

NATIONAL
ACADEMIES

Sciences
Engineering
Medicine

Global Forum on Innovation in Health Professional Education

Affordability of Health Professional Education

Special Session: Cost of Education & Intention to Enter Primary Care

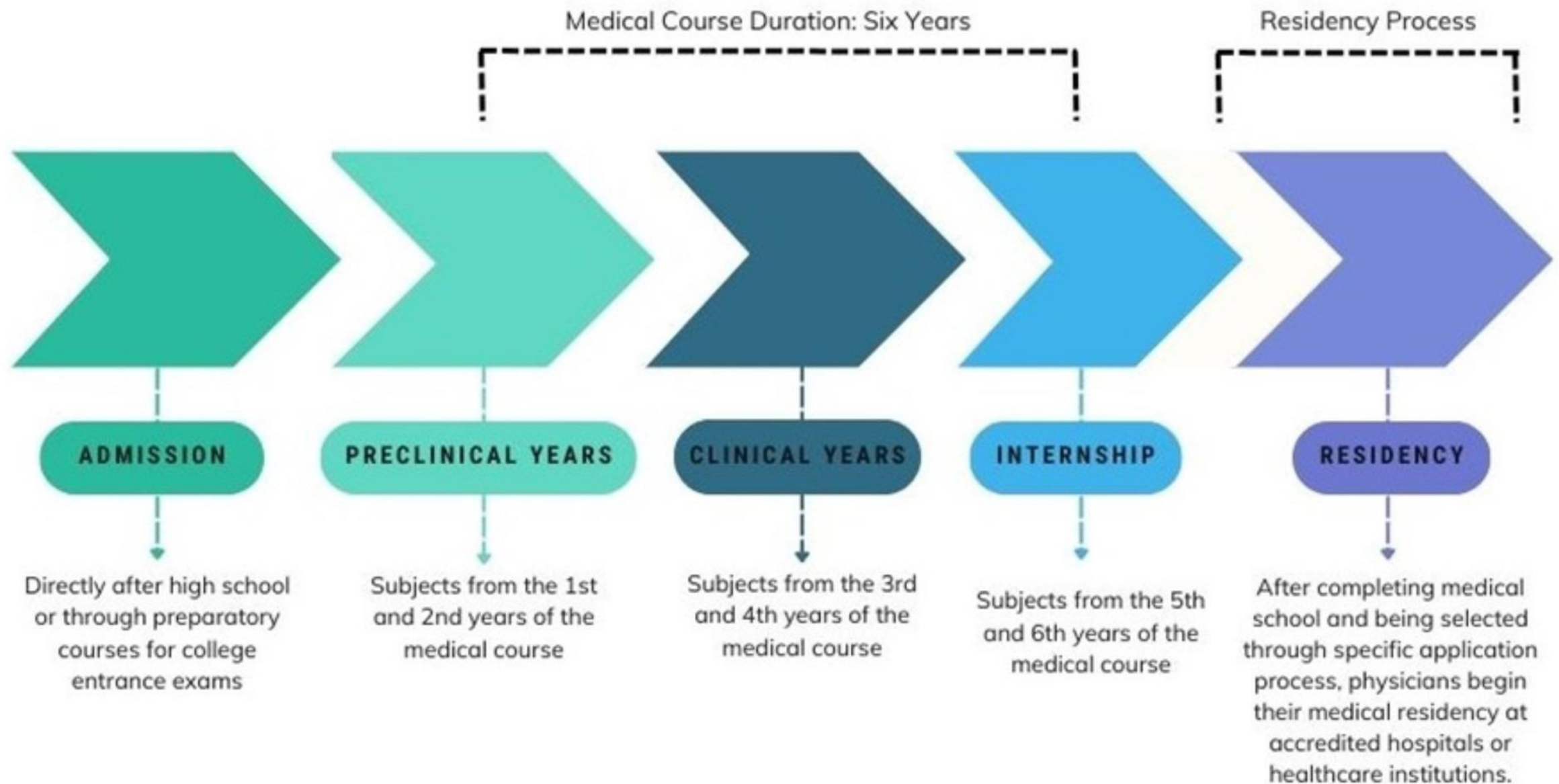
Dr. Mario Roberto Dal Poz
Full Professor and Director, IMS/UERJ
Editor-in-Chief Emeritus, Human Resources for Health
(<http://www.human-resources-health.com/>)



