

REPORT FROM TURKEY

EQiP Meeting, Kos Island, 2-3 September 2005

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- **Health Reform: Pilot Application of the new Primary Care System (Called Family Practice System) has Started in Düzce**

The new health regulations foresee that untrained physicians working in primary care get a 10-day vocational training. Only physicians who successfully complete this 10 days initial course will be able to sign the contract. The course ends with a transitional certificate, which will be replaced by a full certificate of primary care after receiving one-year on-site second phase training.



The first series of the initial 10-day courses were started in Düzce, the pilot city for the application

of the new regulations. Participants of around 20 doctors received the 10-day intensive course in small groups. Lecturers and mentors were assigned by the Turkish Association of Family Physicians (TAHUD) and the courses were financed and supervised by the Ministry of Health. A total of 150 physicians attended the Düzce courses, which were finished in May 2005. The health directorate in Düzce started to assign patients to their GP's. While doing their normal daily work the GP's are preparing their patient lists by updating the necessary information for the outpatients. For those persons who do not attend to their GP's until a certain time, the GP has to make a home visit in order to obtain the necessary medical and demographic data.

- **News on the Second Phase of the Transitional Education of Untrained GP's**

The second phase of the vocational trainings shall last for one year. Again the courses will be organized by TAHUD and supervised by the Ministry of Health. Local mentors will be used

during this phase of the education. Learning will take place in near environment of the GP, so that he/she can attend the sessions without much interfering with the daily work.

A workshop was performed previously to define the different topics, aims and objective of this course on 22-24 November 2004 in Ankara. Another expert panel meeting was performed in Kocaeli, chaired by Prof. Süleyman Görpelioğlu, the official coordinator of the vocational courses between 18-22 July 2005. Academic staff from different universities (Kocaeli University, Trakya University, Van 100. Yıl University) met to work on the draft documents prepared by other fellows in the mentioned workshop. A draft document containing the curriculum of the second phase education was the product of this meeting. This document will be opened for further discussions by all parties before implementation.

- **Payment System in Primary Care According to the new Regulations**

One of the most important discussions related with the new health regulations are the employee rights. In the current health system, the salary of a family physician working for the Ministry of Health is around 1000 YTL (≈625 Euro). It was expected that the salaries would be improved with the new regulations by 200-300%.

The new regulations bring a mainly per capita based payment system. The following rules will be applied in calculating the salaries:

Per capita:

1. For the first 1000 persons in the patient list
 - a. 2000 YTL for family physicians
 - b. 1500 YTL for other physicians
2. For each patient in the list after 1000 persons, 1 YTL per patient.
3. For persons above 4000, no extra payment will be available.

Socioeconomic development support: in previous studies, Turkey has been divided into 7 socioeconomic regions. These regions will be taken into account when calculating the salaries.

1. For those working in the 1th, 2nd, and 3rd regions, 10% of the highest salary

2. For those working in the 4th region, 20% of the highest salary
3. For those working in the 5th region, 30% of the highest salary
4. For those working in the 6th region, 40% of the highest salary
5. For those working in the 7th region, 50% of the highest salary

Practice expenses:

100% of the highest salary each month for the expenses such as rent, electricity, phone, internet etc.

Mobile services: Extra payment will be given for mobile services in the rural areas.

1. If the population is below 500, 0% of the highest salary,
2. If the population is between 500 and 1000, 10 % of the highest salary,
3. If the population is between 1001 and 1500, 20 % of the highest salary,
4. If the population is between 1501 and 2000, 30 % of the highest salary,
5. If the population is more than 2001, 40 % of the highest salary,

Laboratory expenses: GP's will be supported for the laboratory investigations. These expenses can not be more than 100% of the highest salary.

Salary deductions: the salaries will be reduced according to the following criteria:

1. Referrals:
 - a. If referrals in the previous month below 15%, no deduction.
 - b. 15-20%, 1% deduction
 - c. 20-25%, 2% deduction
 - d. above 25 %, 5% deduction
2. Other deductions: according to the success rate in preventive services such as immunization, pregnancy follow-up, and healthy child follow up:
 - a. 90-95% success: 1% deduction
 - b. 80-89% success: 2% deduction
 - c. <80% success rate: 5% deduction

- **Ministry of Health Works on the Definition and Roles of Family Medicine**

With the changes in the health system family physicians will be at the center of the health care. This brings some debate and discussions with it:

'Will the family physician have the right and possibility to admit and treat his/her patients in a local hospital?', 'Will he/she be able to prescribe any kind of medications?', and 'What kind of interventions will in the responsibility and repertory of the family physician?'. Some parties (especially the different specializations) think that there should be some restrictions for GP's. As an example, in the current system the GP's are restricted in the prescription of some medications such as new generation antidepressants and osteoporosis medications. Recently the Ministry of Health took the action and asked for the opinions of the university family medicine departments and TAHUD in different areas. The opinions of TAHUD are available at <http://www.tahud.org.tr/> . It is expected now that the Ministry of health makes the necessary regulations and equips primary care physicians with as high power as possible.

