MINISTRY OF HEALTH MALAYSIA

2025 ANNUAL REPORT

ASSISTANT MEDICAL OFFICER SECTION
MEDICAL PRACTICE DIVISION



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Abbreviation

AFHS	Adolescent-Friendly Health Services
AMO	Assistant Medical Officer
AMOS	The Assistant Medical Officer Services Section
BPKK	Bahagia Pembangunan Kesihatan Keluarga
C&P	Credentialing & Privileging
C.O.S	Contract of Services
PPW	Compulsory Placement Program (Program Penempatan Wajib- PPW)
CPPPP	Cawangan Perkhidmatan Penolong Pegawai Perubatan
EHA	Estate Hospital Attendance
EMRS	Emergency Medical Rescue Services
EMTS	Emergency Medicine & Trauma Services
FSO	Fire Safety Officer
HCA	Hospital Care Assistant (Pembantu Perawatan Kesihatan- PPK)
HKL	Hospital Kuala Lumpur
IKN	Institut Kanser Negara (National Cancer Institute)
ILKKM	Institute of Health Sciences, Ministry of Health, Malaysia
IPR	Institut Perubatan Respiratori (Institute of Respiratory Medicine)
ISI (I)	Filled (Jawatan telah di isi)
JHR	Johor
JWT (J)	Post (Jawatan yang di tersedia)
KDH	Kedah
KPI	Key Performance Indicator
KPI	Key Performance Indicators
KSG (K)	Vacant (Jawatan kosong)
LPP	Lembaga Pembantu Perubatan (Medical Assistant Board)
MA	Medical Assistants
MAB	Medical Assistant Board
MABE	Medical Assistant Board Examination
MLK	Melaka

MOH	Ministry of Health Malaysia
MSQH	Malaysian Society for Quality in Health
MSU	Management & Science University
NSN	Negeri Sembilan
OLSS	Obstetric Life Saving Skill
PEN	Pulau Pinang
PHCALS	Pre-Hospital Care Advanced Life Support
PLS	Perlis
PRK	Perak
SBH	Sabah
SGR	Selangor
SWK	Sarawak
TOT	Train of Trainer
UniKL	University Kuala Lumpur
WP KL	Wilayah Persekutuan Kuala Lumpur
WP LBN	Wilayah Persekutuan Labuan
WP PJY	Wilayah Persekutuan Putrajaya

FOREWORD

Assalamualaikum and Greetings to All,

I begin by expressing my deepest gratitude to Allah S.W.T. and offering my congratulations to the Assistant Medical Officer Services Section for their commendable hard work in implementing the 2024 agenda, as successfully documented in this annual report.

I am pleased to confirm that the Assistant Medical Officer Services Section has successfully executed various planned programs. Despite facing numerous challenges, our efforts to maintain quality health services for the community have remained paramount. Crucially, various proactive initiatives have been planned, including the Service Implementation Transformation Plan, which aims to empower our staff and ensure the highest quality health service delivery to the community, while also optimizing human resource management efficiently and effectively.

As a key stakeholder for Assistant Medical Officers, Estate Hospital Assistants, and Healthcare Assistants, there is great hope and enthusiasm for the Assistant Medical Officer Section to elevate these three professions to a high mark, aligning them with other esteemed professions in the Ministry of Health Malaysia. To achieve this, the AMO Section has diligently established a comprehensive database for all activities carried out, ensuring this vital information source meets the needs required for service transformation.

I sincerely hope that the data and information contained in this annual report will serve as a useful and comprehensive reference for any entity, NGO, individual, or other party.

Finally, I take this opportunity to congratulate and thank all parties involved in the preparation of this thorough report. May this ongoing effort be sustainable, Insha-Allah.

Thank you.

Zulhelmi bin Abdullah
Head of Assistant Medical Officer Malaysia
Ministry of Health Malaysia

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1.0 INFORMATION OF ASSISTANT MEDICAL OFFICER SERVICES SECTION

1.1 INTRODUCTION

The Assistant Medical Officer Services Section (AMOS), Ministry of Health, Malaysia serves as the statutory governing body for its three regulated professions in Malaysia. Its mandate is established under the Medical Assistants (Registration) Act 1977 [Act 180] for Assistant Medical Officers (AMOs), and the Estate Hospital Assistants Registration Act 1965 [Act 435] for Estate Hospital Assistants. Furthermore, since 2015, the Health Care Assistants (HCAs) within the Ministry of Health Malaysia (MOH) have also been placed under the responsibility of AMOS.

To execute this extensive mandate, the AMOS is organized into three distinct sectors:

i. The Profession Development Sector
ii. The Policy & Strategic Planning Sector
iii. The Secretariat of the Medical Assistant Board

However, The Assistant Medical Officer Services Section (AMOS) is overseen by the Medical Assistants Board (MAB), known in Malay as the Lembaga Pembantu Perubatan (LPP).

The Medical Assistants Board (MAB) is presided over by the Director-General of Health Malaysia, and its secretary is the Chief Assistant Medical Officer of Malaysia. The Board holds meetings at least twice annually. The main functions of the MAB are to:

1) Registration of MAs (Medical Assistants)
2) Renewal of ARC (Annual Renewal Certificate) licenses
3) Removal/deletion of MAs' names
4) Re-entry/reinstatement of MAs
5) Gazettement

1.2 THE PROFESSION DEVELOPMENT SECTOR

The Professional Development Sector is responsible for the overall planning, development, and assessment of educational and training programs pertaining to Assistant Medical Officers (AMOs). The Sector oversees the following five specialized units:

1.2.1 Education Unit

The Education Unit coordinates its activities in alignment with the strategic plan of the Medical Assistant Board (MAB), ensuring that the MAB's direction is synchronized with current policies and developments.

The unit manages the Education Guidelines for Assistant Medical Officers, which are crucial for planning and implementing program updates and are reviewed and revised every five years. Key responsibilities include:

i. Coordinating the four main activities related to the management of end-of-semester examinations for Private Higher Education Institutions (IPTS), in collaboration with the MAB.
ii. Managing applications for the use of Ministry of Health (MOH) facilities.
iii. Serving as a member/secretariat for meetings concerning the Medical Assistant Diploma program, Medical and Health Science programs, and other programs recognized by the Medical Assistant Board.

1.2.2 Examination Unit

The core task of the Examination Unit is to ensure both public and private institutions comply with the Guidelines for the Medical Assistant Education Program. Its responsibilities include:

i. Coordinating the Medical Assistant Board Examination (MABE) Committee Meetings.

ii. Overseeing the entire process of the Medical Assistant Board Examination (MABE), including question development, examination administration, and the dissemination of results.

1.2.3 Emergency Unit:

A) Compulsory Placement Program (PPW) Unit

The PPW Unit coordinates and monitors the mandatory placement programmed for newly appointed Assistant Medical Officers across all designated PPW training centres. The unit is actively involved in:

i. Developing and revising the PPW training modules.
ii. Organizing training sessions for PPW local preceptors at dedicated centres.
iii. Endorsing new applications for PPW training centres.

B) Emergency Medical Rescue Services (EMRS) Training Unit

This unit focuses on developing specialized training and certification for first responders:

i. Developing training modules for EMRS First Responders.
ii. Coordinating the practical placement of EMRS First Responders in designated hospitals.
iii. Preparing EMRS First Responder training reports for the purpose of certifying qualified participants.
iv. Training EMRS Trainers (ToT) to facilitate the EMRS training sessions effectively.

C) Fire Safety Officer (FSO) Training Unit

In collaboration with the Malaysian Fire and Rescue Department, the FSO Training Unit organizes the mandatory Fire Safety Officer training. This training is provided

to Chief Supervisors and Assistant Medical Officers working at hospitals, district health offices, and other MOH institutions.

1.3 THE POLICY & STRATEGIC PLANNING SECTOR

The Policy & Strategic Planning Sector is responsible for overseeing adherence to established policies and driving the long-term, short-term, and strategic action plans governing Assistant Medical Officer (AMO) and Health Care Assistant (HCA) services. The Sector also conducts periodic reviews to assess the impact and effectiveness of these strategic plans and prepares comprehensive reports on its findings.

1.3.1 Policy, Human Resource and Human Capital Development Unit

This unit is responsible for enhancing the skills, knowledge, and experience of both Assistant Medical Officers and Health Care Assistants. Key responsibilities include:

i. Advising the Human Resource Division of the Ministry of Health (MOH) on the effective postings of Assistant Medical Officers and Health Care Assistants.
ii. Developing accurate personnel projections for these two categories based on the evolving demands of Malaysia's health industry.

1.3.2 Research, Quality and Innovation Unit

The Research, Quality and Innovation Unit focuses on initiatives that ensure the highest standards of clinical practice and service delivery. Its core activities encompass:

i. Conducting research activities and clinical audits.
ii. Managing the Assistant Medical Officers Accreditation Standards-MSQH Standard 25 (as part of the Hospital Accreditation Programmed).

iii. Plan, Develop, Monitoring and evaluating performance of Chief of Assistant Medical Officer State in Key Performance Indicators (KPIs).

iv. Overseeing the Credentialing & Privileging (C&P) process for Assistant Medical Officers.

v. Maintaining the section website and managing the publication of the professional journal.

1.3.3 Professional Development and Health Care Assistant Unit (PPK)

This unit focuses on defining the long-term professional pathway for both AMOs and HCAs:

i. Planning career development based on the strategic direction of the Assistant Medical Officer and Health Care Assistant service development plans.

ii. Offering a comprehensive training and learning roadmap designed to enhance and strengthen the knowledge and abilities of Assistant Medical Officers and Health Care Assistants.

1.4 THE SECRETARIAT OF THE MEDICAL ASSISTANT BOARD

The Secretariat is responsible for enforcing Act 180 (Medical Assistants Registration). It consists of three primary units: The Registration & Annual Renewal Unit, The Gazettement / Competence Assessment Unit, and The Practice Control, Complaints & Secretariat Unit of the Medical Assistant Board.

1.4.1 The Registration & Annual Renewal Unit

This unit is responsible for registering individuals who meet the requirements of Act 180 as Medical Assistants (MAs). Its key roles include maintaining the official MA registry, ensuring MAs possess a valid Annual Renewal Certificate (ARC) to practice, and monitoring and removing names from the register when necessary. Furthermore, the Unit functions as the secretariat for the Medical Assistants Board meetings.

1.4.2 The Gazettement / Competence Assessment Unit

The core function of this unit is to manage the official publication (gazettement) of Assistant Medical Officers' (AMOs) names. This includes publishing the names of all newly registered AMOs for public reference, as well as managing the gazettement of names that are removed or restored to the register.

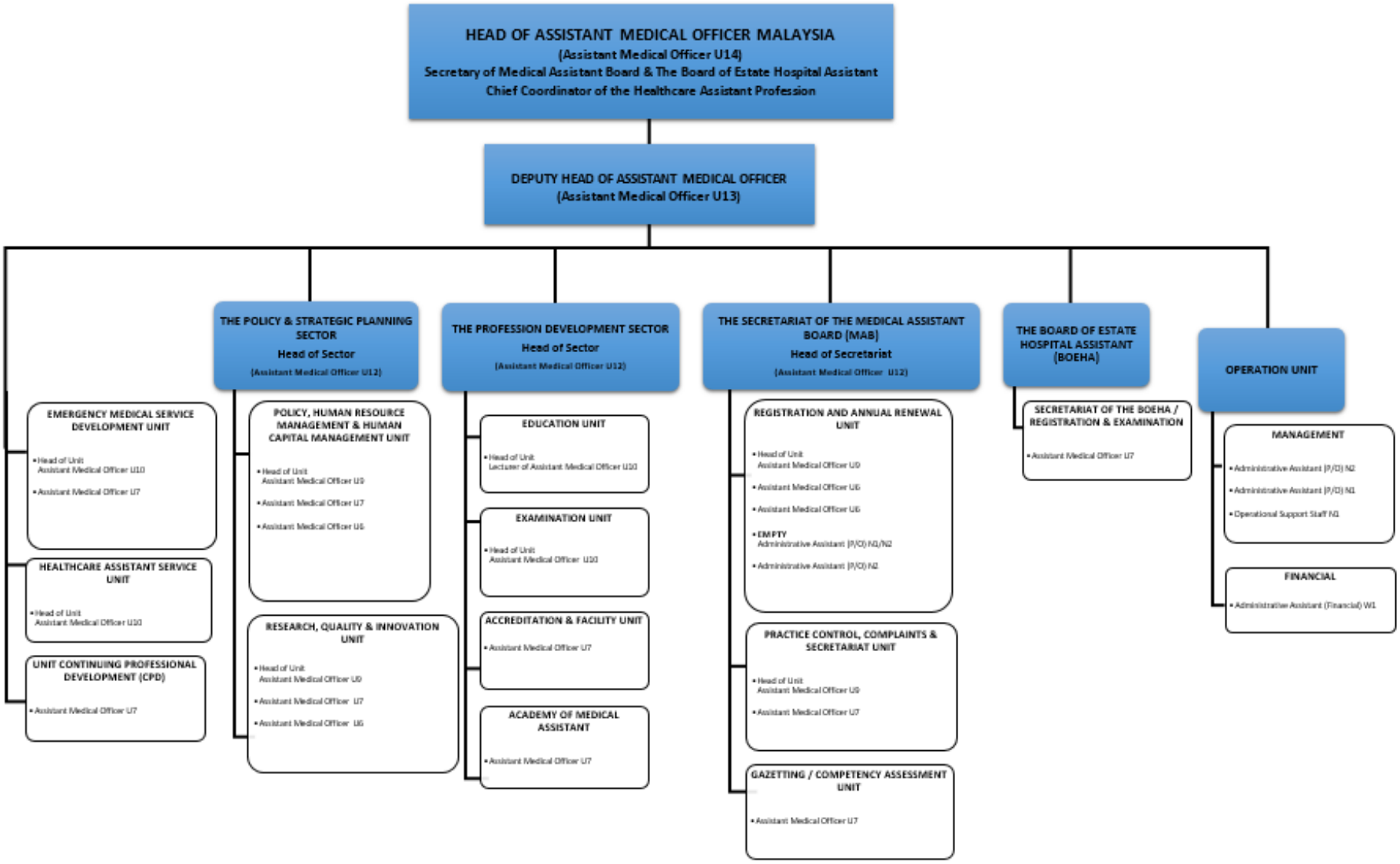
1.4.3 The Practice Control, Complaints

This Unit is tasked with monitoring and regulating the practice of Medical Assistants to ensure compliance with Act 180. The AMOs section is currently engaged in the drafting of a new, more comprehensive bill intended to replace the existing legislation and better reflect the changing roles and responsibilities of AMOs.

1.4.4 The Board of Estate Hospital Assistant Unit

The Secretariat of the Board of Estate Hospital Assistant Unit manages the registration of Estate Hospital Assistants (EHAs) upon their successful completion of grading examinations. Beyond registration, the Secretariat is responsible for conducting annual grading examinations for EHAs (Grades I, II, and III). Crucially, the Unit also ensures that all Estate Clinics' health facilities and services comply with the minimum standards mandated by the Ministry of Health.

1.5 STRUCTURE OF THE ASSISTANT MEDICAL OFFICER SECTION (AMOS)



2.0 PERFORMANCE REPORT OF ASSISTANT MEDICAL OFFICER SECTION

2.1 PROFESSIONAL DEVELOPMENT SECTOR

2.1.1 EDUCATION UNIT: Training, Accreditation & Facility Unit

In 2025, the Professional Development Sector, in collaboration with the Malaysian Qualifications Agency (MQA), carried out nine (9) accreditation assessment visits across six (6) Ministry of Health Training Institutes (ILKKM) and three (3) private higher educational institutions (IPTS).

Consequently, twenty (20) institutions (six (6) public universities (IPTA) and fourteen (14) IPTS) were awarded Full Accreditation Certificates for their Diploma in Medical Assistant programmes. Furthermore, the Sector formalized partnerships with fourteen (14) IPTS by signing Memorandums of Agreement (MoA) for various academic programmes, including the Diploma in Medical Assistant and Bachelor's degree programmes in Emergency Medicine and Medical and Health Sciences. The ensuing tables provide details on accredited and MQA-recognised facilities.

2.1.1.1 Number of accreditation evaluation visits with the Malaysian Qualifications Agency (MQA) to IPTA and IPTS in 2025

2.1.1.2 List of Public and Private Higher Learning Institution with Full Accreditation Certificates for the Medical Assistant Diploma Program in 2025

2.1.1.3 Memorandum of Agreement (MoA) for the Medical Assistant Diploma programme, Bachelor of Science in Emergency Medicine & Bachelor of Medical and Health Sciences in 2025

2.1.2 EXAMINATION UNIT:

2.1.2.1 Medical Assistant Board Examination Unit

The Medical Assistant Board Examination Unit serves as the primary body responsible for professional assessment and certification of Assistant Medical Officers (AMOs) in Malaysia. This unit is tasked with upholding the highest standards of clinical competence and ethical practice by designing, administering, and validating both theoretical

examinations. By ensuring that every candidate undergoes a rigorous evaluation process, the unit plays a critical role in safeguarding public health and maintaining the integrity of the medical assistant profession. Furthermore, it continuously updates examination syllabi to align with current clinical guidelines and evolving healthcare technologies, ensuring that all registered practitioners are fully equipped to deliver safe and efficient medical care.

2.1.2.2 Medical Assistant Board Examination (MABE) Year 2025

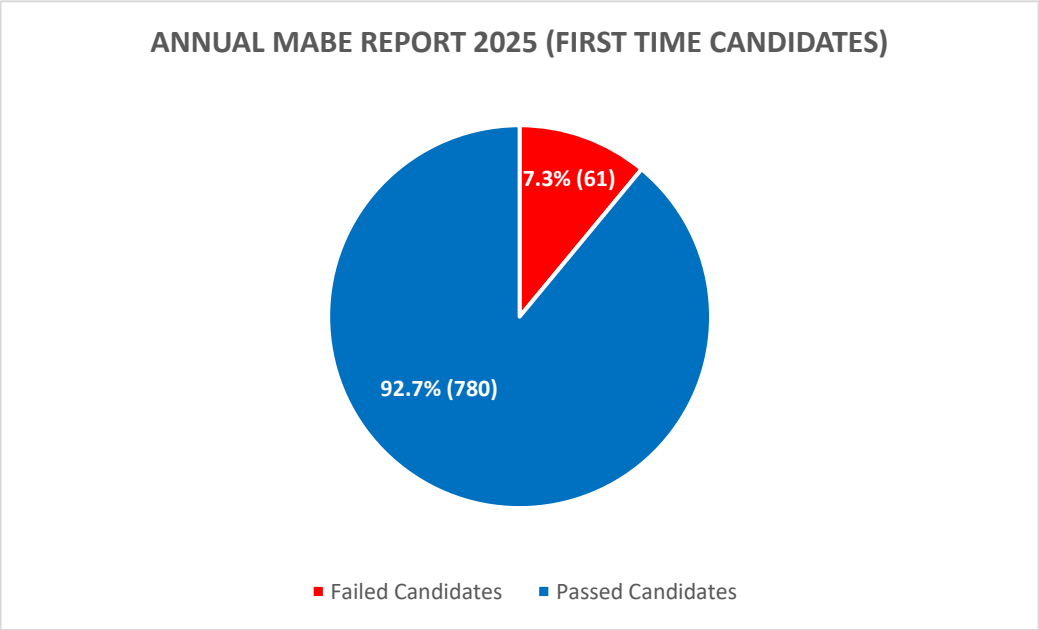


Figure 2.1.1: Overall Passing Rate for First-Time Candidates

Based on the 2025 data, the Medical Assistant Board Examination (MABE) achieved a highly positive outcome, with an impressive 92.7% passing rate among first-time candidates, representing 780 successful individuals. A session-by-session analysis reveals that the fourth exam session, MABE 4/2025, recorded the highest absolute number of successful candidates, with 363 passing, followed by MABE 2/2025 with 266 passes.

While the number of failed candidates remained low across all main sessions (ranging from 12 to 44), the two dedicated sessions for appeal candidates (MABE Calon Rayuan 1/2025 and 2/2025) saw all 12 individuals successfully pass their respective supplementary examinations. Overall, these results demonstrate the robust preparation of Assistant Medical Officer candidates and an efficient examination process managed by the Board.

