

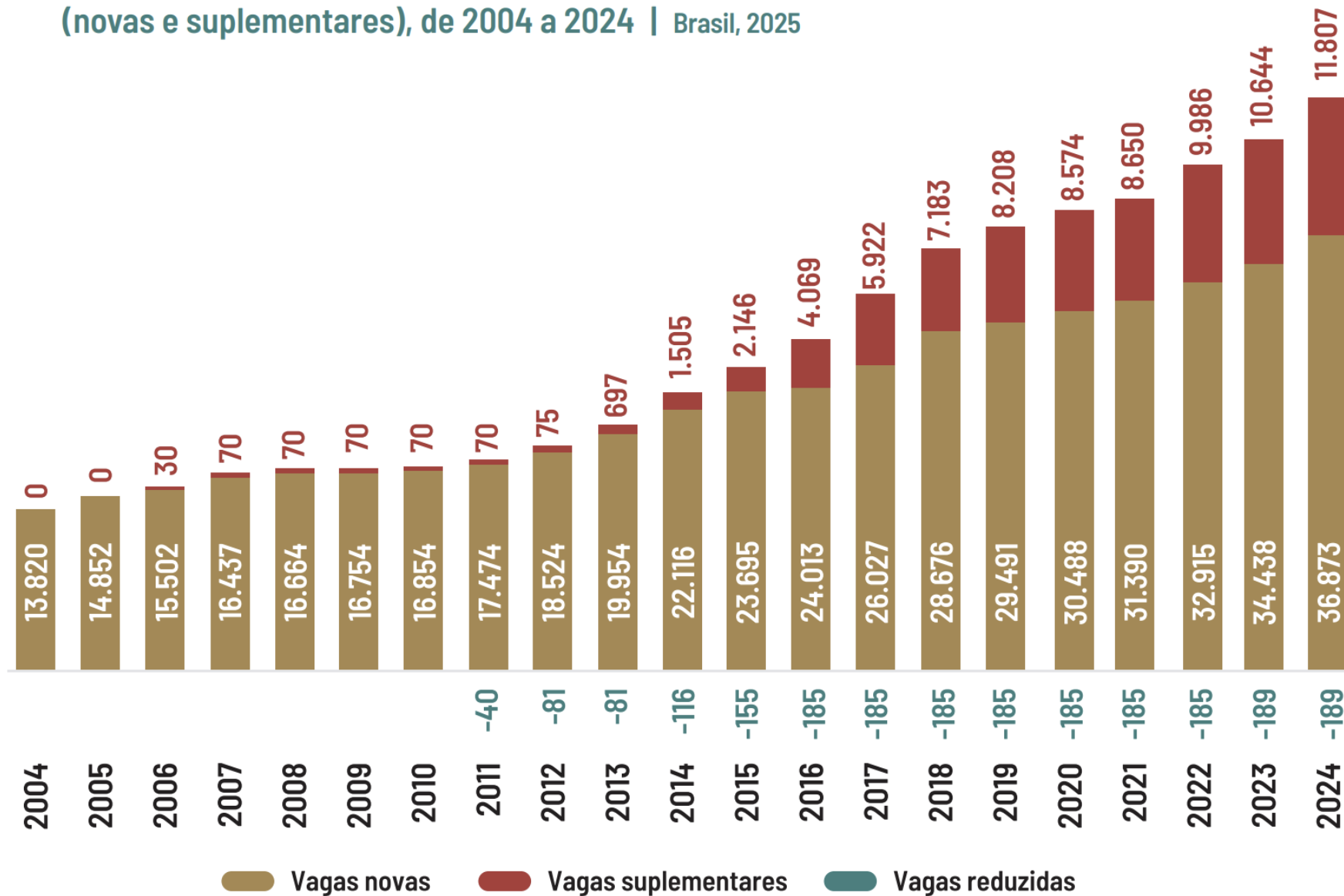
# Exame de proficiência para medicina: uma solução ou um problema?

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Associação Brasileira de  
Educação Médica

## No que há consenso

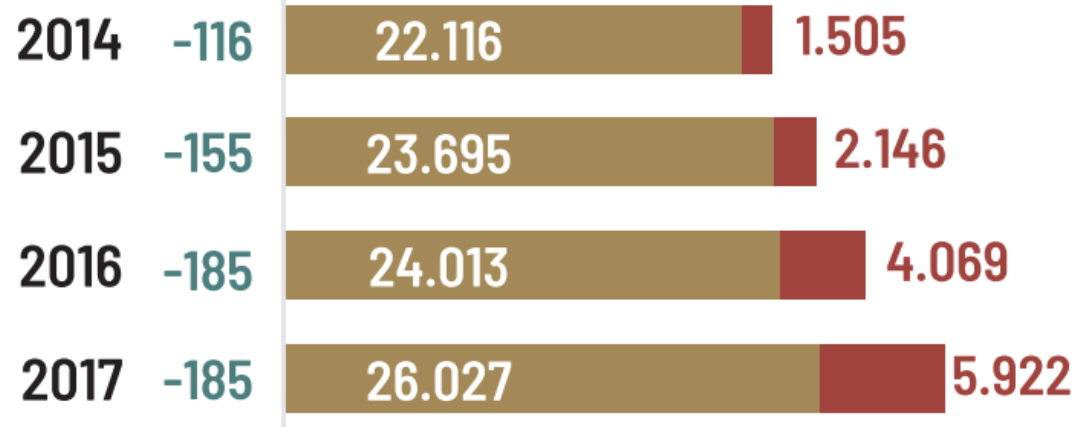
- Maior sistema público e universal de saúde do mundo, o SUS
- Má distribuição da força de trabalho
- Expansão acelerada de cursos e vagas de medicina
- Critérios de regulação frágeis
- Poucas consequências às escolas avaliadas como ruins

