
FNEPAS - THE EXPERIENCE OF MINAS GERAIS

João Henrique Lara do Amaral^I / Efigenia Ferreira e Ferreira^{II} /

Ana Maria Chagas Sette Câmara^{III} / Olga Maria Cunha Peixoto^{IV} /

Maria Angélica Alves^V / Stela Maria Aguiar Iemos^{VI} / Cynthya Almeida Coradi^{VII}

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ABSTRACT

The National Education Forum of the Health Professions (FNEPAS) brings together educational associations and organizations involved with education and professional development for health. The FNEPAS acts mobilizing different social actors to projects that intend to improve professional training. The aim of this article is to present the results of 7 workshops promoted by FNEPAS into municipalities of the State of Minas Gerais (BR) where positive experiences for professional training were reported; critical difficulties in the teaching process were identified and proposals were formulated for qualification of the training to the integrality of care. Among the positive experiences there are some reports about the introduction of students to the professional practice in the beginning of graduation. Regarding the challenges, there are still situations of lack

of knowledge of the National Curriculum Guidelines for the health area. Among the suggestions it is possible to mention the need to expand the internship opportunities in the service, the importance of giving value to the extension and research as opportunities for learning, and the effective role of the health team in decisions made in health units including those that refer to the integration of the teaching-service. Among the suggestions aimed at the training institutions the need to train teachers in participatory teaching methods, and training in practical settings shared with students from different health courses was pointed. Ending the cycle of six workshops one last activity was held with elected representatives at the workshops already reported. The referrals of that last workshop were to ensure the continuity of FNEPAS and to propose strategies to implement the proposals presented.

^I Doutor em Odontologia; Universidade Federal de Minas Gerais, Faculdade de Odontologia, Departamento de Odontologia Social e Preventiva, Minas Gerais, Belo Horizonte.

^{II} Doutora em Ciência Animal; Universidade Federal de Minas Gerais, Faculdade de Odontologia, Departamento de Odontologia Social e Preventiva, Minas Gerais, Belo Horizonte.

^{III} Mestre em Educação; Departamento de Fisioterapia da Escola de Educação Física, Fisioterapia e Terapia Ocupacional da Universidade Federal de Minas Gerais.

^{IV} Especialista; Pontifícia Universidade Católica de Minas Gerais.

^V Especialista em Ativação de Processos de Mudança Formação Superior; Faculdade de Ciências Médicas de Minas Gerais.

^{VI} Doutora em Distúrbios da Comunicação Humana; Departamento de Fonoaudiologia, Faculdade de Medicina da Universidade Federal de Minas Gerais.

^{VII} Mestre em Estudos Linguísticos; Pontifícia Universidade Católica de Minas Gerais, Departamento de Ciências Biológicas, Cursos de Fonoaudiologia.

INTRODUCTION

The need for the institutionalization of a national and permanent policy on education in health¹ led the Brazilian Ministry of Health (MS) to create the Secretary of Labour Management and Health Education (SGTES)² in 2003. It is the responsibility of the SGTES to formulate policies for the management, training, qualification and regulation of health workers in Brazil. Among the initiatives implemented by the MS through the SGTES support of the National Forum on Education of Health Professions (FNEPAS)³, which brings together education associations and other entities involved with the education and professional development for health care. The forum works to engage different social actors - managers of the Unified Health System (SUS), health professionals, social movements, teachers and students - around projects that aim to improve professional training in accordance with the principles of the SUS.

In order to strengthen the movements for change in professional training, FNEPAS established a partnership with the MS through SGTES in the form of a technical cooperation, to conduct awareness workshops in five regions of the country, linking social actors in professional training experiences and formulating strategies to shape training to the National Curriculum Guidelines (DCNs) for undergraduate courses in health.

This paper aims to describe the experience of seven workshops held by FNEPAS in the state of Minas Gerais. Six regional workshops were held in the state and one state workshop with representatives elected in the regional workshops. A consolidated report from the regional workshops with the state workshop will be presented in a specific section.

