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HISTORICAL ARTICLE

Medical Residence on Cancerology: "If You Can't Help, Don't Mess"

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Medical Residence Program (MRP), a model universally accepted as the best way to prepare a specialist, began in the 40's in Brazil, following in part the North American model. By the end of the 70's, MRP in Brazil were offered by Academic or Non-Academic Hospitals, usually establishing their own rules and issuing certificates. Egresses from these programs were seeking for their specialist title from medical specialty societies.

Beginning in the 60's, with the Medical Schools boom, graduation teaching quality decreased while the number of the MRP increased, many of them without minimum conditions for appropriate training. This system based on an increased workload, with no compensation of quality teaching by competent professionals, led to the creation of the National Association of the Resident Physicians (NARP), aiming Hospitals evaluation, accrediting those able to offer training with satisfactory supervision and obbedients to the labor laws.

The countless problems arisen from this model motivated the Government, at the end of the 70's, to assume the responsibility of the "Lato Sensu" graduation education, in Medical Residence regimen. Thus, it was created the National Commission of Medical Residence (NCMR), and it was regulated by an Act and its following Resolutions. The 6932 Act, of July, 1981, institutionalized MR as official model of education, generating lots of hope and expectance. This Act assured scholarship during the residency, and at the end of it an specialist title with national validity. The supervising action of NARP has decreased since then, without substitution by an effective surveillance of NCMR, at the point that the control of the State of the RM should be rethought, or at least, reformulated.

The A.C. Camargo Cancer Hospital, today with 52-year existence, together with the National Cancer Institute (NCI), in Rio de Janeiro, has been graduating residents for more than a half century. During its foundation, in 1953, the A.C. Camargo Hospital had its clinical board composed by 54 effective physicians coming from the tumor clinics of Santa Cruz Hospital and by 16 resident physicians (Figure 1).

Today, in addition to the Programs of Medical Residence in Surgical Cancerology, Radiotherapy, Clinical and Pediatric Cancerology, Pathology, and Radiology, accredited by the National Commission of Medical Residence (NCMR) of the Education and Culture Ministry, the Institution offers

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internships for physicians and students of Medicine in its several departments, specialization courses and apprenticeship in several areas for non-physician professionals, such as, Nutrition on Hospital Oncology, Radiological Physics, Physiotherapy on Oncology and Oral Cancer.

Since 1997, the Antonio Prudente Foundation (APF) offers "stricto sensu" Graduation program in Sciences degree on Oncology, with several masters and PhDs already graduated. In its last evaluation, it has received the maximum concept from CAPES (Superior Institutions Coordination for the Human Resource Improvement - federal agency responsible for evaluation of Graduation programs).

The Cancer Hospital is also the base for the theoretical and practical education at undergraduation level of the compulsory, one-semester Discipline of Oncology of Mogi das Cruzes University. The Cancer Hospital due to its strong accomplishment in the graduation "lato and stricto sensu" areas, as well as in undergraduation fits perfectly in a non-Academic School Hospital profile.

From 1953 to 2005, including current residents, the Institution was, and still is, responsible for the graduation of 680 resident physicians and 108 non-physician (Oral Cancer, Radiological Physics and Nutrition on Oncology), that are distributed for almost every Brazilian States, several countries in Central and South America. The figure 2 shows the distribution, by origin, of the 628 resident physicians and 108 non-physicians from different Brazilian States. Many of the former-residents are occupying front line positions in their States today, concerning the assistance, teaching and cancer research. Some Cancer Hospitals such as, Jorge Araújo in Goiânia State, Erasto Gaertner in Curitiba and Pio XII Foundation in Barretos, were created with a strong participation of former-residents of the A.C. Camargo Hospital, and they keep many features of their Educating Institution. Table 1 shows the distribution, by origin, of the 52 foreign residents from different countries in Central and South America. Tables 2 and 3 show all

Figure 1 *– Stood up are the 16 former-resident physicians of the A.C. Camargo Hospital. (Picture of 1955). Seated, some of the 54 doctors of the effective clinical staff, where one can see from the left to the right, in 5th place, Prof. Antonio Prudente, right-sided by Prof. Mathias Otávio Nobre Roxo, and left-sided by Prof. José Ramos Júnior. The first seated to the left is Dr. Humberto Torloni, still fully active in the Institution.*