## Evolução do número de vagas de graduação em medicina, segundo tipo de vagas (novas e suplementares), de 2004 a 2024 | Brasil, 2025



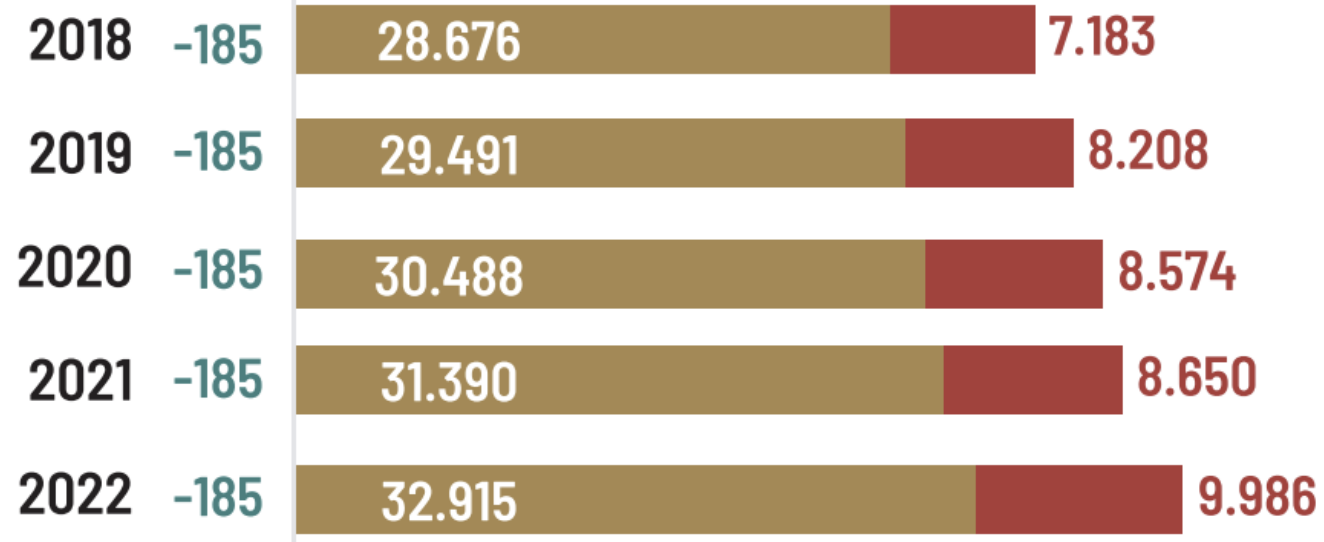
► **Fonte:** Elaboração dos autores; e-MEC. **Nota:** Para registro de vagas, adota-se a data do ato regulatório que estabelece sua criação, suplementação ou redução. **Obs.:** Para citação, atribuir a (Scheffer, 2025), vide ficha catalográfica desta publicação.

# Expansão lei do Mais Médicos



- Vagas novas
- Vagas suplementares
- Vagas reduzidas

# Expansão Moratória

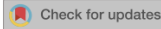


- 2,98/1.000 hab.
- OCDE 3,7/1.000 hab.

- Quantos médicos o Brasil necessita
  - Singularidade do SUS
  - Optometrista, partos, procedimentos na APS
  - Relação entre especialidades médicas
  - Relação público/privado
- Qualidade da formação está ruim ou piorando
  - Teste de progresso (TP) semelhante ao longo do tempo e em comparação internacional
  - Processos no CFM

No que  
não há  
consenso





Cite this as: *BMJ* 2024;387:q2163  
<http://dx.doi.org/10.1136/bmj.q2163>  
 Published: 03 October 2024

## Medicine is difficult—there are no shortcuts

Delivering high quality, patient centred care requires medical training that is long enough, broad enough, and deep enough, writes Andrew Elder

Andrew Elder,

BMJ: first public

# Medicine is difficult—there are no shortcuts

## Delivering high quality, patient centred care requires medical training that is long enough, broad enough, and deep enough, writes Andrew Elder

Andrew Elder,

learnt from any textbook.

The treatment, management, and care decisions that follow diagnosis are also difficult. Multiple minds, meeting in multiprofessional teams, seek consensus on the best that can be offered. Complex options lead to complex explanations and discussions with a patient and their family. What could be done may be relatively straightforward, but what should be done requires studied listening, enquiry, exploration, and judgment. Discussing, deciding, and agreeing “to do or not to do” takes time, thought, and commitment. There are no algorithms and no shortcuts for patient centred care.

Medicine is difficult even though we recruit the brightest and best from our schools and colleges. It is difficult even though we teach and train them over intense undergraduate courses of up to six years, sometimes with intercalated higher degrees, using curricula that demand the acquisition of much knowledge, and many skills, behaviours, and attitudes. Medicine remains difficult despite postgraduate training lasting up to 10 further years to consultant level, and five further years to the level of the general practitioner. The learning does not end there—continuing professional development, documented and monitored by appraisal, is a mandatory feature of a doctor’s professional commitment to lifelong learning.

And despite all this education and training, doctors can still get things wrong. Errors in diagnosis, treatment, and care can still be made. Medicine is difficult.

the doctor must undergo in the workplace and examination hall. And the “medical model” is also defined by its duration. Clinical experience—by the bedside, in the consulting room, and in the operating theatre—and all that comes with it, is a time-based commodity. Competency based medical education may not see experience, or “time served,” as of any relevance—yet few clinicians would deny its central importance in high quality and safe patient care.

The visions of future healthcare that have produced this mission to generate more doctors or more “associate professionals” in shorter and shorter timeframes do not come from the minds of those who see medicine on its front lines. These are remotely conceived, industrial visions of care—and of the workforce that might provide that care—based on a political concept of “productivity” that is alien to those who walk the wards, talk to patients, and see the quality of care, rather than its quantity, as paramount.

