

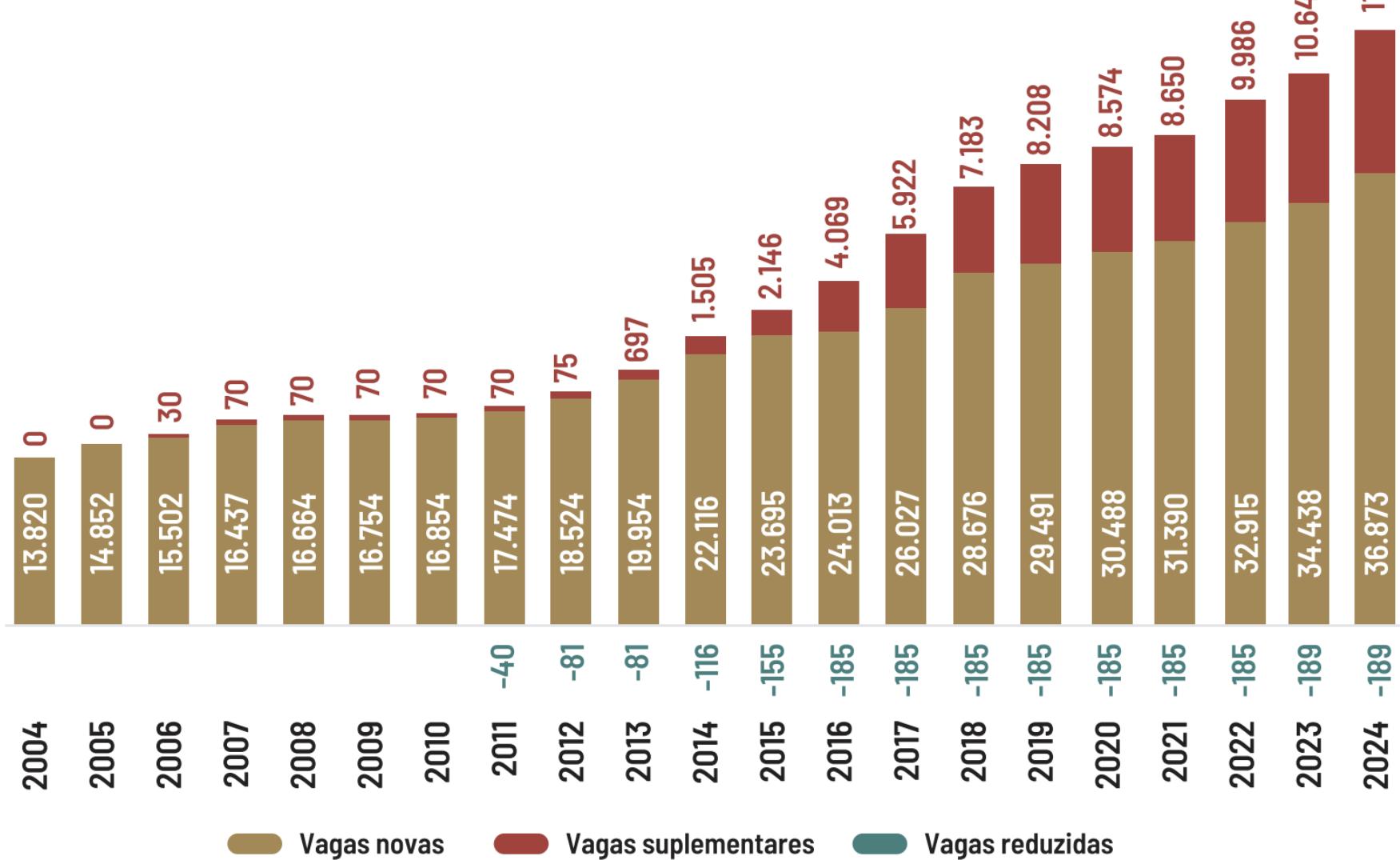
Exame de proficiência para medicina: uma solução ou um problema?