IMS INSTITUTO DE
MEDICINA SOCIAL
HESIO CORDEIRO

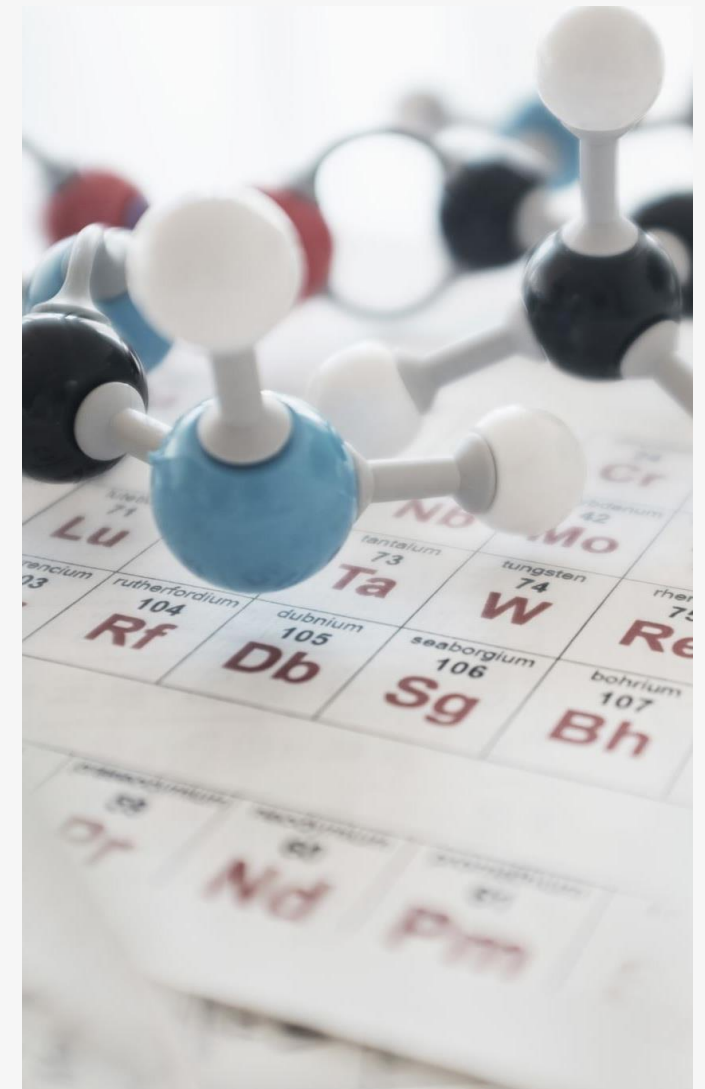


MEDICAL EDUCATION PROCESS IN BRAZIL



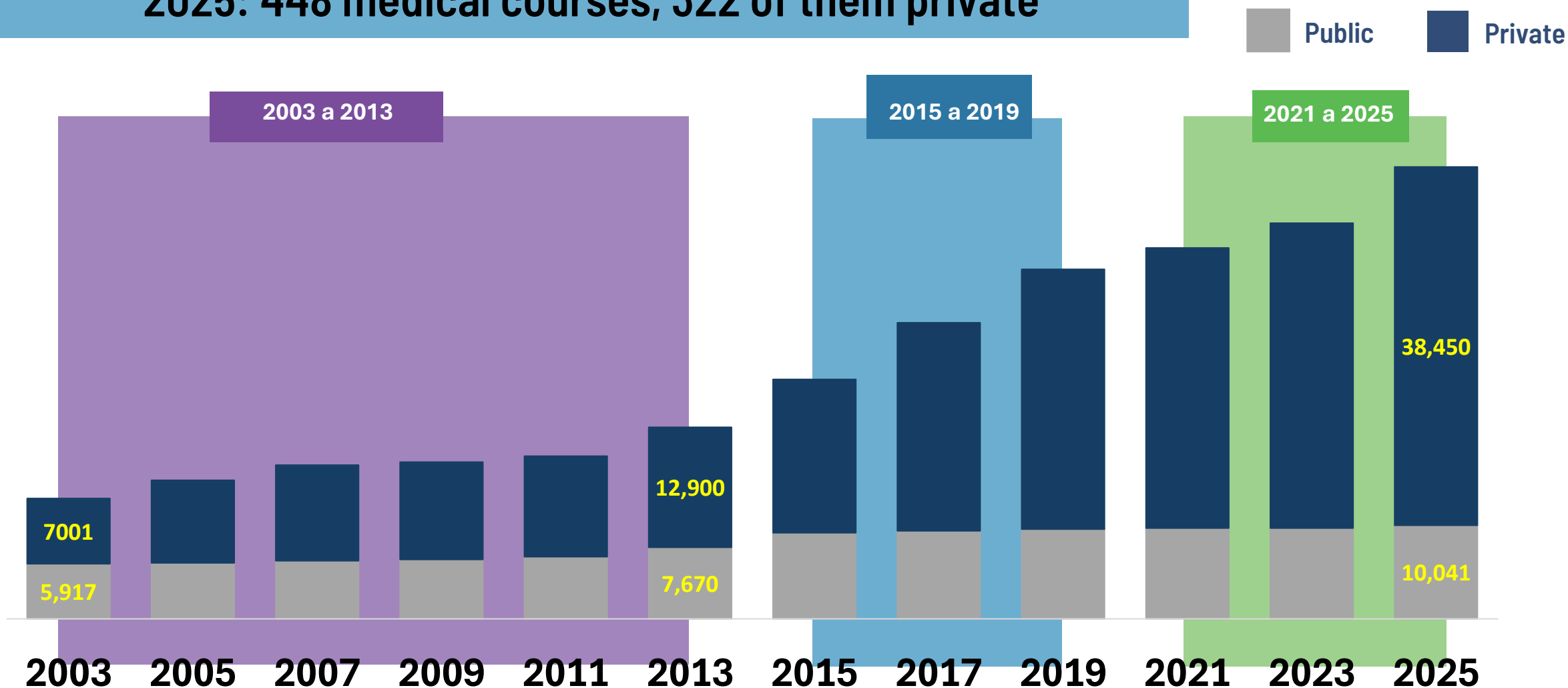
Brazil's Educational Requirements for Medical Doctors

- **Degrees Required:** The Undergraduate Degree in Medicine has a **minimum workload of 7,200 hours** and a **minimum completion period of 6 (six) years**.
- **Curriculum Overview:** The **National Curriculum Guidelines (DCNs)** for the Medicine course, (CNE/CES Resolution No. 3, 2014): aim to train a generalist, humanist, critical and reflective doctor, trained to work at all levels of health care, with an emphasis on the Unified Health System (SUS).
 - Basic sciences (first 2 years).
 - Clinical sciences (years 3-6) including rotations in various specialties.
 - Emphasis on practical experience through internships ("*estágios*"). A minimum of 30 per cent (30%) of the workload should be developed in Primary Care and in Urgency and Emergency Services of the SUS (minimum of two years of internship).
- **Entrance Exam:** Most **public** universities use the **National High School Exam (ENEM)** as part or all their admission process, as well as many **private** universities. Federal Universities use the the ENEM plus a “Unified Selection System (SiSU)



