

Integrated Health Residency Program in Salvador: insights from a municipal training policy

Programa Integrado de Residências em Saúde de Salvador: experiência de uma política municipal de formação

Programa Integrado de Residencias en Salud de Salvador: experiencia de una política municipal de formación

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Abstract

Problem: Expanding Family and Community Medicine residency programs is a strategy to strengthen Primary Health Care and the Brazilian Unified Healthcare System. In Salvador, the Integrated Health Residency Program was created to expand the municipal healthcare network's training capacity and strengthen integration between health management, teaching, and healthcare services. This experience report describes its implementation, expansion, and consolidation, focusing on Family and Community Medicine and on integrating health management, teaching, and healthcare services.

Methods: We prepared this experience report based on the systematization of the Integrated Health Residency Program implementation from 2019 to 2024. We investigated institutional documents and administrative records from Escola de Saúde Pública de Salvador. The analysis focused on Family and Community Medicine Residency Programs, considering data on program expansion, the number of residents and preceptors, and the establishment of new residency programs.

Results: Implementing the Integrated Health Residency Program institutionalized financial support mechanisms for residents, strengthened preceptorship, and reinforced pedagogical coordination, thereby increasing the role of municipal health management in professional training. We observed more Family and Community Medicine residency programs, a higher number of residents and preceptors, new medical and multiprofessional residency programs, and innovative initiatives—such as an additional year of Family and Community Medicine training focused on mental health and care for people experiencing homelessness. Recent years showed reduced resident dropout rates, although no causal relationship could be established. **Conclusions:** The Integrated Health Residency Program strengthened the municipal healthcare network's training capacity and integration between health management/teaching/healthcare services and preceptorship, being a promising strategy to support training in priority areas of the Brazilian Unified Healthcare System and inspire similar initiatives in other municipalities.

Keywords: Medical Residency; Primary Health Care; Professional Training; Brazilian Unified Healthcare System.

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Resumo

Problema: A expansão das residências em Medicina de Família e Comunidade constitui estratégia para qualificar a Atenção Primária à Saúde e fortalecer o Sistema Único de Saúde. Em Salvador, a criação do Programa Integrado de Residências em Saúde buscou ampliar a capacidade formadora da gestão municipal e fortalecer a integração entre gestão, ensino e serviços de saúde. Este relato descreve sua implantação, expansão e consolidação, com foco na Medicina de Família e Comunidade e na integração entre gestão, ensino e serviços de saúde. **Método:** Relato de experiência desenvolvido a partir da sistematização da implantação do Programa Integrado de Residências em Saúde entre 2019 e 2024, com base em documentos institucionais e registros administrativos da Escola de Saúde Pública de Salvador. A análise concentrou-se nos Programas de Residência em Medicina de Família e Comunidade, considerando dados sobre expansão dos programas, número de residentes, preceptores e criação de novas residências. **Resultados:** A implantação do Programa Integrado de Residências em Saúde institucionalizou mecanismos de apoio financeiro aos residentes, valorização da preceptoría e fortalecimento da coordenação pedagógica, ampliando a participação da gestão municipal na formação em saúde. Observou-se expansão dos programas de Medicina de Família e Comunidade, aumento do número de residentes e preceptores, incorporação de novas residências médicas e multiprofissionais e implementação de iniciativas inovadoras, como o ano adicional em Medicina de Família e Comunidade com ênfase em saúde mental e cuidado à população em situação de rua. Também foi observada redução das taxas de desligamento nos anos mais recentes, embora sem possibilidade de estabelecer relação causal. **Conclusão:** O Programa Integrado de Residências em Saúde fortaleceu a capacidade formadora da rede municipal, a integração entre gestão, ensino e serviços de saúde e a preceptoría, constituindo estratégia promissora para apoiar a formação em áreas prioritárias do Sistema Único de Saúde e inspirar iniciativas semelhantes em outros municípios.

Palavras-chave: Residência em Saúde; Atenção Primária à Saúde; Formação Profissional; Sistema Único de Saúde.

