

Teacher Development or Provision Programs? A Portrait of The *Mais Médicos* federal schools

Programas de desenvolvimento ou de provimento docente? Retrato das escolas federais do Programa Mais Médicos

Marcos Antonio Custódio Neto da Silva¹  marcos.antonio@ufma.br
Gabriel Henriques Amorim²  gabriel.pibi@gmail.com
Ipojucan Calixto Fraiz³  fraiz@uol.com.br
Anna Tereza Miranda Soares de Moura⁴  annaterezam.smoura@gmail.com

ABSTRACT

Background: The Mais Médicos Program was established in 2013 and one of its objectives was to reorganize undergraduate and medical residency training. Eleven years later, there are still difficulties in providing teachers and staff in open courses, as well as difficulties in inserting active methodologies and continuing teacher training.

Objective: To analyze the profile of federal medical schools in the Mais Médicos Program regarding teacher development programs.

Method: This study describes, through documentary research, the general characteristics of federal courses opened by the expansion policy and the existence and characteristics of their respective teacher development programs.

Result: It was observed that the majority did not yet have teacher development programs in operation, and when they did exist, they only offered specific actions. One of the suggested difficulties may be the lack of qualified professionals in the localities and the provision of teachers to fully offer continuous actions.

Conclusion: It is expected, from the presented results, to broaden the reflection regarding teaching development in Medicine courses resulting from the expansion, considering the particularities and profiles of the expansion courses in federal educational institutions established from then on.

Keywords: Medical Education; Teacher Development; Mais Médicos Program.

RESUMO

Introdução: O Programa Mais Médicos (PMM) foi instituído em 2013 e tem como um de seus objetivos a reordenação da formação na graduação e na residência médica. Doze anos após, ainda existem dificuldades no provimento de docentes e servidores nos cursos abertos, bem como dificuldades para inserção das metodologias ativas e da formação docente continuada.

Objetivo: Este estudo teve como objetivo analisar o perfil das escolas médicas federais do PMM quanto aos programas de desenvolvimento docente.

Método: O presente trabalho descreve, por meio de pesquisa documental, as características gerais dos cursos federais abertos pela política de expansão e a existência e as características dos seus respectivos programas de desenvolvimento docente.

Resultado: Observou-se que a maioria ainda não possuía programas de desenvolvimento docente em funcionamento, e, quando existentes, ofertavam-se apenas ações pontuais. Uma das dificuldades sugeridas pode ser a falta de profissionais qualificados nas localidades e o provimento de docentes para o pleno oferecimento de ações continuadas.

Conclusão: Espera-se, a partir dos resultados apresentados, ampliar a reflexão a respeito do desenvolvimento docente nos cursos de Medicina provenientes da expansão, considerando as particularidades e os perfis dos cursos em instituições federais de ensino abertos a partir de então.

Palavras-chave: Educação Médica; Desenvolvimento Docente; Programa Mais Médicos.

¹ Universidade Federal do Maranhão, Piauí, Maranhão, Brasil.

² Centro Universitário Multivix, Vitória, Espírito Santo, Brasil.

³ Universidade Federal do Paraná, Curitiba, Paraná, Brasil.

⁴ Universidade do Estado do Rio de Janeiro, Rio de Janeiro, Rio de Janeiro, Brasil.

Chief Editor: Rosiane Viana Zuza Diniz.

AssociateEditor: Fernando Almeida.

Received on 12/03/24; Accepted on 05/20/25.

Evaluated by double blind review process

INTRODUCTION

Considering the asymmetries in the supply of medical courses and the heterogeneous distribution of doctors in Brazil, with a shortage of professionals in areas farther from large centers, the Federal Government instituted the *Mais Médicos* Program (PMM, *Programa Mais Médicos*) in 2013. The main axes of the Program are the emergency provision of physicians, investment in physical structure in Primary Care, and the reorganization of undergraduate and medical residency training¹.

In the context of strong popular demonstrations about the forms of access to health, the objectives of the PMM were aimed more than to address the shortage of doctors, but also to review the profile of graduates desired by society and their respective specializations, these through the reorganization of Medical Residencies¹⁻³. There are complex and historical gaps and there is a need for a broader review of their origins, such as higher *per capita* income and opportunities for specialization in different regions of the country, among other characteristics that confer greater profitability to the market⁴.

