



Royal College of
General Practitioners

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Participant report

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Turkey is the country that enjoys a long history that extends to the early ages of civilisation while witnessing a recent experience with family medicine in comparison to the well-established system in the UK. Nevertheless, the idea I developed about the primary care during my exchange clearly indicates that it is a rapidly evolving speciality that is attracting more and more fresh doctors and shortly will lead the way toward a better health care system in the country.

Summary of my visit:

I was fortunate to have the chance to visit three different health centres as well as a medical emergency department in addition to attend local trainee meetings and tutorial that helped me to exchange the experience with the local family medicine speciality residents.

I started with the family medicine centre in the faculty of medicine in the University of Istanbul. This health centre was mainly for the medical students and hospital staff, but it accepts other patients even if they are not registered. I sat in the clinic of Dr Sema Buyukcelebi who was of great help from the first day, she was so kind to explain the health care system in turkey and to help arrange various visits for me to gain a richer experience. She is currently developing her carrier by studying major incident and disaster management which is very relevant as the area is known to have a risk of earthquakes. Her kindness extended beyond that to advice about the best places to see and how to make the most of my visit to Istanbul. She even took me herself to the second destination which was Ensaf family medicine centre located on the outskirts of the Grand Bazaar. This health centre was mainly a walk-in centre that deals with minor illnesses and it was not less busy than the UK walk in centres.

The final destination was Kadikoy no. 9 health centre located in one of the most luxurious neighbourhoods of the Asian part of Istanbul which has a cohort of population that enjoy high health standards. There, I met an amazing team that consists of Dr. Hilal Ozturk, Dr. Tugba Kucuk, Dr. Ayse Ozgur and four other doctors in addition to the nursing team which was much bigger in size than the nursing teams in most of the UK based GP surgeries. Dr. Hilal has developed a special interest in obesity and metabolic disease. It was very interesting to know that she is already working on a quality improvement projects that involves cataloguing her patients into a comprehensive database that involves follow up and monitoring as well as arranging educational and exercising activities for them which is an astonishing pioneering initiation that provided





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a very high-quality care and education to the population. I had the privilege to sit with Dr Hilal in her clinic and observe the way she dealt with her patients including follow up patients and those who come with new complaints. That was preceded by a very comprehensive tour around the system and the health centre rooms and facilities including the neighbour pharmacy where I met Ec. Gamze Eser who also helped me to develop my idea about her field. Their generosity included inviting me to try traditional Turkish dishes once as at the health centre prepared by their own chief and, on another occasion, at a nearby restaurant. I was so impressed by their friendly and positive relationships with each other's and with their patient that created a healthy and happy atmosphere.

The GP training journey in Turkey

The terms GP and family physician are used interchangeably here but in reality the family physician in turkey is the equivalent to the UK GP while the term GP in turkey refers to junior doctors who have not started their speciality training.

The journey starts at the medical school which consists of 6 years (2 years of basic science followed by 3 years of clinical study before having a year of internship). The doctors need to sit a national exam called TUZ and they are assigned to specialities according to their rank in the exam and to their preferences. Once finished their training, they need to serve in rural area for a certain amount of time depending on how remote the post is.

The GP training stretches over 3 years, during which, the GP trainees rotate between different specialities as well as sit in the primary health centres for about 50% of their training period. The residents need to maintain online logbooks documenting the number of cases they manage spread over the whole width of curriculum. The log book is reviewed regularly by the trainers when they meet the trainees to review their progress in a style that resemble the ARCP. The GP trainees are not required to pass any exams before gaining their family medicine speciality qualification.

The life as a GP

GPs in turkey work mainly in family health centres and their role is mostly around the family health (antenatal care, neonatal check, baby vaccination and monitoring of chronic disease). They also provide their patients with a large number of medical reports that the people need such as driving/sport fitness and also pre-marriage reports.

On the other hand, they do not deal a lot with urgent and unscheduled care as those patients usually go directly to the emergency services.





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The working hours in the GP surgeries are from 8-12am followed by a protected lunch break till 1:30pm and they continue to 5pm on most of the days. The time allocated for each patient is around 10 minutes but can take longer if needed and the number of patient seen can take up to 50 patient in the busy days. The home visits are divided on the GPs so each one have a half day release each week that is dedicated to the home visits. Each GP knows in details how many patient they have and can break that into groups based on the age, gender and other criteria. The system itself can display more interactive reminders for patient check (such as cancer screen) than what our system can do.

The GPs in turkey are lucky to have an attached nurse with each one of them who help them to look after their patient both in the clinics and during home visits. Other than that, one cannot find usually other health care professional like physiotherapists, dietitian or psychologist/counsellors in the primary health centres.

The health care administration is all electronic and the GP can access patient details, request and see the results of the investigations all via special health care programmes and platforms. The GP can manage their patients and arrange follow up or they can suggest to them to attend secondary care for further management.

Unfortunately, the communication between the primary and secondary care is not very well established as the GPs do not usually undertake the referral themselves and, on the other hand, they do not receive and letters or feedback from the hospitals or clinics either. This weakness make it difficult to the GP to keep themselves updated and involved in their patients care.

The doctors' basic salaries are similar as they all employed by the central government rather than individual trust and Surgeries as in the UK, having said that, the hospital doctors usually receive extra payments for working OOH and doing surgical procedures which probably puts the GP at the lower end of the salary scale of doctors. All doctors in turkey must pay for their indemnity cover as well.

The health care system:

The patients in turkey can access the secondary health care system directly via attending the specialities polyclinics or the emergency department. The emergency department is usually divided over medical, surgical paediatrics and OBS/GYN and is run by the respective specialities residents. The emergency specialist usually reserved for managing the life threatening conditions. The GP, as described above, deal with the family routine and scheduled health matters.

The patients in turkey have high standards and expect to receive medical care within relatively short times that can go to a maximum of a week to see the hospital





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specialists, therefore, most do bypass the GP and call for appointments in hospital themselves.

The primary health care centres physical locations are rented by the GPs who receive payments from the government to cover the expenses. These payments are related to the number of patient they have and can go up if they manage to meet certain health goals in a style similar to the QOF criteria in the UK. Nevertheless, the GPs and nurses still receive their salary from the government.

Comparison:

I feel that there are few points in Turkey that can benefit the health care in the UK such as:

- Providing the UK GPs with more nursing staff that can help with managing the time and work load.
- Allocating a half day for a GP to do the home visits that allows the GP to have protected time for a proper midday break rather than spending that time to do visits.
- Trying, whenever possible, to book the patients with their own GPs to avoid the discontinuity of care.
- Investing in developing the health care programme to be more interactive and user friendly.

On the other hand, there are other strength aspect of the UK system that deserve highlighting as their absence did not help the Turkish health care. For instance:

- The excellent communication between the primary and secondary care.
- The decentralised administration of the health care that gives the flexibility to build different guidelines, rules and salaries for each individual trust or CCG.
- The continuous WBPA and RCGP exams that the GP trainees do are excellent assessment and training tools.

Conclusion:

The experience indeed widened my horizon and helped developing my global awareness which, I think, any GP should develop. It also helped me to compare the care system and look at the UK version from outside the box to appreciate the positive aspects and to detect the area of improvement as well.

I would indeed recommend turkey as a destination for further exchanges and would definitely suggests both health centres mentioned above.





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