CHAPTER I

BACKGROUND AND RATIONALE

Thailand has undergone dramatic changes in the last two decades. As one of the most successful of the newly industrializing countries of Asia, its economy skyrocketed throughout most of the 1990s. As the first of the Asian tigers to tumble in 1997, however, the country faced grueling economic adjustments affecting all aspects of life. These spectacular swings in fortunes, coupled with recent political changes, have created an atmosphere in Thailand of questioning standard approaches to problems. Health care is one of those areas now being debated [1, 2].

The health of the people of Thailand during the last two decades has changed as dramatically as the economy. Infant mortality and the population growth rate have declined by about two- thirds (from 125/1,000 live births to 30.5/1000 live births, et. from 3.2% to 1.2%, respectively) while vaccine- preventable deaths dropped as much as 90%. Life expectancy at birth has increased to 66.9 years for men and 71.7 for women. Government and private health centers have more than doubled within that time, as has the number of community hospitals [3].

Yet despite these very positive trends, major problems are increasingly apparent. Although the physician to population ratio in urban areas is less than 1 in 800, that same ratio in the rural areas, where more than 80% of the population lives, is approximately 1 in 29,000 [2]. From 1992 to 1997, the share of total government expenditure devoted to health increased from 5.9% to 7.7%, although at least a quarter of the population continues to have no form of health insurance coverage. Continuity of care is a concept largely unknown to much of the population, and few physicians either in the public or private sectors takes on the task on addressing health needs on the community level.

These problems have drawn the attention of Thai health care planners, some of whom have begun to see the newly certified field of family practice as a potentially important part of the solution. They hope that an attractive generalist career option for physicians would begin to redress the health manpower imbalances and would lead to a different style of medical practice [3].

1.1 History of Generalism in Thailand

Medical care in Thailand combines public and private systems. Although primary, secondary, and tertiary levels of care are provided by both systems, the organization of care is better understood as generalist or specialist. Until the post-World War II era, all physicians in Thailand were generalists. Starting in the 1950s, however, many Thai medical graduates began to seek postgraduate specialty training overseas, especially in the United States. The trend away from generalism received a major boost in the late 1960s, when the Thai Medical Council - the national medical accrediting and licensing body - was established and first approved specialty training and certification. Since then, the number of medical school graduates planning a generalist career has fallen sharply while the number of specialist has grown rapidly [4].

Among the 20 postgraduate training specialties approved by the Thai Medical Council in 1969, there was three – year rotating general practice residency. During the ensuing 30 years, relatively few physicians chose this training. For instance, in the academic year ending in May 1999, 9 physicians (from among 900 annual medical school graduates) entered these programs throughout the country. Among recent medical graduates, only 1.0% indicated a plan to pursue a general practice career. Of the total of 12,476 board-certified physicians, only 216 (1.7%) are board-certified general practitioners (from a total of approximately 3,000 full-time practicing general practitioners).

Paradoxically, despite the low level of interest in a generalist career, most practicing physicians in Thailand maintain at least a part-time generalist practice. In the urban areas, where most physicians are located, more than half of specialists (55.7%) maintain part-time generalist practices. In addition, new medical school graduates are required to serve 3 years as generalists in government rural clinics and hospitals.

1.2 Birth of Family Practice

In August 1998, family practice appeared as a new specialty in Thailand [5]. In June 1999 the first five residency programs in family practice began operation with the entry of 9 trainees. These 3-year programs differ from the general practice residencies in a number of ways, including an emphasis on outpatient care in family

practice sites and an emphasis on many of the conceptual elements that define the discipline of family medicine, such as continuity of care and the biopsychosocial model. These new family practice programs are based in regional and provincial hospitals, rather than university teaching hospitals, to allow for growth apart from other specialty training programs.

Graduates of the family practice residencies will be eligible for registration in the newly established Thai Board of Family Physicians first, in 1998 registration with the Thai Board of Family Physicians was open to any practicing generalists as a founding member. After an initial 60-day open registration, subsequent applicants were required to pass an examination for diplomate status in family practice. In late 1999 there were approximately 500 diplomate members [5].

The World Organizing of Family Doctors Association (WONCA) representative for Thailand is the General Practitioners/Family Physicians Association. Although its principal role in the past has been sponsorship of an annual continuing education meeting, it hosted the Fifth WONCA Asia Pacific Regional Conference, "Learning and Teaching Family Medicine," in Bangkok in 1998. This meeting helped advance the planning for postgraduate training in family practice [6].

Since 1998 Phramongkutklao Hospital has opened Family Medicine Residency Training Program to support new National Health Policy which stated that

- Every Thai should have a personal physician to ensure the integration and continuity of all medical service for the patient.
- It suggested that "Primary Physicians" should be trained to replace the general practitioners.

The Family Medicine Residency Training Program at Phramongkutklao Hospital began in 1999 with only one resident. The program is recognized as one of the leading program in Thailand.

Evaluation of the training program is an essential part in quality assurance (QA) of academic institutes [7]. However, the evaluation of family medicine residency training program at Phramongkutklao Hospital has never been systematically evaluated. Looking forward to reforming the program of the Family Medicine Residency Training Program at Phramongkutklao Hospital to be up to date and to meet the international standards, the evaluator therefore proposes a study of evaluation the opinions of the faculty members, in training residents and program

graduates towards the program. The outcome of this survey is the basis for developing and modifying the program.

1.3 Family Medicine Residency–Phramongkutklao Hospital

Program Description

The three-year Family Medicine Residency Program at Phramongkutklao Hospital is to serve as an educational resource to practicing physicians and provides up-to-date information and skills in family medicine.

This program provides a solid base of clinical skills and exposure to a variety of patient populations and health-care settings. It emphasizes the principles of family medicine and the importance of accessible, affordable and cost-effective health care.

