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# REGIONAL WORKSHOPS OF THE NATIONAL FORUM ON EDUCATION OF HEALTH PROFESSIONS (FNEPAS) IN SÃO PAULO STATE: BUILDING PARTNERSHIPS AND FOCUS ON COMPREHENSIVENESS AND DIVERSITY

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**Keywords:** Curriculum; Unified Health System, Human Resources Training, Professional Competence.

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## ABSTRACT

This paper describes the experience of awareness-raising workshops of the National Forum on Education of Health Professions (FNEPAS), which aimed to contribute to the process of change in undergraduate studies for health professionals, based on comprehensive training and health care. Nine workshops were held involving a total of 1,461 delegates, organized according to the Hubs for Continuing Education in Health in the state. There was a process of mobilization for changes, with training on active methodologies, institutional partnerships and intercoursing, leaving the region with the challenge of achieving sustainability in the processes triggered.

## INTRODUCTION

The state of São Paulo is widely acknowledged for the large number of undergraduate courses available there, even if we consider the resident population. The planning process for the São Paulo state regional workshops, developed during the FNEPAS Experimental Workshops (December 2006), involved a survey into the database of INEP Higher Education Census<sup>1</sup> of Higher Education Institutions (HEIs) with courses in the health area, namely: Biology, Biomedicine, Physical Education, Nursing, Pharmacy, Physiotherapy, Speech Therapy, Medicine, Veterinary Medicine, Nutrition, Dentistry, Psychology, Social Work and Occupational Therapy. The total number of HEIs with undergraduate degrees identified in those areas in Brazil was 1,072,

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of which 889 were in the state of São Paulo. The data by area in the country and in the state of São Paulo are presented in Table I.

**Table I – Number of Higher Education Institutions with courses in the Health area, authorized and/or recognized by the INEP, the Brazil and in the state of São Paulo<sup>2</sup>.**

Undergraduate Course	Brazil	São Paulo
Biology	25	19
Biomedicine	35	33
Physical Education	172	137
Nursing	159	146
Pharmacy	126	79
Physiotherapy	138	130
Speech Therapy	28	28
Medicine	30	28
Veterinary medicine	41	38
Nutrition	87	78
Psychology	162	107
Social Work	48	45
Occupational Therapy	21	21
Total	1.072	889

Planning was also carried out as regards the state distribution of the Hubs for Continuing Education in Health (PEPS)<sup>3</sup>, composed as follows: Greater São Paulo (city), West São Paulo State, Northwest São Paulo State, Southwest São Paulo State, Northwest São Paulo State, East São Paulo State, Santos and Vale do Paraíba. The distribution of the eight Hubs for Continuing Education in Health of São Paulo can be seen in Figure I. Eight FNEPAS Workshops were therefore proposed, one in each region. The theme of the workshops throughout the country, was "Comprehensiveness and Quality in Health Training and Practice: integrating training, services and users", with the aim of contribut-

ing to the process of change in undergraduate training of health professionals, based around the principles of comprehensive training and care.

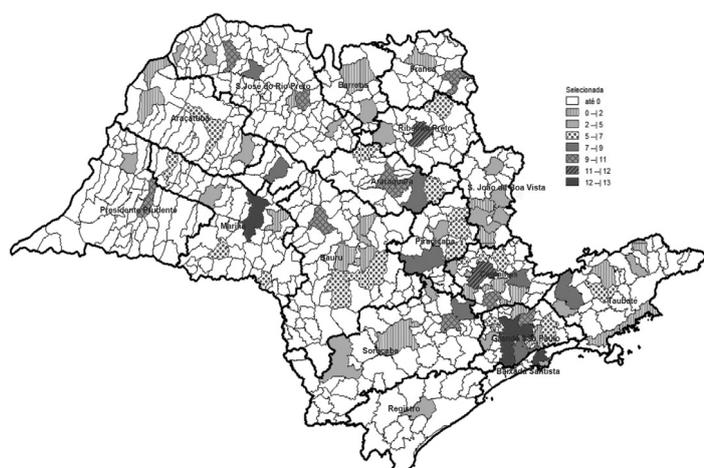
Each workshop should have a local group that would be responsible for its organization. These groups followed guideline documents for the workshops and had the support of the FNEPAS Board and state representative. The local group established institutional partnerships and proposed a budget for the workshop. This budget had to be approved by the state representative and the executive secretariat of FNEPAS to be executed.

