

EQUIP: RECENT QUALITY-RELATED DEVELOPMENTS IN THE TURKISH HEALTH SECTOR

News

Over the past six years, Turkey has experienced major changes in the health sector. The Health Transition Project being the most important cornerstone, changes are made affecting all parties from the government to the private sector and from the public to medical professionals. Here we will briefly mention some news, reviewing the last six months.

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 examination. 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 (<http://kurullar.saglik.gov.tr/kurullar/tuk/TUK%20Karar%2082.pdf>) 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 month
Cardiology	–	1 month
Chest diseases	–	1 month

Five years passed since the beginning of the health transition project

‘Turkey’s Commitment to Health Reforms Delivers Better Service to More’ (IBRD).

The Health Transition Project started in 15 September 2010 in Düzce. Now more than five years have passed with many 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



Figure 1. Expectations of the Ministry of Health About Family Medicine Project by Years

years, but by the recent policies health insurance coverage expanded by 75%.

Important changes implemented so far are summarized as (http://www.worldannual.org/project/detail/12/saglikta_donusum_projesi.html):

1. Restructuring of the Ministry of Health
2. Reform in the social security system and implementation of the Universal Health Insurance Fund.
3. The pilot law of family medicine project was issued. Countrywide implementation will be before 2011.
4. 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.
5. A social security information system supported by information technologies and computers was developed.

The family medicine project was implemented recently in 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 (<http://www.zaman.com.tr/haber.do?haberno=1031530&title=aile-hekimleri-sahaya-indi-artik-mahallenin-de-doktoru-var>).

The Ministry of Health plans to hire 43 600 family physicians by 2023

As of December 2009, the population of Turkey is 72 million. It is expected to be 82 million by the year 2023 (Turkish Statistics Institute) See Figure 1.

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).

The Ministry of Health defined standards in the classification of family practices

With the new regulation (<http://www.ailehekimligi.gov.tr>) 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.’ Out of 37 standards, 20 are 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.

Ministry of Health defined institutional performance and quality standards for hospitals

The ‘Performance Management and Quality Improvement Department’ (<http://www.performans.saglik.gov.tr/>) 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; and morgue.

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