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MORE DOCTORS PROGRAM: AN INTEGRATIVE REVIEW

Programa mais médicos: uma revisão integrativa

Programa más médicos: una revisión integrativa

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ABSTRACT

Objective: To describe the knowledge produced in the literature about the creation of the More Doctors Program and its repercussion in Brazil. **Methods:** Integrative review carried out from 2013 to 2016 in the databases Scientific Electronic Library Online, Latin American and Caribbean Health Sciences Literature, Virtual Health Library and Coleciona SUS using the following descriptors: program, doctors, primary health care, health. **Results:** The study included twenty-one publications that met the inclusion criteria but that were found in intermediate journals and presented low levels of evidence. The main results refer to the creation of the More Doctors Program (MDP) and its repercussion for doctors, the population and in the media. The MDP was created with the aim of expanding the access and minimizing health inequalities through the distribution of doctors in municipalities considered priority. The program generated great repercussion in Brazil, with different opinions among governmental institutions, users, media and, mainly, Brazilian doctors. **Conclusions:** Reducing inequalities in the distribution of doctors is hard task that requires long-term actions. In addition, there is the need to implement strategies to improve infrastructure, the distribution of inputs and equipment, the logistic support and to make a health care network capable of solving users' conditions in an efficient and effective way at all levels of care.

Descriptors: National Health Programs; Physicians; Primary Health Care; Health.

RESUMO

Objetivo: *Descrever o conhecimento produzido na literatura acerca da criação do Programa Mais Médicos e sua repercussão no Brasil.* ***Métodos:*** *Revisão integrativa, realizada no período de 2013 a 2016, nas bases de dados: Scientific Electronic Library Online (SciELO), Literatura Latino-Americana e do Caribe em Ciências da Saúde (LILACS), Biblioteca Virtual em Saúde (BVS) e na Coleciona SUS, utilizando-se os descritores: programa, médicos, atenção primária, atenção básica, saúde.* ***Resultados:*** *Foram selecionadas 21 publicações que atenderam aos critérios de inclusão, mas encontravam-se em periódicos com estratos intermediários e apresentaram baixo nível de evidência. Os principais resultados se referem à criação do Programa Mais Médicos (PMM) e sua repercussão na classe médica, na população e na mídia. O PMM foi criado tendo como objetivo ampliar o acesso e atenuar as desigualdades em saúde através da distribuição de médicos em municípios considerados prioritários, ocasionou grande repercussão no Brasil, com posicionamentos diversos entre os órgãos governamentais, usuários, mídia e, em especial, entre a classe médica brasileira.* ***Conclusão:*** *Diminuir as desigualdades de alocação de médicos, no entanto, é uma ação difícil e que exige ações em longo prazo. Soma-se a necessidade de implantar estratégias como melhoraria de infraestrutura, melhor distribuição de insumos e equipamentos, apoio logístico e rede de atenção à saúde resolutiva, eficiente e eficaz em todos os níveis de atenção.*

Descritores: *Programas Nacionais de Saúde; Médicos; Atenção Primária à Saúde; Saúde.*

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RESUMEN

Objetivo: *Describir el conocimiento producido en la literatura sobre la creación del Programa Más Médicos y su repercusión en Brasil.* ***Métodos:*** *Revisión integrativa realizada en el período entre 2013 y 2016 en las bases de datos: Scientific Electronic Library Online (SciELO), Literatura Latino-Americana y del Caribe en Ciencias de la Salud (LILACS), Biblioteca Virtual en Salud (BVS) y en la Colecciona SUS, utilizándose los descriptores: programa, médicos, atención primaria, atención básica, salud.* ***Resultados:*** *Fueron elegidas 21 publicaciones que se incluyeron en los criterios de inclusión pero que eran de periódicos con estratos intermediarios y bajo nivel de evidencia. Los principales resultados fueron sobre la creación del Programa Más Médicos (PMM) y su repercusión para la clase de médicos, la población y los medios de comunicación. El PMM ha sido creado para ampliar el acceso y mejorar las desigualdades en salud a través de la distribución de médicos en los municipios considerados prioritarios lo que llevó a una gran repercusión en Brasil con distintos posicionamientos entre los órganos del gobierno, los usuarios, los medios de comunicación y, en especial, entre la clase médica brasileña.* ***Conclusión:*** *Disminuir las desigualdades de ubicación de médicos, sin embargo, es una acción difícil que exige acciones a largo plazo. Se soma a eso la necesidad de implementar estrategias como la mejoría de infraestructura, mejor distribución de insumos y equipos, el apoyo logístico y una red de atención a la salud resolutiva, eficiente y eficaz en todos los niveles de atención.*

Descriptores: *Programas Nacionales de Salud; Médicos; Atención Primaria de Salud; Salud.*

INTRODUCTION

The provision of health services in remote and peripheral regions is a serious problem faced by almost all countries. The inadequate geographical distribution of health professionals, especially physicians, has been severe and persistent over time, resisting the most varied strategies adopted by government entities to tackle them[1]. In Brazil, such inequality may be related to several factors: lack of attractiveness of regions with the worst social indicators, inadequate working conditions, excessive hours and low pay, which make it difficult to settle such professionals in remote and vulnerable areas[2].

