

MEDICAL SCHOOLS EXPANSION IN BRAZIL:



WHO WILL PAY THE BILL?



ELIANA AMARAL

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THE WORKFORCE - MORE DOCTORS NEEDED

- WHO identified “a dangerous scarcity of health workers”, and states that **doctors & health workers** “must urgently be trained and retained”.
- Increasing medical doctor density **is associated with** improved health system performance, reduced burden of disease, and better health outcomes.
- In 2019, 1.67 doctors/1,000 population
 - 3.3/1,000 in 2030 to reach the health SDGs.

In 2022, almost 4,000 medical schools worldwide

What health system model?

(Scheffer 2025)

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Evaluating medical education regulation changes in Brazil: workforce impact

Alexandre Medeiros Figueiredo^{1,2*}, Danette Waller McKinley³, Adriano Massuda⁴ and George Dantas Azevedo⁵

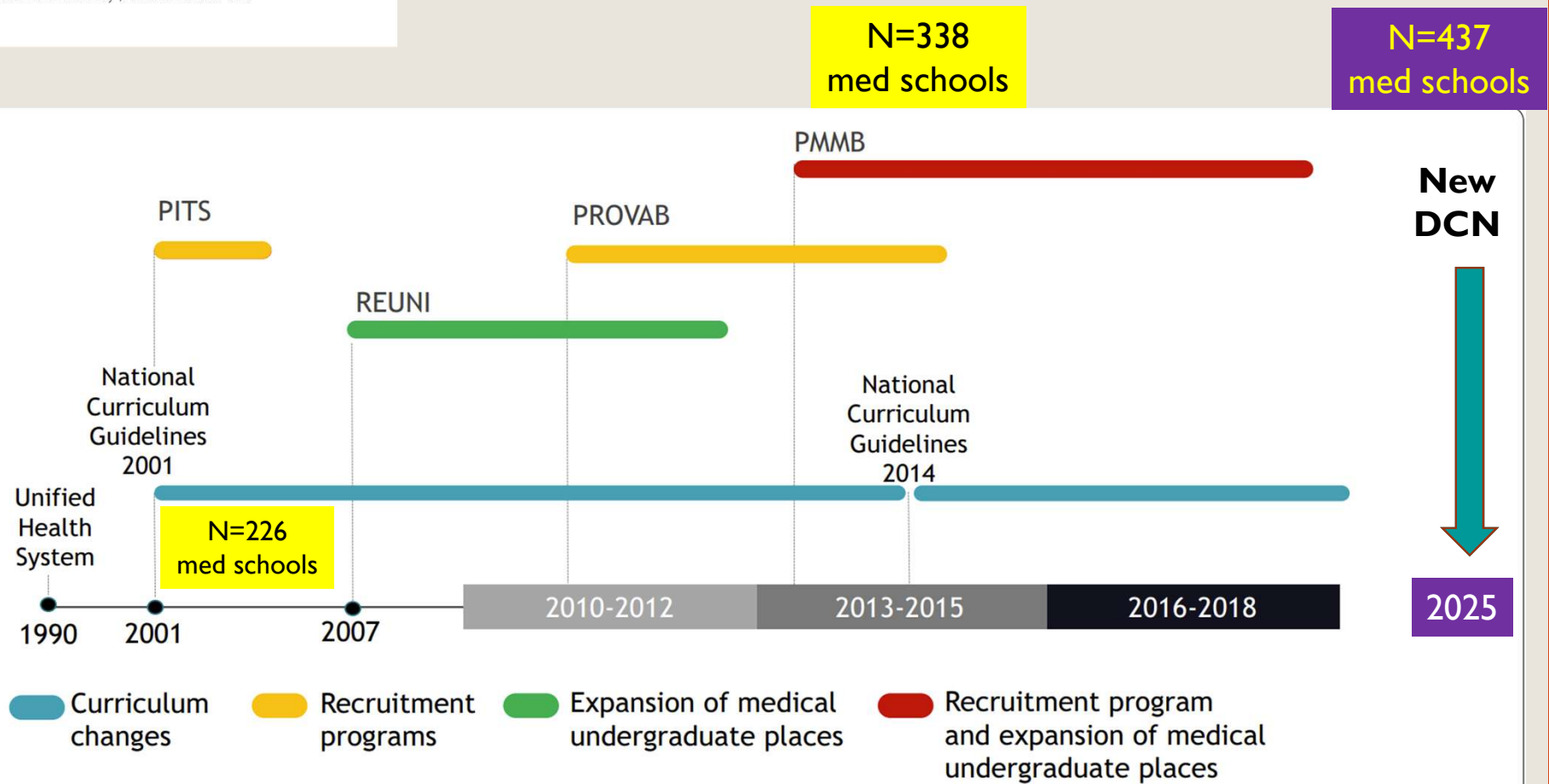


Fig. 2 Timeline of policies to promote the supply of physicians in Brazil

REUNI = public universities expansion

2012 = Quotas Law = 50% of undergraduate placements to be reserved for students from public high schools, with a priority for those with disabilities, and self-identifying as 'black' or 'indigenous'.