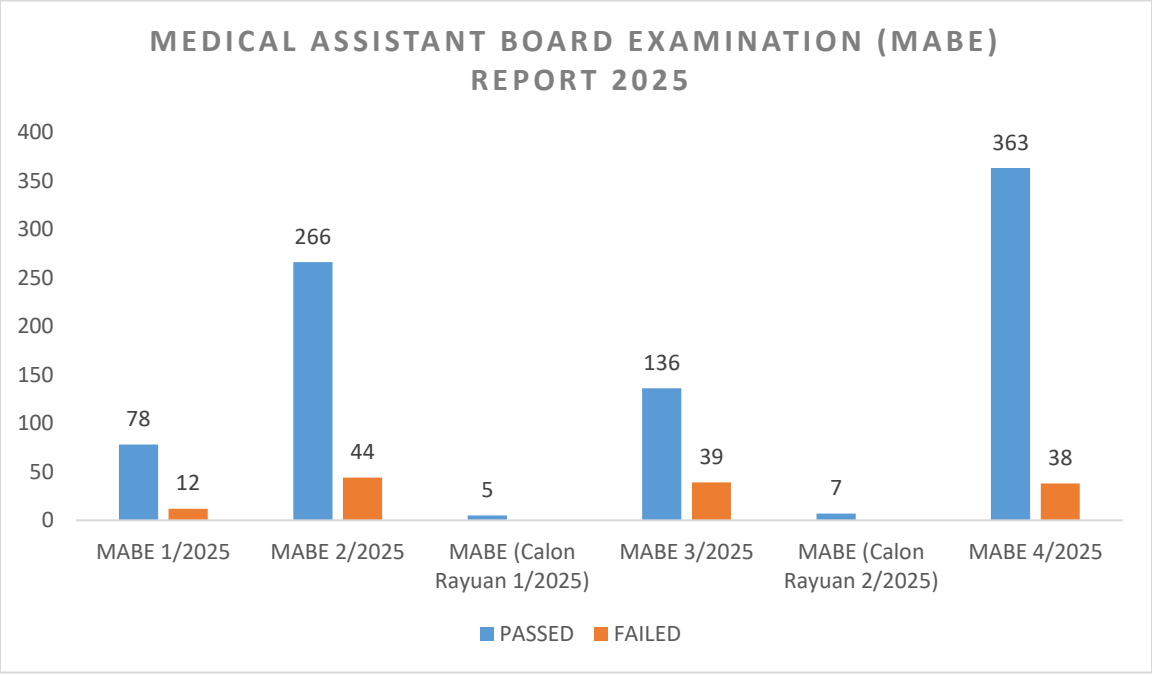


Figure 2.1.2: Session-by-Session Examination Results

2.1.2.3 Activities of the Medical Assistant Board Examination (MABE) 2025

In 2025, the Medical Assistant Board Examination Unit successfully organized two major workshops to develop and refine examination items, ensuring the continuous improvement of assessment standards.

- **Technical Meeting No. 2/2025 (July 1, 2025):** Held at Heritage Cameron Highlands, Pahang, focusing on the initial integration of new exam items.
- **Item Development and Refinement Workshop (November 12–13, 2025):** A comprehensive two-day session held at YT Midtown, Kuala Terengganu.

These workshops are vital to ensure that all examination materials remain robust and fully aligned with the current clinical competencies required of Assistant Medical Officers.

Table 2.1.1: Schedule of Technical Meetings and Exam Item Development Workshops (2025)

No	Date	Activities
1.	July 1, 2025	Technical Meeting No.2/2025 & Medical Assistant Board Exam Item Development and Refinement Workshop at Heritage Cameron Highlands, Pahang
2.	November 12-13,2025	Medical Assistant Board Exam Item Development and Refinement Workshop at YT Midtown, Kuala Terengganu.

2.1.2.4 List of Exam Centres Involved in MABE Year 2025

Throughout 2025, the Medical Assistant Board Examination (MABE) was successfully conducted across six sessions at strategic locations nationwide.

As shown in the table below, the examination began on March 11, 2025, at the University of Cyberjaya. Subsequent sessions in June and December involved several Ministry of Health Training Institutes (ILKKM) in Kota Kinabalu, Kuching, Johor Bahru, and Sultan Azlan Shah (SAS), as well as private institutions such as MSU and UniKL. Additionally, ILKKM Seremban served as a main hub with sessions in July, September, and early December to accommodate a high number of candidates.

This cooperation between public and private venues ensures that accessible and standardized assessment facilities are provided for all Medical Assistant candidates across Malaysia.

Table 2.1.2: Official Examination Dates and Designated Centres for the Medical Assistant Board Examination (MABE) 2025

No	MABE Date	Exam Centre
1.	Mac 11, 2025	University of Cyberjaya.

2.	June 24,2025	ILKKM Kota Kinabalu, ILKKM Kuching, ILKKM JB, ILKKM SAS & Management & Science University [MSU]
3.	July 29,2025	ILKKM Seremban
4	September 25, 2025	ILKKM Seremban, University Kuala Lumpur, University Sultan Zainal Abidin
5.	December 9,2025	ILKKM Seremban
6.	December 17, 2025	ILKKM Kota Kinabalu, ILKKM Kuching, ILKKM JB, ILKKM SAS & University of Cyberjaya.

2.1.2.5 Total Revenue Collection [Medical Assistant Board Examination Fees] Year 2025

In 2025, the Medical Assistant Board successfully managed the collection of examination fees across six sessions, generating a cumulative revenue of **RM27,150.00**.

Based on a standardized fee of RM30.00 per candidate, the highest revenue was recorded during the December 18 session, which drew the largest participation with **401 candidates** contributing **RM12,030.00**. In addition, two dedicated sessions for appeal candidates (*Calon Rayuan*) held in July and early December accommodated **12 individuals**, ensuring that all eligible candidates had the opportunity to complete their professional certification.

This systematic financial collection process reflects the Board's administrative efficiency in coordinating examination logistics for both large-scale cohorts and specialized appeal cases nationwide.

Table 2.1.3: Summary of Revenue Collection from Medical Assistant Board Examination (MABE) Fees by Session (2025)

No	Date	Medical Assistant Board Examination Fees
1.	Mac 11, 2025	90 Candidates x RM 30.00 = RM 270.00
2.	June 24, 2025	297 Candidates x RM 30.00 = RM 8,910.00
3.	July 29,2025 [Calon Rayuan]	5 Candidates x RM 30.00 = RM 150.00

4.	September 25, 2025	186 Candidates	x RM 30.00	=	RM 5,580.00
5.	December 9,2025 [Calon Rayuan]	7 Candidates	x RM 30.00	=	RM 210.00
6.	December 18, 2025	401 Candidates	x RM 30.00	=	RM 12,030.00
TOTAL					**RM 27,150.00**

2.1.2.6 Number Assistant Medical Officers Applied for Post Basic/ Advanced Diploma (2025)

The data for the 2025 academic session reflects a high level of interest in specialized professional development among medical personnel, with a total of 712 applications received for both Post Basic and Advanced Diploma certifications. Out of the 321 candidates who applied for the Post Basic certification, 255 (79.4%) successfully attended the program. Meanwhile, the Advanced Diploma programs saw a higher engagement rate, with 335 out of 391 applicants (85.7%) participating in the certification process. Overall, 590 candidates successfully attended their respective training sessions, demonstrating a strong commitment to clinical upskilling and the pursuit of advanced qualifications within the healthcare service framework.

Table 2.1.4: Application and Participation Statistics for Post Basic and Advanced Diploma Certifications (2025)

No.	Type of Certificate	Applied	Attended
1	Post Basic	321	255
2	Advanced Diploma	391	335
TOTAL		**712**	**590**

The variance between the number of applicants and actual attendees is primarily attributed to service exigencies, where candidates could not be released due to critical staffing needs at their respective facilities. Other contributing factors include personal health issues, last-minute deferments, and candidates opting for alternative professional development pathways.

2.1.3 EMERGENCY UNIT:

2.1.3.1 COMPULSORY PLACEMENT PROGRAMME (PPW) ACTIVITY REPORTS

The Compulsory Placement Programmed (PPW) is a mandatory clinical residency framework designed to ensure that newly graduated Assistant Medical Officers (AMOs) achieve the necessary clinical competencies and professional ethics before being fully registered to practice. Governed by the Medical Assistants (Registration) Act 1977, this program provides a structured transition from academic learning to high-stakes clinical environments, focusing on core areas such as emergency medicine, primary care, and specialized surgical units. By placing candidates under the direct supervision of experienced preceptors, the PPW ensures that every practitioner is capable of delivering safe, evidence-based, and high-quality healthcare to the public. The following table provides a high-level summary of the program's fundamental structure and its implementation goals:

Table 2.1.5: Total Number of Participants by State in Year 2025

NO.	STATE	GROUP 31C/2025 (PRIVATE)	GROUP 34/2025 (KKM)	GROUP 35/2025 (KKM)	TOTAL
		05 MAY 2025 – 02 NOVEMBER 2025	**23 JUNE 2025 – 23 DECEMBER 2025**	**08 DECEMBER 2025 – 07 JUNE 2026**	
1	Perlis	0	6	1	7
2	Kedah	13	29	4	46
3	Pulau Pinang	19	24	0	43
4	Perak	0	34	1	35
5	Selangor	43	48	132	223
6	WP Putrajaya	7	9	10	26
7	WP Kuala Lumpur (HKL)	0	17	12	29
8	Negeri Sembilan	8	10	10	28
9	Melaka	6	16	2	24

10	Johor	13	20	1	34
11	Pahang	7	20	2	29
12	Terengganu	8	20	0	28
13	Kelantan	11	20	2	33
14	Sarawak	24	16	20	60
15	Sabah	29	13	20	62
16	WP Labuan	1	0	0	1
TOTAL		**189**	**302**	**217**	**708**

Table 2.1.6: Summarized of Result Compulsory Placement Program 2025

NO.	GROUP OF PPW	PASS	RESIGN	EXTEND	REPLACEMENT	AWAITING EXAM	TOTAL NUMBER
1	Group 32/2024	159	2	17	3		181
2	Group 31B/2024	169	9	13	14		205
3	Group 33/2024	57	3	8	0		68
4	Group 31C/2025	145	10	21	13		189
5	Group 34/2025	268	1	23	10	2	302
GRAND TOTAL		798	25	82	40	2	945

The summary of the Compulsory Placement Programme (PPW) for 2025 indicates a high success rate among the five participating groups, with a total of 945 candidates enrolled. Out of this total, 798 participants (84.3%) successfully passed their placement, demonstrating a strong overall performance across all batches. Group 34/2025 emerged as the largest cohort with 302 candidates and recorded the highest number of passing results at 268.

However, the data also highlights that 82 individuals required an extension of their placement period, while 40 candidates were categorized under replacement status. With only 25 resignations and 2 candidates currently awaiting examination, the program maintains a robust retention rate, ensuring a steady supply of qualified Assistant Medical Officers into the national healthcare workforce.

The table below presents data on the Compulsory Placement Program training for local preceptors in 2025, new applications for the 2025 Compulsory Placement Program, and the achievements in reporting on PPW program submissions by the State Health Departments (JKN) in 2025.

Table 2.1.7: Compulsory Placement Program Training for Local Preceptor 2025

NO	DATE	IN COLLABORATION WITH	VENUE	NUMBER OF PARTICIPANTS
1	13 – 14 May 2025	Selangor State Health Department	Hospital Sultan Idris Shah	35
2	29 September – 01 October 2025	Federal Territories Health Department Kuala Lumpur and Putrajaya	Hospital Putrajaya	30
3	14 – 16 October 2025	Kedah State Health Department	Hospital Pendang	35

Table 2.1.8: New Application for Compulsory Placement Program 2025

NO	NAME OF INSTITUTIONAL	DATE OF APPLICATION	DATE OF VISITING	STATUS OF APPLICATION
1	HOSPITAL TANJONG KARANG	19 September 2025	12 January 2026	In Progress
2	HOSPITAL CYBERJAYA	3 October 2025	13 January 2026	In Progress

Table 2.1.9: Achievements in Reporting on PPW Program Submission by State Health Department (JKN) 2025

NO	NAME OF INSTITUTIONAL	NUM	DEN	PERCENTAGE OF ACHIEVEMENTS
1	JKN PERLIS	1	3	33%
2	JKN PULAU PINANG	4	4	100%
3	JKN KEDAH	4	4	100%
4	JKN PERAK	4	4	100%
5	JKN SELANGOR	1	5	20%
6	JKN WP KUALA LUMPUR & PUTRAJAYA	4	4	100%
7	HOSPITAL KUALA LUMPUR	2	3	66%
8	JKN NEGERI SEMBILAN	4	4	100%
9	JKN MELAKA	4	4	100%

10	JKN JOHOR	4	4	100%
11	JKN PAHANG	3	5	60%
12	JKN TERENGGANU	4	5	80%
13	JKN KELANTAN	2	5	40%
14	JKN SARAWAK	2	5	40%
15	JKN SABAH	5	5	100%
16	JKN WILAYAH PERSEKUTUAN LABUAN	2	3	66%

Notes: Numerator: Total number of completed PPW participant reports submitted by the State Health Department within 14 days after completion of training (including replacement and extension reports)**.**
Denominator: Number of PPW participants undergoing PPW placement at the State Health Department (JKN) in the current year.

2.1.3.2 EMRS

The Emergency Medical Rescue Services (EMRS) activity reports for 2025 highlight the successful completion of two First Responder (FR-EMRS) courses at the Fire and Rescue Training Academy, where a total of 87 out of 97 participants passed their theory sessions. These cohorts subsequently transitioned into 120-hour practical placements at Ministry of Health (MoH) hospitals nationwide, with the first session involving 44 participants and the second involving 43 participants; accordingly, the graphs presented below illustrate these First Responder Emergency Medical Rescue Services activities, detailing both the academic performance and the regional distribution of placements. Geographically, these placements spanned 16 regions, with Selangor, Johor, and Hospital Kuala Lumpur recording the highest volumes, thereby ensuring a steady influx of trained personnel into the emergency medical workforce.

Table 2.1.10: First Responder Emergency Medical Rescue Services Activities 2025

a. Theory Session at The Fire and Rescue Training Academy:

NO	DATE	ACTIVITY	TOTAL PARTICIPANTS	TOTAL PASSED
1	08 – 22 September 2025	First Responder Emergency Medical Rescue Services (FR-EMRS) Course No. 1/2025	45	44
2	21 October – 01 November 2025	First Responder Emergency Medical Rescue Services (FR-EMRS) Course No. 2/2025	52	43

b. Practical Session in Hospital:

NO	DATE	ACTIVITY	TOTAL PARTICIPANTS	TOTAL PASSED
1	15 October 2025 – 15 January 2026	Practical Placement 120 Hours at MOH Hospitals No. 1/2025	44	43
2	15 November 2025 – 15 February 2026	Practical Placement 120 Hours at MOH Hospitals No. 2/2025	43	43

Table 2.1.11: First Responder Emergency Medical Rescue Services Activities 2025

NO	STATE	NUMBER OF PARTICIPANTS (15 October 2025 – 15 January 2026)	NUMBER OF PARTICIPANTS (15 November 2025 – 15 February 2026)
1	Perlis	1	-
2	Pulau Pinang	2	-
3	Kedah	2	5
4	Perak	4	2
5	Selangor	8	8
6	Federal Territory of Kuala Lumpur & Putrajaya	-	-
7	Hospital Kuala Lumpur	7	5
8	Negeri Sembilan	4	2
9	Melaka	-	1
10	Johor	9	7
11	Pahang	5	3
12	Terengganu	1	3
13	Kelantan	1	2
14	Sarawak	-	4
15	Sabah	-	1
16	Federal Territory of Labuan	-	-
TOTAL		**44**	**43**

2.1.3.3 TRAINING

The EMTS courses were strategically conducted by the National EMTS Triage Services Technical Committee to enhance the clinical triage competencies of Assistant Medical Officers (AMOs). These training sessions are vital for standardizing emergency assessments, preventing under-triage cases, and safeguarding practitioners against potential medicolegal risks. To date, these courses have been successfully implemented across several states, including Pulau Pinang, Kedah, Negeri Sembilan, Pahang, Terengganu, Sarawak, and Sabah.

In addition to specialized triage training, the Assistant Medical Officer Section (CPPPP) organized a Basic Life Support (BLS) course specifically for Ministry of Health Malaysia (MOH) Headquarters staff. Held at the NCD Meeting Room, this initiative highlights the department's commitment to ensuring that personnel at the ministry level maintain high proficiency in life-saving techniques and emergency preparedness.

Table 2.1.12: National EMTS Triage Services Technical Committee by 2025

NO	DATE	ACTIVITY	VENUE
1	08 - 10 April 2025	National EMTS Triage Service Technical Committee Meeting	Swan Garden Hotel, Melaka
2	22 – 24 September 2025	Strategic Meeting and Final Review of Guideline of Triage in the Emergency Medical and Trauma Services	Bilik Mesyuarat Bangunan E3, Putrajaya
3	27 November 2025	Webinar Triage: Implementing Malaysian Triage Scale- What Triagers Need to Know?	On Line Webinar

Table 2.1.13: Triage Course Implemented by State Health Department on 2025

NO	STATE	DATE OF COURSE IMPLIMENTED	VENUE
1	Pulau Pinang	• 25 - 26 August 2025	• Auditorium Hospital Bukit Mertajam, Pulau Pinang
2	Kedah	• 06 February 2025 • 5 - 26 August 2025	• Hospital Sultan Abdul Halim, Kedah • Hospital Pendang, Kedah
3	Negeri Sembilan	• 30 June 2026 • 2 - 3 October 2025	• Dewan Sri Merbau, Jabatan Kesihatan Negeri Sembilan • Pusat Latihan Kesihatan Tampin, Negeri Sembilan
4	Pahang	• 4 February 2025 • 12 - 13 October 2025 • 26 -27 February 2025	• Hospital Sultanah Hajjah Kalsom, Cameron Highland • Pusat Latihan Jabatan Kesihatan Negeri Pahang

			• Hospital Sultanah Hajjah Kalsom, Cameron Highland
5	Terengganu	• 14 - 15 April 2025 • 22 September 2025	• Dewan Persidangan Hospital Setiu, Terengganu • Bilik Seminar Akasia, Hospital Permaisuri, Terengganu
6	Sarawak	• 10 - 11 September 2025	• Hospital Umum Sarawak
7	Sabah	• 5 - 6 November 2025	• Hospital Queen Elizabeth II, Sabah

Table 2.1.14: Basic Life Support (BLS) Course

NO	DATE	ACTIVITY	VENUE	NUMBER OF PARTICIPANTS	PASSED
1	25 September 2025	BLS Course No. 1/2025	NCD Meeting Room	30	30

Furthermore, the data regarding Pre-Hospital Care Advanced Life Support (PHCALS) and Online Medical Direction (OLSS), which represent advanced clinical procedures specifically for Assistant Medical Officers (AMOs) involved in pre-hospital care. These specialized protocols are essential for high-level emergency interventions, ensuring that field practitioners can deliver sophisticated life-saving treatments and maintain seamless communication with medical command centres during critical operations.

Table 2.1.15: Pre-Hospital Care Advanced Life Support (PHCALS) Course Activities on 2025

NO	DATE	ACTIVITY	VENUE	NUMBER OF PARTICIPANTS	PASSED
1	04 – 06 July 2025	Training of Trainer Course No. 1/2025	ILKKM Sungai Buloh	41	37
2	10 – 12 October 2025	Training of Trainer Course No. 2/2025	Hospital Enche' Besar Hajjah Khalsom, Kluang	30	18
3	14 – 16 November 2025	Training of Trainer Course No. 3/2025	Kolej Kejururawatan, Sungai Petani	35	23
			TOTAL	**106**	**78**

Table 2.1.16: Obstetric Life Saving Skill (OLSS) Course

NO	DATE	ACTIVITY	VENUE	NUMBER OF PARTICIPANTS	PASSED
1	3 - 4 September 2025	OLSS Course No. 1/2025	Hospital Sultan Ismail Petra, Kuala Krai	30	30
2	17 - 18 September 2025	OLSS Course No. 2/2025	Hospital Sultan Ismail, Johor Bahru	30	30

2.1.3.4 NG MERS 999

The Next Generation Malaysian Emergency Response Services (NG MERS 999) activities were conducted a total of seven times to facilitate the transition to this new integrated platform. Replacing the existing MERS 999 system, NG MERS 999 is designed to enhance operational efficiency, optimize resource allocation, and accelerate emergency response times across more than 800 locations nationwide.

