General Practice Residency Training Program in Thailand : Past, Present, and Future

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Abstract

The General Practice was approved by the Thai Medical Council as a specialty in 1969. The residency training programs were revised in 1992. The first three - year rotating postgraduate residency training program was started in 1973 with a total of 9 programs by the late 1980s. Seven were in Bangkok, and the other 2 were in the North. The programs contained curricula objectives, clinical rotation in various disciplines including a general practice block in provincial or community hospitals. The weakness of the programs was the lack of a general practice department, a general practice trainer or preceptor and a general practice course organizer. Finally, the General Practitioners Association played a little role in the postgraduate general practice residency.

After the revision, the general practice residency was changed to family medicine residency training in 1999. The College of Family Physicians of Thailand was established to take a central role in postgraduate education.

Key word : General Practice, Family Medicine, Residency Training Program

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The 1950's to the 1980's were exciting years which saw the flowering of a specialty with many opportunities for innovators and pioneers, and for new leaders to emerge. Traditional general practice was developed into family medicine or primary care. The public, professionals and politicians also recognized it as a specialty. With the establishment of the Academy of Family Physicians in the United States and the Royal College of General Practitioners in the United Kingdom and its recognition

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as a special field of medicine, attention was paid to its roles and content and the need for skills, tools and resources. Education and training were introduced, with an academic department in medical schools, vocational specialty training for young doctors and continuing medical education[1].

Graduate Medical Education

From 1928 to 1968, after graduation, most Thai doctors gained knowledge and experience by following senior doctors or self-study from books and journals. Some went abroad to continue their studies, but most worked in the government sector as traditional general practitioners both in Bangkok and rural provinces. Some of these doctors undertook independent study in disciplines of interest, became specialists in their own right, which were accepted by the public and colleagues without any kind of certification[2].

In 1968, the Thai Medical Council was established with the primary goal of extending the formal residency training program, and improving the efficiency of graduated doctors. The general practice vocational specialty or residency training program was one of twenty specialties approved by the Medical Council in 1969. There are 45 specialties and sub-specialties at present. The formal postgraduate general practice residency training programs were started in 1973. By the late 1980's, there were as many as 9 residency training programs in different institutions[3].

In 1970, new medical graduates were compulsory employed for three years as traditional general practitioners providing all fields of services especially in district health centers which were upgraded to district hospitals or community hospitals. Half of them went to residency training programs after completion of compulsory service[4].

At the end of 1998, from a total of 22,730 physicians, 12,476 (54.9%) were board certified; only 216 (1.7%) were board certified general practitioners. Among 3,570 board certified primary care physicians, there were 216 (6.0%) general practitioners, 1,731 (48.5%) internists and 1,623 (45.5%) pediatricians[3]. This has become an unfavorable impact on human resources in health care. Of the various factors affecting the shortcomings of well-trained general practitioners such as policy, health care system, working environment, professional education for general practitioners through postgraduate training is the most important.

The General Practice Residency Training Program

Nine postgraduate general practice residency training programs have been requested from the corresponding institutes for analysis since 1992. The Subcommittee for General Practice Accrediting and Examination appointed by the Medical Council and Subcommittee for Curriculum of the Institutes were interviewed.

The general practice training is provided by 9 training programs as follows:

1. Chiang Mai University
2. Chulalongkorn University
3. Ramathibodi Hospital, Mahidol University
4. Siriraj Hospital, Mahidol University
5. Buddhachinaraj Hospital, MOPH
6. Lerdsin General Hospital, affiliated with Rajavithi Hospital, MOPH
7. Nopparatrajathane Hospital, MOPH
8. Bhumibol Adulyadej Royal Thai Air Force Hospital
9. Vajira Hospital, Bangkok Metropolitan

(MOPH = Ministry of Public Health)

Four training settings are public university-based, three in Bangkok and one in Chiang Mai. Three settings are hospital-based in the Ministry of Public Health, two in Bangkok and Buddhachinaraj Hospital in the North. The remaining 2 settings are hospital-based in Bangkok.

Objectives of the general practice training program

The general practice residency training program, started in 1973, aimed to prepare young medical graduates (traditional general practitioners) to be trained general practitioners to practice in general (provincial) hospitals and community (district) hospitals. Clear, measurable objectives were formulated, and a curriculum was developed.

Although there was no General Practice Department in the universities or hospitals, some of the Subcommittee for Curriculum of the Institutes were the instigators for developing a curriculum and discerning the need for specific general practice objectives. All the 9 curricula programs had com-

mon objectives. These were, that at the end of training, the residents should be able to demonstrate

1. Ability to make diagnoses, treatment and prevention of common diseases, which are expressed simultaneously in physical, psychological and social terms.

2. Ability to manage common simple surgical, obstetrics and gynecological conditions.

3. Ability to diagnose and manage common simple emergency conditions both in medical and surgical conditions.

4. Ability to diagnose and initially manage all acute emergency situations and refer to other specialists appropriately.

5. Ability to use and interpret laboratory investigations appropriately.

6. Ability to keep records and analyze problems in medical care and health statistics.

7. Understanding and being capable of practicing forensic medicine.

8. Provision of advocacy role to health care team.

9. Leadership in the community.

Learning process

The general practice residency is a three-year rotating program. All residents must choose to practice in either a general hospital and or community hospital for 3 months. Exception is given to residents who have spent compulsive years in general or community hospitals. Six months of Family Medicine block time is required only in the Chiang Mai residency program after its establishment of Family Medicine department in 1986, and an additional 3 months in general or community hospitals. Surgery, including Orthopedics block time, varies from 6 to 13 months. Obstetrics block time varies from 2 to 9 months. The Internal Medicine block time varies from 3 to 6 months. Time spent in Pediatrics is 2 to 5 months. The remaining time is spent in electives and other advanced skills such as Anesthesia, Psychiatrics, Ophthalmology, Rhino-Otolaryngology, Radiology, Emergency Medicine, Preventive and Forensic Medicine, and Ambulatory Care.