OBJECTIVES OF THE REGIONAL FNEPAS WORKSHOPS IN MINAS GERAIS

The objectives of the regional workshops in the state of Minas Gerais were established according to the plan agreed between the MS and FNEPAS, which are the same as those for all the Forum workshops

in other Brazilian states. These objectives were built collectively in the experimental workshop "Construction of Comprehensiveness: contemporary challenges", held in the city of Rio de Janeiro (RJ) in December 2006, attended by representatives of health training organizations and associations. The experimental workshop also trained representatives of associations in the work method to be used in FNEPAS workshops throughout Brazil.

The experimental workshop produced a guiding theme of the FNEPAS workshops: "Comprehensiveness and Changes in the Training of Health Professionals"⁴. The following objectives for the workshops were agreed:

1. To provide sharing between professions from different perspectives and ideas on the challenges of implementing the curriculum guidelines.
2. To create an opportunity for joint reflection on the theme of comprehensiveness, considered central for innovation in practices and training in health.
3. To build a minimum shared repertoire that supports workshops and other regional movements for closer relations between different health professions.

The guiding principle for conducting the workshops was to establish dialogue between the protagonists of the training process in health: education, in the shape of the teachers of undergraduate courses and the students in the health area; health care, by health professionals; management of health services in the figure of the managers; and social control, with representatives of the organized civil society⁵. The expectation was that these four players speak of their place of practice and the relations that are established when addressing the matter of care for the individual and the community.

OBJECTIVES OF THE REGIONAL FNEPAS WORKSHOPS IN MINAS GERAIS

During the experimental workshop, representatives of the state of Minas Gerais drafted the proposal to hold five workshops with the aim of covering as

many municipalities as possible with undergraduate courses in health. The workshops were designed as regional workshops. To monitor their development a Central Committee was established in the city of Belo Horizonte. With the start of the committee's activities, the number of workshops was extended to six due to the size of the state. The workshops were held in the second half of 2007. The Central Committee was composed of representatives of teaching associations, of undergraduate courses in health care and technicians from the State Health Department of Minas Gerais.

Prior to the definition of cities which would host the workshops as many health courses as possible were plotted on the state map, by professional category. The definition of the workshop venues took into account the presence or proximity of courses in nearby municipalities, ease of movement of players between the municipalities and the existence of leaders who could coordinate representatives of undergraduate courses (students and teachers), of health professionals, managers and the community. Another important movement that added strength to the process was the call for participation of graduates of the specialization course in Engagement of Processes of Change in Higher Education of Professional Saúde^{6,7}.

In general, the sequence of actions once the workshop venues had been defined was as follows: identification of leaders, including graduates from the specialization course on Engagement of Processes of Change in Higher Education of Health Professionals; presentation of the proposal through telephone contact and electronic mail; constitution of a team of local organization, creation of an on-line group for coordination and monitoring; kick-off meeting in the host town of the workshop; setting of the date; invitations to external facilitators with expertise in the workshop theme and execution of the activity. The FNEPAS Board interacted with local actors to promote joint accountability for the process, enabling increased awareness and participation of professionals, teachers, students, managers and the community.

The table below shows the workshop venues, dates and distribution of participants per segment.

TABLE I
Number of workshop participants by segment, date and place

Region, place and date	PARTICIPANTS					Total
	Social Control	Health Professionals	Service Management	Students	Teachers	
North of Minas (Montes Claros) 19 October	2	11	6	81	11	111
South of Minas (Poços de Caldas) 16 and 17 October	2	10	1	112	10	135
Central (Belo Horizonte) 28 August	4	14	5	44	27	94
Triângulo Mineiro (Uberaba) 6 October	1	3	0	96	14	114
Zona da Mata (Juiz de Fora) 28 and 29 September	3	30	2	39	36	110
Vale do Rio Doce (Governador Valadares) 5 and 6 October	4	10	6	23	15	58
TOTAL	16	78	20	395	113	622

Among professionals, teachers and students, the following professions were represented: Biomedicine, Physical Education, Nursing, Pharmacy and Biochemistry, Physiotherapy, Speech Therapy, Medicine, Veterinary Medicine, Nutrition, Dentistry, Psychology, Social Work, Sociology and Occupational Therapy.