Resumen

Problema: La expansión de los programas de residencia en Medicina Familiar y Comunitaria (MFC) constituye una estrategia para fortalecer la Atención Primaria de Salud (APS) y el Sistema Único de Salud (SUS) de Brasil. En Salvador, la creación del Programa Integrado de Residencias en Salud (Programa Integrado de Residências em Saúde – PIRS) buscó ampliar la capacidad formadora de la gestión municipal y fortalecer la integración entre la gestión, la formación y los servicios de salud. Este relato de experiencia describe su implementación, expansión y consolidación, con énfasis en la MFC y en la integración entre la gestión, la formación y los servicios de salud. **Método:** Relato de experiencia desarrollado a partir de la sistematización de la implementación del PIRS entre 2019 y 2024, basado en documentos institucionales y registros administrativos de la Escuela de Salud Pública de Salvador. El análisis se centró en los Programas de Residencia en Medicina Familiar y Comunitaria, considerando datos sobre la expansión de los programas, el número de residentes, preceptores y la creación de nuevos programas de residencia. **Resultados:** La implementación del PIRS institucionalizó mecanismos de apoyo financiero para los residentes, fortaleció la preceptoría y consolidó la coordinación pedagógica, ampliando la participación de la gestión municipal en la formación en salud. Se observó la expansión de los programas de MFC, el aumento del número de residentes y preceptores, la incorporación de nuevas residencias médicas y multiprofesionales y la implementación de iniciativas innovadoras, como el año adicional de formación en MFC con énfasis en salud mental y atención a personas en situación de calle. También se observó una reducción de las tasas de abandono en los años más recientes, aunque no fue posible establecer una relación causal. **Conclusión:** El PIRS fortaleció la capacidad formadora de la red municipal, la integración entre la gestión, la formación y los servicios de salud, y la preceptoría, constituyéndose como una estrategia prometedora para apoyar la formación en áreas prioritarias del SUS e inspirar iniciativas similares en otros municipios.

Palabras clave: Residencia Médica; Atención Primaria de Salud; Capacitación Profesional; Sistema Único de Salud.

INTRODUCTION

Health systems guided by Primary Health Care demonstrate better outcomes in terms of efficiency, equity, quality of care, and cost reduction. They also represent the most effective strategy for organizing universal health systems.^{1–3} In this context, Family and Community Medicine plays a strategic role in enhancing the problem-solving capacity of Primary Health Care, coordinating care, and ensuring longitudinality of care.^{4,5} In Brazil, the consolidation of the Family Health Strategy and supporting policies, such as the “Mais Médicos” Program, have driven the expansion of Family and Community Medicine residency programs as a strategy for training specialists aligned with the needs of the Brazilian Unified Healthcare System (SUS).^{6–8}

Recent studies indicate that expanding family medicine and family health residency programs enhances Primary Health Care quality and strengthens SUS, in addition to contributing to Continuing Health Education and better care practices.^{9,10}

Until 2019, Primary Health Care in the municipality of Salvador relied on Family and Community Medicine residency programs offered exclusively by partner higher education institutions (HEIs), such as Escola Bahiana de Saúde Pública (ESPBA), Escola Bahiana de Medicina e Saúde Pública (EBMSP), and Universidade Federal da Bahia (UFBA). However, few residents were interested, dropout rates were high, and teaching, healthcare services, and the community were poorly integrated. Furthermore, preceptors received no financial incentives and lacked adequate pedagogical training.

This situation changed when the Secretaria Municipal da Saúde of Salvador created the Family and Community Medicine Residency Program (PRMFC) in 2018, followed by Supplementary Law No. 72/2019, which created a municipal program to support and encourage the expansion of strategic residencies.¹¹

In this context, this experience report describes the experience of implementing the Integrated Health Residency Program (PIRS) of Secretaria Municipal da Saúde, highlighting its implementation, expansion, and consolidation processes, focusing on Family and Community Medicine and on integrating health management, teaching, and healthcare services.

METHODS

This is an experience report based on the systematization of Secretaria Municipal da Saúde PIRS implementation and consolidation from 2019 to 2024. The initiative took place in Salvador's municipal healthcare network and involved medical and multiprofessional residency programs linked to Secretaria Municipal da Saúde and partner HEIs.

