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Review Article

Family Medicine Legislation in the World and Recommendations to the Turkish Health System

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Abstract

Family medicine practice is at the core of health systems in almost all developed and developing countries and determines the quality of health at the individual and community level.

Although it is at the core of the health systems of the countries, family medicine is influenced by the socioeconomic, educational and cultural level of the country where it is applied. Depending on this situation, family medicine practices differ between countries.

Family medicine practice, which has a complex structure between medical and paramedical partners, should be well-defined in this respect. As a result, family medicine is applied by determining laws, regulations and directives according to the structure of the countries. Family medicine legislation of the countries shows similarities in this respect, but also presents important differences.

This article examines the legislation of the European Union, the United Kingdom and the United States and discusses the idea that family medicine is the development of Turkey and similar countries.

European Union and Its Family Medicine Legislation

European Union was founded in 1958. It currently has 28 member countries and 507,010,000 inhabitants (as of 2015). The European Union has 4 main institutions. The first is the European Commission and is concerned with the executive aspect. This commission is responsible for legislation and politics. The other two institutions are the Council of the European Union and the European Parliament, who are responsible for the legislative process of the European Union and for the approval and decision-making. The 4th institution of the European Union is the European Court of Justice, which is responsible for the judiciary part, and it is the legal decision-making body [1].

European Union and Republic of Turkey

Turkey is a candidate country for the European Union and made its application in 1987.Turkey and the European Union signed the Ankara Agreement in 1963 and the Customs Union in 1997. In 1997, the decision on selectivity was taken and the last meeting on the structural situation took place on November 5, 2013. Negotiations are ongoing [2].

European Union Primary Health Services Legislation

The decisions of the European Union Primary Health Care Services (Primary Care) have largely been left to the member countries themselves. This has led to widespread decision-making authority and major differences in national primary level health services in member countries [3].

The important items in the legislation on Primary Health Care (Primary Care) in the European Union

- Treaty on the Functioning of the European Union.
- Regulation (EC) No 282/2014 of the 3rd Action Plan of the European Union in the Field of Health 2014-2020.
- European Commission 2004 e-Health Communication Commission.
- 2013/55 / EU Directive on the Recognition of Professional Qualifications.
- Directive 2011/24 / EC on the Implementation of Cross-Border Health Rights for Patients.
- Directive 2003/88 / EC on certain sections of the regulation of working periods.
- Directive 93/16 / EC of 5 April 1993.

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Article 168 of the Treaty on the Functioning of the European Union

- In accordance with the policies and activities of the Association, national preventive medicine should be recognized and provided on a country basis.
- Health services must be provided by developing policies that are in line with European Union criteria, legislation is in place and that complement existing country strategies.
- The European Union should respect the responsibilities of Member States in the formulation of their own health policy on the provision and organization of health care and medical care.
- Member States are responsible for the management of health care delivery and medical care and the allocation of resources allocated to them.

The 3rd European Union Health Program (Regulation No: 282/2014)

It includes commitments made by the European Union on the Health Targets 2014-2020. In accordance with the objectives of the Treaty on the Functioning of the European Union, the member states to complete their health policies on primary care. Accordingly, the objectives of the 3rd European Union Health Program:

a. To protect from diseases (preventive medicine) and improve health.

b. To ensure that citizens are protected from cross-border health threats.

c. To support the innovation and sustainability of the European Union countries in health systems.

d. To develop accessibility to safe and high quality health care.

European Commission e-Health Communication Commission

This commission ensures the successful use of eHealth in Europe, especially in the family medicine. Europe is today a leader in the distribution of smart cards and in the use of family medicine. With a turnover of 11 billion Euros, it has the third largest healthcare industry in the health sector.

Directive 2013/55 / EC on the recognition of professional qualifications: This directive describes the determination of pre-graduate medical education and postgraduate specialization criteria of physicians who will work in primary care and family medicine.

Directive 2011/24 / EC on the implementation of cross-border health rights for patients: In order to establish general framework provisions of cross-border health rights of patients:

- To clarify the rights of patients to access to cross-border health delivery.
- To guarantee the quality, efficiency and security of the health care services that are received in the other European Union country.
- It is in place to encourage cooperation between Member States on health issues.

