



Migration of physicians... What can Thailand and the upcoming
ASEAN Economic Community learn from Poland and the EU?

บทคัดย่อ

การย้ายถิ่นของแพทย์เฉพาะทางในกลุ่มประชาคมเศรษฐกิจ: การศึกษาเปรียบเทียบระหว่างประเทศไทยและประเทศไปแลนด์

กนกวรรณ ตั้งจิตนุสรณ์

บทคัดย่อ

ด้วยประชาคมเศรษฐกิจอาเซียน (AEC) ซึ่งกำลังจะเกิดขึ้นในปี 2558 นั้น จะยอมรับการย้ายถิ่นอย่างเสรีของแพทย์เฉพาะทางภายในอาเซียน อนึ่ง แพทย์เฉพาะทางคือแพทย์ที่มีความชำนาญขั้นสูงสามารถวินิจฉัยและรักษาโรคในผู้ป่วย หนักได้ อย่างไร่ตาม ขณะนี้ยังไม่มีการศึกษาเกี่ยวกับแบบแผนการย้ายถิ่นทั้ง กล่าว วัตถุประสงค์ในการศึกษานี้ เพื่อสำรวจแบบแผนการย้ายถิ่นในอนาคตภาย ได้กรอบ AEC ของแพทย์เฉพาะทางในประเทศไทย วิธีวิจัยประกอบด้วย 3 ขั้น ตอนหลัก ได้แก่ (1) การทบทวนวรรณกรรมการย้ายถิ่นของแพทย์เฉพาะทางของ ไปแลนด์ในสหภาพยุโรป (EU) เพื่อใช้เปรียบเทียบกับแบบแผนการย้ายถิ่นใน อนาคตของแพทย์เฉพาะทางของไทย (2) การสำรวจความคิดเห็นของแพทย์ ประจำบ้าน (แพทย์ที่กำลังฝึกเฉพาะทาง) ของไทยจากแบบสอบถามที่มีผู้ตอบ 76 คน และ (3) การสัมภาษณ์เชิงลึกจากแพทย์เฉพาะทาง 3 คน และ แพทย์ ประจำบ้าน 7 คน

จากการทบทวนวรรณกรรมพบว่า ตั้งแต่ไปแลนด์เข้าร่วม EU เมื่อปี 2547 จำนวนแพทย์ไปแลนด์ที่ย้ายถิ่นออกนอกประเทศนั้นเพิ่มขึ้นกว่าเดิมมาก แพทย์ ส่วนใหญ่ที่ย้ายไปได้แก่สวีเดน เยอรมนี และ ออร์แลนด์ ตามลำดับ ปัจจัยจูงใจให้ย้ายถิ่น ได้แก่ ค่าตอบแทนที่สูงขึ้น, สภาพการทำงานที่ดีกว่า, และ โอกาสที่ดีในการพัฒนา ทางวิชาชีพ จากการประเมินแบบสอบถามพบว่าร้อยละ 97.3 ของแพทย์ประจำ บ้านตั้งใจว่าจะทำงานในประเทศไทยเป็นเวลาอย่างน้อยห้าปีหลังจากการฝึกอบรม

มีเพียงร้อยละ 22.4 และร้อยละ 23.7 เท่านั้นที่รู้จัก AEC และข้อตกลงยอมรับร่วมคุณสมบัติวิชาชีพแพทย์ในอาเซียน (MRAs) อย่างไรก็ตามร้อยละ 33.8 มีความสนใจที่จะไปทำงานแบบเต็มเวลา ระยะเวลาเกินหนึ่งปีในประเทศ 'สิงคโปร์' สาระสำคัญจากการสัมภาษณ์เชิงลึกซึ่งให้เห็นว่า ภาระการทำงานที่หนักและล้นเกิน การขาดการจัดการการทำงานที่ดีของโรงพยาบาล และ การฟ้องร้องแพทย์ เป็นส่วนผลักดันให้แพทย์อยากย้ายถิ่น ขณะเดียวกัน ค่าตอบแทนที่สูงขึ้นและสภาพการทำงานที่ดีกว่า จะเป็นแรงจูงใจสำคัญให้แพทย์เดินทางต้องการย้ายถิ่น ดังเช่น ระบบบริการสุขภาพที่มีความ 'เป็นธรรม' และ 'โปร่งใส' ของประเทศ สิงคโปร์ สรุป แพทย์เดินทางของไทย มีแนวโน้มว่าจะไม่ย้ายถิ่นไปมากเมื่อเข้าสู่ในกรณีของไปแลนด์ อย่างไรก็ตาม รัฐบาลไทยควรผลักดันให้มีการพัฒนาสภาพการทำงานและสภาพความเป็นอยู่ในประเทศให้ดีขึ้น