In January 2019, Salvador had a population of 2,857,329, with Primary Health Care coverage of 40.02% (345 teams) and Family Health Strategy coverage of 29.10% (241 teams). In January 2025—used as a reference point to characterize the network at the end of the study period—Salvador had a population of 2,568,928, with 62.81% Primary Health Care coverage (501 teams) and 48.64% Family Health Strategy coverage (388 teams). At the end of the study period, the residency programs analyzed were integrated into 22 Family Health Units, covering 61 Family Health teams (15.72% of the municipal total).¹²

Although PIRS encompasses different residency programs, the analysis focused on PRMFC, the backbone of the initial implementation and the main focus of interventions during the study period.

The intervention analyzed corresponds to the implementation of PIRS, established by Supplementary Law No. 72/2019.¹¹ The program was designed to strengthen teaching-care integration and promote health training within the municipal SUS. PIRS was structured around four main components: supplementary scholarships for PRMFC residents; financial incentives for municipal employees serving as preceptors; better pedagogical coordination; and collaboration among training institutions, healthcare services, and municipal management. One of the program's goals is strengthening, structuring, and expanding residency programs considered strategic for Secretaria Municipal da Saúde.

The report was based on institutional documents and administrative records from Escola de Saúde Pública de Salvador (ESPS) covering the study period. Incomplete documents, preliminary versions, and records not directly related to PIRS activities were excluded. Information was obtained on the number of programs, residents, staff serving as preceptors, and new programs created during the period.

We organized the information chronologically and grouped it by thematic areas. The findings were interpreted descriptively and analytically, seeking to describe the contributions to strengthening in-service training and management, teaching, and healthcare service integration.

The authors participated directly in PIRS design, implementation, and monitoring, serving in management or coordination roles for PIRS or for Secretaria Municipal da Saúde residency programs. This was considered during manuscript preparation, with a transparent description of their experience and the use of institutional documents to support the analysis. Because the study relied exclusively on institutional administrative documents and aggregated information, without identifying individual participants, it did not involve direct intervention with human subjects or the collection of personally identifiable information.

RESULTS AND DISCUSSION

Before PIRS, Secretaria Municipal da Saúde in Salvador primarily served as a training ground for Primary Health Care programs linked to HEIs. Although PRMFCs were already effective in the municipality, their expansion was limited by a lack of preceptorship funding, no incentives for residents to remain in the program, and no coordinating and monitoring structure in the municipality.

PIRS transformed municipal training policy by institutionalizing financial support for PRMFC residents and preceptors, promoting residencies directly managed by Secretaria Municipal da Saúde, and strengthening coordination among management, healthcare services, and HEIs. These strategies enabled the establishment of a governance model to consolidate teaching and healthcare service integration within Primary Health Care.

The experience in Salvador highlights a shift in the role of municipal management in training specialists for SUS. Traditionally, municipalities have functioned primarily as practice settings for programs led by HEIs. However, PIRS has expanded this leading role because of its key components. This experience aligns with the concept of teaching-care integration proposed by Ceccim and Feuerwerker,¹³ who state that management, care, teaching, and social oversight must share responsibility for health training, linking care needs to teaching.¹³ Furthermore, it reinforces the perspective of the National Policy on Continuing Health Education, which recognizes management as strategic for driving educational processes that transform care practices.¹⁴

One of the key components of PIRS implementation was strengthening the residency program's educational structure (residents, preceptors, coordinators, and educational support staff). In 2019, SUS Bahia, in collaboration with the Bahia State Commission for Medical Residency, conducted a selection process and offered the first residency positions under Secretaria Municipal da Saúde direct management: six in the Emergency Medicine Residency Program and eight in the PRMFC of Secretaria Municipal da Saúde in Salvador, in line with the needs of local SUS.

In the months leading up to the arrival of the first residents, the Residency Unit of Centro de Formação dos Trabalhadores em Saúde—later incorporated into the structure of the ESPS—in conjunction with Secretaria Municipal da Saúde's Medical Residency Commission, identified four government-employed Family and Community Physicians in the municipality who had the appropriate profile for preceptorship and invited them to assume this role in Secretaria Municipal da Saúde's PRMFC, which began in March 2019.

The main challenges at that time were the absence of a legal framework to institutionalize the program and ensure its consolidation, as well as the need to structure the theoretical component, which must account for at least 10% of the residency program’s hours.¹⁵

During this period, efforts intensified to create a legal framework that would ensure the consolidation and sustainability of medical, single-professional, and multiprofessional residency programs by recognizing key teaching actors.