Brazil has 1.8 physicians per thousand inhabitants, a rate lower than those found in Argentina (3.2), Uruguay (3.7), the United Kingdom (2.7), Portugal (3.9) and Spain (4). Another problem faced, in addition to the shortage of these professionals, is the uneven distribution of physicians in some Brazilian regions. There are 22 Brazilian states in which the number of physicians is below the national average, and five of them have less than one physician per thousand inhabitants: Maranhão (0.58), Amapá (0.76), Pará (0.77), Piauí (0.92) and Acre (0.98)[3].

As a strategy to retain physicians in remote regions, the Brazilian government has been trying to resolve the problem through interventions in university extension programs and incentives and benefits for professionals who want to work in the most needy areas of the country. The first governmental initiatives to address the shortage of physicians in Brazil focused on the distribution of these professionals in the countryside and were implemented before and after the implementation of the Unified Health System (*Sistema Único de Saúde – SUS*)[4].

In view of the permanence of the challenges for the retention of physicians in unfavorable areas, in 2013 the Brazilian government launched the More Doctors Program (*Programa Mais Médicos – PMM*) to alleviate the shortage of physicians in Brazilian regions. The program aims to bring physicians to areas where there is a shortage or absence of these professionals and invest in the expansion of medical training and in the construction, renovation and expansion of Primary Health Care centers[5].

However, the implementation of the Program generated great controversy between physicians, the population and the media in Brazil. In several statements and opinions published since then, the Brazilian physicians, represented by their entities, have been opposed to the program, claiming that it violates constitutional, labor, taxation, humanitarian and ideological precepts. Therefore, it is important and necessary to deepen the knowledge about the subject. Despite its importance, little is known about the activities that have been performed in the PMM, with these being essential for the resolution of the health problems of the population. Considering that the PMM is a public policy set up to tackle the problem related to the shortage of physicians in priority regions to reduce inequalities in public health, efforts to understand and evaluate it are of considerable importance[6].

Given that, the present study aimed to describe the knowledge produced in the literature about the creation of the More Doctors Program (*Programa Mais Médicos*) and its repercussion in Brazil.

METHODS

This is an integrative review, which aims to gather and synthesize research results on a given topic in a systematic and orderly manner, thus contributing to the deepening of knowledge on the issue[7].

In this regard, the following guiding questions were established: How and why did the implementation of the More Doctors Program (*Programa Mais Médicos*) in Brazil occur? What repercussions did this implementation cause in the country? The descriptors used in the search and included in the Health Sciences Descriptors (*Descritores em Ciências da Saúde – DeCS*) database were: program; physicians; primary health care; health. The following databases were searched: Scientific Electronic Library Online (SciELO), Latin American and Caribbean Health Sciences Literature (LILACS), Virtual Health Library (VHL) and *Coleciona SUS*.

Inclusion criteria were: full articles available online in Portuguese published in the period from 2013 to 2016 and presenting the theme proposed in the title, in the abstract or in the descriptor. Exclusion criteria were: articles in other languages, since the objective was to prioritize the Brazilian literature on the subject, letters to the editor, editorials, integrative and systematic reviews, theses, dissertations, and duplicates.

In the third phase, the information to be extracted from the publications were selected: title and authorship, year of publication, title of the journal/database; place of publication/type of study, method/level of evidence, objective, and main results and recommendations according to the indexation bases. An instrument was used to collect the variables of interest. The texts were slected after the reading of the abstracts, and the full reading of the articles when the information contained in the abstract was not enough.

The articles were classified according to the Qualis classification for the interdisciplinary area, a classification instituted by the Coordination for the Improvement of Higher Education Personnel (*Coordenação de Aperfeiçoamento de Pessoal de Nível Superior – CAPES*) to evaluate the scientific journals in the different research areas in Brazil, with the adoption of several classification strata[8]. Strata A1, A2, B1 are considered upper strata, B2 to B5 are intermediate and C is a lower stratum[9].

In addition, the articles we classified according to their impact factor (IF) published by the Journal Citations Reports (JCR) in the year 2015 and SciELO[10] – the higher the IF, the better is the classification. For Brazilian journals to have a higher IF, they must have at least an IF of 2 in a sustainable way[11].

The publications were further classified according to the level of evidence. The hierarchy system consisting of seven levels was used: 1) evidence from a systematic review or meta-analysis of all relevant randomized controlled trials or from clinical guidelines based on systematic reviews of randomized controlled trials; 2) evidence from at least one well-designed randomized controlled trial; 3) evidence from well-designed clinical trials without randomization; 4) evidence from well-designed cohort and case-control studies; 5) evidence from a systematic review of descriptive and qualitative studies; 6) evidence from a single descriptive or qualitative study; and 7) evidence from the opinion of authorities and/or report of expert committees[12].

In the fourth, fifth and sixth stages, the publications were analyzed, interpreted and synthesized to present this review. The presentation and discussion of the results were carried out in a descriptive way, thus allowing the evaluation of the applicability of the integrative review to achieve the objective of the present study.

RESULTS

There were 36 publications in SciELO, 78 in LILACS, and 73 in the *Coleciona SUS*, totaling 187 publications with the descriptors: program, physicians, primary health, health. We carried out the selective reading of the title and abstract of the publications to verify their compliance with the theme. When the information contained in the abstract was not enough, the reading of the full text was carried out. After reading, 57 publications were selected. After analysis, 21 publications met the inclusion criteria and were hence included in the final sample of this review (Figure 1).