In order for the proposed changes in education to occur, and in line with the guidelines set forth in the new National Curriculum Guidelines (DCN, *Diretrizes Curriculares Nacionais*) for medical courses launched by the PMM, the entire academic community needs to be mobilized, especially teachers, the actors without whom it is not possible to legitimize and implement the desired transformations⁵. The profile in health professions has been changing and the idea would be to support the training of professionals who are responsive to changes in the health system, to the evolution of social expectations in health and with a focus on teaching-service-community integration. The DCN emphasize the need to implement systematized teacher development programs, addressing meaningful and student-centered learning, sustaining the process of curriculum improvement^{5,6-9}.

Much has been discussed about what is important to become a good teacher, incorporating pedagogical principles, different instruments for evaluation and, mainly, improvements in the act of teaching. In addition to classroom activities, authors point to various functions such as leadership and management, researcher, mentor and model^{10,11}. There has been a constant growth in publications on the subject in recent decades, showing the importance of promoting academic development and communities of practice to achieve change¹². Sutkin et al (2008) in a systematic review study suggest that excellent teaching is characterized by inspiring, supporting, actively engaging and communicating with students. These characteristics would need to be worked on throughout teacher training¹³.

There are still few data in the literature on the profile of the new medical schools and how they mobilize their teachers to

develop their respective activities, and in this sense, this article proposes to analyze the portrait of the federal schools from the PMM with a focus on the characteristics of these teacher development programs. The study also involved the analysis of the profile of federal medical schools, their perspectives and implementation challenges, contributing to the discussion of aspects related to the impact of the PMM.

MATERIAL AND METHODS

This is a documentary-based research based on the analysis of the political-pedagogical projects and institutional websites of the federal medical schools from the first PMM Public Notice. The documentary research analyzed the pedagogical projects in the period from 2014 to 2024. Data published by the Ministry of Education (MEC) through the Health Education Panel¹ were also analyzed. These data support information on vacancies agreed and offered to teachers and technical-administrative staff, as well as the number of vacancies authorized/agreed upon and offered to students. For the purpose of this analysis, agreed vacancies were those authorized in an official Ordinance of the MEC and the offered ones would be those made available in the institutions' Notices.

All 32 federal medical schools authorized during the public call were included and the initial search in the Pedagogical Projects was carried out on the official pages of the institutions with a focus on the characteristics of the Teacher Development Programs. For a better detailing of the activities, other publications in the institutional spaces (documents, ordinances, news, websites) were analyzed. Aiming to systematize the performance of a homogeneous analysis of the results, the analysis matrix was constructed considering the following elements: historical and conceptual framework; objectives; teacher development programs; educational indicators; teacher profile, characteristics of teacher development centers, pedagogical support centers. This information was collected both from the pedagogical project and in the institutional pages^{14,15}.

To analyze the profile of teacher development activities, the type of offer, frequency, flow (eventual when carried out separately - only once a semester or a year, without a defined and sequential program) and the character of the actions were considered. In those courses in which there was no report of a program or actions of teacher development already regulated, the forecast of implementation of these activities on the websites of the institution as a whole was evaluated. The profile of the schools was evaluated considering the educational indicators related to the National Student Performance Exam (ENADE, *Exame Nacional de Desempenho dos Estudantes*), Preliminary Course Concept (CPC), Course Concept (CC) and

the Indicator of Difference between Observed and Expected Performance (IDD) based on public information on the E-MEC portal and data available on the previously mentioned Panel.

The data obtained were tabulated in an Excel spreadsheet and presented as tables and graphs. The final stage included the creation of a visualization panel, in which the data from the defined matrices were inserted, relating the aforementioned elements with the DCN and the bibliographic reference.

RESULTS

General Characteristics of the PMM Federal Medical Schools

Most of the federal courses were authorized in the Northeast Region (13 - 40.6%), followed by the South Region (6 - 18.8%), Southeast Region and Midwest, both with 5 courses (15.6%) and finally the North Region (3 - 9.4%). Table 1 describes the universities included, the campuses, date of

authorization and recognition of the course, and the number of annual vacancies. (MEC, 2023). It is also observed that some courses have not yet been recognized or are in the process of authorization and/or recognition.