While the project falls under the jurisdiction of the Ministry of Communications, the Assistant Medical Officer Service Branch (CPPPP) of the Ministry of Health plays a vital role by providing the essential human capital and expertise required to deliver these life-saving services to the public.

Table 2.1.17: Next Generation Malaysian Emergency Response Services Activities

NO	DATE	ACTIVITY	VENUE	NUMBER OF PARTICIPANTS
1	05 – 07 November 2025	Professional Emergency Dispatcher Course No. 1/2025	Bangunan Telekom Malaysia, Annexe 2, Bangsar	22
2	08 – 10 November 2025	Professional Emergency Dispatcher Course No. 2/2025	Bangunan Telekom Malaysia, Annexe 2, Bangsar	25
3	11 – 13 November 2025	Professional Emergency Dispatcher Course No. 3/2025	Bangunan Telekom Malaysia, Annexe 2, Bangsar	28
4	14 – 16 November 2025	Professional Emergency Dispatcher Course No. 4/2025	Bangunan Telekom Malaysia, Annexe 2, Bangsar	13
5	17 – 19 November 2025	Professional Emergency Dispatcher Course No. 5/2025	Bangunan Telekom Malaysia, Annexe 2, Bangsar	16
6	20 – 22 November 2025	Professional Emergency Dispatcher Course No. 6/2025	Bangunan Telekom Malaysia, Annexe 2, Bangsar	14

7	24 – 26 November 2025	Professional Emergency Dispatcher Course No. 7/2025	Bangunan Telekom Malaysia, Annexe 2, Bangsar	12
			TOTAL	**130**

Throughout 2025, the **Professional Emergency Dispatcher Course** was conducted seven times to equip Assistant Medical Officers (AMOs) with the necessary skills to operate this advanced technology. These training sessions are instrumental in ensuring that personnel are proficient in navigating the new digital infrastructure, allowing for more precise dispatching and effective coordination during emergency medical responses.

2.1.3.5 FIRE SAFETY

The "Course for Fire Coordinator at Health Facilities, District Health Offices, and Health Institutions" could not be implemented in 2025 due to financial constraints and adjustments in training facilities by the fire department management. Despite this deferment at the ministry level, the role of the Head of Assistant Medical Officers (KPPPH) remains vital as the secretary for Hospital Disaster Management. It is essential for every KPPPH to be trained as a Fire Safety Officer or Fire Safety Manager to effectively lead fire drill exercises, which serve as a key performance indicator (KPI) for the Head of Assistant Medical Officer Service (KPPPM) and a core indicator for MSQH 25 compliance.

Table 2.1.18: Course for Fire Coordinator at Health Facilities, District Health Offices and Health Institutions

NO	DATE	ACTIVITY	VENUE	NUMBER OF PARTICIPANTS
1	The course could not be implemented due to financial factors and changes in training facilities by the fire department management.			

Consequently, while the centralized Fire Safety Officer course was postponed, it remains mandatory for every hospital and clinic to conduct localized disaster preparedness

activities. Each facility is required to execute at least one (1) Fire Drill and two Table Top exercises annually. These internal sessions ensure that health institutions remain compliant with accreditation standards and that personnel are adequately prepared to manage fire safety and emergency response protocols on-site.

2.1.3.6 AMBULANCE SAFETY

The Ambulance Safety Programme will soon feature a newly developed comprehensive policy dedicated specifically to ambulance safety standards and protocols. This upcoming module is designed to establish a standardized framework for vehicle safety, focusing on risk mitigation, safe driving practices, and the protection of both personnel and patients during transit. Once released, it will serve as a primary reference for improving operational safety and enhancing the overall quality of pre-hospital emergency services; accordingly, the table below outlines the specific activities involved in the development process of this ambulance safety policy.

Table 2.1.19: Ambulance Safety Programmes Report 2025

NO	DATE	ACTIVITY	VENUE	NOTES
1	23 January 2025	Meeting of Ambulance Safety	Bilik Mesyuarat Hospital Melaka	
2	26 - 28 February 2025	Ambulance Safety Committee Secretariat Meeting	Bilik Seminar Hospital Labuan	
3	22 - 24 April 2025	Ambulance Safety Committee Secretariat Meeting - Revision of Land Ambulance Safety Policy	Sabah Oriental Hotel	

2.2 POLICY & STRATEGIC PLANNING SECTOR

2.2.1 The Human Capital and Human Resource Development Unit

2.2.1.1 Number of Assistant Medical Officers

A comprehensive review of the Assistant Medical Officer (AMO) workforce reveals a dynamic distribution across multiple healthcare sectors, with the professional registry reaching a total of 31,495 individuals. This figure represents the cumulative professional registry, which includes active practitioners as well as those who have retired or resigned from the service. Within the currently active workforce, the majority are serving under Permanent status, totalling 17,205 officers, with a demographic distribution of 10,219 males and 6,985 females.

The remaining active personnel are strategically distributed across several key sectors to ensure broad healthcare coverage. This includes 2,566 Contract officers and 360 Cadre placements in various government agencies. Notably, the non-MOH category consists of 771 officers specifically serving within University Hospitals under the Ministry of Higher Education. Additionally, the Private Sector accounts for a significant portion of the workforce with 4,041 active practitioners. Collectively, the total active workforce across these sectors amounts to 24,943 personnel, illustrating the extensive reach and critical contribution of the AMO profession to both the public, academic, and private healthcare ecosystems nationwide

Table 2.2.1: Comprehensive Distribution of Registered and Active Assistant Medical Officers (AMOs) (2025)

No.	Services	Total	Male	Female
1	MOH (Permanent)	17205	24510	6985
2	Contract	2566		
3	Cadre	360		
4	Non-MOH (University Hospital)	771		
5	Private Sector	4041		
TOTAL		24943		
	Registered AMO's	31495		

Table 2.2.2 Assistant Medical Officer staffing in relation to population and health facility

No.	State	Total Population	Total AMO'S	Health Facility	Number of Facilities	Total of Facilities
1.	Johor	4,205,900	1,787	State Hospital	1	112
				Major Specialist Hospital	5	
				Minor Specialist Hospital	1	
				Hospital Without Specialists	5	
				Special Medical Centre	1	
				KKOM	0	
				Type 1 Health Clinic	13	
				Type 2 Health Clinic	13	
				Type 3 Health Clinic	21	
				Type 4 Health Clinic	34	
				Type 5 Health Clinic	12	
				Type 6 Health Clinic	4	
				Type 7 Health Clinic	2	

No.	State	Total Population	Total AMO'S	Health Facility	Number of Facilities	Total of Facilities
2.	Kedah	2,228,000	1,267	State Hospital	1	85
				Major Specialist Hospital	2	
				Minor Specialist Hospital	2	
				Hospital Without Specialists	5	
				Special Medical Centre	0	
				KKOM	3	
				Type 1 Health Clinic	3	
				Type 2 Health Clinic	10	
				Type 3 Health Clinic	18	
				Type 4 Health Clinic	22	
				Type 5 Health Clinic	11	
				Type 6 Health Clinic	6	
				Type 7 Health Clinic	2	

No.	State	Total Population	Total AMO'S	Health Facility	Number of Facilities	Total of Facilities
3	Kelantan	1,907,700	1,152	State Hospital	1	125
				Major Specialist Hospital	3	
				Minor Specialist Hospital	0	
				Hospital Without Specialists	6	
				Special Medical Centre	0	
				KKOM	1	
				Type 1 Health Clinic	6	
				Type 2 Health Clinic	13	
				Type 3 Health Clinic	23	
				Type 4 Health Clinic	35	
				Type 5 Health Clinic	19	
				Type 6 Health Clinic	10	
				Type 7 Health Clinic	8	

No.	State	Total Population	Total AMO'S	Health Facility	Number of Facilities	Total of Facilities
4	**Melaka**	1,052,500	688	State Hospital	1	51
				Major Specialist Hospital	0	
				Minor Specialist Hospital	2	
				Hospital Without Specialists	0	
				Special Medical Centre	0	
				KKOM	11	
				Type 1 Health Clinic	5	
				Type 2 Health Clinic	11	
				Type 3 Health Clinic	3	
				Type 4 Health Clinic	7	
				Type 5 Health Clinic	2	
				Type 6 Health Clinic	8	
				Type 7 Health Clinic	1	

No.	State	Total Population	Total AMO'S	Health Facility	Number of Facilities	Total of Facilities
5	**Negeri Sembilan**	1,244,600	807	State Hospital	1	69
				Major Specialist Hospital	1	
				Minor Specialist Hospital	2	
				Hospital Without Specialists	3	
				Special Medical Centre	0	
				KKOM	10	
				Type 1 Health Clinic	1	
				Type 2 Health Clinic	2	
				Type 3 Health Clinic	6	
				Type 4 Health Clinic	10	
				Type 5 Health Clinic	11	
				Type 6 Health Clinic	10	
				Type 7 Health Clinic	9	

No.	State	Total Population	Total AMO'S	Health Facility	Number of Facilities	Total of Facilities
6	**Pahang**	1,678,200	1,192	State Hospital	1	114
				Major Specialist Hospital	1	
				Minor Specialist Hospital	3	
				Hospital Without Specialists	7	
				Special Medical Centre	0	
				KKOM	9	
				Type 1 Health Clinic	3	
				Type 2 Health Clinic	8	
				Type 3 Health Clinic	14	
				Type 4 Health Clinic	20	
				Type 5 Health Clinic	23	
				Type 6 Health Clinic	17	
				Type 7 Health Clinic	8	

No.	State	Total Population	Total AMO'S	Health Facility	Number of Facilities	Total of Facilities
7	**Pulau Pinang**	1,803,300	1,087	State Hospital	1	52
				Major Specialist Hospital	1	
				Minor Specialist Hospital	2	
				Hospital Without Specialists	2	
				Special Medical Centre	0	
				KKOM	8	
				Type 1 Health Clinic	8	
				Type 2 Health Clinic	10	
				Type 3 Health Clinic	7	
				Type 4 Health Clinic	4	
				Type 5 Health Clinic	2	
				Type 6 Health Clinic	3	
				Type 7 Health Clinic	4	

No.	State	Total Population	Total AMO'S	Health Facility	Number of Facilities	Total of Facilities
8	**Perak**	2,574,900	1,760	State Hospital	1	119
				Major Specialist Hospital	2	
				Minor Specialist Hospital	2	
				Hospital Without Specialists	9	
				Special Medical Centre	1	
				KKOM	15	
				Type 1 Health Clinic	9	
				Type 2 Health Clinic	7	
				Type 3 Health Clinic	17	
				Type 4 Health Clinic	30	
				Type 5 Health Clinic	8	
				Type 6 Health Clinic	10	
				Type 7 Health Clinic	8	

No.	State	Total Population	Total AMO'S	Health Facility	Number of Facilities	Total of Facilities
9	**Perlis**	297,800	307	State Hospital	1	14
				Major Specialist Hospital	0	
				Minor Specialist Hospital	0	
				Hospital Without Specialists	0	
				Special Medical Centre	0	
				KKOM	0	
				Type 1 Health Clinic	0	
				Type 2 Health Clinic	1	
				Type 3 Health Clinic	3	
				Type 4 Health Clinic	6	
				Type 5 Health Clinic	3	
				Type 6 Health Clinic	0	
				Type 7 Health Clinic	0	

No.	State	Total Population	Total AMO'S	Health Facility	Number of Facilities	Total of Facilities
10	**Selangor**	7,406,800	2,665	State Hospital	1	119
				Major Specialist Hospital	7	
				Minor Specialist Hospital	2	
				Hospital Without Specialists	3	
				Special Medical Centre	1	
				KKOM	19	
				Type 1 Health Clinic	1	
				Type 2 Health Clinic	22	
				Type 3 Health Clinic	10	
				Type 4 Health Clinic	21	
				Type 5 Health Clinic	19	
				Type 6 Health Clinic	5	
				Type 7 Health Clinic	5	

No.	State	Total Population	Total AMO'S	Health Facility	Number of Facilities	Total of Facilities
11	**Terengganu**	1,246,900	936	State Hospital	1	59
				Major Specialist Hospital	1	
				Minor Specialist Hospital	1	
				Hospital Without Specialists	3	
				Special Medical Centre	0	
				KKOM	0	
				Type 1 Health Clinic	1	
				Type 2 Health Clinic	11	
				Type 3 Health Clinic	8	
				Type 4 Health Clinic	19	
				Type 5 Health Clinic	4	
				Type 6 Health Clinic	5	
				Type 7 Health Clinic	5	

No.	State	Total Population	Total AMO'S	Health Facility	Number of Facilities	Total of Facilities
12	**WP Kuala Lumpur / Putrajaya**	**2,194,900**	1328	State Hospital (HKL)	1	46
				Major Specialist Hospital	1	
				Minor Specialist Hospital	0	
				Hospital Without Specialists	0	
				Special Medical Centre	4	
				KKOM	18	
				Health Clinic SUPER	1	
				Type 1 Health Clinic	7	
				Type 2 Health Clinic	4	
				Type 3 Health Clinic	5	
				Type 4 Health Clinic	3	
				Type 5 Health Clinic	0	
				Type 6 Health Clinic	1	
				Type 7 Health Clinic	1	

No.	State	Total Population	Total AMO'S	Health Facility	Number of Facilities	Total of Facilities
13	**Sabah**	3,759,600	2,203	State Hospital	1	161
				Major Specialist Hospital	3	
				Minor Specialist Hospital	4	
				Hospital Without Specialists	14	
				Special Medical Centre	2	
				KKOM	23	
				Type 1 Health Clinic	5	
				Type 2 Health Clinic	7	
				Type 3 Health Clinic	8	
				Type 4 Health Clinic	20	
				Type 5 Health Clinic	24	
				Type 6 Health Clinic	22	
				Type 7 Health Clinic	28	

No.	State	Total Population	Total AMO'S	Health Facility	Number of Facilities	Total of Facilities
14	**Sarawak**	2,529,800	2,403	State Hospital	1	269
				Major Specialist Hospital	3	
				Minor Specialist Hospital	5	
				Hospital Without Specialists	12	
				Special Medical Centre	2	
				KKOM	24	
				Type 1 Health Clinic	7	
				Type 2 Health Clinic	10	
				Type 3 Health Clinic	3	
				Type 4 Health Clinic	21	
				Type 5 Health Clinic	29	
				Type 6 Health Clinic	30	
				Type 7 Health Clinic	122	

No.	State	Total Population	Total AMO'S	Health Facility	Number of Facilities	Total of Facilities
15	**WP Labuan**	100,900	85	State Hospital	1	4
				Major Specialist Hospital	0	
				Minor Specialist Hospital	0	
				Hospital Without Specialists	0	
				Special Medical Centre	0	
				KKOM	1	
				Type 1 Health Clinic	0	
				Type 2 Health Clinic	1	
				Type 3 Health Clinic	0	
				Type 4 Health Clinic	1	
				Type 5 Health Clinic	0	
				Type 6 Health Clinic	0	
				Type 7 Health Clinic	8	

Note: Source from BPKK.

The table above indicates a total of 19,667 Assistant Medical Officers (AMOs). It is important to note that this figure excludes the 104 AMOs currently stationed at Headquarters. Consequently, the total workforce count is represented by the field-based personnel, distinct from the administrative strength at the central office.

2.2.1.3 Organising Training and Workshop for Assistant Medical Officer 2025

In 2025, the Assistant Medical Officer Section successfully conducted a series of Clinical Governance Courses tailored for Assistant Medical Officers (AMOs) across various regions and service categories. The primary training phase took place from July 9 to 11, 2025, at Sky Hotel, Kota Kinabalu, concurrently hosting sessions for the Management & Professional group and Cadre Agency personnel from the Borneo Zone (Sabah, Sarawak, and W.P. Labuan). This was followed by a specialized session for Grade U32 and U36 officers from the Peninsular Malaysia Zone, held at Klinik Kesihatan Ayer Tawar, Perak, from October 15 to 17, 2025. These training initiatives are vital in upholding the highest standards of clinical accountability and professional excellence, ensuring that AMOs in both core healthcare facilities and cadre agencies remain proficient in current governance frameworks and administrative protocols.

Table 2.2.3: Schedule of Clinical Governance Courses for Assistant Medical Officers (AMOs) by Zone and Grade (2025)

No.	Activity	Date	Venue
1	Clinical Governance Course for Assistant Medical Officers (Management & Professional) – Borneo Zone (Sabah, Sarawak, and W.P. Labuan)	9th – 11th July 2025	Sky Hotel, Kota Kinabalu, Sabah
2	Clinical Governance Course for Assistant Medical Officers (Cadre Agency) Zon Borneo (Sabah, Sarawak, W.P Labuan)	9th – 11th July 2025	Sky Hotel, Kota Kinabalu, Sabah
3	Clinical Governance Course for Assistant Medical Officers (Gred U6/U7) Zon Peninsular Malaysia	15th – 17th October 2025	Health Clinic Ayer Tawar, Perak
4	Clinical Governance Course for Assistant Medical Officers (Gred U6/U7) Zon Peninsular Malaysia	10th – 12th November 2025	Park Avenue Hotel, Sungai Petani, Kedah

2.2.1.4 Overview of Contract Assistant Medical Officer (AMO) Recruitment Phases

The current recruitment framework for Contract Assistant Medical Officers (AMOs) has expanded to a total of 16 recruitment phases. While the Ministry of Health (MOH) has progressively transitioned these officers into permanent positions—currently reaching Phase 9 for permanent appointments—there remain small cohorts from Phases 3 and 4 who are still serving under contract. This is primarily due to several officers being omitted or bypassed during the initial transition process, resulting in their continued contract status despite the advancement of subsequent phases. These remaining personnel are being closely monitored to ensure their eventual absorption into the permanent workforce, aligning with the Ministry's goal of professional stabilization and career security for long-serving contract staff.

Table 2.2.4: Distribution of Contract Assistant Medical Officers (AMOs) by Recruitment Phase and Institution (2025)

STATE/ INSTITUTION	CONTRACT OF SERVICE (C.O.S)											PRIVATE	GRAND TOTAL
	PHASE 3	PHASE 4	PHASE 8	PHASE 9	PHASE 10	PHASE 11	PHASE 12	PHASE 13	PHASE 14	PHASE 15	PHASE 16		
JKWP KL	0	0	0	0	15	20	2	1	0	4	10	22	**74**
JKWP LABUAN	0	0	0	0	0	11	0	0	1	0	0	5	**17**
PERLIS	0	0	0	0	13	12	0	4	2	5	1	3	**40**
KEDAH	0	0	0	0	15	29	4	14	0	30	4	37	**133**
P. PINANG	0	0	0	0	18	27	8	7	0	24	0	55	**139**

PERAK	0	0	0	0	25	30	8	9	2	34	1	24	**133**
SELANGOR	0	0	0	143	35	50	0	35	3	45	126	146	**583**
N. SEMBILAN	0	0	0	0	20	30	2	4	0	10	10	26	**102**
MELAKA	0	0	0	36	15	23	5	8	0	16	2	22	**127**
JOHOR	0	0	0	0	21	22	10	8	0	21	1	31	**114**
PAHANG	0	0	0	8	29	3	7	23	2	20	2	17	**111**
TERENGGANU	0	0	0	0	19	22	8	17	3	20	0	18	**107**
KELANTAN	0	0	0	8	16	29	6	16	2	20	2	40	**139**
HTA	0	0	0	14	13	0	3	6	0	7	2	0	**45**
HKL	0	0	0	112	34	0	0	8	3	9	10	1	**177**
PDN	0	0	0	0	0	0	0	0	0	0	0	0	**0**
IPR	0	0	0	0	1	0	0	0	0	2	0	0	**3**
IKN (KANSER)	0	0	0	0	0	0	3	0	0	5	0	0	**8**
SARAWAK	0	1	0	56	32	25	16	11	25	15	19	70	**270**
SABAH	1	0	0	19	30	33	15	8	23	13	19	83	**244**
TOTAL	**1**	**1**	**0**	**396**	**351**	**366**	**97**	**179**	**66**	**300**	**209**	**600**	**2566**

In addition to the standard recruitment phases, the workforce includes 600 AMOs who are graduates of private medical colleges. These officers were recruited under the Contract of Service (C.O.S) scheme during the peak of the COVID-19 pandemic to bolster the national healthcare response. This specific intake was limited to only two phases, which are strategically aligned with the Phase 7 and Phase 8 government-trained cohorts. Despite their origins from private institutions, these C.O.S officers serve as an integral part of the MOH contract workforce, providing essential support across various facilities nationwide. The management of these two phases remains a priority as the Ministry balances the integration of both government and private-sector graduates within the larger healthcare human resource framework.