PMMB = federal calls for accredited private institutions to submit proposals of new schools in underserved municipalities.

PROUNI = students could apply for public scholarships to cover tuition fees at private med schools based on family income .

2013 - MMB Program: to increase the number of doctors with primary care training to alleviate the scarcity across the country.

Two key elements:

(a) to provide doctors to underserved municipalities (initially Cuban doctors; after 2019, BR doctors);

(a) calls for private med courses and more student places.

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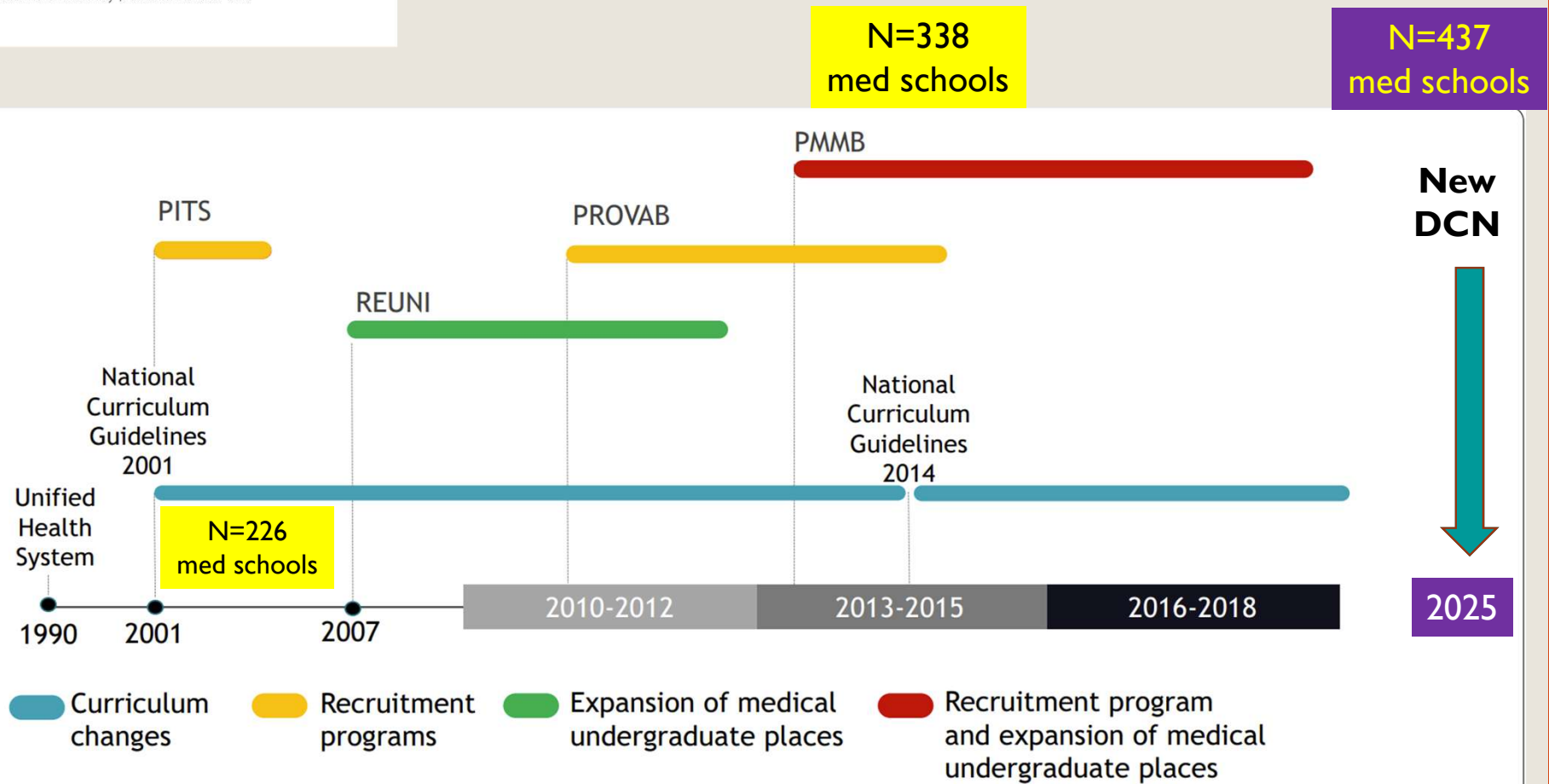


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Conclusions:

1. The recruitment component of More Doctors for Brazil Program increased the number of physicians where needed.
1. Federal public schools expansion was more efficient to reduce regional inequities.

Messages:

1. Public policies are key to face inequities in access to medical education & physician shortages.
2. Continuous evaluation of policies and programs are essential in the context of political and economic times (*power forces*).