Figure 1 shows the number of vacancies authorized and offered by Federation Unit, illustrating a deficit of about 5.7% among the total number of vacancies in each category (respectively 2,016 and 1,851) (MEC, 2023). It is noteworthy what happened in the state of Amazonas that, despite having almost fifty authorized vacancies, had no offers. It is also possible to observe that this difference seems to have spared the places with better socioeconomic indicators, such as the states in the south region. It is also noted in relation to the state of Ceará, that there are no authorized and offered vacancies, as the course of the Universidade Federal of International Integration of Afro-Brazilian Lusophony was authorized in 2015 but did not start its activities.

Table 1. Profile of the federal PMM medical courses authorized in the first Public Notice of the Mais Médicos Program, 2013.

UNIVERSITY	REGION	YEAR OF COURSE START	COURSE RECOGNITION	ANNUAL VACANCIES
Universidade Federal de Alagoas	Northeast	2015/05	*	60
Universidade Federal da Bahia	Northeast	2016/07	*	80
Universidade Federal de Catalão	Midwest	2017/09	*	50
Universidade Federal do Delta do Parnaíba	Northeast	2014/09	2023/03	80
Universidade Federal da Fronteira Sul – Chapecó	South	2013/07	2022/07	40
Universidade Federal da Fronteira Sul – Passo Fundo	South	2013/07	2022/07	62
Universidade Federal de Jataí	Midwest	2014/07	2023/03	60
Universidade Federal de Lavras	Southeast	2015/03	*	60
Universidade Federal do Maranhão – Imperatriz	Northeast	2013/12	*	100
Universidade Federal do Maranhão - Pinheiro	Northeast	2013/12	*	100
Universidade Federal do Mato Grosso do Sul	Midwest	2014/04	2022/07	60
Universidade Federal do Mato Grosso	Midwest	2014/04	2020/06	60
Universidade Federal do Pará	North	2020/09	*	60
Universidade Federal do Piauí	Northeast	2016/07	*	30
Universidade Federal do Paraná	South	2018/11	*	60
Universidade Federal de Rondonópolis	Midwest	2014/04	2020/07	40
Universidade Federal do Recôncavo da Bahia	Northeast	2013/11	2017/12	60
Universidade Federal do Rio Grande Do Norte	Northeast	2014/05	*	40
Universidade Federal do Sul da Bahia	Northeast	2014/05	*	80
Universidade Federal de Santa Catarina	South	2018/04	*	60
Universidade Federal do Norte do Tocantins	North	2015/05	*	60
Universidade Federal dos Vales do Jequitinhonha e Mucuri – Campus Mucuri	Southeast	2014/03	2020/10	60
Universidade Federal dos Vales do Jequitinhonha e Mucuri – Campus JK	Southeast	2014/03	2020/10	60

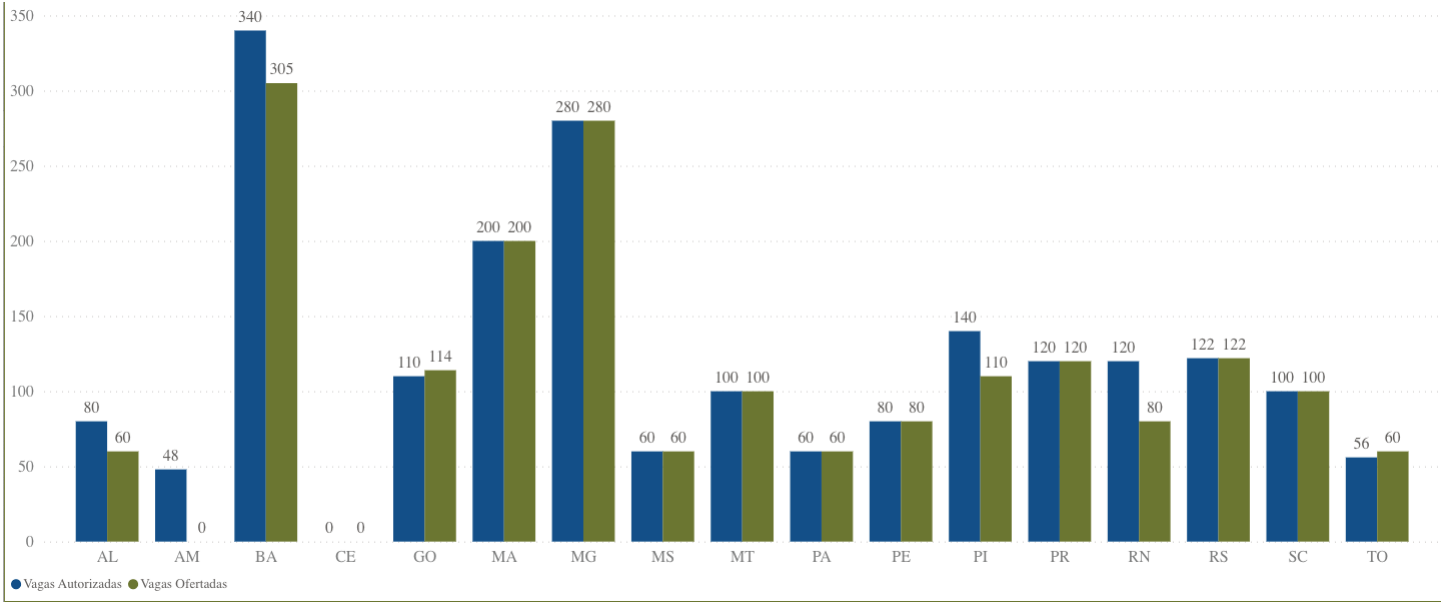
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Table 1. Continuation.

