

Message from President of the Gastroenterological Association of Thailand 2007-2008



Dear Members

It is an honour and privilege for me to have an opportunity to extend my congratulations on the success of the publication of Thai Journal of Gastroenterology which was originated by Professor Vikit Viranuvatti, the GAT's founder. During the period of our first editor, Dr. Sucha Kurathong, there were quite limited support from the members, however, Dr. Kamtorn Paosawasdi had encouraged GI fellows to submit their original articles to the Journal. Later Dr. Rungsun Rerknimitr had been formally appointed as the editor, he and the editorial board members had been performed their duties in full swing for four consecutive years. I would like to express my appreciation to Dr. Rungsun Rerknimitr and his editorial board members for their outstanding performance through all those years.

I would also like to extend my warm welcome to the new editor, Dr. Duangporn Thong-Ngam and her editorial board members who, will perform their responsibility and will maintain as well as improving the quality of the journal. I am certain that our members and people concerned will give the new editor and her team the full support as always. In this regard, I would like to remind you once again that the original articles are very welcomed from all of you in our GI family.

With the strong support and contribution from all members and fellows, in accordance with the proficiency of the incumbent editor and the editorial board members, I am able to assure you that the science and technology as well as the practice of gastroenterology will continue to thrive and progress ever onward.

Chutima Pramoolsinsup, M.D.

President of the Gastroenterological Association of Thailand

**Message from
Editor in Chief of
Thai Journal of Gastroenterology 2007-2008**



Dear Members

This is the first issue of the year 2007 of the Thai Journal of Gastroenterology. As the editor in chief, the high level of responsibility which has been transferred from Dr. Rungsun Rerknimitr to me, is considered a very challenging task. The intention of the editorial board is to regularly press the journal on a basis of 3 volumes a year. In this year, we would like to publish the Thai Journal of Gastroenterology online. For the success, we need the support from all members of the GAT and GI fellows by submitting the original research papers, review articles, and case reports, along with the nice pictures of endoscopy and radiographs. Any comments to the journal are also welcome. We hope that the quality of our journal will improve with time and be cited by the major scientific index systems. Finally, we would like to say many thanks to our sponsors who kindly support and make this journal possible.

Duangporn Thong-Ngam, M.D.

The Editor in Chief

GAT



The Gastroenterological Association of Thailand, GAT, has a duty to train and educate doctors in the field of gastroenterology, to maintain the professional standard and ethics. This does not apply only to doctors who want to specialize in this field but for all doctors who also have to treat patients with gastrointestinal and liver diseases such as general practitioners, internists etc. GAT also has to educate the public about GI diseases especially in disease prevention and health promotion.

GAT has been founded over 47 years ago but the subboard of gastroenterology has been established only 14 years ago with less than 20 fellows being accepted for training per year (far less at the beginning). So up till now Thailand has produced less than 200 GI specialists of its own. For a country of 65 millions population and of about 34,000 doctors we do not have enough doctors in total and in any specialty. The standard of training, the number of doctors being trained per year are governed by the Medical Council. However, for over the last 4 years the GMC's policy is to produce as many doctors, of any specialty, as possible - as long as they are quality doctors and it is up to GAT and the Royal College of Physicians to think of the number being trained, and the course syllabus.

GAT must have vision to train more GI specialists, to stimulate appropriate hospitals to start GI fellowship training program. GAT must continue to develop its fellowship training program continuously to keep up with advances in the field of gastroenterology. For instance is two years training which is the duration now enough or should it be 3 years. Also for those who want to specialize further eg in the field of endoscopy, liver, pancreas, motility etc should they train further for an extra year. GAT should have a committee which looks after the training program, content, duration, continuously and to suggest or advise changes including the conduct of examination to the higher authority.

GAT also should try to assess how many GI specialists Thailand should have, for example 1 GI doctor per 50,000 population? GAT should find information from other countries from both developed and developing, and come up with some suggestions. GAT also should have ideas about how many GI specialists different levels of hospitals should have, for example in a Teaching hospital, Regional, Provincial, or even District Hospital. Also what a GI Unit should consist of in term of manpower, appropriate facilities for investigations and treatments. All Provincial hospitals should have adequate equipments to treat all kind of GI diseases without having to refer to other hospital.

GAT should establish Clinical Practice Guideline (CPG) for common, important, or expensive diseases. Personally I think there should be only one CPG for a disease and is taught to all doctors in flexible ways so that doctors of all levels can apply the CPG to his or her hospital appropriately. The authority concerned in each hospital should then try to develop the capability of his hospital as much as he can. I do not think it correct to have different CPGs for different levels of hospitals.

GAT must establish working groups for common important diseases, to find out about these diseases, to do research for example in pancreatic disease, cancer etc, GAT must educate the public by writing column in newspaper, magazine, appearing on television etc. If there is news in the media about certain GI disease, GAT should try to give the correct information jointly with the Medical Council and the Royal College of Physicians.

GAT must develop its doctors in clinical, research, teaching, medical education, by sending appropriate doctors to be trained abroad. GAT must continue to have close association with international sister organization, and continuously organize joint meeting etc.

In short, President and officials of GAT must have vision. They must always think of developing GAT and how to achieve its objectives all the time. The President and all officials of GAT must be good administrators and leaders and must have 5 qualities, vision, management of man power, time, resources, and know its work well.

If necessary GAT must advise the government through the Royal College of Physicians and GMC about gastroenterology.

Professor Pinit Kullavanijaya