

The Potential for a Medical Occupancy Programme in Brazil's Development of Rheumatology Training

Objective: To describe the characteristics and progression of the force of new rheumatologists in Brazil, from 2000 to 2015.

Styles: Consultations to databases and sanctioned documents of institutions related to training and instrument of rheumatologists in Brazil took place. The data were compared, epitomized and presented descriptively.

Results: From 2000 to 2015, Brazil qualified 1091 croakers as rheumatologists, of which 76.9 (n = 839) completed a medical occupancy program in rheumatology (MRPR); the others (n = 252) achieved this title without MRPR training. There was an expansion of MRPR positions. At the same time, there was a change in the profile of the recently good croakers. Beforehand in the series, the bit of new rheumatologists without MRPR, entering the request annually, was approaching 50, dropping to about 15 in recent times. In 2015, Brazil offered 49 MRPR accredited programs, with 120 positions per time for access. There was an imbalance in the distribution of MRPR positions across the country, with a strong attention in the southeast region, which in 2015 held 59.2 of the positions. Public institutions reckoned for 94 (n = 789) of graduates in MRPR during the study period, while still maintaining 93.3 (n = 112) of seats for admission in 2015.

Conclusions: In the last sixteen times, in resembling with the expansion of places of access, MRPR has established itself as the preferred route for rheumatology training in Brazil, substantially supported by public finances. Regional inequalities in the provision of MRPR positions still persist, as challenges that must be faced.

Keywords: Rheumatology • Medical occupancy • Specialization • Professional qualification

Introduction

A medical occupancy is a form of postgraduate education *latu sensu* for croakers, in the form of specialization course, characterized by in-service training.¹ The first medical occupancy programs (MRP) in Brazil, known at the time as boarding programs, began in 1944 at the Hospital das Clínicas, the University of São Paulo.² In 1977, the Comissão Nacional de Residência Médica (National Commission on Medical Residency) (CNRM) was created; this institution exercises non-supervisory functions, monitoring and evaluation of mrps, and its composition and capabilities have lately been readdressed by Decree No. 7562 of 2011.^{3, 4} Since the 1940s, the number of

mrps and medical occupancy positions in the country grew precipitously. Still, there's little information available on the characteristics of that growth.⁵ With specific regard to medical occupancy programs in Rheumatology (MRPR) in Brazil, publications are scarce [1].

A medical occupancy is a long-standing form for supervised insertion of croakers to professional life, and to qualify these individualities to the specialty.² The completion of MRP confers fairly the Specialist Title (ST) in the area.¹ Still, there's another way for the formal qualification of medical specialty in Brazil, grounded on an agreement between the Federal Council of Medicine (FCM), Brazilian Medical Association (BMA)

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andcnrm.⁹ This agreement provides for the permission of titles by mrps accredited by CNRM, but also by medical specialty societies combined to BMA by weight of substantiation.

The Brazilian Society for Rheumatology (SBR), combined to BMA, conducts a periodic test of adequacy to gain ST. In 2015, croakers with MRPR instrument or with a specialization course in Rheumatology accredited by the Ministry of Education, with a minimal duration of 24 months were suitable to enroll in the examination; subject to the following prerequisite the aspirant should have completed his/ her 24- month occupancy program or moxie course in internal drug. Physicians without MRPR or a specialization course, but suitable to give substantiation of professional exertion for further than four times, with regular participation in scientific events in the specialty and having accumulated at least 100 points in the BMA delegation system, were also admitted.

At the time of this study, we couldn't find papers published specifically on rheumatologist training in this country, covering both delegation ways to this specialty. Still, similar information is applicable to the proper expression and evaluation of mortal resource training programs in Rheumatology, whether in government or academic sphere. This study aimed to describe the characteristics and development of new rheumatologists in Brazil, from 2000 to 2015 [2].

Materials and Method

This was an experimental, retrospective, quantitative, descriptive study from time series. The period of interest in this exploration, defined by convenience, grounded on the vacuity of information, covered the period 2000 – 2015. Data were collected by searching motorized databases and sanctioned documents of Brazilian institutions related to training and instrument of specialists in Rheumatology in this country.

The variables of interest of this study, with their separate data sources, are described below. The nominal list of approved croakers in the periodic adequacy examinations to gain the ST of this Society was attained from SBR. From CNRM, we attained the number of accredited places for access to the first time of MRPR, the number of new instruments issued to croakers who completed MRPR, and the nominal list of all graduates in MRPR per time, per unit of the Federation (UF) and per institution. From the institutions offering MRP in Rheumatology through public notices of selection processes, we attained the number of MRPR access

positions effectively available annually [3].