UNIVERSITY	REGION	YEAR OF COURSE START	COURSE RECOGNITION	ANNUAL VACANCIES
Universidade Federal de Alfenas	Southeast	2014/03	2019/12	60
Universidade da Integração Latino-Americana	South	2014/08	*	60
Universidade Federal dos Pampas	South	2016/03	2022/11	60
Universidade Federal do Vale do São Francisco	Northeast	2014/09	*	40
Universidade Federal Rural do Semi-Árido	Northeast	2015/12	*	40
Universidade Federal do Amazonas	North	2017/09	*	48
Universidade Federal do Oeste Da Bahia	Northeast	2014/12	*	80
Universidade Federal de Pernambuco	Northeast	2014/03	2022/06	80
Universidade Federal de São João Del - Rei	Southeast	2014/03	2022/07	40

Source: Indicator Panel, MEC, 2023. * Courses that have not been recognized yet and/or are in the process of recognition.

Figure 1. Number of vacancies authorized (blue) and offered (green) by Federation Unit.



Source: Health Education Panel, 2024.

Figures 2 and 3 show the number of vacancies agreed and authorized for the hiring of teachers and technical-administrative staff by the courses resulting from the expansion of the PMM in a decreasing manner among the Federation Units. The graphs show that the deficit affects almost all states, with the exception only of Amazonas and Mato Grosso do Sul (the latter only for teaching vacancies). Even in states with adequate structures, such as Santa Catarina, the difference was significant. When analyzing the pedagogical projects and the websites of the institutions, there is an even greater deficit, considering that the authorized and agreed vacancies of teachers and technicians have not yet been effectively filled. This deficit may be related to some factors, such as: ongoing public calls and loss of vacancy codes for other courses. These vacancy

codes due to the authorization time will not be recovered by the medical courses already in operation.

Table 2 depicts the information regarding the documentary analysis, showing that most of the courses evaluated did not have a nucleus directed to teacher development activities or Pedagogical Support. Regarding the existence of a Teacher Development Program, most courses (53.2%) had this information in the PPC, but not all of them were already regulated. It is worth mentioning that all the PPCs contained information of activities directed to the institution's teachers.

Table 3 shows the profile of teacher development activities available on the websites of those seventeen courses positive for this item with the offer of courses, symposia, workshops and other modalities of remote activities. Most of the actions

