

THE CHALLENGES IN THE APPLICATION OF EDUCATIONAL STRATEGIES FOR DOCTORS IN THE *PROGRAMA MAIS MÉDICOS DO BRASIL* (PMMB): an analytical-descriptive study

Reginaldo Nunes de Araújo Júnior

ORCID: 0000-0002-4098-2374

Richardson Lemos de Oliveira

ORCID: 0000-0002-4523-2337

Wilder Kleber Fernandes de Santana

ORCID: 0000-0001-7569-499X

Jessica Ribeiro da Silva

ORCID: 0000-0002-9462-6252

Cristina Brust

ORCID: 0000-0002-8685-5768

Vicente de Paulo dos Anjos Landim

ORCID: 0000-0002-1178-5857

Jorge Agostinho de Farias Junior

ORCID: 0000-0002-5723-3791

Ana Paula Daltro Leal de Paiva

ORCID: 0000-0002-8867-2164

Leiliane Domingues da Silva

ORCID: 0000-0002-3764-8818

Caroline Pinheiro de Araujo Alves

ORCID: 0000-0002-4823-6026

Angélica Cristina Castro Soares

ORCID: 0000-0002-5202-6996

Heberth Almeida de Macedo

ORCID: 0000-0003-0067-2256

Antônio Marcos Dantas Rodrigues

ORCID: 0000-0002-3216-9842

Eliedson Abdenico da Silva Cunha

ORCID: 0000-0001-9132-4593

ABSTRACT

This article analyzes the challenges faced for the application of educational strategies for physicians in the Programa Mais Médicos of Brasil (“More Physicians”) and the contributions of these professionals to the work processes of Family Health teams with a focus on achieving comprehensiveness of health care and the expansion of health care. access to hard-to-reach regions. It is a documentary analysis of a descriptive nature, which includes from laws and regulations, norms, opinions, letters, memo, personal diaries, autobiographies, newspapers, magazines, speeches, radio and television program scripts to books, statistics and files schoolchildren. The results indicate that there is a need for dynamic flexibility in educational actions, focusing on the needs of the population and regions that host the program to reduce care inequities and favor the strengthening of bonds between staff and users in order to provide comprehensive care . Among the challenges, we can highlight the program's contribution to the reduction of practices segmented by professional categories, subordinated to the (bio)medical figure and knowledge, with limited interprofessional and team-community interaction in the construction of common care and interconstitutive knowledge. However, it could be concluded that the contribution of the doctors of the “Mais Médicos” Program in Brazil, in addition to reducing inequities and expanding access to healthcare for the population, also contributes to the deconstruction of the hegemonic medical model, taking into account the importance of interdisciplinary knowledge for the success of comprehensive health care. In addition, it reiterates the importance of dynamic actions focusing on local and territorial reality for educational strategies, as territories have peculiar characteristics, developing the critical-reflective process of professionals and capable of solving demands in different regions.

Keywords: Programa Mais Médicos of Brasil (“More Physicians”); Family Health Strategy; Comprehensive Health Care.

INTRODUCTION

For years, the shortage of doctors in Brazil has been observed and discussed in different intersectoral instances. In view of this problem, in 2013 the “Programa Mais Médicos” of Brazil (PMMB), was created, which was initially a government policy and after the expansion of debates and popular approval was instituted by Provisional Measure No. 621 of July 8, 2013 under management of the Ministry of Education and Health, as a state policy. The program aimed to expand the supply of doctors in Primary Health Care,

which according to the National Policy on Primary Care (2017) acts as a preferential gateway to access health services. It is imperative that the expansion of the number of doctors for the areas of greatest need of the service, it would reduce, in part, regional health inequalities.¹

During this period, “Mais Médicos” was able to implement and put into development its three pillars: the strategy of emergency hiring of doctors, the expansion of the number of vacancies for courses in Medicine and medical residency in various regions of the country, and the implementation of a new curriculum with training aimed at more humanized care, with a focus on valuing Primary Care, in addition to actions aimed at the infrastructure of Basic Health Units (“Mais Médicos”, 2015).

The first axis, which deals with emergency provisions, which until the year 2015, Engstrom et. al (2016) says that in the Project's five cycles of provision, 18,240 doctors have been working in 34 Special Indigenous Health Districts and in 4,058 Brazilian municipalities, covering 72.8% of the cities, and serving 63 million people who previously had some degree obstacles in accessing SUS, especially in Primary Care.

