Sports medicine training in Turkey is reviewed. The current level of training is outlined and a curriculum needs assessment made. The main problems in athletic health care are discussed and solutions suggested. Changes in education, financing, and policy are recommended.

The specialty of sports medicine is inadequately developed in Turkey. The scientific approach to sport dates back to the beginning of the 20th century. Specialist training in sports medicine began in the 1970s, and even today sports medicine struggles to be recognised by the other medical specialties in Turkey.

Turkey has a population of 63 million. The proportion of young people is high, and over ten million are in education. Over 150,000 athletes are registered with 37 different sports federations recognised by the General Directory of Sports and Youth in Turkey. A total of 5560 clubs offer different sporting opportunities. The most popular sports are soccer, basketball, athletics, wrestling, and martial arts.

Medical care for elite athletes is provided by one of three athletic education and health centres run by the General Directory of Sports and Youth or by the sports medicine departments of university medical schools. Physical examination before participation can be obtained at any health institution, but standardisation of such examinations is lacking.

UNDERGRADUATE MEDICAL EDUCATION IN TURKEY
Medical education has a long tradition in Turkey dating back to the middle of the 19th century. After the second world war, there evolved an affinity for founding new medical schools and increasing the number of doctors. The number of medical schools had increased to 47 by the year 2000. Medical education is mostly provided by governmental faculties. Education in medical schools is oriented to primary care. Students have to compete for entrance to these schools after grade 11 (age 16–17). Students with the top 5% of results from a central higher education examination have access to this privileged medical education.

Medical training in Turkey lasts six years and follows a standard curriculum. After finishing medical education, graduates have two choices for career development: to work as a general medical officer in primary care in rural areas or attend a further specialist training. Places for residencies are few, and only about 5% of applicants are successful.

POSTGRADUATE EDUCATION (RESIDENCY TRAINING) IN SPORTS MEDICINE
The first sports medicine residency was established in 1973. It lasted two years and consisted of 11 courses relevant to sports medicine. Five specialists in sports medicine graduated from this programme between 1973 and 1981. Between 1981 and 1989 only orthopaedic surgeons, physiatrists, and physiologists were allowed to attend a sports medicine training programme. In 1989 the Turkish Ministry of Health accepted sports medicine as a medical specialty and increased the length of training to 3 years. The number of courses was reduced to four (table 1). On completion of the three year course and passing the examination, the graduates are awarded the title of specialist in sports medicine by the Ministry of Health. Furthermore, the opportunity to subspecialise for one year in sports medicine was given to orthopaedic surgeons and physiologists by this legislation.

The number of sports medicine departments at medical schools has increased to 15 over the last 10 years. Only these departments are allowed to give postgraduate education in sports medicine. Three to five residency places are offered a year.

The current curriculum aims to produce graduates who are proficient in the management of common health problems and rehabilitation and to provide timely emergency interventions for injured athletes. Because of the general dissatisfaction with the curriculum, the Turkish Society of Sports Physicians and the Coordination Council of Medical Specialty Societies are preparing a new draft curriculum, in which the training is increased to four years and newer courses relevant to sports medicine are added (table 2). The duration of fellowships for orthopaedic surgeons and physiatrists has been increased to two years.

Graduates from these sports medicine residencies are forced to work in unrelated fields because of the lack of an appropriate infrastructure. Some of them choose an academic career in universities whereas others choose to work in private health institutions, health centres run by the General Directory of Sports and Youth, or with sport teams.

<table>
<thead>
<tr>
<th>Table 1</th>
<th>Course schedule of sports medicine residency training in Turkey</th>
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</thead>
<tbody>
<tr>
<td>Course</td>
<td>Duration</td>
</tr>
<tr>
<td>Sports medicine</td>
<td>20 months</td>
</tr>
<tr>
<td>Cardiology</td>
<td>6 months</td>
</tr>
<tr>
<td>Orthopaedics</td>
<td>10 months</td>
</tr>
<tr>
<td>Physical medicine and rehabilitation</td>
<td>6 months</td>
</tr>
</tbody>
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Correspondence to:
H Yaman Suleyman
Demirel University, Medical Faculty, Isparta, Turkey
hyaman@sdu.edu.tr

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FUTURE OF SPORTS MEDICINE IN TURKEY
Around 39.9 million (65%) of the population are covered by health insurance, whereas about 21.4 million (35%) are not. Free sports medical support is provided only for elite athletes. Amateur athletes have to cover their own health expenditures. Therefore athletes with sport specific health problems do not routinely receive care from a competent, sports medicine oriented institution, and a standard physical examination before participation is often lacking.

The need for doctors specialising in sports medicine is therefore still great. A major problem is the lack of specialist and career posts for specialist in sports medicine. The Turkish Society of Sports Physicians has been trying to promote the highest standards in the specialty since its foundation in 1965. It has published the Turkish Journal of Sports Medicine, which is one of the oldest journals in Turkey, since 1966 and organises a national sports medicine congress every two years.

The character of sports medicine has changed over the last few years from a purely doctor based discipline to a multidisciplinary structure. More and more professionals such as physiotherapists, nutritionists, and psychologists are involved. Over 50 schools of physical education and kinesiology also contribute graduates to sports medicine. At institutes for health sciences, master of science and doctor of philosophy degrees in sports medicine can be achieved.

I believe that despite these positive changes in sports medicine, considerable changes and improvements in the health care system for athletes must be made. Health insurance for all athletes should be provided. New specialist and career posts and well equipped centres should be provided for doctors willing to care for athletes. An urgent need is the integration of sports medicine courses into undergraduate medical education, because most graduates will go on to work in rural areas, where they will often deal with sports injuries. The abilities of sports doctors need to be advertised to the population as a whole, especially sports clubs and organisations, to achieve a well recognised sports medicine discipline in Turkey.

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Sports medicine training in Turkey

H Yaman

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