

## Current situation analysis of the family medicine system in Türkiye and recommendations

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### Abstract

In Türkiye, the first place of application for preventive health services and polyclinic services is Family Medicine Units. This study was conducted to reveal the status of the Family Medicine System in the current health system as of 2021 and to make recommendations. Study data were taken from the 2021 health statistics yearbook of the Ministry of Health. The average population per Family Medicine Unit in Türkiye is 3,145 and it has been determined that there are significant imbalances between regions and provinces. In 2021, 36% of the total physician applications in Türkiye were made to Family Medicine Units, and 2.9 of 8 applications per capita were made here. The referral rate in the family medicine system has been 0.6% as of 2021, and when evaluated together with the number of applications, it can be said that the referral system is not functioning effectively. The satisfaction rate with the Family Medicine System was generally higher than with inpatient treatment services, at 70.1%. When the study results are evaluated; Suggestions were made, especially for improving the referral system, making the distribution of family medicine units balanced, and increasing the qualifications of family physicians.

## 1. Introduction

Family medicine was first introduced in 1923 by an English physician named Francis Peabody. According to Peabody, since patients cannot access medical services as a result of excessive specialization in medical sciences, he put forward the necessity of a specialty that provides comprehensive and personalized health services. In 1947, the real practice of family medicine came to life in England when family physicians and general practitioners established the Royal College of Family Physicians. The advancement and socialization of family medicine, which would provide comprehensive and personalized services, began in the 1950s (Turkish Family Physicians Specialization Association, 2023).

The idea of establishing a new medical discipline, which would be formed by physicians suitable for working in primary health care services, was put forward in the early 1960s. In addition, in the 1960s, an institutional structure in the form of the "Board of Family Practice" was formed in the United States of America (USA) and family medicine specialization was established. Later, in 1963, the first family medicine department opened in Scotland. It was recognized as a specialty throughout the United Kingdom in 1965. In the USA, "Family Medicine" was recognized by the "American Medical Association" in 1969, together with the "Militia Report" and "Willard Report". The "International Conference on Primary Health Care Services (Alma Ata Conference)" was held in Kazakhstan in 1978, and as a result of the modern medical understanding of the world countries, goals and strategies were stated under the title of Health for All in 2000. Emphasizing that the provision of primary health care services includes unique information and conditions and that this should be given by specialist physicians, studies have been initiated all over the world on this subject. In the "Alma Ata Conference Concluding Declaration" signed by World Health Organization (WHO), WHO and WONCA World Family Physicians Organization, family medicine was written as a specialty, and it was decided to provide family medicine specialty training after medical school in all countries.(Aktaş, 2012).

The terms family medicine and general practice are used synonymously throughout the world and describe a medical doctor who has received specific specialization training in "Primary Health Care". In Türkiye, the term general practitioner is used for a physician who has not received specialized training after medical school. Despite the differences in practice and name, family medicine forms the basis of primary health care services in many of the world's countries (Turhan, 2014).

## 2. Family Medicine System in Türkiye

In the development and organization of Turkish health services, efforts to deliver preventive and therapeutic health services to individuals have gained momentum in the development process extending from the proclamation of the Republic to the present day. The foundations of today's health organization and health services in our country were laid in the first years of the proclamation of the Republic. During the Republic period, while it was desired to expand the treatment service network, on the other hand, a major move was made in preventive health services. After the proclamation of the Republic, Dr. Refik Saydam made great contributions to the establishment and development of health services in our country. The health policies included in the General Hygiene Law include principles regarding the planning and programming of health services, the execution of preventive and therapeutic medicine, the prevention of infectious diseases, and increasing interest in medical faculties. In the light of these principles, health services are organized as "single-purpose" / "vertical organization in a wide area". " model was carried out. Starting from places with high population, examination and treatment houses were opened, physicians working in preventive health services were supported, and the foundations of today's health transformation program were laid even then. The Health Transformation Program (HTP) aims to transform the institutional position of primary health services into a structure that will have authority and control over other service levels. Improving the conditions of individuals and healthcare professionals constitutes the starting point for innovations in this regard. The most distinctive feature of the health transformation program is to provide individuals with access to healthy life programs, reduce maternal and infant mortality, prioritize combating infectious diseases and risk factors of chronic diseases, improve individuals' ability to control their own health conditions, and place the preventive medicine approach at the center of health. This practice, which is among the main objectives of the HTP, is to increase the health level of our people, to provide more services by using our resources appropriately, and to ensure that all individuals have access to health services according to their needs in the light of the principle of equity. Access to health services and health indicators both between rural and urban areas and between east and west. Reducing the differences related to In order to achieve these goals, primary health care services are reorganized and expanded with a contemporary approach and offered in a way that is preferable to all members of the society. One of the main elements of this approach is that everyone has a family doctor that they can choose, easily access, and consult without encountering any obstacles. Nusret Fişek expressed the importance he attaches to this issue by saying, "personal preventive medicine services and outpatient and home patient treatment services should be carried out together, and the simplest integrated organization model is modern family medicine" (hsgm.saglik.gov.tr, 2023).