The second axis is about Education. At this point, the program proposed to restructure the training of physicians in Brazil today. The proposal aimed to definitively solve the problem of the lack of doctors in Brazil, modifying the pedagogical mode of medical graduations, making the integration of the Program a plan to expand graduation and medical residency. The Federal Government's goal was to create 11,500 new undergraduate vacancies and 12,400 residency vacancies by 2017. Of these, more than 5,000 undergraduate and nearly 5,000 residency vacancies have already been authorized. (“Mais medicos”, 2015).

The third axis, with regard to infrastructure,

“Mais Médicos” is also improving the infrastructure of Primary Care in the country, through the construction of new basic health units and the renovation and expansion of existing units. More than R\$ 5 billion are invested to finance 26 thousand works in almost 5 thousand municipalities, of which approximately 10.5 thousand are already completed and another 10 thousand are in the execution phase. (“Mais Médicos”, 2013).²

It is in this perspective that the author inserts himself in the context of the study, using the experience lived in the context of primary care, both as a healthcare practitioner and a PMMB preceptor, where the difficulty in establishing educational strategies for PMMB professionals is clearly noted, since, the profile of physicians presents itself in a different way. In addition to different modes of pedagogical training for professionals who have graduated in different countries, general practitioners and professionals with other specialties that are not Family and Community Medicine, it should be taken into account that one works

¹ I – Reduce the shortage of doctors in priority regions for the SUS, in order to reduce regional inequalities in the area of health; II – strengthen the provision of basic health care services in the country; III – improve medical training in the country and provide greater experience in the field of medical practice during the training process; IV – expand the insertion of doctors in training in SUS care units, developing their knowledge about the reality of the health of the Brazilian population; V – strengthen the permanent education policy with teaching-service integration, through the role of higher education institutions in the academic supervision of the activities performed by physicians; VI – promote the exchange of knowledge and experiences between Brazilian health professionals and doctors trained in foreign institutions; VII – to improve doctors to act in the country's public health policies and in the organization and functioning of the SUS; and VIII – to encourage research applied to the SUS. (Ministry of Health; Mais Médicos, 2015)

² Primary Care is the set of individual, family and collective health actions that involve promotion, prevention, protection, diagnosis, treatment, rehabilitation, harm reduction, palliative care and health surveillance, developed through integrated care and management practices qualified, carried out with a multidisciplinary team and aimed at the population in a defined territory, for which the teams assume health responsibility. In addition, Primary Care will be the main gateway and communication center for the RAS, care coordinator and organizer of actions and services made available on the network. (PNAB, 2017)

with living territory, presenting different dynamics in different geographic points, as Merhy (2004) says in his study.

From this perspective, it can be seen that the application of educational strategies needs to be proposed in accordance with the dynamization of the physician's work process, taking into account external factors that contribute to the professional context, such as: geographic region, population profile, socioeconomic situation, basic living conditions, access to basic services and other factors.

Therefore, this research aims to understand, through the literature, the difficulties faced by preceptors in the application of educational strategies for physicians from the "Mais medicos" program in Brazil.

An image provided by the Ministry of Health on the history of the lack of doctors in certain Brazilian regions and the improvement of primary care with the contribution of the PMMB will be presented below.

Training process for preceptors: an analytical and systematic look

Of the pillars for the implementation and structuring of the More Doctors Program in Brazil, is the focus on the process of training and improvement of physicians as proposed by Axis 3 of the structuring of the program. Health Education and pedagogical and methodological processes, establishes that the National Plan for the Formation of Preceptors for Residency Programs in the General Family and Community Medicine modality, in order to subsidize and ensure instruments for the process of expansion of residency vacancies in General Family and Community Medicine, pursuant to Law No. 12,871, 22 October 2013. (CONASS, 2015)

In 2001, after the implementation of preceptorship in Brazil, it was established that the development of educational actions and training should occur at all levels of SUS care, especially in primary care. Thus, preceptorship in the SUS should occur as always recommended: in clinical contexts in the health system, allowing students to experience, interact with professional team 47 and be exposed to the reality of communities, establishing a connection between what is learned in the medical area and health care needs of society (Giroto et. al, 2019)

In this sense, it is considered preceptor, the medical professional who develops teaching/service activities and who work in SUS services that have links with residency programs in Family and Community Medicine and is within the parameters previously established in accordance with Joint Ordinance No. 2/SGTES/MS/SESu/MEC, of January 24, 2014.

