

Family Medicine Specialism Training in Family Health Center in Bursa Integrated with the University Medical Faculty Department of Family Medicine, in Line with European Union Criteria

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Article Information

Received date: Aug 19, 2017

Accepted date: Aug 29, 2017

Published date: Aug 31, 2017

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Introduction

Family Medicine is a rapidly growing medical discipline in Turkey. This area of specialism, which is drawing attention in almost every developed country in the world and through training given in European Union (E.U.) countries, is a branch of clinical medicine which is wide-ranging in its scope. In 2002, the European branch of the World Organisation of National Colleges, Academies and Academic Associations of General Practitioners (WONCA Europe) gave the following definition: Family Medicine/General Practice is an academic and scientific discipline with training, investigation, peculiar to itself based on investigation and proof along with clinical application, directed at primary health care [1].

On studying the Mills and Willard Reports, milestones in family medicine, it is stated, with regard to specialism training, "For inclusive care, postgraduate training must have, as its main content, medicine, psychiatry, gynaecology and preventive medicine." In a recommendation concerning this, it is stated; "In the first place, in many services rotation that is regularly practised in internship - however long it lasts, is still insufficient. In various fields, knowledge and skill are of the essence. However, the responsibility of teaching continual and inclusive patient care must be given more importance than teaching acute and short-term solutions in a few areas [2].

As it can be concluded from this recommendation, specialism training in the field of family medicine must not consist solely of rotations, and that a programme of field training which will enable the acquiring of very different knowledge, skills and attitudes must be added.

In 1994, at a conference organised by the World Health Organisation (WHO) and the World Organisation of Family Doctors (WONCA), a resolution stated: "In order for other branches to be made use of more carefully, this is only possible by first referring to a primary health-care doctor. However, this need for referral and the consequences of the choices depends on the doctor's choices being independent of quality and content and his/her having a wide range of knowledge (Recommendation 6) [3].

Here, it is clear that the ability for a doctor to make a referral to another branch of specialism only comes through practice in the field.

Looking at the E.U., the member states had previously made a decision that physicians working in the field of primary health care should have at least two years' training following qualification, and this was increased to three years in 1996 [4].

In our country, in line with this, family medicine specialism training, training in universities with family practice as the main branch and research hospitals under family physician leadership, a period of training taking at least three years to complete, which includes rotations in the branches of internal medicine, general surgery, paediatrics, obstetrics and gynaecology, along with psychiatry. Physicians graduating following a 6-year medical course can achieve the status of family physician by beginning in the family medicine specialist with the clinical points earned in the specialism examination and after at least 3 years, submitting their family physician thesis and taking the specialism examination. During the residency, with rotations in the branches of internal medicine, general surgery, paediatrics, obstetrics and gynaecology, along with psychiatry, in five main branches, the title of specialist in family medicine is earned.

As family medicine is a medical discipline independent of the health systems, in order for physicians practising primary health care to increase their knowledge and skills, and to improve the

quality of health, the Ministry of Health has organised a “transition period training” programme for those who are working or going to work in primary health care under the Ministry of Health. The aim of this training is to supply those physicians who will take on the duty of primary health care the necessary minimum knowledge, attitude and skills [5].

With the “Transformation in Health” article, at the end of 2010, the implementation of the family physician service in every province was begun by the Ministry of Health. The start of the implementation of the family physician service was achieved through planning a period of transitional training for existing and continuing family medicine graduates, family physicians specialists along with practitioners working in health centers or other places, as well as volunteers from other branch specialists. The aim of this period of training was, along with recognising the need for there to be a large number of practitioner physicians and for the practitioner physicians to become family physician specialist approximately a 35-year projection is necessary, and if Turkey entering the European Union is on the agenda, to create a once-only transitional period acceptable to the E.U.

The planned transitional period training for practicing physicians, consisting of two stages, with the first stage including the basic features of family medicine and the second stage consisting of containing modules on clinical practice. The first stage of training has been put into place in all provinces. However, although the second-stage training has been prepared, it has not yet begun. When the second stage training is given, the transitional stage will be complete. This stage is planned by the Ministry of Health to end in 2017. After 2017, it is planned that specialism training will only be undertaken by universities and training and research hospitals. Therefore, after 2017, following end of the transitional period and the associated transitional training, it is planned that, for practitioner physicians to become family physician specialist the only option will be to study at a university faculty of medicine or at a teaching and research hospital under the family medicine jurisdiction. This is important in terms of complying with the requirements for physicians in the European Union, and in providing quality.