Undergraduate medical education: 80% in private HEIs

2025: 448 medical courses, 322 of them private



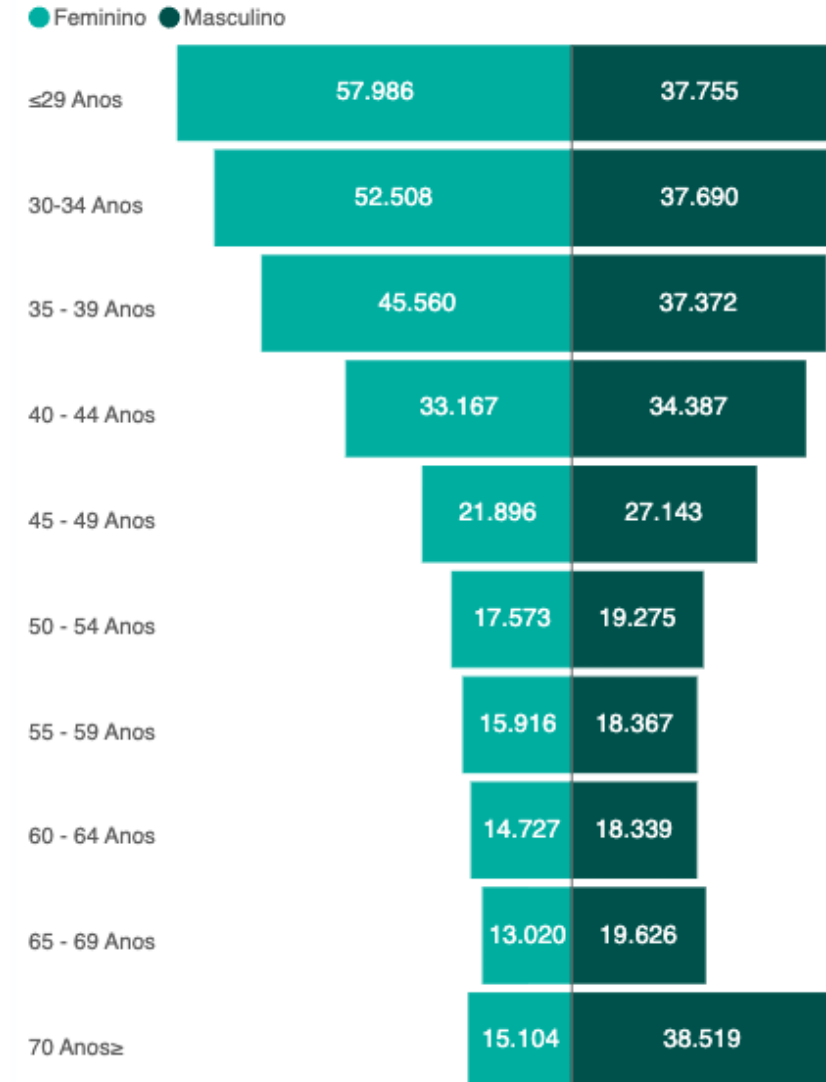
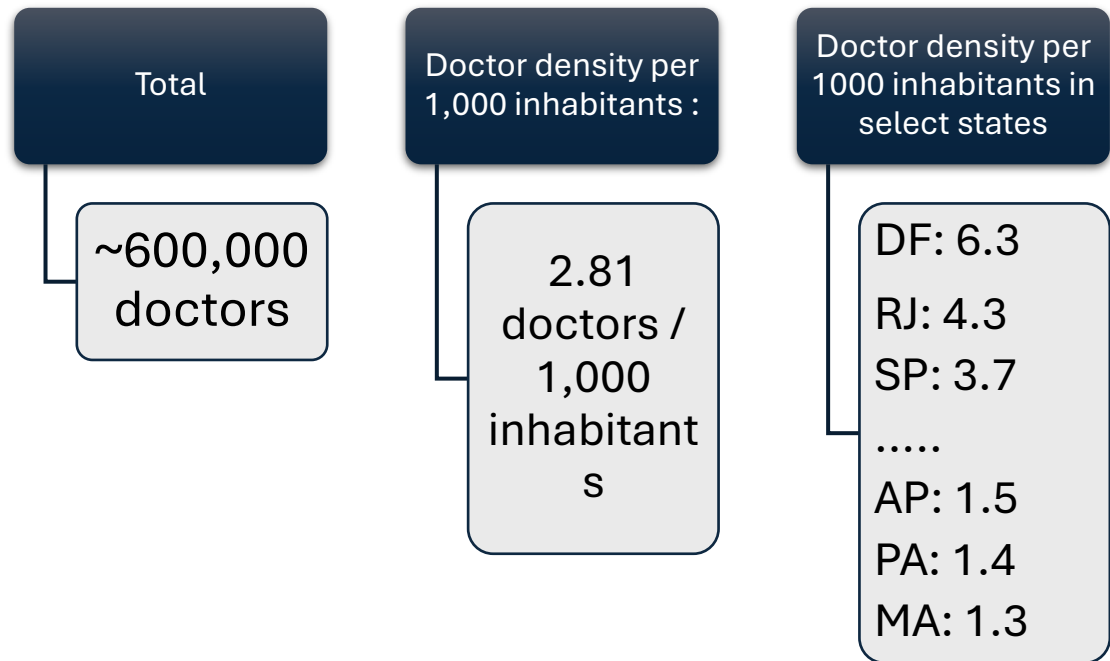
Public vs. Private Universities: Enrollment and Cost Structure


Category	Public Universities	Private Universities
Description	Federal and State-funded institutions. Highly competitive entrance exams (Vestibular, ENEM).	Tuition-based. Varying quality and cost. Some offer scholarships and utilize FIES/PROUNI.
Enrolment (Estimates - 2024)	20-30% of total medical students	70-80% of total medical students
Tuition Cost	Tuition-Free	Varies widely (BRL 7,000 – 15,000 or US\$ 1,520 - 2,700 per month).
Funding Source	Primarily Federal and State Government budgets.	Tuition fees, FIES, PROUNI, private scholarships, and out-of-pocket payments.