Medicine is difficult, has become more difficult over my 40 year career, and will continue to become more difficult. We need to continue to attract the brightest and best to train as doctors. We need to ensure that their training is long enough, broad enough, and deep enough to make them feel *and be* equipped to do the difficult daily work of the doctor, to innovate and to research, and to design and deliver care for people in the way that they—as highly trained professionals—feel their patients need. And not in the way that others speculate may be just about good enough.

Our patients should demand no less.

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Para todo problema complexo existe sempre uma  
solução simples, elegante e completamente errada

(Henry Louis Mencken)

# Razões para a proposta



Proteger a sociedade



Garantir a qualidade  
dos médicos



Espelhar-se no exame  
da OAB



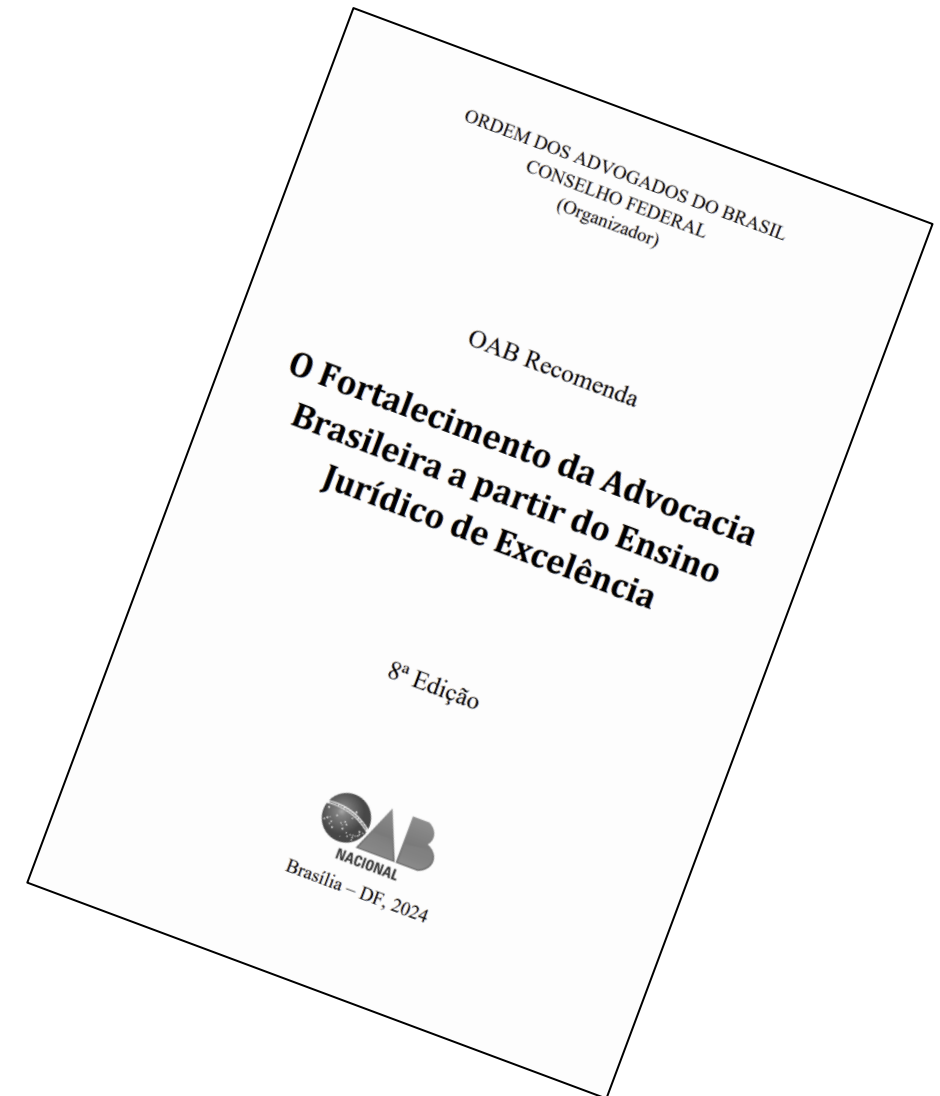
Olhar sobre o  
exemplo da OAB

# EXAME DE ORDEM EM NÚMEROS

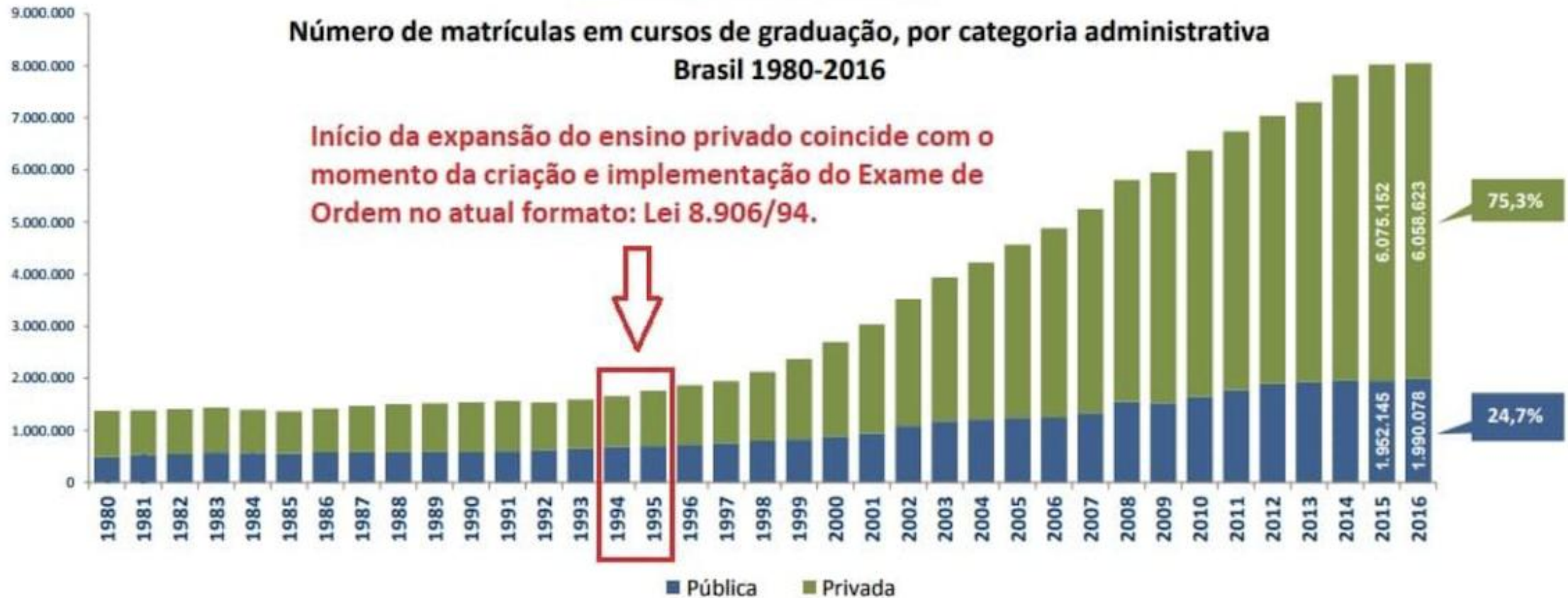
# Questão 1: O exame da OAB melhorou a qualidade da formação em direito?

Mais de 1.900 cursos de Direito

Apenas 198, cerca de 10%, alcançaram o Selo de Qualidade OAB

