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Review

Specialists' Dual Practice within Public Hospital Setting: Evidence from Malaysia

Malindawati Mohd Fadzil [1,2], Sharifa Ezat Wan Puteh [1,*], Azimatun Noor Aizuddin [1] and Zafar Ahmed [3,4]

1 Department of Community Medicine, Faculty of Medicine, Universiti Kebangsaan Malaysia Medical Centre, Cheras, Kuala Lumpur 56000, Malaysia
2 Medical Development Division, Ministry of Health Malaysia, Precinct 1, Putrajaya 62590, Malaysia
3 Department of Social Work, Education and Community Wellbeing, Faculty of Health and Life Sciences, Northumbria University, Newcastle-upon-Tyne NE1 8SG, UK
4 Department of Community Medicine and Public Health, Faculty of Medicine, University Malaysia Sarawak, Kota Samarahan 94300, Malaysia
* Correspondence: sh_ezat@ppukm.ukm.edu.my

Abstract: In line with the commitment of the Malaysian government and Ministry of Health to prevent the brain drain of specialists from public hospitals, they have been permitted to perform dual practice within the public hospital setting (DPH) since 2007. DPH allowed them to hold jobs in both public and private practices within the same public hospitals that they are affiliated to, permitting these specialists to treat public and private patients. Nevertheless, the information regarding DPH in Southeast Asia region is still limited. This narrative review provides insight into the implementation of DPH in Malaysia. It highlights that DPH has been well-governed and regulated by the MOH while serving as a means to retain specialists in the public healthcare system by providing them with opportunities to obtain additional income. Such a policy has also reduced the financial burden of the government in subsidizing healthcare. However, as in other countries with similar policies, multiple challenges have arisen from the implementation of DPH in Malaysia despite its positive achievements and potentials. This paper concludes that proactive governance, monitoring, and regulation are key to ensure the success of DPH.

Keywords: dual practice within public hospital; dual practice; public-on-private; full paying patient; private care; public and private healthcare sector; commercial wing; clinical specialist; retention

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Citation: Fadzil, M.M.; Wan Puteh, S.E.; Aizuddin, A.N.; Ahmed, Z. Specialists' Dual Practice within Public Hospital Setting: Evidence from Malaysia. *Healthcare* **2022**, *10*, 2097. https://doi.org/10.3390/healthcare10102097

Academic Editor: Marina Sartini

Received: 22 July 2022
Accepted: 13 October 2022
Published: 20 October 2022

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1. Introduction

Globally, the retention of specialists in the public healthcare sector remains a major problem. The exodus of specialists from the government sector to the private sector is considered perilous to the public health sector since their skills and expertise are highly demanded to perform complex procedures to ensure the best treatment outcomes for patients [1]. They play an essential role in training the junior specialists by passing down their skills and knowledge to ensure sustainability in the provision of a high-quality, accessible, and equitable healthcare system [2].

Allowing specialists to take up dual practice is one of the common policy interventions to overcome attrition in low- and high-income countries [3]. Dual practice enables healthcare professionals to serve in private health settings without quitting the public sector [4–6]. Such a policy has been long adopted in many countries with a two-tier health system including Malaysia [5]. Other terms used to describe dual practice included 'public-on-private', 'moonlighting', or 'multiple job holding'. However, the existing literature generally underlines the negative impacts of dual practice on the public healthcare system [6–8]. McPake et al. [9] highlighted the multifactorial and contextual differences on the impact of dual practice across countries, including regulatory environments and opportunities for such practice, and levels of demand for public and private healthcare