With modern family medicine, our main goal is to deliver health services to all individuals in a geographically balanced manner in our country, and to provide primary health care services with preventive, diagnostic, treatment and rehabilitative aspects in the places where individuals live and work, in a way that ensures the participation of the society. In the provision of health services, the main principles are to develop and strengthen primary health care services through continuous education, to encourage working physicians and other health personnel, to focus on the preventive health system by taking into account individual needs and to implement an acceptable referral system. These principles will prevent congestion in secondary care and ensure that sufficient time is allocated to patients who need to be treated in secondary care. Considering that family medicine is a multidisciplinary health approach, it envisages a holistic health care approach. Communicates based on trust, deals with problems in physical, psychological and social aspects. In addition to being individual-centered, it is an important building block of family medicine practice due to its integrativeness, continuity, and family and society-oriented features. The basic health care needs of the ever-increasing elderly population will be met much more effectively through family physicians who know them and can be easily reached. It is generally envisaged that providing primary health care services effectively will reduce the disease burden of the society, as well as provide opportunities for our secondary and tertiary care institutions to provide better and higher quality health services and health education. Until 2010, the WHO included among its goals the "Health for All" approach in the 21st century, as a continuation of the decision taken at the Alma Ata congress, and better access to family and community-based basic health services. Aiming to achieve this goal, the Health Transformation Program envisages providing family-based primary health services in an integrated manner, with health teams equipped with the necessary training and skills. In order to strengthen primary health services in our country, to organize and provide primary health care services in a quality, effective, efficient and equitable manner, a Family Medicine Model unique to our country, taking into account other countries' examples and our country's conditions and needs, is the way to achieve the goals of the Health Transformation Program. has been created. In this context, the first regulations regarding family medicine practice were made, Law No. 5258 on Family Medicine Pilot Practice published in the Official Gazette No. 25650 dated 24.11.2004, Regulation on Family Medicine Pilot Practice published in the Official Gazette No. 25867 dated 06.07.2005, The basic procedures and principles regarding the practice of family medicine have been determined by the Regulation on Payments and Contract Conditions to be Made to the Personnel Employed by the Ministry of Health within the Scope of the Family Medicine Pilot Practice, published in the Official Gazette dated 12.08.2005 and numbered 25904.

It was started as a pilot application in Düzce province in Türkiye in 2005; 6 provinces in 2006, 7 provinces in 2007, 17 provinces in 2008, 4 provinces in 2009, and 46 provinces in 2010. With the implementation throughout Türkiye, taking into account scientific and technological developments and changes in service needs, efforts have been focused on improving the physical conditions and technical equipment of service spaces, increasing the quantity and quality of the scope of family medicine services, and improving the knowledge, experience and capacity of family medicine staff.

Within the scope of family medicine practice, it has been ensured that each person is a family physician in order to carry out regular follow-up and evaluation of individuals, to resolve and manage health service applications through a physician who has full knowledge of the individual's health history and in which the physician-patient relationship is established in mutual trust. In the first transition to the application, family physicians of individuals were made by the Ministry, taking into account their place of residence, but individuals were given the right to choose and change their family physician.

### **3. Family Health Center**

Family Health Center in Türkiye; It can be opened by one or more family physicians who have made a contract, based on the population criteria stipulated by the Ministry of Health. A separate contract is made for each family physician and family health worker position in the same family health center. In order to assist with health services, family physicians may employ additional health care personnel such as midwives, nurses, health officers, medical secretaries, and may individually or jointly employ personnel or purchase services for security, cleaning, heating, secretariat and similar services. An additional health personnel (such as midwife, nurse, health officer, medical secretary) may be assigned by the directorate for every three family medicine units in the family health center. The working procedures and principles of the personnel to be assigned in this way are determined by the Institution. Educational family health centers and family health centers deemed appropriate by the Institution can be used for educational purposes. Duties, powers and responsibilities of the family doctor The family doctor is obliged to manage the family health center, supervise the team he works with and provide in-service training, and carry out personal health services required by the special health programs carried out by the Ministry and the Institution. The family physician is authorized and responsible for treating the people registered with him as a whole and providing preventive, treatment and rehabilitative health services for the individual within a team approach (Kaygusuz, 2023).

