertiary centre follow ups had to be rerouted to us. This is on top of the FMSes existing follow up cases! Certain patients even refused new appointment by the tertiary team due to being afraid of contracting the COVID-19 infection during follow up in the hospital and preferred to be under FMS follow up, despite knowing the limitations faced by the Primary Care. It was frustrating knowing that they can get a better care but the stigma towards the COVID-19 infection was too high as compared to the awareness of getting the treatment for their progressing and worsening diseases.

Once, I had a 60-year-old male patient who had worsening chronic kidney disease due to obstructive urinary flow secondary to Benign Prostatic Hyperplasia which did not respond to medications. He was put on continuous bladder training (CBD) that needed to be changed every 2 weeks. His operation to remove parts of his prostate was initially postponed due to the pandemic COVID-19. While waiting for his appointment, he had a fall and suffered closed fractures of the right third to 5th metatarsal bones. He needed an operation and was put on a cast. His next review with the Orthopaedic team fell on the same day as his review with the Urology team. He needed to choose one as he would not have enough time to go for both appointments on the same day. I called up the Urology clinic to discuss his condition and they suggested postponing the Urology appointment as his minor operation would likely be postponed to accommodate the more urgent patients. He was devastated. Having a CBD for a long time has caused so much difficulty in his daily activities and also embarrassment. He stopped praying as he felt having the urine flow continuously making his prayers invalid (tidak sah). However, he felt some comfort when he was able to discuss his worry and frustration with the healthcare personals in Primary Care every 2 weeks when he came to change his CBD.

I'm sure my other colleagues were facing similar, if not, more difficult issues in trying our best to hold the 'fort' and to stabilize the patients that should be intervened at the tertiary centres. Adjustments needed to be made. Having a good relationship with my colleagues in

the tertiary centres helped a lot in co-managing the patients. Medications that were not available at the Primary Care were sent from the hospitals. Video call with the O&G team while scanning a suspected abnormal baby helps in the next step of management to avoid delays in intervention. Understanding and respecting each other difficulties strengthened the partnership between Primary and Tertiary care.

Everyone is doing their very best to protect the sacred oath that we took; 'First, do no harm'. Before we play the blaming game of 'You should do this and that', we should stop and think first about which will be the best options for the patients. Shared care decision making is crucial because, in the end, the patients are the one who needs to live with the decision. Being in Primary Care, we can help the patients to understand their choices and sometimes we need to fight for what is the best for the patients. These needed extra time and effort but with the extra care that we gave to the patients, hopefully, it will ease their journey and for those who believe; it will help ease our journey also. For some patients, we are all that they have. The patient that I mentioned before said "Doktor sajalah harapan saya" before he left my consultation room. It was heart-breaking to hear this, but this kind of moment kept me going on; gave me the will to fight on every day.

Let's do our part in doing the best we can in Primary Care and pray that the pandemic will end soon. As said by Maya Angelou "Do the best you can until you know better. Then when you know better, do better".



# COVID-19: THE WAY FORWARD

**Dr Mastura Binti Ismail**  
**Deputy Director (Primary Care)**  
**Family Health Development Division, MOH**

COVID-19 cases are steadily rising daily to more than 30,000 per day. Most people infected with the virus will experience mild to moderate respiratory illness and recover without requiring special treatment. However, some will become seriously ill and require specialised medical attention. The Malaysian government, particularly the Ministry of Health continuously plans, implements, and monitors various strategies to overcome this crisis.

Multi-level governance and strategies for handling COVID-19's impact and implications are paramount to build a more resilient nation. Below are several of them:

- Regular National CPRC meeting chaired by the Honorable Health Minister to look into the status and updates on the current situation plus any major decision making should it be required.
- The National Rapid Response Task Force has been reactivated on the 8 Feb 2022. It consists of several coordination bodies that brings together national and government representatives to minimize the risk of a fragmented crisis response.
- Fostering continuous dialogue between national and state governments regarding COVID-19's impact using shared evidence and latest data, all while considering the differentiated impact of the crisis.
  - Supporting collaboration across states and districts to help minimise disjointed responses and competition for resources.
  - Promote the use of digital innovation to simplify and accelerate procurement practices. Other initiatives include MySejahtera for digitalisation of the Home Surveillance Order (HSO) and Release Order (RO), Virtual Clinic, On-Line Appointment System etc.
  - Strategic communications to disseminate fast, accurate information for the public to allay anxieties and prevent panic.
  - Strengthening national and state-level support for vulnerable groups to limit further deterioration of their circumstances and to strengthen inclusiveness. Efforts include simplifying and facilitating access to support programs and ensuring well-targeted services including COVID-19 vaccination program, mobile health services, etc.

# COVID-19: THE WAY FORWARD



- Actively pursuing cross-border co-operation and support at all levels of government, to promote a coherent response recovery approach across a broad territory (e.g. border closure and reopening, containment measures, exit strategies, migrant workers).
- Incorporating national investment recovery strategies and involving state governments in their implementation early on.
- Use of public investment across at all levels of government to support COVID-19 recovery over time: avoid using it as an adjustment variable; minimising fragmentation in the allocation of investment funds targeting COVID-19 responses. Coordinating donations and sponsorship plus effective dissemination and usage across the country.
- Involvement of private practitioners and private hospitals to share the burden via private-public partnership.

Primary care in particular plays a critical role in the healthcare response to the COVID-19 pandemic. As the incidence of COVID-19 continued to increase and overwhelm the healthcare system at its onset, the physical COVID-19 Assessment Centre (CAC) was set up starting January 2021. The CAC functions primarily to assess and determine a care plan for COVID-19 patients. It acts as the gatekeeper for secondary and tertiary care and allows easy and fast referrals either to the Pusat Kuarantin dan Rawatan COVID-19 Berisiko Rendah (PKRC) or hospitals for further management.

Moving forward to July 2021, due to the surge in COVID-19 cases, remote consultations through Virtual CAC (VCAC) was established to enable patients to consult with medically trained staff. As of 7 February 2022, the criteria for attending a physical CAC changed due to the steep rise in COVID-19 cases and congestion at these centres. The new directive states that patients in Category 1 who are asymptomatic and those in Category 2A with mild symptoms are not required to attend the physical CAC for assessment. Nevertheless, these patients will be remotely monitored by the VCAC. The CAC will now concentrate on patients in Category 2B (Moderate) and above. With this directive, the VCAC should be able to decongest the physical CACs and improve patient's waiting time. VCAC is part of the e-COVID19 system responsible for monitoring patients' conditions. Besides that, it is also important to empower the patient for self-management and adhere to SOPs.

The COVID-19 management guidelines has been revised by relevant clinical disciplines including Family Medicine to provide guidance for healthcare providers. It will assist the health facilities in managing the high number of COVID-19 cases attending the CAC. The guidelines has been updated to ensure that the policies and procedures remain current and appropriate. It will provide the much needed consistency and ensure a smooth workflow for patient care.

The challenges in handling the pandemic is still on-going, with issue including man power, equipment, IT support, infrastructure at the health care facilities, etc. We also need to start focussing on other services, particularly the top killers in Malaysia -Heart disease, NCDs, cancer which we know are the biggest threat to the nation. Please look at how we can provide better treatment for these patients, overcome the backlog for procedures and so on. We need to work together to overcome these challenges, plan for a better future and move towards the COVID-19 endemic phase. Lastly, thank you everyone for all the hard work and continuous effort in managing the COVID-19 pandemic.