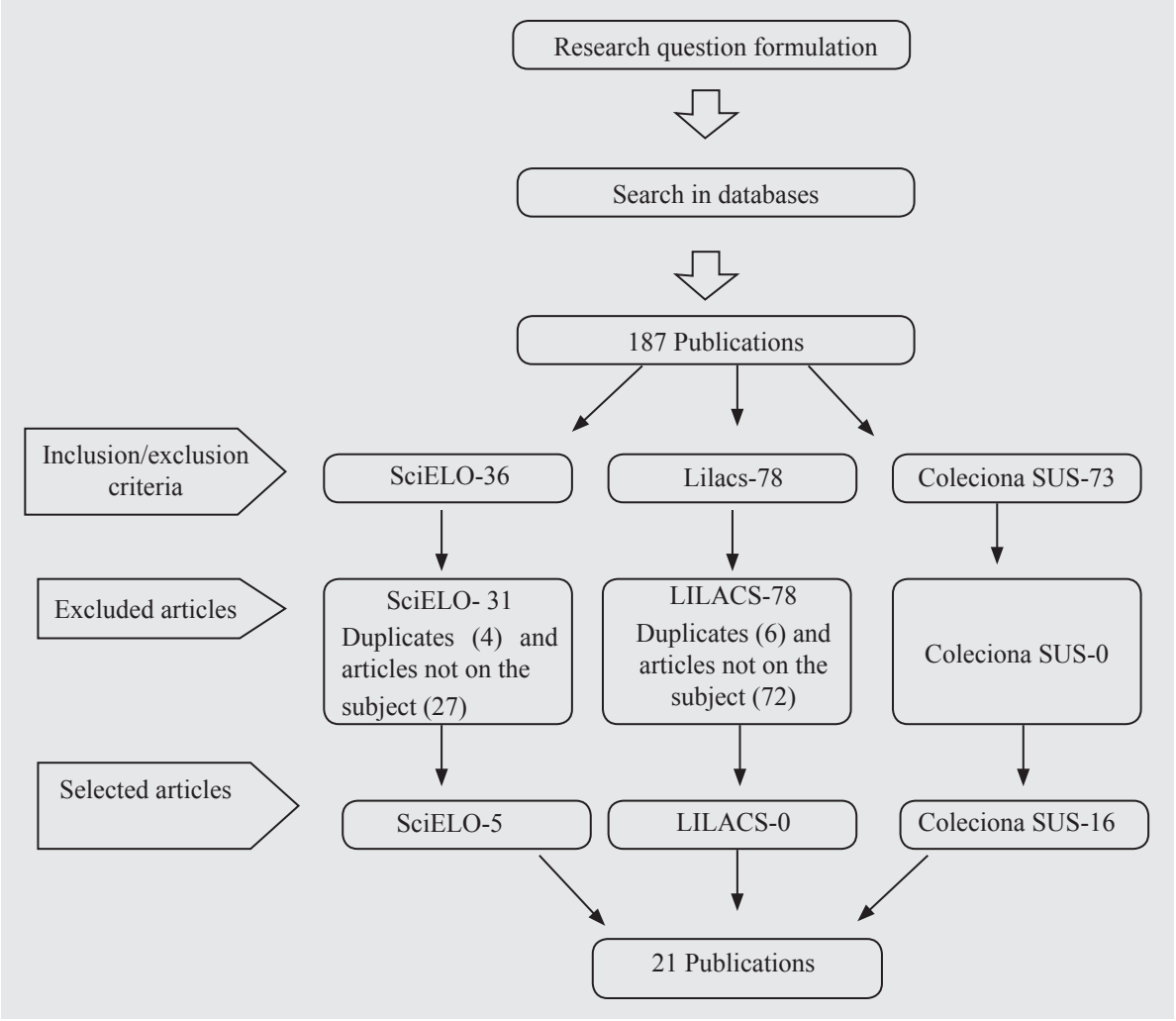

Figure 1 - Representative flow chart of publications included in the integrative review.

Chart I presents the characteristics of the publications: title of the journal, year of publication, database, place of publication, methodological design and the classification of the level of evidence of the selected articles.

Chart I - Characteristics of the studies according to title/author of the journal, year of publication, title of the journal, place of publication, methodological design and level of evidence.