The training of the preceptor is an important challenge for the various functions demanded in the training of the resident physician in Family and Community Medicine. Its role as mediator of the different levels of competences points to the need to establish andragogic relationships, that is, relationships that lead to the practical learning of the resident, for the development of the "being" family and community doctor. (Lawall, 2019)

According to Lawall (2019) the Brazilian Society of Family and Community Medicine (SBMFC) developed the Competencies-Based Curriculum (CBC) for residency programs in CFM, in order to systematize specialty training in Brazil. The National Commission of Medical Residency (CNRM)

launched Resolution No. 1 of May 25, 2015, which guides training based on this document. Preceptor training projects are fundamental to this process and there are initiatives through courses from some institutions, such as the Brazilian Association of Medical Education (ABEM), the Oswaldo Cruz German Hospital (HAOC), the Syrian Lebanese Hospital (HSL), the European Academy for teacher and preceptor training in the area of Family and Community Medicine (EURACT) and professional master's degree funded by the Ministry of Health, among other programs.

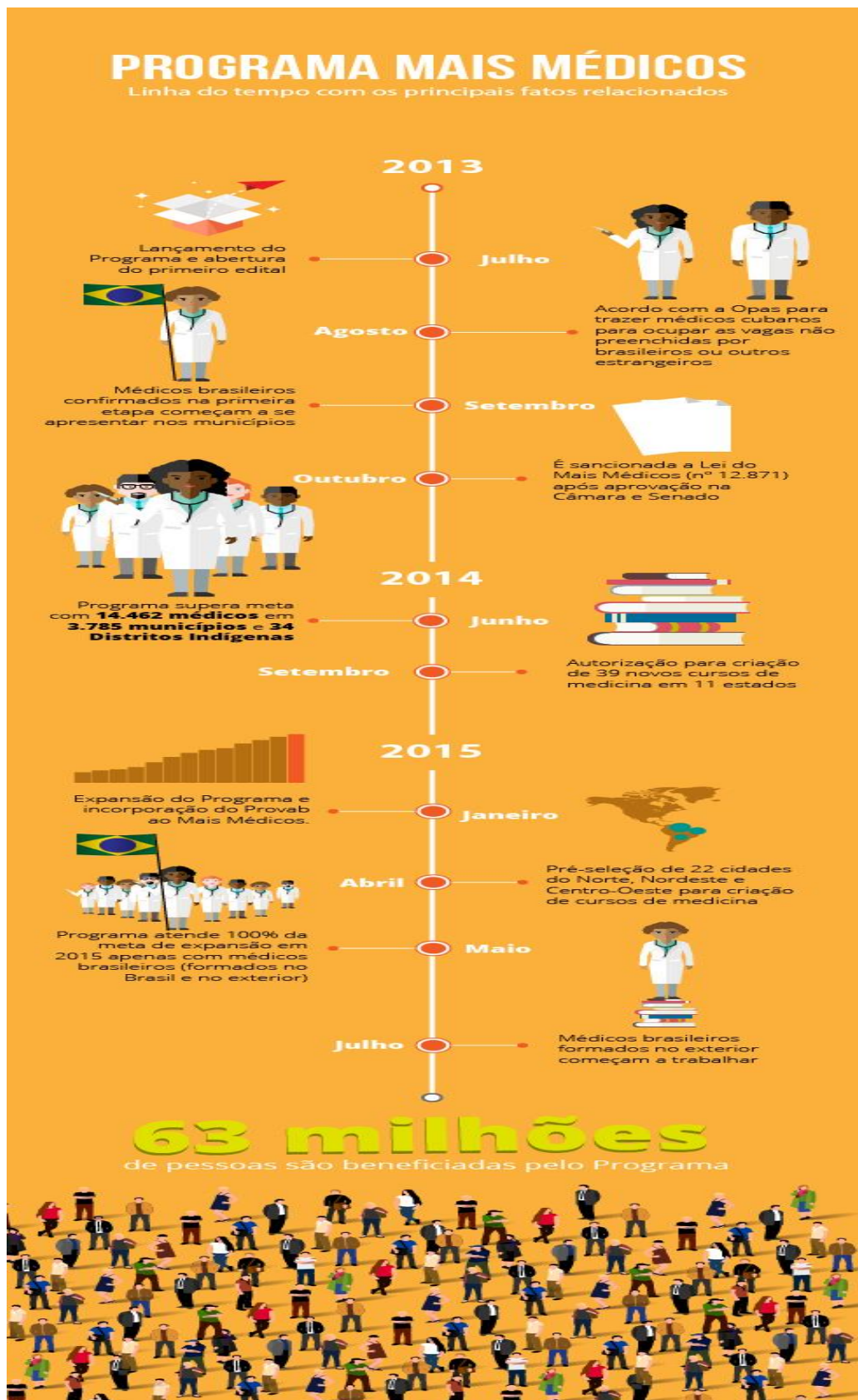
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IMAGE I: Timeline and pmmb-related factors.