It is noteworthy that a new directive was published which provided new guidelines and strategies for implementing the National Policy on Continuing Education in Health<sup>4</sup>. The main changes were: The Regional Management Board (CGR) is granted the authority to decide on an approve projects for continuing education in health (EPS); the need arises to draw up an Regional EPS Action Plan consistent with the state and municipal health plans; and the Permanent Commission for Service-Learning Integration (CIES) is created, replacing the Hubs for Continuing Education in Health, which originally defined the design of FNEPAS workshops in the state of São Paulo, but maintaining their regionalization.



**Figure I – Distribution of Regional Hubs for Continuing Education in Health in the State of São Paulo (2006).**

The 889 identified courses were distributed in 94 municipalities in the state. In addition, São Paulo state had 170 alumni from the specialization course in Engaging Processes of Change in Higher Education of Health Professionals, promoted by a partnership of the Ministry of Health/SGTES/Deges and the Sérgio Arouca National School of Public Health (Oswaldo Cruz Foundation) who were, therefore, aligned to the work proposal of FNEPAS and the HEIs involved in projects such as the Incentive Program for Curricular Changes for Medical Schools (PROMED), and National Program for Professional Training and Reorientation in Health (Pro-Saúde), which focuses on raising awareness of the need for processes of change processes in undergraduate training. The density of the HEIs which offer the several different courses for health professionals in the various Hubs for Continuing Education in Health of São Paulo State, can be seen in Figure 2.



**Figure 2 – Density of professional groups in HEIs with undergraduate courses in health, according to the Hubs for Continuing Education in Health of São Paulo State (2006).**

## THE WORKSHOPS: DYNAMICS AND RESULTS

Eight workshops were held in São Paulo state, as shown in Table 2.

**Table 2 - FNEPAS Workshops held in São Paulo state.**

Peps	City	Date	Number of Participants
Southwest SP	Botucatu	24 e 25/08/2007	160
West SP	Marília	14/09/2007	254
Vale do Paraíba	Taubaté	18/09/2007	100
Northeast SP	Ribeirão Preto	09/11/2007	136
East SP	Piracicaba	23 e 24/11/2007	115
Southwest SP	Sorocaba	30/11 a 01/12/2007	113
Greater São Paulo	São Paulo	26/04/2008	238
Southwest SP	Bauru	26 e 27/05/2008	159
East SP	Campinas	05/10/2008	186
Total	-	-	1.461

Legend: PEPS – Hub for Continuing Education in Health

In the South West São Paulo State hub, two awareness workshops were held, one in Botucatu and another in Sorocaba. A third workshop was held specifically to discuss and optimize Pró-Saúde in the region and city of Bauru. In the East SP region, an awareness workshop was held on the theme and a topical focus workshop on Active Methodologies, following on from the awareness workshop, which had identified the issue as a priority in the region. No workshops were held in the Santos and Northwest SP regions, although several attempts have been made to organize local groups.

The Botucatu workshop retrieved work from the course Engaging Processes of Change in Higher Education of Health Professionals, with the presentation of II studies developed in the region. In the Sorocaba workshop three small texts were composed to trigger the proposed discussion in the workshops.

All the workshops designed to raise awareness in the state of São Paulo maintained a similar plan and worked on three questions:

1. What is being done in training structures to align them to the national curriculum guidelines, SUS principles, integrating their courses to local health services?
2. What leads us to participate in the construction of comprehensive care and multiprofessional teamwork?

3. What are the proposals for quality training and services that can support the promotion of comprehensive health care?

Considering the whole experience, the workshops were key meeting points for several actors: activists in the construction of the SUS and implementation of the National Curriculum Guidelines (DCNs), teacher groups from various public and private universities, professionals and workers involved in education services, groups interested in meeting and sharing experiences, managers and representatives of social control, and others.