• Turkish Medical Association Fights against the new Regulations

The Turkish Medical Association (TTB) is known with its anti-liberal policies and conservative approach towards the current health system defined by the "Law on the socialization of health services" in force since 1961.

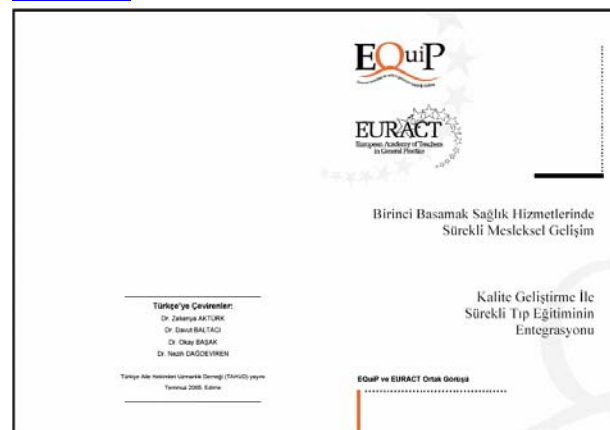


The protests and struggle of TTB against the new regulations continues in different platforms. They performed several strikes, followed by a last protest march to Ankara and a warning letter towards the Ministry of Health on 24 August 2005,

asking to stop the application of the family practice system in Düzce.

• EQuiP-EURACT CME Policy Document Translated into Turkish

The Policy Document of EQuiP and EURACT "Continuous professional development in primary health care: quality development integrated with continuing medical education" which was published in 2004 is translated by a group of family physicians into Turkish. It is put to the web site of TAHUD (www.tahud.org.tr) and will be published and distributed by TAHUD. The translated document is available under <http://ailehekimligi.trakya.edu.tr/anabilim/belgeler/home.htm>



• New Regulations for the Health Reform Declared

The law on the application of the pilot family practice system has come into force by 09.12.2004. The regulations containing the instructions according to this law were released on 06.07.2005, followed by the regulations defining the payment and contract details on 12.08.2005.

Some details from the new regulations are as follows:

- Doctors making contract in the new system shall preserve all their rights to return to their former positions whenever they want.
- Candidates have to have successfully finished the transitional educations given

by TAHUD under the supervision of the Ministry of Health.

- Preventive health care services and referral rates will be used as performance criteria.
- The doctor has to attend at least 80% of the CME provided by the Ministry of Health.
- Minimum physical and technical requirements of the practice have been defined.
- Family physicians who sign the contract are not allowed to practice any other job with economic income, except academic studies.

- The ICPC Codes were Translated into Turkish

With the technical support of Dr. Inge Okkes from WONCA Classification Committee, a group of family physicians translated the WONCA ICPC codes into Turkish. The codes were approved by TAHUD for national use and put into its official web site www.tahud.org.tr for the individual access of Turkish family physicians. The same group is now preparing the translation of the WONCA ICPC Book into Turkish.

- **The First 'Van National Family Practice Symposia' was Performed in Van**

TAHUD continues to organize CME activities in collaboration with the university departments. A



last activity was the family practice symposia performed in Van. Prof. Füsün Ersoy from the Van 100. Yıl Family Practice Department organized and chaired the symposia together with Dr. Ayşe Çaylan the executive director of TAHUD during 22-25 June 2005.

Dr. Christos Lionis from Greece was invited as a guest speaker and he gave a presentation on research in rural health.

- **Turkish Board of Family Practice (TAHYK) Performed a Workshop on Core Curriculum of Family Practice in Turkey**

TAHUD is among the first medical associations in Turkey establishing their national boards. The regulation document for the TAHUD Board (TAHYK) was released on 6 December 1998. Chaired by Prof. İlhami Ünlüoğlu, TAHYK made a workshop during 5-6 March 2005 in Istanbul with a broad contribution from the family practice departments as well as family physicians from the field. The aim of the workshop was to update the family medicine residency curriculum. A final draft document was prepared at the end of the meeting. It will be opened for discussion after the revision of the executive.



Zekeriya Aktürk, MD (zekeriya@trakya.edu.tr)
Nezih Dağdeviren, MD (drdaqdeviren@trakya.edu.tr)

Trakya University Medical Faculty
Department of Family Medicine
22030 Edirne, Turkey

Phone: +90 284 2360909/1460, Fax: +90 284 2357652

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