Brazil's experiment to expand its medical workforce through private and public schools: Impacts and consequences of the balance of regulatory and market forces in resource-scarce settings

Mário Scheffer¹, Paola Mosquera¹, Alex Cassenote¹, Barbara McPake² and Giuliano Russo^{3*}

Mar 2025

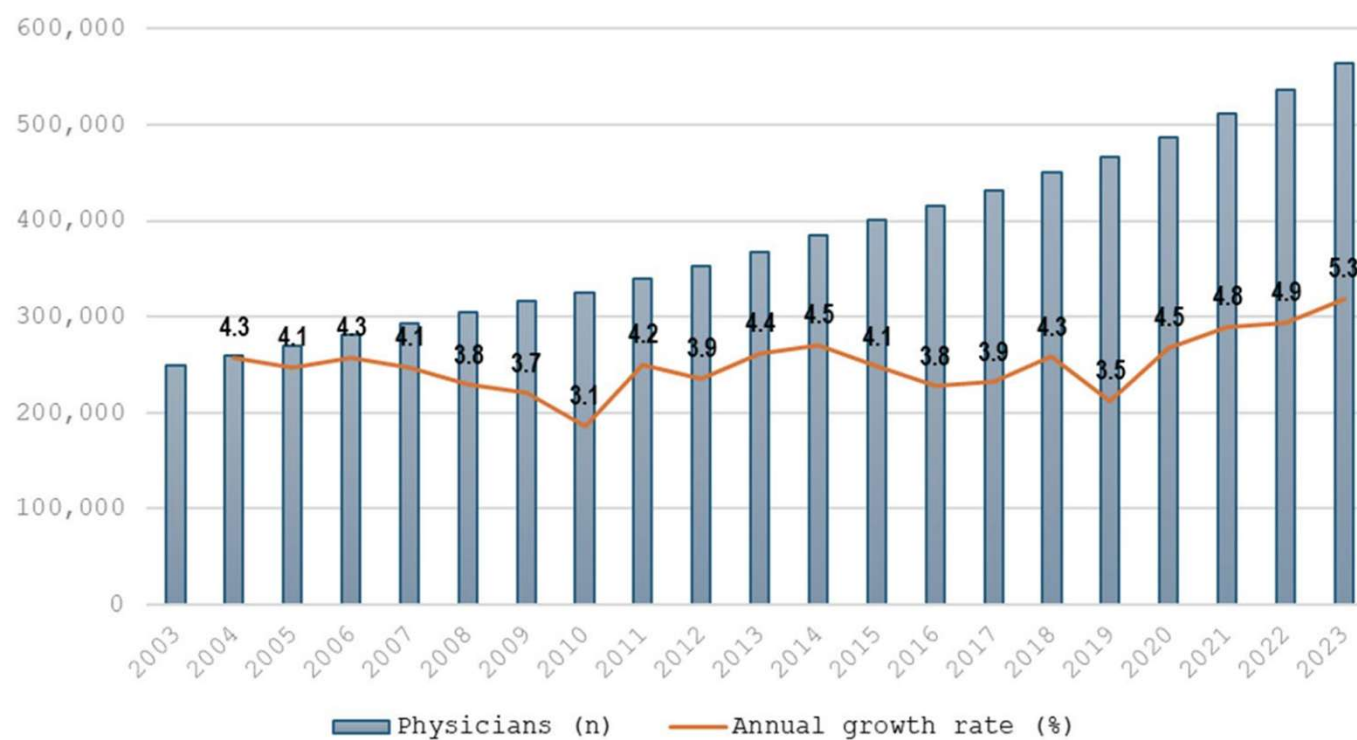


Fig. 1 Evolution of registered medical doctors 2003–2023 and respective annual growth rate. Source: Medical Demography, University of São Paulo