2.2.1.5 Total Assistant Medical Officer Grade Promoted for the Year 2025

From January to December 2025, the Medical Practice Division successfully managed a total of 2,092 personnel across various appointment and career advancement exercises. This includes the recruitment of 519 new Contract Assistant Medical Officers (AMOs) at

Grade U5 and the significant transition of 1,130 personnel from contract to permanent status. Additionally, the Ministry conducted a wide-reaching acting appointment exercise involving 443 officers, spanning various leadership and professional tiers. These advancement activities ranged from internal grade promotions (U5 to U6, U6 to U7) to higher-level management transitions (U9/U10 Flexi) and the formalization of Substantive (Hakiki) status at the U10 level. Collectively, these initiatives underscore the Ministry's commitment to strengthening the healthcare workforce and ensuring clear career progression for Assistant Medical Officers nationwide.

Table 2.2.5: Total Personnel Involved in Appointment Offers and Acting Appointments in 2025

Details	Grade	Total
Appointment of Contract Assistant Medical Officers	U5	519
Transition from Contract to Permanent Status	U5	1130
Acting Appointment	U5 to U6	258
	U6 to U7	87
	U5/U6/U7 to U9 (U41 SSM)	40
	U5/U6/U7 to U9 (U42 SSM)	11
	U9 (Flexi) to U10 (Flexi)	38
	U10 (Flexi) to U10 (Substantive)	9
	Grand Total	**2092**

Note: Data from January to December 2025

2.2.1.6 Total Retirements, Resignations, Expelled & Deaths of Assistant Medical Officers in The Ministry of Health Malaysia

This data provides a comprehensive overview of the total number of permanent and contract Assistant Medical Officers within the Ministry of Health Malaysia who have retired, resigned, been expelled, or passed away. It is important to emphasize that all instances of contract terminations and expulsions are strictly executed in accordance with established government procedures and disciplinary regulations. These records serve as a vital baseline for ensuring transparent and systematic human resource planning within the national healthcare workforce.

Table 2.2.6: Distribution of Total Retirements, Resignations, Expulsions, and Deaths among Permanent and Contract Assistant Medical Officers in the Ministry of Health Malaysia.

State	PPP Permanent		Resign		Expelled		Death		PPP Contract	Total	
	Retirement (Cumpolsory)	Retirement (Elective)	P	C	P	C	P	C	Termination of Contract	Permanent	Contract
PERLIS	4	0	0	0	0	0	0	0	0	**4**	**0**
KEDAH	2	0	2	0	0	0	0	0	0	**4**	**0**
PULAU PINANG	6	0	3	4	0	0	1	0	0	**10**	**4**
PERAK	4	1	5	2	1	0	3	0	0	**14**	**2**
JKWPKL & PUTRAJAYA	0	0	1	1	0	0	0	0	0	**1**	**1**
SELANGOR	2	0	4	6	0	0	0	0	0	**6**	**6**
NEGERI SEMBILAN	1	2	0	3	0	0	1	0	0	**4**	**3**
MELAKA	0	0	0	0	0	0	0	0	0	**0**	**0**
JOHOR	2	2	0	0	0	0	1	0	0	**5**	**0**
PAHANG	4	3	0	0	0	0	0	0	0	**7**	**0**
TERENGGANU	3	1	2	1	3	0	1	0	1	**10**	**2**
KELANTAN	9	6	0	0	0	0	1	0	0	**16**	**0**
SARAWAK	15	3	1	3	1	1	5	0	0	**25**	**4**
SABAH	15	2	9	6	2	0	5	0	4	**33**	**10**
JKWP LABUAN	1	0	0	1	0	0	0	0	0	**1**	**1**
HOSP. KUALA LUMPUR	2	1	5	1	0	0	0	0	0	**8**	**1**
NATIONAL CANCER INSTITUTE	0	0	0	0	0	0	0	0	0	**0**	**0**
INSTITUTE OF RESPIRATORY MEDICINE	0	0	0	0	0	0	0	0	0	**0**	**0**
Total	**70**	**21**	**32**	**28**	**7**	**1**	**18**	**0**	**5**	**148**	**34**

Note: P= Permanent, C= Contract

This table accounts for all permanent and contract Assistant Medical Officers (AMOs) within the Ministry of Health. Please note that figures regarding 'Expelled' and 'Terminated' statuses are reflective of administrative actions taken in full compliance with Government General Orders and established disciplinary protocols.

2.2.1.7 Total numbers of Assistant Medical Officer's in Various Sectors in Malaysia for the Year 2025

As of 2025, the total workforce establishment for Assistant Medical Officers (AMOs) consists of 18,626 warrant positions distributed across Ministry of Health (MOH) facilities and external Cadre agencies. While the MOH manages the vast majority of these warrants with 18,255 positions (achieving a 94.24% filling rate), Cadre agencies demonstrate high operational efficiency by filling 360 out of 371 approved warrants (97.04%). These Cadre personnel are strategically deployed across 12 key agencies and ministries to ensure the delivery of medical services nationwide. These include the Royal Malaysia Police (PDRM), Ministry of Youth and Sports (KBS), Ministry of Education (KPM), Ministry of Higher Education (KPT), and the Ministry of Defence. Furthermore, critical healthcare support is extended to departments under the Ministry of Home Affairs (KDN), such as the Malaysian Immigration Department, Malaysian Prison Department, National Anti-Drugs Agency (AADK), and the Malaysian Border Management & Protection Agency (AKPS). Additional placements include the Department of Islamic Development Malaysia (JAKIM) and the Social Welfare Department (JKM).

The workforce remains heavily concentrated at the Grade U5 entry level, accounting for 14,240 total warrants, while specialized leadership roles from Grades U12 to U14 maintain a perfect 100% filling rate. Despite these high rates, a total of 1,062 vacancies (1,051 in MOH and 11 in Cadre) persist, primarily at the Grade U5 and U6 levels, which account for 919 unfilled positions. Monitoring these vacancy trends is essential for future recruitment planning and strategic personnel deployment, ensuring that all inter-ministerial healthcare facilities operate at full capacity to meet national healthcare demands.

Table 2.2.7: Assistant Medical Officer (AMO) Establishment Status (2025)

No.	Position Grade	Total Warrant		Filled		Empty		MOH Percentage Filled (%)	Cadre Percentage Filled (%)
		MOH	Cadre	MOH	Cadre	MOH	Cadre		
1	Assistant Medical Officer Grade U14	1	0	1	0	0	0	100.00%	0.00%
2	Assistant Medical Officer Grade U13	1	0	1	0	0	0	100.00%	0.00%
3	Assistant Medical Officer Grade U12	14	0	14	0	0	0	100.00%	0.00%
4	Assistant Medical Officer Grade U10	45	0	39	0	6	0	86.67%	0.00%
5	Assistant Medical Officer Grade U9/ U10	652	0	593	0	59	0	90.95%	0.00%
6	Assistant Medical Officer Grade U7	706	2	628	2	78	0	88.95%	100.00%
7	Assistant Medical Officer Grade U6	2954	11	2644	10	310	1	89.51%	90.91%
8	Assistant Medical Officer Grade U5	13882	358	13284	348	598	10	95.69%	97.21%
Grand Total		**18255**	**371**	**17204**	**360**	**1051**	**11**	**94.24%**	**97.04%**

The 2025 workforce distribution for Assistant Medical Officers (AMOs) highlights a significant professional presence within the non-MOH sector, specifically across University Hospitals under the Ministry of Higher Education. Out of the total active workforce of 24,942 personnel, a dedicated cohort of 771 AMOs is currently serving in these academic medical centres, representing a critical link between clinical practice and the higher education healthcare ecosystem. While the majority of the national workforce is concentrated within the Ministry of Health (MOH) as permanent (17,204) and contract (2,566) officers, the inclusion of these Non-MOH/University Hospital practitioners underscores the profession's versatility and its essential role in supporting specialized clinical services and medical education nationwide.

Table 2.2.8: Distribution of Active Assistant Medical Officers (AMOs) by non-MOH (2025)

No.	Hospital	Total PPP
1	Hospital Canselor Tuanku Muhriz, UKM	138
2	Hosp. Kanak- Kanak HUKM	12
3	Hosp. Sultan Abdul Aziz, UPM	88
4	Pusat Perubatan Universiti Malaya	88
5	Hosp. Universiti Sains Malaysia, Kubang Kerian	124
6	Pusat Perubatan UiTM	155
7	Hospital Sultan Zainal Abidin, UniSZA	75
8	Sultan Ahmad Shah Medical Centre, IIUM	76
9	Pusat Kesihatan UPNM	5
10	Pusat Kesihatan Universiti, UTHM	4
11	Pusat Kesihatan Universiti, USIM	2
12	Sejahtera Clinic, UIA	4
	Total	**771**

2.2.1.8 Total Employment and Vacancy of Health Care Assistant (PPK) 2025

The recruitment and strategic placement of Health Care Assistants (PPK) remain vital to the operational efficiency of clinical support services within the Ministry of Health. In 2025, the workforce management of PPKs focused on optimizing the ratio of support staff to healthcare facilities to ensure seamless patient care and environmental maintenance. The analysis of the Total Employment and Vacancy data indicates a proactive approach to human resource planning, addressing critical gaps in staffing across various states and health districts. By identifying high-vacancy areas, the department can prioritize new intakes and re-deployments, ensuring that all hospitals and health clinics possess a resilient support workforce. This balance between occupied positions and vacant slots is essential for maintaining the overall quality of hospital support services and reducing the workload burden on frontline medical staff.

Table 2.2.9: Employment Status and Vacancy Analysis of Health Care Assistants (PPK) by Grade (2025)

GRADE HEALTH CARE ASSISTANT	JWT	ISI	KSG
U1 (U16 SSM)	135	89	46
U1 (U14 SSM) Include TBK 2 (U16 SSM)	257	170	87
U1 (U11 SSM) Include TBK 1 (U14 SSM) & TBK 2 (U16 SSM)	513	340	173
U3/U12 (SSM)	1020	674	346
U12 (SSM)	3	1	2
U1(SSPA)	66	12	54

The table 2.2.9 shows that the workforce distribution for Health Care Assistants (PPK) consists of a total establishment of 1,994 approved positions across all grades. Currently, 1,286 positions (64.5%) are filled, while 708 positions (35.5%) remain vacant. The data indicates that the highest concentration of personnel is within the U3/U12 (SSM) grade, which comprises 1,020 positions, followed by the U1 (U11 SSM) category with 513 positions. Despite the ongoing deployment of staff, the significant vacancy rate of 35.5% highlights a critical need for strategic recruitment to bridge the staffing gap. This is essential to ensure that the support services framework remains resilient and capable of meeting the operational demands of healthcare facilities nationwide.

Table 2.2.10: Summary of Staffing Positions for Health Care Assistant (Grade U1) Cadre Out Placements, 2025

BIL.	JKN / INSTITUTION	HEALTH CARE ASSISTANT GRADE U1																											
		U3/U12 (GRADE SSM)				U12 (GRADE SSM)				U11/U14 (GRADE SSM)					JUM GRADE U11/U3/U12 (SSM)				U14 (GRADE SSM)				U16 (GRADE SSM)				JUMLAH KESELURUHAN			
		J	I	K	ISI (%)	J	I	K	ISI (%)	J	PERM.	INT.	K	ISI (%)	J	PERM.	INT.	K	J	I	K	ISI (%)	J	I	K	ISI (%)	J	I	K	ISI (%)
1	Department of Social Welfare (JKM)	0	0	0	0.00	0	0	0	0.00	935	612	72	251	73.16	935	612	72	251	67	36	31	53.73	0	0	0	0.00	**1002**	**720**	**282**	**71.86**
2	Ministry of Defence Malaysia (MINDEF)	0	0	0	0.00	0	0	0	0.00	241	183	2	56	76.76	241	183	2	56	2	2	0	100.00	1	1	0	100.00	**244**	**188**	**56**	**77.05**
3	Ministry of Education Malaysia (Sports Schools)	0	0	0	0.00	0	0	0	0.00	7	7	0	0	100.00	7	7	0	0	0	0	0	0.00	0	0	0	0.00	**7**	**7**	**0**	**100.00**
4	Ministry of Youth and Sports (Training Centres)	0	0	0	0.00	0	0	0	0.00	5	3	0	2	60.00	5	3	0	2	0	0	0	0.00	0	0	0	0.00	**5**	**3**	**2**	**60.00**
5	National Anti-Drugs Agency (AADK/KDN)	0	0	0	0.00	0	0	0	0.00	56	42	10	4	92.86	56	42	10	4	0	0	0	0.00	0	0	0	0.00	**56**	**52**	**4**	**92.86**
6	Malaysia Border Control and Protection Agency (AKPS)	0	0	0	0.00	0	0	0	0.00	19	6	0	13	31.58	19	6	0	13	0	0	0	0.00	0	0	0	**0.00**	**19**	**6**	**13**	**31.58**
TOTAL CADRE OUT		**0**	**0**	**0**	**0.00**	**0**	**0**	**0**	**0.00**	**1263**	**853**	**84**	**326**	**74.19**	**1263**	**937**	**84**	**242**	**69**	**38**	**31**	**55.07**	**1**	**1**	**0**	**100.00**	**1333**	**976**	**357**	**73.22**

The staffing distribution for Health Care Assistants (Implementer Group II) placed in various external ministries and agencies indicates a total establishment of 1,333 approved positions, with an overall filling rate of 73.22% (976 incumbents). The data shows that the Department of Social Welfare (JKM) holds the largest cadre out allocation with 1,002 positions, followed by the Ministry of Defence (MINDEF) with 244 positions. Out of the 976 filled positions across all agencies, 853 (64%) are held by permanent staff, while 84 (6.3%) consist of interim appointments. While agencies like Sports Schools achieved a 100% filling rate, the Malaysia Border Control and Protection Agency (AKPS) recorded the lowest at 31.58%. Overall, the recruitment strategy remains focused on the U11/U14 (SSM) grade, which serves as the core workforce for these cross-ministry support services.

2.2.1.9 The Total Number of Health Assistant (PPK) Who Have Attended Level 1 and Level 2 Courses for Each State/ Institution.

The data presents the distribution of star rating achievements across various states and healthcare institutions for 2025, categorized into Level 1 and Level 2 accomplishments. Overall, a total of 45,706 entries were recorded for Level 1, while Level 2 achieved a total of 35,630 entries. Based on the geographical distribution, Johor recorded the highest performance for both categories with 4,961 (Level 1) and 4,296 (Level 2) entries, followed closely by Sarawak and Perak. Major hospitals such as Hospital Kuala Lumpur (HKL) also showed significant contributions with a total of 2,745 Level 1 achievements. In contrast, specialized institutions like the National Cancer Institute (IKN) and the Institute of Respiratory Medicine (IPR) maintained smaller but consistent figures. These statistics reflect a high level of participation and compliance with the star rating standards nationwide, indicating a robust commitment to service quality across all Ministry of Health facilities.

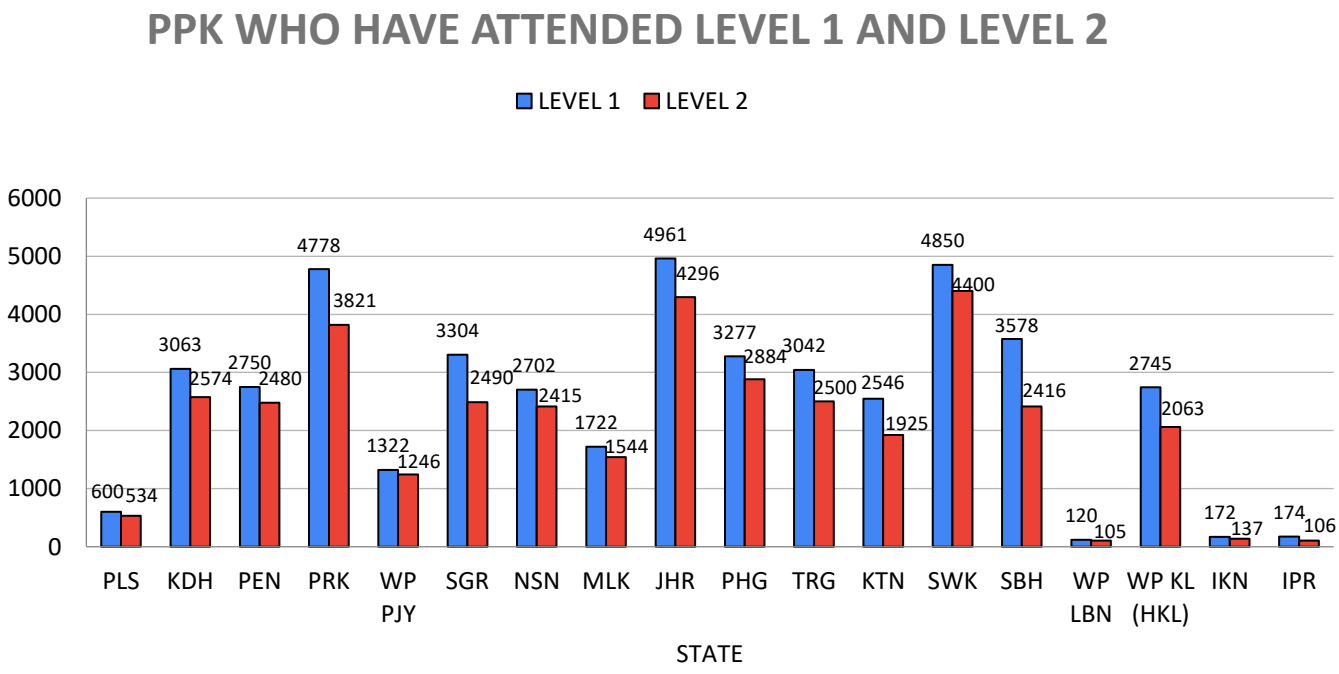


Figure 2.2.1: PPK Who Attended Level 1 & Level 2 Course by State and Institution for 2025.

2.2.2 Research, Quality and Innovation Unit

2.2.2.1 Research

Regarding research initiatives, efforts are underway to establish a dedicated professional journal overseen by the Assistant Medical Officer (AMO) Section. The 2025 phase focuses on the framework for the journal's website development, branding and editorial board appointment, alongside the screening of articles from AMOs for publication in 2026.

2.2.2.1 Quality

The quality portfolio under this section encompasses compliance with MSQH (Standard 25), the execution of Clinical Audits, and the oversight of Strategic KPI data involving the following three key administrative offices:

Table 2.2.11: Quality Performance Indicators and Achievement Targets for Assistant Medical Officers (AMOs) by Supervising Authority.

No.	Category / Supervising Authority	Key Performance Indicator (KPI)	Target
1	Deputy Director General of Health (Medical) TKPK (P)	Percentage of AMOs with Basic Post-Qualification or Advanced Training assigned to relevant specialization units/departments.	**> 90%**
2	Director of Medical Practice (BAP)	Annual Renewal Certificate (ARC): Completion of applications within 60 days.	**> 85%**
		Medical Assistant Board Examination: Issuance of results within 30 working days post-examination.	**> 80%**
3	Head of Assistant Medical Officer Malaysia (KPPPM)	Pre-Hospital Care: Dispatch and ambulance preparedness for Primary Response in < 5 minutes.	**> 90%**
		Triage Care: Percentage of inappropriate triage (Under-triage: Green patients who should be Red).	**< 0.5%**
		Asthma Care: PEFR implementation for patients in Asthma Bay by AMOs.	**> 80%**
		Public Health: Interventions performed by trained AMOs through BSSK/R screening (Adolescents).	**100%**

		Compulsory Placement Program: Submission of complete reports within 14 days of program completion.	**> 80%**
		Credentialing: Delivery of reviewed documents to JPN within 30 working days post-NCC review.	**> 80%**
		Fire Safety: Implementation of 1 Fire Drill and 2 Table Top exercises per year (Hospital/Institute level).	**100%**

2.2.2.1 (a) MSQH

For the year 2025, the Assistant Medical Officer Section (CPPPP) collaborated with the MOH Risk Management and Clinical Surveillance Section to conduct briefings and situational surveys at hospitals undergoing the accreditation process.