Author	Year of Publication	Title of the journal	Place of publication/Type of study	Level of Evidence
Scheffer[2]	2015	*Interface- Comunicação, Saúde, Educação*	Rio de Janeiro - RJ/ Opinion article	7
Santos et al[13]	2016	*Revista Gestão e Sociedade*	Belo Horizonte - MG/ Qualitative and quantitative exploratory-descriptive	6
Vargas et al.[14]	2016	*Revista Gestão e Sociedade*	Belo Horizonte - MG Descriptive-analytical	6
Silva Junior[15]	2016	*Revista Gestão e Sociedade*	Belo Horizonte - MG Descriptive	6
Alencar et al[16]	2016	*Revista Gestão e Sociedade*	Belo Horizonte - MG Quantitative Descriptive-exploratory	6
Melo et al[17]	2016	*Revista Gestão e Sociedade*	Belo Horizonte - MG Qualitative exploratory	6
Macedo et al[18]	2016	*Cadernos EBAPE.BR*	Rio de Janeiro - RJ Qualitative theoretical-empirical	6
Bertão[19]	2015	*Tempus, actas de saúde coletiva*	Brasília - DF Experience report	6
Rodrigues et al[20]	2015	*Tempus, actas de saúde coletiva*	Brasília - DF Documentary-descriptive	6
Rodrigues[21]	2015	*Tempus, actas de saúde coletiva*	Brasília - DF Ducumentary historical	6
Sousa, Paulete[22]	2015	*Tempus, actas de saúde coletiva*	Brasília - DF Ecological spatial	6
Lima et al[23]	2015	*Tempus, actas de saúde coletiva*	Brasília - DF Qualitative, social, exploratory, descriptive and comprehensive	6
Silva et al[24]	2015	*Revista de Administração, Contabilidade e Sustentabilidade*	Campina Grande - PB Qualitative	6
Molina et al[25]	2014	*Revista Divulgação em Saúde para Debate*	Rio de Janeiro - RJ Descriptive	6
Landim[26]	2013	*Revista Mídia e Cotidiano*	Rio de Janeiro - RJ Case Study	6
Scremin, Javorski[27]	2013	*Revista Cadernos da Escola de Comunicação*	Curitiba - PR Theoretical Reflection	6
Di Jorge[28]	2013	*Revista Jurídica Cesumar-Mestrado*	Maringá - PR Theoretical Reflection	6
Silva et al[29]	2015	*Interface- Comunicação, Saúde, Educação*	Botucatu - SP Participant observation	6
Santos et al[30]	2015	*Interface- Comunicação, Saúde, Educação*	Botucatu - SP Opinion article	7
Ribeiro[31]	2015	*Ciência e Saúde Coletiva*	Rio de Janeiro - RJ Opinion article	7
Morais et al[32]	2014	*Revista da Escola de Enfermagem da USP*	São Paulo - SP Qualitative and quantitative descriptive	6

Most studies were published in 2015 (10; 47.6%) and 2016 (6; 28.5%). The journals *Tempus, Actas de Saúde Coletiva and the Revista Eletrônica Gestão e Sociedade*, published 5 articles each (23.8%), followed by *Revista Interface - Comunicação, Saúde, Educação*, which published 3 (14.2%) articles. Most articles (47.6%) were published in journals classified as Qualis B5 (10 publications) and 19% were published in journals classified as Qualis B1 (4 publications).

As for the IF selected in the JCR statistical database, the journals are classified as follows: *Revista Ciência e Saúde Coletiva*, 1(4.7), with an IF of 0.669; *Revista Escola de Enfermagem da USP*, 1 (4.7%), with an IF of 0.415. The IF of 19 of the 21 selected journals (90.4%) was not identified. A total of 4 of the 21 selected journals were found in SciELO: *Ciência e Saúde Coletiva* (0.5564), *Revista da Escola de Enfermagem da USP* (0.2753), *Cadernos EBAPE.BR* (0.1795) and *Interface - Comunicação, Saúde, Educação* (0.1748).

Regarding the methodological design, 4 (19%) articles used qualitative design and 2 (9.5%) used qualitative and quantitative designs. As for the level of evidence of the studies analyzed, 18 (85.7%) presented level 6 evidence and 3 articles (14.2%) presented level 7 evidence. There was a larger number of descriptive, qualitative and opinion articles.

The places of publication are Rio de Janeiro (7; 33.3%), São Paulo, Brasília, and Belo Horizonte, with 5 (23.8%) publications in each location, and the others in other cities in Brazil. The Southeast is the Brazilian region with the highest number of publications, with 17 (80.9%), followed by the Midwest region, with 5 (23.8%).

Chart II presents a description of the publications between 2013-2016 on the More Doctors Program (*Programa Mais Médicos – PMM*) according to publication, objective, main results and recommendations.

The main objectives of the 21 publications were to describe the knowledge produced in the literature about the creation of the PMM and the repercussions it caused in Brazil.

The main conclusions showed that the PMM brought benefits to the population by increasing the number of physicians per thousand inhabitants. It was noted that the physicians criticized the implementation of the program because they saw it as a palliative measure to increase the contingent of physicians in the short and long term, without, however, guaranteeing strategies to tackle structural problems and provide technical training within the public health system in view of the arrival of foreign professionals without the revalidation of their diploma. In the media, the dissemination of the program has not always occurred clearly and accurately.

Chart II - Description of the publications between 2013-2016 on the More Doctors Program (*Programa Mais Médicos – PMM*).

Author	Objective	Main Results	Recommendations
Scheffer[2]	To discuss the study that sought to present the challenges shared by Australian and North American countries compared with Brazil regading the maldistribution of physicians and to discuss the magnitude of the creation of the PMM	The scope and magnitude of the current Brazilian policy for allocating physicians in vulnerable regions and whether the program could actually impact the health conditions of the population served should be rethought	No recommendations
Santos et al[13]	To assess the quality of health care provided by the ESF in the rural area of the municipality of Porto Velho, Rondônia, based on the user's satisfaction perspective	There was a high level of user satisfaction regarding the care provided by the ESF and the PMM physicians	Further in-depth analysis, including the analysis of the opinions of physicians working in the centers analyzed
Vargas et al[14]	To analyze the impacts of the implementation of the PMM in the municipality of Campos dos Goytacazes in the State of Rio de Janeiro	The arrival of foreign physicians promoted a positive restructuring of health services. The cultural exchange between Brazilian and Cuban professionals in the daily work provided new professional practices that valued relational technologies	Future research should be carried out to build new knowledge about the program and the Brazilian health policies

