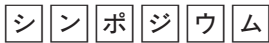


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Postgraduate Psychiatric Training in Thailand

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In Thailand, after medical students graduated from medical schools, the general practitioners have to work for the government for at least three years. Then, they can enroll in postgraduate training program. Postgraduate training usually takes three to four years. All of the psychiatric training programs are supervised and monitored by the board of education of the Royal College of Psychiatrists of Thailand (RCPsychT). One of the missions of all training institutes is to prepare residents to be the high qualified psychiatrists to serve the mental well-being of Thai people. Additionally, they should teach the learners to be the leaders in academic and research fields in psychiatry. Currently, there are nine psychiatric training institutions in Thailand, most of which are running by university programs. The training program core curriculum composes of the compulsory rotations such as general psychiatry, child and adolescent psychiatry, neurology, consultation-liaison psychiatry, mental hospital psychiatry and addiction psychiatry. Moreover, the residents also have three months for elective in each program. The learning process includes practicing in an out-patient and in-patient unit under psychiatric staff supervision, individual and group supervision, case conference, journal club, book club and grand round etc. Research in field of psychiatry and social sciences is also compulsory for board examination. The RCPsychT approved two Certificate Diplomas including Diploma of Thai Board of Psychiatry, and Diploma of Thai Board of Child and Adolescent Psychiatry.

There are only nine psychiatric training institutes and only thirty to forty residents enrolled in these programs in each year. The compact and collaboration of all training institutes bring about the benefits in efficiency programs management by regular meeting of representatives from each institute. They keep the standard of training program to progress in the same vision and direction. Furthermore, residents of each training programs can exchange and request for elective rotation at the other institutes.

<Key word: Postgraduate psychiatric training, the Royal College of Psychiatrists of Thailand (RCPsychT), Diploma of Thai Board of Psychiatry>

Overview of Postgraduate Psychiatric Training in Thailand

The current number of Thai psychiatrists

is approximately 500 (around 400 general psychiatrists and 70 child and adolescent psychiatrists), which somehow is inadequate for basic

standard psychiatric services. Comparing with the high number of Thai population, the proportion of psychiatrists is only 8/1,000,000 population. Restraint of psychiatrists is one of the important obstacles to improve quality of mental health promotion in Thailand. Even though, we need more psychiatrists to improve the quality of psychiatric care in Thailand. The Royal College of Psychiatrist of Thailand (RCPsychT) also sees the importance of high standard and quality of the new psychiatrists.

Application Process

In the process of specialist training in Thailand, after graduated from medical schools, the general practitioners have to work for the government for at least three years before they can enroll in postgraduate training programs. In Thailand, there are two approved Diplomas including Diploma of Thai Board of Psychiatry, and Diploma of Thai Board of Child and Adolescent Psychiatry. The general practitioners, who are interested in enrolling in residency training program, must apply directly to the Medical Council of Thailand. The applicants can apply up to 3 institutes from the most selective to the least selective. Then the applicant must have an interview with a committee at the selected institute. The letters of recommendation, attitude, experience, GPA in MD program, and psychological tests are also required in the application process at some institutes. The committee will consider the suitable candidates for position in their own institutes, and then the final decision for accepting residents at each institute will be announced based on applicant's prioritized list. There are only thirty-four positions for psychiatric training in general psychiatry and fourteen positions in child and adolescent psychiatric resident

program in each year.

Monitoring from the Board of Education, RCPsychT

In Thailand, we arrange the training program by using the model of education, that is composed of 3 main domains; Objective, Learning, and Evaluation. The committee from the Royal College of Psychiatrists of Thailand (RCPsychT) is in charge of supervising and monitoring the postgraduate training. (The executive committee of the RCPsychT was selected from the representatives from each training institute. All of the psychiatric training programs are supervised and monitored by the board of education of the RCPsychT). The mission of every training institute is to prepare residents to become the high qualified psychiatrists with good command knowledge and attitude, and to become leaders in academic and research fields in psychiatry. Moreover, there are nine sub domains (i.e. 1) mission and vision, 2) quality control system, 3) executive plan, 4) training program, 5) curriculum, 6) instructor, 7) academic activity, 8) resident, and 9) evaluation), that each institute must arrange their own program according to the RCPsychT's guideline. The RCPsychT has a regular monitoring and evaluation each institute's mission, vision, and objective. Currently, there are nine psychiatric training institutions in Thailand.

The training program

The core curriculum (Table 2) of each training program composes of

- 1) The compulsory rotations (which includes general psychiatry, child and adolescent psychiatry, neurology, consultation-liaison psychiatry, mental hospital psychiatry and

addiction psychiatry)

2) Three months of elective in each program.

The learning process (Table 3) includes practicing in both the out-patient and the in-patient unit under psychiatric staff supervision, individual and group supervisions, participating in case conference, journal club, book club and grand round etc. In addition, the RCPsychT also runs special inter-mural core lecture and case conference on a monthly basis. There are also inter-mural technique of interview (TOI) workshop and psychotherapy workshop run regularly by the RCPsychT.

For the competency evaluation, residents have to pass an evaluation by the committee of their own institute. For every postgraduate training year composes of knowledge, attitude, experience, and interviewing examination. The RCPsychT also runs a centralized multiple choice examination called PRITE (Psychiatry Residency in Training Examination).

The Board Certified Examination

For the application for examination to become a board certified psychiatrist, the residents have to

- 1) Fulfill the time requirement for compulsory and elective rotations
- 2) Submit one research thesis

The training institute then will issue the endorsement letter of eligibility to enter the board certified examination. The Diploma of Thai Board of Psychiatry will be issued by the RCPsychT for the candidate who passes the examination.