## 4. Research

### 4.1. Aim and Method

This study was conducted in order to evaluate the status of the Family Medicine System, which is the main actor of primary health care services in Türkiye, in the current health system.

The research data were obtained from the health statistics yearbook of the Ministry of Health of the Republic of Türkiye for the year 2021, and the obtained data were analyzed by years and provinces, and evaluations and suggestions were made.

### 4.2. Findings

In this chapter; The findings are summarized within the scope of the data obtained from the Health Statistics Yearbook of the Ministry of Health of the Republic of Türkiye for 2021. According to Table 1, there are 26928 family medicine units in 8057 family health centers in 2021. Almost all applications made in primary health care services are made to family medicine units.

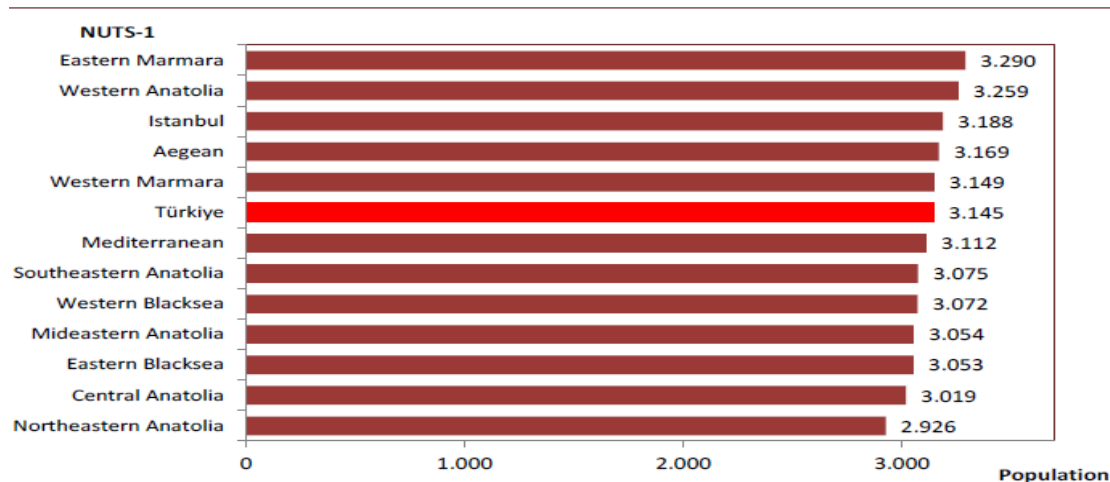
**Table 1.** Primary Health Care Facilities by Years, Ministry of Health

	2002	2017	2018	2019	2020	2021
Health Center	5.055	-	-	-	-	-
Family Medicine Unit	-	25.198	26.252	26.476	26.594	26.928
Family Health Center	-	7.774	7.979	7.997	8.015	8.057
Community Health Center	-	972	776	778	779	778*
Health House	2.899	5.320	5.259	5.078	5.027	4.983
Child, Adolescent, Women and Reproductive Health Unit (CEKUS)	298	177	172	167	166	96
Tuberculosis Control Dispensary	277	177	173	174	173	173
Cancer Early Diagnosis, Screening and Training Centers (KETEM)	84	164	175	178	175	336**
E2-E3 Integrated District State Hospitals	-	189	196	200	198	200
Number of Public Health Laboratories	-	83	83	83	84	84

**Source:** The Ministry of Health of Türkiye Health Statistics Yearbook, 2021

According to Table 2, Türkiye's average population per family medicine unit is 3,145. According to the regions, Eastern Marmara has the highest population with 3,290, while Northeastern Anatolia has the lowest population with 2,926.

**Table 2.** Population per Family Medicine Unit by NUTS\*-1, 2021



**Source:** The Ministry of Health of Türkiye Health Statistics Yearbook, 2021

\*NUTS: Nomenclature of Territorial Units for Statistics

Looking at Table 3, it is seen that the lowest population per family medicine unit is in Ardahan province with 2,637, and the highest population is in Yalova province with 3,549 population.

