

REPORT FROM TURKEY

EQuIP Meeting, Malaga, 04 – 06 October 2010

★ **Changes in Family Medicine Residency Education** ★

★ **Fifth Anniversary in the Health Transition Project** ★

★ **Future Plans in the MoH: The 2023 Projection** ★

★ **National Community Health Database** ★

★ **Regulation Urging Full-time Service** ★

★ **Malpractice Insurance Obligatory** ★

★ **Standards in the Classification of Family Practices** ★

★ **New Regulation Based on DRG Payment on the Way** ★

★ **Institutional Performance and Quality Standards** ★

★ **EQuIP Summer School – November 2010 in Antalya** ★

• **Duration of Rotations in FM Residency Education Changed**

Duration of family medicine training in Turkey is three years. Placements are done by the bi-yearly central examination [TUS](#). Graduation follows after successfully completing all obligatory rotations, completing and defending the dissertation thesis and passing the graduation exam. Until June 2010, all rotations were hospital based, allowing for criticism by family medicine trainers. With the new regulation announced by the [Medical Education Commission](#) family medicine trainees will spend 18 months in the primary care offices.

Old and new versions of the residency plan are given below:

Rotation	Before	After June 2010
Family practice	--	18 months
Pediatrics	9 months	5 months
Internal Medicine	9 months	4 months
Gynecology – Obst.	8 months	4 months
Psychiatry	4 months	2 months
General Surgery	6 months	1 months
Cardiology	--	1 months
Chest diseases	--	1 months

• **Five Years Passed Since the Beginning of the Health Transition Project**

“Turkey’s Commitment to Health Reforms Delivers Better Service to More” ([IBRD](#))

Start to the Health Transition Project was given in September 15, 2010 in Düzce. Now more that 5 years have passed with lots of changes in the health system. The coverage and quality of Turkey’s health sector was lagging behind other middle-income countries despite solid economic success in recent years, but by the recent policies health insurance coverage expanded by 75%.

Important changes implemented so far are summarized [as](#):

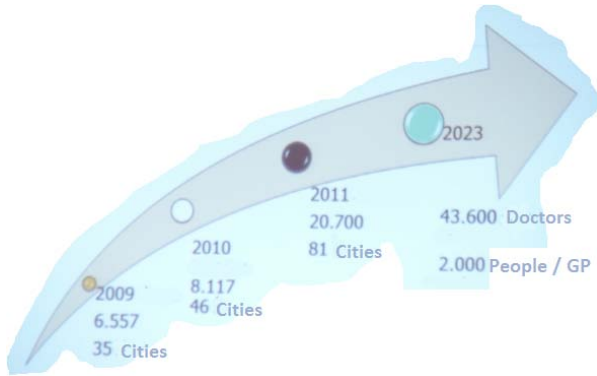
- i) Restructuring of the Ministry of Health
- ii) Reform in the social security system and implementation of the Universal Health Insurance Fund.
- iii) The pilot law of family medicine project was issued. Countrywide implementation will be before 2011.

- iv) Different government hospitals (i.e. SSK, Bağ Kur, and Emekli Sandığı) were merged under one Social Security Organization (SGK). This was followed by semi-independent managements of the government hospitals.
- v) A social security information system supported by information technologies and computers was developed.

One of the recent cities where the family medicine project was implemented is Ankara. As in the other pilot cities, the health offices (Sağlık Ocağı) were converted into Family Health Offices (ASM) and service given by 892 doctors in 258 offices was replaced with 1247 doctors in 315 offices ([press](#)).

- **The Ministry of Health Foresees to Hire 43600 Family Physicians by 2023**

As to December 2009, the population of Turkey is 72 millions. It is expected to be 82 million by the year 2023 ([Turkish Statistics Institute](#)).



Since it was announced earlier by the Ministry of Health that the deadline for hiring unspecialized GPs will be [2017](#), it is expected to have 115 accredited family medicine training centers, 575 family medicine trainers, and 2300 residents by the year 2023 ([Gürel FS](#)).

- **National Community Health Database is Being Prepared**

The minimal health datasets ([MVS](#)) for family medicine were defined with the collaboration of all

stakeholders. Since the new health system differentiates two major groups in the primary care as the family physicians and the community physicians, it was essential to define the datasets for community health centers as well. The ministry of Health recently initiated a working group to define the data sets for community health centers. Assoc. Prof. Talat Bahçebaşı from the Department of Public Health in Düzce University is leading the project with contributions from the field and academic departments. A final document is expected to emerge by October 2010.

- **Ministry of Health is Pushing to Oblige Full-time Work for Doctors in the Public Sector**

According to the current regulations, physicians working in the public sector can choose to work on a part time basis. Besides being the only profession in the public sector having this privilege, the shortage of doctors is claimed to be a necessity to shift to full-time work for doctors. The government has issued a new legislation for this purpose [defending](#) that it will be an advantage for the doctors as well as the public. However, accepting the application of the leftist Republican People's Party (CHP), the constitutional court cancelled some parts of the law. The MoH is waiting for the court to announce the rationale of cancelling in order to take further action, though minister Akdağ says there is no other way than full-time work for doctors in public sector.