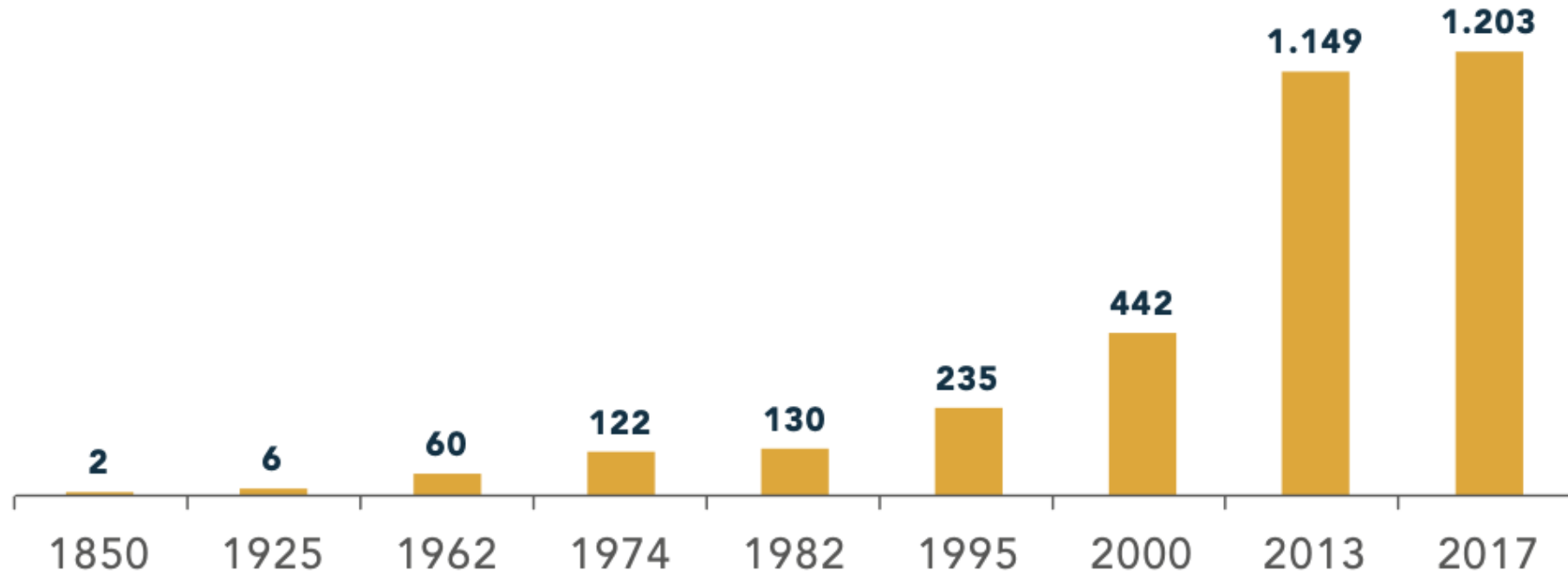


# Questão 2: Reduziu a expansão dos cursos?



# Questão 2: Reduziu a expansão dos cursos?

FIGURA 6 | EVOLUÇÃO DO NÚMERO DE CURSOS DE DIREITO NO BRASIL



# Questão 3: Há algum problema ?

Exame		Inscritos	% Aprovação (GERAL)
7	(2012.1) VII EOU	111.927	14,97%
8	(2012.2) VIII EOU	117.884	18,13%
9	(2012.3) IX EOU	118.562	11,43%
10	(2013.1) X EOU	124.923	28,07%
11	(2013.2) XI EOU	101.194	14,19%
12	(2013.3) XII EOU	128.056	13,62%
13	(2014.1) XIII EOU	123.183	16,65%
14	(2014.2) XIV EOU	110.830	22,76%
15	(2014.3) XV EOU	111.816	26,60%
16	(2015.1) XVI EOU	112.580	20,89%
17	(2015.2) XVII EOU	133.395	28,25%
18	(2015.3) XVIII EOU	120.251	21,19%
19	(2016.1) XIX EOU	135.169	13,45%
20	(2016.2) XX EOU	115.350	20,15%
21	(2016.3) XXI EOU	113.280	15,81%
22	(2017.1) XXII EOU	135.239	23,72%
23	(2017.2) XXIII EOU	108.331	16,73%
24	(2017.3) XXIV EOU	128.053	23,93%
25	(2018.1) XXV EOU	128.103	20,50%
26	(2018.2) XXVI EOU	125.294	18,23%
27	(2018.3) XXVII EOU	125.169	11,94%
28	(2019.1) XXVIII EOU	132.731	24,04%
29	(2019.2) XXIX EOU	105.819	23,53%
30	(2019.3) XXX EOU	122.823	17,05%
31	(2020.1) XXXI EOU	117.614	18,74%
32	(2021.1) XXXII EOU	218.910	21,30%
33	(2021.2) XXXIII EOU	150.139	31,46%

