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When posts go unfilled: The real crisis behind Sabah's doctor shortage

Borneo Post (KK), Malaysia



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THE clinic opens before sunrise, but the line has already formed. Some patients have travelled for hours, crossing rivers or navigating damaged roads just to reach basic care. Inside, cases accumulate quickly, and the responsibility often falls on whoever is present. Sometimes this is a single doctor working beyond safe limits, or no doctor at all, and the burden shifts to assistant medical officers who keep the system functioning as best they can. This is no longer an exception. It is becoming the lived reality in many parts of Sabah.

The scale of the problem is now difficult to ignore. In January 2026, the Ministry of Health Malaysia (MOH) opened 5,000 housemanship training slots nationwide, yet only 529 medical graduates reported for duty, according to the Health Minister. This goes beyond a shortfall and reflects a deeper fracture in the healthcare workforce pipeline. For Sabah, which greatly depends on a steady influx of new doctors to maintain its services, the implications are both immediate and significant.

Official MOH data show that Sabah had 5,161 registered doctors as of December 2023, with a doctor to population ratio of 1:697, compared to the national ratio of 1:406. However, even this disparity understates the crisis. The distribution of doctors within the state is highly uneven. Urban centres such as Kota Kinabalu are relatively better staffed, while districts like Kalabakan and Beluran face extreme shortages, with a single doctor sometimes responsible for thousands of residents. In these settings, access to healthcare depends less on urgency and more on geography.

The numbers behind vacancies tell an even more troubling story. More than 200 medical officer positions in clinics remain unfilled across the state. In Beluran, dozens of posts have

not been taken up, despite clinics managing significant patient loads daily. At Kinabatangan Hospital, nine permanent positions were offered, yet only one doctor was able to report for duty. However, this doctor was understandably unavailable to serve due to commitments to specialist training. The challenge lies not only in the availability of positions, but in ensuring these posts translate into actual service delivery.

Sabah faces not only a shortage of doctors, but a deeper structural challenge, where policies have led to the creation of positions that remain unfilled, causing clinics to operate under considerable strain. This situation is rooted in a broader transformation within Malaysia's healthcare workforce. A decade ago, the primary concern was an oversupply of medical graduates, who faced lengthy waits for housemanship placements. Presently, the system is experiencing the opposite challenge.

Housemanship intake has declined significantly, dropping from more than 6,000 in 2019 to just over 3,000 by 2022. At the same time, attrition has increased at multiple stages, from training to permanent placement. The Health Minister has acknowledged that up to 40% of doctors do not report for duty when offered permanent positions, signalling not hesitation, but a system that is no longer able to retain its own workforce.

The reasons behind these decisions are grounded in lived realities rather than abstract preferences. Relocation is one of the most immediate barriers. Relocating to Sabah can cost several thousand ringgit, with reports from doctors indicating expenses often exceeding RM5,000, alongside uncertainty over access to government housing. For doctors transitioning from contract to permanent roles, relocation claims are not always available, forcing them to absorb the full cost. For a young doctor at the start of their career, this financial burden can be decisive.

Family considerations are equally influential. Many doctors are at a stage where decisions are closely tied to spouses, children, and

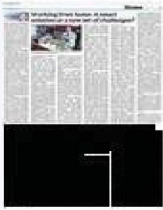
ageing parents. Being posted far from home introduces disruptions that extend beyond professional life. Survey findings among medical officers indicate that a majority prefer to serve within their home state. When relocation involves distance, cost, and uncertainty, declining the offer becomes a rational and often necessary choice.

Working conditions further compound the issue. Facilities in underserved areas frequently operate with limited staffing, leading to high workloads and prolonged duty hours. Doctors are required to manage outpatient care, emergencies, and administrative responsibilities, often without sufficient rest or support. In many locations, assistant medical officers have become the backbone of service delivery, ensuring continuity of care in the absence of doctors. While their contribution is invaluable, it also highlights a system that is functioning under strain.