Assessment

Accreditation of residency training programs is done through the Subcommittee for General Practice Accrediting and Examination, which is appointed by the Thai Medical Council through the General Practitioners Association. The examination for Diplomate Thai Board of General Practice is taken by residents at the end of their training. Its objective is to assess knowledge, problem solving skills and attitudes. There was a dynamic relationship between the content of the examination and residency programs. Four prerequisite papers such as research, case reports, review articles in the 4 major fields: internal medicine, pediatrics, obstetrics-gynecology, and surgery are required. The examination consists of a written (multiple choice questions), and oral format.

The General Practitioners Association

The General Practitioners Association started out as a Private Practitioners Club in 1964 and came to be known as the General Practitioners Club by 1971. In 1983 in order to promote continuing medical education for general practitioners in accordance with the Medical Council objectives, the organization underwent many changes and became the General Practitioners / Family Physicians Association, as we know today.

The newly formed organization remains low profile in comparison to other disciplines in terms of the role in postgraduate residency training, research and academic activities. It publishes a few journals per year. The member size is small. The firm lasting activity is a two-week continuing education course for general practitioners which has been held every year since 1964.

The Future

Looking back over two remarkable decades it is hard not to be both impressed and frustrated. Educators and the General Practitioners Association can be appreciated for their early recognition of the need for well-trained general practitioners and their efforts to develop programs to meet these needs.

The programs gave the opportunity for residents to deal with a broad range of patients. They rotated among various specialty departments in hospitals. They worked along with the other specialty residents and learned from a contemporary environment, which included people in that practice. Due to the small number of general practice residents in each program, lack of a general prac-

tice department, organizers, and preceptors[5], the ideal learning from their own environment and role model had not been met.

The severe shortage of well-trained general practitioners has resulted from years of neglect. To resolve this problem, regular curriculum revision and support of medical colleagues, universities, the Thai Medical Council, the Ministry of Public Health, health care policy, and international organization are required.

Revision of training programs leading to remarkable changes are as follow:

1. The last batch of residents in the general practice residency training programs will end in April 2001.

2. The General Practitioners Association proposed a revised curriculum for residency education for general practitioners to the Medical Council in 1996 and was approved in 1998 under the name-the family medicine residency training program. The first batch of residents was started in June 1999.

3. The Association was granted a research project from the World Health Organization to launch the family medicine development towards health care reform. The College of Family Physicians of Thailand established in 1998, works hand by hand with the Association to play a central role in family medicine education and development in Thailand.

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การฝึกอบรมแพทย์ประจำบ้านสาขาเวชปฏิบัติทั่วไปในประเทศไทย : อดีต ปัจจุบัน และอนาคต

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โครงการฝึกอบรมแพทย์ประจำบ้านสาขาเวชปฏิบัติทั่วไปได้รับการทบทวนเมื่อ พ.ศ. 2535 พบว่า เวชปฏิบัติทั่วไปได้รับการยอมรับจากแพทยสภาให้เป็นสาขาผู้เชี่ยวชาญสาขาหนึ่ง ตั้งแต่ พ.ศ. 2512 หลักสูตรแพทย์ประจำบ้าน สาขาเวชปฏิบัติ–ทั่วไป เป็นหลักสูตร 3 ปี เริ่มมีการฝึกอบรมครั้งแรก เมื่อ พ.ศ. 2516 ต่อมามีสถาบันฝึกอบรมทั้งสิ้น 9 แห่ง โดย 7 สถาบันตั้งอยู่ในกรุงเทพ ฯ อีก 2 สถาบันตั้งอยู่ในเขตภาคเหนือคือ เชียงใหม่ และพิษณุโลก ในหลักสูตรประกอบด้วยวัตถุประสงค์การเรียนการสอนทางคลินิก ซึ่งหมุนเวียนไปยังสาขาชำนาญการต่าง ๆ ในสถาบันฝึกอบรมแพทย์ประจำบ้าน และหมุนเวียนไปในโรงพยาบาลจังหวัด ซึ่งถือเป็นงานเวชปฏิบัติทั่วไปในอดีตเนื่องจากยังไม่ได้แบ่งแผนก หลักสูตร ฯ มีจุดอ่อน คือ ไม่มีแผนกหรือภาควิชาเวชปฏิบัติทั่วไป ในมหาวิทยาลัยหรือในโรงพยาบาลที่เปิดเป็นสถานฝึกอบรม ฯ รวมทั้งโรงพยาบาลจังหวัดไม่มีอาจารย์หรือแพทย์เวชปฏิบัติทั่วไปที่รับผิดชอบแพทย์ประจำบ้าน และ/หรือผู้ประสานงานโครงการฝึกอบรมโดยตรง นอกจากนั้น สมาคมแพทย์เวชปฏิบัติทั่วไป มีบทบาทในการฝึกอบรมแพทย์ประจำบ้านน้อย

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