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CONTINUING EDUCATION IN HEALTHCARE: BETWEEN THE TRANSFORMATION OF WORK
AND MANAGERIAL LOGIC

EDUCAÇÃO PERMANENTE EM SAÚDE: ENTRE A TRANSFORMAÇÃO DO TRABALHO E A
LÓGICA GERENCIAL

EDUCACIÓN PERMANENTE EN SALUD: ENTRE LA TRANSFORMACIÓN DEL TRABAJO Y LA
LÓGICA GERENCIAL

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ABSTRACT

The growing complexity of health services and the need to strengthen management within Brazil's Unified Health System (SUS) reinforce the importance of educational processes integrated into everyday work. This article analyzes Permanent Education in Health (PEH) as a strategic management tool, examining its relationships with planning, people management, knowledge management, and the transformation of work processes. This is a qualitative, bibliographic, and documentary study based on the regulatory framework of the National Policy for Permanent Education in Health (PNEPS), documents issued by the Brazilian Ministry of Health, and classical and recent scientific literature. The analysis shows that PEH differs from isolated training by taking concrete work-related problems as triggers for learning, collective reflection, and institutional change. The institutionalization of PNEPS, initiated by Ordinance GM/MS No. 198/2004 and reoriented by Ordinance GM/MS No. 1.996/2007, consolidated the integration of education, management, care, and social participation. Recent evidence, however, points to difficulties in institutionalization, confusion with continuing education, weaknesses in monitoring, and unequal capacity to manage educational processes. In light of Lemos (2016), the article discusses the tension between the critical-transformative character of PEH and its possible appropriation as a mechanism for adapting workers to organizational demands. It concludes that PEH can constitute a strategic management technology provided that it preserves participation, problematization, autonomy, and commitment to health needs, thereby avoiding its reduction to mere "permanent management".

Keywords: Permanent Education in Health. Health Management. Health Planning. People Management. Unified Health System.

RESUMO

A crescente complexidade dos serviços de saúde e a necessidade de qualificar a gestão do Sistema Único de Saúde (SUS) reforçam a importância de processos formativos articulados ao cotidiano do trabalho. Este artigo analisa a Educação Permanente em Saúde (EPS) como ferramenta estratégica de gestão, examinando suas relações com planejamento, gestão de pessoas, gestão do conhecimento e transformação dos processos de trabalho. Trata-se de estudo qualitativo, bibliográfico e documental, apoiado em marcos normativos da Política Nacional de Educação Permanente em Saúde (PNEPS),

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documentos do Ministério da Saúde e literatura científica clássica e recente. A análise mostra que a EPS se diferencia da capacitação pontual ao tomar problemas concretos do trabalho como disparadores de aprendizagem, reflexão coletiva e mudança institucional. A institucionalização da PNEPS, iniciada pela Portaria GM/MS nº 198/2004 e reorientada pela Portaria GM/MS nº 1.996/2007, consolidou a integração entre formação, gestão, atenção e participação social. Evidências recentes indicam, contudo, dificuldades de institucionalização, confusão com educação continuada, fragilidades de monitoramento e desigualdade na capacidade de gestão dos processos educativos. À luz de Lemos (2016), discute-se a tensão entre o caráter crítico-transformador da EPS e sua possível apropriação como mecanismo de adaptação dos trabalhadores às exigências organizacionais. Conclui-se que a EPS pode constituir tecnologia estratégica de gestão desde que preserve participação, problematização, autonomia e compromisso com as necessidades de saúde, evitando sua redução a mero “gerenciamento permanente”.

Palavras-chave: Educação Permanente em Saúde. Gestão em Saúde. Planejamento em Saúde. Gestão de Pessoas. Sistema Único de Saúde.

RESUMEN

La creciente complejidad de los servicios de salud y la necesidad de cualificar la gestión del Sistema Único de Salud (SUS) refuerzan la importancia de procesos formativos articulados con la vida cotidiana del trabajo. Este artículo analiza la Educación Permanente en Salud (EPS) como herramienta estratégica de gestión, considerando sus relaciones con la planificación, la gestión de personas, la gestión del conocimiento y la transformación de los procesos de trabajo. Se trata de un estudio cualitativo, bibliográfico y documental, basado en los marcos normativos de la Política Nacional de Educación Permanente en Salud (PNEPS), documentos del Ministerio de Salud y literatura científica. El análisis muestra que la EPS se diferencia de la capacitación puntual al tomar los problemas concretos del trabajo como desencadenantes del aprendizaje, la reflexión colectiva y el cambio institucional. La institucionalización de la PNEPS, iniciada mediante la Ordenanza GM/MS n.º 198/2004 y reorientada por la Ordenanza GM/MS n.º 1.996/2007, consolidó la integración entre formación, gestión, atención y participación social. Sin embargo, persisten dificultades de institucionalización, confusión con la educación continuada, debilidades en el monitoreo y desigualdad en la capacidad de gestión de los procesos educativos. A la luz de Lemos (2016), se analiza la tensión entre el carácter crítico-transformador de la EPS y su posible apropiación como mecanismo de adaptación a las exigencias organizacionales. Se concluye que la EPS puede constituirse en una tecnología estratégica de gestión si preserva la participación, la problematización y la autonomía, evitando su reducción a un mero «gerenciamiento permanente».