Questão  
3: Há  
algum  
problema  
?

Em 28 edições do Exame  
da OAB

3.555.972 inscrições

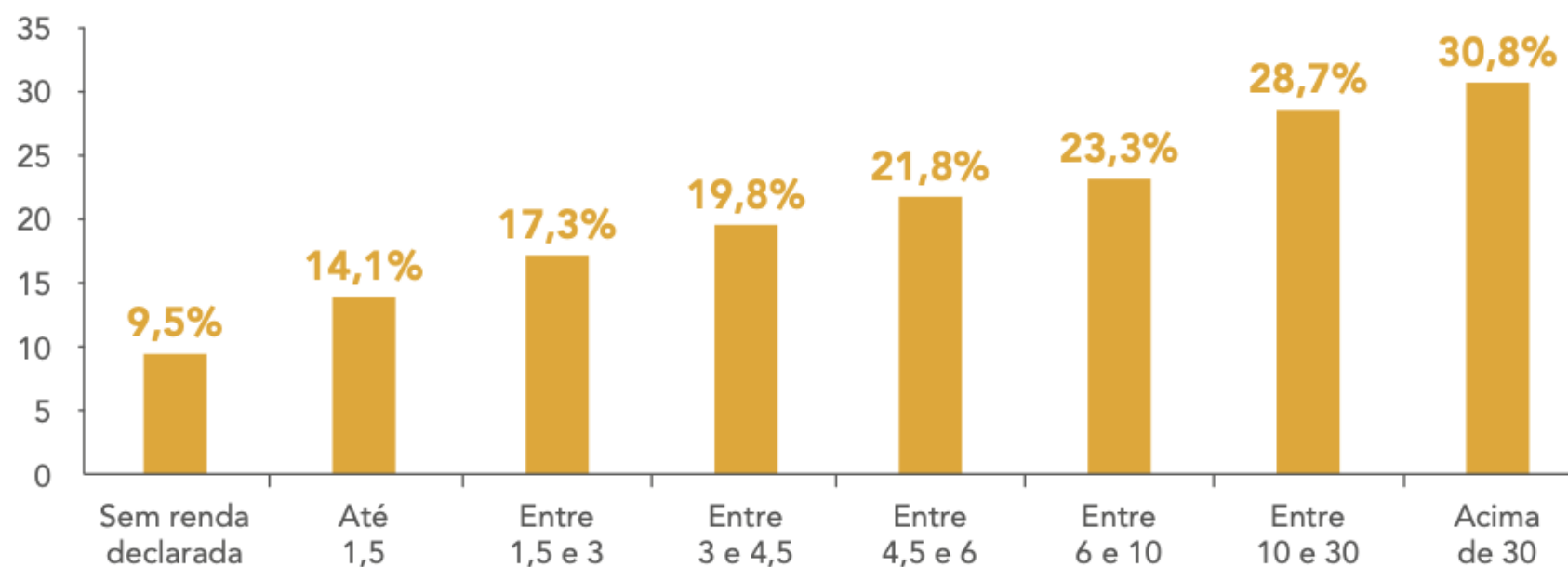
660.298 aprovados

**18,6% de aprovados**



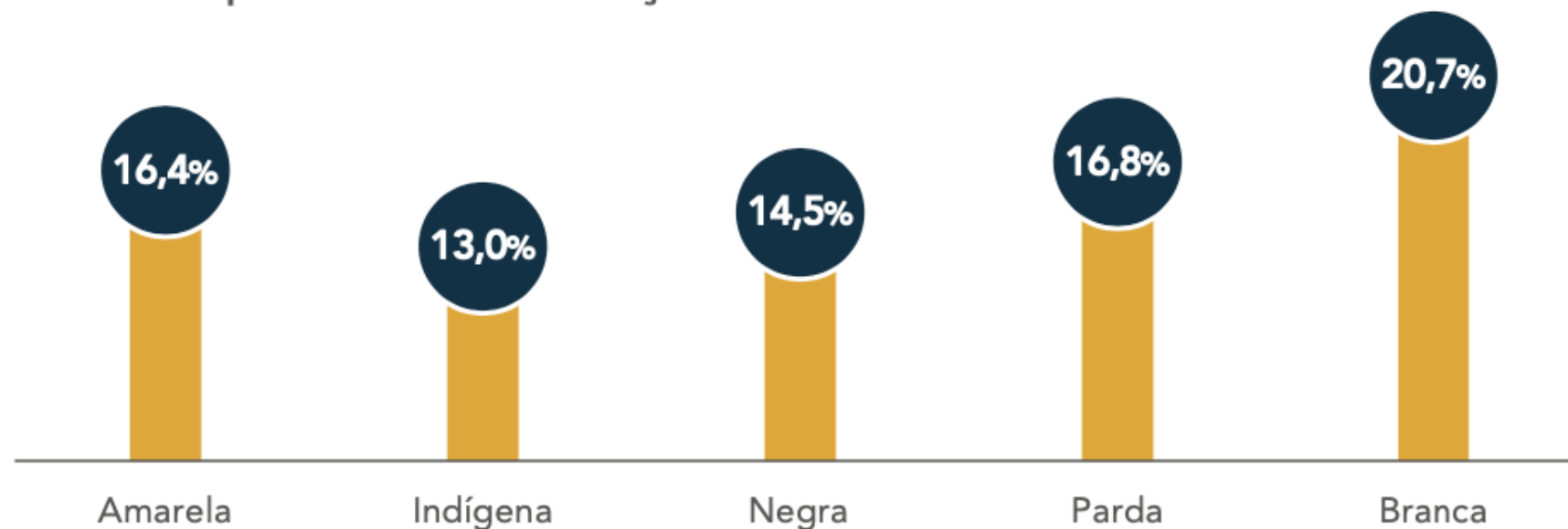
# Questão 3: Há algum problema?