Scholarships:

- PROUNI (*University for All Program*): Government program providing scholarships to low-income students in private universities.
- FIES (*Student Financing Fund*): Government student loan program.
- Private scholarships offered by universities and other organizations

Brazil's medical demographics, 2024





Physicians specializing in
Family and Community
Medicine residency and total
number of positions
available for the 1st year,
2018 to 2024, Brazil.

YEAR	TOTAL	FAMILY & COMMUNITY MEDICINE	%
2018	16,302	991	6.08%
2019	16,796	1,139	6.78%
2020	16,858	1,185	7.03%
2021	16,594	1,149	6.92%
2022	17,417	1,290	7.41%
2023	18,272	1,424	7.79%

Where do medical graduates typically work after graduation?

Categories	1999/2000	2009/2010	Total
	N (%)	N (%)	N (%)
Public hospital*	142 (83.3)	180 (83.3)	322 (85.0)
Primary care	5 (3.1)	15 (6.9)	20 (5.3)
Specialized outpatient care	24 (14.7)	36 (16.7)	60 (15.8)
Public university professor or researcher	19 (11.7)	7 (3.2)	26 (6.9)
Other public bonds	7 (4.3)	5 (2.3)	12 (3.2)
Total (at least one public bond)	163 (100)	216 (100)	379 (100)

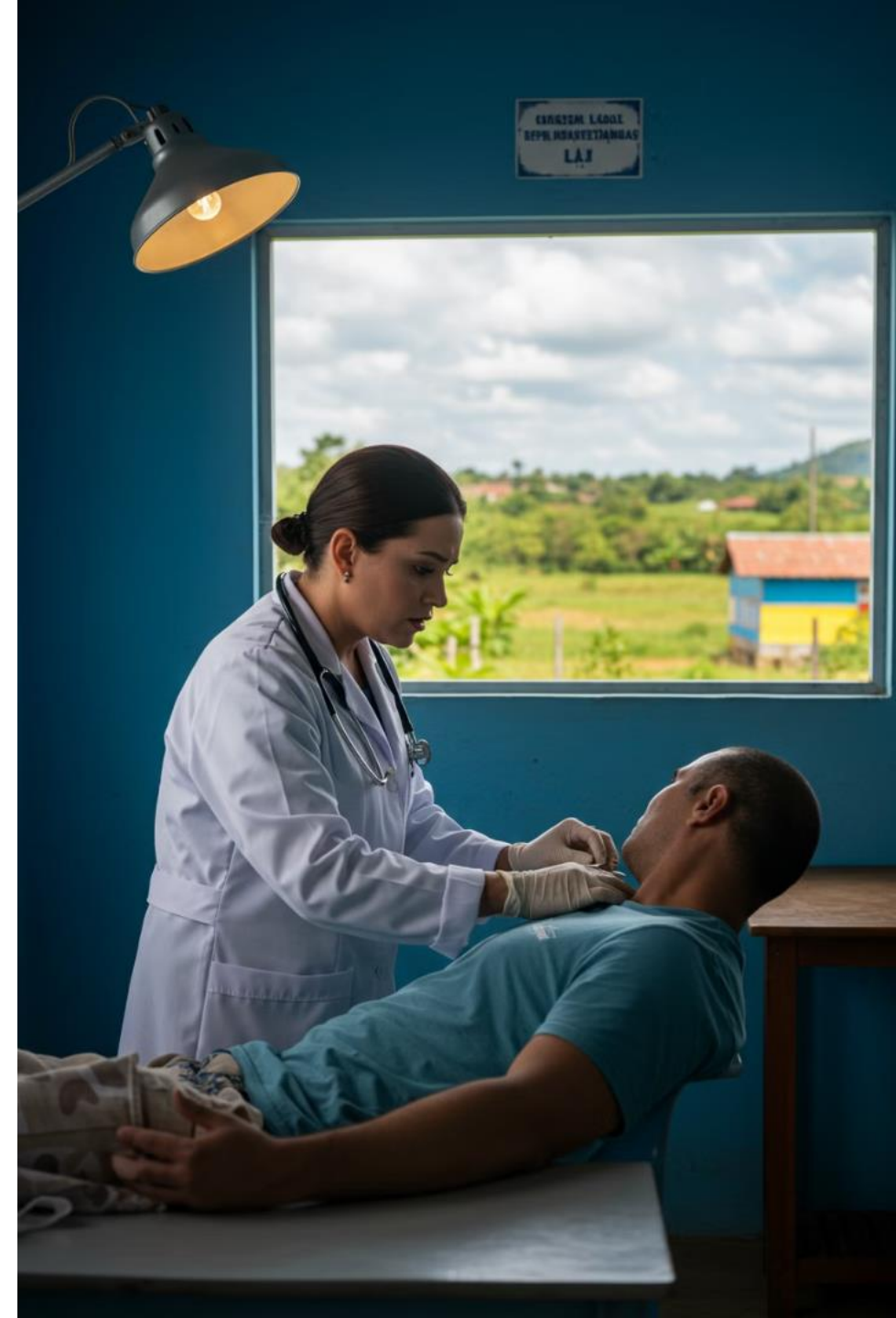
*Hospitals within the SUS: public, philanthropic or university hospitals.