Palabras clave: Educación Permanente en Salud. Gestión en Salud. Planificación en Salud. Gestión de Personas. Sistema Único de Salud.

1 INTRODUCTION

The consolidation of Brazil's Unified Health System (SUS) takes place in a context marked by epidemiological changes, accelerated incorporation of technologies, increasing organizational complexity, and the need for coordination among different services, professions, and levels of management. In this environment, workforce development cannot be treated merely as occasional technical updating. The production of care depends on clinical, relational, political, and managerial capabilities that are built and rebuilt through work itself, in response to concrete problems and needs that vary across territories and teams (CECCIM; FEUERWERKER, 2004; CECCIM, 2005a).

Permanent Education in Health (PEH) emerges in this context as a political-pedagogical approach that brings education and the work process closer together. Rather than starting primarily from predefined content, it takes the everyday reality of health services as a source of questions and



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learning. This perspective does not exclude courses, training programs, or other forms of continuing education, but makes their relevance dependent on the analysis of work-related needs and on a broader project for transforming practices. PEH should therefore not be confused with the continuous provision of training activities (CECCIM, 2005a; BRASIL, 2018a).

In Brazil, this approach gained institutional strength through the National Policy for Permanent Education in Health (PNEPS). Ordinance GM/MS No. 198, of February 13, 2004, established the policy as a SUS strategy for workforce education and development; Ordinance GM/MS No. 1,996, of August 20, 2007, redefined guidelines for its implementation, linking it to regional needs, decentralization, and teaching-service integration bodies. In 2017, the policy was incorporated into Consolidation Ordinance No. 2/GM/MS and received renewed impetus through the Program for Strengthening Permanent Education in Health Practices in SUS (PRO EPS-SUS), established by Ordinance GM/MS No. 3,194/2017 (BRASIL, 2004; BRASIL, 2007; BRASIL, 2017a; BRASIL, 2017b).

The relationship between PEH and management, however, creates a tension that must be made explicit. On the one hand, PEH can strengthen planning, communication, decision-making, and the organization of work processes; on the other, its incorporation into managerial discourse may empty it of the critical dimension that gives it meaning. Lemos (2016) addresses precisely this ambivalence by asking whether the Brazilian policy represents permanent education or “permanent management.” This critique is relevant because it prevents PEH from being celebrated solely for its administrative usefulness and brings power relations, working conditions, workers’ autonomy, and the purposes of organizational change back to the center of the debate.

This article aims to analyze PEH as a strategic management tool within SUS, deepening its theoretical and regulatory foundations and discussing its relationships with planning, people management, knowledge management, and the transformation of work processes. It seeks to sustain a non-instrumental interpretation of PEH: it can support management, but its strategic potential depends precisely on not being reduced to a technique for adapting workers to institutional targets.

2 METHODOLOGY

This is a qualitative bibliographic and documentary study organized as a critical narrative review. The documentary corpus comprised the main federal regulatory milestones of PNEPS - Ordinance GM/MS No. 198/2004, Ordinance GM/MS No. 1,996/2007, Consolidation Ordinance No. 2/GM/MS of 2017, and Ordinance GM/MS No. 3,194/2017, as well as institutional publications from the Brazilian Ministry of Health on strengthening the policy, workplace learning, and experiences in people management (BRASIL, 2015; BRASIL, 2018a; BRASIL, 2018b).

The scientific literature was selected in a targeted manner, prioritizing foundational texts in the Brazilian formulation of PEH, critical studies, and recent publications related to implementation, management, primary health care, and knowledge management. Materials available in SciELO, the Brazilian Ministry of Health Virtual Health Library, and scientific journals were consulted, with emphasis on studies capable of addressing the analytical axes of the article. The purpose was not to conduct a



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systematic review or estimate effects, but to construct a theoretical-documentary synthesis consistent with the research problem.