**FIGURA 37 | TAXA DE APROVAÇÃO POR FAIXA DE RENDA (MEDIDA EM SALÁRIOS MÍNIMOS)**



# Questão 3: Há algum problema?

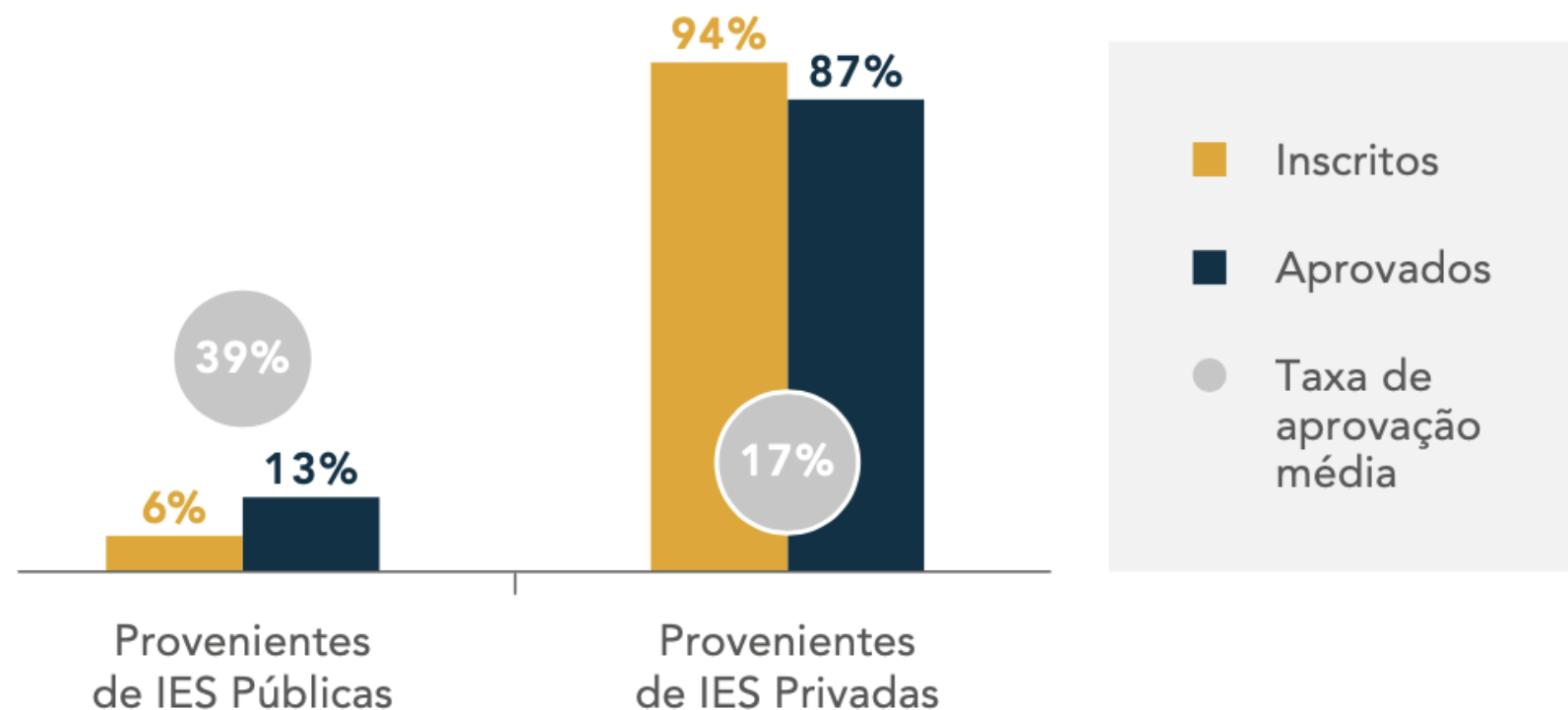
FIGURA 34 | TAXA DE APROVAÇÃO POR ETNIA



Fonte: FGV.