As mentioned in the “Transformation in Health” article 2008 progress report, in the second of three added items, has the heading, “The many-faceted responsibility to stir supporters to action on health matters and for co-operative working between sectors” [6].

Family medicine specialism as a medical discipline and family medicine specialism training has been delivered by university departments of family medicine in the form of clinical rotations and field practice with a minimum of 3 years in 3-6 year courses in all E.U. countries since 2005. In these countries the field practice training is delivered within the organisation of the family medicine departments and under the supervision of the family physician tutors and constitutes around 1-1.5 years of the specialty. However in Turkey there is no field practice training throughout the specialty. This constitutes a serious deficiency.

In June 2007 the Turkish Board of Family Medicine (TAHYK) in parallel with the development of family physicians, prepared a new syllabus for family medicine specialism training in line with the medical training in the E.U. and other developed countries. According to this programme, family medicine specialism training,

and departments of family medicine will have a 12 month period of specialism training on the field in family practice centers under the supervision of family physician academics [7].

This is a very positive development. However the departments of family medicine and their leadership do not own active family practice centers representative of the whole population; that is, the places where the field practice will take place and assistants will be taught. This is a serious problem. Authorised Units of Family Practice within the Family Practice Implementation Directorate should provide the possibility of field training to the departments of family medicine, even if indirectly [8].

However, throughout this transition period, for several reasons, departments of family medicine have not taken up this possibility. At the point we have reached today, as family medicine continues to be put in place, whether in university departments or management, this lack of active working family practice centers on the field is a significant. The main reason for this is that, however much this is due to legislation and bureaucracy, differences between institutions and lack of integration, the main problem is that the family physician specialists and family practice centers that are given the role of the driving force and keep their finger on the pulse are not integrated with a university.

According to decision no. 82 of the Committee of Specialism in Medicine, made on 26.06.2010, chest diseases and cardiology have now been added to the rotation for family medicine assistants, and the remaining section of the specialisation has been left in the hands of the family physician. Here, too, there is evidence that, in family medicine specialism training, field training should take place and be determined by the university departments [9].

If, in the department of family medicine there is field training or a polyclinic linked to it, the quality of training given will increase. In one study in a family practice polyclinic, examining the use of first stage diagnostic ultrasound and evaluating the results, the physicians, as much as the patients, remarked on the results. Therefore, here also, the contribution field practice makes to physicians undergoing specialism training is clear [10].

According to a legal decree of the Ministry of Health and Related Organisations which came into force on 2 November 2011, the Ministry of Health was reorganised [11].

In this decree, changes relating to family medicine and especially to specialism training were made. On the Ministry of Health web site, it states “In our country, in order to supply the need for family physician specialist, it has been made possible for practising family physicians who have their Specialism in Medicine Examination (TUS) certificate to have their contracts renewed by undertaking specialism training; this is to be in place by the year 2020”. It also says “Family physician assistants will be able to do their field training as family physicians” [12].

In one observation on this decree, “When we look at this law, we see it clarifies some very important points. Firstly, it is not foreseen that half-time specialism training will take a longer time than existing specialism training; it describes a new specialism, the content and carrying out of which is left entirely to specialist medical foundations. Secondly, this field of specialism is only open to physicians “who are currently practising as family physicians”. Thirdly, by taking

an “on the field training” approach, responsibility is removed from academic bodies and it is turned into “in-service” training. In fact, it is unfortunate that specialism gained in this way is insufficiently respected and will not lead to an accumulation of scientific knowledge. For this reason it is said that this great injustice has been done to practitioner physicians who are putting this into practice, at least as much as to family physician specialists and their assistants [13].

In another academic view concerning community-based family medicine, family health training and research centers, especially in the WONCA region of Europe and the UN decree, it is pointed out that academic departments of family medicine are very important and necessary centers of training and research. The importance of the model of community-based primary health care services developed under the leadership of Sydney Kark in the 1940s is discussed. One of the basic features of this model is that putting the model into practice, meeting the health needs of the community and growing a strong, healthy population requires the formation of research and training centers within the structures of medical faculties [14].