The author's views are based on the local Covid19 situation in February 2022

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# MOVING FORWARD WITH COVID19: How My Practice & Life Evolved with the Pandemic

Compiled by Jean-Li Lim, FMS, KK Sikamat, Negeri Sembilan

The Covid-19 pandemic hit us like a storm with minimal warning. In an instant, our life was changed completely! As the world around us stood still, for many of us in healthcare the workplace became our battlefield. We initially struggled as we faced an unknown enemy but as we began to peel off the layers surrounding the SAR-Cov-2 virus, we were better able to manage our practices and patients. However, like a never-ending wave, Covid hit us hard with large outbreaks and a myriad of VOCs thanks to the evolving nature of the virus. As clinicians, we too learnt to adept our lives and evolve our practices based on the rapidly changing and sometimes baffling guidelines.

Fast forward today, this storm has not really abated but we are now more resilient and better prepared with vaccination and more effective cures. We have also learned to revolve our lives around the new normal be it social distancing measures, self-testing and reporting to the more mundane like teleconsultations and online based learning.

As Malaysia transitions into endemic phase, I had the opportunity to catch up with 3 Family Medicine Specialists who are in different stages of their career and practice settings. They share their heartfelt account about how Covid-19 has impacted their practice and lives.

## COMMUNICATION SKILLS

Dr James Koh, FMS, KK Sungai Bakap, Penang

*“If you just communicate, you can get by. But if you communicate skillfully, you can work miracles.”*

**- Jim Rohn**

My journey as a FMS started amidst the pandemic. My batch of Masters of Family Medicine trainees had our exams postponed a semester and were the inaugural batch to do our exams virtually. It was a foretaste of what was to unfold.

During the period of 2020-2022, I had the opportunity to work in 3 different health care clinics, together with a short stint at CAC Melawati. From my observation, amongst the many clinical aspects that have evolved during the pandemic, communication stands out. Skillful communication is the bedrock of primary care. Now that our face is covered with double masks and a face shield, eye contact, body language/ gestures and voice intonation has become more important. Whilst on duty at CAC Melawati, the use of portable voice amplifiers / hailers assisted communication while in full PPE.



Dr. James Koh

Another skill I had to learn was the art of video conferencing. This was not only needed for communication with patients, colleagues and superiors but even for the exit exams. “Zoom” etiquette had to be picked up overnight, camera angles adjusted, sentences made shorter and direct to the point to compensate for internet lag. I needed adjustments giving virtual CMEs as I found myself talking to a camera without being able to see the participants. This was akin to talking to a wall and jokes told were mostly ‘syok sendiri’.

Teleconsultations via phone became the main modality of communication especially for the virtual CAC. On the phone, us clinicians are deprived of visual cues and therefore need to adapt our history taking and respiratory assessments to pick up subtle distress cues.

I also learnt to create social media content as it became a very important tool in our fight against Covid-19. Never did I know so much work was involved. One of the more memorable experiences was participating in a video shoot to promote Covid self-testing in another language, which took 3-4 hours for a mere 3-minute video.

Covid-19 did threaten to disrupt communication in our practice. However, with versatility and innovation, we managed to find solutions to help maintain a good degree of communication. Of course the learning curve is steep and there is still room for improvement. Hopefully through it all we have gained the wisdom and experiences to make our health services more pandemic resilient.



*Dr. James Koh in PPE*

## **MEDICAL EDUCATION**

**Dr. Iham Ameera Ismail, FMS & Lecturer, UiTM, Shah Alam**

Life has changed so much due to the pandemic. I feel like the past 2 years have passed by so fast in a whirl of work. I pursued my interest in Occupational Safety and Health (OSH) and took the OHD certification at the end of 2018 and was registered with DOSH in April 2019. Just as I was getting used to the role in the OSH committee at UiTM, the pandemic hit and the work in safety and health that came with it consumed my life for the past 2 years.

On top of that, I was the postgraduate coordinator for the Masters in Family Medicine Programme in UiTM. There were major changes in the teaching and learning of the undergraduate and postgraduate curriculum including organizing online classes, decentralised online examinations and rearranging hospital postings due to hospitals being declared as Covid-19 hospitals.

Looking at the bright side, I am more IT savvy now but teaching online is not the same as face-to-face. Besides that, my clinic appointments also needed to be rearranged, some done virtually even. Being an expressive person, I love seeing my patients. I now see them with a full mask and face shield on and am happy that they can still recognize me despite the fact they can barely see my face!



*Dr Iham providing medical aid during the December floods*



As for family life, I am so thankful that my children and family are supportive, but I also feel guilty for the times away from them. We miss our yearly long distance holiday trips. We are now adapting to the new normal and I am sure all of us are trying to make the best of the current situation as we transition to endemicity.

*Dr Ilham preparing for virtual postgrad exams during the pandemic*



## CHANGE AND ADAPTATION

Dr. Maurice Steve Utap, Klinik Kesihatan Tudan, Miri



*Dr Maurice running the virtual clinics in KK Tudan*



*Dr Maurice at PPV Bandar Miri*

I clearly remember the lock down announcement by the Prime Minister in March 2020. At that time, I was attending the fellowship in addiction medicine course in University Malaya Centre of Addiction Science (UMCAS) and rushed back to Sarawak just one day before the Movement Control Order (MCO) was enforced on 18th March 2020. Upon returning to Miri, I was quarantined for two weeks at home. Then everything changed. My practice and life had changed.

I had to arrange my clinic in a way that I had never imagined before. Lots of canopies were erected and chairs provided outside the clinic as though there was a carnival for our waiting patients! My staff had to multitask and do Covid-19 symptoms screening, perform swab tests at hotels and long houses, set up a One Stop Swab Centre (OSSC) at an indoor stadium, set up a Covid Assessment Centre

(CAC) at a community hall and delivered mass Covid-19 vaccination at a private international university.

Moving forward, my practice and life has evolved in a way that I'm more health conscious and appreciate my life and family more. With the mask, PPE on and strict hand hygiene, I not only protect myself but my patients as well. In fact, I have not gotten the flu for the past 2 years! My clinic's virtual clinic platform and BookDoc<sup>®</sup> appointment system for walk-ins put in place during the pandemic has greatly helped reduce the crowds in the clinic. The pandemic has made me realise and appreciate the word "teamwork" more. A big thank you to all my colleagues and staff for their sacrifices in ensuring our patient's health and well-being despite all the challenges and changes thrown their way.



# BREASTFEEDING SUPPORT CHALLENGES during Covid19

By Dr. Ezura Madiana Md. Monoto  
Klinik Primer PPUKM Cheras  
Hospital Canselor Tuanku Muhriz  
Universiti Kebangsaan Malaysia (UKM)

The COVID-19 pandemic, lockdown and social distancing led to changes in breastfeeding support for women and their babies due to the unforeseen challenges in providing breastfeeding education and skilled support worldwide. As a Family Medicine Specialist and one of the few International Board-Certified Lactation Consultants (IBCLC) in Malaysia, my practices in providing these services needed to be modified to protect myself, the mothers and the babies I work with, from COVID-19.