Silva Junior[15]	To describe the changes found in the State of Rio de Janeiro in relation to the training of medical professionals during the two years of implementation of the PMM (2013-2015)	There was a growing trend towards the privatization of undergraduate medical schools. The expansion of vacancies in the countryside is evident, as well as the expansion of medical residency programs in the countryside, especially Family and Community Medicine	Evaluation studies should be carrid out to analyze the political-pedagogical aspects of the new medical schools created and to identify if there is consonance of this expansion with the National Curricular Guidelines and, therefore, with the needs of the SUS
Alencar et al[16]	To identify the impact of PMM on primary care indicators in the municipality of Altaneira, Ceará, Brazil	Increased number of consultations; decreased request for complementary examinations; increased home visits; and improvement of health indicators in the municipality	No recommendations.
Melo et al[17]	To know ESF users' perceptions regarding the PMM	It was noted that even with the publicity made by the media about the PMM, some users are unaware of or have incomplete information about the program	Research should be carried out in other states and regions of the country to assess user's perception of PMM
Macedo et al[18]	To map the actors involved in the formulation and implementation of the PMM and understand the dynamics and contributions of these actors	The Federal Government, social movements, the mass media, social networks and medical councils were identified as key actors	Future research should be carried out to evaluate PMM and its impacts on the health structure of Brazil
Bertão[19]	To describe the observation made by the PMM supervisor regarding the changes in the health of the municipality of São João do Polêsine with the arrival of the exchange physicians and their option for Older People's Health	The team was trained to face the main problems of aging, public policies were instituted, and older people's health improved with their adherence to scheduled appointments	The work started by the team sould be continued in order to allow the assessment of the impact of this ESF model on older people's health
Rodrigues et al[20]	To identify the weaknesses of the provision of health education by professionals working in the PMM	It was noted the encouragement to provide health education in the ESF, which did not occur prior to the implantation of the PMM	The activities need to be targeted at the problems of the community and include disease prevention and health promotion actions and the strengthening of public health
Rodrigues[21]	To discuss the controversy that the creation of the PMM generated	Physicians and other social groups criticized the government's attitude in calling physicians of other nationalities and Brazilians trained outside Brazil without the need to take the revalidation exam	No recommendations
Sousa, Paulete[22]	To describe the situation of the More Doctors for Brazil Project, one of the axes of the PMM, in the Primary Health Care of the State of Pernambuco, Brazil	The More Doctors for Brazil Project has been providing a significant number of physicians in Primary Health Care (PHC) services in the municipalities of the State, covering the most needy areas, as the project advocates	Other studies should be carried out to perform na in-depth analysis of the increase in the coverage of the ESF in Pernambuco and its contribution to ensuring the quality of the population's health

Lima et al[23]	To present the historical aspects of the creation of the PMM and a brief report of the initial results of a state research in progress	The PMM represents a frank possibility of ensuring the right to health in dark corners marginalized by the absence of physicians, as well as providing an effective transformation in medical training in primary care	No recommendations
Silva et al[24]	To analyze the implementation of PMM in the municipality of Boqueirão, Paraíba, Brazil	The program ensured continuous care to low-income populations in the municipality studied and retain physicians in Primary Health Care	No recommendations
Molina et al[25]	To describe the initial experience of the PMM and discuss its relevance for the structuring and development of Health Care Networks (*Redes de Atenção à Saúde – RAS*) in Brazil	The PMM increased the number of physicians working in the SUS, specifically in PHC facilities in the most vulnerable municipalities, as well as ensured the population's right to health and improved PHC and integrated health care networks	No recommendations
Landim[26]	To analyze political participation in Facebook by accesing the page of the Ministry of Health, which focused on the debate about the PMM	Social networks do not always count on the necessary seriousness and criticality that political debate requires, yet the Ministry of Health (MOH) has a public webpage to discuss the issue. However, the MOH hardly ever provides space for the appreciation of new proposals and opinions expressed by the user, restricting itself to the defense of the quality of the current political programs	Citizens must rescue their political performance and involvement, engaging in participation in spaces where they can freely argue and
Scremin, Javorski [27]	To analyze television news on the arrival of foreign professionals for the PMM created by the federal government in July 2013	The news on the PMM expressed concern with health, but there was a strong political bias	No recommendations
Di Jorge[28]	To analyze the PMM public policy based on a legal study	It was noted that the PMM rejects sustainable national development as the measure does not add to the lack of infrastructure and investments by the government to provide public health in Brazil	No recommendations
Silva et al[29]	To identify cultural differences in the academic training of foreign professionals in the PMM and how they could impact on the relationship with indigenous patients	The language was a barrier between the foreigners and the native people in the beginning. However, this problem was solved by giving Cuban physicians the opportunity to carry out their activities, such as the therapeutic practice with plants	Academic training to master the therapeutic effect of medicinal plants and prioritize primary care at the expense of specialty
Santos et al[30]	To elucidate that the PMM is not a misconception, but an effective way of reducing inequality in the country	It was found that the PMM impacts on the shortage of physicians in the short and medium term, contributing to a better distribution and greater supply of health services in remote areas.	No recommendations

Ribeiro[31]	To discuss the misconceptions that have been guiding and confusing the actors involved in this excitement that surrounds the PMM	The PMM is a misconception, through which the government seeks, in its public policies, a medical perspective focused on the disease directing the cure through medicines and surgeries, without worrying about the roots of the problem, which are often related to healthy lifestyle habits	No recommendations
Morais et al[32]	To analyze the reports on PMM from July to September 2013 and its repercussion in Correio Braziliense and Folha de São Paulo	It was noted that the PMM news were not always clearly reported. The majority focused on negative aspects and only a small part expressed positive aspects regarding the implementation of the program, leaving behind the analysis of how it would affect the life of the population	No recommendations

DISCUSSION

The results showed that most publications are found in journals classified as Qualis B5 (10; 47.6%), which is intermediate stratum[9]. The quantitative evaluation criteria used by CAPES have been raising concern in the scientific community. The lack of qualitative evaluation of journals and the content of articles in addition to the appreciation or not of a publication have been portrayed as an old evaluation model that requires changes[33].

