A survey on physicians who were board-certified or had certificate of proficiency in occupational medicine

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Objective : To follow up and solicit opinions from physicians who were board-certified or had certificate of proficiency in occupational medicine.

Design : Cross-sectional survey

Materials and Methods : A questionnaire was developed and proposed to all the members of the Examining Board of Occupational Medicine to ask for their comments and suggestions; changes were made where necessary before the questionnaire was finalized. The name list and addresses of the physicians were obtained from the Thai Medical Council. They were requested to self-administer the mailed questionnaire and before returning it for analyses.

Results : There were 76 physicians who were board-certified or had certificate of proficiency (61 males and 15 females). Thirty-nine physicians returned the questionnaire (31 males and 8 females). Thirty-four of them had certificate of proficiency while five were board-certified. Their average age was $46.6 \pm 9.7$ years (range 27 – 72). Twenty-three of them worked in government hospitals/organizations. Twenty-nine of them still worked in the field of occupational health/medicine. Twenty-nine of them provided

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service, 25 academic/research works, 20 administrative works, and 18 other works. Thirty of them replied of having problems/obstacles in this field. Thirty-three of them gave suggestions for improvement of occupational health/medicine in Thailand. Twenty-two of them suggested topics for the conference on occupational health/medicine. Twenty-one of them suggested issues that the Examining Board of Occupational Medicine should help them. Nineteen of them gave suggestions for the 2-month short course training program. And eight of them gave suggestions for the residency training program.

**Conclusion**: There is still limited number of occupational medicine physicians especially those certified. This is obviously not enough compared to workload and magnitude of occupational health problems in Thailand. Hence, it is crucial for concerned bodies to bring this field to high priority and produce more physicians.

**Keywords**: Occupational medicine, Environmental medicine.

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โทรศัพท์ เบิ้ลย์นไก่, พรานิต ศิทธิสวัสดิ์. การสังรจแพทย์ผู้มีหนังสืออนุญาตสำหรับมีบัตรแสดงความรู้ความชำนาญในการประกอบวิชาชีพเวชกรรม สาขาเวชศาสตร์ป้องกัน แขนงอาชีวเวชศาสตร์. วารสารกรมวิทยาศาสตร์ 2549 มิ.ย.; 50(6): 387 – 93

วัตถุประสงค์:
เพื่อศึกษาและสอบถามความเห็นแพทย์ผู้มีหนังสืออนุญาตหรือ วุฒิบัตรแสดงความรู้ความสามารถในการประกอบวิชาชีพเวชกรรม สาขาเวชศาสตร์ป้องกัน แขนงอาชีวเวชศาสตร์

วิธีการ:
1. ผู้วิจัยได้จัดทำแบบสอบถามชี้วัด และนำเสนอให้คณะอนุกรรมการพิจารณาและตอบว่า สาขาเวชศาสตร์ป้องกัน แขนงอาชีวเวชศาสตร์ เพื่อให้ตอบคัดเลือก และระบุปัญหาที่เกิดขึ้นและที่มองหาการแก้ไขของผู้มี หนังสืออนุญาตหรือวุฒิบัตรดังกล่าว จากผู้มีประสบการณ์ในงาน
2. ผู้วิจัยได้ทำการสัมภาษณ์ผู้ตอบแบบสอบถามในเรื่องที่เสนอตามที่นำเสนอ เมื่อได้ตอบแบบสอบถาม

ผลการศึกษา:
มีผู้มีหนังสืออนุญาตหรือวุฒิบัตร 76 คน (ชาย 61 คน หญิง 15 คน) ตอบแบบสอบถามทั้งสิ้น 39 ฉบับ (ชาย 31 คน หญิง 8 คน) มีหนังสืออนุญาต 34 คน วุฒิบัตร 5 คน อายุ 27 - 72 ปี (46.6 ± 9.7 ปี) ได้รับอนุญาติ งานอยู่ในโรงพยาบาลต่างๆ ของประเทศไทย (23 คน) ที่ปฏิบัติการกิจกรรม ทางด้านงานอาชีวเวชศาสตร์หรือด้านอาชีวอนามัย (29 คน) ปฏิบัติงานบริการ 29 คน งานวิชาการ 25 คน งานบริการ 20 คน และงานอื่นๆ 18 คน มีปัญหาหรืออุปสรรคในการปฏิบัติงานด้านอาชีวเวชศาสตร์หรือ อาชีวอนามัย (30 คน) ให้ข้อมูลแบบให้การพิจารณา อาชีวเวชศาสตร์ และอาชีวอนามัยในประเทศไทย (33 คน) เสนอข้อเสนอแนะเรื่องการประสาน การที่อยากเข้าร่วมหรืออยากให้ได้รับในส่วนของอาชีวเวชศาสตร์และอาชีว อนามัย (22 คน) เสนอสิ่งที่ประสงค์ให้คณะอนุกรรมการพิจารณาและตอบว่า ข้อมูลเหล่านี้ (21 คน) ให้ข้อมูลแบบสำหรับหลักสูตรระยะสั้น (19 คน) และ ให้ข้อมูลแบบสำหรับหลักสูตรทางแพทย์ประจำปี (8 คน)

สรุปผลการศึกษา:
แพทย์อาชีวเวชศาสตร์ที่มีหนังสืออนุญาตหรือวุฒิบัตร แสดงความรู้ความสามารถในการประกอบวิชาชีพเวชกรรมแขนงอาชีวเวชศาสตร์ยังมีอยู่อยู่ มากในประเทศไทย นับได้ว่าไม่เพียงพอที่จะก้าวตามและเก็บปัญหาด้าน อาชีวอนามัยในประเทศไทย สมควรที่ผู้มีส่วนเกี่ยวข้องจะได้ให้ความสำคัญ และร่วมกันผลักดันให้มีการสร้างแพทย์สายนั้นเพิ่มเติม

คำสำคัญ:
อาชีวเวชศาสตร์, เวชศาสตร์สิ่งแวดล้อม
In 1992, The Thai Medical Council had appointed a group of physicians, chaired by Dr. Udom Ektaasang, to formally prepare the residency training program in occupational medicine. The task was completed in 1996 and Chulalongkorn Medical School began to recruit residents into this program in 1998. Since the program and the physicians who were involved in this field had never been systematically explored, this research aims to do this to see the opportunity for improvement.