Update in Postgraduate Psychiatric Training Program : Residency Training in General Psychiatry

The standard of training program is

monitored by the RCPsychT. After a survey by the RCPsychT committee in 2008, there were some issues to develop to keep the unified common standard for all institutions. The first action was to revise the postgraduate training curriculum which has been using since 2001. We set the curriculum revision committee selected from the representatives from each institute. First, the committee revised and rearranged the training curriculum, then they sent the first revision version of the curriculum to each institute for further comments. Feedback and comments from each institute were reviewed, and then the final revised version, with the consensus of the committee, was presented to the Board of education of the RCPsychT.

The followings are some updates in residency training in psychiatry curriculum.

1. Objective

We rearranged the objective of training into six general competencies : 1) Patient care, 2) Medical knowledge, 3) Practice-based learning and improvement, 4) Interpersonal and communication skill, 5) Professionalism, and 6) System-based practice. We also required, in each competency, to acknowledge three basic components 1) knowledge, 2) skill, and 3) attitude.

Regarding the topic of medical knowledge, we divided the medical knowledge into fourteen topics such as knowledge of major psychiatric disorders, knowledge of psychotropic medication, knowledge of substances abuse, knowledge of human growth and development, and knowledge of emergency psychiatry, and etc. We then categorized each topic into two groups ; must know, and should know.

By using the data from the epidemiology and the significance of disorder, we further

Table 1 Classification of knowledge of major psychiatric disorders

Level	Epidemiology, Significant	Learning experience	Competency
1	Common disease ; Must possess well-known knowledge	Direct interaction with patients	Diagnosis, Management, Prevention and rehabilitation
2	Common disease ; Must known	Direct interaction with patients or observation or ward round	Limited knowledge of Diagnosis, Management, Prevention and rehabilitation
3	Less common disease ; should possess minimum knowledge	Self study, Lecture	Diagnosis, Limited knowledge in Management, Initial management, and refer to specialist

categorized the topics of knowledge of major psychiatric disorders, classified by ICD-10, into three different levels 1) common disease ; must possess well-known knowledge 2) common disease ; must known 3) less common disease ; should possess minimum knowledge. The level of knowledge of major psychiatric disorders then will determine the learning experience, and competency requirement for diagnosis, treatment, prevention, and rehabilitation (table 1).

2. Learning

Because of changes in current situations of psychiatric services, social context, and the revised objective of training, we had to update the learning experiences in new version of the curriculum. We added required rotations in Community Psychiatry and Forensic Psychiatry as the compulsory for at least two weeks within three years of training, and decreased the elective to only two months (Table 2). Furthermore, the group psychotherapy, and research seminar activities were required in

regular academic curriculum (Table 3).

3. Evaluation

The evaluation process of the 2009 version was mainly as the same format as the former version. We also added the other requirement ; the submission of two psychotherapy case portfolios as the criterion for applying for the Board Certified examination for the Diploma of Thai Board of Psychiatry.

Discussion : Strength and Weakness in Post-graduate Psychiatric Training Program

The compact and the close collaboration of all training institutes with the RCPsychT make the strength in efficient programs management. With regular meeting and monitoring from the RCPsychT, the standard of psychiatric training program progresses with the same mission and direction. In addition, residents could have opportunities to exchange and request for elective rotations at the other training institutes.

However, the compact of all institutes is our strength, we consider the limited number of

Table 2 Training program curriculum: Residency training in General Psychiatry

Requirement experiences for Residency training in General Psychiatry	The 2001 Curriculum Minimum time requirement (Months)	The 2009 revised Curriculum Minimum time requirement (Months)
Compulsory	18	18
General psychiatry	3	3
Child and adolescent psychiatry	3	3
Consultation-liaison psychiatry	3	3
Neurology	3	3
Mental hospital psychiatry	3	3
Addiction psychiatry	1	1
Forensic psychiatry	X	0.5
Community psychiatry	X	0.5
Total for compulsory	31	32
Elective	3	2
Total	34	34

Table 3 Requirement of Academic Activities: The 2001 version and 2009 revision version

Academic Activities of Residency Training in Psychiatry	The 2001 version Frequency (times, hours/week, month)	The 2001 version Frequency (times, hours/year)	The 2009 revision Frequency (times, hours/week, month)	The 2009 revision Frequency (times, hours/year)
Supervision	2 hours/week	90 hours/year	2 hours/week	90 hours/year
Case Conference	2 times/month	20 times/year	2 times/month	20 times/year
Journal Club	2 times/month	20 times/year	2 times/month	20 times/year
Psychotherapy seminar, Psychotherapy case conference	—	10 times/year	—	10 times/year
Grand round, Inpatient conference	1 time/week	40 times/year	1 time/week	40 times/year
Book club, book reading, topic discussion, lecture	20 times/week	90 times/year	20 times/week	90 times/year
Medical audit, Morning/Noon report, Chart review	2 times/week	90 times/year	2 times/week	90 times/year
Reporting writing, Inpatient medical record, Progress note, OPD record	Regular	Regular	regular	Regular
Research seminar	X	X	—	10 times/year
Group psychotherapy	X	X	—	10 times/year

training institutes, the limited number of position for residents in training programs, and the restraint of psychiatric training staff as the weaknesses of our training programs. Additionally, we need to develop the progress in psychiatric research to serve both the mental well-being of the Thai and the improvement of the academic activities of training program.

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