

RCFPT

really promoting family medicine?

Over the last two years the Royal College of Family Physicians of Thailand has undertaken a number of serious reviews of its programmes, and some of its committee members have become increasingly involved in influencing decision making about the future of primary care and family medicine. Some of these reforms include curriculum development for the post graduate family medicine intern programme, revision and improvement to international standards of the examinations procedure for the post graduate qualification, development and signing of a number of Memoranda of Understanding with central organisations including Thai Nursing and Midwifery Council, National Health Security Office, Ministry of Public Health, and, separately, with the Royal College of General Practitioners UK. The College has been involved in the promotion of secondments of family doctors to UK family medicine practices to gain experience of other systems. All of these initiatives are very positive. And some senior College members are keen to further reform the College and its activities.

BUT, is the RCFPT really promoting the values and professionalism of the specialty of family medicine in Thailand? Most of its members are not qualified as family doctors. The College does little to encourage young qualified family medicine doctors to join and fully participate in the role and function of the College committees and the College does nothing to promote family medicine as a separate professional clinical specialty.

The specialty of family medicine needs leadership and drive to ensure that patients are provided with high quality, clinically professional, community based primary care. Those doctors who are qualified as family physicians are not getting appropriate support from the College to promote the specialty, and the College is not playing the role of professional advocate. Rather, the College is investing its energy in protecting the status quo, protecting its members who are not family medicine qualified, and refusing to participate in proactive and innovative ways of ensuring the establishment of primary care and family medicine as a fully accepted specialty in the Thai health sector.

Certainly, the specialty of family medicine requires a professionally qualified base. Certainly, the specialty requires leadership and proactive involvement in promoting both the specialty and qualified family physicians within the health sector. Unfortunately neither of these are apparent in the make-up of the College currently. The label of Royal College of Family Physicians of Thailand is currently a misnomer.

The only hope for the College is for all of the qualified family doctors in Thailand to join and to proactively pursue executive positions within the College and its committees. Only then will the Royal College of Family Physicians of Thailand truly reflect the interests of the specialty and the professional family physician members.

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