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Associação Brasileira de
Educação Médica

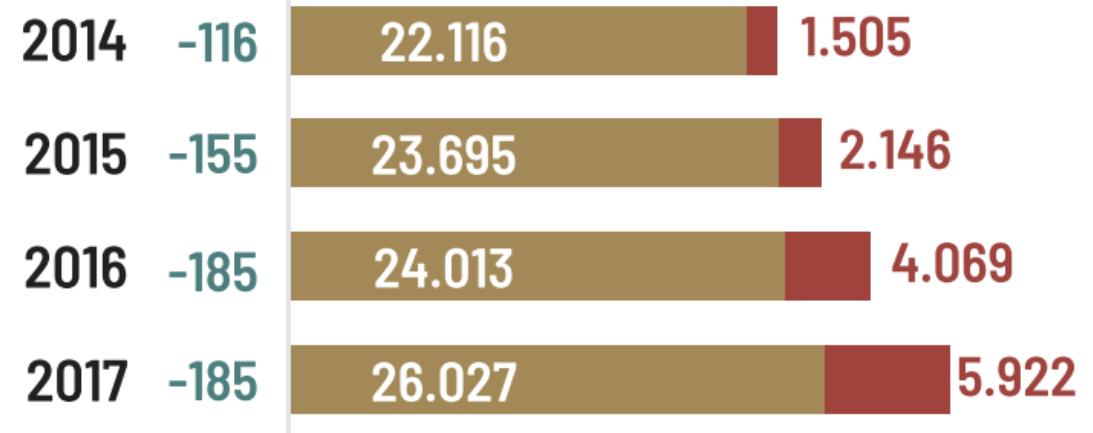
No que há consenso

- 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

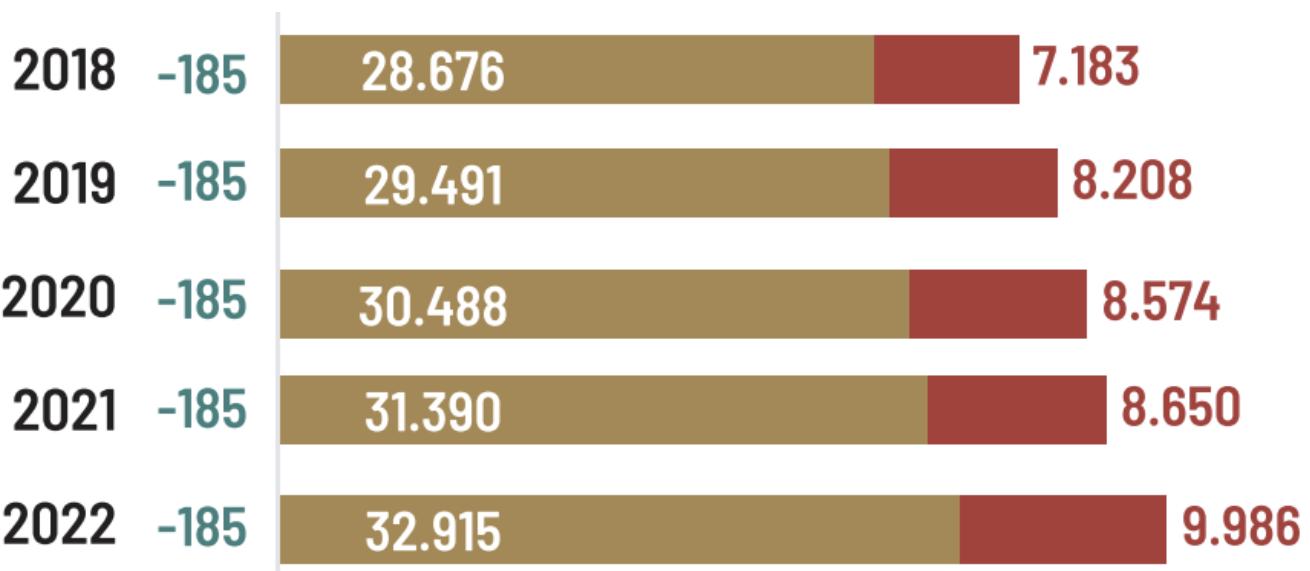
Evolução do número de vagas de graduação em medicina, segundo tipo de vagas (novas e suplementares), de 2004 a 2024 | Brasil, 2025



Expansão Lei do Mais Médicos



Expansão Moratória



No que não há consenso

- 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



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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,
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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.

