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WHY AND HOW TO EVALUATE THE EGRESS OF THE MEDICAL COURSE?

Porque e como avaliar o egresso do curso de medicina?

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or adequate medical care the World Health Organization recommends that there should be one doctor for every 1000 inhabitants. Today, Brazil has approximately 350 000 physicians of whom 300 000 are active. The current average is therefore about 1.5 doctors per 1000 inhabitants. With this ratio, we occupy the first place in the world ranking, and even higher in India and China. This numerical exaggeration leads to distortions in medical training and finding space in the labor market, making it sometimes demeaning.

For sure, the heart of this issue is the indiscriminate proliferation of medical schools. In the 60's there were 29. In the late 90's amazingly 92. Brazil now has more than 190 medical schools. Geometrically increased the number of new schools, besides the authorization to increase the number of students enrolled in courses previously existing.

This concern is not corporate, but it looks to be in defense of the quality of medical care to the population. This is also the desire of the people themselves who expect to have greater professionalism in service and see the best of medical technology be applied to his illness.

We understand and agree that in order to have well-trained people, is necessary to review not only the graduate students, but the faculties and the infrastructure of the institution. Meanwhile, it is understood also that the evaluation of the person while medical student is of great importance for the formation of the good doctor, as they will be the graduates of tomorrow.

The Regional Council of Medicine of São Paulo (CREMESP) has applied annual evaluations of medical graduates. In the last year disapproval average was 46%; to be approved, the examinee should hit at least 60% of questions prepared. This alone demonstrates the poor education of our students to pursue the noble profession. We understand that CREMESP Resolution 239 of July 2012 which requires final evaluation of the newly formed medical student is valid to permit

registry in Regional Council of Medicine - CRM. However, it seems not socially just.

The authors feel that it is necessary to create mechanisms that oblige schools not only be worried about the quality of education they teach, but also with the students learning while in school and success as professionals.

In order to evaluate more fairly the student, one of the authors (EVP), as a Brazilian Congressman, proposed 4638/2012 Bill of 2012 which provide rules for "establishment of criteria for judging schools and medical students."

Among the important points on it, is the creation of bank of items developed by the Ministry of Education, under the supervision of the Federal Medical Council, Scientific Council of the Brazilian Medical Association and the Brazilian Association of Medical Education, to be applied of each medical school. Evaluations would be held on 2nd, 4th and 6th years of the medical course, and the content will be gradually and cumulatively differentiate according to the curriculum of the course.

Another important point in this project is foreseen that, for students who have two negative evaluations, the school should ensure an appropriate recovery plan, which must be submitted, assessed and monitored by the Ministry of Education, at no additional cost.

It is also foreseen in the project to penalize medical schools who have more than 50% of students with negative evaluations, with 75% off vacancies in next years. And yet, those schools that maintain the negative results for more than two consecutive evaluations, they will have their access exams suspended until the results come back to positive.

Becomes clear that the project in question aims to establish a socially fairer evaluation of the future doctor, allowing students recovery along its course, capacitating him better to medical practice; so, Brazil will have medical doctors better prepared to exercise the noble profession and the Brazilian population will have better health assistance.