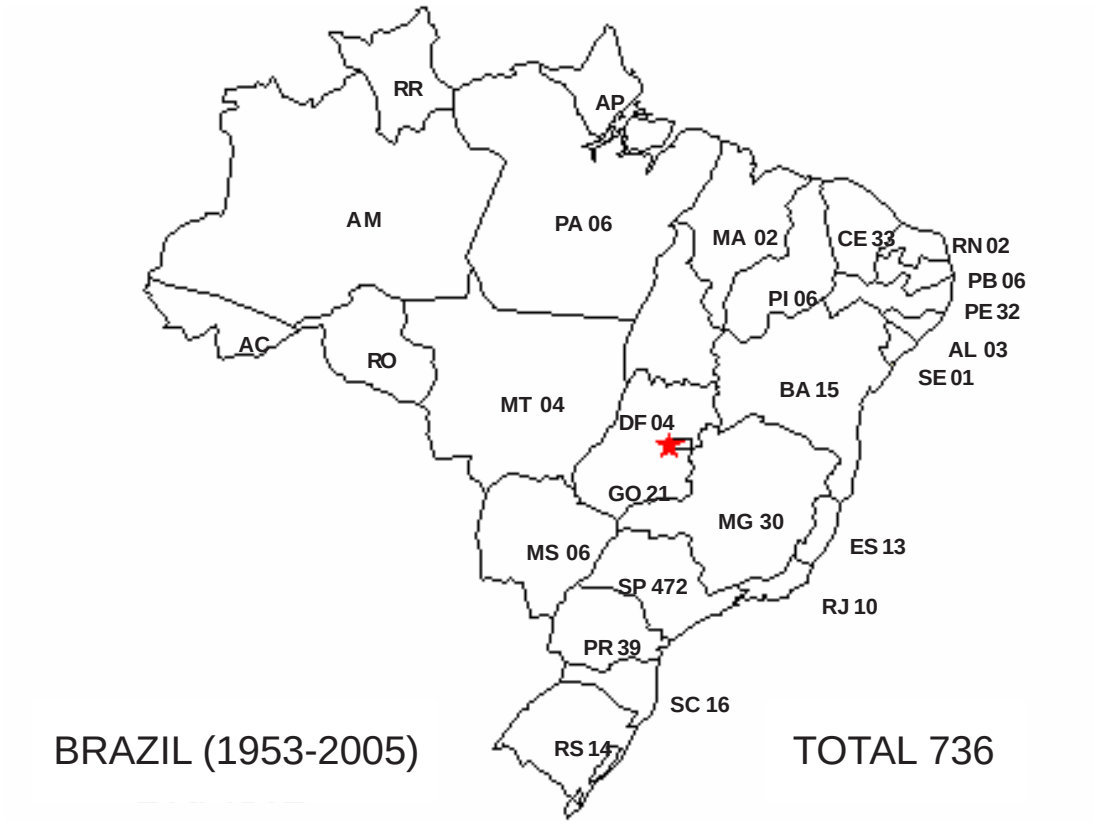

Figure 2 *– Distribution, by origin, of the 736 graduated professionals from different Brazilian States*

professionals' distribution graduated by area. Table 4 shows current resident distribution in different Programs.

Untill the end of the 80's, the Medical Residence on Clinical, Surgical, and Pediatric Oncology was a non-restricted access program. NCMR started then requiring as requisites for entering in those Cancerology programs, two years of Clinics for the clinical specialties, and two years of General Surgery for the Surgical Cancerology. It was an extremely important decision, especially in the current days, in which there is an evident decrease in the quality of medical education.

In the United States, an oncologic surgeon graduation requires 5 years of General Surgery and 2 years of training (Fellow) in one of the 15 Institutions accredited by American Society of Surgical Oncology. Clinical oncologist formation also demands 7 years, being 5 years in Internal Medicine and two more in Oncology. Instead of doing something similar, NCMR used the Resolution 004/2003 to diminish the length of MRPs on Cancerology from 3 to 2 years. This decision is at least an act of disrespect to the residents, Educating Institutions and to

Table 1 - Distribution by countries of foreign resident physicians graduated at the A.C. Camargo Cancer Hospital (1953 - 2005)

Countries	Number of Residents
Argentina	02
Bolivia	16
Colombia	02
El Salvador	01
Ecuador	06
Honduras	01
Nicaragua	01
Panama	04
Paraguay	06
Peru	02
Uruguay	01
Venezuela	03
Other countries	04
Unknown location	03
TOTAL	**52**

representative Cancerology Societies. It is also contradictory, because it rises in a moment when there is an enormous cluster of knowledge in the specialty and a deliberate fall in education quality, resultant of the unrestrained Medical Schools boom.