Medicine is difficult because the training is not just a series of assessments of knowledge and skills that 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 propost a



Proteger a sociedade



Garantir a qualidade
dos médicos



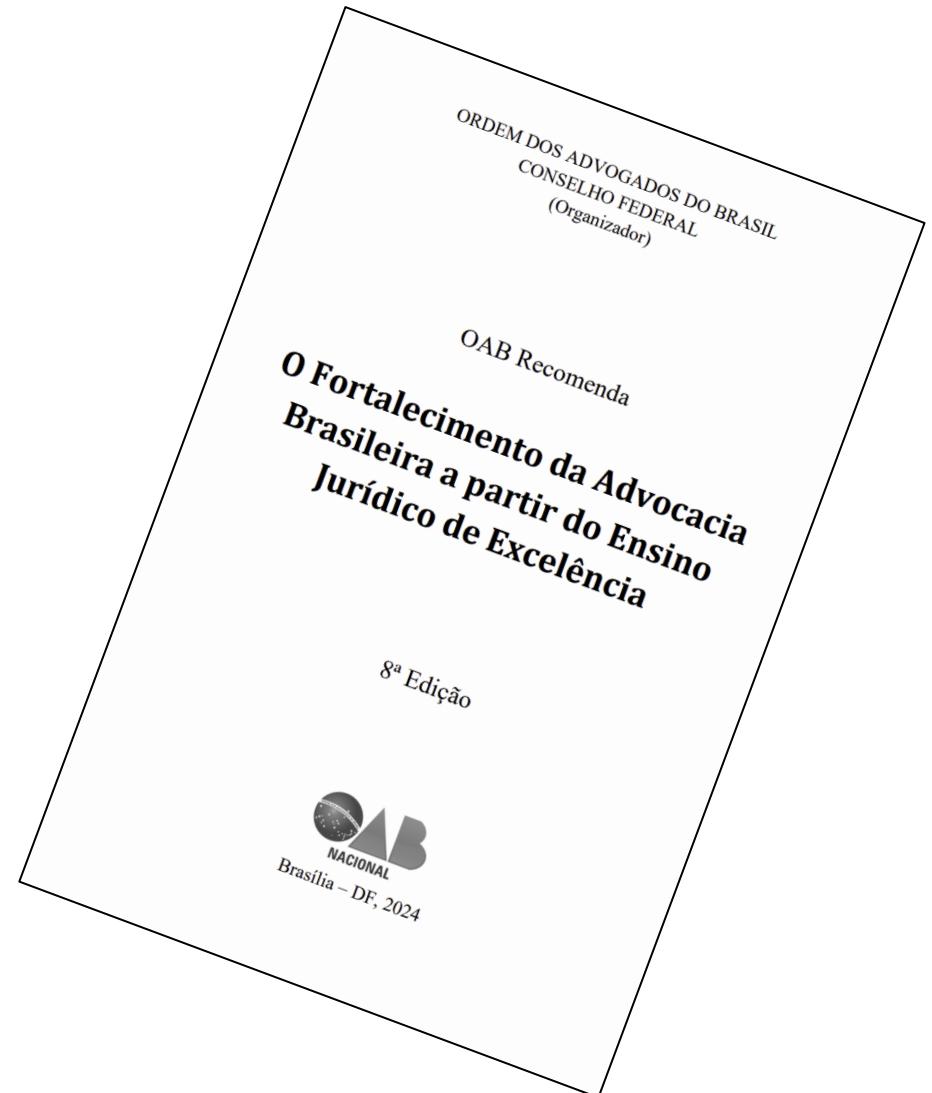
Espelhar-se no exame
da OAB

Olhar sobre o exemplo da OAB

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

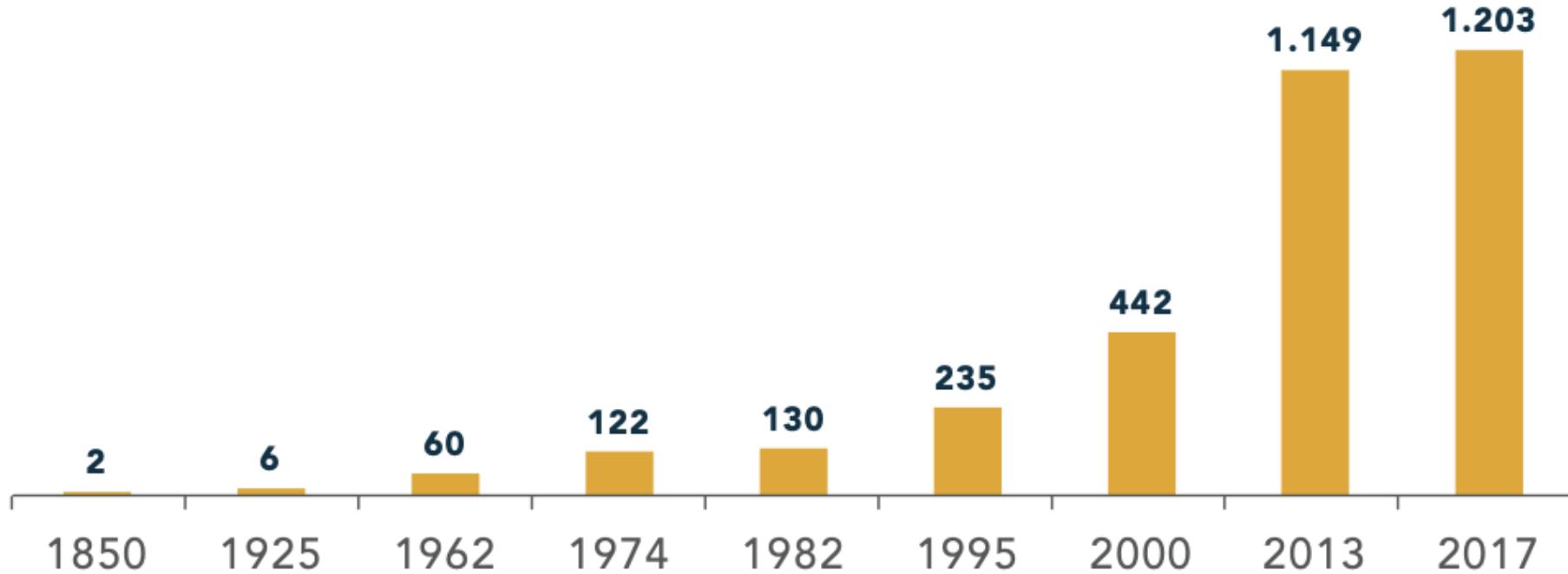


Questão 2: Reduziu a expansão dos cursos?