Directive 93/16 / EC of 5 April 1993:

- In this directive of the Council of the European Communities; Mutual recognition of physician's free movement and diploma, certificate and other official qualification criteria is defined.
- The provision of professional qualifications by university rectorates, medical faculties and professional qualification boards (Board).
- Specialization criteria and duration.

Family Medicine Legislation in the United Kingdom

The United Kingdom consists of four countries, Scotland, Northern Ireland and Wales. The population of the United Kingdom, which was a member of the European Union in 1973, is 64.308261 as of 2014 [4].

Institutions related to family medicine in the United Kingdom:

a. Ministry of Health: is the ministry responsible for all health affairs.

b. National Health Service (NHS): is the official health system.

c. General Medical Council: is an independent institution that provides organization between physicians, patients and institutions.

d. The British Medical Association: works as a trade union and professional organization.

e. The Royal College of General Practitioners: is responsible for all work related to family medicine.

Family medicine / General practice in the United Kingdom

General practice is used for family medicine in the United Kingdom. Accordingly, the general practitioner term is used instead of the family physician. The education in the medical faculty of the United Kingdom includes a compulsory education which lasts for 5-6 years. After the medical school, compulsory basic education is applied for graduates at the hospital for 2 years. After that, compulsory assistantship education which takes 3-4 years for family medicine / general practice is applied. Each graduate physician must register with the General Medical Council, receive his / her diploma, be admitted to the list of physicians to work, pass the annual evaluation and the 5 year renewal exam [5-7].

Characteristics on the Regulation of family medicine practice in the United Kingdom (Rules and Audits):

a. Normal standards

b. Things to do during family medicine practice

c. Control during implementation

d. Standard business audit

a. Normal standards:

- Approval a known universal medical proficiency (5-6 years).
- Temporary registration to the General Medical Council and 2 years of study at the approved workplace.

- Full enrolment in the General Medical Council, then competitor application for specialist training (there are a certain number of quota for each specialty).
- Full enrolment in the General Medical Council, then competitive application for specialist training (there are a certain number of quota for each specialty).
- Family medicine specialty training (3 years).
- Enrolment in Medical Liability Insurance (Each physician pays from his own pocket, if there are extraordinary practices, it is around 8- 30 thousand pounds per year depending on the workload).
- The origin of the criminal record and the declaration of the crime element, if any.
- RCGP-Family Medicine Association member registration examination (written, oral and practical exam).
- A diploma indicating completion of specialist training.
- Application to enter the NHS-list of employees in the National Health System.

b. Things to Do During Family Medicine Practice:

- Success in the validity test every 5 years (General Medical Council).
- Having annual insurance against ill-treatment (£ 10,000 or more per year).
- Paying £ 420 a year to the General Medical Council to protect the record.
- Pass annual inspections and receive certification.
- Receiving the child protection certificate (in the inspection details evaluation certificate).
- To be on the list of employees to make family medicine (the list of each zone is different).

c. Control During Implementation:

- Inspection by Clinician Commission Groups.
- Supervision by Health Observers.
- Inspection by the Quality of Care Commission; Personnel supervision, personnel competence and child protection certificates, annual audit reports, kept records, refrigerator grade etc.
- Application and consultation rooms, tools and their stock status, supervision of drugs that should be under supervision.
- With NHS counter-fraud service, fraud counter system, materials, drugs and records are followed.

d. Standard Business Audit:

- Health and safety inspection
- Local government inspections
- Insurance policies
- Fire safety inspection
- Tax and security audit
- Control by data auditor (data protection law)
- Supervision of disabled entrances, toilets and seating.

Family Medicine Legislation in the United States of America

The United States of America is a federal state republic with a total of 50 states and 1 federal district (Washington DC). Its population is 322 million as of 2015 [8].

