

REPORT FROM TURKEY

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Health Reform: Pilot Implementation Starts in March 2004



- **Pilot implementation of the family doctor system will start in March 2004. According to the declared primary objectives of the new government, the Turkish health system will undergo major revisions.**

The last WONCA-Europe executive meeting was performed in Ankara. Together with representatives of the Turkish Association of Family Physicians (TAHUD), the Executive members discussed the developments with the minister of health, Prof. Recep Akdağ. In cooperation with the ministry of health, TAHUD takes active role in the health reform aiming to achieve the implementation of an evidence-based system suitable for the worldwide primary care standards. March 2004 has been decided as the take-off of the project in the pilot cities. All citizens will be covered by the new health systems, where the expenses of the uninsured persons will be met by the government. Due to political concerns, the head office of the Turkish Medical Association has initiated a campaign to prevent the implementation of the family practice system in Turkey. The GP Institute, which was established by the Turkish Medical Union without a legal basis in order to control the primary care services, will lose its functions in the new health system. Although a nationwide strike has been organized in November 5, primary care doctors did not pay much attention to the strike, possibly due the expectations from the new system, such as economical improvements and improvements in the status doctors in the view of the public. The anticipated changes can be discussed under four headings:

1. Transitional education of primary care physicians
2. Roles of the primary care physicians
3. The new contract
4. Health records

Education of primary care physicians:

The history of modern medical education in Turkey goes back to 1827. Family medicine exists as a distinct specialty since 1985. Although the residency education has started, it was not obligatory to become a family physician in order to enter the health system. As a result, there are currently around 1,300 family physicians (200 of them residents) and 25,000 untrained physicians (it should be mentioned that untrained physicians have some attempts to represent themselves as GP's in international platforms) in Turkey. As the first step, the untrained physicians who want to make a contract with the health system will undergo a transitional education. Concomitant with the training activities, new regulations will prohibit new graduates from giving health service without a residency education. The transitional education is planned to be finished by 2004. An educational staff of around 400 trainers is planned to be included in the process. Eighty-seven experienced core educators have already been selected from current family practice trainers at the universities and primary care settings. By December 2003, the trainers will meet to standardize the curriculum and make final arrangements regarding the teaching materials. Trainings will start at January 2004 in six pilot cities (Bursa, Bilecik, Manisa, Edirne, Eskişehir, and Balıkesir). March 2004 has been decided as the take take off of the project in the pilot cities.

The vocational training will have two phases. Phase one will be a certification program of 10 days. It will include the definition and roles of

family practice, communication skills, interviewing patients, and health records.

Phase two will last three years. It will be a mainly primary care oriented training, which will not interfere with the health services. Trainees will spend around one third of the education at hospital rotations.

The new contract:

A new contract has been developed for primary care physicians. Unfortunately, only the physicians who are currently employees of the government will be able to sign the contract, but in the near future the health reform foresees some changes in the payment system. With the new contract, patient lists will be established with 1000-3000 patients for each GP. The monthly income of the GP will consist of a fixed salary + per capita payment + payment according to performance criteria. As a result, the monthly incomes of GP's are expected to increase substantially.

The roles of the primary care physician have been redefined:

In the new health system two major primary care physicians are defined: the family doctor (untrained physicians, who undergo the certification program) and the family physicians. According to the former health care system, primary care services were decided to be given at the small health centers (Sağlık Ocağı). The doctor at the sağlık ocağı had the duty to give individual health care, as well as public health services such as environmental pollution control, water contamination checks, and periodic controls of the salespersons. According to the new contract, all duties of the primary care doctor, except individual health care will be overtaken by the local health management office (Sağlık Grup Başkanlığı). Family doctors and family physicians will have their own patient lists and they will solely be responsible from the health of those persons assigned to them.

Primary care physicians will have the same quality health records throughout the country:

The reform activity in the health system has been taken as an opportunity to improve the current situation of medical records in Turkey. There was

a substantial gap between Turkish and other European countries with regard to health records. The record keeping responsibility of the Turkish primary care physician consisted solely of recording name, admission date, diagnosis, and medications in a polyclinic book. Concomitant with the new arrangements, a new project will be implemented: the Turkish Health Information System (Sağlık Bilgi Sistemi). The first step of the project was to prepare a problem based electronic software. All family doctors, who want to sign the primary care contract, will be trained on record keeping and the software will be distributed to all doctors. This project aims a coordination and cooperation of all parties related with health care, i.e. patients, physicians, dentists, insurance companies, pharmacies, government etc. As the last step of the project, the data will be opened to the internet and a smart-card authenticated access will be enabled.

Süleyman Görpelioğlu, MD
Professor and Chairman, Kocaeli University FP Department
sgorpelioglu@superonline.com

Zekeriya Aktürk, MD
Assistant Professor, Trakya University FP Department
zekeriya@trakya.edu.tr