Migration of Specialist Physicians in an Economic Community: A Comparison of Thailand and Poland

Kanokwan Tangchithusorn

1. Introduction

ASEAN Economic Community (AEC), which will be established in 2015, will allow the free movement of skilled labors. One of them are physicians, in which, it draws particular concerns regarding the possibility of external brain drain of Thai physicians to other ASEAN (Association of Southeast Asian Nations) countries.

Regarding the emigration history of Thai physicians, the number of emigrated Thai physicians rose significantly only during 1960s, as most of them migrated to the United States.¹ However, according to the current situation of the shortage of physicians in Thailand, the AEC is perceived to be another challenge that Thailand has to face after 2015.

As of 2010, there are 17,227 specialist physicians in Thailand², while the total number of physicians (including both specialist physicians and family physicians) is 22,019.³ Since, specialist

¹ Suwit Wibulpolprasert and Paichit Pengpaibon, "Integrated strategies to tackle the inequitable distribution of doctors in Thailand: four decades of experience," *Human Resources for Health* 1, no. 1 (2003).

² "รายงานบุคลากร แพทย์เฉพาะทาง (Reports on health personnels: specialist physicians)," Bureau of Policy and Strategy, Ministry of Public Health, Thailand, <http://moc.moph.go.th/Resource/Personal/index,new.php?tab=tab1>.

³ "รายงานบุคลากรทางการแพทย์ (Reports on health personnels)," Bureau of Policy and Strategy, Ministry of Public Health, Thailand, <http://moc.moph>.

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physicians are accounted for approximately 78% of the total number of physicians in Thailand, they are crucial for Thai health system. Hence, this research would examine future migration pattern, specifically 'external migration,' of Thai specialist physicians within the ASEAN Economic Community (AEC). In addition, the migration pattern of Polish specialist physicians in the European Union (EU) would be used for comparing with Thailand's case.

The reasons for comparing Thailand with Poland are as presented as follows. First, Thailand is a member of ASEAN, which is going to establish the economic community (AEC) in 2015, and Poland is a member of the European Union since 2004. Second, comparing to other Member States within the EU, Poland has closest number of physician density, in which Thailand figure is 0.298 and Poland is 2.144. Physician density of countries in Europe indicates that Poland has the least figure at 2.2 physicians per 1,000 populations, while the average EU figure is 3.3 physicians per 1,000 populations.⁴ Third, both Thailand and Poland are considered the source countries of specialist physicians within the AEC and the EU respectively. They are both considered sending countries of specialist physicians due to the low rates of registered foreign-trained physicians in both countries. In Thailand, the number of foreign-trained physicians is close to 0% of the total number of Thai physicians,⁵ while in Poland only 0.6% of Polish physicians are foreign-trained physicians.⁶

go.th/Resource/PersonalU/index,new.php.

⁴ OECD, "Practising physicians per 1 000 population," *Health at a Glance: Europe 2010* (2010).

⁵ "ข้อมูลแพทย์ ณ วันที่ 31 ธันวาคม 2554 (Data of Physicians Until 31 DEC 2011)," Thai Medical Council, <http://www.tmc.or.th/statistics.php>.

⁶ Katarzyna Czabanowska Marcin Kautsch, "When the grass gets greener at home: Poland's changing incentives for health professional

2. Hypotheses for the study

According to theories and previous studies, hypotheses for the study are formulated as presented as in Table 1 below.

Hypothesis	Source of hypothesis
1. AEC can lead to significant emigration of Thai specialist physicians to other ASEAN countries by 2020.	“The removal of immigration restrictions within the Common Market countries has been accompanied by large migrations of workers from one of these countries to another.” ⁷ “State and regional policies or agreements serve as “lubricators” to speed up desired industry-motivated movements.” ⁸
2. Most of Thai specialist physicians, who intend to migrate to other ASEAN countries, would prefer to go to the more developed countries in ASEAN rather than the less developed ones (CLMV countries).	“Migrants proceeding long distances generally go by preference to one of the great centers of commerce and industry” (I, p. 199). ⁹

Table 1: Hypotheses for the study

mobility,” *Health Professional Mobility and Health Systems, Evidence from 17 European countries* (2011).