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

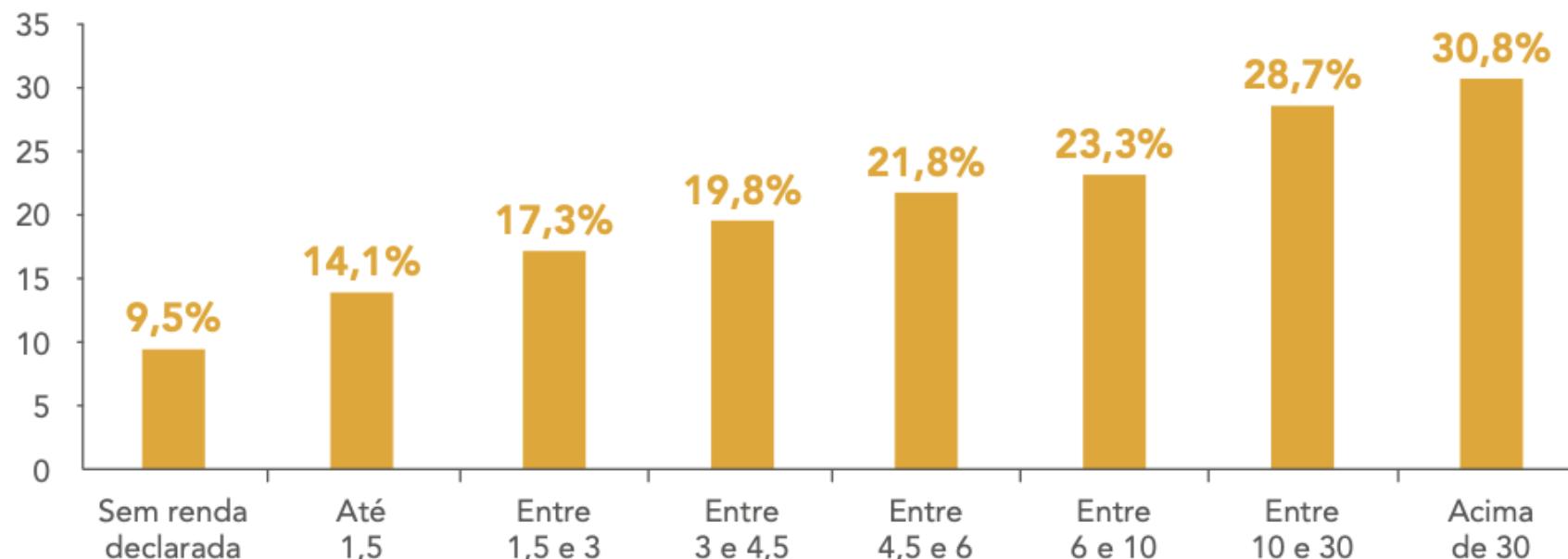
3.555.972 inscrições

660.298 aprovados

18,6% de aprovados

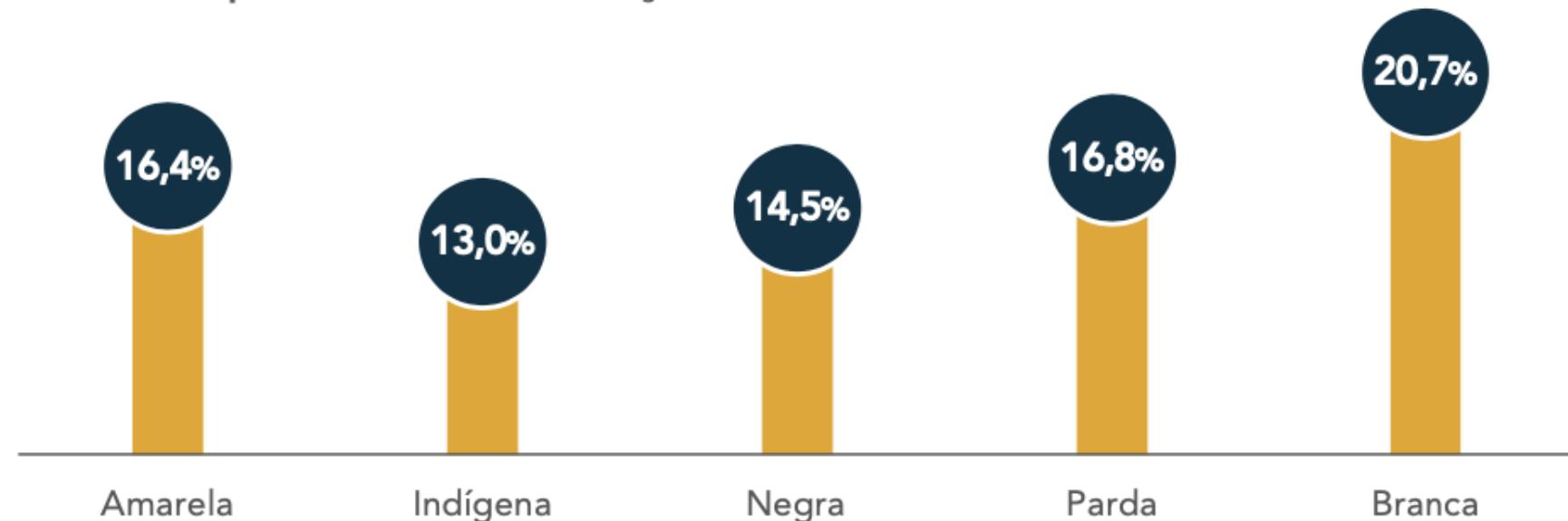
Questão 3: Há algum problema?

