

## 9. Estate hospital assistants

In accordance with section 16 of *The Workers' Minimum Standards of Housing and Amenities Act 1990 (Act 446)*, plantation owners have the duty to provide workers and their dependents with medical attendance, care and treatment at the estate hospital or group estate hospital established under Section 15 or at the estate clinic established under Section 19 of the said Act.

Box 9.1

### **Workers' Minimum Standards of Housing and Amenities Act 1990 (Estate hospital assistants)**

#### ***Payment and recovery of hospital expenses by employer***

**16.** (1) *It shall be the duty of every employer to provide for every worker employed on an estate including his dependants who reside on such estate or on any other land owned or leased by or is within the control of the employer, medical attendance, care and treatment including diet at the estate hospital or group estate hospital established under section 15 or at the estate clinic established under section 19.*

#### ***Employer to construct and maintain estate hospital***

**15.** (1) *The Director General may, at any time by order in writing, require any employer to construct within a reasonable time to be stated in such order and thereafter to maintain at his own expense, a hospital, hereinafter called "estate hospital", on or in the immediate neighbourhood of any estate upon which workers are employed by him with accommodation for such number of patients as may be stated in such order.*

#### ***Medical treatment in estate on which a hospital is not maintained***

*19. (1) On any estate where there is no estate hospital or a group estate hospital available, the Director General may, by order, after consultation with the Medical Officer of Health, require an employer to establish and maintain a clinic or make such other provisions as are necessary for the treatment of sick workers and their dependants.*

Oil palm plantations employ Estate Hospital Assistants (EHAs) to provide simple first aid and basic nursing needs. EHAs also have the responsibility to decide if patients should be referred to government hospital for further treatment.

*The Estates Hospital Assistants (Registration) Act 1965 (Act 435)* provides for the registration of EHAs and Probationer EHAs before they are allowed to practise. In order to qualify for the registration, candidates must undergo proper training and sit for examinations to obtain the appropriate grades.

## **9.1 Issues**

There are three main issues concerning EHAs.

1. Currently, there is no way for candidates to train as EHAs as there is no training centre that provides EHA certification. There used to be five training centres under the John Jefferies Scholarship Scheme where candidates could train for two years at estate group hospitals recognised by the Estate Hospital Assistants (Registration) Board. However, those hospitals have since closed down. There are only two estate hospitals in operation: the Ulu Bernam Group Hospital and the Jenderata group Hospital.
2. The previous training programme took too long to complete. The programme offered three levels of training; with Grade III being the lowest, followed by Grade II. The highest was Grade I. A candidate was required to undergo 6 months of unstructured training and work as a probationer EHA for another one and a half year before he/she could sit for Grade III examination. On average, it took nine years before one could sit

for examinations to become a Grade I EHA. The long duration required for candidates to obtain each grade was demotivating and potential candidates were discouraged from taking up the profession.

3. The post of EHAs is not the most attractive job for school leavers simply for the fact that they have to work in plantations. There are no incentives to interest them to train as EHAs at the current rate of pay.

## **9.2 The objective of the Workers' Minimum Standards of Housing and Amenities Act 1990**

The objective of the regulation is to guarantee adequate healthcare for plantation workers and their families.

## **9.3 What are the impacts of these regulatory arrangements?**

There is a short supply of competent EHAs for estate hospitals and clinics. There are too few EHAs compared to the number of workers and dependents that they have to serve. A recent statistics provided by the Ministry of Human Resource (MOHR) revealed that there are 416 clinics in Malaysia providing health care but there are only 412 EHAs.

Plantation workers face health risks at work. In emergency cases where injuries occur, they need immediate treatment before being transferred to hospitals.

## **9.4 Options to resolve the issues**

1. Options to resolve the unavailability of training institution:
  - a. The Estate Hospital Assistants (Registration) Board of the Ministry of Health (MOH) conducts EHA training programmes.
  - b. MOH allows public and private institutions to conduct EHA training programmes.

2. Options to resolve the lack of training programme:
  - a. MOH maintains the previous training programme but with shorter duration.
  - b. MOH formulates a new curriculum for training programme which excludes the three levels of training, focusing on a basic adequate standard.
3. Incentives to potential EHA candidates
  - a. The Human Resource Development Fund (HRDF) could be used to finance the training of EHA candidates.
  - b. EHA candidates could apply for the National Higher Education Fund (PTPTN) to finance the training.

## **9.5 Recommendations**

The recommendations are as follows:

1. Option 1a for training institution for easier management. MOH would have direct control of the training centres and hence could monitor their standards and quality to ensure that they can produce EHAs who are efficient.
2. Option 2b for training programme as it allows for effective training. MOH would be able to assess, re-evaluate and improve on the programme over time so that it always maintains the desired standards.
3. Options 3a and 3b are both possible to enforce as they would solve the financial issues faced by the EHA candidates.