The workshops were organized in view of the need for a space to support conceptual alignment to the principles of comprehensive health care and its relationship with professional training. After this step, the workshops featured the first group activity, conducted by segment, namely: training institutions represented by faculty and students, service professionals, managers and social control. Subsequently, these actors were merged into working groups.

The following questions were presented at the workshops to facilitate and guide the work: 1) How has each of the four pillars of health care participated in promoting comprehensive health care; 2) What is being done in training structures for alignment to the national curriculum guidelines, integrating their courses to local health services; 3) What are the proposals for quality

training and services that can support the promotion of comprehensive health care? At the end, a review of the workshop was requested.

RESULTS OF THE REGIONAL FNEPAS WORKSHOPS IN MINAS GERAIS

The account that follows is a consolidated version of the reports composed by the actors responsible for conducting the regional workshops. Some of the reports respond to the guiding questions, whereas others present a set of critical issues for the attainment of professional training geared toward comprehensive health care. There is also a description of situations that favour compliance with the DCNs and action proposals for all four actors involved in professional health training (education, health care, management and social control)⁸. There is no unanimous opinion from the six workshop reports. They bring experiences of progress in professional training in health and in the organization of services and problems to be overcome. The diversity of situations in the state is evident when problems that start to be overcome in a particular context are exacerbated in others. Thus, this section will present the experiments in progress, challenges to be tackled and proposals to shape training to comprehensive care.

Initiatives in professional training with a view to comprehensive health care

Regarding the initiatives to support professional training for comprehensive care, some experiments have involved inserting students into work experience settings in the SUS in the first periods of their undergraduate courses and in other situations toward the end of their training. The implementation of some of these experiments was accompanied by the broadening and diversification of learning settings. Education institutions, despite the obstacles, have invested in integrating and interacting with health services and the community. However, this movement still has little visibility. Some initiatives have been reported as successful, as they proposed to transform the situation of the ser-

vices and public health conditions. These experiences have been consistent, firstly because the presence of the student is preceded by a clear definition of strategies for service-learning integration, secondly because the student has the chance to work in public apparatus and, finally, because the programs allow students to remain in the setting for a long enough period to achieve the proposed objectives. The strengthening of these initiatives also depends on a well-structured action plan, with continuity, including a process of continuous evaluation and balanced consideration of the exchanges made between the institutions. According to workshop participants, it is essential that the institutional relationship is based on transparency and formalized through written and signed agreements. More specific reports point to interventions preceded by an epidemiological diagnosis, appreciation of the debate on interdisciplinarity as an essential element for training, discussion and theorization of the broader concept of health, and the execution of awareness-raising activities with undergraduate students before beginning their internships in the public health system.

Within the scope of outreach initiatives and optional internships, experiences were presented related to projects organized according to demand in the practice settings. The students reported that participating in research and outreach activities during their undergraduate studies has contributed to improved quality of the education. Some of these projects are carried out by multiprofessional groups of students.

Some educational institutions have focused on content that addresses health issues in the context of its social determination and reports of increased student interest in this area. This interest is related to a greater involvement of the student body with activities that involve presence in the community and reflection on public health policies. There is a growing search for qualification in the area of health promotion and education and increased participation in related activities. Also cited as conditions which support the qualification of professional training were public incentives for research focused on health needs and priorities of the SUS and the initiative of some courses in shaping the curriculum to local health demands. Regarding the rigid nature of undergraduate

curricula, some positive experiences have begun to emerge demonstrating more flexible options offering content that meet the DCN goals.

Other situations that might support the change in undergraduate training were identified by service practitioners and users. There are reports of teams from the Family Health Program (PSF) working toward a humanized approach to health care. Positive experiences with non-governmental organizations (NGOs) in health promotion activities were also presented. And it was reported that communities have evolved in their perception of a lack of humanized care and are demanding improved care services.