Institutions related to family medicine in the United States of America are:

- U.S. Department of Health and Human Services (HHS): is the ministry responsible for all health affairs.
- American Academy of Family Physicians AAFP: is the family medicine association.
- The American Board of Family Medicine ABFM: is the family medicine proficiency committee.
- The Accreditation Council for Graduate Medical School ACGME: is in-charge of accreditation after graduation.

Family medicine in the United States of America

Family medicine is used for primary care in the United States of America. Accordingly, the family physician term is used instead of the general practitioner. After medical school graduation, family medicine specialty education lasts 3 years. Membership in the American Academy of Family Physicians and getting 150 hours of medical activity per year is mandatory. The American Board of Family Physicians is responsible for the recertification every 7 years. Accreditation Council for Graduate Medical Education approves the 3-year residency program [9].

American family medicine legislation and service programs

The Affordable Care Act:

- Approved on March 23, 2010.On June 28, 2012, the Supreme Court announced its decision to protect the health law,
- Primary Care and Family Medicine Quality and Workforce Development Projects,
- Researching new family medicine training programs, providing scholarships,
- Items related to the development of family medicine education and practice,
- Development of financial incentives for coordinated maintenance and items related to modernization of payments [10].

The National Health Service Corps: It is administered by The U.S. Department of Health and Human Services, Health Services and Management and the Health Labor Force Bureau.

Those involved in the service program are:Providing access to health services for every citizen,

- Protection from illness and discomfort,
- Providing care for vulnerable groups that cannot reach health services,
- Providing scholarships and credit, access to approved healthcare facilities [11].

Family Medicine features and Legislative Partners in Advanced Countries

- Clinical specialty.
- At least 3 years of specialist education after medical school.
- Part-time specialty training is usually limited to one-time and up to two-fold in special conditions, and at the end of this extended period.
- Referral chain to health institutions.
- Integration with health institutions.
- Relevant institutions (Ministry of Health, Doctors' Association, Academic Structure, and Field Practitioners) complement each other [12].

Family Medicine and Legislation Partners in Turkey

- Republic of Turkey Ministry of Health (Health policies, health budget, health insurance, health institution integration).
- Turkish Medical Association (TTB) (Physician rights and responsibilities, Ethics, Malpractice, Expertise associations, trade union duty).
- Turkish Association of Family Physicians (TAHUD) (Academic, all family medicine education, pre-graduate, specialist education, continuous medical education, recertification).
- The Turkish Federation of Family Physicians Associations (AHEF)(Family medicine practice, Family Health Center, Family Medicine Unit, member rights and responsibilities).
- Others: (Healthcare personnel and employees in family medicine, linked structures, home health care, integrated care, palliative care, etc.).

Recommendations to the Institutions

Republic of Turkey Ministry of Health:

a. Must issue the Family Physician Act in line with the European Union Criteria.

b. Must put in practice to the Family Physician Act according to the information will receive from the following institutions at country conditions.

Turkish Medical Association (TTB): Should transmit other clinical specialty and family medicine specialty criteria to the health ministry.

Turkish Association of Family Physicians (TAHUD): must continuously update the family medicine specialist education curriculum to be applied in the University and Training and Research Hospitals prepared by TAHYK (Turkish Family Medicine Proficiency Board) and present it to the Ministry of Health and TTB.

The Turkish Federation of Family Physicians Associations (AHEF): They should present to all three institutions regularly and in the form of a report on all the parameters of family medicine practice.

TAHUD, representing family medicine academic structure, and AHEF, representing the structuring of family medicine field application, should be institutionalized. The membership fees of the two institutions are removed and family doctors in the working period should be made members of the partner institution to be able to work.

Other institutions related to family practice (home health care, emergency medicine, forensic medicine, palliative care, integrated health services, municipal work, etc.) should obtain permission for cooperation by presenting their reports on each work to the above four institutions [13].

References

1. Europa Union
2. The Lisbon Treaty
3. European Union Law
4. Eur - LEX
5. European Commission
6. European Union Law
7. EUR - lex
8. US Department of Health and Human Services
9. https://www.nhs.uk/pages/home.aspx
10. Royal College of General Practitioners
11. American Academy of Family Physicians
12. American Board of Family Medicine
13. http://www.acgme.org/