Siriraj Hospital, Thailand's first modern hospital and medical school, was founded in 1888 by King Rama V. The hospital was a gift to the people of Siam as a memorial of Prince Sirirajkakutapan, his beloved child who passed away at the age of 2. Two years later, the first group of 16 medical students, who were paid to study medicine, enrolled in this school. During the first few years, the curriculum of the school included both Western and traditional Thai medicine. However, the different concepts confused both teachers and students, so the administrator decided to teach only modern medicine a few years later. In the early phase, most instructors came from European countries and the USA, until the graduates were capable to serve as local instructors.

The Faculty of Medicine, Siriraj Hospital, was the only medical school in Thailand for more than 50 years. Its graduates served the people all over the country. In 1947, the second medical school was established in Chulalongkorn University in order to serve the increasing demand for doctors in the country. Nine years later, the Faculty of Medicine, Chiangmai University, the first medical school in rural areas, was founded.

There are now 12 medical schools in Thailand, with 4 located in rural areas (northern, southern, north-eastern, and central areas) and the rest in Bangkok or its suburbs. The number of students each school enrolls per year ranges from 60 to 250. Most of them are public medical schools, except for one private medical school in Rangsit University; however, the clinical placement of its medical students is still in public hospitals. There are five- and six-year curricula. Schools using the six-year curriculum recruit their students from high schools, while those using the five-year curriculum recruit students with bachelor's degrees.

In the initial phase, most medical schools used traditional curricula. Most curricular reforms take place every six to seven years. Factors influencing curricular reforms include changes in the needs of society, changes in the nature of students, evolution in learning and teaching processes, rapid changes in technologies supporting medical practices and education, enormous explosion in medical knowledge, changes in the health system, etc. All these factors are
regularly scrutinized and summarized by working groups and experts from the Consortium of Thai Medical Schools, the Ministry of Public Health, the Ministry of Education, and other stakeholders. These processes lead to the “Recommendations for the Development of Medical Education and Health Service System,” which are updated every seven to eight years and have a strong influence on curricular reform. Examples of the recommendation policies stated during the seventh meeting were: (1) changes in the student enrollment process, which should emphasize not only general knowledge, but also the specific qualifications, attitude, and mental health of medical students; (2) changes in the curriculum to serve national health problems; (3) an increase in the number of family physicians; and (4) the establishment of the Center for Medical Competency Assessment and Accreditation, whose responsibility is to conduct the national test for all medical students, starting in 2006.

Nowadays, seven schools still use traditional curricula, while others use problem-based learning (PBL) in their curricula. However, when looking at detail into curricular reforms in the past five years, all medical schools have moved in the same direction. The new curricula are more student-centered, and focus more on the real needs of students when they have to work in the community. They also have more small group activities, patients’ problem trigger-learning processes, community-based learning, structured clinical experiences, outpatients department (OPD)-based learning activities, teaching across disciplines, exposure of students to medical practices in earlier phases, activities to enhance students’ ability of lifelong learning, and more time allocated for self-directed learning. In the process, the boundaries between departments are lessened.

Even though there are 12 medical schools, the demand for doctors and other medical personnel in this country still cannot be met. Therefore, seven new medical schools will be established in the next few years. Moreover, in order to increase the number of graduates and to improve the distribution of doctors in rural areas, the Ministry of Public Health has set up a new concept in medical education. Around 1998, a new curriculum was established in the Baromrajanok Institute in conjunction with some universities. During the first three years, students study premedical and preclinical knowledge in the university; and during clinical years, the teaching hospitals have been changed from university/medical school hospitals to provincial and district hospitals to help the students become acquainted with the community. However, there are still problems regarding the commitment and quality of medical instructors in these hospitals, due to their heavy workloads. Thus, to assure the quality of these teaching hospitals, it is the role of each university and the Consortium of Thai Medical Schools to perform both internal and external audits. Usually, the Consortium audits medical schools every five years and whenever their curricula have been changed. This role is authorized to the Consortium by the Thai Medical Council. In addition, the national license examination, which started this year, also helps to standardize the medical schools. The results of the examination are reported to all schools, so that they can compare their students’ achievement results with others’ in order to benchmark the performance. By using this process, best practice can be identified and schools can rapidly improve their teaching quality by learning from each other. In light of this success,
the Consortium has decided to share more information concerning not only students’ learning results, but also other relevant information such as the unit cost of student production, the satisfaction of students and stakeholders, and many other hospital and faculty performance results based on the Malcolm Baldrige National Quality Awards Criteria. This information-sharing process is expected to be fully implemented in a few years.

Another innovation in Thai medical education is the cooperation among nine medical schools to use the same enrollment process in student selection. In the past, each medical school had their own recruitment process. Students had to apply to each school and sit for many entrance examinations all through their last year in high school. Cooperation among medical schools not only reduces the burden of students in taking the examinations, but also enables the schools to design a special test for the required characteristics of medical students. The first such recruitment started this year, and it is an ongoing process.

All medical school graduates have to work for the government for 3 years. The first-year work is mainly in provincial hospitals under the supervision of senior doctors, and then another two years are spent in either provincial or community hospitals. After this three-year compulsory work, they are free to continue their work in rural areas, move to the private sector, or apply for specialist training. There are more than 50 residency training programs which range from 3-5 years. Apart from the residency training programs, young doctors can also choose to apply for Master’s or Doctor of Philosophy degree courses in medical schools. There are currently three faculties (Siriraj, Ramathibodi, and Prince of Songkla) which offer the MD and PhD programs in order to produce doctors and researchers. In these programs, third-year medical students can choose to postpone their MD study and do their PhD first, and then come back to study in the clinical years. These programs have been carried out for more than 15 years, and most graduates work in medical schools both in preclinical and clinical departments.

Medical education in Thailand has had a long journey for more than 118 years. The challenges in this education system are: (1) how to keep pace with rapidly changing knowledge and teach our students to be able to do so; (2) how to maintain a good quality of education, while there is great demand for an increasing number of graduates; (3) how to manage qualified education programs with limited resources and changing policies; and (4) how to retain talented staff within the faculty, while their incomes are incomparable to those in the private sector.

Even though there are many challenges, there are also many factors that will enable Thai medical schools to succeed, such as the support from society, the quality and dedication of instructors, the very high quality of the students, and most importantly the cooperation among medical schools through the Consortium. This cooperation empowers the medical schools to be able to cope with changing situations and deal with all policy makers, thus enabling them to maintain and continuously improve their quality.