Challenges for professional training in health

One breakthrough achieved by the workshops was to enable collective reflection among students and teachers of undergraduate courses, service professionals, managers and community about the critical issues still present in the field of professional training. Often, references to these limits, when put in words, take place within the institutions or internal to the segments of these actors and show a tendency to perpetuate a unilateral perception that fails to take into account the experience accumulated by the set of individuals. During the workshops, the collective reports allowed the formulation of some summaries that can be considered as democratically-agreed consensus.

The following challenges to be overcome in professional training in health were identified: ignorance of the DCNs among the actors involved in professional training in undergraduate courses and health services; little information about political projects, both institutional and pedagogical, of the universities and courses; little encouragement and resistance to partnerships and integration between training institutions; the use of teaching methods that do not stimulate student participation, a lack of student interest in addressing political issues that involve health care; delayed student contact with the community and the SUS; a teacher profile out of line with the DCNs; prejudiced stance of the academia in relation to the community; and fragile social control.

As for teamwork, the projects do not overcome the juxtaposed individual actions model. It was reported that professionals and students lack knowledge about the roles and responsibilities of SUS health team members. In many situations, the team operates in a disorganized manner, and achievement of the objectives is subject to the ability of individual members. There are frequent manifestations of resistance to teamwork. This resistance is most evident in professions that have a recent history of isolated work and that perceive teamwork as a threat to their autonomy and control of practice fields. Multi-professional work, when it occurs, is dependent upon personal affinities. In this scenario, the bonds are weak, even among students from different courses who perform internships in the public system. Outside these boundaries, the workshops showed that the reflection on real-life learning scenarios and situations still leave much to be desired. In these situations, the focus of the internship activities is still contaminated by biologicism, the historical, socioeconomic and cultural aspects of the health-disease process are poorly explored or addressed in a disjointed fashion, and the projects and tools for community work lack the necessary consistency and specificity.

It was shown that the professional profile and stability of health teams in the service are fundamental to the success of continuing education activities and SUS intern training. The main problems are a lack of relationship between the professionals and municipalities, an inadequate professional profile for the needs of the SUS, the rotation of qualified professionals, unstable employment conditions of those involved in prevention programs and health promotion, and a lack of space for these issues to be raised for discussion by the team. Still on this aspect, the workshop participants also perceive little emphasis on teamwork in the service and in undergraduate training. As regards the educational institutions, the low priority given to teamwork is demonstrated by the absence of initiatives that promote training and interaction among students from different areas of health.

As for internships in the public system, many lack effective organization and a shared definition of objectives, methods, content and evaluation mecha-

nisms. There is a lack of inter-institutional dialogue and development of skills that qualify students to initiate activities in the internship settings, leading to a prevalence of improvisation. In particular, the student perception of the health system user does not include the individual as a subject with autonomy. There are situations in which the dialogue with the schools is hindered, because the expectations presented by the courses are not in line with the principles of the SUS and the real needs of the population.

Proposals for qualifying professional training to achieve comprehensive care

The reports of the six workshops bring several suggestions about the qualification of training health professionals. Some of them were recurrent in all the workshops. As well as some more extensive proposals, several contributions were submitted that are constituent or operational elements of other suggestions of a broader character. This report presents the broader-natured contributions, which implies the presentation of results focused firstly on the training bodies of health care professionals and health services. The four segments involved in health training (school, health care, management and social control) were dealt with in different proposals, with the prevalence of the expectation of increasing integration and joint efforts between the segments. The vast majority of suggestions involved coordinated actions between at least two segments. Thus, the choice to report the proposals for training organizations and health services is in no way detrimental to an explanation of the suggestions aimed at all parties involved with professional training in health.