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



Questão 3: Há algum problema?

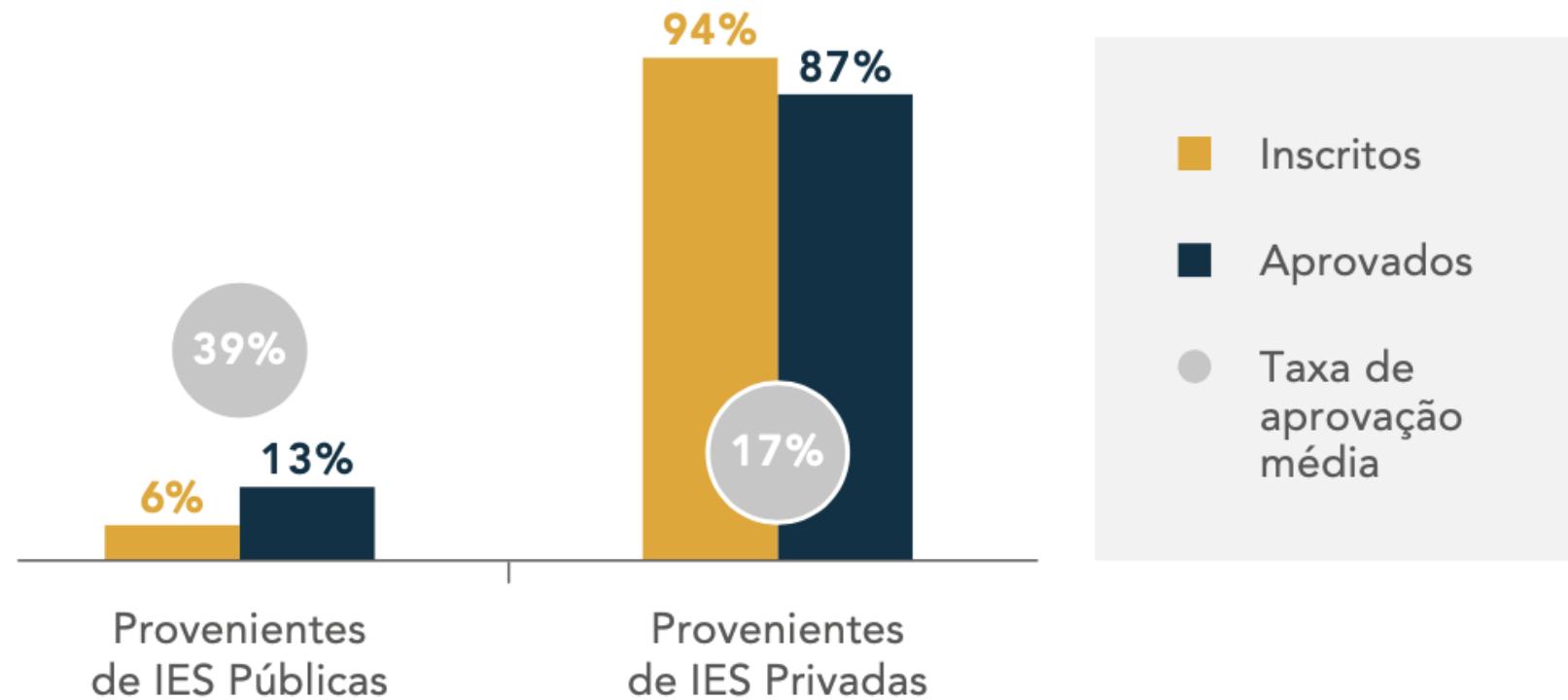
FIGURA 34 | TAXA DE APROVAÇÃO POR ETNIA