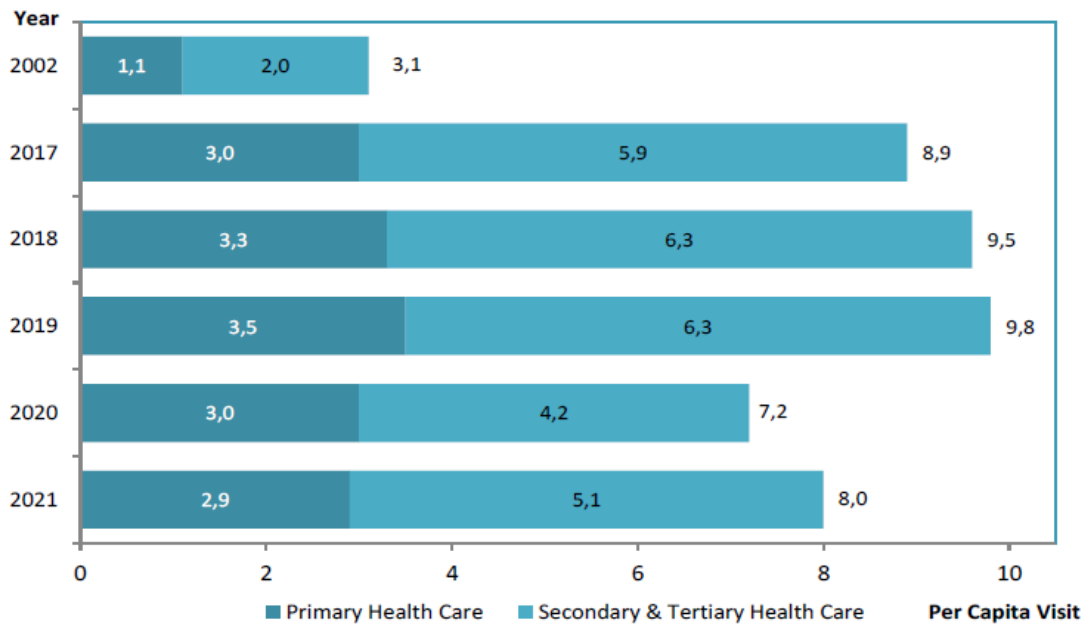
**Table 3.** Family Medicine Unit Populations, Lowest and Highest Provinces and Average

City	Number of Hospital	Number of Bed	Number of Hospital Bed per 10.000 Population	Number of Qualified Bed	Number of Intensive Care Unit Bed	Proportion of Qualified Bed *	Intensive Care Unit Bed per 10.000 Population	Number of Family Medicine Unit	Population per Family Medicine Unit
Ardahan	3	215	22,6	184	26	97,4	2,7	36	2.637
Yalova	7	733	25,2	448	195	83,3	6,7	82	3.549
Türkiye	1.547	254.497	30,1	163.993	48.753	79,7	5,8	26.928	3.145

Source: The Ministry of Health of Türkiye Health Statistics Yearbook, 2021

When Table 4 is examined, the number of applications to a physician per capita in 2021 was 8, and 2.9 of these were made to family medicine units.

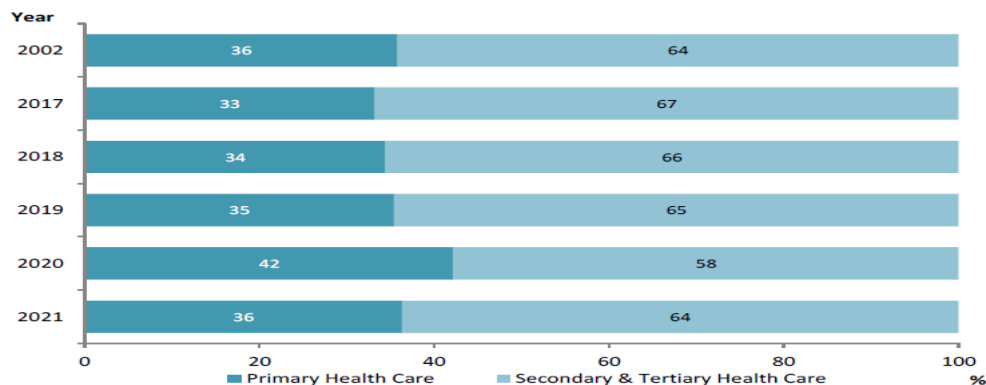
**Table 4.** Total Number of per Capita Visits to a Physician in Health Care Facilities by Years