⁷ Everett S. Lee, “A Theory of Migration,” *Demography* Vol. 3, No. 1 (1966), page 53

⁸ Robyn Iredale, “The Migration of Professionals: Theories and Typologies,” *International migration* 39, no.5 (2001).

⁹ Lee, “A Theory of Migration.”

3. Methodology

The definition of 'specialist physicians' in this study meant to include (1) specialist physicians (physicians who already completed their resident training of 3-5 years) (2) fellowship physicians (specialist physicians who are currently training under subspecialties), and (3) resident physicians (physicians who are currently training to become specialist physicians in 3-5 years). Since, this research is about future migration, thus the author also included the current 'resident physicians' into the study, as most of them will already become specialists after the establishing of the AEC in 2015.

3.1 Research methodology for the literature review (Poland)

The data used for the literature review have to fulfill the following criteria. First, the data must come from reliable sources such as 'peer-reviewed organizations' or 'recognized publications.' Second, the data must be relevant to the migration of Polish specialist physicians in the EU.

3.2 Research methodology for the questionnaire (Thailand)

Criterion sampling methods was used for selecting the questionnaire respondents. The inclusion criteria are (1) respondents have to be resident physicians (2) respondents have to be training under top three largest medical training institutions in Thailand. According to the Medical Council of Thailand, Siriraj Hospital, Chulalongkorn Hospital, and Ramathibodi Hospital are currently the top three medical institutions that have most number of resident physicians (altogether more than 40% of the total number of Thai resident physicians).(3) respondents have to be willing to participate. Each hospital received 100 questionnaires. The total of 300 questionnaires were sent on 9 March 2012 and returned on 31 March 2012.

3.3 Research methodology for the in-depth interview (Thailand)

The study adopted the criterion sampling technique in order to form the criteria for selecting each participant. The inclusion criteria for the key respondents are (1) being specialist physician, or resident physician, (2) being less than 35 years old, and (3) being willing to participate in the interview. Depending on the convenience of the key respondents, the interviews were conducted by face-to-face interviews and telephone interviews during March-April 2012.

4. Results

4.1 Literature reviews (Poland)

The intentions for working abroad EU of Polish physicians/specialist physicians are mainly measured by the number of physicians applying for certificates to practice in other Member States. The total number of registered medical doctors in Poland by 2008 was 116,492; whereas, the number of physicians acquiring certificates to practice in other EU countries is just 7,138 or approximately 6.1%.¹⁰ However, the number of emigrated Polish physicians in other EU Member States during 2004-2007 is only accounted for 2.5% (2,961) of the total supply of physicians in Poland.¹¹ Though, it is revealed that the emigration of Polish physicians doesn't seem to be substantial issue for Poland's health system, the statistical data showed that the emigration of specialist physicians has created vacancies of some specialties in Poland, particularly those in

¹⁰ Marcin Kautsch, "When the grass gets greener at home: Poland's changing incentives for health professional mobility."

¹¹ Joanna Leśniowska, "Migration patterns of Polish doctors within the EU," Eurohealth Volume 13 Number 4(2007).

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Anesthesiology and Emergency Medicine. In addition, if comparing the number of emigrated Polish physicians before and after the country's accession to the EU, it appeared that the number rose significantly. According to the qualitative study, efficient reform of health system in Poland is needed in order to retain Polish physicians within the country in long-term.¹²

During 2004-2007, Polish physicians went to work in the UK; 1,633 doctors, Sweden; 417 doctors, Germany; 364 doctors, Ireland; 185 doctors, Denmark; 139 doctors, respectively.¹³ Krzysztof's research in 2008 had surveyed the opinions of Polish medical students regarding the intentions to work in other EU countries. According to the research, 85% of the respondents were interested to work abroad, and 42% perceived working abroad as their definite plan.¹⁴

Regarding the factors influencing the migratory decisions of Polish physicians/ specialist physicians, "low salaries, difficult working conditions, and limited possibilities for professional development," are considered the push factors in Poland; while, pull factors at destinations (EU) are "better income, better career prospects, and greater prestige and better organization of work."¹⁵

Regarding the salaries, Polish physicians expected to get around 5500 PLN (1400 EUR) per month, while the newly graduates expect

¹² Agnieszka Makulec Adelajda Kołodziejska, Monika Szulecka, Paweł Kaczmarszyk "National profile of migration of health professionals - POLAND," (2011), <http://www.mohprof.eu/POLAND>.