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



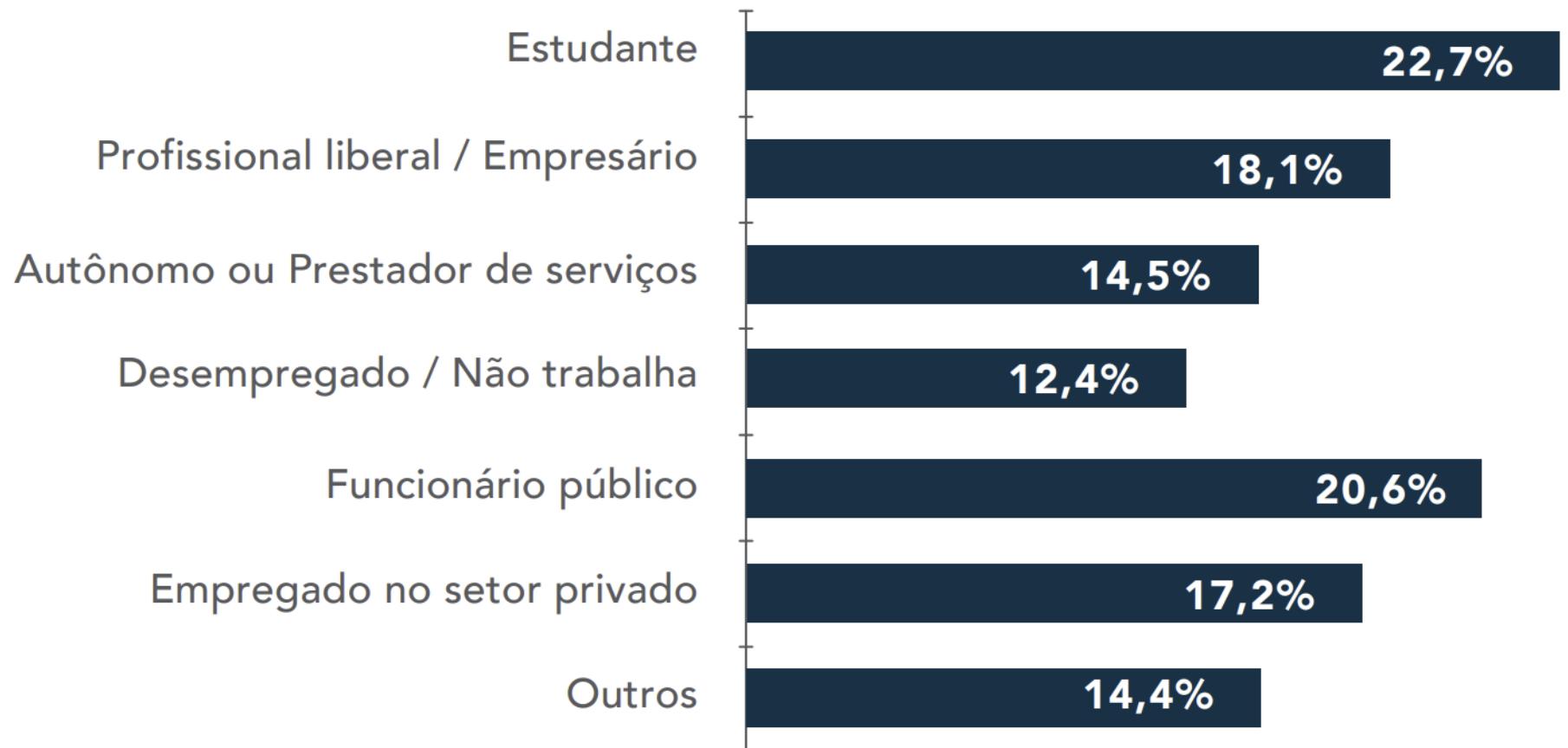


Olhar sobre questões centrais

Quais
funções o
médico não
aprovado
poderá
exercer?