In a article prepared by the Medical Faculty of Samsun Ondokuzmayıs University, the aim was to provide 6th year medical students with the possibility of field training in their family practice internship. It was emphasised by the department tutor Prof. Dr. Füsün Yarış that the field training of the students was of great benefit both to the trainer physicians and the patients, and that this practice should spread to all provinces of Turkey [15].

In the Adana Çukurova University Faculty of Medicine, Department of Family Medicine, work is under way to develop significant field practice. The Yalım Erez Health Center Family Medicine Polyclinic plays an important role in the training of medical faculty students and research officials [16].

Along with this, in some large provinces, field practice is being undertaken; for example, Bursa Uludağ University Faculty of Medicine is doing field practice in Orhangazi, Fethiye and Emek districts.

In another statement on field practice, stating that everyone who is going to work in the field of family medicine should have as their goal to an excellent primary healthcare practitioner, Prof. Dr. Füsün Ersoy said, “Practitioners on the field, health authorities and academicians all need to make their contributions to the infrastructure.” By giving her appraisal in this way, she has stressed both the importance of the development of the quality of primary health care and the value of field practice [17].

Similarly, in the Akdeniz University Medical Faculty Department of Family Medicine, it has been made known that 9 months of specialism training is spent in family medicine polyclinics and that plans have been made with the Ministry of Health for working in other similar polyclinics [18].

In a topical article on family medicine specialism training, mention is made of the necessity of including field practice in specialism training, and recommendations were made about the necessary organisation, finance, the education model, the trainer, the length of training and the aim [19].

In the draft legislation no. 2658 dated 18.06.2012, which was prepared by the Ministry of Health, approved by the cabinet and

submitted to the Turkish Parliament, some relevant changes are recommended. “In organisations delivering family medicine specialism training; an amount not exceeding 5 Turkish Lira per month for every appointed researcher and assistant, this number not to exceed 4,000 (the count to be based on the number of researchers and assistants employed), will be deposited in an account created for this purpose within fifteen days of the notification of the results for each working month to the health authority, subject to the law on working capital, to be operated as working capital. The cabinet is authorised, upon request from the Ministry of Health and proposal from the Treasury, to increase this amount by up to three times. According to subparagraph (B) of the 4th article of Statute no. 657, the determined amount per head of recorded personnel can be increased in proportion to the highest gross contracted salary. In the event that preventive medical services are not delivered in accordance with standards laid down by the Ministry of Health, the payment may be reduced by up to 20%. In this way all the running expenses of the Family Health Centres to be set up by the organisations, which will arise under the scope of this law, are paid from the accounts set out in the eighth paragraph. Criteria such as: those who will be employed by the organisations in family medicine services as teachers, trainers, researchers and assistants; the number of appointed personnel and their risk groups, mobile health services, the development of health within pre-determined standards, keeping track and checking success rates, are determined by regulations to be brought out by the Ministry of Health, subject to the principles and methods of payment being approved by the Treasury. The total payment, including the payment related to permanent staff, may not exceed the amount specified in the fifth paragraph. In family health centres formed under the provision of the eighth paragraph, the payment to be made to family health employees, while not exceeding the maximum laid down by Statute number 209 article 5 and Statute number 2547 article 58, within the framework laid down by the above criteria, is paid in accordance with the said paragraph from the opened accounts. The net value of payments to be made under the scope of this paragraph may not be less than the net value of additional payments for permanent and assigned staff according to their job title or position laid down by the 9th additional article of the Decree number 375. All personnel who benefit from this payment will not be eligible for payment under Statutory Decree number 375 additional article 9, Statute 209 article 5 and additional article 3 or Higher Education Statute 2547 article 58 (except for section (e) paragraph 2)” [20].

The fact that this draft legislation provides the possibility of family medicine specialism field training delivered by academic family health tutors is a positive development. However, the family health centres which will be set up must not be a copy of the existing health centres, and it is essential that the nature of family health centres in this process is not broken directly or indirectly. This is a very critical point, and attention must be paid avoid any arrangement that could lead to breakdown of the running of existing family health centres or negatively affect good working relationships.

The Importance of the article

This article is one that will constitute a model example of field training within the family medicine specialism training, in line with European Union criteria.