¹³ Leśniowska, "Migration patterns of Polish doctors within the EU."

¹⁴ Krzysztof Krajewski-Siuda et al., "Brain drain threat-Polish students are not satisfied with labor market options for health professionals in Poland," *Journal of Public Health* 16, no. 5 (2008).

¹⁵ Marcin Kautsch, "When the grass gets greener at home: Poland's changing incentives for health professional mobility."

to get around 1700 PLN (430 EUR) a month.¹⁶ However, since the salaries in Poland become higher in recent years, long-term emigration has been substituted by short-term migration or the so-called circulation.¹⁷ Beside salary, the dissatisfactions toward the health system have long been considered as significant push factor in Poland. The reasons contributing to the inefficient health system in Poland include, the low funding (7% of GDP), poor system of contracting medical services and reimbursement, and the lack of strategic planning and management skills of Polish healthcare sectors at all levels.¹⁸

However, there are intervening obstacles preventing the emigration of Polish physicians/ specialist physicians, in which, they can be categorized by internal and external factors. For external factors, it is reported that the emigrated Polish specialist physicians rarely to get long-term employment abroad and those who are able to get short-term employment are mostly anesthesiologists.¹⁹ For internal factors, they included the opportunities for several employments in both private and public sectors within the country, ‘low cost of living in Poland,’ ‘low knowledge of foreign languages,’ ‘low cost of medical education,’ and ‘high social status of health professionals in Poland.’²⁰ In essence, good conditions within Poland are seen as the barriers for Polish physicians to emigrate as the conditions in destinations become less beneficial. In addition, attachment to home country also makes those

¹⁶ Adelajda Kołodziejska, “National profile of migration of health professionals - POLAND”.

¹⁷ Ibid.

¹⁸ Ibid.

¹⁹ Ibid. page 9.

²⁰ Ibid. page 7

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emigrated Polish physicians want to return to Poland.²¹

4.2 Main findings from questionnaire surveys (Thailand)

After sending questionnaires to three specialist training hospitals, there were 76 questionnaires returned, 52 questionnaires from Chulalongkorn Hospital, and 24 questionnaires from Siriraj Hospital.

4.2.1 Characteristics of the questionnaire respondents

Table 2 below summarizes some particular characteristics of respondents, including gender, age, marital status, hometown, and specialist areas. Table 2 revealed that most respondents are female, age between 26-30, single, originating from Bangkok, and being pediatricians.

Questionnaire respondents (n=76)					
Gender	Male		Female		
Freq.	23		53		
Age	21-25	26-30	31-35	36-40	
Freq.	1	71	3	1	
Marital status	Single		Married		
Freq.	70		6		
Hometown	Bangkok	Central	Northeast	North	South
Freq.	36	19	4	10	7
Specialist areas	Pediatrics	Surgery	Ob-gyn	Orthopedics	Internal Medicine
Freq.	31	17	12	3	3
	Anesthesiology	Psychology	Radiology		
	3	2	5		

Table 2: Characteristics of questionnaire respondents

²¹ Ibid.

4.2.2 Intentions to work in other ASEAN countries

Regarding to the working destinations within 5 years after graduation, the result revealed that 97.4% (73) of respondents reported to continue working in Thailand, while only 2.6% (2) reported to go abroad. Interestingly, only 22.4% (17) knew about the AEC and only 23.7% (18) knew about the Mutual Recognition Arrangement (MRA) on medical practitioners.

The result showed that the most popular destination (ASEAN) for working full-time, more than one year, was Singapore (33.8%), while other countries such as Malaysia, Vietnam, and Laos scored very low at 1.4%, 2.7%, and 1.4%, respectively. In addition, 49.3% (37) of respondents were interested to work part-time in Singapore. The top three specialist physicians who were interested in working part-time in Singapore are anesthesiologists, ob-gyn doctors, and internist, respectively. And, the top three specialist physicians interested in working full-time in Singapore, more than 1 year, are anesthesiologists, ob-gyn doctors, and radiologists, respectively.