In this context, there were intense discussions and exchanges of experience, which reinforced the need for sharing the paths of the different groups involved in the process of service-learning integration in all its dimensions. The joint presence of education associations of health professions in conducting the works opened the way for an unprecedented coming together, integration and consensus among the groups that, until that point, had been discussing professional training in a more sector-specific context, without too many meetings. The awareness workshops brought the innovative challenge for these groups to work together and promoted a path that resulted in the joint strengthening all the associations, that assumed shared roles in their respective projects.

The single proposal and decentralized execution was an important resource to facilitate participant access foster the discussion proposed by the FNEPAS Project, keeping focus on the original goals.

The workshops revealed a great need to increase opportunities for reflection, training and exchanges of experience between the university and health services. The participants' interest in further developing the proposed topics indicated new paths to be followed, in what came to be constituted as the second phase of this process: the focus workshops.

Given the wealth of experience developed, it is a difficult task to summarize the results of these debates without over-simplifying them. Therefore, this summary aims only to map four sets of content that illustrate the main issues raised through discussions of the guiding questions: the strong points of the processes discussed;

their weaknesses; the challenges to be overcome; and the proposals for each group of topics discussed.

## **STRONG POINTS**

Although heterogeneous, the experiences of implementing the DCNs and service-learning integration have been occurring with increasing frequency and strengthened by initiatives related to working with active methods of teaching and learning as essential components of the process of change.

It was found that many educational institutions have developed innovative and consistent experiments, which have served as a model and inspiration for new experiences. In this scenario, there is also increasing interest in sharing and exchanging experiences. It was shown that the educational institutions and health services are already making positive initiatives to shape the DCNs to the SUS purposes, including partnerships – institutionalized in some places, informal in others – that allow the early inclusion of students real SUS service settings and facilitate understanding of the world of work in this sector.

The workshops provided an environment that supported dialogue between training institutions and services toward adapting and improving theoretical and practical teaching in health to the new curriculum guidelines and SUS principles. Service-learning integration is a major player that creates a new working environment for teaching and produces movements and changes for all stakeholders. Such movements are often still isolated or dependent on the commitment of more aware actors, but based on the reported experiences of service-learning integration there was an evident trend toward an increasing degree of integration.

Positive results can be identified in the experiences of curricular changes that favor the inclusion of students in health services since the first years of their undergraduate courses and in the introduction of disciplines aimed at teaching the principles of primary health care strategies in the first semesters of various courses.

The ongoing discussion on the principle of comprehensiveness raised various debates and propositions that reinforced the importance of training general practitioners prepared for teamwork in the context of an expanded concept of health.

In the discussions involving the use of active teaching-learning methods, one can highlight the importance of integration between disciplines, the thematization of the SUS as an axis that runs across the curriculum, the thematization of territory in the process of admission to practice settings, the implementation of mentoring experiences and mentor training in the services, among others.

There was unanimity on the importance of inductive policies developed by the Department of Labor Management and Education in Health of the Ministry of Health (SGTES/MS) in alignment with the National Curriculum Guidelines for the field and in association with the National Policy on Continuing Education in Health: Experiences and Internships in the Unified Health System (Ver-SUS), Incentive Program for Curricular Changes for Medical Schools (PROMED), National Program for Professional Training and Reorientation in Health (Pro-Saúde), and Multiprofessional Residency in Health Care. These initiatives help bring education institutions closer to the reality of communities and services, encourage change and contribute to the incorporation of new optional outreach programs and internships that can constitute permanent practices of HEIs.

It was also noted that several Ministry of Health programs leverage and qualify student training: The Family Health Program, Hearing Health, Multiprofessional residency, in addition to Promed and Pro-Saúde, cited previously.

Continuing Education was highlighted as a strong strategy for the qualitative development of services, especially when they involve active teaching-learning methods that consider the practical knowledge built up by healthcare professionals.

The Humanization of Health Policy was considered very positive for comprehensiveness, associated to continuing education projects in health as a strategy that reinforces the need for health education aimed at practice in collective/public health, for which the schools have a well-defined bearing to follow.