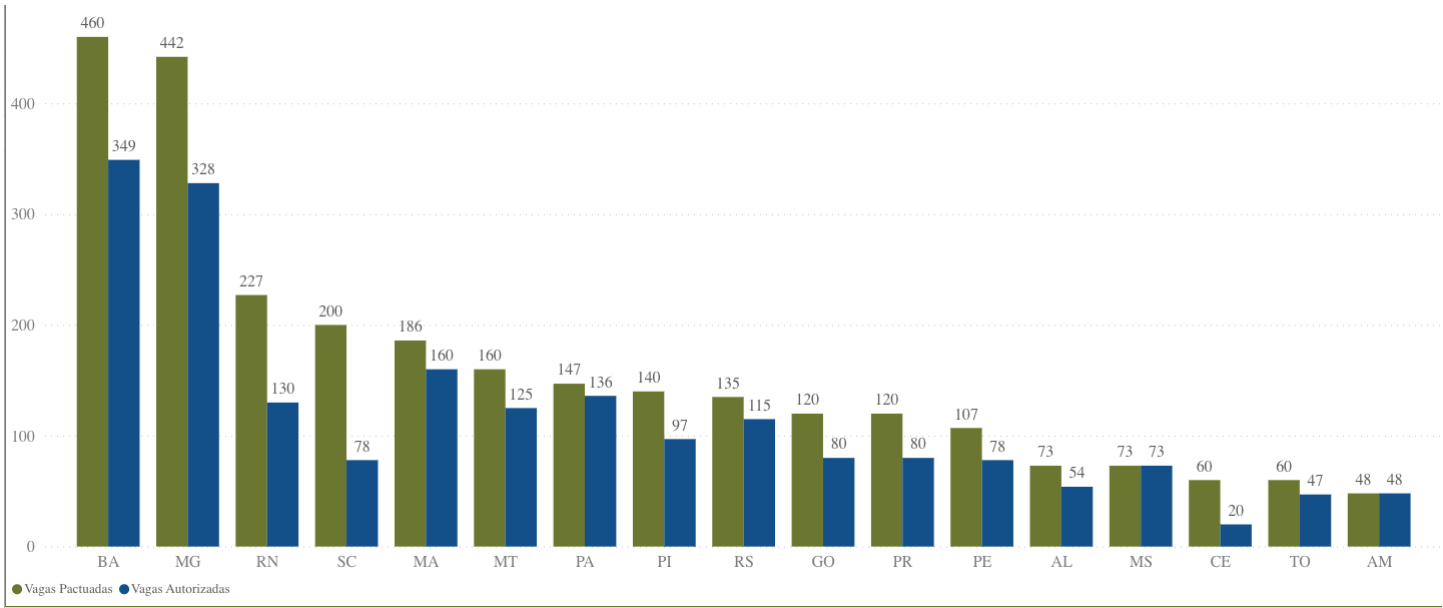
are made available through the institution and with general content, that is, not specific to medicine and only specific actions, especially during the pedagogical weeks held each semester.

Among the analyzed institutions, we found that Universidade Federal dos Vales do Jequitinhonha e Mucuri (UFJVM) has the Program for Continuing Pedagogical Training for Teaching (FORPED) and Universidade Federal de Santa Catarina has the Continuing Education Program (PROFOR), both institutional actions aimed at all teachers. The Mucuri

campus of UFJVM has a Continuing Teacher Training Center in operation and already regulated.

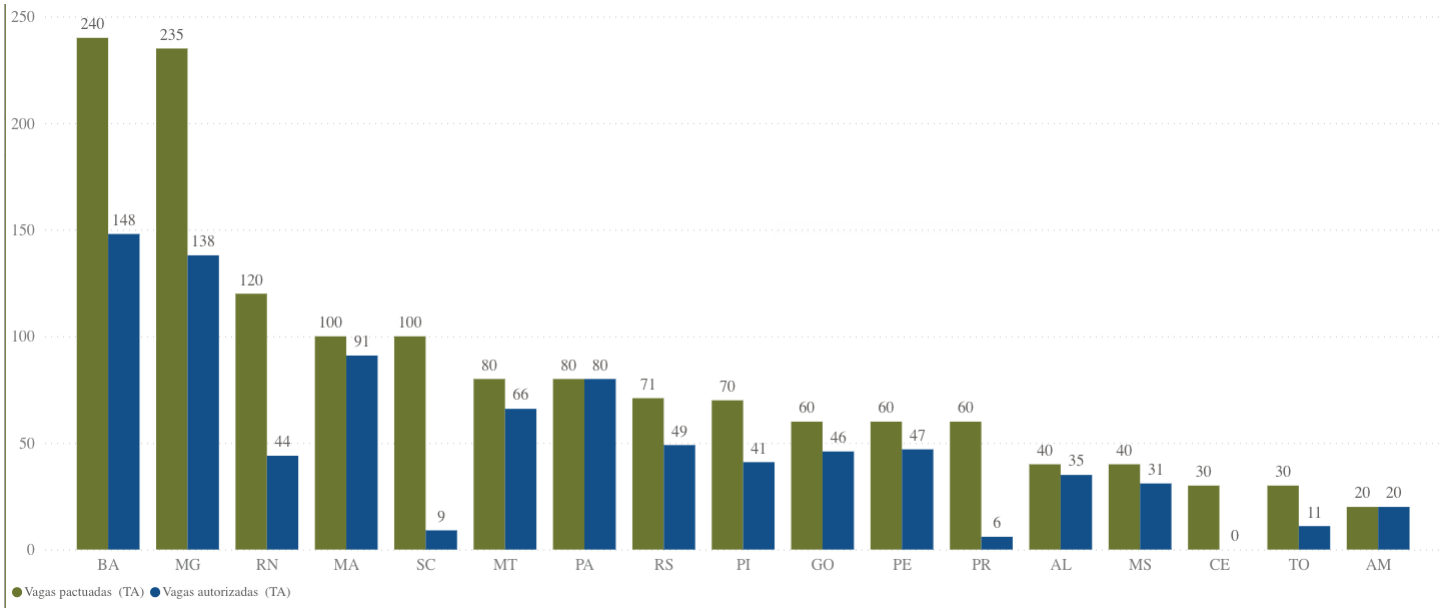
Regarding the profile of the authorized federal courses, Table 4 shows the scores of the MEC indicators, and some courses had not yet been fully evaluated. Regarding the ENADE, eight courses (47.0%) obtained grade 5 and six (35.3%) obtained grade 4. Regarding the CPC, ten courses (62.5%) obtained grade 4. Regarding the IDD, seven courses (43.7%) obtained grade 4 and three courses obtained grade 3 (18.8%).