During the workshops, suggestions were made for a planned expansion of the internship opportunities offered to students in the health services and with due attention to the evaluation processes. It was proposed that planning and evaluation take place with the participation of teachers, students, health team professionals, managers and representatives of social control. This planning must be grounded on the DCNs and the prin-

ciples of the SUS. This proposal allows two important advances. Firstly, because it strengthens the internship, thus helping it become a training opportunity for students. Secondly, because the planning and evaluation activity could become a platform for raising awareness, empowerment and accountability of individuals directly involved with health care. The expectation is that the health teams will be required to plan their own practice of how to fill gaps still present in their service organization. Collective planning will allow for debate to identify the contributions toward undergraduate qualification in the segments involved in the training area. In addition to these aspects, this initiative may encourage the organization of a training process according to the needs of the population. In this process, assessment would be formative and will contribute to improving training and health care. By participating in this forum, the community will have access to a range of information, including internship activities, essential to the exercise of social control. This space also lends itself to giving back to the community feedback of the results achieved through health care projects. Another expected gain is the inclusion of other social apparatus as settings for undergraduate training.

Due to increased perception of the extent of recognized social demands, the workshop participants suggested the expansion of outreach projects to the community. In these outreach initiatives, just like in research projects, it was proposed that the actions be defined collectively by the actors involved in professional training. This practice will lead to stronger outreach and research initiatives. The increased visibility of projects and hence the involvement of students will require a more flexible curriculum.

Another proposal of the workshops was to conduct inter-institutional research in order to assess user satisfaction with the services and health worker satisfaction with the work process. This movement involves focusing on production linked to primary health care. Research results are an important management tool and can support changes in health care practices. For educational institutions, the production and dissemination of knowledge in primary care initiatives strengthen initiatives for change to the pedagogical projects of courses.

The role of the health team was also discussed in the workshops during the formulation of proposals. The need for the team to consider the broader concept of health within the work process was also recalled. It was proposed that the team should be given more value by giving it a central role in decisions in health care units and also allowing it to participate, as already explained, in the process of discussion and formulation of training projects in internship activities. Preceptorship, under the charge of the team, should be valued as a support for the training process, and is preferably executed by the same professional for students from different courses when they perform activities common to all health professionals. Accordingly, the DCNs aim to provide training which teaches all the professional categories the expertise required to exercise the six general skills and competencies⁹. For the health team, this is a field of learning still to be explored. During the preceptorship in activities that aim to develop students' general skills and abilities, or specific skills to each professional category, the teacher preferably participates in a process of continuing education geared toward preceptor training. It was suggested that the planning and tracking of cross-sector projects be shared with the team, in view of the opportunity to acquire different skills aimed at comprehensive care. The proposals made in the workshop made reference to the need to implement continuing education projects for team members, considering their roles and responsibilities in the SUS.

Regarding the redesign and evaluation of undergraduate curricula, it was suggested that this task be shared with the service and the community. This initiative is consistent with a concern also raised in the workshops about the need to develop student skills for work in service-learning integration settings. Bringing experienced actors together in real learning scenarios will facilitate the development of curricula that support the admission of students into service and the community.

During the workshops, the following suggestions were proposed for educational institutions:

1. To promote the use of participatory teaching methods.
2. To support the insertion of students from the first periods of the course into professional practice in real settings.

3. To promote multi-professional training in practice settings shared by students from different health courses.
4. To structure cross-course contents to the undergraduate curriculum, in order to ensure that health is discussed in terms of its collective component.
5. To train teachers to contribute to the processes of curriculum development, especially for service-learning integration.
6. To facilitate the organization of cross-functional institutional forums with the aim of promoting links between courses and knowledge in the field of health.

The diversity of suggestions shows the potential of interaction between managers, training providers, health professionals and the community, enabling a qualitative gain in the professional training process, where planning and evaluation of undergraduate activities in the health care system are constructed collaboratively by the four segments. Another factor that reinforces the importance of coordination between the segments is the growing need for investment in training for multidisciplinary work. It is preferably in the health care team that the professionals meet and establish a platform for working together and sharing knowledge. Therefore, it is hard to think of another place more appropriate than in the health care team to develop the principles and strategies of multi-professional work in service-learning integration.