Before the COVID-19 pandemic, I provided face-to-face support and consultation on breastfeeding to mothers and their babies. This includes clinic-based consultation as well as home or hospital visits as needed by the dyads. When the lockdown occurred, it was devastating to see that some of these mother-baby dyads were struggling to breastfeed due to the separation from the support networks. The impact of the pandemic not only affected their challenging breastfeeding journey but also their fragile maternal emotional well-being during that time. Some mothers struggled to get the appropriate support and faced numerous barriers stemming from the lockdown and some stopped breastfeeding prematurely because of these issues.

***“The impact of the pandemic not only affected their challenging breastfeeding journey but also their fragile maternal emotional well-being during that time”***



*The Breastfeeding Demo Doll and a newborn baby*

For induced lactation cases, particularly for mothers who are planning to breastfeed their adopted babies, the challenges are even more. During the pandemic, I encountered 2 mothers who started to induce lactation before the arrival of their adopted babies. Preparation was made to ensure their breasts are ready for breastfeeding once their adopted babies arrive, but the feeling of uncertainty was always there as they were afraid of the lockdown and the interstate travel ban may hamper their intention to reunite with their adopted babies and to breastfeed them. True enough, one of the mothers later informed me that the biological family of the baby wanted to keep the baby, thus that made my patient had to stop the induced lactation process.

Emotionally, of course, she felt sad. But I made sure that she was well supported by her family members and close friends during that time.

I was more than happy when I received messages when the other mother informed me that she managed to express her milk as the result of the induced lactation process. Her determination of trying to breastfeed her adopted baby, made her successfully provide 5 times satisfying feeding for her baby.

Another mother I encountered for the induced lactation process had a frustrating result when she sought earlier treatment without proper follow up and support. However, due to her strong determination to provide 5 satisfying feeds for her adopted daughter who was already 9 months old at that time, she persevered. She was able to complete the feeds when her baby was about 15 months old.

Along this journey, the support I provided did not only focus on the breastfeeding issues but also the emotional and psychological aspects this mother needed to ensure her holistic well-being. All these were done virtually and via the WhatsApp® messaging system.

***“Along this journey, the support I provided did not only focus on the breastfeeding issues but also the emotional and psychological aspects this mother needed to ensure her holistic well-being”***

As we can see, although telemedicine support helps in breastfeeding issues during the pandemic, it can be seen that mothers do not simply value practical breastfeeding support. They value the emotional care of professionals and peers too, which is more likely to occur with face-to-face contact within an established community setting. But with some modifications in providing these supports, mothers continue to receive appropriate support rather than none, to continue their breastfeeding journey.

**Dr Ezura Madiana Md Monoto, IBCLC**  
Lecturer & Consultant Family Medicine Specialist



*Dr Ezura Madiana, breastfeeding consultant.*

# UNIT GERIATRIK KOMUNITI (GEKO): FROM INCEPTION TO FRUITION

By Dr Sally Suriani Ahip, Kota Samarahan Health Clinic, Sarawak



*GeKO Team Members and clients*

Malaysia is projected to be an ageing nation in 2035 when 15% of its population are aged 60 years and older. However, according to the recent report from the Statistics Department, Malaysia has recorded the lowest fertility rate in four decades with fewer babies born in 2020. The Malaysian fertility rate has further declined from 1.8 in 2019 to 1.7 in 2020. Therefore, Malaysia is predicted to be an aging nation earlier than its estimation. Moreover, Malaysia, being a middle-income country, will double its older population much faster than the developed countries. As a result of that, population ageing will dramatically increase the proportion of people needing long-term care. Hence, there is a pressing need to develop comprehensive community-based approaches and interventions at the primary health care to prevent and reverse the functional decline and care dependency in older age.

Upon my return from my community geriatrics training under Professor Renuka Visvanathan at The Queen Elizabeth Hospital and the University of Adelaide, I started Unit Geriatrik Komuniti (GeKo), an integrated aged-care services in Klinik Kesihatan Kota Samarahan,

Sarawak. The GeKo Unit was officiated on the 16th October 2019, by the Sarawak State Health Director, Dr Jamilah Hashim, in conjunction with the Divisional Celebration of the World Older Person's Day 2019. Our mission was to provide adequate aged care services in the community and support for seniors through increased awareness, knowledge, skills, and collaboration between agencies and the community in the planning and implementation of comprehensive health services to older persons.

The GeKo management team members include a Family Medicine Specialist with Geriatrics training, a medical officer, a pharmacist, a nutritionist, a psychology counsellor, a physiotherapist, an occupational therapist and a healthcare assistant. Key referrals to GeKo Unit include uncontrolled NCDs in the elderly, polypharmacy, cognitive and behavioural complaints, falls and frailty, malnutrition, chronic pain and immobility.

The GeKo team will institute comprehensive geriatric assessment and multidisciplinary intervention which is individualised to the patient's care needs. The intervention programmes include FITTER (Frailty Intervention

with ExeRcise), FINT (Frailty Intervention with Nutrition), FLIP (Frailty Intervention with Prescriptions review), FLOP (Frailty intervention with Occupational Therapy) and FEPHI (Frail Elderly Psychological Health Intervention).

GeKO also promote social health and increased knowledge and awareness among our seniors through our monthly 3T (Tea Talk Thursday) sessions where we invite speakers from various agencies to deliver various topics pertinent to aged-care, in example fire safety tips, welfare support for seniors, oral health, just to name a few.

GeKO team strive to expand GeKo Unit to primary care clinics nationwide in the nearest future. My team will continue to engage with the community leaders and the non-governmental organisations for GeKo services expansion initiatives.

We strongly believe “ Every Older Person Have The Right To The Best Possible Health And Equal Opportunity To Access The Determinants Of Healthy Ageing”.



*An audience with the 8th Prime Minister of Malaysia Tan Sri Dato' Haji Mahiaddin bin Md. Yasin on aged-care issues, the importance of early frailty detection and timely and targeted intervention, in the presence of the Sarawak State Chief Minister and Deputy Chief Minister, Minister of Welfare, Community Well Being, Women, Family and Childhood Development (Sarawak), Director of Welfare Department (Sarawak) and the Member of Parliament for Samarahan constituency.*



# GELEMBUNG PELANCONGAN LANGKAWI

Oleh Dr. Nurulaini Abdullah, FMS KK Kuah, Langkawi

Projek rintis gelembung pelancongan di Langkawi yang dilancarkan pada 16 September 2021 yang lalu telah memberikan sinar baru kepada industri pelancongan di Pulau Lagenda ini setelah lama menyepi. Langkawi telah dipilih menjadi satu-satunya destinasi pelancongan yang dibenarkan untuk menerima pengunjung setelah beberapa bulan Perintah Kawalan Pergerakan dilaksanakan. Pelancong domestik yang memenuhi kriteria SOP dari seluruh negara termasuk dari negeri yang berada dalam Fasa 1 Pelan Pemulihan Negara dibenarkan untuk menyertai gelembung ini kecuali mereka yang sedang berada di kawasan di bawah Perintah Kawalan Pergerakan Diperketatkan (PKPD). Pengunjung mempunyai pilihan untuk pergi ke Langkawi melalui jalan udara atau darat. Bagi perjalanan yang menggunakan darat, pelancong perlu menggunakan perkhidmatan pengangkutan yang disediakan oleh agensi pelancongan dari titik mula ke jeti feri ke Langkawi. Manakala bagi pelancong dari negeri Kedah dan Perlis atau pelancong yang menggunakan jalan udara, mereka tidak diwajibkan untuk menggunakan perkhidmatan agensi pelancongan.