Critical actions to progress in this scenario have included: implementing public health and education policies - Humanization, Continuing Education and Pró-Saúde, among others; investment in teacher training; integration of different disciplines from courses in the

area of health; the training health professional to receive students; and the joint development of intervention projects with the community, which helps to increase perception of comprehensiveness in health care.

## CRITICAL POINTS AND WEAKNESSES

The discussions identified a set of aspects that hinder service-learning integration and implementation of the curriculum guidelines. These include: a substantial level of ignorance about the SUS among the general public, teachers and even health professionals; the biomedical rationale in teaching and research hinders change; the current rationale, both at universities and in services, prioritizes productivity over quality. This scenario is compounded by the managerial discontinuity, the gap between the academia and health policy.

It was found that education in health has not yet matured to the level of training and teamwork. Teamwork experiences in undergraduate courses in the area of health are rare, as are health services in which students have the opportunity to learn their professional practice together.

Among teachers, there is ignorance regarding the DCNs and a lack of discussions on training geared toward the SUS, both at undergraduate and graduate level. There is a need identified for teachers trained in different areas of health to integrate theory and practice in the service settings and thus contribute to the necessary transformations in health training. It is important to underline the issue of traditional teaching methods being limited in promoting the qualification of active and critical professional and in offering concrete opportunities for learning teamwork. As a result, once qualified, the professional may not be ready to practice in an integrated form. The need was shown, therefore, for a revision of traditional learning models for training transformative professionals.

The disjointed relationship between undergraduate and graduate training was discussed; if there were joint planning of actions to be developed, then this could lead to benefits and improvement for the services and the community. It is understood that a graduate program with strong links to undergraduate training would be more in touch with the public and understand better public demands. Moreover, the University should

give something back to the local community where it is installed (outreach studies). Here, the need for this integration of all levels of graduate study is understood and underlined, from professional enhancement to post-doctorate programs, with emphasis on residency programs and master's degrees.

Difficulties have been reported in implementing the curriculum changes, specifically in the negotiation process with the SUS managers for supporting internships. This point raised two major issues: resistance and low level of sensitivity of some managers to support internship programs and the different interpretations of how the HEIs would recompense the services. Some municipalities have transformed the compensation into exchanges for services and cash payments per hour/class to the various health professionals.

In practical settings, there is a notable unpreparedness of some SUS units to receive trainees and become partners in the training of these new professionals. Perhaps this is due to a lack of understanding about their role in relation to the trainee and vice versa. Another recurrent problem is the unpreparedness of health workers to work in multidisciplinary teams, since they were not qualified and trained to act in accordance with the principles of comprehensive health care and, in this context, are somewhat limited and have little to contribute to the education of trainees in their health service work experiences. Numerous workers from the teams also reveal ignorance of the National Curriculum Guidelines, which further complicates the process of interaction and training of future health professionals.

Another critical issue perceived was the lack of opportunities for discussion, reflection and integration of matters concerning the training of health professionals, as well health issues as a whole. Thus, the FNEPAS Workshops seem to fill this void for reflection and four-way articulation.

Paradoxically, it could also be ascertained that public admission competitions and selection processes often fail to select good professionals for the SUS, because they are based on programs and tests that are out of synch with Health Policy guidelines, as well giving value only to the candidates' titles and scientific publications they have written, focusing less on working in education, health care and outreach studies.

The current crop of health professionals and teachers were not trained on lines toward the SUS and its

guidelines. Therefore - with the exception of those who followed and had experience in constructing and consolidating the SUS - the professionals and teachers do not know how the system works properly. On this theme, it was also recalled that not even the public who depend on the SUS actually understand the dimensions of its scope and operation, or know its principles and, therefore, require specific continuing education programs. The biomedical model of health training was regarded as an obstacle to the advancement of multidisciplinary and interdisciplinary initiatives, understood as a physician-centered model that has limited reach with respect to the uniqueness of each individual's process of illness; furthermore, this model does not provide for any active participation of the user, as prescribed by the SUS.