RESEARCH

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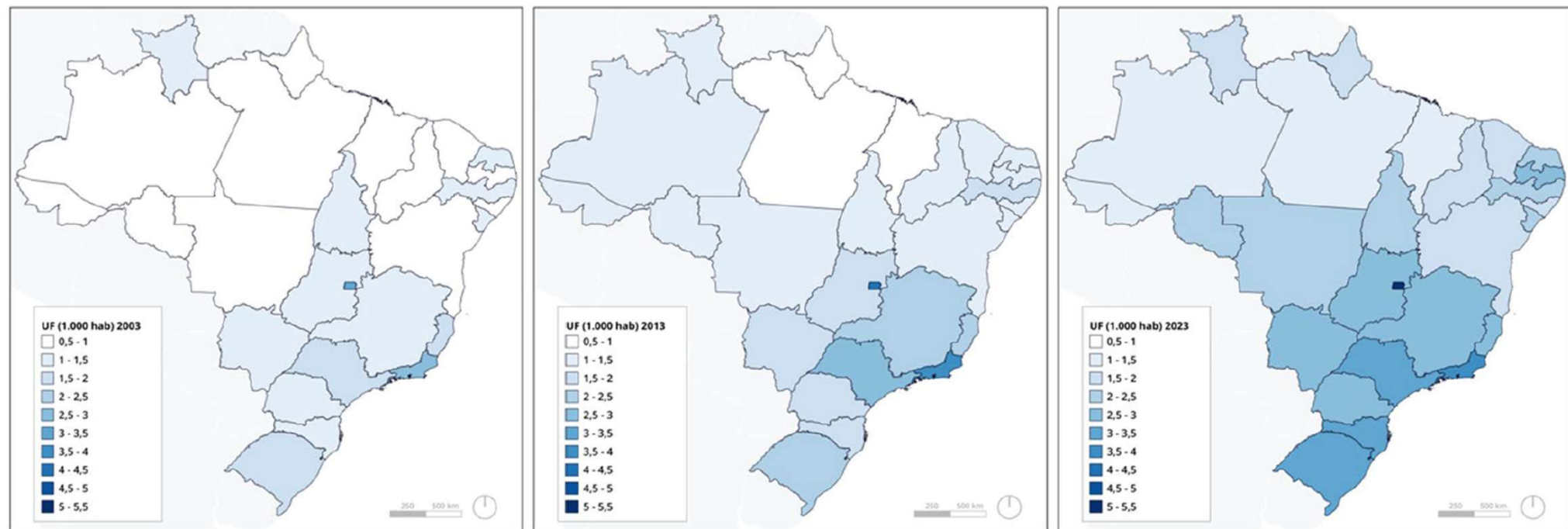
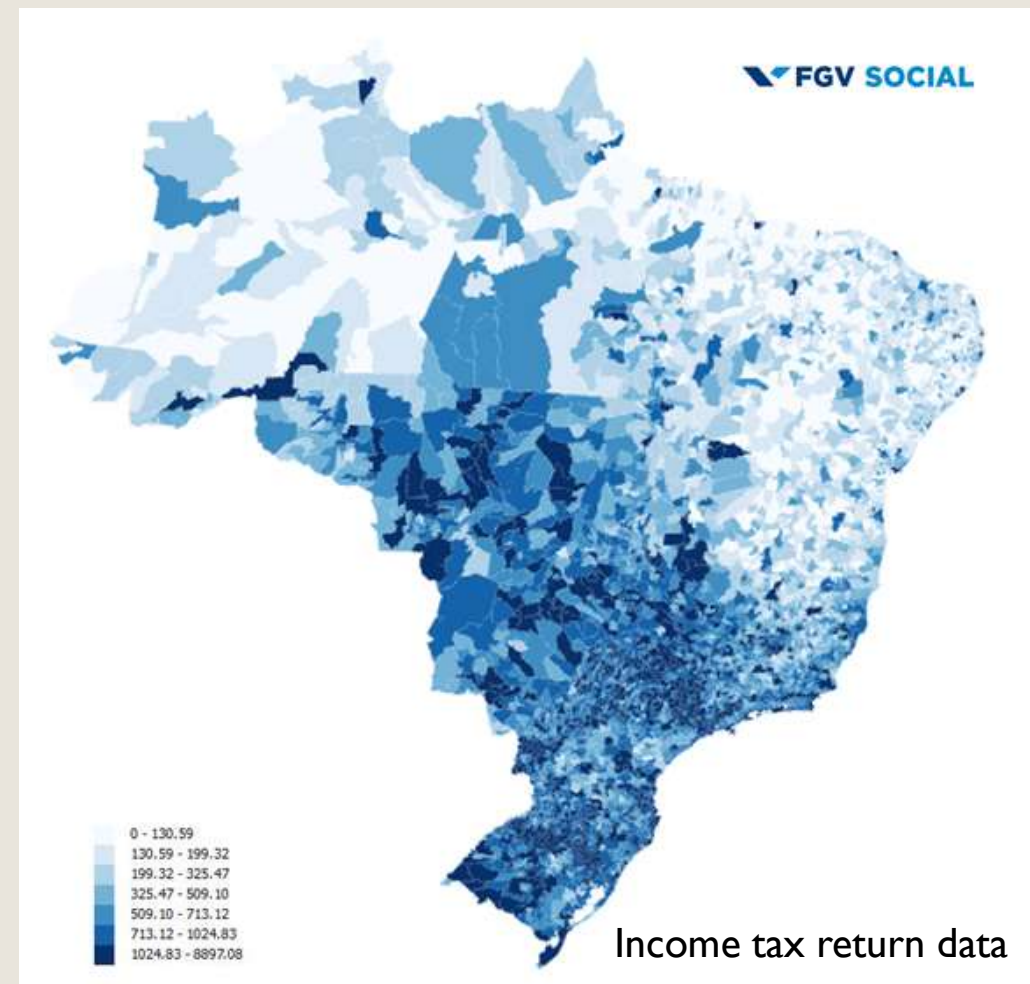
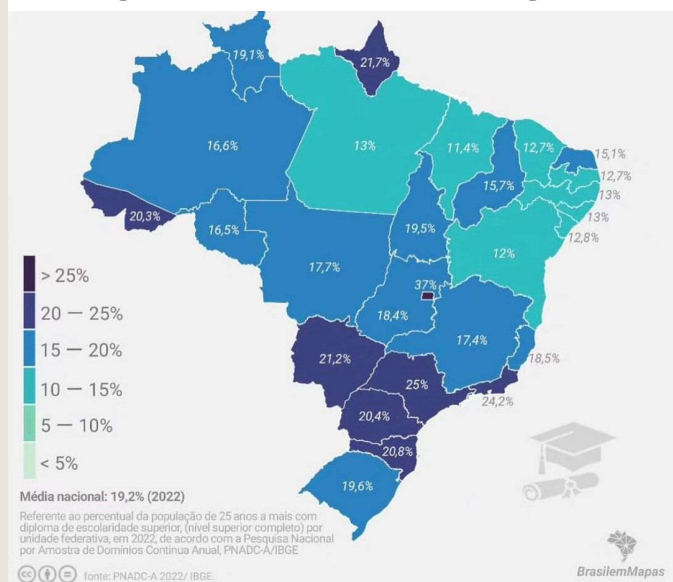