# Questão 3: Há algum problema?

FIGURA 15 | PARTICIPAÇÃO E DESEMPENHO NOS EXAMES, DE ACORDO COM A PROVENIÊNCIA DO EXAMINANDO - ENTRE O VIII E O XXIX EOU



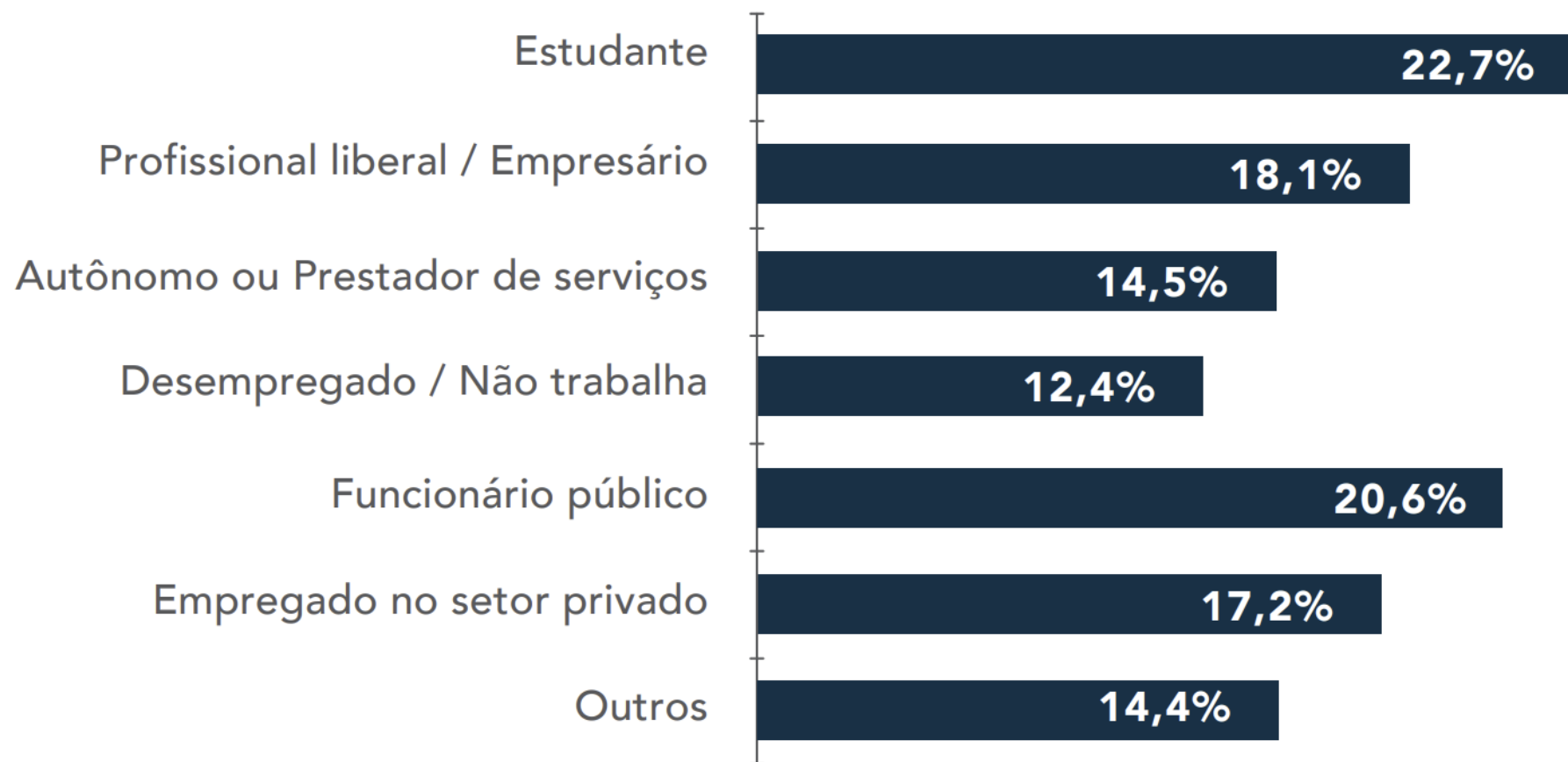


Olhar sobre questões centrais

Quais  
funções o  
médico não  
aprovado  
poderá  
exercer?