Untuk memastikan kelancaran Projek Rintis Gelembung Pelancongan Pulau Langkawi ini, Langkawi Task Force suatu badan yang merangkumi pelbagai agensi telah diwujudkan. Antara agensi yang terlibat adalah Pejabat Kesihatan Daerah Langkawi, Lembaga Pembangunan Langkawi (LADA), Pejabat Daerah Langkawi, Majlis Perbandaran Langkawi, Malaysia Airports Holdings Bhd, Majlis Keselamatan Negara serta agensi penguat kuasa seperti Polis Diraja Malaysia, Tentera Laut Diraja Malaysia,

Agensi Penguatkuasaan Maritim Malaysia, Jabatan Laut, Kementerian Perdagangan Dalam Negeri dan Hal Ehwal Pengguna, Jabatan Sukarelawan Malaysia, Jabatan Kastam Diraja Malaysia dan Jabatan Imigresen.

Pejabat Kesihatan Daerah Langkawi, badan utama yang menjadi tonggak di dalam jawatankuasa projek ini semestinya telah meningkatkan tahap kesiapsiagaan untuk menyambut para pelancong dari serata negeri. Pada 11 September 2021, Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah, Datuk Dr. Norhayati binti Rusli, Pengarah Bahagian Penyakit Berjangkit dan Pengarah Kesihatan Negeri Kedah, Dr. Othman bin Warijo telah membuat lawatan ke Klinik Kesihatan Kuah bagi memantapkan lagi perkhidmatan saringan, pantauan dan kawalan sempena program rintis gelembung pelancongan. COVID-19 Assessment Center (CAC) di Langkawi yang berpusat di Klinik Kesihatan Kuah, diketuai oleh Dr Nurulaini Abdullah, Pakar Perubatan Keluarga Klinik Kesihatan Kuah telah memainkan peranan yang penting dan kritikal di dalam program gelembung pelancongan. Selain membuat persediaan rapi untuk menerima kemasukan pelancong ke Langkawi, CAC KK Kuah telah ditambahbaik dari segi fasiliti, sistem pengurusan 'home monitoring' secara atas talian dan juga 'mobile' CAC. Selain bekerjasama dengan bilik Gerakan PKD Langkawi, CAC juga telah bekerjasama dengan NGO, PDRM dan APMM untuk mencari pesakit COVID-19 yang tidak dapat dihubungi.

Memandangkan kedudukan geografi Pulau Langkawi yang terpisah dari daratan, terdapat banyak perbezaan dari segi proses kerja dan pengu-

rusan pesakit COVID-19. Oleh yang demikian, perbincangan dan hubungan yang erat di antara Pakar Perubatan Keluarga dan ketua-ketua jabatan di Hospital Sultanah Mahalia amat diperlukan untuk memudahcara dan melancarkan lagi perawatan pesakit COVID-19 di Langkawi khususnya kes-kes yang melibatkan pelancong tempatan dan antara-bangsa.

Terdapat beberapa syarat yang telah ditetapkan bagi pelancong-pelancong yang ingin mengikuti Gelembung Pelancongan Langkawi. Selain melengkapkan vaksinasi pelancong juga hendaklah melakukan ujian PCR COVID-19 2 hari sebelum berlepas, mempunyai polisi insuran COVID-19 bernilai USD 80,000 (perlindungan sepanjang berada di Malaysia) dan mempunyai perincian jadual perjalanan yang lengkap sepanjang berada di Langkawi. Sepanjang keberadaan pelancong di Langkawi, mereka wajib melakukan RTK Antigen pada hari ke 3 dan hari ke 5. Pelancong hanya dibenarkan berada di Langkawi sahaja sepanjang 7 hari.

Jika mereka didapati positif COVID-19, mereka akan diperiksa dan dirawat oleh CAC swasta (klinik swasta) atau CAC di KK Kuah. Doktor dari klinik swasta yang terlibat di dalam CAC juga dikehendaki berhubung dengan Pakar Perubatan Keluarga untuk membantu dan melancarkan lagi proses rawatan dan rujukan. CAC KK Kuah juga terlibat dalam pengurusan pemantauan di rumah (home monitoring) bagi pelancong yang didapati positif COVID-19.

Projek rintis gelembung pelancongan di daerah Langkawi telah didapati berjaya mengawal penularan COVID-19 serta memberikan harapan baru kepada pengusaha-pengusaha sektor pelancongan tempatan dalam menjana semula ekonomi negara. Ianya hasil daripada usaha dan kerjasama erat dari pelbagai agensi. Moga kerjasama ini terus utuh agar cabaran pandemik masa depan akan senantiasa dapat ditangani bersama.



# GELEMBUNG PELANCONGAN LANGKAWI

## SOP PELANCONGAN DI PULAU LANGKAWI

BERMULA 16 SEPT 2021

### DIBUKA KEPADA PELANCONG DOMESTIK

- Yang memenuhi kriteria SOP dari seluruh negara
- Termasuk pelancong dari negeri Fasa 1 PPN

**Kebenaran ini tidak terpakai kepada yang berada di kawasan PKPD**



- Pelancong perlu guna khidmat agensi pelancongan sekurang-kurangnya pengangkutan dari destinasi permulaan ke jeti feri ke Langkawi
- Hanya pelancong dari Kedah & Perlis tidak wajib guna khidmat agensi pelancongan

Pelancong tidak wajib guna khidmat agensi pelancongan



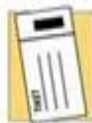
### SOP DITETAPKAN

- Hanya bagi individu lengkap vaksinasi
- Individu bawah 18 tahun perlu bergerak bersama penjaga yang lengkap vaksinasi
- Tiada had umur kepada pelancong
- Perlindungan insurans/saringan COVID-19 tidak diwajibkan

### Jenis percutian dibenarkan:

- Secara harian (pergi & pulang hari sama)
- Bermalam
- Menempah penginapan/ tiket masuk terlebih dahulu
- Pakej pelancongan melalui syarikat pelancongan berlesen & berdaftar dengan MOTAC
- Bilangan penumpang kenderaan mengikut kapasiti sebenar
- Sekiranya menaiki feri dibenarkan bermalam di premis penginapan berdaftar di Kedah/Perlis

### Tunjuk bukti pembelian produk pelancongan semasa mohon kebenaran polis / ketika diminta penguat kuasa iaitu:



Tiket penerbangan/ feri



Resit hotel/ pakej pelancongan

Untuk maklumat lanjut, layari laman sesawang [www.motac.gov.my](http://www.motac.gov.my) / [www.mkn.gov.my](http://www.mkn.gov.my)

PKPD: Perintah Kawalan Pergerakan Diperketatkan  
MOTAC: Kementerian Pelancongan, Seni & Budaya  
PPN: Pelan Perintah Negara