Table 2.2.12: Undergoing the accreditation process.

No.	Activity/ Event	Date	Location
1	Briefing on MSQH Standard 25	3-4 September 2025	Hospital Kuala Lumpur (HKL)
2	MSQH Mock Survey	12-13 August 2025	Hospital Taiping, Perak

2.2.2.1 (b) KPI's

The 2025 Key Performance Indicator (KPI) monitoring focuses on empowering clinical competencies and strengthening the service delivery standards of Assistant Medical Officers (AMOs). The achievement of each indicator is periodically analysed to ensure that patient care quality and operational efficiency consistently meet the established standards of excellence. Listed below are the KPIs managed under this profession:

I) KPIs Vice Deputy General (TKPK (P))

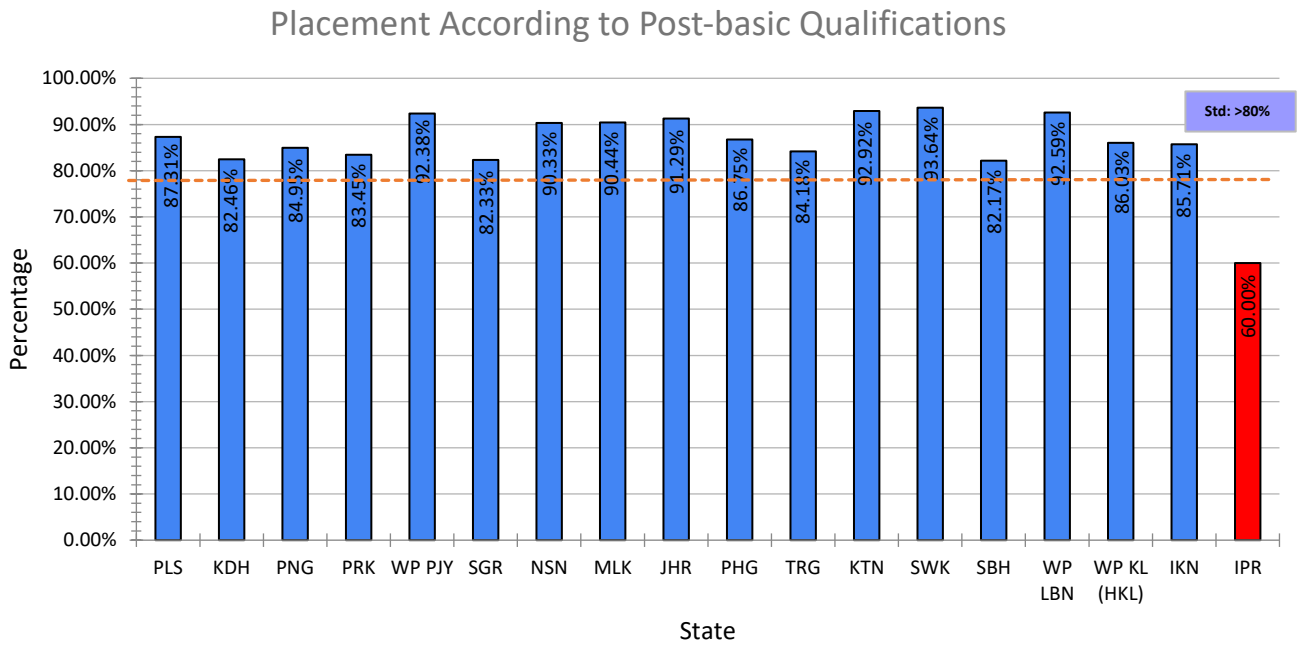


Figure 2.2.2: Strategic KPI for the TKPK (P), monitoring the optimal deployment of specialized AMOs into relevant clinical units.

This chart illustrates the percentage of Assistant Medical Officers (AMOs) placed according to their post-basic qualifications across states and institutions, with a set target of >80%. Overall performance is highly commendable, as nearly all states and territories successfully exceeded the established ministerial target. Sarawak (SWK) recorded the highest achievement at 93.64%, followed closely by Kelantan (KTN) and WP Labuan (WP LBN). However, the Institute of Respiratory Medicine (IPR) was the only entity that failed to meet the target, recording only 60.00%. The shortfall in IPR's performance is attributed to a small sample size, with a recorded ratio (Numerator: Denominator) of 3:5.

II) KPIs Director of Medical Practice (BAP)

As of January 2026, the data shows that a total of 845 new registrations were recorded for the year 2025. The total number of Annual Renewal Certificate (ARC) renewals for the public sector reached 20,107 individuals. For the private sector, there were 4,626 successful ARC renewals recorded within the same period. These figures reflect the ongoing commitment to ensuring all practicing professionals maintain valid registration

status. Management continues to prioritize the completion of these ARC applications within the established 60-day timeframe to ensure service continuity.

Table 2.2.13: Distribution of New Registrations and ARC Renewals for Public and Private Sectors.

Year	New Registration	Total Renewal of Annual Renewal Certificate		Completion of applications within 60 days
		Public	Private	Std: >85%
2025	845	20,107	4,626	100%

Note: Data as of January 2026.

Table 2.2.14: Analysis of Examination Result Issuance Efficiency (2025)

Year	Result of Medical Assistant Board Examination		Total	Issuance of results within 30 working days post-examination
	Pass	Fail		Std: >80%
2025	855	133	988	100%

The Medical Assistant Board demonstrates exceptional administrative efficiency in the management of its 2025 examination cycle, particularly in the timely release of candidate outcomes. Out of a total of 988 candidates who sat for the examination, 855 passed while 133 failed, reflecting a robust standard of evaluation. Most notably, the Board achieved a 100% success rate in meeting its Key Performance Indicator (KPI) for the issuance of results within 30 working days post-examination. This achievement significantly exceeds the established benchmark of >80%, underscoring the Board's commitment to professional accountability and its ability to provide rapid, reliable certification services to prospective Assistant Medical Officers.

III) KPIs Head of Assistant Medical Officer Malaysia (KPPPM)

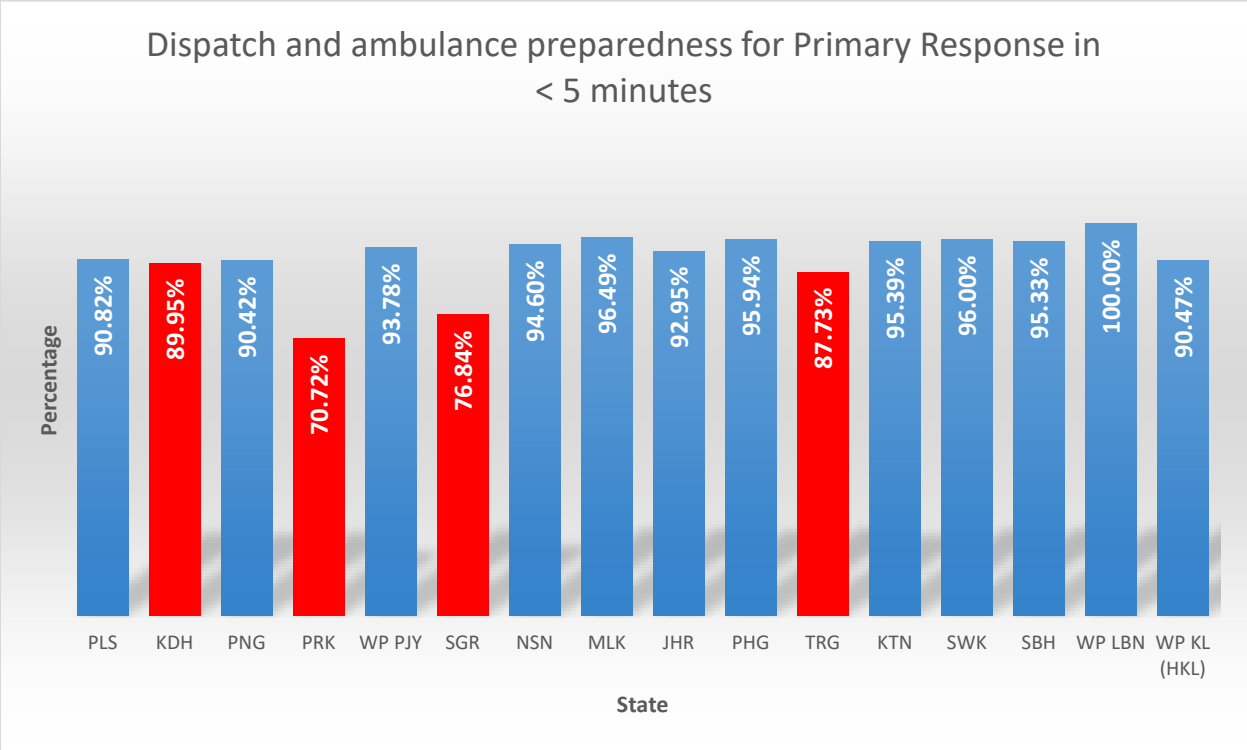


Figure 2.2.3: Performance Analysis of Ambulance Dispatch and Primary Response Preparedness by State.

Dispatch and ambulance preparedness for Primary Response in < 5 minutes

The chart illustrates the percentage of dispatch and ambulance preparedness for Primary Response within 5 minutes across various states, with a target of >90%. WP Labuan achieved the highest performance with a perfect score of 100%, followed by several other states that successfully met or exceeded the established target. However, four states—Perak (70.72%), Selangor (76.84%), Terengganu (87.73%), and Kedah (89.95%)—failed to reach the required 90% threshold. The primary factor contributing to the failure in meeting these targets is a critical shortage of personnel to manage the operational demands. This manpower deficit directly impacts the efficiency of emergency response times and requires urgent strategic intervention to ensure service standards are maintained.

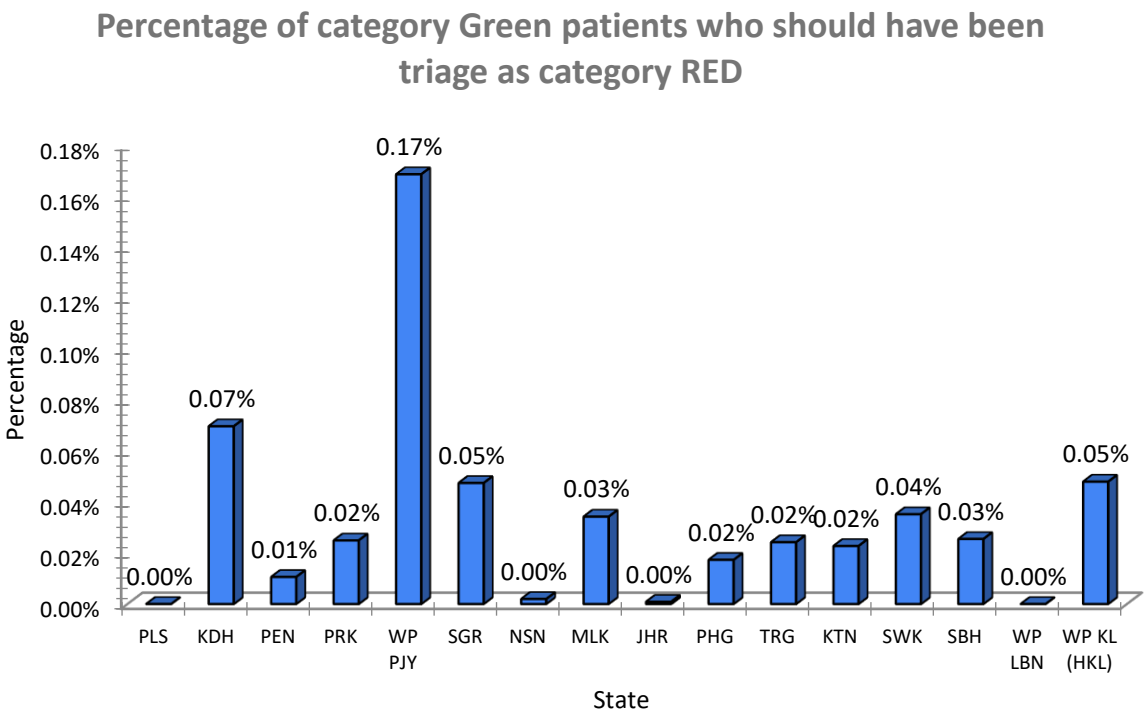


Figure 2.2.4: Performance Analysis of Under Triage cases by State.

Note: The higher percentage observed in WP Putrajaya is attributed to a smaller denominator (single-facility data), where a low number of cases significantly impacts the overall percentage. Conversely, the high numerators in states like Selangor and Kedah are reflective of a much larger total patient volume.

Inappropriate triaging (Under Triaging): Percentage of category green patients who should have been triaged as category Red

Overall, all states and territories successfully achieved the Key Performance Indicator (KPI) for triage accuracy by maintaining the error rate below the maximum threshold of <0.5%. The majority of states demonstrated excellent performance with minimal error rates, including Perlis, Negeri Sembilan, Johor, and WP Labuan, all of which recorded 0.00%. While targets were met, several states recorded relatively high case numbers (*numerators*), specifically Sabah (139), Sarawak (155), Selangor (266), Kedah (207), and Perak (104), necessitating continuous monitoring. Following a consistent five-year trend of successful attainment, the KPI target for 2026 will be revised to a more stringent <0.25% to further drive clinical excellence.

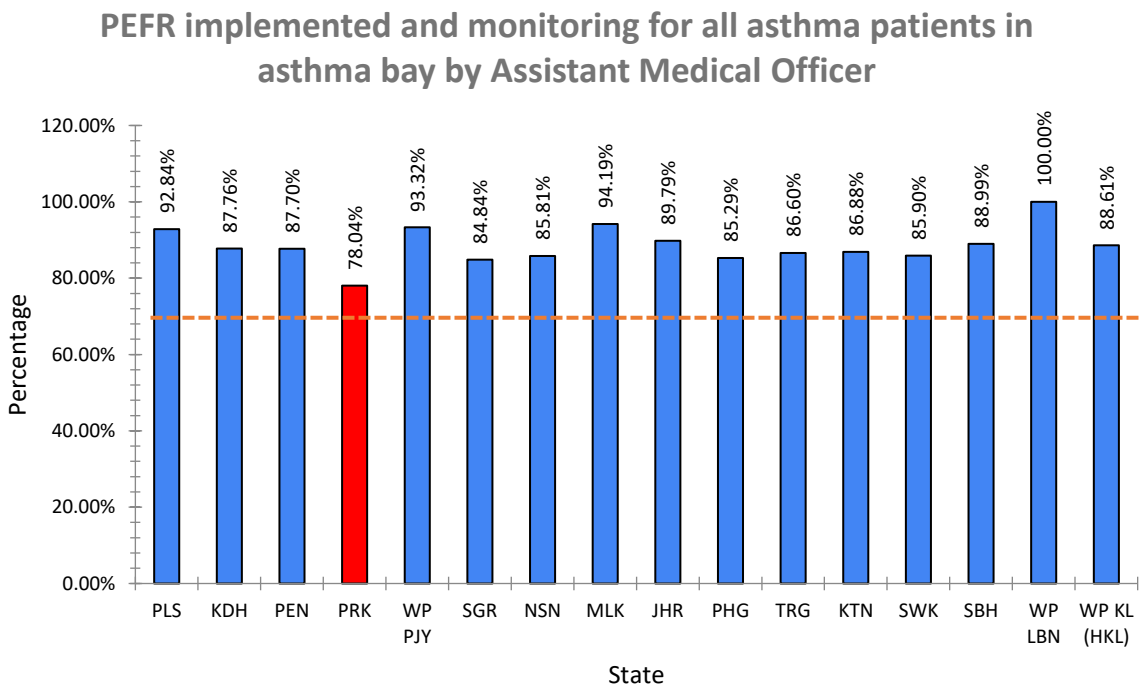


Figure 2.2.5: Performance analysis of PEFR implementation and monitoring by Assistant Medical Officers, categorized by state.

PEFR Implementation for Asthma Patients in Asthma Bay by AMO

The implementation of PEFR monitoring by Assistant Medical Officers (AMOs) demonstrates a high level of performance, with most states surpassing the established benchmark. Leading the achievements is WP Labuan at 100.00%, followed by Melaka (94.19%) and WP Putrajaya (93.32%), whereas Perak recorded the lowest performance at 78.04%, falling below the target. Notably, the 2025 Asthma Clinical Practice Guidelines (CPG) have repositioned PEFR; it has been removed from the primary treatment initiation flowchart and is now used specifically as a clinical guide for administering Nebulizer therapy within the Asthma Bay.

Public Health: Interventions performed by trained AMOs through BSSK/R screening (Adolescents).

Besides that's, in Primary Health Care, the adolescent health screening program, led by Assistant Medical Officers (AMOs), is a strategic initiative within primary healthcare

services designed to holistically monitor the health status of the target population. This intervention is implemented through the Adolescent Health Status Screening (BSSK/R) approach, which aims for the early detection of health risk factors and psychosocial issues among students and youths. Through specialized training such as the HEADSS Course, AMOs play a critical role as competent frontline providers in delivering health education and counselling services within Adolescent-Friendly Health Services (AFHS) facilities.

The implementation of this program emphasizes confidentiality and adolescent comfort to ensure that access to treatment remains transparent and effective. The success of this initiative depends not only on clinical efficiency but is also supported by close collaboration between school authorities and local communities. Overall, this program serves as a benchmark for the Ministry of Health Malaysia's commitment to sustaining the well-being of future generations.

Based on the achievement data for the period of January to December 2025 below, the performance of adolescent health screenings shows highly encouraging results, with an overall screening rate reaching 179.09%. A total of 38,971 adolescents were successfully screened against the established annual target of 21,761, proving the high dedication of AMOs at the state level. In terms of intervention, 35,312 adolescents (90.61%) received follow-up treatment or counselling to ensure their health issues were appropriately addressed.

However, there are significant variations in achievement across states, with regions like Labuan and Sarawak recording screening percentages exceeding 300%, while Sabah recorded a slightly lower intervention rate of 88%. Constraints in certain areas like Sabah are attributed to geographical factors and a shortage of trained manpower currently undergoing specialty training at ILKKM. In summary, these figures demonstrate the effectiveness of resource management at the state level in mobilizing screening activities despite facing various logistical challenges.

Table 2.2.15: Key Performance Indicator (KPI) For Assistant Medical Officer Services: Adolescent Health Status Screening by Assistant Medical Officers at Health Clinics Recognized as Best Practice for Adolescent-Friendly Health Services (AFHS).

STATE		ACHIEVEMENTS						
	Total adolescent population across all coverage areas of AFHS "Best Practice" health clinics, 2024.	Total adolescent population across all coverage areas of AFHS "Best Practice" health clinics, 2025.	Annual target for adolescent screening across all coverage areas of AFHS "Best Practice" health clinics, based on the integrated screening service target (5%).	Annual target for adolescent screening across all coverage areas of AFHS "Best Practice" health clinics, based on the Assistant Medical Officer (AMO) Section KPI (>2.5%).	Overall adolescent screening achievement involving AFHS "Best Practice" health clinics:		Overall adolescent intervention achievement involving AFHS "Best Practice" health clinics:	
					a. Number of adolescents screened	b. Adolescent screening achievement percentage (%)	a. Number of adolescents receiving intervention	b. Adolescent intervention achievement percentage (%)
Perlis	6,466	10,899	545	273	688	251.00%	688	100.00%
Kedah	19,654	49,305	2,465	1,233	3,169	257.02%	3,169	100.00%
Pulau Pinang	71,619	63,574	3,178	1,590	2,962	186.30%	2,962	100.00%
Perak	49,922	44,427	2,221	1,110	2,724	245.41%	2,724	100.00%
Selangor	69,078	66,699	3,330	1,664	1,852	111.31%	1,852	100.00%
Kuala Lumpur & Putrajaya	177,095	99,800	4,990	2,495	4,053	162.44%	3,817	94.18%
Negeri Sembilan	83,653	90,926	4,546	2,274	5,446	239.50%	5,445	100.00%
Melaka	28,359	58,861	2,943	1,314	1,406	107.00%	1,406	100.00%
Johor	8,409	45,556	4,402	2,271	1,949	85.82%	1,947	99.89%
Kelantan	24,361	72,851	3,643	1,821	2,130	117.00%	2,124	99.71%
Terengganu	21,014	41,845	4,184	2,092	2,538	121.32%	2,538	100.00%
Pahang	39,076	31,115	1,556	778	1,611	207.00%	1,611	100.00%
Sabah	92,853	106,126	5,306	2,653	4,902	185.00%	4,319	88.00%
Sarawak	42,976	44,179	2,209	1,104	3,634	329.17%	803	22.00%
Labuan	17,800	16,100	806	403	1,313	325.80%	1,313	100.00%
JUMLAH	**752,335**	**796,223**	**43,381**	**21,761**	**38,971**	**179.09%**	**35,312**	**90.61%**

SIQ: Reasons why interventions failed to meet targets:

- **Shortage of trained Medical Assistants (MA/PPP)** at the involved health facilities. This is due to a portion of the staff not having undergone the **Basic Training in Adolescent Health and Counselling** (refer to *Guidelines for the Implementation of Adolescent Health Services at Primary Health Level, Third Edition 2011*) or the **HEADSS Course** (refer to *Engaging the Adolescent Module Using HEADSS Framework, 2009*). Furthermore, some staff are currently attending the **Post-Basic Diploma Course** at ILKKM for a one-year duration.
- **Lack of outreach activities and geographical constraints** have hindered adolescent screening for target groups, particularly those residing in remote/interior areas (Sabah).
- **Uncoordinated visit schedules** with school authorities, which has led to issues regarding student attendance (Sabah).

