Tuanku Muhriz Reciprocal Travelling Fellowship 2026



Fellowship Report

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I was deeply honoured to be selected as a recipient of the **Tuanku Muhriz Reciprocal Travelling Fellowship**, a collaboration between the **College of Physicians Malaysia (CoPM)** and the **Royal College of Physicians of Edinburgh (RCPE)**. As a physician, this fellowship provided a unique opportunity to represent my institution and the CoPM while gaining first-hand exposure to the practice of medicine within the National Health Service (NHS) in Scotland.

Clinical Experience at St John's Hospital

During my attachment at St John's Hospital, I was fortunate to be exposed to **14 different clinical rotations and services**. This provided a broad perspective of how medical services are organized and delivered within NHS Lothian.



One of the most striking observations was the emphasis on **multidisciplinary working and**

continuity of care. Clinical decision-making was not confined to doctors alone, but involved

close collaboration with nurses, pharmacists, physician associates, nurse practitioners, therapists,

social workers and other allied healthcare professionals.

I also noticed a different approach to hierarchy. The working day generally began at around 9.00 am, where junior doctors and consultants would often arrive and conduct ward rounds together. The environment felt approachable and collaborative, with relatively little emphasis on hierarchy.

At the same time, this made me reflect on the strengths of our own system. In Malaysia, I have traditionally arrived earlier at 7am, clerked my patients, formulated an initial management plan and subsequently presented the case to my consultant. Although this represents a more hierarchical model, I recognise that it has played an important role in developing my clinical independence, responsibility and decision-making skills.

One of the aspects I particularly appreciated at St John's was the emphasis on **person-centred care**. I repeatedly observed doctors and healthcare professionals taking the time to sit or kneel at the patient's level, make eye contact and communicate directly with them. This simple but meaningful approach left a strong impression on me, and I have consciously incorporated this into my own clinical practice since returning to Malaysia.

I was also particularly impressed by the role of **Physician Associates, Nurse Practitioners and other advanced allied healthcare professionals**. Their highly specialised roles demonstrated

how appropriately trained healthcare professionals can complement doctors and help deliver specialised services efficiently. I believe we can attempt to replicate this in the Malaysian healthcare system to improve access and reduce bottlenecks in specialised care.

Lessons from the NHS and Relevance to Malaysia



Before the fellowship, I had often read about staffing pressures within the NHS. I was therefore pleasantly surprised by the breadth of the multidisciplinary workforce supporting patient care.

The experience made me reflect on how staffing models can influence both efficiency and quality of care.

Interestingly, one of the challenges shared by both Scotland and Malaysia was **hospital bed capacity**. What impressed me was the many services designed to prevent unnecessary hospitalisation or facilitate earlier discharge. I was particularly interested in **Discharge to Assess (D2A), Hospital at Home (H@H), community and palliative care services, the Macmillan and Marie Curie services**.

I also spent time at the **REACT Hub**, where I observed how patients' progress was discussed, care was triaged and appropriate patients were supported for discharge and transition back to their GP or community services. I was also fortunate to accompany a geriatric fellow on home visits for a day.

These services demonstrated how strong community and home-based care can help **decongest hospitals, improve continuity of care and potentially reduce healthcare costs**.

There are, however, strengths in the Malaysian system as well. I found that access to certain investigations, such as CT scans, and specialist appointments can often be considerably faster in Malaysia. This reminded me that neither healthcare system is universally superior; rather, each

has strengths that can provide lessons for the other.

Reflection and Future Application

The fellowship allowed me to step outside my usual clinical environment and critically reflect on my own practice from a different perspective. I hope to translate the lessons from this fellowship into meaningful improvements in my own clinical practice



As a physician from Sarawak, the fellowship was particularly meaningful. Geographical distance can sometimes limit opportunities for international professional engagement, and this experience provided an invaluable platform to establish relationships and gain perspectives that I hope to share with colleagues within my hospital and the wider Malaysian medical community.

Conclusion

Beyond my professional experience, it is difficult to fully summarise the experience. The fellowship was filled with many wonderful experiences, new friendships and beautiful places. Beyond the clinical and professional learning, it gave me the opportunity to step outside my comfort zone, experience a different culture, healthcare system, and create memories that I will carry with me long after the fellowship has ended. It was truly a privilege to have been given this opportunity, and an experience for which I will remain deeply grateful.