In addition, Table 3 below, revealed that the number of respondents interested to work in other ASEAN countries will increase, if the duration of stay in those countries decreases.

Number of respondents interested to work in other ASEAN countries, by duration of stay		
Full-time, more than 1 year	Full-time, but less than 1 year	Part-time
39.2 % (29)	42.5% (31)	52% (39)

Table 3: Number of respondents interested to work in other ASEAN countries, by duration of stay

Working condition (32%), living condition (32%), income (22.7%), economic stability (22.7%), and travel opportunity (21.3%), consecutively, are the most dominant factors for any migratory decisions. In addition, some respondents also suggested 'hometown' and 'spouse' as the important factors that can greatly affect the decisions to change workplace.

4.2.3 Satisfaction towards professional conditions in Thailand

The majority 56.6% (43) said they are 'satisfied' with the working conditions in Thailand.

4.2.4 Intervening obstacles to work in other countries in ASEAN

The result showed that the most dominant obstacle is 'the attachment to home country' (34.2%), in which, it creates the reluctance to migrate, hence, impedes the act to migrate to other ASEAN countries of the respondents. Other factors include language and cultural difference (26.3%), distance (22.4%), unfamiliarity/ ignorance of laws at the destination (22.4%), and regional conflicts (7.9%). In addition, some respondents suggested that the cost of living and low social recognition in the destinations (ASEAN) were dominant obstacles for migrating to other ASEAN countries.

4.3 Main findings from the in-depth interviews

4.3.1 Characteristics of the interview participants

Table 4 below presents brief information of the interview participants. Table 4 revealed that most interviewees are female, age between 26-30, single, originating from Bangkok, and being internists.

Interview participants (n=10)				
Gender	Male		Female	
Freq.	3		7	
Age	21-25	26-30	31-35	36-40
Freq.	----	7	3	-----
Marital status	Single	Married		
Freq.	6	4		
Hometown	Bangkok	Central	Northeast	North
Freq.	5	1	2	1
Specialist areas	Internal Medicine	Neurological Surgery	Ob-gyn 2	Emergency Medicine
Freq.	4	1		1
	Dermatology	Rehabilitation Medicine		
	1	1		

Table 4: Characteristics of the interview participants

4.3.2 Possible Scenarios of the migration of Thai specialist physicians after the establishing of the AEC

This theme presents possible scenarios of the future migration of Thai specialist physicians in the ASEAN. Figure 1 below shows the possible scenarios of the migration.

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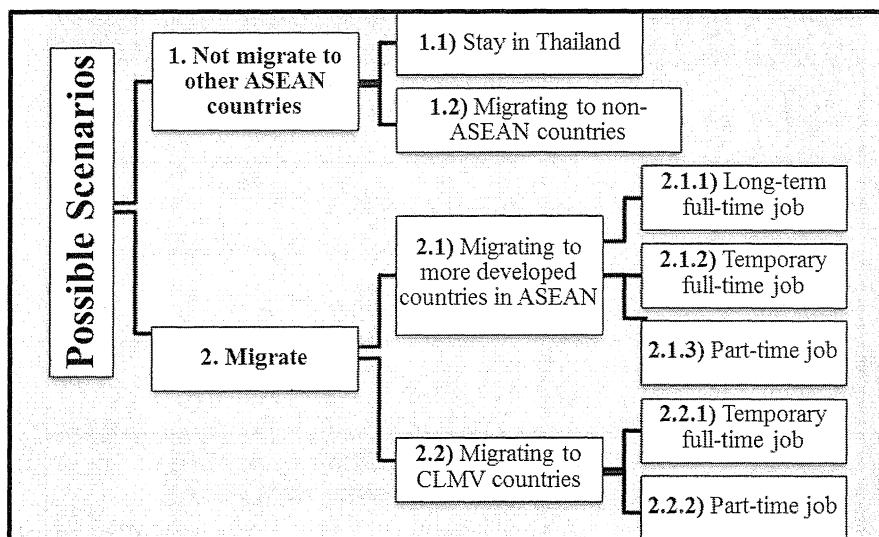


Figure 1: Possible Scenarios for the migration of Thai specialist physicians after the establishment of the AEC in 2015

All interviewees unanimously agree that it is quite impossible to see noticeable number of Thai physicians migrating to work and live in other ASEAN countries permanently or live there for more than 5 years. For Thai specialist physicians who tend not to migrate to any ASEAN countries, they may either stay in Thailand or migrate to other countries such as the U.S. and the UK.