Thus, seven months after PRMFC’s launch, the City Council approved Supplementary Law No. 72/2019,¹¹ which established PIRS. This legislation was a milestone because it enabled scholarships for faculty members, acknowledged the complexity of preceptorship, and helped identify specialists involved in training.

Structuring preceptorship was key to consolidating the program, expanding resident supervision, and strengthening coordination between patient care and training in Family Health Units. The literature recognizes preceptors as structural elements of in-service training and states that the absence of institutional recognition, pedagogical training, and incentives weakens residency programs.^{16,17} In this context, the experience in Salvador demonstrates that institutionalizing mechanisms that value preceptorship can help expand the municipal healthcare network’s training capacity, fostering greater integration between healthcare services and teaching.

Creating PIRS was a key strategy for mitigating these challenges, and the network could develop its own faculty. Furthermore, it strengthened integration with the residency programs already in place within the municipal healthcare network, maintained by partner HEIs such as ESPBA, EBMS, and UFBA. Partnering with PIRS enabled scholarship supplementation for Family Medicine residents and preceptorship funding through incentives paid to municipal healthcare network physicians for resident mentoring.

PIRS institutionalization was accompanied by a gradual expansion of Family and Community Medicine training in the municipality, as shown in Table 1. In 2020, Fundação Estatal Saúde da Família and Centro Universitário Faculdade de Tecnologia e Ciências, recently implemented in Salvador, began incorporating PIRS into PRMFC. This municipal policy to encourage health training within SUS, in line with the “Mais Médicos” Program, significantly increased the number of incoming and outgoing Family and Community Medicine residents in Bahia, with the majority participating in programs linked to PIRS.¹⁸

Table 1. Increase in the number of Family and Community Medicine residency programs, municipal preceptors, and enrolled residents, Salvador, 2019–2024.

Year	Residency programs (n)	Municipal preceptors (n)	R1 (n)	R2 (n)	Additional year (n)	Total (n)
2019	4	4	29	9	0	38
2020	6	7	55	26	0	81
2021	6	24	70	48	0	118
2022	6	23	47	53	0	100
2023	6	28	49	35	3	87
2024	6	33	40	48	5	93

R1: first-year residents; R2: second-year residents.
Source: Author’s own calculations based on records from Escola de Saúde Pública de Salvador, Salvador, Bahia, Brazil (2019–2024).

PRMFC expansion is in line with a national movement to strengthen the specialty as a strategy for Primary Health Care improvement. Data from this study show a progressive increase in the number of residents after PIRS implementation, suggesting that local incentive policies may expand the training capacity of municipalities. This finding is consistent with recent studies on medical demography in Brazil, which point to advances in the expansion of family medicine but highlight significant regional inequalities in the availability of programs and expert training, especially outside major urban centers.¹⁹

Analysis of ESPS administrative records revealed variations in dropout rates among Family and Community Medicine residents, according to their classes, during the study period (Table 2). These data are consistent with Batista's findings,¹⁸ particularly regarding the challenges of retaining residents in Family and Community Medicine programs in Bahia.¹⁸

Table 2. Trends in incoming residents, outgoing residents, and dropout rates in Family and Community Medicine Residency Programs, Salvador, 2019–2024.

Start Year	Incoming residents per class (n)	Outgoing residents per class (n)	Graduates per class (n)	Dropout rate (%)
2019	29	3	26	10.3
2020	55	12	43	21.8
2021	70	30	40	42.8
2022	47	15	32	31.9
2023	52	2	50	3.8
2024	45	6	39	13.3

Source: Author's own calculations based on records from Escola de Saúde Pública de Salvador, Salvador, Bahia, Brazil (2019–2024).

Despite reduced dropout rates in the later years of the historical series, the results should be interpreted with caution. Recent studies indicate that resident retention and settlement result from the interaction between institutional, pedagogical, and individual factors, including the quality of supervision, support from local management, working conditions, and the well-being of professionals.^{20–22} Thus, this report's design cannot establish a causal relationship between PIRS implementation and the observed reduction. Nevertheless, data suggest that the program's institutional strengthening may have contributed to greater stability in in-service training.

In addition to Family and Community Medicine expansion, the number of residency programs supported by PIRS and the number of medical and multiprofessional residents from partner HEIs working in Salvador increased (Table 3).

