

The uncertain future of healthcare in Brazil

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Since 2013, the rapid expansion in the number of medical schools and enrolled students in Brazil has raised serious concerns regarding the quality of medical education. It was anticipated that many newly established programs would produce inadequately trained graduates owing to insufficient infrastructure and a shortage of qualified faculty members.

The recent publication of the results of Enamed (National Examination for the Assessment of Medical Training) has made it possible to quantify the magnitude of this problem and assess the risks it poses to the population. While the 107 medical schools that received insufficient scores represent a challenge for the Ministry of Education, the more pressing concern lies with the approximately 13,000 graduates who demonstrated unsatisfactory learning outcomes and are about to enter clinical practice. These individuals represent a direct risk to society. The central questions, therefore, are what consequences this situation will have for the population and how it can be effectively addressed.

From a social perspective, it is likely that a small proportion of these inadequately trained graduates will succeed in entering residency programs after completing preparatory courses and eventually become specialists. However, the majority will practice in outpatient clinics affiliated with private health insurance providers or within the public healthcare system. In these settings, patients typically have no autonomy in choosing their physicians and must accept the assigned professional. Notably, these 13,000 graduates represent only a

single cohort entering the workforce in 2026. From an economic standpoint, an increase in healthcare costs is expected, driven by low-resolution consultations and excessive requests for complementary diagnostic tests, often used to compensate for deficiencies in physical examination skills and clinical reasoning. Clinically, this scenario contributes to higher rates of misdiagnosis, inappropriate treatment, and ultimately, medical malpractice.

To identify viable solutions, it is essential to recognize that responsibility for this situation does not rest solely with educational institutions. One must also consider the factors driving the extraordinarily high demand for medical school admission. For many students, the motivation to pursue medicine is no longer rooted in vocation, but rather in the prospect of rapid financial stability. Although physicians' hourly wages are not substantially higher than those in other professions, medicine remains unique in offering virtually unlimited paid work, with no shortage of shifts lasting up to 24 h. Furthermore, the right to practice medicine in Brazil is granted upon graduation alone, without any requirement to demonstrate competency for independent clinical practice. Consequently, any individual who can afford private medical school tuition is effectively guaranteed entry into the medical labor market. Under these conditions, medical schools face little pressure to ensure educational excellence, and students have limited incentive to fully engage in the learning process⁽¹⁾.

The institutions legally responsible for regulating medical practice and protecting the population from unqualified professionals are the Federal and Regional Medical Councils (CFM and CRMs). However, the revocation of a physician's license typically occurs only after multiple serious infractions have been committed. This reactive approach intervenes only after patient harm has already occurred. A more effective strategy would be a proactive system that prevents inadequately trained physicians from entering clinical practice in the first place.

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The main difficulty in addressing this problem under current legislation is that the Federal and Regional Medical Councils (CFM and the CRMs) cannot deny professional registration to graduates who performed poorly on the exam and failed to demonstrate the minimum competencies required for medical practice, because the law links registration exclusively to the presentation of a diploma. The introduction of a mandatory examination to identify graduates who lack the competence necessary to practice medicine, as a prerequisite for professional registration, has long been advocated by scholars concerned with public health. Such a proficiency examination would promote greater commitment to learning among students and encourage medical schools to ensure higher educational quality.

A common criticism of this selective examination is that it would penalize students rather than institutions. However, assessments could be conducted serially throughout the medical course (progress testing), allowing poorly evaluated students sufficient time to respond. These students could, for example, increase their study efforts (major Brazilian universities offer distance-learning courses in several medical specialties), transfer to another institution, or withdraw from the program at an early stage. Another criticism is that a proficiency examination would stimulate the proliferation of preparatory courses. Nevertheless, if Enamed assesses clinical performance in medical

practice and such courses improve this competence, they would effectively reinforce learning. Although this approach would increase training costs, it would complement the education provided by medical schools.

In this context, Enamed could be further improved by using its data to support educational enhancement. Students could benefit from structured feedback reports identifying areas of poor performance, thereby reinforcing learning. Similarly, institutions could analyze the topics most frequently missed by their students to guide improvements in teaching.

The Enamed results have quantified the scale of the problem arising from the deterioration of medical education. While academic leaders and professional councils have a responsibility to highlight this issue and propose solutions, meaningful change will require the active participation of Brazilian society, which is the primary victim. It is the population that must mobilize and demand action, strengthening the efforts of medical councils and other leaders to revise government resolutions and laws regulating medical education in Brazil.

REFERENCE

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