Figure 2. Number of authorized (green) and agreed (blue) vacancies for professors among the medical courses of the PMM expansion, in descending order, by federation state.



Source: Health Education Panel, 2024.

Figure 3. Number of authorized (blue) and agreed (green) vacancies for technical-administrative staff among the medical courses of the PMM expansion, in descending order, by federation states.



Source: Health Education Panel, 2024.

Table 2. Information on teacher development programs according to the respective PPC of the 32 federal medical courses authorized by the PMM.

Factors evaluated	Yes N (%)	No N (%)
It has a Teacher Development Center (NDD) (n=32)	07 (21.8)	25 (78.2)
When present (n=7), the NDD is regulated	05 (71.4)*	02 (28.6)
It has a Teacher Development Program (PDD) (n=32)	17 (53.2)	15 (46.8)
When present (n=17), PDD is regulated	07 (41.2)*	10 (58.8)
If absent (n=15), there is a proposal to implement the PDD**	02 (13.3)	13 (86.7)
It has a Pedagogical Support Center (n=32)	11 (34.4)	21 (65.6)
It includes teacher development offer (n=32)	22 (68.8)	10 (31.2)

Source: prepared by the Author, 2024
*Data related to courses that have NDD and PDD; ** Considering only the courses that did not specifically mention the existence of PDDs (n=15).

Table 3. Characteristics of the teacher development programs regulated according to the respective PPC of 17 federal medical courses authorized by the PMM.

Factors evaluated	Description	N (%)
Offer Type	Institutional	10 (45.4)
	Local	06 (27.3)
	Both	06 (27.3)
Offer flow	Continuous	08 (36.4)
	Eventual	14 (63.6)
Characteristic of the actions	Specific for Medicine	09 (41.0)
	General	10 (45.4)
	Both	03 (13.6)
Types of actions	Workshops	21 (95.4)
	Seminars	20 (91.0)
	Courses	21 (95.4)
	Lectures	21 (95.4)
Periodicity	Monthly	05 (22.8)
	Biannual	14 (63.6)
	Annual	01 (4.5)
	Continuing flow	02 (9.0)

Source:prepared by the Author, 2024.

Table 4. Educational indicators of the evaluated medical courses.

Indicators	Grade	N (%)
ENADE (n=17)	5	08 (47.0%)
	4	06 (35.3%)
	3	03 (17.7%)
CPC (n=16)	5	00 (0.0%)
	4	10 (62.5%)
	3	06 (31.5%)
CC (n=15)	5	05 (33.3%)
	4	05 (33.3%)
	3	05 (33.3%)
IDD (n=16)	5	06 (37.5%)
	4	07 (43.7%)
	3	03 (18.8%)

Source: Ministry of Education, E-MEC, 2024.