The aim of the article is, for the first time in Turkey, for a family health center on the field to be opened under an actively working

family physician specialist who is an associate professor, along with the staff of a university department, and for that family health centre to become affiliated with the university department through integration with the university department. Also, again for the first time in Turkey, for a university department to begin to deliver family medicine specialism training which includes field practice, in accordance with European Union criteria.

Thus, in the aim of this article, a family physician specialist working at, the Bursa Nilüfer No. 18; the Uludağ University Family Health Center, who at the same time has an academic title, and again in the same province, the same campus even, is on the staff roll of the Uludağ University Faculty of Medicine Department of Family Medicine as an associate professor, in this way the Family Health Center, with all its features, is to be integrated into the University Department, in accordance with the regulation 16.03.083; as a supplement of “Authorised Family Practice” of the Family Medicine Unit.

Thus, this will be the beginning of a university department of family medicine which includes a Family Health Center in its structure and is under the leadership of an academic, complying with E.U. criteria along with the Turkey Association of Family Physicians (TAHUD) and the Turkish Board of Family Medicine (TAHYK) Syllabus, which will have a patient catchment representing the general population, by doing one-to-one coaching together with his assistant using all the characteristics of this population using field training with the aim of preparing family medicine specialism assistants, in order to develop a model for Turkey and the world.

With the start of this article, and the transfer of assistants who are linked to the university department, and the transfer of field training to this center, the training of graduates from the Medical Faculty who have, by passing the Specialism in Medicine Examination (TUS) have gained entry to the Department can begin their training as assistants directly from this center.

If it can be well founded by the Ministry of Health, and support gained from the Federation of Family Physician Associations (AHEF), the specialism training of family physicians that have not previously had such specialism training will be able to be started in this center. For this, if a family physician working in the health center wants to become a specialist, along with the assistantship leave that will be given him/her (on condition that he/she has the right to continue working in the same province following specialism training) will be able to apply to join the family physician specialist staff roll, again in the same province. Medical faculty graduates who are not family physicians, along with practitioner physicians working as family physicians will also be able to apply to join the specialism training field education at the university in the same province, but they may be placed on a different staff roll. However, the same conditions will be applied to both groups of applicants for specialism training. That is, for both these kinds of physicians, and even for physicians who will apply for family medicine specialism training from other branches, the same conditions will apply; that is, the TUS examination, length of assistantship, the assistantship thesis and the specialism examination will be the same. If it can be built alongside this article, the way will be opened for practicing physicians, who for many years have formed the foundation stone of primary health care and are currently working devotedly as family physicians, to apply for specialism training in the

same province and following training, will have the right to take up duty as specialists in the same province.

This article, which is all-inclusive, multi-dimensional, needing vision, skill, experience and communication skills, and carries a high degree of risk, that will be begun by Assoc. Prof. Dr. Olgun Göktaş, who has been working as a family physician specialist in the primary health-care sector since 1986, by himself taking part, when it becomes widespread will, through the dimension of specialism training on the field, achieve a working practice in line with E.U. criteria.

This article will gain for Uludağ University, through the chain of referral which will in future be required for family practice, with the application of “community-based medicine”, the possibility of being open to the community, and the possibility of using data from the family health clinic for scientific research in all branches of medicine, provided that it can use the consultation, treatment, examination and other medical fees of the family health clinic and the medical faculty together with the income from individuals, foundations and the Social Security Foundation (SGK).

This article will provide for the delivery of the “Family Medicine Specialist Syllabus,” prepared in line with European Union guidelines and the conditions obtaining in Turkey by appointed teachers who have the status of family medicine academicians, in existing University Family Medicine Departments and Teaching and Research hospitals under the organisation of the family medicine leadership.

This article will be put into action by its author, Assoc. Prof. Dr. Olgun Göktaş himself, along with other academicians from the department. While developing his own career, he will, by using his 26-year experience of field practice, make a contribution to the realisation of “Family Medicine Specialism Field Training in line with European Union Criteria; Turkish Model”.

Evaluation of the Article

Relationship with the Ministry of Health

For the article to begin, the preparation of a protocol or regulation integrating the Family Health Center with all its attributes with the Family Medicine unit of the Ministry of Health No.16.03.083, in the Uludağ University Faculty of Medicine Department of Family Medicine, as an addendum to “Authorised Family Practice”, was necessary.

