



## EDITORIAL

# Conflicting interests and the future of medical education in Brazil

Newton Kara-Junior<sup>1</sup> <sup>1</sup>.Faculdade de Medicina, Universidade de São Paulo, São Paulo, SP, Brazil.

The regulation of medical education in Brazil has become a focal point where multiple strategic interests converge and conflict. In this context, the debate surrounding the proposed National Medical Proficiency Examination (Profimed) extends beyond technical considerations and reflects underlying political, economic, and institutional tensions that directly influence the quality of healthcare delivery<sup>(1)</sup>.

For a governmental perspective, expanding the number of physicians produces an immediate and favorable public perception. A larger workforce creates the impression of improved access to health care, while masking structural limitations such as insufficient investments in infrastructure, equipment, and therapeutic resources.

Within the private education sector, the expansion of medical school seats is closely tied to financial incentives. Medicine remains one of the most lucrative degree programs in Brazil, and increasing enrollment directly enhances institutional revenue.

For students, the absence of a mandatory proficiency examination at the completion of medical training effectively guarantees entry into the labor market. In Brazil, possession of a medical degree alone permits professional practice, without the need to demonstrate minimum competency standards. Consequently, individuals with the financial means to pursue medical education gain direct access to the profession, often with starting salaries sufficient to offset the high cost of training.

This convergence of interests helps explain why regulatory efforts have primarily focused on evaluating institutional infrastructure and implementing the National Examination for the Assessment of Medical Education (Enamed), which assesses institutions rather than individual competence. The critical step—ensuring that graduates possess the essential knowledge and skills required for safe medical practice—remains insufficiently addressed.

Recent Enamed results are concerning. In 2025, approximately 13,000 graduates—nearly one-third of the total—demonstrated unsatisfactory performance. These findings highlight a progressive decline in educational quality and suggest that, in many programs, both teaching effectiveness and student assessment systems are inadequate.

In this context, the proposal to implement a National Medical Proficiency Examination (Profimed), requiring successful completion as a prerequisite for professional practice, has gained increasing relevance.

Unsurprisingly, stakeholders who benefit from the current system tend to oppose such a measure. Introducing the possibility of failing to obtain licensure would likely alter the decision-making of prospective students who currently view medicine as a secure financial investment. Faced with a tangible risk of failure, many candidates may reconsider pursuing the profession, particularly in institutions of questionable educational quality.

<http://dx.doi.org/10.5935/0004-2749.2026-1024>

Submitted for publication:  
April 10, 2026

Accepted for publication:  
April 17, 2026

Disclosure of potential conflicts of interest:  
The authors declare no potential conflicts of interest.

Corresponding author:  
Newton Kara-Junior  
E-mail: newtonkarajr@ig.com.br

In the short term, this shift could result in a higher number of unfilled positions, reducing demand for medical programs, and a decline in the number of newly licensed physicians. Such changes would exert financial pressure on private institutions and reshape the supply dynamics of the healthcare workforce.

Ultimately, society bears the greatest burden of this model of indiscriminate expansion. Most newly graduated physicians practice within the public health system or under private health plans, where patients often have limited autonomy in selecting their providers. When training is inadequate, the consequences are immediate: low-resolution consultations lead to excessive diagnostic testing, increased healthcare costs, and system inefficiencies; deficiencies in

physical examination skills and clinical reasoning increase the risk of diagnostic errors and inappropriate treatment.

The debate over Profimed will ultimately determine whether Brazil continues to prioritize quantity over quality or commits to ensuring rigorous standards in medical education. Addressing this issue requires informed public discourse and active societal engagement, as the population remains the primary stakeholder in the quality and safety of health care.

## REFERENCE

1. Kara-Junior N, Morinaga CV, Machado DG. The artificial intelligence revolution in medical education. *Arq Bras Oftalmol.* 2026;89(1):1020.