The expansion occurred gradually, with PRMFC consolidation and the subsequent incorporation of other medical specialties and strategic multiprofessional programs into healthcare networks.

PIRS consolidation enabled new training initiatives, such as additional years in Family Medicine with a major in mental health and care for people experiencing homelessness and in management and preceptorship, in addition to municipal management residencies in Intensive Care Medicine, Anesthesiology, and Vascular Surgery. Multiprofessional programs in Mental Health and Family Health were also approved, expanding interprofessional training in real-world practice settings.

Table 3. Increase in the number of medical and multiprofessional residents from partner residency programs working in the municipality of Salvador, 2019–2024.

Year	Medical Residents (n)	Multiprofessional Residents (n)	Total Residents (n)
2019	30	12	42
2020	67	70	137
2021	102	119	221
2022	85	137	222
2023	67	134	201
2024	69	140	209

Source: Author's own analysis based on records from Escola de Saúde Pública de Salvador, Salvador, Bahia, Brazil (2019–2024).

These initiatives expanded PIRS's scope and strengthened its capacity to address SUS' priority needs in the local context, aligning professional training with the healthcare needs identified by municipal management. In this process, the PIRS coordination team assumed a strategic role by promoting ongoing coordination between municipal management, HEIs, residency programs, and healthcare services. This work involved jointly planning clinical settings, monitoring residents' activities, strengthening preceptorship, and aligning the programs' educational objectives with the municipal healthcare network's care priorities.

This report corroborates Ceccim and Feuerwerker's¹³ perspective by highlighting educational processes guided by care and population needs. From this perspective, PIRS helped strengthen permanent spaces for dialogue among managers, training institutions, preceptors, and care teams, fostering greater integration between training and Primary Health Care organization.^{13,23,24}

As observed in Campo Grande, direct involvement of municipal management proved decisive in establishing mechanisms to institutionally support residency programs and expand the training capacity of the municipal healthcare network.¹⁰

These results reinforce Botti and Rego's findings. They consider preceptorship a structural element of in-service training and list institutional recognition and preceptors' pedagogical development as key for residency program sustainability.^{16,25} Similar results were also described by Autonomo et al.,¹⁷ who highlighted that improving preceptorship enhances the integration between teaching and Primary Health Care.¹⁷

Because this is a retrospective study based on institutional documents and administrative management records, the results reflect PIRS implementation from a municipal management perspective and have limitations regarding information standardization and availability. The authors' direct involvement in the program's design and implementation may also introduce interpretive biases, mitigated by the use of institutional documents to support the analysis. Furthermore, the absence of a comparison group and specific impact indicators prevents the establishment of causal relationships between PIRS implementation and the observed results; it is not possible to directly assess healthcare outcomes—such as access, quality of care, and health outcomes. Finally, this report focused on the coordination between management, training institutions, and healthcare services, without including users or social oversight bodies. Future studies can use analytical designs or mixed methods and

incorporate care, teaching, and social participation indicators to broaden understanding of PIRS's effects on professional training and Primary Health Care organization.

PIRS implementation expanded the training capacity of the municipal healthcare network, strengthened preceptorship, and integrated management, training institutions, and healthcare services. However, challenges remain, particularly regarding expansion of dedicated multiprofessional programs, strengthening of preceptors' pedagogical training, and development of evaluations that incorporate care and educational indicators.

CONCLUSION

PIRS implementation in Salvador strengthened in-service training in municipal SUS, integrated management, training institutions, and healthcare services, and expanded the municipal healthcare network's training capacity. During the study period, PIRS was associated with greater availability of in-house programs, better preceptorship, training innovation, and reduced dropout rates in the later years of the historical series. Among the innovations implemented, an additional year in PRMFC—with a major in mental health and care for people experiencing homelessness—stands out. Preceptorship enhancement, scholarship supplementation, and more effective pedagogical coordination were key to implementing and consolidating the program, promoting its institutional sustainability and in-service training quality. However, some challenges remain, such as the need to expand dedicated multiprofessional programs and strengthen faculty training. The results suggest that PIRS is a promising strategy for expanding municipal management's training capacity, strengthening integration between teaching and healthcare services, and supporting training in areas strategic to SUS. Additionally, it may inspire similar initiatives in other municipalities. The program's continuity, combined with better Continuing Health Education, preceptorship, and participatory management, may help consolidate Primary Health Care as a structural pillar for SUS.