For those who are interested to work in more developed countries in ASEAN, they prefer working full-time (but less than five years) to working part-time as they think the latter is exhausting.

For those who are interested to work full-time in CLMV countries, they will only live in such countries for a very short time, unless the hospital facilities there are being improved significantly. Main reasons for going to CLMV countries are varied. Some of them want to go there just because their hometowns share border with those

countries. Some of them want to go there for traveling purpose. And, some of them want to go there for altruistic/ voluntary purpose.

4.3.3 The impacts of the AEC on the future migration of Thai specialist physicians

Thai specialist physicians predicted that after the AEC is established in 2015, there would be more awareness of working in other ASEAN countries. Then, the interests to migrate there will be stimulated. And, as a result, there would be more migration of Thai specialist physicians to other ASEAN countries. However, the number of future migrants may not be substantial, but it is highly possible that it will significantly increase from the status quo.

4.3.4 Satisfaction of working in Thailand

Specialist physicians, who are satisfied with the working in Thailand, are satisfied with the professional development, income (especially in private sector), and friendly working environment. In addition, comparing to Singapore, working in Thailand is perceived to be less stressful.

4.3.5 Push factors causing dissatisfactions towards working in Thailand

Low income in Thai public sector is perceived to be the factor that makes Thai public specialist physicians feels inferior to their private counterparts. In addition, Specialist physicians, especially those who also do the administrative jobs in public hospitals, reported *dissatisfactions towards their co-workers*.

The *heavy workload* of Thai specialist physicians is the main push factor for working in Thailand. Specialist physicians believe that heavy workload create fatigue during the day, which eventually reduces the quality of medical treatment.

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Medical malpractice litigations in Thailand are perceived to be another push factor for working in Thailand, especially after the draft of “the Protection Act to the Detriment of Public Health Services” was proposed in mid-2010 by Consumer Network of Thailand. The proposed draft allows patients to sue individual medical practitioners.²² Since then, medical practitioners have been protesting against the draft, as they are feared that once the law is passed, it will threaten both their job security and the security of their lives as well. However, groups of medical practitioners also propose another Act which is quite similar in terms of protecting the patient’s right; however, it doesn’t allow patients to sue medical practitioners like the previous one.²³

Poor financial management of hospitals also worsens the working condition in Thailand. Some specialist physicians reported that they didn’t receive their salary on time as the hospital they are working at run out of money. The main causes of such poor financial management can come from corruption, and the excess spending of hospital.

4.3.6 Pull factors in other ASEAN countries

Generally, specialist physicians who want to migrate to work in other ASEAN countries, they want to go there in order to gain new experience, though the migrations of each individual are varied in terms of the length of stay. In general, Thai specialist physicians believe that they can seek better living standards and better working standard in Singapore, Brunei, and Malaysia,

²² “ร่าง พ.ร.บ. คุ้มครองผู้ได้รับผลกระทบจากการบริการสาธารณสุข” Thai National Assembly, http://www.parliament.go.th/ewtadmin/ewt/parliament_parcy/download/article/article_20110906101618.pdf.

²³ Ibid.

respectively. Interestingly, the lack of health professionals in CLMV countries can also be perceived as pull factor, in which, many of specialist physicians want to go there for altruistic purpose and for study purpose.

4.3.7 Intervening obstacles preventing Thai physicians to migrate to other ASEAN countries

Most of specialist physicians don't want to leave Thailand mainly for two reasons; firstly, they believe that they have to serve the need of Thai people first (patriotism), and secondly, they are already familiar with working and living conditions in Thailand (attachment to home country) and that they don't like changes. Positive factors in Thailand perceived by specialist physicians also act as the obstacles for emigration. Those factors are including income (especially in private sector), friendly working condition, and professional development.

Other barriers preventing the migration of Thai physicians to other ASEAN countries are including the limitation of the knowledge of the working and living conditions in other ASEAN countries, the unfamiliarity of domestic laws, and language barriers. In addition, stricter working condition and high cost of living in Singapore also cross out the benefits of high salary there.