FNEPAS WORKSHOP – MINAS GERAIS STATE – COMPREHENSIVENESS AND QUALITY IN HEALTH TRAINING AND PRACTICES: INTEGRATING TRAINING, SERVICES, MANAGERS AND THE COMMUNITY

The FNEPAS state workshop was held in the town of Uberlândia (MG) on October 22, 2007. The workshop was attended by the team responsible for the overall organization of the regional workshops in the state and the delegates elected in those workshops. There were roughly 30 people present altogether, including delegates and organizers.

The general objective of the workshop mirrored that agreed in the Experimental Workshop held in the city of Rio de Janeiro in December 2006. The specific objectives were:

1. To provide the opportunity to share the results of the six regional workshops held in the state.
2. To identify in the state of Minas Gerais any similar or diverging conditions in the implementation of the DCNs and in the fulfilment of the principle of comprehensive health care.
3. To systematize a state-wide plan that leverages actions necessary to change the training and qualification of health care in order to attain comprehensive health care.

After reception of the delegates and an awareness role play, the participants were briefed on the results of six regional workshops. Subsequently, the representatives of the regional workshops were mixed to form three working groups. The groups were asked to prepare a state-wide plan for the support and enhancement of actions to be developed regionally in the state. A worksheet was distributed to identify the challenges to be faced, proposed actions, names of responsible parties, strategies and expected time to be spent on each initiative. Then a plenary meeting was held for the submission of proposals and, immediately afterwards, was a workshop review session was held.

Here is what was presented by the three working groups in the plenary meeting with the approved next steps.

The establishment of six regional centres was suggested, along the lines of the groups formed to organize the six workshops, as platforms for networking, considering the urgency of greater qualification of professional training and health services. The observatories will have the following duties: engaging actors, building partnerships; organizing activities, spreading information, and fundraising.

The engagement and expansion of partnerships were identified as priorities by the groups. Responsibility for this task, at state level, was charged to the general committee responsible for the overall organization of workshops in the state. The strategy provides for negotiation with public institutions for the utilization of

an electronic platform that enables communication between the regional observatories, the circulation of information, reports and democratic dialogue to engage new partners. A similar movement will be conducted regionally, under the responsibility of the regional centres, liaising with representatives of civil society and in particular actors of social control in health care.

The working groups suggested closer integration between the training process and health services. This integration could occur in practice settings, as established in undergraduate curricula, research or outreach projects with shared planning between training institutions, health care players (professionals and management) and the community. The joint efforts of the institutions will result in the qualification of professional training, research and health care. Responsibility for implementing the proposal was charged to the regional coordination centres. The plans included the engagement of coordinators of the boards for undergraduate courses, outreach initiatives, managers and representatives of social control.

A move was suggested to introduce students from the 14 health professions into service-learning integration activities. This initiative was charged to accountability of the regional coordination centres, in keeping with the strategy for engaging the four segments involved in health training (training providers, managers, service professionals and the community). The strategy also provides for the study of experiences already in place, connections with the academic leagues, councils and professional categories.

An politically and institutionally-based action provides for the occupation of place on the Municipal Health Councils (CMS), the Commissions for Service-Learning Integration (CIES) and monitoring of adherence to the Pact for Life in Defence of the SUS and Management, in the shape of Education in Health and development of the National Policy of Continuing Education. One of the aims is to raise awareness among managers, council members and actors related to education regarding the development of health training, the Continuing Education strategy and the processes of service-learning integration. Two work fronts were defined. One local front, to be taken on the regional coordination groups; and another on a national level, to be forwarded as a suggestion to the

FNEPAS Board through its member representatives of the associations that attended the workshop.

Regarding teamwork, the group considered it appropriate to conduct an expanded discussion on the meaning of this form of work organization. This item was therefore added to the agenda of education association forums and the FNEPAS Board through representatives of associations and board members present at the workshop.

Higher education teacher training in the use of active methods of teaching and learning was also identified by the group as a priority. It was decided that this demand will be forwarded to the FNEPAS Board with the suggestion that it be included on the agenda when negotiating the renewal of the partnership between the forum and the Ministry of Health.

