



## EDITORIAL

# Who will protect society during the crisis in medical education?

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Brazil has witnessed a rapid expansion of medical schools over the past decade. Since 2013, experts have warned that the indiscriminate establishment of programs and expansion of student intake—without parallel investments in infrastructure and qualified faculty—would compromise the quality of medical education. Recent results from the National Medical Education Assessment (Enamed) have brought renewed attention to a problem that has long been overlooked.

Among approximately 13,000 graduates evaluated, nearly one-third demonstrated unsatisfactory performance. This finding is not an isolated occurrence but rather a consistent indicator of systemic decline. Importantly, these individuals are already participating in frontline patient care. Furthermore, the issue is not limited to a single cohort; available evidence suggests that this trend has persisted over time, resulting in the accumulation of latent risks to the healthcare system. When data from Enade 2019, Enade 2023, and Enamed 2025 are considered collectively, it is estimated that approximately 35,000 physicians with substandard performance have nevertheless been licensed to practice medicine.

Patients are the primary victims of this situation. Many of these physicians practice within both public and private healthcare systems, where patients often have limited ability to choose their providers. Inadequate training manifests in several ways: low-resolution clinical encounters lead to excessive diagnostic testing, increased healthcare expenditures, and system inefficiencies that ultimately restrict access to care. In addition, deficiencies in clinical examination skills and diagnostic reasoning increase the likelihood of medical errors, delays in treatment, and inappropriate management strategies.

Medical councils are mandated to uphold professional standards and protect public welfare. However, the current regulatory framework is predominantly reactive, with interventions typically occurring only after serious professional misconduct has taken place—often when patient harm has already occurred. A critical gap remains in the absence of preventive mechanisms capable of restricting entry into the profession for individuals who do not meet minimum competency standards.

In this context, the proposal to introduce a mandatory proficiency examination—Profimed—as a prerequisite for medical licensure warrants careful consideration. This issue extends beyond professional or institutional interests; fundamentally, it reflects a choice between prioritizing quantitative expansion and ensuring educational quality. Whether the country will continue to emphasize numerical growth or instead commit to standards aligned with the societal responsibilities of the medical profession remains an open question—one that necessitates informed public discourse and active societal engagement.

Competent and well-trained physicians must assume a leadership role in addressing this challenge. The presence of inadequately prepared practitioners undermines the credibility of the profession as a whole. For patients, the increasing difficulty in distinguishing between competent and underqualified providers may erode trust and weaken the physician–patient relationship, which is essential for effective clinical care.

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If this issue remains unaddressed, emerging technologies may begin to fill the resulting gaps. Advances in artificial intelligence and remote diagnostic systems are progressing rapidly. In a setting characterized by declining trust in primary care, such technologies may increasingly serve as substitutes for compromised clinical practice, offering automated diagnostic support and direct referral pathways to specialists. This shift could have significant consequences: patients may lose the centrality of the physician–patient relationship, and even highly competent physicians may face marginalization within a healthcare landscape shaped by diminished trust<sup>(1)</sup>.

Ensuring the quality of medical education is, fundamentally, a matter of public interest, as it is intrinsically linked to patient safety. In healthcare, inaction is not neutral; it carries substantial consequences, the burden of which is ultimately borne by society as a whole.

## REFERENCE

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