CONFLICT OF INTERESTS

Nothing to declare.

AUTHORS' CONTRIBUTIONS

MSO: Conceptualization, Data Curation, Formal Analysis, Investigation, Methodology, Project Administration, Supervision, Validation, Writing – Original Draft, Writing – Review & Editing. SCCC: Conceptualization, Formal Analysis, Investigation, Methodology, Validation, Writing – Review & Editing. ARVB: Conceptualization, Formal Analysis, Investigation, Methodology, Validation, Writing – Review & Editing. DRFCA: Formal Analysis, Investigation, Validation, Writing – Review & Editing. DFS: Formal Analysis, Investigation, Validation, Writing – Review & Editing. DECB: Conceptualization, Formal Analysis, Investigation, Validation, Writing – Review & Editing. GJCL: Formal Analysis, Investigation, Validation, Writing – Review & Editing. GLG: Data Curation, Investigation, Validation, Writing – Review & Editing. MMCSRG: Formal Analysis, Investigation, Validation, Writing – Review & Editing. IPC: Formal Analysis,

Investigation, Validation, Writing – Review & Editing. MLASS: Formal Analysis, Investigation, Validation, Writing – Review & Editing.

REFERENCES

1. Starfield B, Shi L, Macinko J. Contribution of primary care to health systems and health. *Milbank Q.* 2005;83(3):457-502. <https://doi.org/10.1111/j.1468-0009.2005.00409.x>
2. Macinko J, Starfield B, Shi L. The contribution of primary care systems to health outcomes within Organization for Economic Cooperation and Development (OECD) countries, 1970-1998. *Health Serv Res.* 2003;38(3):831-65. <https://doi.org/10.1111/1475-6773.00149>
3. Macinko J, Starfield B, Erinosh T. The impact of primary healthcare on population health in low- and middle-income countries. *J Ambul Care Manage.* 2009;32(2):150-71. <https://doi.org/10.1097/jac.0b013e3181994221>
4. Macinko J, Starfield B, Shi L. Quantifying the health benefits of primary care physician supply in the United States. *Int J Health Serv.* 2007;37(1):111-26. <https://doi.org/10.2190/3431-g6t7-37m8-p224>
5. Gulliford MC. Availability of primary care doctors and population health in England: is there an association? *J Public Health Med.* 2002;24(4):252-4. <https://doi.org/10.1093/pubmed/24.4.252>
6. Brasil. Ministério da Saúde. Portaria nº 648, de 28 de março de 2006. Aprova a Política Nacional de Atenção Básica. *Diário Oficial da União*; 2006.
7. Brasil. Ministério da Saúde. Portaria Interministerial nº 1.369, de 8 de julho de 2013. Dispõe sobre a implementação do Projeto Mais Médicos para o Brasil [Internet]. *Diário Oficial da União*; 2013 [cited on Aug 26, 2026]. Available at: <https://www.saude.mg.gov.br/wp-content/uploads/2025/01/Portaria-Interministerial-1369.pdf>
8. Starfield B. Atenção primária: equilíbrio entre necessidades de saúde, serviços e tecnologia. Brasília: UNESCO, Ministério da Saúde; 2002.
9. Carvalho MAP, Gutiérrez AC. Quinze anos da Residência Multiprofissional em Saúde da Família na Atenção Primária à Saúde: contribuições da Fiocruz. *Ciênc Saúde Colet.* 2021;26(6):2013-22.
10. Balejo RDP, Mueller V, Alécio GSC, Dias TTM, Santos Junior JR, Soranz D, et al. Implantação dos programas de Residência de Medicina de Família e Comunidade e Multiprofissional em Saúde da Família de Campo Grande-MS, Brasil. *Ciênc Saúde Colet.* 2024;29(11):e04162024. <https://doi.org/10.1590/1413-812320242911.04162024>