The analysis was structured around four axes: foundations and institutionalization of PEH; relationships among PEH, work, and planning; connections with people management and knowledge management; and the potential, limitations, and risk of managerial instrumentalization of PEH. Comparative reading of the documents and studies sought to distinguish normative statements, theoretical propositions, and empirical findings, avoiding the attribution to PEH of outcomes that cannot be generalized from the literature reviewed.

3 THEORETICAL AND REGULATORY FOUNDATIONS OF PERMANENT EDUCATION IN HEALTH

The Brazilian formulation of PEH is associated with the idea that workforce education cannot be separated from the ways in which care is produced, services are organized, and management is exercised. Ceccim and Feuerwerker (2004) synthesized this understanding in the “quadrilateral of health education,” linking teaching, management, care, and social control. The quadrilateral shifts education away from a peripheral position: educating health workers comes to imply simultaneous intervention in care practices, institutions, relationships with educational institutions, and social participation.

Ceccim (2005a; 2005b) develops this argument by situating PEH as learning embedded in the everyday production of health care. Work is not merely the place where previously acquired knowledge is applied; it is also a space for producing knowledge, analyzing problems, and inventing responses. The pedagogical potential of health services emerges when teams are able to question their practices, recognize shortcomings, confront different forms of knowledge, and experiment with change. Meaningful learning, in this sense, arises from the relationship between new knowledge and problems recognized as relevant by the subjects involved.

This conception helps distinguish PEH from continuing education without creating an absolute opposition between them. Continuing education tends to be organized around content, professional categories, or technical-scientific updating, often through activities limited in time. PEH, by contrast, begins with needs identified in the work process and seeks to produce changes in practices and organization. A training activity may form part of a PEH strategy when it responds to a collectively analyzed problem and is linked to follow-up, evaluation, and reorganization of work. The problem arises when completion of the course is treated as an end in itself (BRASIL, 2018a; FERREIRA et al., 2019).

The institutionalization of this perspective occurred in stages. Ordinance GM/MS No. 198/2004 established PNEPS and linked workforce education and development to the transformation of practices and the model of care. Ordinance GM/MS No. 1,996/2007 adapted its implementation to the regionalization of SUS and assigned relevance to the Permanent Teaching-Service Integration Commissions (CIES), strengthening coordination among managers, services, educational institutions, and social control. Consolidation Ordinance No. 2/GM/MS, of September 28, 2017, brought together rules governing national health policies and retained PNEPS within this regulatory framework. In the



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same year, Ordinance GM/MS No. 3,194 established PRO EPS-SUS to encourage, monitor, and strengthen PEH practices based on local realities and collective analysis of work processes (BRASIL, 2004; BRASIL, 2007; BRASIL, 2017a; BRASIL, 2017b).

The regulatory trajectory shows that PEH was not conceived merely as a human-resources training policy. It is related to SUS's own capacity to organize education, promote teaching-service integration, regionalize actions, and strengthen care and management. The 2018 Ministry of Health publication devoted to strengthening PNEPS reaffirms this breadth while also documenting implementation challenges, indicating that the existence of a robust regulatory framework does not, by itself, ensure incorporation into everyday institutional practice (BRASIL, 2018a).

4 PERMANENT EDUCATION, WORK PROCESSES, AND HEALTH PLANNING

The contribution of PEH to management becomes clearer when planning is understood as a continuous process of interpreting reality, setting priorities, intervening, and evaluating. In health services, problems rarely arise from a single cause. Low adherence to protocols, communication failures, delays in workflows, incomplete records, or coordination difficulties may involve technical knowledge, organizational design, resource availability, power relations, and working conditions. Automatically converting every problem into a “training need” oversimplifies reality and may place individual responsibility on workers for difficulties that are institutional in nature.

PEH offers a different logic: before selecting an educational intervention, the work process itself must be problematized. The team can ask what is happening, who is affected, which factors sustain the problem, what knowledge is lacking, which rules or workflows need revision, and which actors should participate in the solution. From this perspective, team meetings, indicator analysis, case discussions, workshops, and dialogue circles can acquire a pedagogical function when they promote reflection and change rather than merely transmit orders (CECCIM, 2005a; BRASIL, 2015).

This dynamic brings PEH closer to strategic planning because it generates qualitative information about how services actually operate. Workers who carry out processes are aware of obstacles that do not always appear in management reports. Incorporating this knowledge into institutional analysis can make planning more responsive to local needs and foster shared responsibility. Ordinance No. 3,194/2017 makes this relationship explicit by providing for the identification of PEH needs and the development of strategies to improve care and management based on everyday problems and collective analysis of work (BRASIL, 2017b). This articulation also connects with health care quality management: Machado and De Liberal (2024) emphasize the relevance of the managerial role, team qualification, and a culture of quality for safety and improvement in hospital services. Within PEH, this perspective gains greater consistency when quality indicators and problems cease to function solely as control mechanisms and instead feed collective processes of analysis, learning, and reorganization of work.