Sumber: Menteri Pelancongan, Seni & Budaya Datuk Seri Nancy Shukri

Ditwujudkan: 9 Sept 2021  
Program Berhala



## GARIS PANDUAN UNTUK GELEMBUNG PELANCONGAN ANTARABANGSA LANGKAWI



### PRA-PERLEPASAN

#### VAKSINASI

- Sijil vaksinasi lengkap bercetak
- Pengembara di bawah umur 18 tahun wajib bersama ibu bapa / penjaga yang lengkap divaksin

#### INSURANS

- Polisi insurans perjalanan bercetak dengan COVID-19 bernilai USD80,000 (perlindungan sepanjang keberadaan di Malaysia)

#### VISA

- Jika perlu

#### UJIAN COVID-19

- 2 hari sebelum berlepas
- Keputusan Rapid Test-PCR COVID-19 / Rapid Molecular Test (RMT) bercetak

#### PASPORT

- Tempoh sah tidak kurang dari 6 bulan

#### TIKET PENERBANGAN

- Tiket penerbangan pergi-balik yang sah

#### MYSEJAHTERA

- Muat turun aplikasi MySejahtera untuk pегenan
- Melengkapkan MySejahtera Travel Form

#### ITINERARI

- Penilaian itinerari (ETA / ETD)
- Penginapan, pakej pelancongan dan TG yang sah (min 2 hari)
- Melancong bersama pemandu pelancong yang didaftarkan dan berlesen dengan MOTAC <http://www.motac.gov.my/whats-new/whats-new>

\*Semua dokumen wajib dalam Bahasa Inggeris

### KETIBAAN

#### KETIBAAN DI KUALA LUMPUR INTERNATIONAL AIRPORT 1 (KLIA 1)

- Rapid Test-PCR atau Rapid Molecular Test (RMT) wajib dibuat pada hari ketibaan <http://kias.laport.docstoc.com>
- Tempoh masa transit hendaklah sekurang-kurangnya 5 - 5 jam sebelum penerbangan domestik seterusnya ke Langkawi

#### PENERBANGAN TERUS KE LANGKAWI INTERNATIONAL AIRPORT (LIA)

- Rapid Test-PCR or Rapid Molecular Test (RMT) wajib dibuat pada hari ketibaan atau seawal-lewatnya pada hari kedua

#### NEGATIF

Meneruskan pelancongan di bawah GPL



Pusat isolatan / kuarantin / hospital swasta



### KEBERADAAN

#### KEBERADAAN 3 - 7 HARI

- Hanya boleh berada di Langkawi sahaja
- RTK Antigen (Professional) wajib pada hari ke-3 dan ke-5
- Self Antigen Rapid Test wajib pada hari ke-2, ke-4 dan ke-6 - keputusan perlu dilaporkan sendiri di MySejahtera



Meneruskan pelancongan di bawah GPL



Pusat isolatan / kuarantin / hospital swasta

#### LEBIH DARI 7 HARI TINGGAL DI LANGKAWI ATAU DESTINASI LAIN DI MALAYSIA

- RTK Antigen (Professional) wajib pada hari ke-3 dan ke-5
- Self Antigen Rapid Test wajib pada hari ke-2, ke-4 dan ke-6 - keputusan perlu dilaporkan sendiri di MySejahtera
- Rapid Test-PCR atau Rapid Molecular Test (RMT) 2 hari sebelum keluar dari Langkawi
- Pelancong dibenarkan pergi ke destinasi lain di Malaysia (kecuali Kawasan PKPD) selepas 7 hari tinggal di Langkawi



Meneruskan perjalanan ke destinasi lain



Pusat isolatan / kuarantin / hospital swasta

### PRA-PERLEPASAN KE NEGARA ABAL

Rapid Test-PCR atau Rapid Molecular Test (RMT) dilakukan berdasarkan protokol kesihatan negara penerima sebelum berlepas dari Malaysia



NEGATIF Bertolak ke negara asal



POSITIF Pusat isolatan / kuarantin / hospital swasta

Untuk butiran lanjut mengenai SOP sila layari laman web kami:

<http://www.motac.gov.my/malaysia>

\*termasuk senarai negara yang bertolak kepada sekatan perjalanan untuk L/7B

Talian Hotline: +603-8891 7189

E-mail: [info@motac.gov.my](mailto:info@motac.gov.my)

Untuk ketibaan di KLIA 1 SAHAJA:


TIC KLIA Meet & Greet

Tele: +603-87764720 / 21

E-mail: [tic@klia1.com.my](mailto:tic@klia1.com.my)

Dikemaskini pada 8 Disember 2021





# A BRIEF GUIDE TO THE FAMILY MEDICINE POSTGRADUATE PROGRAMS IN MALAYSIA

Many of us, at some point of time will reach to a juncture where we will wonder what do we want to specialize next in our career advancement? If we choose to become a Family Medicine Specialist (FMS), what are the options that we have? What are the pros and cons of each option? These are the common questions that lingers around in our mind during our life as a medical officer.

Before we venture further, allow us to share what is Family Medicine all about. According to WONCA, Family Medicine is an academic and scientific discipline, with its own educational content, research, evidence base and clinical activity, and a clinical specialty orientated to primary care. The detailed Characteristics and Core Competencies of the specialty is well defined in the WONCA Tree.

Family medicine is also defined as the medical specialty which provides continuing, comprehensive health care for the individual and family. It is a specialty in breadth that integrates the biological, clinical and behavioral sciences. The scope of family medicine encompasses all ages, all genders, each organ system and every disease entity.

We believe that many of the FMS share the same sentiment with us. Family Medicine is a very unique, interesting, and evolving specialty that progresses with time. It is the backbone and thrust of Primary Healthcare.

The Family Medicine specialty has first existed in Malaysia since 1979 when the College of General Practitioners of Malaysia, now known as Academy of Family Physicians of Malaysia (AFPM) held the first Diplomate Membership Exam of the College of General Practitioners (MCGP) of Malaysia and was later conjoined with the Royal Australian College of General Practitioners (RACGP) in 1982 and recognized by National Specialist Register (NSR) as parallel pathway in 2012. Back then, most of the FMS

graduated from this served in the Private General Practice.

Realizing the importance of Family Medicine specialty in the country, University Malaya and University Kebangsaan Malaysia started its first Master of Family Medicine program in 1993. Four years later, the first cohort of FMS started its maiden Family Medicine specialty service in the Public Primary Care. Since then, more public universities offered family medicine training for medical officers in Malaysia. Currently these universities have conjoint training and examination in order to uplift the standard of training.

In 2018, the director general of Ministry of Health Malaysia had invited the Irish College of General Practitioner to form another parallel pathway to train doctors in family medicine. Thus, the Malaysia Ireland Training in Family Medicine (MInT-FM) was established and started its first intake in 2019. It is hope that more FMS can be trained to meet the nation's growing need for the specialty. Ministry of Health Malaysia projected 6000 FMS in order to meet the demand of 33 million population of Malaysia.



In Malaysia, Medical Officers at present can choose one of the following pathways to become a Family Medicine Specialist.