Unpleasant conditions in Indonesia, Malaysia, and Philippines are also contributing to the reason why Thai specialist physicians had better stay at home country. Furthermore, low technology and poor infrastructure in CLMV countries are perceived as great barriers for specialist physicians as they need good medical equipment and facility in order to provide service. In addition, regional conflicts between Thailand and Cambodia, Laos, and Myanmar, also prevent the migration.

5. Discussion

Regarding to the research results of Thailand's context, both quantitative findings (questionnaire survey) and qualitative findings (interviews) yield significantly similar results, in which, it can be concluded that there would be no substantial emigration of Thai specialist physicians to other countries in ASEAN in the near future. However, when the length of stay in the destinations (ASEAN) becomes shorter, Thai specialist physicians are more interested to migrate. This finding is also in line with the previous findings of Poland's context, in which, it describes the current emigration of Polish specialist physicians to other EU Member States as 'circulation.'

According to both questionnaire and interview results, it is confirmed that the knowledge of Thai specialist physicians regarding the AEC and the MRA on medical practitioners in ASEAN is very limited. In addition, the questionnaire result also indicates that 97.3% of respondents will continue working in Thailand for at least five continuous years after completing their specialist training. Thus, Hypothesis 1 "AEC can lead to significant emigration of Thai specialist physicians to other ASEAN countries by 2020" is not supported.

Regarding the most desired destinations in ASEAN, both quantitative and qualitative study indicated that the majority of Thai specialist physicians would prefer to migrate to work in Singapore the most. In addition, the dominant pull factors for the migration of Thai specialist physicians are including better remuneration, better working condition and high technology. Thus, Hypothesis 2 "Most of Thai specialist physicians, who intend to migrate to other ASEAN countries, would prefer to go to the more developed countries in ASEAN rather than the less developed ones (CLMV countries)" is supported by both quantitative and qualitative study. Similarly, the pull factors triggering the emigration of Polish specialist physicians

to other EU Member States mainly come from the economic motivation, as well as, better working and living conditions.²⁴

Regarding the satisfaction towards working in Thailand, the quantitative result suggested that 59.2% of respondents are satisfied with the working in Thailand. The qualitative study presented quite different results, as it revealed that specialist physicians are not satisfied with the heavy workload, poor financial management of hospitals, and low income (especially in Thai public sector).

Regarding the obstacles for migration within an economic community, according to both Thailand and Poland comparison, it is indicated that the higher cost of living in destinations, language barriers, and the attachment to home countries are the obstacles preventing the migrations in both countries.

6. Conclusion

Unlike Poland, Thailand does not seem likely to face a noticeable flow of external migration of specialist physicians to other member states in the future. That is mainly because in Poland, the emigration of Polish specialist physicians within the union could be observed (though it was not so significant) before the country's accession to the EU. Thus, it is quite predictable that the number of migrants would significantly increase after the country joining the EU in 2004. This argument is supported by Lee's theory that the successful migration can create more migration. However, for Thailand, the number of specialist physicians migrating to other ASEAN countries is still very low so far. So, it is likely that the migration in the near future would be low as well.

²⁴ Krajewski-Siuda et al., "Brain drain threat-Polish students are not satisfied with labor market options for health professionals in Poland"

In addition, for Thailand's contexts, it reveals that Thai specialist physicians are having more positive attitude towards the income in the home country than in Poland's contexts.

However, according to Thailand-Poland comparison, the improvement of domestic working and living conditions are recommended for the Thai government in order to retain specialist physicians within the country in long term.

In order to create the stability of Thai health system, it is recommended that Thailand should produce more supply of physicians or recruit foreign-trained physicians from other countries. The latter recommendation would not be possible unless, the Medical Council of Thailand changes the format of the licensing exam from only written Thai to be also written in English as well. However, only increasing the supply of physicians in Thailand alone cannot equally satisfy the demand of patients nationwide. Thus, effective distribution scheme is needed to deal with the distribution of physicians/ specialist physicians of the country.

7. Ethical approval

Since the author did not submit the thesis to the IRB (Institutional Review Board), Ramathibodi hospital refused to allow the questionnaires to be distributed to their resident physicians. However, Chulalongkorn hospital and Siriraj hospital approved the questionnaires and agreed to distribute the questionnaires to their resident physicians.

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