This study aims to assess the integration of primary health care (PHC), especially family medicine (FM), in the Turkish health system after the implementation of the Family Medicine Programme (FMP) that was initiated in 2005. **Objectives:** The study evaluates, firstly, the association between the utilisation of the PHC and secondary and tertiary services; and secondly, the challenges encountered by family physicians (FPs) and FM academicians in the implementation of the FMP. **Methodology:** The study follows a mixed-methods design. An ecological cross-sectional analysis is performed, to measure associations by running correlations and hierarchical multiple regressions on secondary statistical data covering the period of 2008 – 2013. This is followed by a qualitative analysis of data collected through semi-structured field interviews conducted with 7 FPs working in the FM service and 8 academicians. The analysis is carried out through the framework method by applying predefined categories which emerged from the quantitative analysis in the initial management of the data. **Results:** Descriptive statistics show a general increase in the utilisation of health services. Accordingly, the Pearson Coefficient between PHC visits and secondary and tertiary care visits is positive. Regression analysis does not provide conclusive results, except for one year, 2010, when PHC visits significantly predict a decrease in secondary and tertiary visits. However, this is not supported by the literature review or the descriptive statistics. The main themes obtained in the qualitative analysis are the inadequate planning of the reforms, insufficient political commitment to integrate FM in the system and implications of the market model implementation, which were considered responsible for the difficulties experienced with the FMP. Concerns regarding the quality of health care after the FMP, public education, and FPs' ethical values have arisen during the interviews. The positive aspects of the FMP have been the increase of the public trust in the service, the better acknowledgment of the FM discipline and the increased interest from medical students in FM specialisation. Results highlight, at the governance level, the importance of the proper planning of the reforms with all FM stakeholders included in the policy making, and at the process level, the need to implement a working referral system to allow the gatekeeping function of FM.