DISCUSSION

Based on the quantitative information on the number of vacancies - authorized and agreed upon for the new federal courses, their teachers and technical-administrative staff, it was possible to draw an overview in the context of the Mais Médicos Program since its inception. Considering the results presented herein, it is clear that there is still difficulty in filling out the vacancies for the faculty and technical-administrative staff, which can greatly impact the quality of the courses. The discrepancy between the codes of authorized and offered vacancies can be justified by the fact that they are not linked to the respective courses and departments, but only to the institutions, contributing to the dispersion of the specific numbers for medicine. Moreover, there may be open positions awaiting a Public Notice to be filled. The increase in the number of teachersdid not follow the increase in the number of vacancies for new students. This situation is represented by the bias of mass university expansionprocess¹⁶.

The lack of permanent teachers and civil servants contributes negatively to the quality of undergraduate courses and the effective interiorization of medical courses. The attachment of the teacher and their effective participation in the course contributes to the improvement of undergraduate indicators and teacher training. The conception of the discourse of university democratization, in the condition of being expanded without the appropriate quality, is configured as a pseudo-democratization¹⁷.

In addition to the regulatory aspects that may hinder the hiring and retention of new teams, it is possible that the lack of trained teachers or even the existence of an adequate number for

teaching, research and extension actions, also contribute to the discrepancies observed in some regions of the country. One of the pillars of the PMM was precisely the interiorization of schools, in municipalities far from the capitals and where there were no medical courses nearby, in addition to other social indicators¹.

It is clear that if there was already difficulty in the provision of health professionals in these regions, the same could happen with the supply of teachers with the necessary profile to meet the new directions for medical training¹⁸. The challenge expands beyond hiring and filling vacancies, but mainly in adapting the profile of contextualized activities to the reality of a few teachers and civil servants, the latter included in the analysis due to the possibility of developing preceptorship activities with students in health services¹⁸.

Studies show that the concentration of these doctors and teaching vacancies in large urban centers and in more developed regions of the country is historically recognized. Poor distribution with urban concentration and rural deficits is not only a characteristic of Brazil, as almost all countries suffer from these imbalances^{19,20}. However, the model of expansion of medical education observed in Brazil is characterized by simultaneously presenting, on the one hand, the concentration of schools and vacancies in the richest and most urbanized regions and locations and, on the other hand, the questionable and poorly structured offer in the regions and cities with the worst social and health indicators in the country²¹.

The difficulty in structuring and regulating teacher development centers and programs in the courses analyzed may be related to some factors: absence of institutional support, lack of qualified human resources and material resources, absence of institutional culture, protected time for activities and engagement. The literature also reveals that the mere creation of training spaces does not ensure their implementation and for the planning and institutionalization of training programs to be truly effective, it is essential to involve the main actors in the process, that is, teachers, in an active and collaborative way²². Thus, it is essential that Higher Education Institutions (HEIs) recognize teachers as the main protagonists in the process of pedagogical innovation and support initiatives for their training²³.

Teacher development programs consist of a series of initiatives conducted by HEIs to improve their teams in the areas of teaching-learning, scientific research, leadership, and administrative management, with the purpose of achieving academic excellence and improving health services provided to the community²⁴⁻²⁶. Faculty development or staff development, as it is often called, refers to all the activities that health professionals perform to improve their knowledge, skills, and behaviors as teachers and educators, leaders and managers,

researchers, and scholars, both in individual and group settings²⁷. Studies show that many programs are still based only on workshops and short courses, and few are longitudinal, demonstrating few consistent results²⁸.

The results presented herein reveal that federal medical schools that originated from the expansion and were authorized from the PMM may be facing even more difficulties in meeting the guidelines set forth in the DCN and other current training provisions. The use of active methodologies, expanded and formative evaluation processes, as well as the orientation towards learning by competencies make it essential to carry out effective actions for teacher training and development⁵. Thus, there is a formal recommendation for the courses to maintain a continuous program, valuing the work in the undergraduate program and increasing involvement with the Pedagogical Project of the Course^{5,29}.