Of the 21 articles selected, only 2 journals presented IF reported in the JCR statistical database. This finding may be explained by the fact that most Brazilian researchers publish in Brazilian journals. The number of citations received by these journals does not provide, in most of the cases, metrics to be in the ranking of the best journals and best classifications established by the JCR, thus justifying the result found[34]. In the classification of the impact factor in SciELO, the 4 journals identified had an IF lower than 1, which also indicates a low level[11].

According to the San Francisco Declaration on Research Assessment (DORA), the isolated use of IF in the evaluation is highly destructive, as it may prevent journals from publishing articles from areas or subjects less cited in addition to overloading high impact journals with inappropriate submissions. Studies should be evaluated based on their own merits, and not based on the journal in which they are published[35].

As for the mapping of scientific production, the Southeast region had the highest number of publications, with a higher concentration in the states of Rio de Janeiro and São Paulo, possibly due to the large number of research and graduate centers present in these regions[36]. This region benefits from the greater availability of human and financial resources due to policies implemented by important Brazilian funding agencies[37].

In the present review, most of the studies presented weak evidence, since they presented mostly descriptive and qualitative methodology and opinion articles. This fact can be explained by the lack of national and international studies on this new theme[38]. However, the absence of strong evidence does not preclude evidence-based decision-making[39].

The results of the present study show that Brazilian physicians are historically concentrated mostly in large urban centers and in more developed regions of the country, which leads to a little capacity to provide and retain these professionals in other regions, thus compromising the expansion of quality access to primary health care services[18,24,40].

According to the Regional Council of Medicine of the State of São Paulo, there is a huge inequality in the distribution of physicians in the country, since the states of the North, Northeast and Midwest account for half of the physicians, who are mostly concentrated in the South and Southeast regions. People living in any capital have, on average, twice as many physicians as those living in other regions in the same state[41].

Several factors can determine and systematically influence the recurrence of the problem of disparity and shortage of physicians in some Brazilian regions, namely: lack of attractiveness of regions with the worst social indicators, inadequate working conditions, precariousness of the employment, temporary employment contracts, shortage of places in public medical schools and the high fees of private medical schools; All these factors prevent the education of the number of professionals needed to meet the demand. It should be noted that physicians who have spent at least six years on their initial training and have made a high investment in graduate studies generally do not give up the comfort of large urban centers to work in a community in the countryside[26,32].

According to two studies[4,42], there were several governmental initiatives to address the shortage of physicians in Brazil that were implemented prior to the implementation of SUS, such as the Rondon Project and the Program for Promoting Health

and Sanitation Actions in the Countryside (*Programa de Interiorização das Ações de Saúde e Saneamento – PIASS*) and later the Program for the Implementation of the Unified Health System in the countryside (*Programa de Interiorização do Sistema Único de Saúde – PISUS*), the Family Health Program (*Programa Saúde da Família – PSF*), the Program for Health Work in the Countryside (*Programa de Interiorização do Trabalho em Saúde – PITS*), the Student Loan Fund (*Fundo de Financiamento Estudantil – FIES*) and the Program for the Valorization of Primary Health Care Professionals (*Programa de Valorização do Profissional da Atenção Básica – PROVAB*).

Other national movements emerged as a result of the problems faced by the population due to the shortage of physicians in the public health system, such as the National Mayors Front (*Frente Nacional de Prefeitos*), which in March 2013 launched the "Where is the Doctor" campaign with the purpose of claiming the presence of these professionals in underserved places[32]. In June 2013, a number of demonstrations took place in Brazil to show the population's dissatisfaction with the social and political life of the country, and it was in this intense political context and in response to the failed attempts and demonstrations that the PMM was instituted by the federal government on July 8, 2013, aiming to reduce the shortage of physcians and regional inequalities in health, strengthen the provision of primary health care services, improve medical training and provide greater experience in the field of medical practice during the training process, expand the insertion of trainee physicians in the SUS health care centers, developing their knowledge about the health reality of the Brazilian population, strengthen the continued education policy with the integration of teaching and services through the performance of higher education institutions in the academic supervision of the activities performed by physicians, promote the exchange of knowledge and experiences among Brazilian health professionals and physicians trained in foreign institutions, train physicians work based on the country's public health policies and on the organization and functioning of SUS, and encourage the conduction of research applied to SUS[5].

This fact led the PMM to be strongly associated with a political-partisan-electoral connotation, with the dissemination the idea that the PMM was created with an electoral objective and based on a media campaign to sustain it[18].