Compulsory Placement Program: Submission of complete reports within 14 days of program completion.

The Compulsory Placement Program (PPW) is a vital professional development framework for Assistant Medical Officers (AMOs) in Malaysia, ensuring standardized clinical competency across both public and private sectors. For the 2025 cycle, the program is structured into specialized cohorts, namely Group 31C (Private), Group 34 (KKM), and Group 35 (KKM), designed to accommodate the diverse operational needs of the healthcare system. A key performance indicator (KPI) for this initiative is the mandatory submission of comprehensive final reports within 14 days of program completion to maintain administrative accountability. This timeline ensures that the transition of AMOs into their respective permanent roles is documented accurately and efficiently. By enforcing these strict reporting standards, the Ministry of Health can monitor the professional growth of its personnel while ensuring that all placement requirements are met. Ultimately, the PPW serves as a cornerstone for quality assurance, producing practitioners who are well-prepared for the rigors of the Malaysian clinical environment.

Table 2.2.16: Total Participants of the 2025 Compulsory Placement Program (PPW) by Batch

NO.	STATE	GROUP 31C/2025 (PRIVATE)	GROUP 34/2025 (KKM)	GROUP 35/2025 (KKM)	TOTAL
		05 MAY 2025 – 02 NOVEMBER 2025	23 JUNE 2025 – 23 DECEMBER 2025	08 DECEMBER 2025 – 07 JUNE 2026	
1	Perlis	0	6	1	7
2	Kedah	13	29	4	46
3	Pulau Pinang	19	24	0	43
4	Perak	0	34	1	35
5	Selangor	43	49	132	224
6	WP Kuala Lumpur & Putrajaya	7	9	10	26
7	Hospital Kuala Lumpur	0	17	12	29
8	Negeri Sembilan	8	10	10	28
9	Melaka	6	16	2	24
10	Johor	13	20	1	34
11	Pahang	7	20	2	29
12	Terengganu	8	20	0	28
13	Kelantan	11	20	2	33
14	Sarawak	24	16	20	60
15	Sabah	29	13	20	62
16	WP Labuan	1	0	0	1
TOTAL		**189**	**303**	**217**	**709**

Table 2.2.17: Summary Report of the Compulsory Placement Program (PPW) Performance, 2024–2025

NO.	GROUP OF PPW	PASS	RESIGN	EXTEND	REPLACEMENT	BELUM EXAM	TOTAL NUMBER
1	Group 32/2024	159	2	17	3		181
2	Group 31B/2024	169	9	13	14		205
3	Group 33/2024	57	3	8	0		68
4	Group 31C/2025	145	10	21	13		189
5	Group 34/2025	268	1	22	10	2	303
GRAND TOTAL		798	25	81	40	2	946

Based on the presented achievement table, there is a significant variation in performance across states for both the *KPI Early Result* and *KPI Extend Result* categories. A total of eight regions, including Kedah, Pulau Pinang, and Sabah, successfully achieved a perfect 100% performance in both result categories, reflecting high administrative efficiency at the state level. However, Selangor shows a performance challenge in the *Early Result* category, recording only 20.00%, although it shows a notable improvement in the *Extend Result* category to 70.59%.

Additionally, performance in Perlis also recorded low figures for early results (33.33%) compared to its extended results, which reached an optimal 100%. Kelantan and Sarawak displayed a similar trend, with early result achievements at 40.00%, which were subsequently improved through their respective extended results. Overall, the data indicates that despite constraints in meeting early targets in several states, follow-up monitoring mechanisms have successfully increased the final achievement rates effectively. This analysis is crucial for management to identify states requiring supportive intervention to ensure consistent performance in the future.

Table 2.2.18: Comparison of Early and Extended KPI Achievement Rates for PPW by State

STATE	KPI EARLY RESULT			KPI EXTEND RESULT		
	NUM	DEN	%	NUM	DEN	%
Perlis	1	3	33.33%	3	3	100.00%
Kedah	4	4	100.00%	8	8	100.00%
Pulau Pinang	4	4	100.00%	3	3	100.00%
Perak	4	4	100.00%	0	0	0
Selangor	1	5	20.00%	12	17	70.59%
WP Kuala Lumpur & Putrajaya	4	4	100.00%	0	0	0
WP Kuala Lumpur (HKL)	2	3	66.67%	0	0	0
Negeri Sembilan	4	4	100.00%	5	5	100.00%
Melaka	4	4	100.00%	3	3	100.00%
Johor	4	4	100.00%	3	3	100.00%
Pahang	3	5	60.00%	6	6	100.00%
Terengganu	4	5	80.00%	1	3	33.33%
Kelantan	2	5	40.00%	3	3	100.00%
Sarawak	2	5	40.00%	3	4	75.00%
Sabah	5	5	100.00%	7	7	100.00%
WP Labuan	2	3	66.67%	0	0	0

Credentialing

As illustrated in Table 2.2.19 below, the Emergency Medical & Trauma Services (EMTS) discipline recorded the highest volume of applications with 294 total cases, followed by Haemodialysis and Ophthalmology. This high volume in EMTS reflects the core competency requirements of Assistant Medical Officers in primary and emergency care settings, where rapid and skilled intervention is paramount. The substantial number of applications in Haemodialysis and Ophthalmology further underscores the expanding roles of AMOs in specialized chronic and elective care, ensuring that patient management meets the national clinical standards.

Table 2.2.19: Distribution of Total Credentialing Applications by Discipline, 2025.

	CRED	RECRED	TOTAL
EMTS	73	221	294
PRE-OPERATION	1	4	5
OPHTHALMOLOGY	4	13	17
HEMODIALYSIS	48	156	204
PRE-HOSPITAL CARE	38	13	51
ANESTHESIA	20	31	51
PRE-ANESTHESIA	7	12	19
CRITICAL CARE	0	2	2
ORTHOPEDIC	7	65	72
CARDIOVASCULAR PERFUSION	2	6	8
CARDIOLOGY	35	0	35
ENDOSCOPY	4	13	17
CIRCUMCISION	116	55	171
TOTAL	**355**	**591**	**946**

Furthermore, the 100% achievement rate in document delivery across these diverse disciplines demonstrates a highly efficient administrative workflow within the Credentialing framework. This systematic recognition of skills is essential not only for professional accountability but also for enhancing the overall quality and safety of healthcare delivery. Consequently, maintaining this momentum will ensure that all practitioners remain legally and clinically authorized to perform specialized tasks, thereby strengthening the public's confidence in the medical profession.

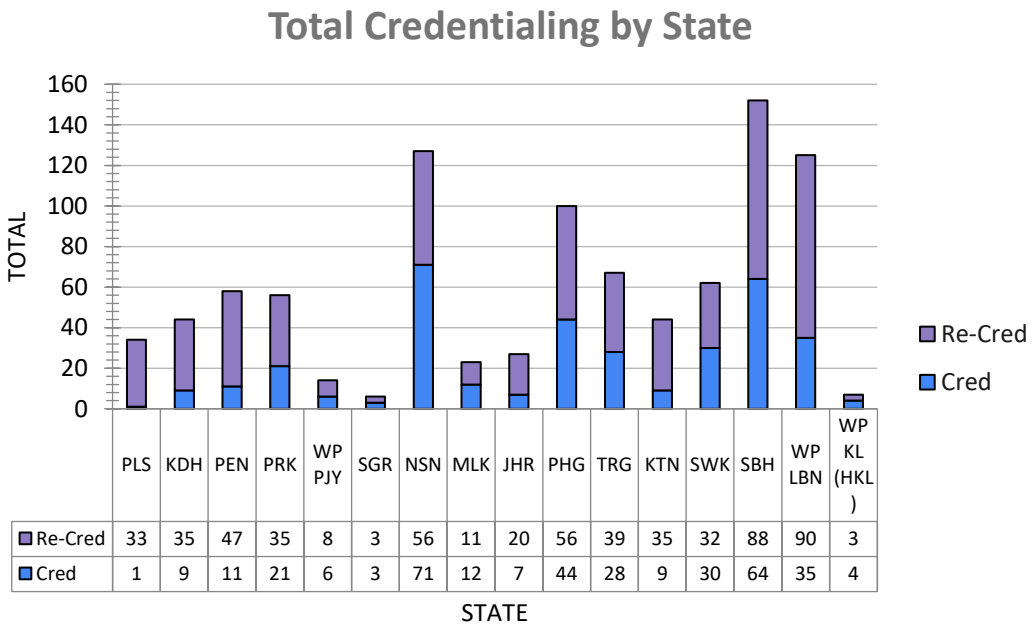


Figure 2.2.6: Distribution of Total Credentialing Applications for Assistant Medical Officers (AMO) by State, 2025.

Fire Safety

The emergency preparedness program, encompassing Fire Drill and Table Top Exercises, serves as a mandatory instrument for evaluating response capabilities and staff coordination efficiency at the hospital and institute levels. By implementing one *Fire Drill* session (Element A) and two *Table Top* sessions (Elements B and C) annually, the quality of crisis management is systematically enhanced in alignment with national safety standards. This initiative is designed not only to fulfil performance evaluation criteria but also to function as an internal audit mechanism to identify gaps in existing safety protocols. Through consistent execution, each healthcare facility ensures that the safety of lives and property is continuously protected through optimum and well-trained personnel readiness.

Table 2.2.20: Achievement Levels of Emergency Preparedness Exercises: Fire Drill and Table Top Implementation by State and Institution (2025)

ELEMENT	FIREDRILL			TABLE TOP									TOTAL (%) A+D
	A			B			C			D=B+C			
STATE	NUM	DEN	%	NUM	DEN	%	NUM	DEN	%	NUM	DEN	%	
PLS	1	1	50	1	1	25	0	1	0	1	2	25	75
KDH	9	10	45	9	10	23	9	10	23	18	20	45	90
PEN	6	6	50	6	6	25	6	6	25	12	12	50	100
PRK	15	15	50	11	15	18	11	15	18	22	30	37	87
WP PJY	2	2	50	2	2	25	2	2	25	4	4	50	100
SGR	13	13	50	12	13	23	11	13	21	23	26	44	94
NSN	7	7	50	7	7	25	6	7	21	13	14	46	96
MLK	2	3	33	2	3	17	1	3	8	3	6	25	58
JHR	10	13	38	9	13	17	2	13	4	11	26	21	60
PHG	12	12	50	12	12	25	9	12	19	21	24	44	94
TRG	6	6	50	6	6	25	6	6	25	12	12	50	100
KTN	9	10	45	9	10	23	9	10	23	18	20	45	90
SWK	21	23	46	21	23	23	15	23	16	36	46	39	85
SBH	24	24	50	23	24	24	23	24	24	46	48	48	98
WP LBN	1	1	50	0	1	0	1	1	25	1	2	25	75
WP KL (HKL)	2	2	50	2	2	25	0	2	0	2	4	25	75
IKN	1	1	50	1	1	25	1	1	25	2	2	50	100
IPR	1	1	50	1	1	25	0	1	0	1	2	25	75
TOTAL	**142**	**150**	**47.64**	**134**	**150**	**21.79**	**112**	**150**	**16.78**	**246**	**300**	**38.57**	**86.21**

Notes:

- **Key Data Points:** I have highlighted the 100% achievers and the 86.21% overall average to make the report stand out to the Director.
- **Technical Breakdown:** Elements are described as "Initial" and "Second" sessions to reflect the A, B, and C categories in your table.

The data analysis for the evaluation year indicates an encouraging overall achievement, with a cumulative average rate of 86.21%. Four regions—namely Pulau Pinang, WP Putrajaya, Terengganu, and IKN—achieved a 100% performance rating, signifying full compliance with all three mandated training sessions. The data further reveals that Fire Drill execution recorded a higher effectiveness rate of 47.64% out of the 50% target, compared to the Table Top elements (D), which reached an average of 38.57% out of 50%. Melaka and Johor recorded the lowest scores at 58% and 60% respectively, where constraints were most notable in the execution of the second *Table Top* session (Element C). In summary, while the majority of states demonstrate high commitment, follow-up focus should be directed towards facilities scoring below 75% to ensure uniform emergency preparedness across the nation.

Clinical Audit

The Clinical Audit program serves as a fundamental quality assurance tool designed to evaluate and improve the standard of patient care provided by Assistant Medical Officers across various healthcare settings. By systematically reviewing clinical practices against established national guidelines and protocols, this initiative identifies gaps in service delivery and ensures that medical procedures remain evidence-based and safe. The audit covers a wide range of critical areas, including emergency triage, forensic, infection control, and others fostering a culture of continuous professional development. Ultimately, the successful implementation of these audits is essential for maintaining clinical accountability and enhancing the overall efficiency of the healthcare system in Malaysia.

Table 2.2.21: Percentage Achievement of Clinical Audit for Assistant Medical Officers by State (2025)

SASARAN	≥90 %	≥85 %	≥85 %	≥90 %	≥75 %	≥85 %		≥90 %
STATE	TRIAGE	ASTHMA	HD	P.O. P	INFECTION CONTROL (ETD)	PHC (CLINICAL)	PHC (OPERATION)	FORENSIC
PLS	95	97	98	93	96	99	98	100
KDH	96	98	98	99	92	98	94	98
PEN	99	99	99	99	89	98	91	99
PRK	99	98	99	98	96	98	89	98
WP PJY	96	100	98	98	77	100	88	98
SGR	97	99	96	97	79	96	88	99
NSN	98	99	98	96	79	96	93	99
MLK	100	100	99	99	93	96	87	100
JHR	99	100	100	99	79	95	87	98
PHG	96	98	97	93	88	100	97	93
TRG	97	98	100	100	89	98	94	99
KTN	98	98	99	98	76	99	87	68
SWK	96	97	99	99	70	97	83	69
SBH	98	98	91	96	62	96	94	92
WP LBN	99	100	100	99	81	97	99	100
WP KL (HKL)	96	97	99	96	85	99	96	100
TOTAL	97	99	98	97	83	98	92	94

Based on the 2025 performance data, the majority of states demonstrated exceptional compliance, with overall national averages exceeding targets across most clinical categories. Melaka and Johor emerged as top performers, achieving perfect 100% scores in Triage and Asthma management respectively, while states such as Kedah, Penang, and Perak maintained consistently high scores across all indicators.

However, the analysis reveals critical compliance gaps in specific disciplines where states failed to meet set benchmarks:

- **Infection Control (ETD) (Target ≥75%):** Sabah recorded the lowest compliance at 62%, followed by Sarawak (70%). (Kelantan barely passed at 76%).
- **PHC (Operation) (Target ≥85%):** Sarawak fell short of the threshold, scoring 83%.
- **Forensic (Target ≥90%):** Both Kelantan (68%) and Sarawak (69%) significantly missed the required benchmark.

These lower percentages suggest localized challenges, such as resource constraints and the need for targeted refresher training and monitoring. Conversely, WP Labuan and Hospital Kuala Lumpur (HKL) showcased commendable operational resilience by successfully exceeding targets across all categories.

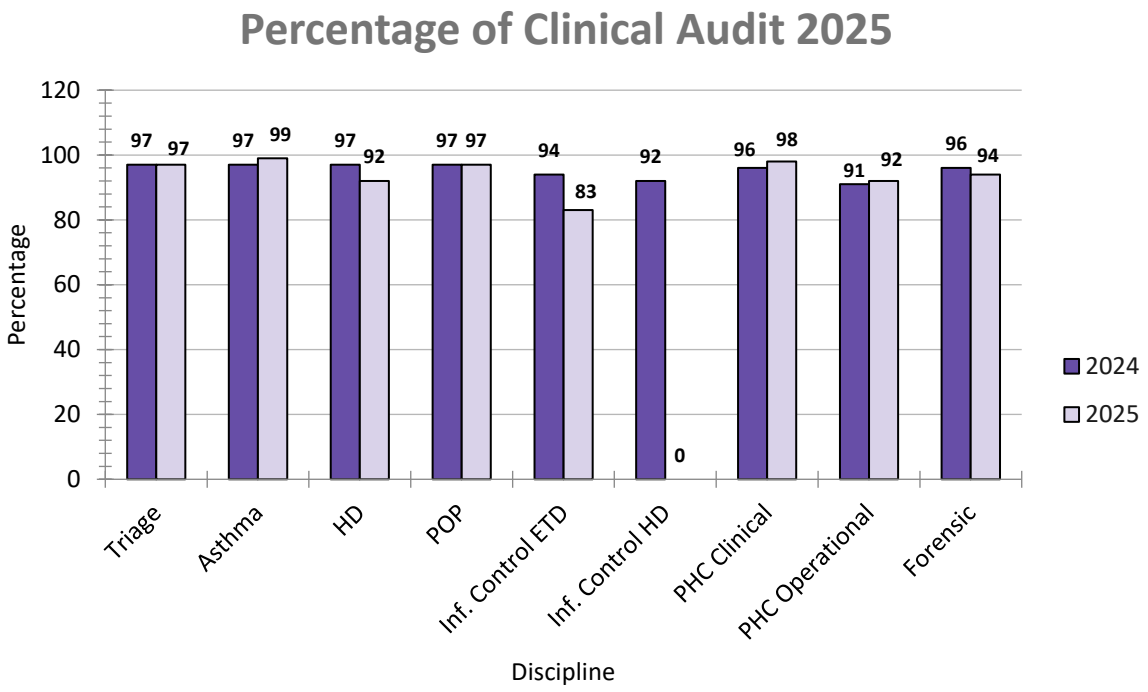


Figure 2.2.7: Comparative Analysis of Clinical Audit Percentages by Discipline (2024 vs. 2025)

The comparative analysis between 2024 and 2025 demonstrates strong clinical performance across most disciplines, with Asthma management improving from 97% to 99% and Triage remaining steady at 97%. High compliance was also sustained in PHC Clinical (98%) and Forensic (94%), reflecting well-monitored Assistant Medical Officer (AMO) competencies.

However, Infection Control declined across both audited sub-sectors:

- **Infection Control ETD:** Decreased from 94% in 2024 to 83% in 2025.
- **Infection Control HD:** Showed a complete data drop to 0% in 2025 (down from 92% in 2024).

This sharp decline in Infection Control HD requires immediate investigation to clarify whether it results from a reporting anomaly or an audit disruption. Targeted retraining and intervention should be prioritized to restore Infection Control scores across all facilities back to the 90th percentile.

2.3 SECRETARIAT OF MEDICAL ASSISTANT BOARD

2.3.1 REGISTRATION & ANNUAL RENEWAL CERTIFICATE (ARC) UNIT

Quality Objectives

The established target is outlined as follows:

A realistic target has been set to ensure the expeditious processing of applications for the Certificate of Registration as a Registered Medical Assistant (Form 3 (Regulation 16(1)) submitted through the Medical Assistant Board. The objective is to achieve a processing efficiency of 85%, wherein the processing of applications will be completed within 45 working days from the date of receipt by the Board.

This target signifies a commitment to streamline and expedite the registration process, acknowledging the importance of timely responses to applicants seeking registration as Registered Medical Assistants. The 85% benchmark emphasizes the Board's dedication to a swift and efficient evaluation of applications, thereby facilitating a more responsive and applicant-friendly registration system.

