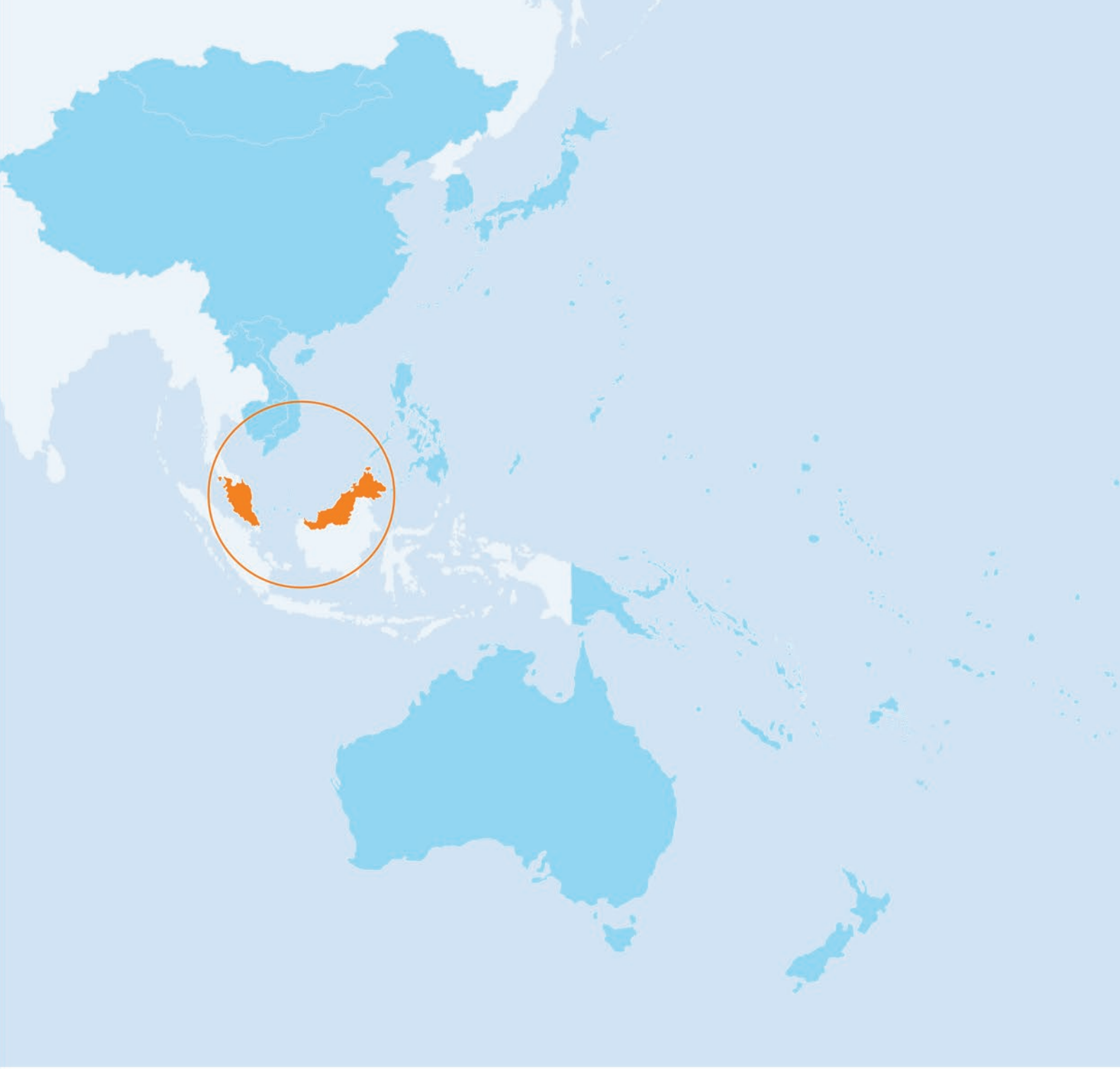

Human Resources for Health Country Profiles

MALAYSIA

World Health Organization
Western Pacific Region

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Executive summary

Human resources for health (HRH) supply and trends

Malaysia aspires to achieve "developed" country status by 2020. In this context, the current supply of human resources for health (HRH) is low. For example, the number of nurses increased rapidly throughout the last decade and the numbers of doctors, dental practitioners and pharmacists kept pace with population growth during the first half of the decade and increased rapidly during the second half. However, the ratios of the two key categories, doctors and nurses, to population are still lower than in OECD countries.

Malaysia does not rely on expatriate HRH except as a short-term measure to fill specific skill gaps. The shift in the epidemiological picture towards noncommunicable diseases and increasing longevity has led to a growing emphasis on higher-level skills in the HRH workforce. For example, there is a recent focus on multi-skilled team approaches that require an increased focus on the health professional workforce.

HRH distribution

Several features of the HRH distribution have policy and planning implications. First, key categories in the HRH workforce are becoming increasingly feminized. In many OECD countries, higher proportions of females in the health workforce have led to demands for part-time employment and job-sharing. The trend in Malaysia has implications for planning for the future development of HRH. Second, until recently, the limited. However, cross-sectional data on the age distribution of doctors in hospitals suggest that doctors spend the early years of their careers in the public sector and then move to the private sector after age 40. This raises the concern that it is the experienced senior doctors who move to the private sector, resulting in a heavy load of clinical work, as well as teaching and mentoring of junior doctors, for those senior doctors who remain in the public sector.

Health professional education

Strong systems are in place to govern the basic professional education of health personnel including:

- clearly articulated policies and strategies;
- systematically designed training processes and quality mechanisms;
- good linkages and partnerships between relevant stakeholders; and
- systematic in-service and continuous professional education (CPE).

However, the recent rapid increase in the number of training institutions and education programmes for HRH, and the resultant rapid increase in the number of graduates has overburdened:

- training capacity, especially for practical clinical training;
- the capacity of the system to monitor and ensure compliance with agreed quality standards; and
- the capacity of the health services to absorb the new graduates, who need a period of guided apprenticeship.