

SOBRAMFA has promoted family medicine education in Brazil since 1992

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Editor – Family medicine is not taught in Brazilian medical schools and family medicine faculty staff are absent in academic settings. Inspired by other countries' associations of family medicine teachers, SOBRAMFA, the Brazilian Society for Family Medicine,¹ was founded in 1992 as the first such society in Brazil to establish the basis and scientific method for family medicine, spreading its philosophy among medical students, residents and doctors.

SOBRAMFA's aim is to spark students' interest in family medicine as a career by exposing them to the discipline's values and practice. This exposure occurs mainly in the Mini-Fellowship in Family Medicine (MF2) programme, an elective clerkship for medical students. Students experience family medicine by seeing patients under the supervision of SOBRAMFA faculty and residents in a range of practice settings. So far, over 300 students from 30 different Brazilian medical schools have completed the MF2 experience. Over the last 10 years, some of the students who started on SOBRAMFA's undergraduate programmes have graduated and

currently hold director positions in SOBRAMFA.

The Fitness Programme (FP) is an innovative residency programme in family medicine founded by SOBRAMFA in 2003. This programme's hallmarks are continuity of care and excellence in patient care. Settings for learning and practice include home visits, ambulatory clinics, chronic patient management, palliative care, the hospital, longterm care facilities, women's health and pre-operative evaluation. Ongoing educational activities enhance learning and provide a collaborative environment that facilitates application and teamwork, so that graduates become family doctors, teachers, thinkers and leaders.

SOBRAMFA is addressing family medicine as an *academic discipline*² by teaching through a new paradigm, the cornerstones of which are learning how to integrate theoretical knowledge and searching for current information to apply in patient care. SOBRAMFA's teaching model aims to educate both technical and humanistic doctors, and is focused on learning attitudes, the core value of medical education. Although this teaching approach can be applied in any

specialty, the family doctor emerges as an excellent role model.³

In addition to these valuable educational experiences, health insurance and private companies represent further opportunities for family medicine as they demand the provision of quality medical care and competent doctors who meet patients' needs. SOBRAMFA also provides continuous medical education to meet these expectations.

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doi: 10.1111/j.1365-2923.2007.02929.x