Financial incentives, which are intended to offset these challenges, have not kept pace with realities on the ground. Under the current remuneration framework, new appointees receive a fixed regional allowance of RM360 per month for Sabah and Sarawak postings, which is less attractive compared to the earlier percentage-based structure. This shift has made such postings less attractive, particularly when weighed against personal and professional sacrifices.

Career progression introduces an additional layer of uncertainty. The contract system, initially implemented as a temporary measure to manage workforce supply, has developed into a pathway that many doctors perceive as somewhat unclear and extended. There are ongoing questions regarding permanence, access to specialist training, and long-term career development for many individuals. Without a transparent and credible progression route, postings in underserved areas are often viewed as temporary obligations rather than meaningful steps forward.

Sabah's context intensifies these challenges. Geography continues to shape healthcare delivery



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in fundamental ways. Some communities remain difficult to reach, requiring long travel times or periodic outreach services. Infrastructure limitations, including transport and connectivity, affect not only patient access but also the daily experience of healthcare providers. These factors are central to understanding why vacancies persist.

The implications extend beyond staffing figures. Sabah currently operates with approximately 2,884 doctors in service, while state estimates suggest that closer to 9,000 are needed to meet population demands. This gap reflects not only a shortage but a structural undercapacity that places continuous pressure on the existing workforce. Over time, this strain affects not only service delivery but also morale, retention, and patient outcomes.

Associate Professor Dr. Fairrul bin Kadir, Dean of the Faculty of Medicine and Health Sciences (FMHS) at Universiti Malaysia Sabah, emphasises that "the priority has evolved from just producing graduates to ensuring their sustainable deployment and retention in underserved regions. The FMHS is predominantly composed of students from Sabah, which naturally contributes to the development of a workforce that is inclined to remain and serve their home state. This dedication is further exemplified by the PROSPEK program (Program Sejahtera Masyarakat Melalui Pendidikan Profesional), a comprehensive community flagship initiative that aims to disseminate medical knowledge through school career motivation and health education. By pairing

these grassroots efforts with the expansion of localized postgraduate programs, UMS empowers doctors to specialize without leaving the state, creating a seamless, supported career pathway that ensures expert care remains within Sabah to meet its complex healthcare demands."

This crisis must be viewed beyond a simple supply issue. While increasing the number of graduates or creating additional posts is important, it might not fully resolve the problem if those positions are perceived as unattractive or unsustainable. Immediate measures must focus on reducing barriers to entry, including meaningful relocation support, access to housing, and financial incentives that reflect the realities of hardship postings.

Equally important is the need for a clear and structured career pathway. Linking service in underserved areas to tangible opportunities, such as priority access to specialist training or defined progression timelines, would be greatly beneficial. Without these measures, rural service may continue to be viewed as a detour rather than a valued component of professional development.

Longer-term solutions must focus on how the workforce is built and retained. Expanding opportunities for students from Sabah to pursue medical training could offer a more sustainable approach, as local connections often contribute to higher retention rates. Additionally, adopting a more decentralized approach to recruitment and placement might enhance the alignment between doctors and their locations, thereby reducing the likelihood of refusals.

Ultimately, this is a question of equity and accountability. It is

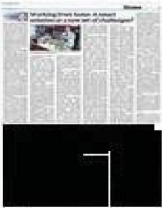
important that communities are not deprived of essential care due to challenges in implementing policies effectively. The existence of vacant positions alongside crowded clinics highlights a need for the system to better align its policies with the actual conditions faced by these communities.

The image of patients waiting in a clinic without a doctor should never become normal. It should remain unacceptable. Sabah does not lack commitment or need. What it lacks is a system that can turn intention into presence, policy into practice, and appointments into doctors who are actually there when patients arrive. Until that changes, the shortage will not just persist. It will deepen in silence.

Footnote: Melvin Ebin Bondi is a PhD candidate in Public Health at Universiti Malaysia Sabah. He writes a weekly public health column for The Borneo Post.



Associate Professor Dr. Fairrul bin Kadir, UMS



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SUMMARIES

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