Source: Ministry of Health. More Doctors in Brazil Program - PMMB. (2015)

METHODS:

According to Minayo (1994), methodology is understood as the path of thought and practice exercised on the approach of reality, with this thought, Barros and Lehfeld (2000, p.1), bring reflection on the etiology of the word: "... the word methodology comes from the Greek *goal* which means offshore [over]; *odos* [hodós], way [via]; *logos*, discourse, study" and reiterate consistency in the evaluation of available methods and their jobs with levels of restrictions or not.

Theories are constituted to understand a set of phenomena and processes. However, as elaborate as they may be, they are not enough to elucidate this whole set. Therefore, it is up to the researcher to emphasize and cut out certain significant aspects of reality, seeking a systematic interconnection between them (Leo, 2009)

It is already known that the methodology acts as a guide and contributes to the description of the method. Gonçalves (2005), understands the method as an operational process (systematization of activities to achieve the desired objective), intellectual (proposes the analytical, foreseeable and systematic approach of the problem for the identification of access routes that allow and facilitate the solution). For Lüdke and André (1986, p. 38), the documentary analysis objectives "[...] identify factual information in documents based on questions or hypotheses of interest." According to the authors, the documents constitute a powerful and natural source of information. Any written material that can be used as a source of information is considered as documents.

These range from laws and regulations, standards, opinions, letters, memo, personal diaries, autobiographies, newspapers, magazines, speeches, radio and television program scripts to books, statistics and school archives. The course process and the programs of the disciplines are the documents of documentary research. It is worth mentioning that "[...] *documentum* is a Latin word that means all written or non-written material that serves as proof, constituted at the time the fact or phenomenon occurs, or after [...]" (GONÇALVES, 2005, p. 60).

Descriptive research is configured, according to Jairo Junior (2006), as an intermediate study, that is, it is among exploratory and explanatory research. It is not as preliminary as the first and also does not deepen much, like the second. The objective is to identify, report and others.

Descriptive research has as main objective to describe characteristics of a given population, phenomena or establishment of relationships. It is concerned with observing, recording, analyzing, classifying and interpreting the facts without the interference of the researcher. In addition, the study requires delimitation of techniques, methods, models and theories that will guide the collection and interpretation of data in order to verify scientific validity. The population and sample should also be limited, as well as the objectives, terms, variables, hypotheses and guide questions. (Gil, 2008; Andrade, 2002; Trivisios, 1987).

The criteria for inclusion of the studies were: only articles that were presented in full text, available for download, within the time frame of 10 years and Brazilian Portuguese language. For the exclusion criteria, studies of any other nature that are not in full and available, studies outside the pre-established time frame, studies that presented in duplicate, in a language other than Portuguese Brazilian and studies that do not approach the theme were excluded.

The combination of Decs and MeSH descriptors was used, where the descriptors: *More Medical Program were combined; Family Health Strategy; Integral Health Care in* the Virtual Health Library (VHL) and 28 articles with a 10-year time frame(2011 - 2021) were found, indexed in the following databases: Latin American and Caribbean Literature on Health Sciences - LILACS; COLLECTASUS; Bibliographic database specialized in nursing - BDENF; Medical Literature Analysis and Retrieval System Online - MEDLINE/PUBMED; MOSAIC - Integrative Health; RHS repository; State Department of Health - SP.

Only 25 studies were in full text and in the Portuguese. After the macrological evaluation and reading of the abstracts, 2 articles were excluded that were in the English language, 1 article that was not available for download and 13 articles were not close to the theme. Only 9 studies (population) remained for thorough reading and separation of the sample for analysis.