The defined timeframe of 45 working days underscores the Board's commitment to a transparent, accountable, and expeditious registration process, contributing to the overall enhancement of the regulatory procedures governing the registration of Medical Assistants in Malaysia.

Starting on 1 March 2024, the Board has fully implemented the digitalization of the Medical Assistant Registration Certificate through the Business Licensing Electronic Support System (BLESS) system.

2.3.1.1 Statistics of Registration of Assistant Medical Officer, 2025

The registration statistics for Assistant Medical Officers in 2025 demonstrate exceptional operational efficiency, achieving a perfect 100% compliance rate across all months. Throughout the year, a total of 845 registrations were processed and completed, with the highest volume of activity recorded in March (381 registrations) and September (153 registrations). This flawless performance significantly surpasses

the established organizational target of 85%, reflecting the department's commitment to maintaining a streamlined and effective registration process. The consistent attainment of maximum compliance, even during peak registration periods, underscores the robustness of the current administrative framework in supporting professional workforce entry.

Table 2.3.1: Annual Statistics of Assistant Medical Officer Registration and Compliance Rates by Month for 2025

Month	Total of Registration	Total of Compliance	Percentage Rate (%)
January	21	21	100.0%
February	0	0	100.0%
March	381	381	100.0%
April	0	0	100.0%
May	0	0	100.0%
June	0	0	100.0%
July	53	53	100.0%
August	33	33	100.0%
September	153	153	100.0%
October	76	76	100.0%
November	76	76	100.0%
December	52	52	100.0%
Total	**845**	**845**	**100.0%**

2.3.1.2 Number of Registered Assistant Medical Officer (AMOs) from Year 2022 to 2025 Cumulatively

In the year 2025, the record indicates a total of 31,495 registered Medical Assistants, demonstrating a noteworthy increase of 845 individuals, equivalent to a percentage growth of 2.68%, in comparison to the figures reported in 2024. This growth reflects a positive trend in the registration of Medical Assistants, signifying an expanding and dynamic healthcare workforce.

Pertaining to the provisions outlined in the Medical Assistant (Registration) Act 1977 [Act 180], specifically in Section 14, a total of 28 removals of names from the register were executed. This underscores the regulatory responsibilities exercised by the Act in ensuring the integrity and compliance of the registered Medical Assistants.

Furthermore, the data reveals substantial increases in registrations from both the government and private sectors compared to the preceding year, 2024. Notably, there was an augmentation of 504 registrations (equivalent to 2.0%) from the government sector and an additional 341 registrations (representing a growth of 4.97%) from the private sector. These increments signify a positive response to the demand for Medical Assistants in both public and private healthcare settings.

A gender-specific analysis of the registered Medical Assistants in 2025 reveals an increase of 405 (1.65%) in male Medical Assistants and a significant rise of 440 (6.30%) in female Medical Assistants compared to the figures reported in the previous year. This gender-wise growth highlights a balanced and diversified representation within the registered Medical Assistant community.

In summary, the data underscores a positive trend in the registration of Medical Assistants (AMOs), with notable increases in total registrations, removals in accordance with statutory provisions, and a significant rise in registrations from both the government and private sectors. Additionally, the gender-wise analysis reflects a diversified and growing Medical Assistant workforce in 2025.

Table 2.3.2: Number of Registered Medical Assistants (MAs / AMOs) from year 2021 to 2025 cumulatively

NO.	ITEMS	YEAR (Number of AMOs)				
		2021	2022	2023	2024	2025
1	Registered AMOs under Medical Assistant Board	28,130	29,104	29,953	30,650	31,495
2	Registered AMOs after the implementation of Section14, Act 180. (Removal of Name)	22	65	8	880	28
3	Registered AMOs in government sector	22,652	23,401	23,888	24,143	24,647
4	Registered AMOs in private sector	5,478	5,703	6,065	6,507	6,848
5	Male Registered AMOs	22,724	23,366	23,789	24,105	24,510
6	Female Registered AMOs	5,406	5,738	6,164	6,545	6,985

2.3.1.3 Registration of New Assistant Medical Officers in Training Institute, Ministry of Health, Malaysia *(ILKKM)* and Private Higher Educational Institutions *(IPTS)* from 2022 to 2025

Between 2022 and 2025, the registration of new Assistant Medical Officers was successfully facilitated through a network of 14 training institutions, comprising both the Ministry of Health Training Institutes (ILKKM) and various Private Higher Educational Institutions (IPTS). For the 2025 cohort specifically, a total of 845 new practitioners were officially registered, showcasing a balanced gender distribution within the profession. This total includes 403 male and 442 female officers, reflecting the continuous and inclusive pipeline of healthcare talent emerging from both public and private academic sectors to strengthen the national healthcare workforce.

Table 2.3.4: Total Registrations of Graduates from ILKKM and IPTS in 2021-2025

NO.	COLLAGE	GENDER	YEAR			
			2022	2023	2024	2025
1.	Training Institute, Ministry of Health Malaysia	Male	573	315	185	324
		Female	176	173	70	196
2.	Armed Forces Health Training Institute (INSAN) Terendak Camp, Malacca	Male	2	10	0	0
		Female	4	3	0	0
3.	I-Systems College, Kuching, Sarawak	Male	0	0	10	0
		Female	0	0	15	0
4.	Management & Science University (MSU), Shah Alam, Selangor	Male	3	1	7	6
		Female	12	2	36	12
5.	Murni International College, Nilai, Negeri Sembilan	Male	11	20	19	8
		Female	23	47	22	22
6.	Widad University College, Kuantan, Pahang	Male	2	4	1	3
		Female	2	6	2	6
7.	University College MAIWP International (UCMI), Kuala Lumpur.	Male	98	25	43	10
		Female	28	47	77	36
8.	UOW Malaysia KDU University College, Glenmarie, Selangor	Male	2	0	1	0
		Female	2	6	6	0
9.	Lincoln University College, Petaling Jaya, Selangor	Male	1	1	0	0
		Female	2	1	0	1
10.	University of Cyberjaya, Cyberjaya, Selangor	Male	10	18	5	8
		Female	22	37	24	24
11.	Institute of Medical Science Technology (UniKL MESTECH), Kajang, Selangor	Male	0	8	17	22
		Female	1	24	35	84
12.	Geomatika University College (GUC), Kuala Lumpur	Male	0	4	4	21
		Female	0	20	13	46
13.	DSH Institute of Technology, Setapak, Kuala Lumpur	Male	0	17	24	1
		Female	0	59	81	15
14.	Islamic College of Science & Technology, Bachok, Kelantan	Male	0	1	0	0
		Female	0	0	0	0
TOTAL			**974**	**849**	**697**	**845**

2.3.1.4 Issue of Annual Renewal Certificate (ARC) in 2025- Certification of Renewal (ARC) for the Year 2025

In the year 2025, the Board experienced a significant influx of applications for the Application for Certificate (ARC), receiving a total of 24,733 forms. Impressively, 24,330 of these applications were submitted with complete documentation, highlighting the applicants' diligence and adherence to submission requirements.

Within the stipulated timeframe of 60 working days, the Board efficiently processed and approved 24,330 applications. This commendable accomplishment resulted in an approval rate of 98.4%, surpassing the predetermined target of 90%. This achievement underscores the Board's commitment to timely and effective processing, ensuring that the majority of applicants receive their Certificate within the specified timeframe.

The success in exceeding the target reflects positively on the Board's operational efficiency, responsiveness, and commitment to facilitating a streamlined application process for the Certificate. It also signifies a robust and well-managed system in place to handle the substantial volume of applications received in 2025.

Table 2.3.5: Issue of Annual Renewal Certificate (ARC) in 2025

NO.	ITEMS	TOTAL
1	Total Applications of ARC	24,733
2	Complete Documents	24,330
3	Approved Applications within 60 working days	24,330
4	Incomplete Documents	403
5	Percentage Rate of Approved Applications with Complete Documents within 60 working days	98.4%

2.3.1.5 Medical Assistants Annual Renewal Certificate (ARC) from year 2021 to 2025

ARC applications show an increase of 1.20% in 2025 compared to 2024 with an increase of 298 total application. For information, starting 1 April 2023, the digitalization of the Assistant Medical Officer Annual Renewal Certificate (ARC) through the BLESS system has been implemented.

Table 2.3.6: Medical Assistants Annual Renewal Certificate (ARC) from year 2021 to 2025

ITEMS	YEAR				
	2021	2022	2023	2024	2025
Total Approved ARC Applications	20,706	22,094	23,823	24,343	24,330
Incomplete ARC Applications	651	1,194	133	92	403
Public Sector ARC Applications	22,652	23,401	23,888	24,143	20,507
Private Sector ARC Applications	5,478	5,703	6,065	6,507	3,823
Total ARC Applications	**21,357**	**23,288**	**23,956**	**24,435**	**24,733**

2.3.2 ASSISTANT MEDICAL OFFICER TECHNICAL EXPERT (AMOTeX) REGISTRATION

The bar chart illustrates the total number of AMOTeX applications categorised by field of specialisation, detailing the distribution between approved and failed outcomes. Emergency Medicine dominated the application volume by a substantial margin, securing 98 approvals and 16 failures, whilst Nephrology and Anaesthesiology & Intensive Care also registered significant approval counts at 35 and 20, respectively. Although approval rates were generally high across most categories, Diabetes recorded a higher failure count than approval count (4 failed vs 2 approved), and Orthopaedics exhibited a notably high failure ratio relative to its volume (7 failed vs 9 approved). Furthermore, several specialised fields, including Neurosurgery, Sports Medicine, and Wound Care Management, recorded zero total applications during this evaluation period. Overall, the data demonstrates an overwhelmingly positive approval outcome across primary active disciplines, providing a clear breakdown for future strategic resource allocation.

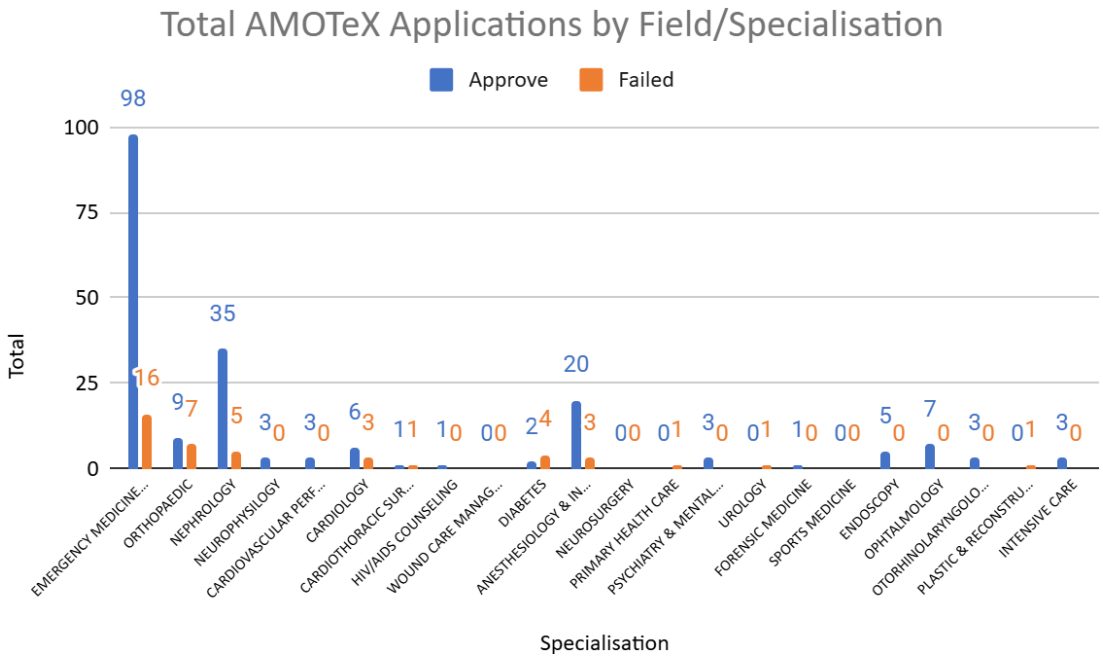


Figure 2.3.1: Credentialing Applications by Discipline for the Year 2025.

Meanwhile, the 2025 AMOTeX application data across 16 states and institutions shows a total of 242 submissions. Selangor recorded the highest volume with 41 applications (33 passed), followed closely by Sarawak with 39 applications (33 passed) and Sabah with 25 applications (19 passed). Overall, 200 out of 242 applicants (82.64%) successfully passed the assessment, while 42 applications were unsuccessful. The high passing rates in WP Labuan and Johor further demonstrate the strong commitment of state-level personnel toward enhancing professional competency.

Table 2.3.7: Total Applications AMOTeX by State in 2025

TOTAL NUMBER OF AMOTeX APPLICATIONS BY STATE				
BIL.	**STATE**	**TOTAL UNTIL 2024**	**2025**	**TOTAL**
1	SABAH	68	21	89
2	SARAWAK	149	21	170
3	JOHOR	71	10	81
4	SELANGOR	84	11	95
5	PERAK	89	4	93
6	PAHANG	71	14	85
7	PERLIS	43	8	51
8	KEDAH	51	10	61

9	TERENGGANU	60	9	69
10	PULAU PINANG	67	7	74
11	NEGERI SEMBILAN	35	4	39
12	KELANTAN	22	6	28
13	MELAKA	19	6	25
14	HOSPITAL KUALA LUMPUR	41	5	46
15	INSTITUT PERUBATAN RESPIRATORI	0	0	0
16	INSTITUT KANSER NEGARA	0	0	0
17	JKWP PERSEKUTUAN KUALA LUMPUR & PUTRAJAYA	6	4	10
18	JKWP LABUAN	0	0	0
19	PUSAT PERUBATAN UNIVERSITI MALAYA	2	0	2
TOTAL		878	140	1018

2.3.3 GAZETTEMENT / COMPETENCE ASSESSMENT UNIT

2.3.3.1 Gazetting

Based on the provisions of the Medical Assistants (Registration) Act 1977 [Act 180], the Medical Assistants Board is required to publish in the Gazette for:

a) **Section 13, subsection (1)** – publication in the Gazette for newly registered Medical Assistants;
b) **Section 15, subsection (1)** – publication in the Gazette for the removal of names and cancellation of registration certificates;
c) **Section 16, subsection (1)** – publication of the re-entry of names into the register.

Table 2.3.8: Report for the year 2024 under Section 13, subsection (1)

Section / Subsection	Registration No.	Total Medical Assistants	Total Financial Allocation (RM)
13 (1)	30556 - 31495	943	**11,097.00**

Under Section 13, subsection (1), a total of 943 Trainee Medical Assistants who completed their training in 2025 from the Ministry of Health Malaysia Training Institutes (ILKKM) and Private Colleges have been registered as Medical Assistants. The gazetting cost is RM**11,097.00**.

Meanwhile, under Section 15, subsection (1) for the year 2025, the publication in the Gazette refers to the removal of names from the Medical Assistants register:

Table 2.3.9: Report for the year 2024 under Section 15, subsection (1)

Section / Subsection	Medical Assistants Board Meeting	Total Names Removed	Total Financial Allocation (RM)
15 (1)	80th until 82th	28	**372.60**
		Total (RM)	**11,469.60**

A total of 28 Medical Assistants had their names removed from the Medical Assistants register. The removal of names or cancellation of registration refers to Section 14(1)(a), which applies when it is proven to the satisfaction of the Board that a Medical Assistant has died.

In conclusion, the Medical Assistants Board has utilized a financial allocation of **RM11,469.60** to manage the publication in the Gazette based on the Medical Assistants (Registration) Act 1977 [Act 180]. The gazetting was carried out through the binding method of the Government Gazette (Vol. 70) on March 6, 2026.

2.3.3.2 Competency

2.3.3.2 (i) Total of Application Private and Public Sector for ARC.

The implementation of the assessment test is conducted on Assistant Medical Officers (AMO) for applications with an expired Annual Renewal Certificate (ARC).

During the 65th Medical Assistants Board (MAB) Meeting in 2017, it was decided that registered AMOs who do not possess an ARC for more than one year are required to undergo a competency assessment test. The implementation directive is in accordance with the MAB meeting to ensure compliance with the requirements of Act 180, the Medical Assistants (Registration) Act 1977.

The following are the statistics of appeal applications to sit for the ARC competency assessment test:

Table 2.3.10: ARC Competency Assessment

Year	Public Sector	Private Sector	Total	Difference / Comparison
2020	891 (47.2%)	996 (52.8%)	1,887	989 (1.10%)
2021	1,351 (46.3%)	1,570 (53.7%)	2,921	1,034 (54.8%)
2022	1,505 (54.4%)	1,264 (45.6%)	2,769	-152 (-5.2%)
2023	692 (46.8%)	787 (53.2)	1479	-1290 (-46.6%)
2024	237 (33.9%)	463 (66.1%)	700	-779 (-52.6%)
2025	180 (24.9 %)	541 (75.0%)	721	21 (3.0 %)

An in-depth analysis of the data presented in the aforementioned table indicates a positive upward trend in the total number of appeal applications to sit for the competency assessment test for the year 2025 when compared to the preceding year. Specifically, the overall volume of applications experienced a growth rate of 3.0%, which translates to an absolute increase of 21 applications across the board.

When breaking down the data by employment sector, a distinct shift in application demographics becomes evident. The public sector recorded a notable decline in appeal submissions. Statistics for this segment show a total of 180 applications, representing 24.9% of the total pool for 2025. This marks a significant reduction of 57 applications, or a 24.0% decrease, from the 237 applications (which constituted 33.9% of the total) recorded in 2024.

Conversely, the private sector demonstrated a robust upward trajectory. Applications originating from private practice surged to 541, thereby commanding a substantial 75.0% majority of the total applications for 2025. This figure represents a notable increase of 78 applications, reflecting a 16.8% growth margin compared to the private sector data from 2024.

Ultimately, the overall increase in the administration of competency assessment tests for the year 2025 serves as a highly encouraging indicator. It is strongly observed that this statistical rise correlates with a growing sense of professional awareness and responsibility among Assistant Medical Officers (AMOs). The data

suggests a heightened collective understanding regarding the critical importance of actively maintaining and possessing a valid Annual Renewal Certificate (ARC) to ensure continuous and compliant professional practice.

2.3.3.2 (ii) Assessment test for 2025

With reference to the data presented in the preceding table, it can be observed that a total of 721 candidates were officially registered and processed to undertake the competency assessment for the year 2025. Following a thorough screening and evaluation of these applications by the Board, it was determined that 554 candidates, representing a significant majority of 76.8%, strictly met the stipulated criteria and were thereby mandated to proceed with the assessment test to evaluate their professional competency. Conversely, a minor fraction comprising 22 candidates were granted an official exemption. Upon careful review of their respective appeal applications, the Board approved their renewals without the prerequisite of sitting for the formal assessment test, recognizing that their appeals possessed sufficient merit.

A closer analysis of the underlying reasons for the mandatory assessment reveals two primary contributing factors. Among the total pool of applicants, a substantial portion specifically 470 individuals, or 65.1% were directed to take the test due to their failure to accumulate the minimum required Continuing Professional Development (CPD) points during the 2024 evaluation period. Meanwhile, another significant segment, comprising 251 individuals (34.8%), were required to undergo the assessment as a direct administrative consequence of having previously skipped or missed their annual renewal application cycles.

Furthermore, the administration noted a considerable absenteeism rate during the scheduled examination period. A total of 145 candidates, accounting for 20.1% of the registered cohort, failed to present themselves for the competency assessment. In strict accordance with the Board's regulatory guidelines, these unexcused absences were automatically classified as a failure of the competency assessment. Consequently, these affected individuals are mandated to initiate a new appeal process and formally resubmit their applications should they wish to pursue the reinstatement of their active registration status in the future.

Table 2.3.11: Assessment Tests for the Year 2025

Year	Total Candidates	Applications Requiring Assessment Test	Total Sitting for Assessment Test	Total Absent and Failed
2025	721	721	554	145

2.3.4 PRACTICE CONTROL, COMPLAINTS & SECRETARIAT UNIT

In 2025, the Unit received 13 complaints and inquiries, all of which were investigated by the Chief of Assistant Medical Officer at the respective State Health Department. The Secretariat of the Lembaga Pembantu Perubatan Malaysia responded directly to complainants via email and formal correspondence, ensuring each case was handled transparently and professionally. All thirteen (13) complaints and inquiries received in 2025 were completed and resolved within the stipulated timeframe, and details of the cases are presented in the table below.