## 1. LOCAL PATHWAY

Currently, there are six Public Universities that offer the Master of Family Medicine program. The program is applied through the Hadiah Latihan Persekutuan (HLP). It is a full-time, structured four years program with the first two years of hospital rotation in various main disciplines and the last two years in primary care clinics. There are three parts of the Conjoint Examination. The postgraduate students will need to successfully pass each part before they can proceed to the next. The Conjoint Examinations are Part I (in Year One), Part II (in Year Three) and Part III (in Year Four). Part I and Part II has both theory and clinical examination. On passing, the masters trainees can proceed to conduct a research thesis project. The Part III examination is a viva voce which will be held to assess the postgraduate student trainees on the different domains of both clinical and practice management skills based on the practice diary. Once passed, they will be conferred with Masters in Medicine - MMed (Fam Med) or Doctor of Family Medicine (Dr Fam Med) degree by the respective university. The public universities are:

- Universiti Malaya
- Universiti Kebangsaan Malaysia
- Universiti Sains Malaysia
- Universiti Putra Malaysia
- Universiti Teknologi MARA
- Universiti Islam Antarabangsa

Once completed, the FMS will need to undergo a gazettelement of six months and apply to be registered in NSR one year after gazettelement.

## 2. PARALLEL PATHWAYS

There are two parallel pathways training that are recognized in Malaysia.

First parallel pathway program is the Membership of Academy of Family Physicians of Malaysia / Fellowship of Royal Australian College of General Practitioners / International Conjoint of Fellowship of Royal Australian College of General Practitioners (MAFP / FRACGP / icFRACGP) programs which is conducted by the Academy of Family Medicine of Malaysia.

In order to be able to sit for the Conjoint MAFP / FRACGP / icFRACGP Examination, the postgraduate student have to enroll and pass the Graduate Certificate in Family Medicine program (GCFM) and Advanced Training in Family Medicine (ATFM) program.

GCFM and ATFM programs are structured two years program each. It is suitable for medical officers who are highly motivated and is at ease with web-based distance and self-directed learning with weekend workshops.

The GCFM program consists of four semesters. Each semester is of six months duration. For each semester, four modules will be online, with a total of 16 modules for the four semesters. A final professional examination on all the 16 modules will be held at the end of Semester 4. Upon passing the GCFM examination, the postgraduate student may apply for the ATFM program.

The ATFM program adopts a varied type of methodology such as small group teaching, online or e-learning and workshops. ATFM program aims to train the postgraduate student to become a competent FMS with the required competencies by emphasizing practical training in consultation and practical and procedural skills, evidence-based practice, research, and quality assurance. While guided readings and supervision from mentors will be available, much of the learning of the students will be through self-study.

To be eligible to sit for the Conjoint MAFP/FRACGP/icFRACGP Examination, the postgraduate student must first pass the Eligibility Examination in ATFM program before eligible to sit for Part I Conjoint Examination (theory) after fulfilling all the criteria stipulated by AFPM and RACGP. Upon passing Part I Conjoint

Examination, the student will proceed with Part II Conjoint Examination (clinical examination and viva). Upon successful passing of both examinations and meeting the AFPM and RACGP requirements, student will apply for the FRACGP/icFRACGP. Graduates are expected to successfully complete 12 months of pre-gazettement and 6 months of gazettement period prior to full recognition as an FMS.

The second parallel pathway program is Membership of Irish College of General Practitioner (MICGP) / Malaysia Ireland Training Program for Family Medicine (MInTFM) program which is collaboratively conducted by the RCSI and UCD Malaysia Campus (RUMC), Irish College of General Practitioners and iHeed Health Training Limited.

It is a full time, four years structured training program with the first two years of hospital posting at training hospitals and subsequent two years of primary care posting at selected health clinics. The MInTFM trainee is expected to complete the hospital posting/rotation of 10 disciplines for two years at the allocated training hospital as attachment. Upon completion of hospital postings, student will have to undergo primary care posting at the allocated health clinic for another two years with an assigned FMS trainer.

The postgraduate student is required to attend weekly academic sessions with Scheme Directors for day release teaching session, online classes and online education platform (Learning Management System – LMS). The examination is a criterion-referenced examination which consists of three parts (CKT, CCT, EPA/MEQ) which are conducted in the second year and third year of the training program. Upon successful 4 years of training, assessment and examination, the trainee will receive the Certificate of Satisfactory Completion of Specialist Training (CSCST), they will be awarded the Membership of Irish College of General Practitioner (MICGP). They will be required to complete a gazettement period of 6 months prior to full recognition as an FMS.

Both the parallel pathway programs can be self-paying or funded through the Hadiah Latihan Persekutuan (HLP) for the medical officer in the Public Sector.

We hope that this brief information will be able to guide our medical officer in pursuing their dream to become an FMS. Finally, we would like to wish them all the best in their journey. All information provided is to the best knowledge of the authors at the time of sending to press and is subject to change. For latest information, please visit the relevant guides as mentioned in the references.

#### References:

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5. Garis Panduan Pemantapan Program Latihan Kepakaran Lluan Paralel Bidang Perubatan Keluarga (MICGP) Di Kementerian Kesihatan Malaysia (KKM)
6. Malaysia-Ireland Training Programme for Family Medicine E-Brochure 2022

#### **Dr Wong Ping Foo**

*Family Medicine Specialist*

Head of Clinic, Klinik Kesihatan Cheras Baru

Honorary Treasurer, Malaysian Family Medicine Specialists' Association

Honorary Secretary, Academy of Family Physicians of Malaysia

Chair, The Rajakumar Movement, WONCA Young Doctors' Movements Asia Pacific Region

#### **Dr Sri Wahyu Taher**

*Consultant Family Medicine Specialist*

Head of Clinic, Klinik Kesihatan Simpang Kuala, Alor Setar

President, Malaysian Family Medicine Specialists' Association

Northern Scheme Director, Malaysia Ireland Training for Family Medicine Program

# LAUGHTER IS THE BEST MEDICINE

By Dr Ratna Wati Bt Rahman, FMS KK Batu Pahat

As a physician.... My husband would make an excuse everytime he got a session with his supervisor in the university. It always happen when he got a dateline presentation of his PHD proposal or have his methodology class.

He would leave class earlier or postpone session with his supervisor with a good excuse- "I have to visit a doctor". He doesn't feel guilty because he doesn't even lie!

## OPD Clinic

A woman came to our OPD clinic in contraction pain and show. She denied that she couldn't be pregnant. She said her last period was 'like 8 months ago'.... so she insisted what she had now is severe dysmenorrhoea...

## CAC Session

Seeing close contact patients for Covid19 swab. A patient complain of anosmia and ageusia. He said, "Please doctor, poke my nose and tongue... so that I can get my taste and smell back"

## During my STI clinic :

1

Melati, a very beautiful woman dressed in a red sexy gown referred from my MO for a pelvic ultrasound exam as patient insisted. The patient asked in a harsh voice "Well doctor can you see my uterus?" Then I told him "No, I can't see it... Did you sell it?"

2

3

A normal procedure for a patient with perianal-warts-Anal and per rectal exam. I put my finger and proctoscope in to check if it was all okey and he made a slight noise. I asked whether he was okey, worried that he is in pain due to the procedure.... And this is what he said "That's nice" instead of "That's ok"

4

## Child Health Clinic

5

A father brought his 1st child to the clinic. She was in her 2 weeks of life. The father was worried that his child had PV spotting and asked whether there's a baby sanitary napkin sold elsewhere....

