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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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โชคชัย เปลี่ยนไพโรจน์, พรชัย สิทธิศรัณย์กุล. การสำรวจแพทย์ผู้มีหนังสืออนุมัติหรือวุฒิบัตรแสดงความรู้ความชำนาญในการประกอบวิชาชีพเวชกรรม สาขาเวชศาสตร์ป้องกัน แขนงอาชีวเวชศาสตร์. จุฬาลงกรณ์เวชสาร 2549 มิ.ย; 50(6): 387 – 93

วัตถุประสงค์ : *เพื่อติดตามศึกษาและสอบถามความเห็นแพทย์ผู้มีหนังสืออนุมัติหรือวุฒิบัตรแสดงความรู้ความชำนาญในการประกอบวิชาชีพเวชกรรม สาขาเวชศาสตร์ป้องกัน แขนงอาชีวเวชศาสตร์*

รูปแบบการศึกษา : *สำรวจแบบตัดขวาง*

วัสดุและวิธีการ : *ผู้วิจัยได้พัฒนาแบบสอบถามขึ้น และนำเสนอให้คณะอนุกรรมการฝึกอบรมและสอบ ฯ สาขาเวชศาสตร์ป้องกัน แขนงอาชีวเวชศาสตร์ เพื่อให้ข้อคิดเห็นและปรับปรุงแก้ไข กับได้ประสานขอรายชื่อและที่อยู่ที่ติดต่อได้ของผู้มีหนังสืออนุมัติหรือวุฒิบัตรดังกล่าว จากสำนักงานเลขาธิการแพทยสภา แล้วได้ทำการส่งแบบสอบถามดังกล่าวไปทางไปรษณีย์ เมื่อได้แบบสอบถามคืนมาก็ลงรหัสข้อมูลและประมวลผล*

ผลการศึกษา : *มีผู้มีหนังสืออนุมัติหรือวุฒิบัตร 76 คน (ชาย 61 หญิง 15 คน) ตอบแบบสอบถามทั้งสิ้น 39 ฉบับ (ชาย 31 หญิง 8 คน) มีหนังสืออนุมัติ 34 คน วุฒิบัตร 5 คน อายุอยู่ในพิสัย 27 – 72 ปี (46.6 $\pm$ 9.7 ปี) ส่วนใหญ่ปฏิบัติงานอยู่ในโรงพยาบาล/หน่วยงานของรัฐ (23 คน) ยังปฏิบัติภารกิจหลักทางด้านงานอาชีวเวชศาสตร์หรือด้านอาชีวอนามัย (29 คน) ปฏิบัติงานบริการ 29 คน, งานวิชาการ / วิจัย 25 คน, งานบริหาร 20 คน และงานอื่น ๆ 18 คน มีปัญหาหรืออุปสรรคในการปฏิบัติงานด้านอาชีวเวชศาสตร์หรืออาชีวอนามัย (30 คน) ให้ข้อเสนอแนะเพื่อการพัฒนางาน อาชีวเวชศาสตร์และอาชีวอนามัยในประเทศไทย (33 คน) เสนอหัวข้อการประชุมวิชาการที่อยากเข้าร่วมหรืออยากให้มีขึ้นในส่วนของอาชีวเวชศาสตร์และอาชีวอนามัย (22 คน) เสนอสิ่งที่ประสงค์ให้คณะอนุกรรมการฝึกอบรมและสอบ ฯ ช่วยเหลือ (21 คน) ให้ข้อเสนอแนะสำหรับหลักสูตรระยะสั้น(19 คน) และให้ข้อเสนอแนะสำหรับหลักสูตรแพทย์ประจำบ้าน (8 คน)*

สรุปผลการศึกษา : *แพทย์อาชีวเวชศาสตร์ที่มีหนังสืออนุมัติหรือวุฒิบัตร แสดงความรู้ความชำนาญในการประกอบวิชาชีพเวชกรรมแขนงอาชีวเวชศาสตร์ยังมีอยู่น้อยมากในประเทศไทย นับได้ว่าไม่เพียงพอกับภาระงานและกับปัญหาด้านอาชีวอนามัยในประเทศไทย สมควรที่ผู้มีส่วนเกี่ยวข้องจะได้ให้ความสำคัญและร่วมกันผลักดันให้มีการผลิตแพทย์ด้านนี้เพิ่มเติม*

คำสำคัญ : *อาชีวเวชศาสตร์, เวชศาสตร์สิ่งแวดล้อม*

In 1992, The Thai Medical Council had appointed a group of physicians, chaired by Dr. Udom Ektasang, 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 [1-4], 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 $\pm$ 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.

Variable	Number
Gender	
Male	31
Female	8
Type of certification	
Certificate of Proficiency	34
Board Certified	5
Workplace	
University	11
Government hospitals/organizations	24
Private hospitals/organizations	4
Practice in occupational health/medicine	
Yes	29
No	10

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 fed back 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]

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