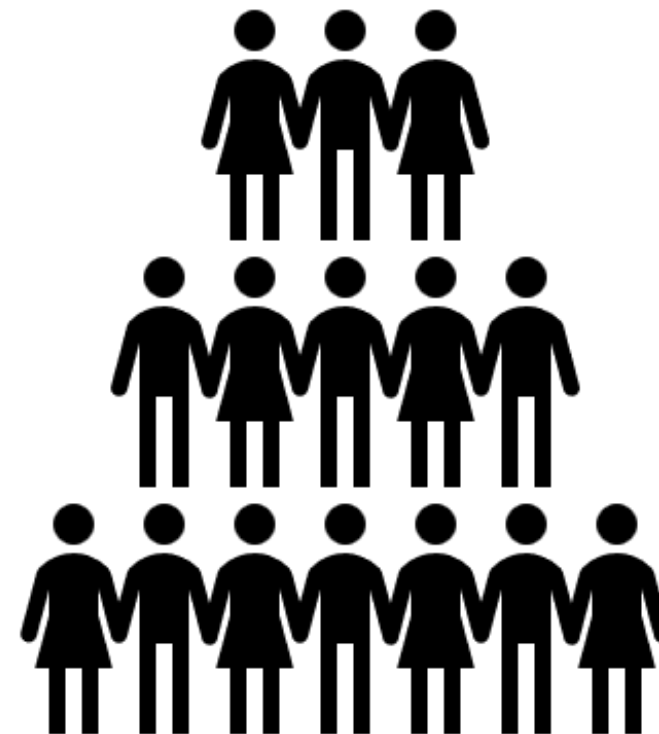


## FIGURA 36 | TAXA DE APROVAÇÃO POR OCUPAÇÃO

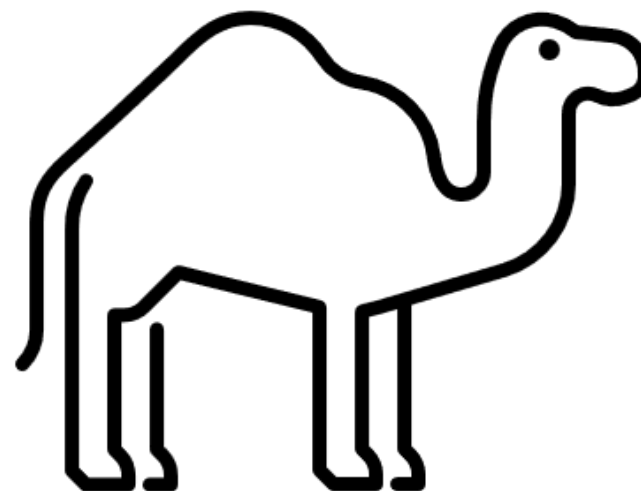




Responsabiliza  
ção exclusiva  
do estudante,  
isentando as  
escolas



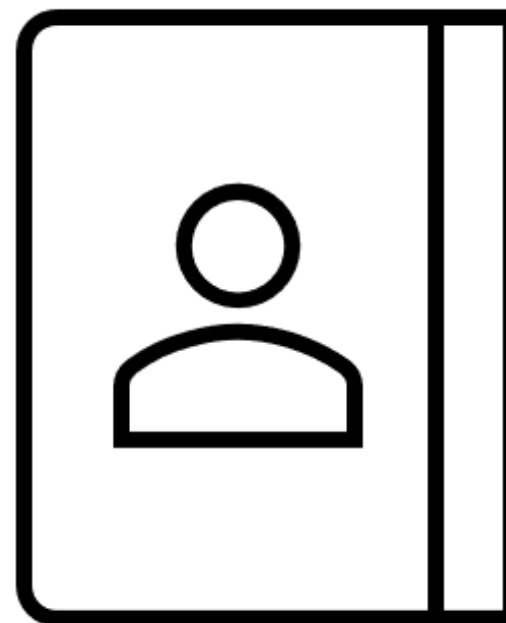
Como cuidar  
das pessoas  
com menos  
médicos do  
que temos  
hoje?



Uma prova  
avalia, de  
fato, a  
competência  
para o  
cuidado em  
saúde?

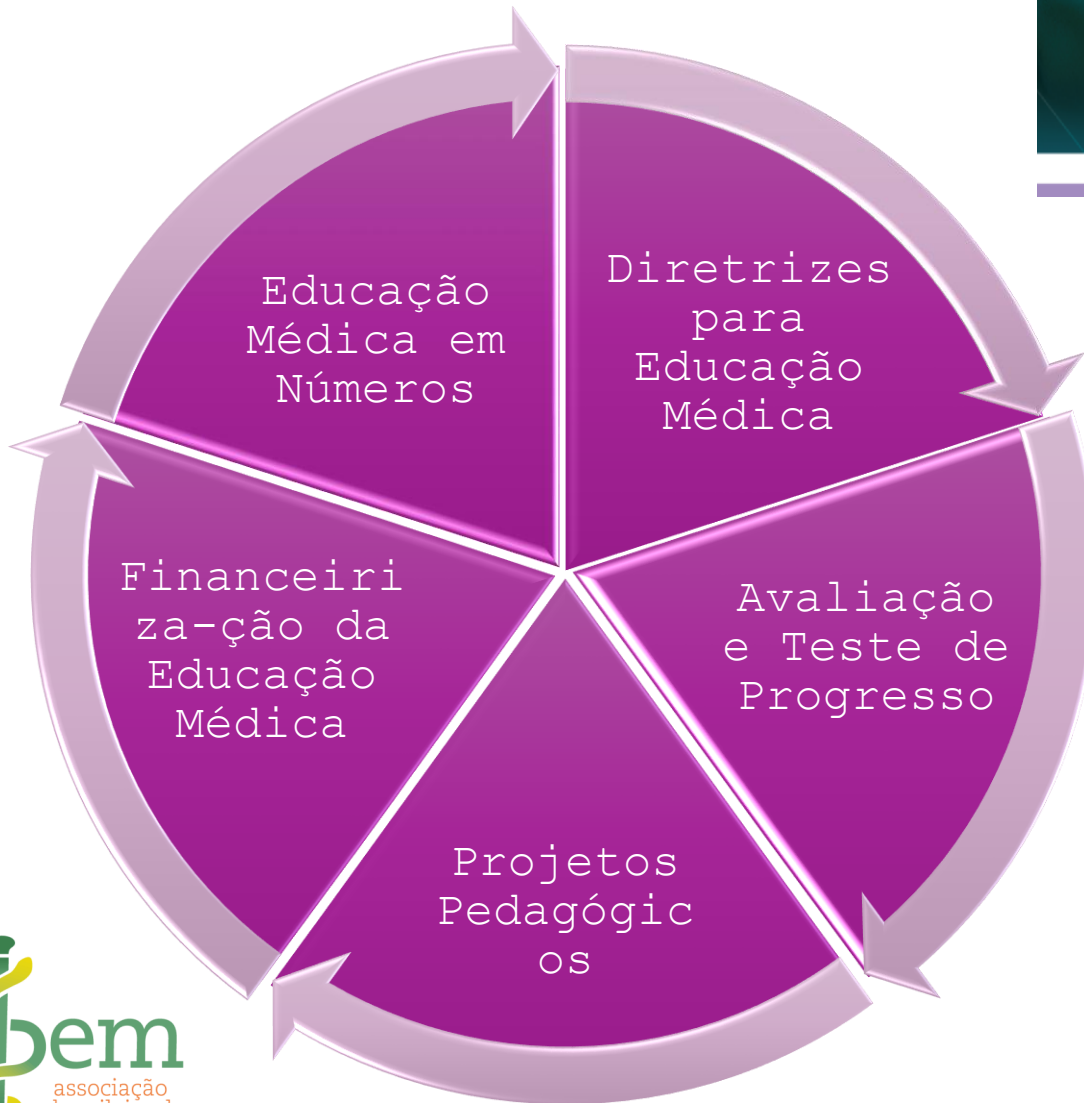


Cursinhos  
preparatório  
s e impacto  
na formação  
médica  
(distorce e  
elitiza)



Aumento da  
vulnerabilid  
ade social -  
endividament  
o e  
sofrimento





O que fazer,  
então?



# Obrigado !



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