A mother brought her 2 years old son to clinic, worrying of her son who has orange discoloration over his palms and soles. On futher history, mom would give 2 carrots each at lunch and dinner daily, a total of 4 carrots a day. And the mother ask, " Why did you ask doctor? Isn't giving a lot of carrots is good for my child?"



# CONFERENCE ANNOUNCEMENT

2<sup>nd</sup> Announcement



## 24<sup>th</sup> FAMILY MEDICINE SCIENTIFIC CONFERENCE

**RIDING OUT THE STORM:  
PRIMARY CARE RISING TO THE CHALLENGES**

21<sup>st</sup> - 24<sup>th</sup> September 2022

**KOTA KINABALU SABAH**

**Pre-conference ( Physical )**

🕒 **21<sup>st</sup> September 2022**

📍 **Universiti Malaysia Sabah (UMS)**

**Conference ( Physical )**

🕒 **22<sup>nd</sup>-24<sup>th</sup> September 2022**

📍 **Sabah International  
Convention Centre ( SICC )**

**Come &  
Join Us !**



**Click or scan to register online:  
<http://fmsconference.net/2022/>**



IN COLLABORATION WITH: SUPPORTED BY :



**UMS**  
UNIVERSITI MALAYSIA SABAH



24<sup>th</sup> Family Medicine  
Scientific Conference 2022



fmscsabah2022@gmail.com

**CONFERENCE ANNOUNCEMENT**



**25<sup>th</sup> FMS**  
**JUBILEE CELEBRATION**

*Theme: Glitz & Glamour*

**The Grand Ballroom  
The Magellan Sutera Resort  
Kota Kinabalu, Sabah**

**23<sup>rd</sup> September 2022  
1800 - 2300 H**

**LIMITED TO 300 SEATS**

**Inviting All The Delegates**  
**FREE for FMSA members (Paid 2022 FMSA fee)**  
**Others : RM 200/pax (Adult / Kids)**

**CONTACT PERSON :**  
**DR NOREEN 012-3540781 / DR MARYAM 014-6235430**

# CONFERENCE ANNOUNCEMENT

## PACKAGES & PAYMENT



| CATEGORIES                                  | EARLY BIRD<br>( Until 15 <sup>th</sup> July 2022 ) |            | NORMAL PRICE<br>( 16 <sup>th</sup> July 2022 onwards ) |            |
|---|--|------------|--|------------|
|   | Pre<br>Conference                                  | Conference | Pre<br>Conference                                      | Conference |
| FMSA member                                 | RM 250   | RM 700     | RM 300   | RM 750     |
| Specialist / GP                             | RM 300   | RM 700     | RM 350   | RM 750     |
| FMS Trainees                                | RM 200   | RM 400     | RM 250   | RM 440     |
| Medical Officer /<br>Pharmacist / Dietician | RM 200   | RM 500     | RM 250   | RM 550     |
| Paramedic                                   | RM 150   | RM 400     | RM 200   | RM 450     |
| Medical Student                             | RM 150   | RM 350     | RM 200   | RM 400     |
| International participant                   | USD 150  | USD 400    | USD 200  | USD 450    |

All registrations and payments are to be made via **ONLINE** at  
<https://fmsconference.net/2022/>

**CLOSING DATE FOR ONLINE REGISTRATION : 31<sup>st</sup> AUGUST 2022**

### CANCELLATION POLICIES

1. Cancellation within 2 months before event : 50% refund
2. Cancellation within 2 weeks to 2 months before event : 25% refund
3. Cancellation within 2 weeks before event : NO refund

### ON SITE REGISTRATION :

For 3 days : RM 800

### OR DAILY REGISTRATION :

RM 350 (DAY 1), RM 350 (DAY 2), RM 250 ( DAY 3)

### ANY INQUIRIES PLEASE CONTACT :

Via FMSC Email : [fmscreg2022@gmail.com](mailto:fmscreg2022@gmail.com)

OR

Registration Secretariats :

- |                                   |                           |
|-----------------------------------|---------------------------|
| 1. Dr Haryati Binti Hamzah        | Contact no : 010 8037144  |
| 2. Dr Mirah Binti Papo            | Contact no : 010 8037144  |
| 3. Dr Radhiyah Binti Hussin       | Contact no : 019 8837144  |
| 4. Dr Muhammad Faiz Bin Mahayidin | Contact no : 011 11649018 |

# FMS IN MEDIA

**TEMU BUAL RADIO**

Keperntingan Vaksin & Covid is Real



**DR MARYEM SOKHANDAN FADAKAR**  
EXCO PERSATUAN PAKAR PERUBATAN KELUARGA MALAYSIA

**SELASA | 8 JUN  
2021  
6.30 PETANG**

**BERNAMA RADIO**  
FREKUENSI SIARAN

LEMBAH KLANG FM 93.9 | JOHOR BAHRU FM 107.5 | KUCHING FM 100.9 | KOTA KINABALU FM 107.9

**SELAMAT PAGI MALAYSIA :  
TEGUH KITA, MENANG BERSAMA**

**COVID-19 :  
KEBOLEHJANGKITAN  
& MUTASI**



**BERSAMA** PRIVATE SPECIALIST CENTRE  
UITM

**DR. KHASNUR ABD MALEK**  
PAKAR PERUNDING PERUBATAN KELUARGA,  
UITM PRIVATE SPECIALIST CENTRE (UPSC),  
FAKULTI PERUBATAN UITM & AHLI  
JAWATANKUASA PERLAKSANAAN VAKSIN  
COVID-19 HOSPITAL UITM

**KHAMIS, 27 MEI 2021**  
10:00 PAGI - 12:00 TENGAH HARI

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"WE DECIDE"**



**DR. JEAN - LI LIM**  
FAMILY MEDICINE SPECIALIST  
KLINIK KESIHATAN SIKAMAT, SEREMBAN  
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DIARI RAWAT

**KESAN AEFI :  
PERLU TAKUT  
ATAU TIDAK?**

**23** FEBRUARI 2022  
**RABU**

**9 - 00** MALAM

**BERSAMA**

**DR. AZUANA RAMLI**  
Ketua Penolong Pengarah Kanan  
Sektor Farmakovigilans  
Bahagian Regulatori Farmasi Negara  
Kementerian Kesihatan Malaysia

**DR. PUNITHA ARINIMA**  
Pakar Perubatan Keluarga  
Klinik Kesihatan Semenyih  
Kementerian Kesihatan Malaysia

SIARAN HANGAT:  
25 FEBRUARI 2022 | JUMAAT  
3:30 PETANG | TV1



# FMS IN MEDIA

  
KEMENTERIAN PENDIDIKAN MALAYSIA  
Pejabat Pendidikan Daerah Kuching

## Webinar Pencegahan Penyakit Berjangkit: ADAKAH VAKSINASI SELAMAT UNTUK KANAK-KANAK

sempena  
Jerayawara Secara Maya Prasekolah & Tadika Swasta Daerah Kuching 2022



Penceramah:  
Dr. Christopher Kueh Boon Leng,  
Family Medicine Specialist,  
Klinik Kesihatan Kota Sentosa