To gain the periodic number of new rheumatologists without a MRPR instrument, we carried out a crossing of the data of the nominal list of those croakers approved in the SBR's periodic examination in the period 2000 – 2015 against the entire CNRM database, anyhow of any time limit, with identification of individualities who passed in the ST test who no way had a registered instrument of MRPR at any time. The number of graduates in MRPR in a given time was recorded from the number of new instruments of completion of MRPR issued in that time. The aggregate of new rheumatologists per time was calculated by adding the number of graduates of MRPR with the number of graduates by SBR not holders of an MRPR instrument.

Those approved in the SBR test until the time 2003 that also attended MRPR were included in the counting of new specialists only in the time of completion of occupancy, since till the time 2003 resides took the ST examination in the morning of the alternate time of MRPR. For clarity, these cases weren't included in the periodic counts of ST without MRPR. All allusions to MRPR positions in this study relate only to places of access to the first time (R1) in the specialty. Consequently, all references to instruments issued or to graduates in MRPR are related only to the minimal cycle of 24 months of hearthstone, being disregarded the voluntary times [4].

The data used in this exploration can be penetrated online, coming from executive databases. No intervention, follow- up or information gathering was done on an individual or population base. The check didn't include clinical- epidemiological or natural variables, as it concentrated on the study of mortal resource training in Rheumatology, grounded on secondary information sources. Therefore, the protocol wasn't submitted to the ethics commission in biomedical exploration, supposed unenforceable in this environment. This study didn't include pediatric rheumatologists. All consultations were held in the 2013 – 2015 period. Data were epitomized and presented descriptively [5].

Discussion

We observed imbalance among the regions of the country with regard to the number of graduates in MRPR, as a logical consequence of the geographic inequality in the provision of positions for admission, also reported in this paper. Vacuity of maps is a factor associated with the appeal and agreement of the croaker in the place which is offering the program.^{15, 16} With

regard to rheumatology, the correlation between the geographical distribution of these specialists and the original immolation of an MRP in the specialty has been demonstrated formerly.⁸ therefore, the inequality then substantiated in the distribution of positions and of graduates in MRPR potentially influences the indigenous vacuity of rheumatologists in Brazil [6].

We observed an adding number of maps in Rheumatology and, over all, of the periodic positions of mrprs across the country during the study period. The Northeast region was that proportionally showed the most increase in its participation in the macrocosm of positions of MRPR. In discrepancy, the Southeast region dropped in proportion to its participation. Nine ufs that demanded MRPR in 2002 appeared as having similar programs in the 2015 list, videlicet ES, MS, PA, PB, PI, RN, SC, SE and TO. Therefore, in the comparison between 2002 and 2015, a drop of distributive inequality in positions of MRPR across the country was observed, but this drop wasn't sufficient to exclude the imbalances still noted. These imbalances are analogous to those that do in relation to medical occupancy positions in general, in Brazil [7].

Transnational studies indicate as ideal proportions commodity between, 000 and, 000 occupants per rheumatologist. For the once 16 times, there was a change in the training profile of rheumatologists in Brazil. Beforehand in the series, roughly equal proportions of new specialists with and without MRPR

were recorded annually. In posterior times, a reduction in the periodic bit of new rheumatologists without MRPR was observed, recently ranging to 15 [8].

At the same time, there was an increase in the number of positions and graduates in MRPR. The drop of the bit without MRPR anteceded the preface, from 2008, of the minimal score demand in scientific events accredited by BMA, for admission of non-specialist croakers or of those without MRPR to the adequacy examination of sbr.³¹ These findings suggest an option for croakers who seek to gain specialization in Rheumatology by way of MRPR, handed that there are positions available [9].

In short, in the period 2000 – 2015, in resemblant with the increase in the number of positions, MRPR has established itself as the favored way for training and qualification in Rheumatology in Brazil, presently counting for utmost of the new specialists who time after time join the species of Brazilian Rheumatology. An enhancement was observed in the distribution of positions among the regions of the country, although this is still inadequate for the junking of being imbalances. Utmost positions and MRPR programs in Brazil was linked to public institutions, especially public universities. The reduction in indigenous inequalities with respect to the provision of MRPR positions remains as a big challenge for the future [10].

Conflicts of Interest

The authors declare no conflicts of interest.

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