[...] the population (research universe), sampling, data collection instruments and how you intend to tabulate and analyze your data. Population (or universe of research) is the totality of individuals who have the same characteristics defined for a given study. Sample is part of the population or universe, selected according to a rule or plan. The sample may be probabilistic and non-probabilistic." (Moresi, 2003)

In short, after reading and understanding the content of each study, we separate 3 to perform the construction of the discussion and categorization. A comparative table of the studies that will make up the discussion category will be presented below.

Table I: Data analysis:

AUTHORS	TITLE	NEWSPAPER	LANGUAGE	YEAR
Ministry of Health	2 years- More Doctors Program for Brazilians	Department of Labour Management and Health Education	Portuguese Brazilian	2015
Lucélia Luiz Pereira, Leonor Pacheco	The challenge of the More Doctors Program for the provision and guarantee of comprehensive health care in rural areas in the Amazon region, Brazil	Interface Magazine	Portuguese Brazilian	2017
Pablo de Almeida Boiteux,	“Programa Mais Médicos”: contributions to	Brazilian Journal of Family and	Portuguese Brazilian	2020

Thiago Dias Sarti, Rita de Cássia Duarte Lima	work processes and challenges for the integrality of care in the Family Health Strategy	Community Medicine (RBMFC)		
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Source: Creation of the author himself, 2021

RESULTS AND DISCUSSIONS

It is known that a certain portion of the population depends exclusively on the Unified Health System (SUS) for health care. Pereira and Pacheco (2017) highlight aspects such as: geographical location of the UBS and economic barriers, from transport to commuting and among others. These factors contribute strongly to the scarcity of human resources, recruitment and professional fixation, due to the long distance of large centers.

Understanding the issue of insufficiency and poor distribution of physicians in the country, it is necessary to discuss the role of the participation of medical specialists in the Unified Health System focusing on the main modality of training of this professional who is medical residency." (Ministry of Health, 2015)

The PMMB initiative supplies the scarcity of the supply of physicians in primary health care from the following measures:

1. Support of physicians to work in the regions where they have the highest vacancy of professionals;
2. Expansion of the number of vacancies in the undergraduate course in medicine and medical residency;
3. Investments in infrastructure in technologies in health services;

Invested in government strategies such as the Program for the Interiorization of the Unified Health System (PISUS), the Program for the Interiorization of Health Work (PITS) and the Program for the Valorization of Primary Care Professionals (PROVAB), although it is not an impediment to solve the problems of allocation of physicians in certain regions, such programs, as pointed out by Boiteux et. al (2015) contributed to the improvement of the development scenario of Primary Health Care (PHC), redefinition of Primary Care (PHC) and which has in the Family Health Strategy (ESF) the priority model for its organization and expansion in the country.

The vacancies of the PMM can be filled both by physicians graduated in Brazilian universities or with a revalidated diploma in the country, as well as physicians graduated in foreign higher education institutions. (Pereira and Pacheco, 2017). The contract with the doctor is carried out for a period of three years, and may be renewed once, for the same period. It is important to highlight that there is a sequence of priorities in relation to the selection of physicians, that is, Brazilian physicians have priorities in the choice of workplaces.

After understanding the issue of insufficiency and poor distribution of physicians in the country, it is worth discussing the role of the participation of specialist physicians in the Unified Health System focusing on the main modality of training of this professional who is medical residency. With these elements it is possible to analyze the repercussion of the proposed changes with the More Doctors Program. The Ministry of Health (2015) points out that medical residency corresponds to a *lato sensu specialization characterized* by being a modality fundamentally of in-service training and, therefore, is distinguished from other training processes by at least three main dimensions:

1. Predominance of practical activities (where the physician with authorized professional practice performs activities of greater autonomy and responsibility).
2. Existence of its own legislation (which regulates the role of education through work, where the resident, while in teaching activities, has social security).
3. Certification of the physician to practice a certain specialty, which is the main format recognized by the Brazilian State for this purpose.

FINAL CONSIDERATIONS:

We consider that the contribution of physicians of the More Doctors program in Brazil (PMMB), in addition to reducing inequities and expanding access to health for the population, also contributes to the deconstruction of the hegemonic medical model, taking into account the importance of interdisciplinary knowledge for the success of comprehensive health care and strengthens the proposal to expand and reorient the Primary Health Care (PHC) model together with the Family Health Strategy (ESF). In addition, it reiterates the importance dynamic actions with a focus on local and territorial reality for educational strategies, since the territories have peculiar characteristics, developing the critical-reflexive process of professionals and able to solve demands in different regions with a focus on reducing inequities.

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