Concluding the plenary session, two immediate actions were defined to be performed by the group responsible for the overall organization of regional workshops. The first was the creation of a virtual group for immediate sharing of information, provision of contacts and reports from regional and state workshops. The second was to study the possibility together with the FNEPAS Board of creating a virtual networking platform offering the resources generally available on distance learning platforms. Such a platform enables the socialization of the advances and difficulties encountered by the regional coordinators, the circulation of documents and information, and virtual discussion forums. A third initiative, to be forwarded by the delegates present, is the deployment of regional coordination centres.

FINAL CONSIDERATIONS

Today, in 2011, it is evident that the movement triggered by the FNEPAS Workshops in Minas Gerais, particularly in Belo Horizonte, was productive.

Despite the complexity of the actions and the resistance of many to change, there are innovative initiatives for service-learning integration and multidisciplinary projects with impact on higher education institutions (HEI) and services. Many participants of the FNEPAS Awareness Workshops held in 2007 are involved in those initiatives. In particular, it is possible to identify these players in the Pró-Saúde Projects I and II, Pet-

Saúde, the Pró-Saúde Local Management Committee and the Centre for Health Education of the Municipal Health Secretariat of Belo Horizonte. These spaces demonstrate the construction of real approximation, communication, planning of professional training activities and the placement of undergraduate students in the municipal health care system.

The recommendations defined in the state workshop, charged to the responsibility of the central organization committee of the regional workshops, based in Belo Horizonte, were difficult to operationalize, especially due to the difficulty in actors devoting their time to the task. Contact with the regional representatives was gradually lost, hampering the monitoring of the developments of the regional and state workshop work. That fact, however, does not signify any loss in FNEPAS' capacity to engage the actors, as demonstrated in the workshops.

Today, there are three priority issues for FNEPAS, in view of its development in the state of Minas Gerais. First, the urgency of a project to assess the impact of FNEPAS in the state; second, the relevance of the continuing the FNEPAS Project; and third, the need to regain contact with the actors who participated in the forum activities in the state of Minas Gerais.

REFERENCES

1. Brazil. Ministry of Health. Secretariat of Education and Labour Management in Health. Department of Education Management in Health National Policy on Continuing Education in Health Brasília, DF: MS; 2009. (Series: Pacts for Health 2006, v. 9.)
2. Brazil. Ministry of Health. Secretariat of Education and Labour Management in Health. [accessed on 7 June 2011]. Available at: http://portal.saude.gov.br/portal/saude/gestor/area.cfm?id_area=382.
3. National Forum on the Education of Health Professions. [accessed on 7 June 2011]. Available at: http://www.fnepas.org.br/sobre_fnepas.htm.
4. Ceccim R, Feuerwerker LCM. Mudança na graduação das profissões de saúde sob o eixo da integralidade. *Cad. Saúde Pública* 2004; 20(5):1400-1410.
5. Ceccim R, Feuerwerker LCM. O quadrilátero da formação para a área da saúde: Ensino, Gestão, Atenção e Controle Social. *Physis* 2004; 14(1):41-65.
6. Feuerwerker LCM, Lima VV. Formação de ativadores de processos de mudança – uma estratégia do Aprender SUS. *Olho Mágico* 2004; 11(4):15-18.
7. Brazil. Ministry of Health. Fundação Oswaldo Cruz. Engagement of processes of change in higher education of health professionals. [accessed on 07 Jun 2011]. Available at: <http://www.ead.fiocruz.br/curso/index.cfm?cursoid=608>.
8. Almeida M, organizer. National Curriculum Guidelines for university courses in health. Londrina: Rede Unida; 2003.

CORRESPONDENCE ADDRESS

João Henrique Lara do Amaral
Universidade Federal de Minas Gerais, Faculdade de Odontologia, Departamento de Odontologia Social e Preventiva
Av. Antônio Carlos, 6627 Pampulha
CEP. 31270-901 - Belo Horizonte, MG
E-mail: jhamaral1@gmail.com