The program relies on three strategic pillars to achieve these objectives: 1) Infrastructure: expansion and improvement of the quality of Primary Health Care centers, making them adequate to the parameters set forth in the National Primary Health Care Policy, as well as other facilities of the Health Care Network (*Rede de Atenção à Saúde – RAS*), which serve as the environment for the teaching-service process during academic praxis. More than R$ 5 billion have been invested to finance 26 thousand works in almost 5 thousand municipalities, of which approximately 10.5 thousand are ready and another 10,000 are under construction. These investments, however, are still insufficient given the persisting lack of adequate infrastructure, equipment and inputs; 2) Professional training: increase in the number of schools and places in undergraduate and medical residency schools, with emphasis on regions with fewer places and physicians per inhabitant, as well as the promotion of changes and reorientation in medical training. The Federal Government's goal was to create 11,500 new undergraduate places and 12,400 places in residencies by 2017. Of these, more than 5,000 undergraduate and almost 5,000 residency places were authorized. It should be noted, however, that there is a criticism by physicians regarding the quality of teaching in view of the expansion of professional training without the increase of resources for federal universities; 3) Emergency provision through the More Doctors for Brazil Project (Projeto Mais Médicos para o Brasil – PMM), aimed at providing physicians to priority areas and municipalities through immediate call, both for Brazilian and foreign physicians. The PMM has a total of 18,240 physicians participating in 4,058 municipalities throughout the country, covering 73% of the Brazilian cities and 34 Indigenous Special Health Districts (*Distritos Sanitários Especiais Indígenas – DSEIs*), reaching 63 million people who did not have access to PHC. In total, there are now 134 million Brazilians served by the ESF[30]. Of the municipalities that adhered to the PMM: 2,377 met the criteria for priority and/or vulnerability and received 77.7% of the PMM physicians; other 1,408 municipalities, which received 22.3% of the physicians, did not meet the established priorities[43].

To enroll in the PMM, the municipality must fulfill the condition of belonging to one of the profiles defined by the Ministry of Health: be located in areas of difficult access and provision of physicians and have a vulnerable population. In addition, it must meet at least one of these other requirements: municipalities with 20% or more of the population living in extreme poverty; be among the 100 municipalities with 80,000 inhabitants with the lowest per capita income in the country and high social vulnerability; areas located in Indigenous Health Districts and areas corresponding to 40% of the census tracts of municipalities with populations in extreme poverty[5].

After the implementation of the PMM, studies were carried out to describe and analyze such a new proposal, showing that the creation of the PMM led to an increase in the number of physicians and of consultations provided to the users. This result represents an important step in ensuring the reduction of distortions in the distribution of physicians in the territory and the opportunity to expand health care to previously unserved populations[14,16].

In Campos do Goytacazes, in the state of Rio de Janeiro, the scenario was no different. The adherence of the municipality to the PMM improved the services that were already offered not only within the ESF, but also in the homes and in collective spaces, such as schools, churches and neighborhood associations, thus increasing the ESF coverage[14].

The users were satisfied with the creation of the program, since it has helped to overcome the shortage of physicians, leading to the improvement of the service and access to health[13,17,29]. They reported satisfaction regarding the waiting time for scheduling appointments and the service. They also said that privacy was respected and that the physicians listened carefully

to their complaints, provided the necessary information and explained clearly the treatment. In addition, the users understood the guidelines provided.

The care provided by foreign physicians was rated better compared with the care provided by Brazilian physicians; additionally, there were several complaints about the way in which the latter treat their patients. Regarding divergences in the training of Brazilian and foreign physicians, users cited favorable aspects regarding foreign/Cuban physicians, such as: they have more knowledge; they have more experience; foreign medicine is better, Cuba's medicine is one of the best in the world; they serve and examine better and provide better information during the consultation; they are great physicians; they are better than Brazilian physicians.

The differences in the service provided mentioned, mainly those regarding Cuban physicians, can be explained by the fact that in Cuba the family doctor seeks to understand the health situation of the patient and family based on their life reality, their living conditions and their social reality, trying to evaluate what may have influenced the disease state; in addition, they carry out the first consultation in comprehensive way with quality, solving the demands and monitoring the patients[13,14,19,30].

In another study carried out to describe the cultural differences in the academic training of foreign professionals in the PMM and how they could impact the relationship with the indigenous patients, it was identified that the arrival of the physicians to the village brought benefits. Prior to the implementation of the program, the Indigenous people were obliged to seek medical care in other cities and had to wait in big lines. It was often necessary to return for further consultation or examination. With the creation of the program, the presence of indigenous people in medical consultations and adherence to treatment increased, since many of them showed resistance to go to the city for follow-up[29].

A study with the objective of knowing the perception that ESF users have regarding the PMM showed that the users believe that the Brazilian physicians are unwilling to provide care and do not provide a humanitarian service. On the other hand, they stated that foreign physicians were well trained and treated the population with affection[17].

With regard to the existence or not of difficulties in the provision of care by non-Brazilian physicians, reports have shown that the language of Cuban physicians did not interfere with the consultation and the users had a little difficulty, which was soon overcome[13,29].

A study that identified the impacts caused by the implementation of PMM evidenced an increase in the number of services provided to patients with tuberculosis and leprosy. This result may have been elevated due to the accomplishment of active tracing and notification of cases performed by the team. There was an increase in home visits by physicians and a decrease in requests for complementary examinations to specialists, which may be the result of the implementation of protocols for the request of specialized exams, avoiding public expenses. Indicators of the Primary Health Care Information System (*Sistema de Informação de Atenção Básica – SIAB*) showed a positive impact on community health[16].