Table 2.3.12: The Compilation of Complaints and Inquiries in The Year 2025

No.	Date	Source of Complaints
1	6 Jan 2025	SiSPAA
2	18 Feb 2025	Email
3	4 Apr 2025	Email
4	30 Jun 2025	Email
5	17 Jul 2025	SiSPAA
6	27 Jul 2025	Email
7	26 Aug 2025	Email
8	15 Oct 2025	SiSPAA
9	17 Oct 2025	Complaint Letter
10	13 Nov 2025	SiSPAA
11	17 Nov 2025	SiSPAA
12	20 Nov 2025	SiSPAA
13	26 Nov 2025	Complaint Letter

During the year 2025, a total of 13 complaints and inquiries were officially recorded and managed. The data reveals that the primary channel for feedback was Email, accounting for nearly half of the cases (6 entries), followed closely by SiSPAA with 5 entries. The remaining 2 cases were received via formal Complaint Letters. Notably, the frequency of reports increased during the second half of the year, particularly between October and November. All received cases were efficiently processed and

resolved within the stipulated timeframe, reflecting the department's commitment to maintaining high standards of clinical accountability and responsive public service.

2.3.5 Medical Assistant Board Meeting 2025

Throughout 2025, the Medical Assistant Board (LPP) successfully convened three (3) statutory meetings to discuss and deliberate on professional regulations and governance. The series commenced with the 80th Meeting on 26 February 2025, followed by the 81st Meeting on 10 April 2025, and concluded with the 82nd Meeting on 14 October 2025. These sessions served as a vital platform for policy decision-making and the oversight of professional standards for Assistant Medical Officers nationwide. The consistency of these meetings underscores the Board's active role in ensuring clinical accountability and the efficient administration of the profession.

Table 2.3.13: Schedule of the Medical Assistant Board (LPP) Meetings for the Year 2025

NO.	SERIES OF MEETING	DATE
1	80 Medical Assistant Board Meeting	26 February 2025
2	81 Medical Assistant Board Meeting	10 April 2025
3	82 Medical Assistant Board Meeting	14 October 2025

2.3.6 Regulations Amendment

The Medical Assistant (Registration) (Amendment) Regulations 2025 were gazetted as P.U. (A) 341/2025 dated 23 September 2025 and came into force on 1 October 2025, following the decision of the 72 Meeting of the Lembaga Pembantu Perubatan Malaysia on 25 April 2022 made pursuant to Section 22 of the Medical Assistant (Registration) Act 1977 [Act 180], and an official announcement was issued on 29 September 2025 via the official Facebook platform of the Assistant Medical Officer Section (CPPPP) or *Cawangan Perkhidmatan Penolong Pegawai Perubatan* to inform all relevant stakeholders.

2.3.7 ESTATE HOSPITAL ASSISTANTS (LPHE)

Registration data for Estate Hospital Assistants (2021–2025) is a vital indicator for plantation sector workforce planning. While the 2023 surge addressed critical vacancies, the subsequent decline risks service gaps in remote areas. Continuous

monitoring allows the Board to implement proactive recruitment strategies, ensuring analytical data management remains the foundation for sustainable, high-quality healthcare for plantation communities nationwide.

Table 2.3.14: Total Registration of Estate Hospital Assistants within 5 Years.

Years	Probation	Grade	Total
2021	1	10	11
2022	54	1	55
2023	69	116	185
2024	16	37	53
2025	14	38	52

**Data by EHA Record Register Update 2025*

year 2023 recorded the highest number of registrations at 185 individuals, particularly within the 'Grade' category, before transitioning into a stabilization phase in 2024 (53 individuals) and 2025 (52 individuals). This data pattern emphasizes the need for more effective human capital retention strategies to ensure the continuous support of estate hospital operations. To maintain service quality, the mandatory examination system is being further strengthened as a holistic instrument for assessing registrant competency. Meanwhile, the transition from the Estate Hospital Assistant (EHA) role to the Assistant Medical Officer (AMO) role is being implemented progressively to ensure that higher and more competent standards of patient care are achieved.

The examinations conducted at ILKKM Seremban and ILKKM Tawau (August 25–28, 2025) serve as a primary regulatory mechanism for Estate Hospital Assistants. With ILKKM Tawau dominating candidate numbers, these sessions underscore Sabah’s role as the nation’s primary hub for the plantation workforce. This strategic coordination ensures equitable accessibility and professional standards, directly enhancing clinical excellence and patient safety nationwide.

Table 2.3.15: Table of The Number of Candidates Sitting the Exam by Grade.

Examination Centre	Number of Candidates			
	Grade 3	Grade 2	Grade 1	Total
1. Ministry of Health Training Institute Seremban, Negeri Sembilan.	-	-	6	**6**
2. Ministry of Health Training Institute Tawau, Sabah.	21	19	9	**49**
TOTAL	**21**	**19**	**15**	**55**

The 2025 data shows ILKKM Tawau dominating with 49 candidates, marking Sabah as the nation's primary plantation workforce hub. This significant gap necessitates more intensive management focus in the region. Successful coordination at both locations demonstrates the Board's effective governance in ensuring continuous human capital quality.

The 2025 activity timeline demonstrates the Board's administrative efficiency in systematically balancing registration, examination, and regulatory functions. Strategic planning ensures all mandates are executed with integrity and within designated timeframes. Regular Board meetings serve as a crucial platform for monitoring performance and addressing workforce issues effectively. This organized activity cycle enables rapid response to industry needs through coordinated advertising and assessment phases. Administrative transparency further strengthens stakeholder confidence in the Board's regulatory role, ultimately forming the foundation for excellence in estate healthcare human resource management.

Table 2.3.16: Report on the Activities of the Estate Hospital Assistants Board 2025.

NO.	ACTIVITY	NOTES
1	Estate Hospital Assistant Registration	January - December
2	Estate Hospital Assistant Examination Advertisement	April 01 - June 30
3	112th Estate Hospital Assistant Board Members Meeting	March 06
4	Estate Hospital Assistant Examination (ILKKM Seremban and ILKKM Tawau)	August 25 - 28
5	113th Estate Hospital Assistant Board Members Meeting	November 12

The 2025 activity cycle highlights a strong integration between administrative oversight and operational execution:

- **112th Board Meeting (March):** Sanctioned the release of examination advertisements in April.
- **113th Board Meeting (November):** Formally ratified the August examination results.

This governance structure reinforces regulatory compliance, ensuring transparency and accountability across every phase, from application submission to grade accreditation.

3.0 PROFESSIONAL INITIATIVES FOR ASSISTANT MEDICAL OFFICER (AMO) DEVELOPMENT (2025)

Throughout 2025, several key professional initiatives were developed and updated to strengthen the career advancement and clinical governance of Assistant Medical Officers (AMOs). These milestones include:

i. the establishment of Standard Practice Guidelines (SPG) for Cardio Perfusion and Cardiothoracic disciplines,
ii. the introduction of the Pre-Hospital Care Advanced Life Support (PHCALS) Training Module
iii. the implementation of the AMO Mentoring Programme Model specifically for Public Health
iv. the publication of the Journal of Malaysian Medical Assistants (JOMMA)
v. the Mutual Transfer System (Pertukaran Suka Sama Suka-P3S).

Collectively, these initiatives underscore the Board's commitment to clinical excellence, continuous education, and the systematic management of the AMO workforce nationwide.

ESTABLISHMENT OF STANDARD PRACTICE GUIDELINES (SPG) FOR ASSISTANT MEDICAL OFFICERS

Throughout 2025, the CPPPP focused on strengthening clinical practice standards through strategic collaborations between Assistant Medical Officers (AMOs) and Clinical Specialists across 12 disciplines (including Cardiology, Cardiothoracic, Forensic, Haemodialysis, Psychiatry, and Ambulance Services), leading to the development of 12 Standard Practice Guidelines (SPGs).

Official Launches (2025):

- **Orthopaedics SPG & *Duties and Responsibilities of AMOs* Manual (covering 33 disciplines):** Officially launched by the Minister of Health, Datuk Seri Dr. Dzulkefly Ahmad, during Medical Assistant Day 2025.
- **Cardiothoracic Perfusion SPG:** Officially launched by the Director-General of Health, Datuk Dr. Mahathar bin Abd. Wahab.



Image 2.3.2 Launching Ceremony of the Orthopaedic SPG and the Duties & Responsibilities of AMOs



Image 2.3.3 Launching Ceremony of Cardiothoracic Perfusion SPG

INTRODUCTION OF THE PRE-HOSPITAL CARE ADVANCED LIFE SUPPORT (PHCALS) TRAINING MODULE

PHCALS (Pre Hospital Care Advanced Life Support) is a new training module launched by Malaysia's Ministry of Health (KKM) in 2026 to elevate Assistant Medical Officers (AMO) to "Advanced Responders" in emergency care. It includes a specialized curriculum, "Training of Trainers (TOT)" sessions, and dedicated provider manual.

This program is essential for the Credentialing process and aims to improve pre-hospital trauma care through standardized training. The module is designed with input from Emergency Physicians, Paediatricians, and experienced trainers, as shared by Assistant Medical Officer Section.



Image 2.3.4 Group photo of participants and National Master Trainers at the PHCALS tot Series 3/2025.



Image 2.3.5 Participants attending a briefing and engaging in practical sessions conducted by the National Master Trainers.

IMPLEMENTATION OF THE AMO MENTORING PROGRAMME MODEL SPECIFICALLY FOR PUBLIC HEALTH

The implementation of the Assistant Medical Officer (AMO) Mentoring Programme Model**,** particularly within the Malaysian Public Health sector, is a structured initiative designed to enhance clinical skills, professional development, and service delivery, especially in primary healthcare, community-based clinics, and emergency services. The model aims to improve clinical care outcomes in areas such as primary health care, chronic disease management, and emergency response, as part of the 2016-2030 AMO Profession Development Plan (6P). The program involves appointing dedicated mentors who are experienced Senior AMOs or clinicians to guide junior AMOs (mentees). The program supports the expansion of AMOs into roles involving community-based screening, preventive care, and health education.

PUBLICATION OF THE JOURNAL OF MALAYSIAN MEDICAL ASSISTANTS (JOMMA)

The Publication of the Journal of Malaysian Medical Assistants (JOMMA) serves as a pivotal platform for the scholarly advancement and professional empowerment of the Assistant Medical Officer (AMO) fraternity. This peer-reviewed journal is dedicated to documenting high-quality research, evidence-based practices, and clinical innovations specifically tailored to the Malaysian healthcare landscape. By providing a formal avenue for practitioners and academics to share their findings, JOMMA not only fosters a culture of continuous learning and intellectual discourse but also elevates the professional standing of AMOs on a global scale. Ultimately, the journal plays a crucial role in ensuring that clinical decision-making is underpinned by robust research, thereby enhancing the overall quality of patient care and public health services nationwide.

MUTUAL TRANSFER SYSTEM (PERTUKARAN SUKA SAMA SUKA-P3S).

The Mutual Transfer System *(Pertukaran Suka Sama Suka* - P3S) is a Ministry of Health (MOH) Malaysia initiative launched in October 2025 designed to streamline

staff postings, reduce bureaucracy, and enhance the welfare of healthcare personnel. For Assistant Medical Officers (AMOs), P3S serves as the official, automated, and transparent platform for finding a partner to swap work locations. Following the initial launch for nurses, P3S is being expanded in phases. As of 2026, the system is operational for Assistant Medical Officers (AMO). Applications are submitted through the https://p3s.moh.gov.my portal.

4.0 FINANCIAL REPORTS

The financial report for 2025 highlights a significant increase in revenue collected under the CPPPP, totalling RM 395,543.00 compared to RM 178,315.00 in 2024. A key contributor to this growth is the Fee for Clinical Training of Private Colleges, which is managed directly by the respective colleges under the strategic supervision of the CPPPP. Additionally, revenue streams were further strengthened by the implementation of a new fee for the Competency Assessment for Post-Registration exceeding one year, introduced in June 2025. This was followed by a revision of the Late Fee for Renewing Certificates of Registration in October 2025, which saw an upward adjustment from RM 30 to RM 90. Collectively, these strategic updates and expanded oversight in clinical training fees have optimized the department's financial collection and ensured better compliance within the professional regulatory framework.

Table 3.1: Summary of Annual Collection and Fee Revisions for 2025.

No	Receipt type	Code	Total (RM)
1.	Registration As a Medical Assistant	71399A-LPP	42,250.00
2.	Duplicate Copy of Registration Certificate	71399B-LPP	3,030.00
3.	Name Re-Entry Fee	71399C-LPP	0.00
4.	Medical Assistant Badge Replacement	71399D-LPP	15.00
5.	Registration Of Probationary Estate Hospital Assistant	71399E-LPP	425.00
6.	Registration Of Estate Assistant Grade I, II & III	71399F-LPP	1,880.00
7.	Renewing Annual Registration Certificate (Private)	71399G-LPP	47,710.00
8.	Second Copy PPT/ARC	71399H-LPP	0.00
9.	Estate Hospital Assistant Examination Grade I	72199A-LPP	2.400.00
10.	Estate Hospital Assistant Examination Grade II	72199B-LPP	1,800.00
11.	Estate Hospital Assistant Examination Grade III	72199C-LPP	1,550.00
12.	Late Fee – Renewing Certificate of Registration	LPP-76111	81,480.00
13.	Medical Assistant Examination Board	LPP-72199	29,603.00
14.	Competency Assessment for Lapsed APC Exceeding 1 Year	LPP-72499	17,600.00
15.	Appeal for Re-evaluation of the LPP Examination	LPP-72499R	0.00
16.	Fee For Clinical Training of Private College		165,800.00
	Total:		**395, 543**

Table 3.2: Revenue Collection Year 2023, 2024 & 2025.

YEAR	*COLLECTION (RM)*
2025	395,543.00
2024	178,315.00
2023	118,744.40

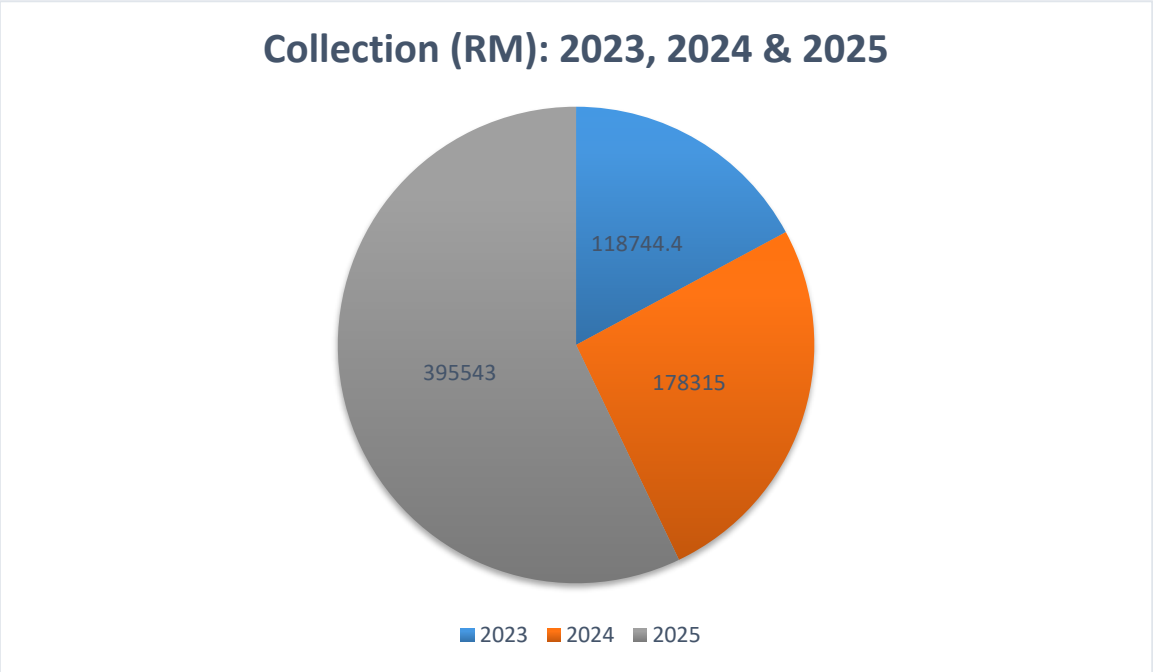


Figure 3.1: Revenue Collection Year 2023, 2024 & 2025.

Table 3.3: LDP Expenditure Performance for Assistant Medical Officer Profession

DIVISON / DEPARTMENT / JKN / HOSPITAL / INSTITUTION	LDP PERFORMANCE					
	Updated Provision (A)	Expenses (RM) (B)	Spending Percentage (%)	Remaining Allocation (A-B) =C (RM)	Dependents (RM) (D)	Net Balance (RM) (A-B-D) =E
DEPARTMENT / INSTITUTION						
Assistant Medical Officer	347,000.00	346,803.61	99.94%	196.39	0.00	196.39
TOTAL	347,000.00	346,803.61	99.94%	196.39	0.00	196.39
OVERALL TOTAL (LOCAL)	347,000.00	346,803.61	99.94%	196.39	0.00	196.39

Table 3.4: Expenditure Performance Year 2023, 2024 & 2025

NO	CONTENT	2023 (RM)	2024 (RM)	2025 (RM)
1	Total allocation	139,906.50	313,822.60	347,000.00
2	Total expenditure	138,865.26	313,822.60	346,803.61
	EXPENDITURE PERFORMANCE	**99.26%**	**100.00%**	**99.94%**

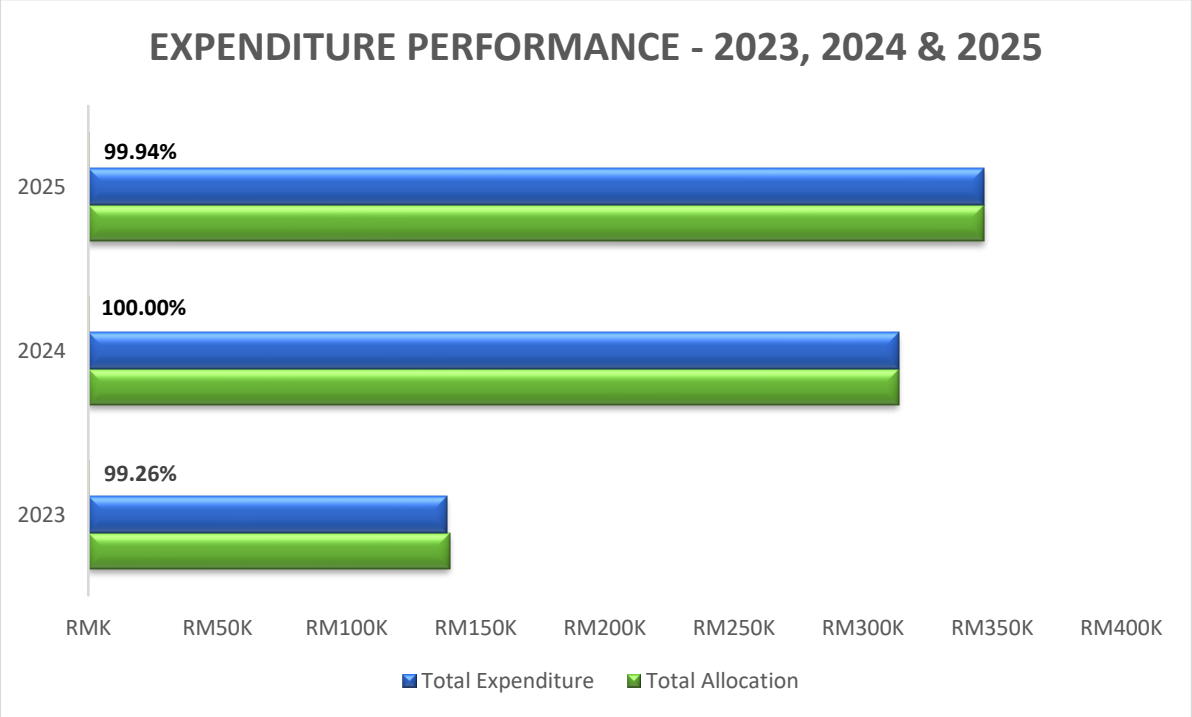


Figure 3.2: Expenditure Performance Year – 2023, 2024 & 2025

- END -