Fig. 2 Doctors per population in Brazil's states in 2003, 2013, and 2023. Source: Medical Demography, University of São Paulo

Population with completed higher education degree



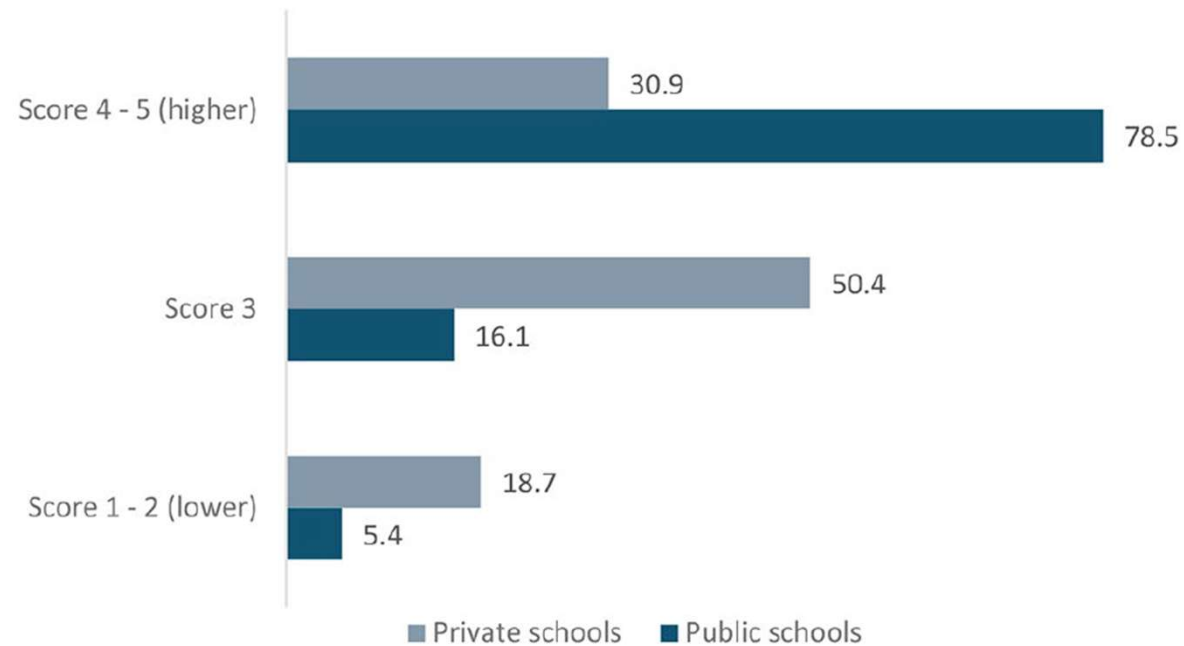


Fig. 4 ENADE test scores by type of medical school (2019) Source: e-MEC. Score results for medical schools (93 public and 139 private)

RESEARCH

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Brazil's experiment to expand its medical workforce through private and public schools: Impacts and consequences of the balance of regulatory and market forces in resource-scarce settings