Moderator:  
Cikgu Mohamad Sharul bin Zulaihi,  
Guru Prasekolah, SK Combined



Dirasmikan oleh:  
Hajah Shirini Mastura Binti Mohamed Zulkifli  
Pegawai Pendidikan Daerah  
Pejabat Pendidikan Daerah Kuching

Tarikh: 4 Mac 2022 (Jumaat) | Masa: 7.30 malam - 9.30 malam | Youtube PPD Kuching | Facebook PPD Kuching

ASSALAMUALAIKUM

## PANDEMIK COVID-19 HADAPI FASA TRAUMA



HUDA FATMAHAN  
ABOUT JALIL  
IBU



FADZILLAH KADER  
IBU



DR. ADAM FIRDAUS DAHLAN  
PAKAR PERUBATAN KELUARGA

ISNIN 07 JUN 2021  
7:00- 9:30 PAGI

#PulangKepadaPencipta  
#LindungDiriLindungSemua

Find us on Facebook

Panel

**Dr. Mohamad Nazli  
Hj Omar**

Dekan, Fakulti Keilmuan Islam,  
Kolej Universiti Islam Melaka & ASK  
Fatwa Negeri Melaka

Moderator

**Dr. Hj Suhazeli Abdullah**  
Pakar Perubatan Keluarga  
Medical Mythbusters Malaysia

Panel

**Prof Dr. Hamy Mohamed  
Yusoff**

Pakar Perubatan Keluarga  
Universiti Sultan Zhalan Abidin  
(UNISZA)



LIVE

**MEDICAL MYTHBUSTERS**  
MALAYSIA

Topik:  
**TEMBAKAU DAN  
KETAGIHAN;  
Apa Kata Islam**

25 November 2021 | Khamis | 9.00 pm

#KampanZaIslam

# HAPPY RETIREMENT



MAY YOUR JOURNEY AHEAD FILLED  
WITH AMAZING ADVENTURES

## Happy Retirement

Dr Siti Aminah binti Akbar Merican  
Consultant Family Medicine Specialist  
Klinik Kesihatan Kuala Berang  
Retirement date: 19.1.2022



MAY YOU CONTINUE TO TAKE ON  
EXCITING ADVENTURES!

## Happy Retirement

Dr Habshoh binti Hat  
Consultant Family Medicine Specialist  
Klinik Kesihatan Bandar Sg Petani  
Retirement date : 22.1.2022



WISHING YOU HAPPY ADVENTURES IN  
EVERY JOURNEY AHEAD

## Happy Retirement

Dr Jemah binti Sajari  
Consultant Family Medicine Specialist  
Klinik Kesihatan Serendah  
Retirement date: 31.12.2021



MAY YOU CONTINUE TO TAKE ON  
EXCITING ADVENTURES!

## Happy Retirement

Dr Hjh Baizury Bashah  
Pakar Perunding Perubatan Keluarga  
Klinik Kesihatan Kuala Lumpur  
Tarikh bersara: 9.6.2021



MAY YOU CONTINUE TO TAKE ON  
EXCITING ADVENTURES!

## Happy Retirement

Dr Fuziah binti Paimin  
Pakar Perunding Perubatan Keluarga  
Klinik Kesihatan Presint 9 Putrajaya  
Tarikh bersara: 4.8.2021



WISHING YOU HAPPY ADVENTURES IN  
EVERY JOURNEY AHEAD

## Happy Retirement

Dr Vickneswari Ayadurai  
Consultant Family Medicine Specialist  
Klinik Kesihatan Taman Medan  
Retirement date: 26.3.2022

# Royal Award

## Setinggi-tinggi Tahniak

Di atas Penganugerahan Darjah Kebesaran  
Sempena Ulang Tahun Hari Keputeraan Duli Yang Maha Mulia Sultan Selangor,  
Sultan Sharafuddin Idris Shah Alhaj Ibrni Almarhum Sultan Salahuddin Abdul Aziz Shah Alhaj



Darjah Kebesaran Setia-Sultan Sharafuddin Idris Shah (S.I.S)  
Dr. Azah Binti Abdul Samad

Darjah Kebesaran Setia Mahkota Selangor (S.M.S)  
Dr. A Vickneswari A/P Ayadurai

Darjah Kebesaran Ahli-Sultan Sharafuddin Idris Shah (A.I.S)  
Dr. Noor Harzana Binti Harrun



**Malaysian Family Medicine  
Specialists' Association**

10 Feb · 🌐

Heartiest congratulations to FMS at Klinik  
Kesihatan Bintulu Dr Rawa Bau being conferred the  
title of Pegawai Bintang Kenyalang (P.B.K) by TYT  
Yang di- Pertua Negeri Sarawak.



إِنَّا لِلَّهِ وَإِنَّا إِلَيْهِ رَاجِعُونَ

A wonderful person has left us to meet her  
Creator on 23rd December 2021

**Prof Dr Sara Liew Su May Abdullah**

A soul that has touched and shaped our  
hearts to become a fraction of the  
wonderful teacher she was

MAY HER SOUL REST IN PEACE AND BE AMONG  
THE FAITHFUL AND BLESSED.  
AMEEN



إِنَّا لِلَّهِ وَإِنَّا إِلَيْهِ رَاجِعُونَ

Salam Takziah  
kepada ahli keluarga dan sahabat

**Dr Rahmathunissa Begum**

Pakar Perubatan Keluarga

yang telah kembali ke Rahmatullah pada  
27 Mac 2022

SEMOGA ROHNYA DITEMPATKAN DI KALANGAN  
ORANG YANG BERIMAN DAN DICUCURI RAHMAT.  
AMEEN





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2020 - 2022

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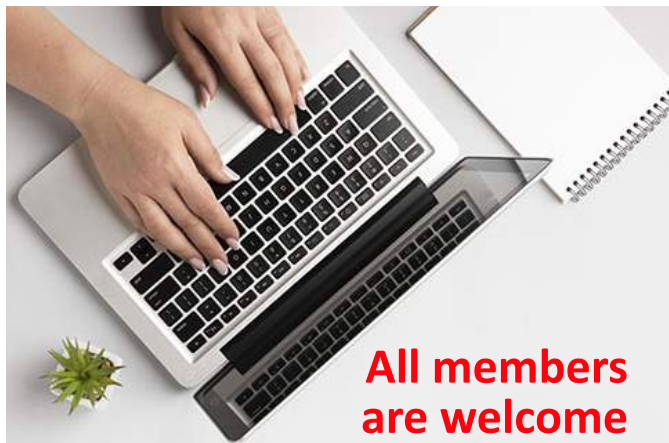
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**All members  
are welcome  
to submit articles.**

Members should adhere to the following guidelines :

**Sharing experiences in primary care**  
( < 1000 words, < 3 photos)

**Practical tips**  
( < 500 words, < 3 photos)

**Reflection**  
( < 500 words, < 2 photos)

**Hobbies / Life after work**  
( < 500 words, < 3 photos)

The editorial board reserves the right to edit, enhance or reject articles to maintain the overall flow of the content and style

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**Malaysian Family Medicine Specialists Association**

Bangunan Malaysia Medical Association

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