Accreditation

This program is fully accredited by the Thai Medical Council (TMC) and the Royal College of Family Physicians of Thailand (CFPT).

Certification

After completing the Family Medicine Residency Program at Phramangkutklao Hospital, residents will be eligible to take the certification examination offered by the Royal College of Family Physicians of Thailand.

Program History

The Family Medicine Physicians at Phramongkutklao Hospital developed the Family Medicine Residency Program in 1999. The program accepted its first resident in 1999. Since then, 20 residents have completed the program. It is anticipated that four trainees will complete this residency each year.

Goal and Objectives

Goal

To train doctors to be family physicians who are able to create family practices or to incorporate roles and tasks required of family physicians into their medical practice

Objectives

Upon completion of the training requirements, the graduates should be able to [7, 8]:

1. Build good doctor-patient-family relationships through effective communication and consultation, patient-centered approach; skillfully take physical examination; and involve patient in information-sharing and planning the management.
2. Provide primary medical care of high quality to all age groups, all gender, and all diseases and illnesses including emergency service; urgent care; and immediate responsive.
3. Consider referral at appropriate time and condition, and coordinate with specialists.
4. Practice disease prevention and health promotion at individual, family and community levels.
5. Manage the practice, being either an organization member or an organization leader.
6. Work as a team member or sometimes as a team leader with other health professionals, community leaders and community members to detect and to solve the community health problems; survey and tend to the community health needs; and promote general health of the community.
7. Write a research proposal, conduct and present the research result to the public based on the knowledge and skills in epidemiology, critical appraisal and evidence-based medicine in primary care.
8. Analyze and comply with the country's health policy regarding health service system, health insurance and health laws and ethics.
9. Demonstrate enthusiasm and ability to lifelong learning activities.

Rotation Schedule

The following is a typical rotation schedule for participants in the Family Medicine Residency Program at Phramongkutklao Hospital:

First Year (PGY-1)

Introduction to Family Medicine	1	month
Workshop of Family Medicine I	7	days
Emergency Room	1	month
Pediatric	2	months

Obstetrics / Gynecology	2	months
General Surgery	1	month
Medicine	3	months
Orthopedics	1	month
Second Year (PGY-2)		
Family Medicine	5.5	months
Workshop of Family Medicine II	7	days
Physical Medicine and Rehabilitation	1	month
Psychiatry	1	month
Dermatology	1	month
Anesthesiology	1	month
Radiology	2	weeks
Ophthalmology	2	weeks
ENT	2	weeks
Third Year (PGY-3)		
Family Medicine	6	months
Electives	6	months

Electives

The residents have six months of elective rotations during the training to gain in - depth experience in one or more areas of special interest. Phramongkutklao Hospital and other teaching facilities offer a wide variety of elective opportunities, including:

- Accupuncture
- Adolescent medicine
- Anesthesiology
- Cardiology
- Geriatric Medicine
- Orthopedics
- Physical Medicine and Rehabilitation
- Psychiatry
- Radiology
- Research
- Rural medicine
- Sports medicine

Training Sites

Most in–patient work is at Phramongkutklao Hospital. Rotations also take place at university hospitals, community hospitals and other primary care service units.

Training

Clinical conferences, seminars, small discussion groups, journal clubs and one-on-one instruction are integral parts of the residency [9]. Behavioral medicine is integrated throughout all three years. Conferences cover primary care topics such as preventive medicine, health maintenance, counseling techniques and ethicai dilemmas faced by in training physicians. Required conference covering a core curriculum in family medicine, are conducted every Tuesday afternoon for half-day. Over 240 topics that are core to family medicine are covered on a regular rotation that repeats every three years. Procedural workshops are organized on a quarterly basis.

A conference that focuses on the process of analyzing and critiquing journal articles that are pertinent to the practice of family medicine is run every other month. For each session, two residents choose an article and, with the aid of a consultant, present a critically appraised topic. The hour starts off with a presentation of the topic. The meeting ends with a small group discussion. A content expert with in-depth knowledge of the topic being reviewed attends each meeting and participates in the discussion.

Research Training

Residents are encouraged to participate in a research project with the consultant staff during a family medicine residency. Projects focusing on the continuous improvement of clinical medicine are emphasized. Third year residents are required to participate in a year-long group project aimed at improving the care of patients with a specific condition or disease entity using the principles of evidence-based medicine.

Call Frequency

Residents are usually on call every fourth night while on in-patient services. Rounds are made seven days per week with a consultant and other residents on the service. Residents have at least one 24-hour period per week with no clinical responsibilities.

Evaluation

To ensure that residents acquire adequate knowledge and develop technical skills, performance is carefully monitored during the course of the program. Residents are evaluated formally by supervising faculty member after each clinical rotation. A robust system for the assessment of competence is in place that provides regular ongoing feedback for outpatient and inpatient competencies.

In-Training Examination

The Phramongkutklao Hospital participates annually in the Resident In-Training Examination organized by the Royal College of Family Physicians of Thailand. This examination is usually conducted in the first week of December. The aim of giving these examinations is to provide residents and the faculty with an objective measure of each resident's current level of knowledge and problem solving skills related to the discipline of Family Medicine. Resident performance on the examination is considered important. At best, low scores may indicate potential difficulty in passing the certification examination; at worst, low scores may indicate a lack of clinical competency. Residents who perform poorly on the examination will be counseled regarding their performance. It is recognized that test taking skills may contribute to performance on the examination, and that such skill may have little to do with clinical performance. This possibility will be assessed by reviewing the resident's clinical evaluations, thus ensuring that a resident will not be unfairly assessed solely on the basis of poor performance on the In-Service Exam [7].