Table 2 - Distribution of Resident physicians for specialty or area (1953-2005)

Medical Specialty	Professional Number
Pathology	31
Anesthesia	14
Center of Pain	02
Surgical Cancerology	372
Nuclear Medicine	08
Clinical Cancerology	72
Clinical Pathology	01
Pediatric Cancerology	41
Radiology	48
Radiotherapy	91
TOTAL	**680**

I have been devoted to the formation of Oncologic Surgery Residents in the A.C. Camargo Hospital for 28 years. I have difficulty in using the term Cancerology, because the term Oncology, although a synonym, has been used for a long time practically everywhere. Probably because of this experience, I was invited by the president of the Federal Council of Medicine to attend that Eminent Council to discuss about the period of time necessary for the oncologic surgeon education, in a meeting in which the

Table 3 - Distribution of the non-physician for specialty (1953 - 2005)

Specialty	Professional Number
Oral Cancer	52
Radiological Physics	40
Physiotherapy	08
Nutrition	08

Table 4 - Distribution for specialty and areas of the current resident of the Cancer Hospital (2005)

SPECIALTY	R1	R2	R3	R4	R5	Total
Surgical Cancerology			10	10	09	29
Clinical Cancerology			05	03	03	11
Pediatric Cancerology			03	04	04	11
Radiotherapy	03	03	01			07
Radiology	04	03	04			11
Pathology	02	02	02			06
TOTAL	**09**	**08**	**25**	**17**	**16**	**75**

Executive Secretary of NCMR was present, among others. On this occasion, I have radically positioned myself against the shortening of MRP to two years, for the above mentioned reasons. In this meeting, the Brazilian Society of Cancerology (BSC) was represented by a radiotherapist, which I thought inconvenient. Such facts have probably happened because BSC is too far away and not in pace with the Resident Educating Institutions, and with the Societies representing the Cancerology areas. While maintaining this situation, the specialty will have difficulties to overcome these obstacles and to get stronger.

The Oncologic Surgeon educating entities and Brazilian Society of Surgical Oncology have addressed in written to NCMR, under the previous Board, presenting a wide range of reasons, and requesting the revocation of the Resolution 004/2003. This request was not granted, based on the opinion of two outsiders of the Educating Institutions and Brazilian

Society of Surgical Oncology, characterizing once more, if not a disrespect, a lack of appreciation to these entities, which for long, have been forming cancerologists. These same Institutions and resident physicians have also written to the current Executive Secretary of NCMR asking for the revocation of the referred Resolution. More recently, this same Secretary promised us a participation in a Plenary Reunion of NCMR to discuss this problem. The promise of receiving us has not been accomplished yet.

The Council of the National Cancer Institute (CONSINCA, Portuguese abbreviation for), has presently been touched with this issue, creating a workgroup dedicated to the human resources formation for national cancer control. The first task of this group will be the raising of solid arguments, stated in clearly defined work methodology that will guide the national debate about the extent of MRP in Clinical and Surgical Cancerology. It will belong to this workgroup representatives of the Educating Institutions, managers of SUS (Unified National Healthcare System), CONASS (National Council of Health Departments), CONASEMS (National Council of Health Municipal Department), Ministry of Health: SGETS (Work Management and Education on Health Department), DECIT (Science and Technology Department), SAS (Health Care Department), and Societies: ABIFICC (Brazilian Association of Philanthropic Institutions for Preventing Cancer), ABRAHUE (Brazilian Association of Teaching Hospitals), ABEN (Nursing Brazilian Association), AMB (Brazilian Medical Association), CFM (Federal Council of Medicine), NCMR (National Commission of Medical Residence), SESU-MEC, NARP, BSC (Brazilian Society of Cancerology), SBOC (Brazilian Society of Clinical Oncology) and SBCO (Brazilian Society of Oncological Surgery). This is a relevant idea and will certainly be successful.

I lament that the first task of this workgroup, not for its own fault, is to study the reduction of MRP of Cancerology from 3 to 2 years. The National Cancer Institute and A.C. Camargo Hospital are preparing these professionals in a 3-year duration program for more than 50 years with good results, so that they cannot be considered to be "in the opposite direction of history course", as it is desired by NCMR through the Resolution 004/2003. Time, energy and money (public or not), from our point-of-view, should be spent in other things and not in those which have been working well for more than a half century.

According to the new legislation, residents that officially entered the MRP of Cancerology in February 2004 will finish their training in February 2006. This fact is creating disappointment and even a lack of interest on this area among residents, what can be of interest to people out of this process. To repair this failure, the Educating Institutions are thinking about offering a third optional year, under the form of a Specialization Course, or equivalent, placing the "Resident" marginal to the formal process, which can lead to problems related to the theoretical-practices activities, complementary teaching, housing, food coupons and scholarship, well stated in the current legislation. I hope this workgroup together with NCMR will be able to revoke the Resolution 004/2003, with a retroactive effect, so that in 2006 the current and future residents on Cancerology do not have their formal education deteriorated.

Brazil is a continental country and has a series of problems in the educational system, including Medical Residence by itself. The current Executive Secretary of NCMR, in a recent interview to the Newspaper "O Estado de São Paulo", 03/27/2005, declared that some Medical Residences are a calamity, so that reformulation on their structure, on my view, is more important than changes on those which are working well, as the Residences on Cancerology. The 3-year duration program on Surgical Cancerology is a consensus among the Educating Institutions, the Society that represents the Cancerology area and the Residents. Therefore, diminishing the program duration is at least senseless. If they cannot help us in what is well done, at least, do not mess with us.