Health professionals, except in the areas of medicine, nursing and dentistry, have argued that one critical problem is that, although their students may be trained in the SUS, there are no established support networks or policies in these areas to insert qualified professionals into the system. One fact which indicates this aspect is that the health teams are still not cross-functional, interdisciplinary teams for comprehensive health care. This seems to suggest that managers have yet to understand that multi-professional teams are a requirement in order to achieve comprehensive health care. This point has been minimized by recent and still modest initiatives, such as the cross-functional teams at the Family Health Support Units (NASF).

A notably recurring fact in all the workshops in São Paulo was the low degree of managerial participation. Some point to a lack of preparation of managers, who are often not health professionals and take up positions through indications based on management skills or even lack understanding of service-learning integration from an institutional point of view.

Several difficulties have been raised in relation to social control. The Management Council is established in law; however, there is no concern for ensuring the actual functioning of these instances. Most the counselors are not adequately prepared to occupy their seats and actually take on an active role in the management. Consequently, the Health Councils have become bodies to simply legitimize decisions taken by the managers, displaying a passive and uncritical participation, although excellent user organization experiences have been evident.

## CHALLENGES AND PROPOSALS

The importance of expanding collective spaces for discussion and reflection has been identified; such platforms, similar to workshops, can help define the challenges to service-learning integration. We propose the development of interdisciplinary seminars and the creation of thematic groups composed of: students, teachers and professionals from various stages, which would support joint reflection. In this sense, the spaces for exercise and teamwork practice should be prioritized.

There is need for investment and deepening of the discussion on the curriculum guidelines, curricular changes and the growth of innovative curricula supported by active teaching and learning methods. In this regard, a proposal is made for the implementation of modules, courses and internships that integrate professional training in various areas.

We must face the challenge of qualifying Primary Health Care training, based on the principles of public health integrated with education, and no longer as isolated disciplines under the responsibility of just a few teachers.

The creation of academic tutoring programs and practices for mediation between students/university/service was the strategy considered appropriate in conjunction with the prioritization of admitting students to work experience environments from the start of courses.

Scientific production should focus on the field of education in health and, therefore, health services and teaching practices should be validated as a research subject. Proposals for the creation of a specific platform for health training publications have gained force, and the suggestion that FNEPAS could commandeer the establishment of a scientific journal was put forward in various workshops.

We evaluated the need for Continuing Education to prioritize teamwork training. We discussed the importance of qualifying the forms of human resource management and involving them in teamwork at all levels of the Health System

It also proved valid to encourage the involvement of the management councils in the processes of service-learning integration and user participation in events that can unite the interests of various groups involved in health practices and health training. Furthermore, it

was considered important to raise manager awareness as to the issues of education in health.

It was considered timely to hold joint discussions between educational institutions, managers and services, to support the curricular guidelines, training programs and continuing education projects.

Another aspect highlighted is the need to contribute toward professionals critically discussing their practices and building a more complete and contextualized vision of their work process, becoming local transformation agents.

## CONCLUSION

In São Paulo state, although it has not been possible to hold workshops in two regions (Santos region and Northwest SP), the awareness-raising process, which aimed to contribute to the process of change in the undergraduate qualification of health professions, based on comprehensive training and health care, was set in motion and consolidated.

The gathering and interaction of new partners, with various schools and different actors joining the project, especially students, and the participation of HEIs and courses that were previously isolated in the universities, represented milestone advances. The deepening of ties and relationships between group that were already in process of change can be identified by the planning and origin of actions for further work by FNEPAS itself. The retrieved participation of graduates of the specialization course in the Engagement of Processes of Change in Higher Education of Health Professionals resituated the focus of actors who had been dispersed, and who displayed excellent networking and work ability. Indeed there was a process of mobilization for change, with training on active methodologies, cross-institutional and intercourse partnerships, as well as raised awareness among private schools on the issues of comprehensiveness.

Notably, this is a process that offers no way back, revealing a process of necessary and qualified reflection, which must be permanent. FNEPAS is faced with a challenge to deal with the magnitude of the state of São Paulo, and particularly the capital city, to deepen themes and the process of change engagement.

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