A study that described the changes that occurred in the health of the population of the city of São João do Polêsine, Rio Grande do Sul, with the arrival of the exchange physicians and their option for older people's health found that medical consultations and qualified staff allowed the provision of care to 414 of the 767 older people living in the municipality. It was noted that the main health problem of this group was hypertension. The strategy to address this problem consisted of the scheduling of consultations for older people who until then were served by spontaneous demand and needed to move in advance to the center to guarantee care[19].

It has been found that few teams that received PMM physicians presented health education groups, and that in the state of Pará the reality was no different. In view of these results, educational activities were carried out with groups of hypertensive and diabetic patients. In addition to providing interaction between users and health professionals, the adopted measure resulted in improved patient health and corrections of possible therapeutic failures[20].

However, in some studies the results were found to be different from those presented previously. Most of the interviewed users did not know what the program was, nor did the physician of their reference center belong to it, showing that users did not relate the improvement in the service to the presence of these professionals. This result may be related to the poor and inefficient dissemination of the program, which contributed to users' lack of knowledge about these strategies aimed at guaranteeing their right to health, making it difficult for physicians and users to interact and hindering comprehensive health care[17,24].

Regarding the results related to the places in medical schools and residencies, which is also an objective of the PMM, a study carried out in the state of Rio de Janeiro showed that this state benefited from the opening of two new medical schools. There was an increase in the number of places in medical residencies, especially in the capital, but it would be fundamental to distribute and open places in medical residencies in the countryside, listing priority specialties according to the needs of the population and thus reducing inequality in the distribution and provision of physicians in the state[15].

Although most of the results were favorable to the creation of the PMM, some authors argue that the hiring of physicians does not solve the health problems of Brazil and that these professionals have been used as "scapegoats" of a problem generated by the mismanagement of resources and the wrong direction of actions of the public health system, of which physicians are also victims. It is recommended to invest resources in disease prevention rather than waiting for them to settle and require medical treatment. These authors argue that PMM is a political-partisan program and emphasize that the public health needs in the country include financial aspects and better infrastructure, logistical support and pay[31]. Studies have pointed out that

users, however, rated the PMM as positive creation, since the measure adopted by the government is part of a broader pact to improve the provision of services to SUS users, guaranteeing more physicians in Brazil and better health to the population[21,29].

With regard to the role played by the media, it was noted that the PMM also had great repercussion. However, the information presented was not always positive, reporting, most of the times, the contrast between the position of the government and the Federal and State Councils of Medicine[32].

News related to the PMM, especially on foreign physicians, began to appear in May 2013, even before the federal government announced the creation of this program. The first news by the media was broadcasted by the *Jornal Bom Dia Brasil* and initially reported the precariousness of health in Brazil and the shortage of physicians, raising the possibility of hiring foreign physicians to ease the needs of the country. Most of the news showed concern about health, but they also inevitably had a strong political influence. Only the most important members of the Ministry of Health were interviewed and the opinions of the physicians and the users, key elements in this debate, were hardly heard[27].

The articles published by the *Folha de São Paulo* newspaper reinforced the opposition and the position of the medical entities regarding the PMM and the decision of the federal government to institute it. The news did not mention the user as an authorized speaker, so that the view on how the program would affect the life of the Brazilians was left behind. Other news published in this newspaper portrayed Cuba as the country that provided the greatest number of physicians to the program, which generated political "disagreements" between Brazilian physicians and the government. In this regard, a wave of prejudice arose on the part of Brazilian physicians who questioned the training of Cuban physicians and the pay of these professionals for considering that this measure could devalue physicians[32].

In addition, a study that sought to analyze the political participation of users in the official Facebook page of the Ministry of Health regarding the PMM found that although the Ministry of Health maintains a public page and responds to messages sent by citizens about the topic, it does not show openness to a space with creativity to embrace new proposals and opinions by users, being restricted only to exposing and defending the quality of the current political programs[26].

In view of the findings of the present study, we can see that the PMM has raised controversies, hot debates, resistance and ideological conflicts between social classes. This context motivated reactions and provoked the construction of perceptions and representations in the social actors involved in its plot with diverse and contradictory interests. It should be noted that from its conception until its implementation in the country, the work of physicians in the SUS has received much attention and importance in the government agenda. It has been dragged from the limbo of diffuse problems and started to be part governmental strategic proposals through the PMM. This undoubtedly promoted fissures in the sedimented social imaginary regarding physicians, especially about its self-projection and also about how this projection is socially diffused, leading to the development of dichotomic PMM representations of acceptance and disapproval by the social actors involved[32].

CONCLUSION

The present review allowed to note that most of the selected studies on the More Doctors Program (*Programa Mais Médicos*) are published in journals with intermediate classification strata and presented weak evidence; in addition, few journals had their IF identified, but significant contributions were made to the topic by new important research that showed the first results generated after the creation of the More Doctors Program (*Programa Mais Médicos*) in Brazil.

The More Doctors Program (Programa Mais Médicos) was created with its main objectives being the prerogative to broaden access and reduce health inequalities through the distribution of physicians in primary health care in priority municipalities. However, decreasing physician allocation inequalities is a difficult action and requires long-term actions. Added to this situation is the need to implement comprehensive strategies, such as infrastructure improvement, better distribution of inputs and equipment, logistical support and an efficient and effective health care network that resolve the population's health problems at all levels of care.

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