The benefits of the article to the Ministry of Health

- 1) Going beyond the “Family Practice”, an important part of the “Transformation in Health” article, planned but not completed 2nd module “Transition Period Training” to be given to practitioner family physicians, by the physicians being in a position to apply for specialism training opens the way for family medicine specialism training in line with European Union Criteria.
- 2) In the family practice, when someone working on the field wants to apply for family medicine specialist, they will be able to their university department alongside the field rotation in a family health center attached to the university.

- 3) Those who pass the TUS examination and apply for specialism under the newly issued Rule equivalent to a Decree will be given the opportunity to receive their field training from academicians and thus will comply with E.U. criteria.
- 4) The links between the Ministry of Health and the universities will be strengthened. The referral link between family health centres and hospitals which will result from this will make the rendezvous system work more easily.
- 5) The medical data in the hands of the Ministry of Health family health centres will contribute to the development of the country's health policies by being used by university departments of family medicine and even by other clinics, through evaluation of their results.
- 6) By co-operative working between the Ministry of Health and the university for the first time on the subject of family medicine, this will make suitable contribution to the quality of health under E.U. criteria.

The difficulties of the article for the Ministry of Health

- 1) While there are still problems with the development and practice of family medicine, along with different points of view, unexpected problems between the universities which have their own expectations and regulations and the Ministry of Health.
- 2) There may be different methods of approach towards patients and individuals between the Ministry of Health and the university with regard to positive results from examination, medical intervention and preventive medicine where the Ministry of Health is looking to on quantitative care focussed results and the University aiming for more qualitative-focussed approach based on education and research. In this period it may be difficult to enlighten the community and the patients.

The connection of the Article with Uludağ University

For the article to begin, the preparation of the necessary and suitable protocol with the Ministry of Health for the Family Health Centre No.16.03.083, with all its features, and the needed professorial staff members, to be integrated into the Uludağ University Department, in accordance with the regulation; as a supplement of "Authorised Family Practice" of the Family Medicine Unit.

The benefits of the article for the University

- 1) In the department of family medicine, for family physician training field practice and in the education of other medical faculty students, a family health center which has an active and mixed population will be gained.
- 2) The income that comes through direct clinical consultation, medical intervention, laboratory and other examinations will provide a contribution to the University.
- 3) The availability of all the information on the family health center database for use by all other clinics and local, regional and even national scientific investigations will enable their early completion and for the results to be used in health policy.
- 4) Through the family health center, the University will become a modern leader in the field of evidence-based medicine and community-based medical practice.

The difficulties of the article for the University

- 1) While there are existing problems in the development of the family practice that need to be addressed, unexpected problems may come up between the University and the Ministry of Health which have different points of view, expectations and different regulations.
- 2) In the event that things are not done well, especially in situations such as the chain of referral and consultation, problems may be caused for the internal dynamic of the University, and the expectations of the registered population may be reduced.

The benefits of the article for the Health Authority

- 1) For all the services run by the Family Health Centers, this is an example model which can be shaped differently for alternative practice. For example, limits can be set for patients needing referrals and organisations for further treatment or examination can be determined.
- 2) It can be a pioneer in the planning of Provincial, district and community-based people-oriented healthcare.
- 3) It can motivate the development of criteria for the classification of Family Health Centers.

The benefits of the article for the Project's Family Physician Specialists

- 1) It opens the way for a field where existing knowledge, skill and experience can be applied more easily.
- 2) It clears away the restrictions on prescriptions and practice found in the budget application directive.
- 3) It motivates career developments.

The benefits of the article for the Project's Family Physician Practitioners

- 1) If the article is continued well along the path outlined, it will provide the opportunity for family medicine specialism training.
- 2) It opens the way for a field where existing knowledge, skill and experience can be applied more easily.
- 3) It clears away the restrictions on prescriptions and practice found in the budget application directive.

Conclusion

Family medicine specialist training is being applied through a syllabus programme including clinical rotation and field practice by family physician academicians in the European Union and developed countries. In Turkey, this training will be delivered by academicians in the University Departments of Family Medicine, will include field practice and use the format outlined in the article. This multi-dimensioned training, not diverting or being diverted to other paths, will be a driving force for family medicine specialism training in line with E.U. criteria and, for quality Primary Health Care, a foundation for integration among steps in health, again in line with E.U. criteria.

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