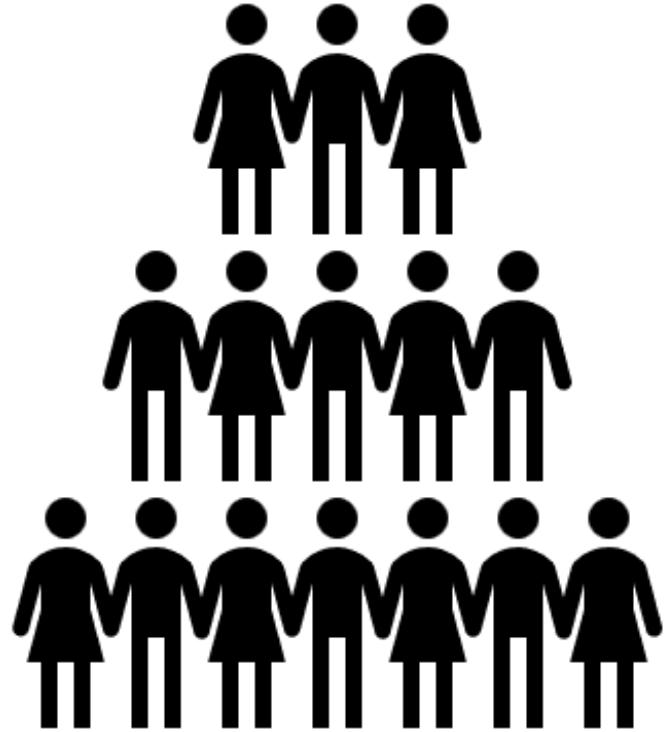


FIGURA 36 | TAXA DE APROVAÇÃO POR OCUPAÇÃO

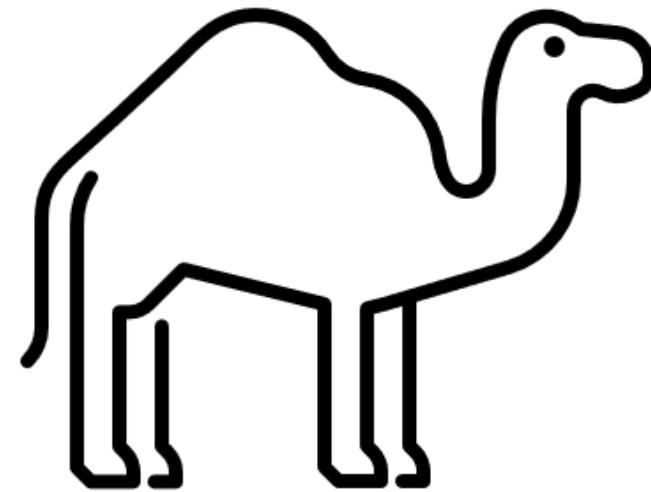


Fonte: FGV.

Responsabiliza
ção exclusiva
do estudante,
isentando as
escolas



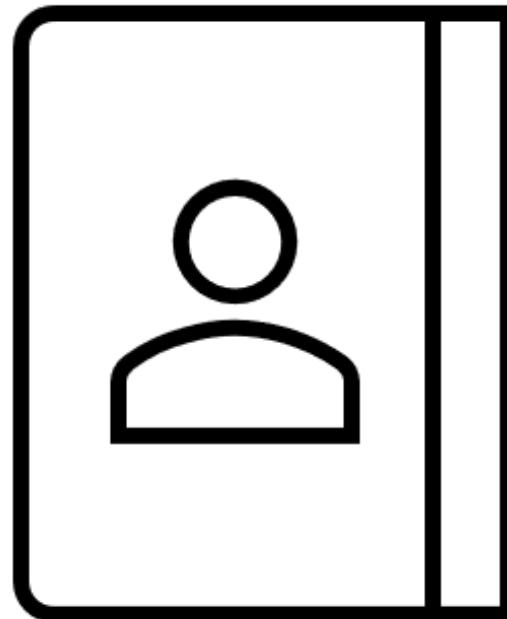
Como cuidar
das pessoas
com menos
médicos do
que temos
hoje?



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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educmed.org.br](mailto:diretoria@abem-educmed.org.br)

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