

## National Health Residency Policy: contributions to specialist training

The education of health professionals must be understood as a permanent process starting in undergraduate courses with generalist training, continuing in professional life and specialization postgraduate courses that offer training within the specialties of each professional area, as well as the opportunity to acquire skills for specific action within a population and/or healthcare context.

Different specialization courses that meet the criteria of the legislation of the Ministry of Education are offered in higher education institutions.<sup>(1)</sup> Their minimum workload is of 360 hours, although without the obligation to include the theoretical, pedagogical and methodological construct in the Pedagogical Political Project, based on principles of the Unified Health System (SUS). These aspects diverge from the other modality in specialization postgraduate studies, the health residency, which provides for a workload of 5,760 hours completed throughout a two-year course with scholarship funding from the Ministry of Education or Ministry of Health. This arose from the discussion on the training of professionals able to respond to challenges imposed in the implementation of the SUS. The first legislation establishing the Multiprofessional Residency in Health was approved in 2005,<sup>(2)</sup> based on principles of the SUS under coordination of the Ministry of Education and Ministry of Health with the goals of teaching-service integration and the incorporation of multidisciplinary knowledge, breaking with the biomedical model.

Collective movements that occurred throughout history and guided legislation, policy and pedagogical models have helped to develop the Multiprofessional Residency in Health guidelines. One of these was the creation of the National Council for Multiprofessional Residency in Health (CN-RMS) as the regulatory body for this training modality.<sup>(2)</sup>

Furthermore, the Multiprofessional Residency in Health provides for coordination between the training and implementing institutions in order to guarantee the implementation of programs in areas with health needs. This process needs to be agreed by means of a cooperation agreement with the clear co-responsibility of institutions in the execution of residency programs, as well as the prediction of academic and financial implications.

When the Ministry of Education launched the opening of Multiprofessional Residency in Health in the network of Federal University Hospitals, the Universidade Federal de São Paulo (Unifesp) and Hospital São Paulo<sup>(3)</sup> supported the creation of the Multiprofessional Residency Program in Hospital Care by understanding their responsibilities in training and providing

health care. Currently, the Commission of the Multiprofessional Residency in Health (Coremu) comprises nine of the fourteen health professions and has sixteen programs that contribute to excellence in the training of future professionals to work in the most different scenarios of the SUS.<sup>(4)</sup>

The significant participation of the professional area of Nursing comprising the multidisciplinary team of thirteen programs stands out. Eight of these programs are managed by nurse educators or educational administrative technicians from the Escola Paulista de Enfermagem, demonstrating the important involvement of this group with residency programs since their creation, also working in the coordination of Coremu.<sup>(4)</sup>

The Coremu Unifesp has historically participated actively in discussions about the residency with representation in the Decentralized Multiprofessional Residency Committee, which enabled participation in the 2023 National Seminar on Residency in the Professional Area of Health, organized by the Ministry of Health with participation of the Ministry of Education and the Secretariat of Work and Education Management (SGTES). The agenda was the start of work to build the National Health Residency Policy with the participation of representatives from several Brazilian states and consistent action of residents.

It is expected that the National Health Residency Policy can mitigate the current adversities faced by residency programs, such as: wrecked health and educational institutions, precariousness and privatization of services, insertion of a new company as manager of Federal University Hospitals, health professionals with work overload, risk of the resident being considered as a cover for the service duty,<sup>(3)</sup> impact on residents' mental health, weaknesses in the training of the care faculty and recognition of their work in the residency program, among other difficulties that affect the programs.

Aligned with these demands, the proposals to develop this policy were based on the following thematic axes: management of residency programs, appreciation of preceptors, tutors, coordinators and residents, health and residency program needs, appreciation and evaluation of residency programs.

The perspective of the Health Residency as a Public Policy is to guarantee the standard of interprofessional training with resoluteness, humanism and ethics; maintain investment in this type of training independent of government management with service priority in strategic regions for the SUS, aligned with the health needs of the population; expand programs and financing of residency grants; contribute to the regulation, evaluation and ordering of residencies; enable demographic analyzes and studies of health specialties in Brazil; generate knowledge and new technologies; include medical residency and residency in the health professional area with the definition of principles, guidelines, objectives and responsibilities as a transversal, integrated and intersectoral policy aligned with the National Policies of Continuing Education in Health and Health Management and Work; and provide for the inter-ministerial commission for the management of health education with the subcommittee of residency programs.<sup>(5)</sup>

Faced with this new perspective in health residency programs, there is a political movement to revisit this type of teaching with cooperation of funding bodies in making the referrals that remained latent in previous administrations with greater resolution in the processes of evaluation and expansion of programs. This shows the need for greater representation of the teaching-care staff and residents in the current National Council for Multiprofessional Residency in Health and performance of the situational diagnosis based on the approximation with medical and multiprofessional residency programs with the future intention of a paradigm shift of the separation of the medical profession from the others, and construction of the National Health Residency Policy with collective participation as a guarantee and strengthening of the training of specialists for the SUS.

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