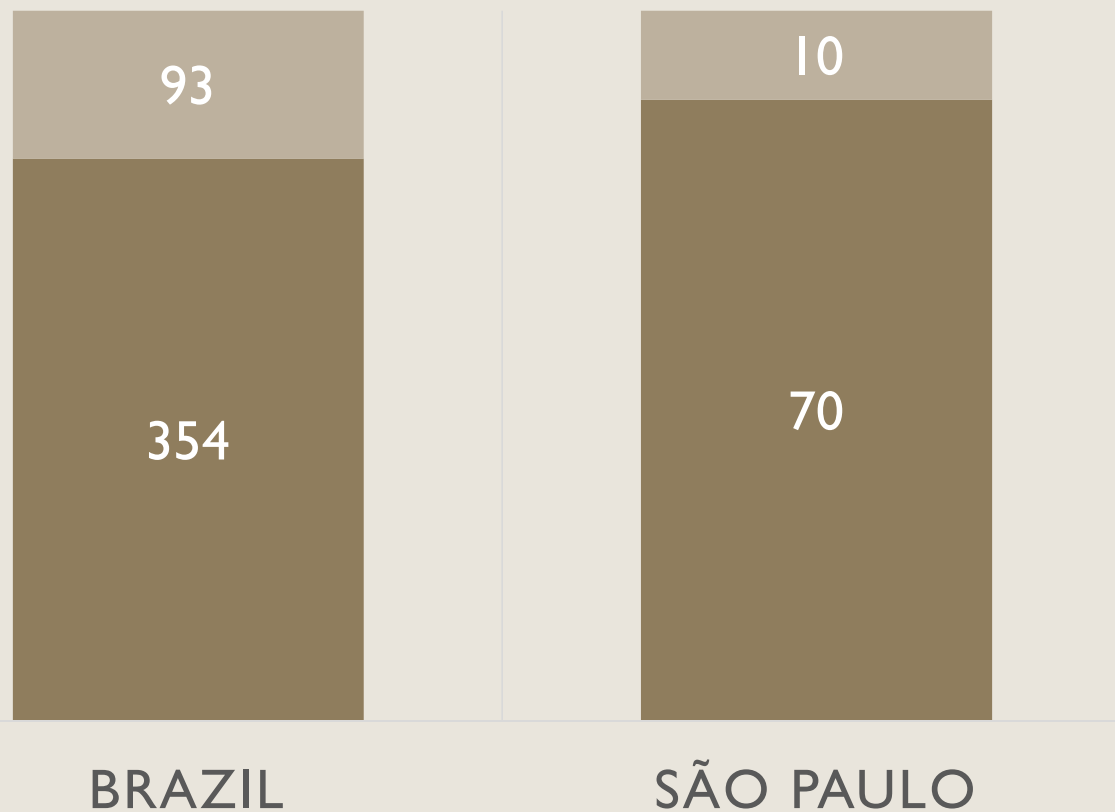
Mário Scheffer¹, Paola Mosquera¹, Alex Cassenote¹, Barbara McPake² and Giuliano Russo^{3*}

Conclusions:

Important caveats with respect to the quality and heavy reliance on private initiative to expand.

MEDICAL SCHOOLS WITH GRADUATED CLASSES (BEFORE 2019)

■ With graduated classes ■ No graduated classes



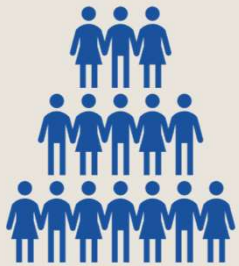
Brazil med schools

447

Source = E-Mec

SP MEDICAL SCHOOLS PROJECT

(FRAHYA&AMARAL 2025-26)



SP State population = 46,000,000

22% BR population

30% national economic output



40 new med schools after 2013 (doubled)

31 private + 9 public

RA Araçatuba

0
0
0
0
2
0

RA Barretos

0
0
0
0
0
1

RA Bauru

0
1
0
0
2
0

RA Campinas

0
1
2
1
3
9

RA Central

1
0
0
0
1
0

RA Franca

0
0
0
1
0
1

RA Marília

0
1
0
1
0
1

RA Ribeirão Preto

0
1
0
0
2
1

RA Santos

0
0
0
0
4
1

RA São José do Rio Preto

0
1
0
1
4
1

RA São José dos Campos

0
0
0
2
0
2

RA Sorocaba

0
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3

RA São Paulo

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0
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12
6