Despite this determination, the results show that many medical schools carry out faculty development actions in an eventual, unregulated, and unstructured manner and only describe the need for faculty training, without effectively implementing faculty development centers and programs. It was also evidenced that most do not have structured teacher development centers and/or programs, offering specific actions and with a biannual periodicity. In addition, for medical teachers, who are mostly not hired on an exclusive dedication basis, there is an even greater distancing from the practice of teaching. The programs would have the potential to play a significant role in the construction of this identity and in the professionalization of the faculty in medical schools³⁰.

The continuing education of teachers is a demand pointed out within higher education institutions (HEIs), in addition to the need for a culture that values teaching³¹. The literature points to better academic performance among students who work in small groups through active methodologies in undergraduate courses in the health area³². However, in order for active methodologies to be effective in pedagogical projects, the faculty must be dedicated and trained. In addition, it is essential to have an adequate physical structure³³. When there is no consonance between all the involved and necessary spheres, classes tend to follow the traditional format³⁴.

In this sense, together with Law 12.871/2013, it was necessary to create a Medical Schools Monitoring Commission (CAMEM, *Comissão de Monitoramento das Escolas Médicas*), which aims to monitor the medical schools created within the scope of the expansion, ensuring quality. CAMEM uses an evaluation instrument based on the evaluative dimensions of the National System of Evaluation of Higher Education and is also similar to the criteria analyzed by international

accreditation agencies, criteria that also ensure the need for continuous and systematic provision of teacher development³⁵.

It seems, however, that these challenges are not exclusive to the courses authorized by the PMM, but are still a Brazilian reality. In 2008, the Brazilian Association of Medical Education (ABEM, *Associação Brasileira de Educação Médica*) conducted a study involving 28 Brazilian medical schools participating in the project of the Commission for the Evaluation of Medical Schools (CAEM, *Comissão de Avaliação das Escolas Médicas*). Most schools did not offer or promote systematized pedagogical training³⁶. There are few public reference institutions for teacher development actions in the country, most of which are those that already have wide recognition in research areas and other quality indicators in national rankings. Among the analyzed institutions, the ones that had structured programs such as Universidade Federal de Santa Catarina and Universidade Federal dos Vales do Jequitinhonha e Mucuri can be considered as institutions with a long trajectory in higher education, facilitating the organization of activities for their faculty.

It is also worth mentioning the negative impact of the COVID-19 pandemic on medical education. The pandemic impacted the theoretical and practical activities of medical students, with an impact also on teacher development actions and on teacher training itself to adapt classes to remote teaching³⁷.

As a limitation of this documentary study, there is the possibility of not including teacher development actions or their regulation that were unavailable in pedagogical projects or depicted on institutional websites, which reinforces the need for wide dissemination by universities. Thus, the successful examples of the new courses could be reproduced by other institutions, adapting to the local reality.

The reflection brought by this study goes through the need for a teacher development program, questioning the importance of previously reflecting on the difficulties for its provision. Moreover, it is necessary to think of activities that may be appropriate to the context of few teachers and civil servants, typical of the reality of the new courses opened by the PMM.

FINAL CONSIDERATIONS

Teacher development is a crucial action for the continuous improvement of educational processes, curricular change and for the full inclusion of active methodologies for the Medicine course. Federal public universities still face challenges in structuring continuous and regulated actions for teacher development in the courses opened by the PMM. An important factor to be considered would be the difficulty of retaining professors in places farther from large urban centers and the high turnover of physicians in the

institutions. The results presented herein point to the need to articulate the management of the new courses, so they can incorporate successful models from other institutions, always contextualized to the reality experienced in each location. The organization of teacher development centers and programs is essential for their qualification, stimulating the incorporation of innovation in pedagogical practices, aligned with the profile of graduates desired by society.

ACKNOWLEDGEMENTS

To the Center for the Development of Medical Education of the Faculty of Medicine, Universidade de São Paulo (USP).

AUTHORS' CONTRIBUTIONS

Marcos Antonio Custódio Neto da Silva: Methodology, data analysis, writing and review of the manuscript; Gabriel Henriques Amorim: writing and review of the manuscript. Ipojuca Calixto Fraiz: Review and supervision. Anna Tereza Miranda Soares de Moura: study design, review and supervision.

CONFLICTS OF INTEREST

The authors declare no conflicts of interest.

SOURCES OF FUNDING

The authors declare no sources of funding.

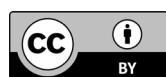
DATA AVAILABILITY STATEMENT

Research data are available in the body of the document

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