11. Salvador. Lei Complementar nº 72, de 8 de outubro de 2019. Dispõe sobre o Sistema de Controle Interno Integrado – SICOI, reestrutura a Controladoria Geral do Município de Salvador, institui o Programa Integrado de Residências em Saúde e dá outras providências [Internet]. Salvador: Prefeitura Municipal do Salvador; 2019 [cited on Aug 26, 2026]. Available at: <https://leis.org/prefeitura/ba/salvador/lei/lei-complementar/2019/72/lei-complementar-n-72-2019-dispoe-sobre-o-sistema-de-controle-interno-integrado-sicoi-reestrutura-a-controladoria-geral-do-municipio-de-salvador-institui-o-programa-integrado-de-residencias-em-saude-e-da-outras>
12. Brasil. Ministério da Saúde. Relatórios Públicos da Atenção Primária à Saúde: cobertura da APS [Internet]. Brasília: Ministério da Saúde; [cited on Aug 26, 2026]. Available at: <https://relatorioaps.saude.gov.br/cobertura/aps>
13. Ceccim RB, Feuerwerker LCM. O quadrilátero da formação para a área da saúde: ensino, gestão, atenção e controle social. *Physis.* 2004;14(1):41-65. <https://doi.org/10.1590/S0103-73312004000100004>
14. Brasil. Ministério da Saúde. Portaria nº 1.996, de 20 de agosto de 2007. Dispõe sobre as diretrizes para a implementação da Política Nacional de Educação Permanente em Saúde. *Diário Oficial da União*; 2007.
15. Brasil. Presidência da República. Lei nº 6.932, de 7 de julho de 1981. Dispõe sobre a residência médica e dá outras providências [Internet]. *Diário Oficial da União*; 1981 [cited on Aug 26, 2026]. Available at: https://www.planalto.gov.br/ccivil_03/leis/l6932.htm
16. Botti SHO, Rego S. Preceptor, supervisor, tutor e mentor: quais são seus papéis? *Rev Bras Educ Med.* 2008;32(3):363-73. <https://doi.org/10.1590/S0100-55022008000300011>
17. Autonomo FROM, Hortale VA, Santos GB, Botti SHO. A preceptoria na formação médica e multiprofissional com ênfase na Atenção Primária: análise das publicações brasileiras. *Rev Bras Educ Med.* 2015;39(2):316-27. <https://doi.org/10.1590/1981-52712015v39n2e02602014>
18. Batista ARV. Programa de residência médica em Medicina de Família e Comunidade: potencialidades e fragilidades na realidade do município de Salvador-Bahia [master's thesis]. Teixeira de Freitas: Universidade Federal do Sul da Bahia; 2021.
19. Scheffer MC, Guilloux AGA, Miotto BA, Almeida CJ, Guerra A, Cassenote A, et al. Demografia Médica no Brasil 2023. São Paulo: FMUSP, AMB; 2023. 344 p.
20. Machado JP, Magalhães CL, Lucio DS. Fatores que atraem, fixam, frustram ou afastam médicos de família da atenção primária de Florianópolis. *Rev Bras Med Fam Comunidade.* 2023;18(45):3887. [https://doi.org/10.5712/rbmfc18\(45\)3887](https://doi.org/10.5712/rbmfc18(45)3887)
21. Dal Pai D, Olinio L, Eich L, Lautenschleger R, Fernandes MNS, Tavares JP. Fatores associados à qualidade de vida de residentes multiprofissionais em saúde. *Rev Bras Enferm.* 2022;75(6):e20210541. <https://doi.org/10.1590/0034-7167-2021-0541pt>
22. Storti MMT, Oliveira FP, Xavier AL. Expanding family and community medicine residency vacancies by municipalities and the More Doctors Program. *Interface (Botucatu).* 2017;21(Suppl 1):1301-13. <https://doi.org/10.1590/1807-57622016.0511>

23. Feuerwerker LCM. Educação permanente em saúde: educação, saúde, gestão e produção do cuidado. In: Mandarin ACS, Gomberg E, org. Informar e educar em saúde: análises e experiências. Salvador: EDUFBA; 2010. p. 37-57.
24. Mendes EV. A construção social da Atenção Primária à Saúde. Brasília: Conselho Nacional de Secretários de Saúde (CONASS); 2015.
25. Botti SHO. O papel do preceptor na formação de médicos residentes: um estudo de residências em especialidades clínicas de um hospital de ensino [doctoral thesis]. Rio de Janeiro: Escola Nacional de Saúde Pública Sergio Arouca, Fundação Oswaldo Cruz (FIOCRUZ); 2009.