Materials and Methods

We developed a questionnaire in order to follow up and solicit opinions from the physicians who were board-certified or had certificate of proficiency in occupational medicine, which is a branch of preventive medicine. The questionnaire was proposed to every member of the Examining Board for their comments and suggestions, and then necessary changes were made before the questionnaire was finalized. We officially obtained the name list and addresses of the physicians from the Thai Medical Council. We learned that there were 77 of them, 61 males and 16 females. And one of the female had passed away. This made our study population to be 76 (61 males and 15 females). In September 2005, we mailed the questionnaire to them and asked them to reply in a prepared envelope. One month later, we re-sent or faxed the questionnaire to those who did not reply. We entered the data and analyzed in Microsoft Excel.

Results

Thirty-nine physicians returned the questionnaire yielding a response rate of 51.3 percent. Thirty-one males replied (50.8 percent response rate), and eight females replied (53.3 percent response rate). Thirty-four of them had certificate of proficiency, while five were board-certified. Their average age was 46.6 ± 9.7 years (ranged 27 – 72). The year that they were certified ranged from 1996 to 2005. Ten of them worked as university faculties, 23 worked in government hospitals/organizations, and six worked in private hospitals/organizations. Twenty-nine of them still worked in the field of occupational health/medicine, whereas ten of them did not (Table). Twenty-nine of them provided service, 25 academic/research works, 20 administrative works, and 18 other works. This other work was serving as member of committee related to occupational health/medicine, working in health promotion network, etc. Thirty of them replied of having problems/obstacles in working in this field, these were: 8 stated having internal administrative problems; 6 stated lack of personnel/equipment/resources; 5 stated having co-ordination problems or external administrative problems; 4 stated lack of supportive policy; 4 stated legal/information problems; 2 stated having too much work to do; 1 stated not having enough knowledge. Thirty-three of them gave suggestions for improvement of occupational health/medicine in Thailand, these were: 10 stated academic and man power development; 7 stated improvement of related laws and regulations; 6 stated improvement of administration, integration and networking; 5 stated improvement of policy; 3 stated improvement of public relation and advocacy; 2 stated improvement of supportive system including information and laboratory.
Table 1. Characteristics of the participants.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Number</th>
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<td>Gender</td>
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<tr>
<td>Female</td>
<td>8</td>
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<td>Type of certification</td>
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<td>Workplace</td>
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<td>University</td>
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<td>Government hospitals/organizations</td>
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<td>Private hospitals/organizations</td>
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<tr>
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<td></td>
</tr>
<tr>
<td>Yes</td>
<td>29</td>
</tr>
<tr>
<td>No</td>
<td>10</td>
</tr>
</tbody>
</table>

Twenty-two of them suggested topics for occupational health/medicine conference, these were:

- 6 stated research, research process, health hazards;
- 5 stated occupational health management, team work and team development, information management;
- 5 stated roles of occupational medicine physicians and related laws;
- 4 stated important occupational health problems that emerged during that time period;
- 1 stated environmental medicine;
- 1 stated health promotion.

Twenty-one of them suggested issues that the Examining Board of Occupational Medicine should help them, these were:

- 6 stated newsletter or website;
- 5 stated more number of short course training especially occupational health management and attitude of occupational medicine physicians;
- 3 stated more recognition and incentive;
- 2 stated improvement of others in occupational health team;
- 2 stated issuing practice guideline;
- 2 stated visiting them;
- 1 stated improvement of related laws.

Nineteen of them gave suggestions for the 2-month short course training program (currently held at Nopparat Ratchatanee Hospital), these were:

- 4 stated obligating physicians in factories to attend or giving incentive;
- 3 stated more content and strict about attendance;
- 2 stated emphasizing new law such as health check-up;
- 2 stated more suitable time frame;
- 2 stated held at rural area;
- 1 stated going abroad;
- 1 stated including content of environmental medicine;
- 1 stated having refresher course;
- 1 stated having follow up and supportive activities;
1 stated making the course widely accepted;
1 stated emphasizing walk-through survey.
Eight of them gave suggestions for the residency training program, these were:
2 stated more strict recruiting process;
2 stated more field work practice and less ward practice;
1 stated work practice in various kinds of factories;
1 stated using log book to record training activities;
1 stated emphasizing fitness for work;
1 stated verbal evaluation and feedback during first year training.

Discussion and Conclusion

The reason for relative low response rate may be the ignorance of physicians which usually occurs when they are asked to become study subjects, or the way they usually put this kind of activity to a lower priority when compared to their other works. The relative low response rate urges us to caution the generalization of the research results.

In Thailand, there is still limited number of occupational medicine physicians especially those who are certified. Obviously, this is not enough compared to workload and magnitude of occupational health problems in Thailand. Hence, it is crucial for concerned bodies to bring this field to a higher priority and to produce more physicians. These may be done through the increase of the number of resident recruited, as well as the number and occasion of 2-month short course training program, and improvement of practicing occupational medicine.\(^{(5,6)}\)

The result from this study hints an improvement of this field. It also advocates the importance of environmental medicine/health\(^{(7,8)}\) which is closely related to occupational medicine/health, and occupational health teams.\(^{(9)}\)

References