Primary Care and Rural Practice Among Brazilian Medical Graduates

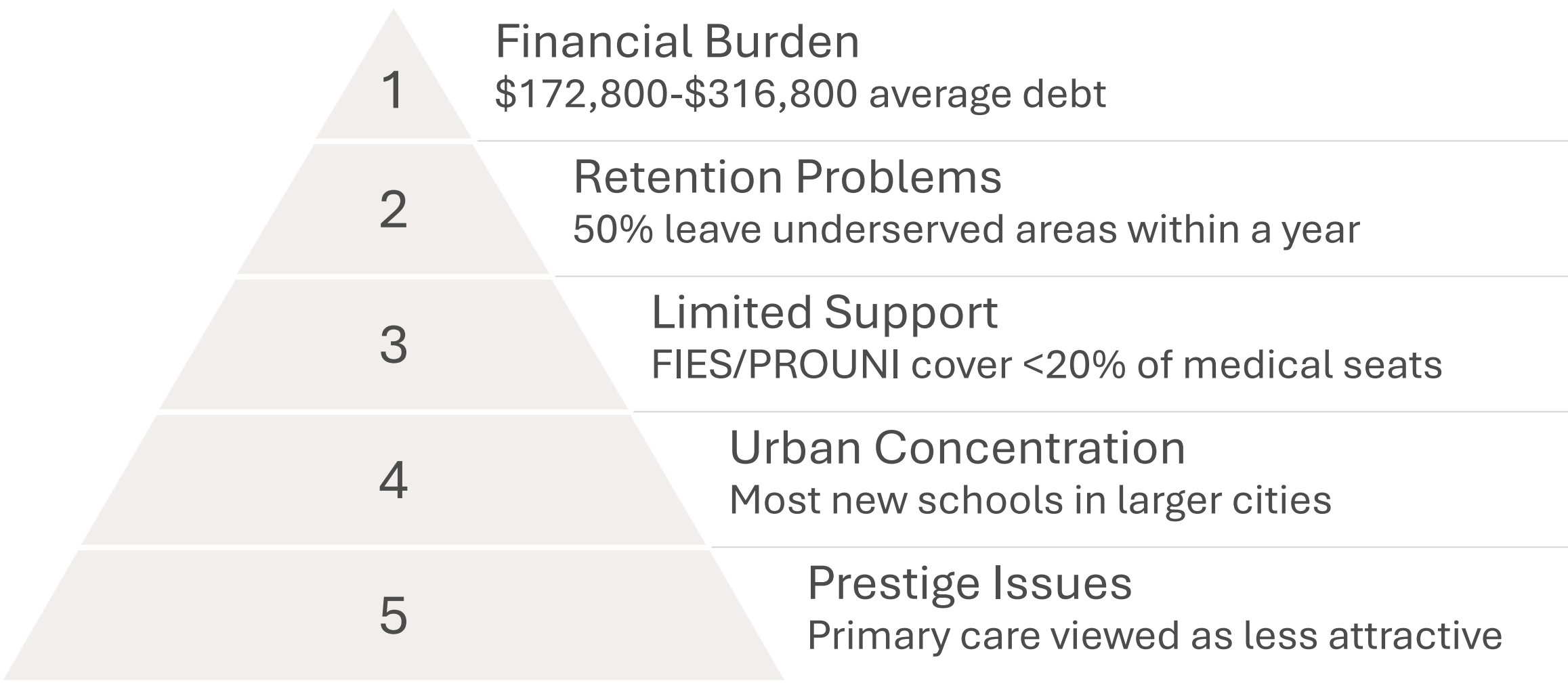
Brazil faces a critical shortage of primary care physicians. Only 3.7% of medical residents intend to practice in primary health care.