RA Registro

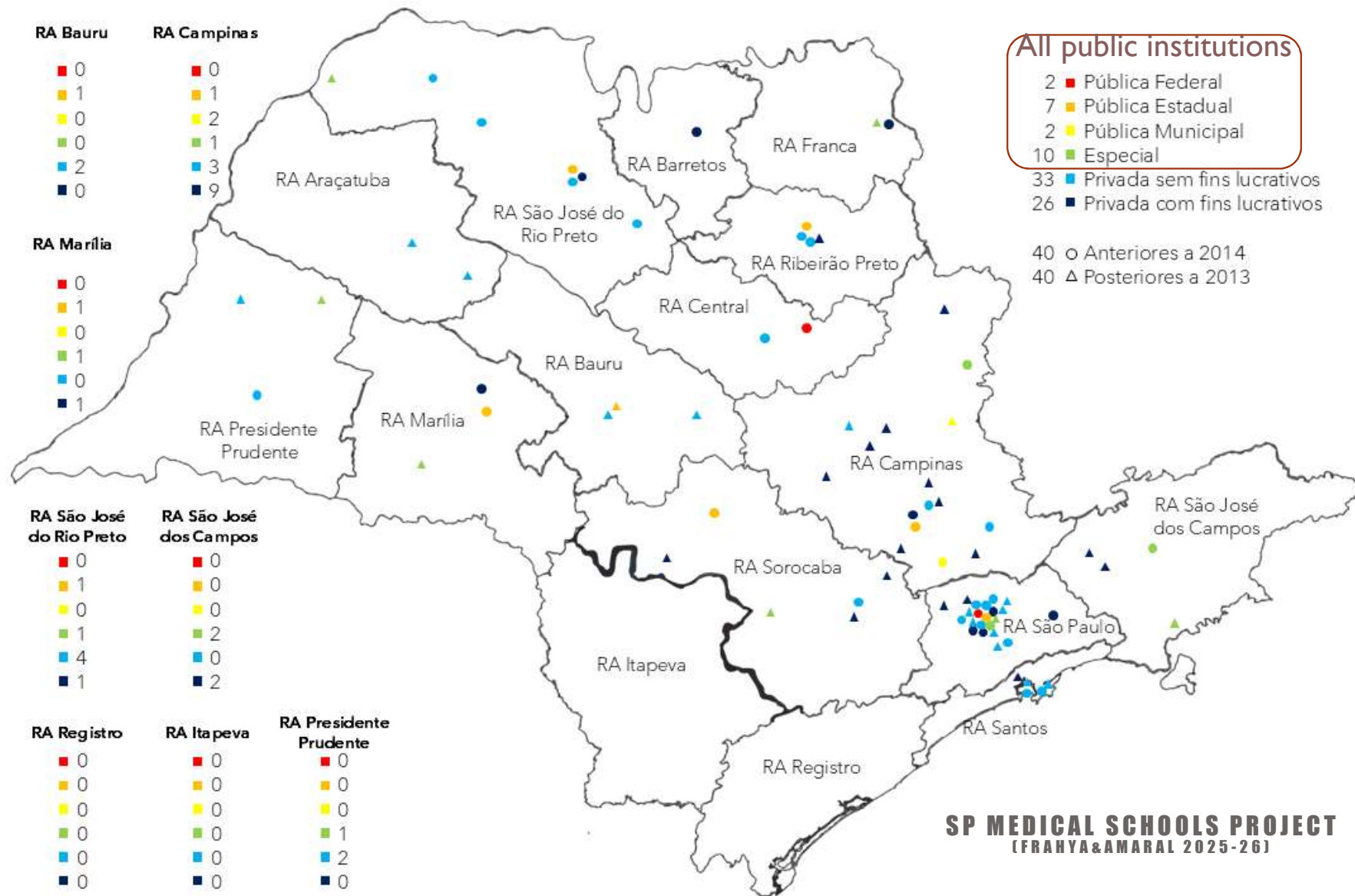
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RA Itapeva

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RA Presidente Prudente

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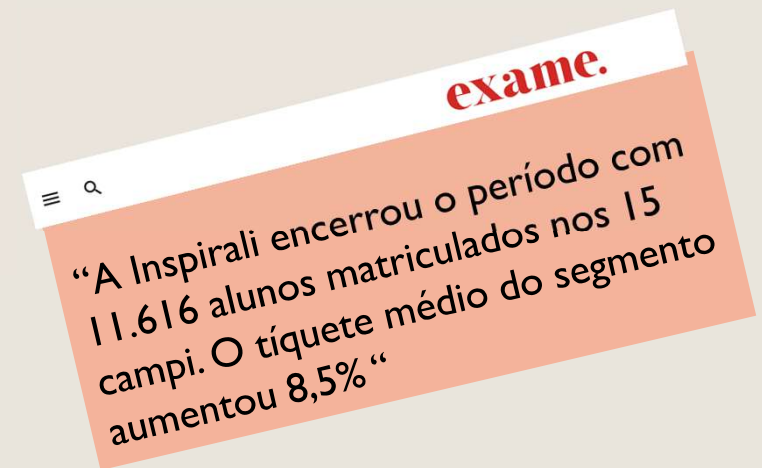
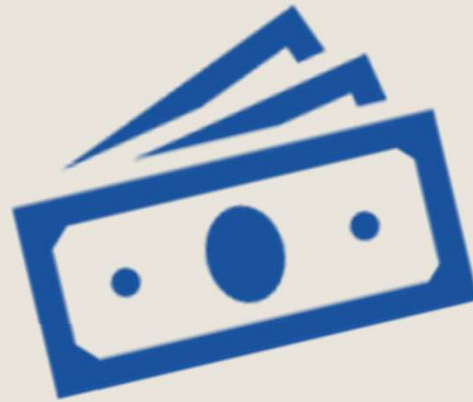


MONTHLY MINIMAL WAGE = US\$ 245
ANNUAL AVERAGE WAGE = US\$ 7,000

- Annual cost of living = US\$6,000–\$9,000
- Annual tuition fees for private med schools = US\$ 10,000-30,000
- After six-year medical program = US\$100,000–\$300,000.

Residency salary = \$700/month, not enough spots
Short, costly and badly-unregulated training growing

Is it medical education a public good?



The problematic globalisation of medical education

TH Premium

The phenomenon of foreign medical education is widespread, almost completely unknown, and unregulated

Updated - February 14, 2025 10:45 am IST

PHILIP G. ALTBACH, HANS DE WIT, ELDHO MATHEWS

Our analysis covers critical aspects including the rise of for-profit medical institutions serving international students, concerns over educational quality, and the regulatory hurdles faced by returning graduates. We also examine India's recent initiatives to increase medical seats and discuss the broader implications for cross-border medical education.