- **Malpractice Insurance now Obligatory for Doctors**

After the recent implementation of the malpractice law the public as well as doctors were expecting an obligatory insurance to follow. With a new regulation the Financial Responsibility Insurance has become [obligatory](#). Depending on the specialty, prices for the policy change from 50€ to 100€, half of it being refundable.

- **The Ministry of Health Defined Standards in the Classification of Family Practices**

With the new [regulation](#) issued in May 2010, the ministry of health defined four groups of family health centers (ASM). Initially the reason for this standardization is described as “Help to define the amount of support to be given as routine expenditures of the family health center”. There are 37 standards out of them 20 being mandatory for all groups of practices. Some of these inevitable items are existence of:

- a barcode reader for vaccines,
- an emergency intervention set
- arrangements for disabled persons
- a patient complaint collecting system

Having the highest standards, among other conditions, group a family health centers need to have facilities such as a functional web page, obstetric ultrasound facility, and an examination room of at least 14 m².

- **New Regulation Based on Diagnoses Related Grouping (DRG) Payment on the Way**

As to the current payment system, a mixture of salary and per capita payment is applied in the primary health care. Hospital bills on the other hand, are paid by the Social Security Organization according to a [classification](#) of the hospitals and specialties. Fixed packages apply for outpatient visits and different procedures.

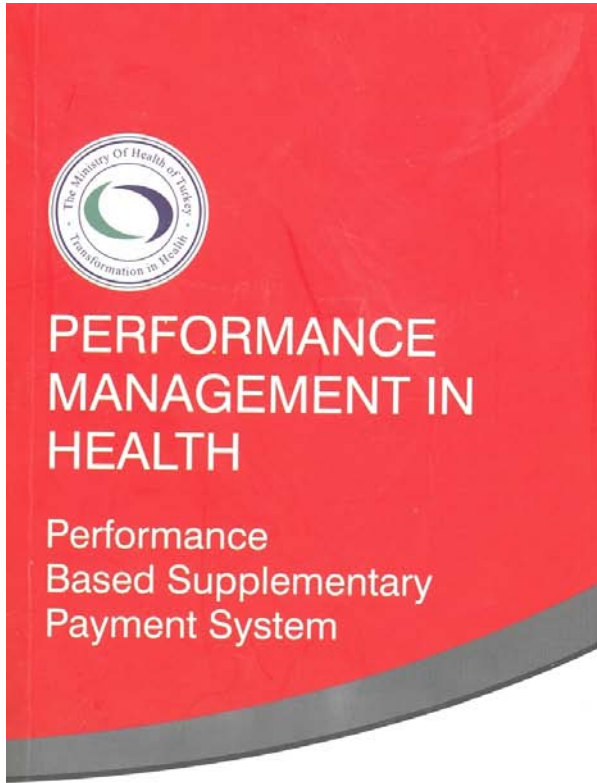
Starting from the point that every patient is unique, patients with the same diagnoses may have different levels of severity and thus different amount of resource utilization and hospital expenses. Therefore, DRG is accepted as a good method to distribute the limited resources in justice, protecting the rights of service providers, patients, and the community.

Payments according to DRG are applied in all European countries and also USA and Australia.

- **Ministry of Health Defined Institutional Performance and Quality Standards for Hospitals**

The “[Performance Management and Quality Improvement Department](#)” of the ministry of health Ministry of Health has developed standards of services to be provided by hospitals. A set of more than 300 indicators is defined for measuring performance under the following domains:

- Outpatient services
- Laboratory services
- Monitoring services
- Surgery services
- Clinics
- Intensive care units
- Dialysis services
- Emergency services
- Ambulance and medical transportation
- Pharmacy services
- Infection control and prevention
- Patient and staff safety
- Institutional service management
- Hospital information system
- Patient record and files
- Archives
- Facility management and security
- Storages
- Kitchen,
- Laundry
- Morgue



The Ministry Of Health of Turkey

- **EQuIP Summer School – November 2010 in Antalya**

EQuIP is organizing the next summer school in Antalya with the title “*Improving research capacities in primary care quality improvement*”. Turkish Association of Family Physicians is supporting 10 of its members by covering their participation fees. Additionally, around 10 international participants are expected to join the course. [Registration](#) is possible through the official web page of EQuIP (www.equip.ch) or

the web page of the 9th National Turkish Family Medicine Conference (www.aile2010.org).

EQuIP Summer School will be conducted right before the national Turkish conference, in the same hotel, enabling to utilize the conference’s facilities.



EQuIP EQuIP RESEARCH COURSE 2010

Trainers in the course are:

Prof. Frede Olesen, Århus University, Denmark

Prof. Jochen Gensichen, Jena Univ., Germany

MD Klas Winell, Conmedic, Finland, and

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