Family medicine physicians represent just 2.4% of all medical specialists. This creates significant gaps in healthcare delivery.

The distribution problem worsens in rural areas. Over half of doctors (53.5%) cluster in large urban centers.



Factors Affecting Primary Care and Rural Practice in Brazil



These systemic challenges create barriers to rural practice. New graduates face competing pressures from financial and career concerns.

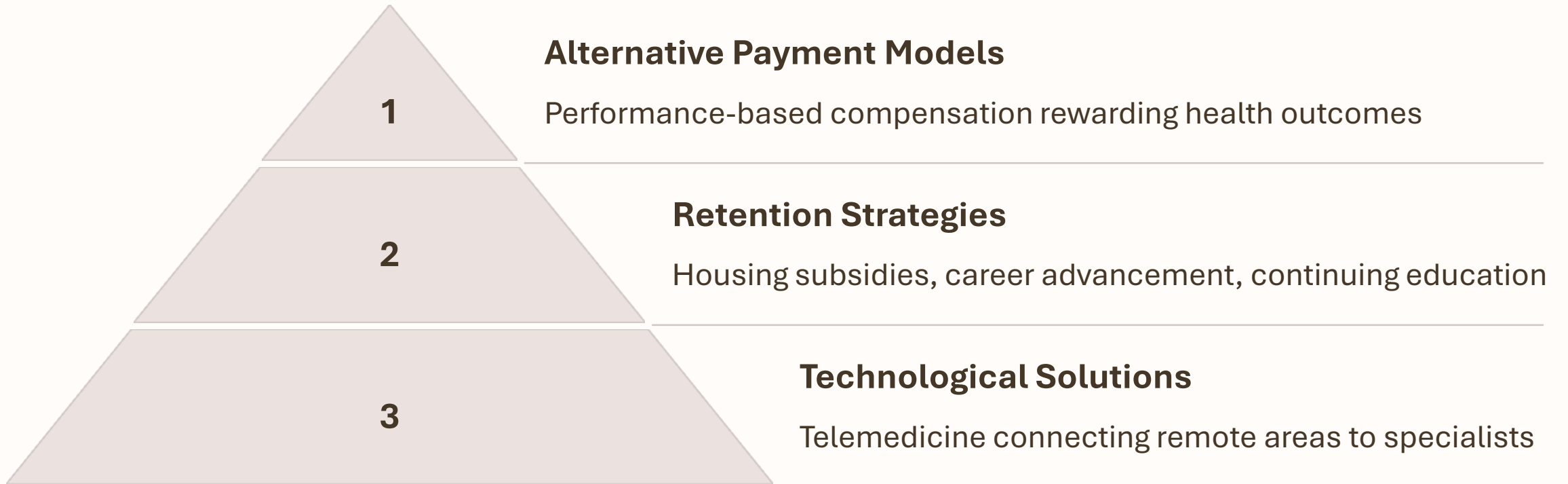
Barriers and Incentives in Primary Care

- **Government Programs:** Mais Médicos and PMAQ initiatives attempt to address physician shortages in underserved areas.
- **Infrastructure Challenges:** Remote facilities often lack basic equipment, medications, and technology for adequate care.



- **Quality Impact:** Resource limitations directly affect service continuity and comprehensive care delivery.
- **Cost barriers:** Financial disparities in Brazil exacerbate unequal healthcare distribution. Salary discrepancies between urban and rural regions incentivize doctors to practice in wealthier areas, consequently limiting access to quality care for underserved populations in remote locations.

Future Perspectives and Potential Solutions



Addressing cost barriers requires coordinated policy changes. Combined approaches could help create sustainable solutions for Brazil's healthcare distribution challenges.

Factors Contributing to the relative stability in Brazilian Healthcare and Medical Education Landscape