Source: The Ministry of Health of Türkiye Health Statistics Yearbook, 2021

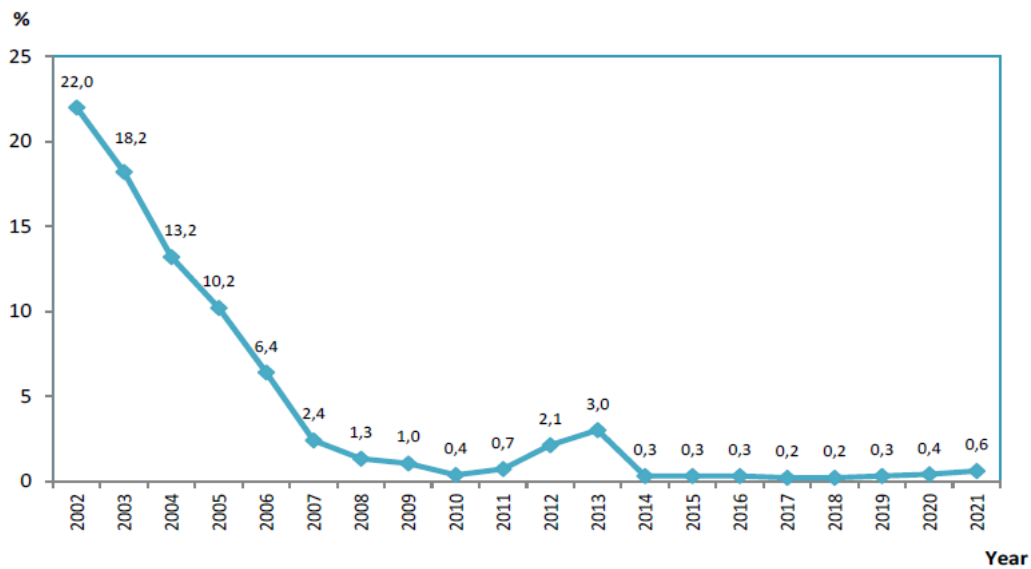
In Table 5, it is seen that the rate of applications to family medicine units is 36% among the number of applications to doctors per person or in total.

**Table 5.** Ratio of Total Number of Visits to a Physician in Health Care Facilities by Years



Source: The Ministry of Health of Türkiye Health Statistics Yearbook, 2021

In Figure 1, the referral rate to the family medicine unit by years is shown; It was 0.6% in 2021. It has been observed that the delivery rate has been between 0.2% and 0.6% since 2014. While it was 22% in 2002, it decreased at a high rate to 1% in 2009.



**Figure 1.** Referrals from the Family Medicine Unit by Years, MoH, (%)

Source: The Ministry of Health of Türkiye Health Statistics Yearbook, 2021

In Table 6, where the satisfaction rate with the services of health institutions is shown, Family Health Centers are ranked after Private Practices and City Hospitals with a satisfaction rate of 70.1%. Family medicine units generally have a higher satisfaction rate than other hospitals.

**Table 6.** Satisfaction Ratio with Healthcare Services, (%), 2021

	Satisfied	Neither Satisfied Nor Unsatisfied	Not Satisfied	No Idea
<b>Hospitals</b>				
State	69,1	13,3	17,2	0,5
City Hospital	72,7	10,6	16,7	0,0
University	65,0	18,1	16,5	0,4
Private	58,4	15,0	26,1	0,5
Family Health Center	70,1	15,1	14,5	0,3
Private Polyclinic	56,6	13,6	29,7	0,0
Organization's Doctor	52,0	24,7	23,4	0,0
Private Medical Centers	87,1	0,0	12,9	0,0

Source: The Ministry of Health of Türkiye Health Statistics Yearbook, 2021

## 5. Conclusion

In this study, which summarizes the current situation of the family medicine system in Türkiye, it can be mentioned that there is an imbalance in the numerical distribution of family medicine units. While Türkiye's average head of family medicine is 3,145, there is a significant population imbalance between 2600 and 3500. This situation may cause access to family physicians in highly populated regions or cities and may also reduce the quality of family medicine services. Considering that family medicine services are first-degree polyclinic services with the provision of preventive health services for the individual and society, this huge scale must be reduced. In this context, measures should be taken to ensure a more balanced distribution of family medicine units.

When the data obtained is analyzed, it is said that the society is more satisfied with the family medicine system than the hospital services, but the very low referral rate is attributed to the high number of direct applications of the society to inpatient treatment institutions. In this context, improving the system, especially within the scope of the referral system, has been deemed important for the management of health expenditures. In addition, improving the qualifications of provincial physicians will significantly reduce the number and rate of referrals and may reduce applications for hospital services.

In order to increase the qualifications of family physicians, it is recommended that all family physicians undergo specialization training in the short term or that the quotas for family medicine specialties are increased and specialist family physicians are brought into the system.

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