Recent studies reinforce the contemporary relevance of this articulation. Ferraz et al. (2025), in analyzing a PEH process aimed at municipal management teams, show that education can affect



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managerial practice when it is related to concrete situations experienced by managers. In another context, the development of specialized education for Primary Health Care managers was structured through mapping regulations, competencies, and needs within the management context, illustrating the relevance of educational designs connected to service realities (LEMOS et al., 2024). These studies do not support the claim that every PEH initiative automatically improves management, but they do support the relevance of integrating PEH with real work.

Evaluation is an indispensable component of this relationship. If PEH is intended to transform practices, it is not enough to record the number of courses, participants, or training hours. It is necessary to examine whether changes have occurred in processes, relationships among teams, analytical capacity, organization of care, and, where appropriate, care and management indicators. Recent development of instruments for evaluating PEH in municipalities indicates that monitoring and evaluation remain important challenges for its institutionalization (QUELUZ; CARNEIRO; CARVALHO, 2024).

5 PERMANENT EDUCATION, PEOPLE MANAGEMENT, AND KNOWLEDGE MANAGEMENT

Health services depend heavily on the knowledge and cooperation of their workers. For this reason, people management guided only by administrative routines - staffing, attendance, leave, personnel movement, and employment records is insufficient for organizations whose core activity requires professional judgment, interaction among different forms of knowledge, and continuous adaptation. PEH broadens this field by recognizing workers as subjects capable of interpreting work and participating in the production of solutions (BRASIL, 2018b).

This approach also changes the notion of professional development. Rather than associating it exclusively with the individual acquisition of competencies, PEH emphasizes collective capabilities: communication, shared analysis, agreement building, workflow review, and interprofessional learning. Valuing workers, therefore, does not result merely from offering courses, but from creating conditions in which their experience can be heard and transformed into knowledge useful to the organization. This requires institutional time, spaces for encounter, management support, and recognition that learning is part of work.

The connection with knowledge management is particularly productive. Health organizations generate data, experiences, and local solutions every day, yet some of this knowledge remains dispersed or dependent on individual memory. Ribeiro and Friedrich (2023), in studying PEH and knowledge-management initiatives within a Regional Health Superintendency, identified formal and informal processes of education and sharing while also observing fragmentation and compartmentalization of information. This finding shows that knowledge sharing is not an automatic consequence of the existence of information systems; it requires social and organizational arrangements that enable collective interpretation.

In this sense, PEH can connect information, experience, and decision-making. Indicators of absenteeism, waiting time, patient safety, or workflow implementation become pedagogically relevant



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when they are discussed with teams, related to practices, and used to formulate hypotheses for change. Likewise, tacit knowledge accumulated by experienced workers can be shared through case discussions, communities of practice, shared supervision, and documentation of solutions. Knowledge management thus moves beyond simple storage and comes to involve the production of meaning.

There is, however, a decisive condition: management technologies cannot replace the relational dimension of PEH. Recent research involving Schools of Public Health and federal university hospitals found heterogeneity and limitations in the tools used to manage permanent education processes, including reliance on generic recording instruments in some institutions (ZANOTTO et al., 2025). This finding reinforces the need for management infrastructure, while also showing that platforms, spreadsheets, and databases are means rather than ends. Without spaces for analysis and participation, they may simply make administrative control more sophisticated without producing institutional learning.

6 POTENTIAL, LIMITATIONS, AND THE CRITIQUE OF “PERMANENT MANAGEMENT”

The literature identifies consistent potential benefits of PEH: bringing education closer to service needs; fostering collective problem analysis; expanding integration among management, care, teaching, and participation; and supporting changes in work processes. A review of PEH in primary care identified initiatives based on teaching-service integration, educational technologies, and collective learning spaces, but also found that professionals and managers still frequently confuse PEH with continuing education and that the undervaluation of these initiatives hinders their implementation (FERREIRA et al., 2019). Thus, the policy's theoretical potential coexists with concrete difficulties in institutionalization.

It is precisely at this point that Lemos's (2016) critique should occupy a central position. In analyzing the foundations and documents of PNEPS, the author argues that the policy extends beyond the pedagogical field and is connected to the restructuring of services and contemporary forms of work management. Her provocation: permanent education or permanent management?, questions the possibility that a proposal presented as transformative may, in practice, function as a mechanism for continuously mobilizing workers to respond to organizational demands, especially in contexts of precarious employment and work intensification.