'No one knows how many international students are studying in medical schools outside their home countries' | Photo Credit: Getty Images/iStockphoto

Terra Brasil Notícias

GERAL POLÍTICA

Início [Geral](#)

Em 10 anos, humanos serão substituídos segundo Bill Gates

Por **Guilherme Silva** — 31/mar/2025 Em Geral





SUMMARY

447 BR med schools

In 2022, almost 4,000 medical schools worldwide

DRIVERS FOR SCARCITY OF MD: (WHO)

- Complexity of training & Retention
- Inadequately funded health systems
- Geographical maldistribution
- Migration in a globalized healthcare labour market
- Low morale and motivation

New drivers for scarcity of MD for care:

- **Less stressful life-style**
- **Increased financial needs/debts for graduates**
- **Short specialization courses/programmes**
- **Reduced attraction of residency training**
- **Entrepreneurs?**

2022 Dec 1;97(12):1804-1815.

"Finding My Piece in That Puzzle": A Qualitative Study Exploring How Medical Students at Four U.S. Schools Envision Their Future Professional Identity in Relation to Health System



Being, becoming, and belonging: reconceptualizing professional identity formation in medicine

Robert Sternszus^{1*}, Yvonne Steinert², Saleem Razack³,
J. Donald Boudreau^{4,5}, Linda Snell⁶ and Richard L. Cruess⁷

¹Department of Pediatrics and Institute of Health Sciences Education, McGill University Faculty of Medicine and Health Sciences, Montreal, QC, Canada, ²Department of Family Medicine and Institute

Sternszus et al.

Aug 2024

10.3389/fmed.2024.1438082

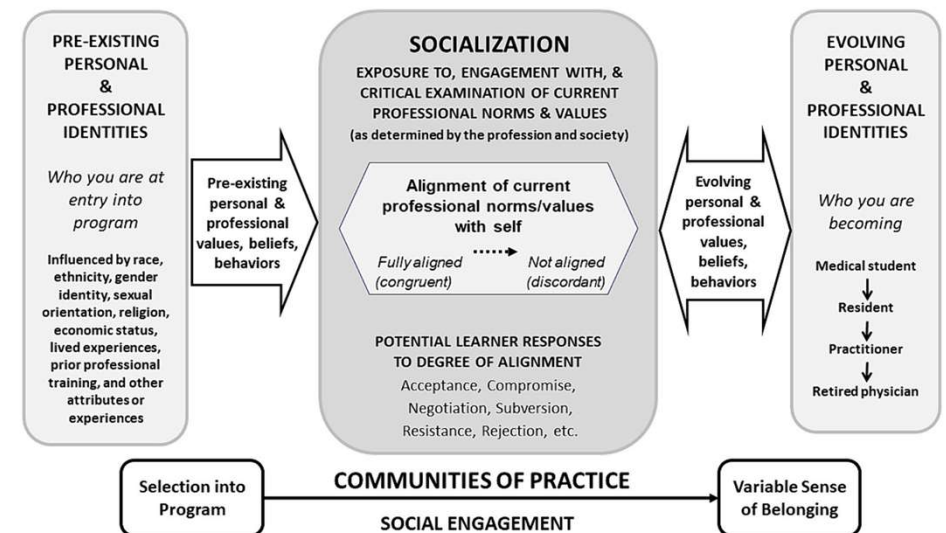


FIGURE 1

The process of professional identity formation in medicine. A revised schematic representation of professional identity formation, indicating that individuals enter the process of socialization with unique values, beliefs and behaviors that are informed by their pre-existing identities, and develop evolving personal and professional identities through a continuous process of engagement with and critical examination of the norms & values of the profession (upper portion). The process of social engagement into medicine's communities of practice begins with selection into the program and results in learners perceiving variable degrees of belonging to those communities (lower portion). Adapted from Cruess et al. (1).

The doctor we want & need:
General&public health system-oriented?

SUS since 1988

Office-based, specialists, private &
individual practice?

**Health system
model in dispute**

DCN 2025

**How about an
interprofessional
model of SUS care?**

Política

É preciso regular mensalidade dos cursos privados de medicina, diz ministro

Camilo Santana defende que regulação ocorra por meio da criação de um novo instituto no MEC

[Leticia Martins](#) e [Stêvão Limana](#), da CNN , São Paulo

13/03/2025 às 13:06 | Atualizado 13/03/2025 às 13:11

Política

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Mais Médicos

STF: Julgamento de novos cursos de medicina é suspenso pela 3ª vez

A interrupção ocorreu por pedido de vista do ministro Alexandre de Moraes.

Da Redação
quarta-feira, 14 de fevereiro de 2024
Atualizado às 09:57

Compartilhar     

 0

 Comentar

Siga-nos no  Google News

A - A +

Ministro Alexandre de Moraes pediu vista e interrompeu o julgamento virtual em que o STF decide se mantém exigência de que novos cursos de medicina em instituições particulares sigam os requisitos previstos na lei do programa Mais Médicos. O caso retornou para o plenário virtual na última sexta-

**WHO WILL
PAY THE
BILL?**

Students

Regulation/
accreditation
system

Families

Med schools

Society/Public

ECONOMIC
CONGLOMERATES

SUS

Health system