This critique does not require abandoning PEH as a management tool; it requires clarifying what is meant by the word “tool.” If a tool means a technology for producing compliance, accelerating targets, or correcting behaviors defined unilaterally, PEH loses its specificity and approaches continuous managerial training. If, on the contrary, it means a device for expanding the collective capacity to analyze work, make conflicts explicit, produce knowledge, and negotiate change, its relationship with management can preserve the political-pedagogical dimension on which it is founded.

The distinction can be observed in concrete situations. A meeting convened to communicate a new routine, demand compliance, and hold accountable those who do not follow it is a managerial activity, even if it is called PEH. The same meeting may move closer to PEH when the problem that



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motivated the routine is presented, data are analyzed, different actors discuss causes and effects, technical knowledge is mobilized, and the team participates in constructing and evaluating the response. It is not the format of the activity that defines PEH, but the relationship among learning, problematization, participation, and transformation of work.

It is also necessary to recognize limits external to education. Staff shortages, precarious employment relationships, work overload, inadequate infrastructure, and insufficient funding cannot be solved through pedagogical processes. Assigning PEH the responsibility for compensating for structural deficiencies can turn it into a mechanism of adaptation and lead to blaming teams. Critical analysis must therefore distinguish problems that require learning from those that require political decisions, investment, institutional reorganization, or protection of working conditions (LEMOS, 2016). Attention to concrete working conditions is particularly important because overload, intense demands, and stressors can compromise managers' own health. Sousa and De Liberal (2024), in discussing risk situations and preventive aspects related to burnout syndrome among health managers, reinforce that improving management cannot be dissociated from protecting workers' health. This point strengthens the critique of a form of PEH used merely to increase performance without addressing the organizational conditions that produce strain.

On the other hand, recent research shows that PEH remains relevant to contemporary SUS management. Ferraz et al. (2025) demonstrate its use in the education and practice of municipal management teams; studies on knowledge management show possibilities for integrating learning and institutional sharing (RIBEIRO; FRIEDRICH, 2023); and evaluation studies seek to construct instruments that make its processes more observable (QUELUZ; CARNEIRO; CARVALHO, 2024). The current challenge, therefore, is not simply to expand activities, but to strengthen governance, evaluation, and conceptual coherence.

A management agenda committed to PEH should therefore ask several questions before classifying an action as permanent education: Was the problem identified with workers' participation? Does the intervention take the concrete conditions of the service into account? Is there room to question decisions and propose alternatives? Does the knowledge produced feed back into the planning process? Are effects monitored beyond attendance at activities? Above all, does the action expand the subjects' capacity to understand and transform work, or does it merely adapt them to previously defined demands? These questions operationalize the tension identified by Lemos (2016) without emptying the policy of its strategic contribution.

7 FINAL CONSIDERATIONS

Permanent Education in Health occupies a distinctive position within SUS because it connects an education policy with a conception of work as a space for learning, knowledge production, and institutional transformation. Its regulatory trajectory, beginning with Ordinance GM/MS No. 198/2004 and reoriented by Ordinance No. 1,996/2007, consolidated principles that bring education, management, care, and social participation closer together. Subsequent regulatory consolidation and



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PRO EPS-SUS reaffirmed the need to strengthen educational practices connected to local realities and work processes.

As a strategic management tool, PEH can strengthen planning, people management, and knowledge management by creating mechanisms for problem analysis, circulation of knowledge, worker participation, and collective construction of responses. Its distinguishing feature lies not in the number of training activities delivered, but in its capacity to generate learning linked to concrete changes and to transform information and experience into more reflective institutional decisions.

The review also shows, however, that defending PEH as a management instrument must be accompanied by a critique of its instrumentalization. Lemos's (2016) contribution is decisive because it prevents an exclusively celebratory reading: when education is used merely to adjust workers to targets, compensate for structural problems, or obtain adherence to decisions already made, the promise of transformation can become "permanent management." Preserving the potential of PEH requires effective participation, problematization, institutional conditions for learning through work, and evaluation oriented toward meaningful change rather than merely indicators of educational provision.

Thus, PEH is strategic precisely when it is not reduced to managerialism. Its most consistent contribution to management lies in expanding the collective intelligence of organizations, bringing planning closer to everyday work, recognizing workers as producers of knowledge, and keeping open the possibility of revising not only individual behaviors but also rules, workflows, relationships, and institutional choices. This perspective provides a stronger foundation for understanding PEH simultaneously as public policy, educational practice, and management technology committed to the principles of SUS.

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