São Paulo
rodrigo.oliandrade@gmail.com
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MEDICAL TRAINING

New exam finds one third of Brazilian final year medical students below proficiency

Uncontrolled expansion of Brazil's medical schools has resulted in thousands of students on the verge of entering the health system without basic competence. Rodrigo de Oliveira Andrade reports

Rodrigo de Oliveira Andrade *freelance journalist*

In January 2026 the results of Brazil's national examination for the assessment of medical training (Enamed) shocked the nation's medical profession. Of the 39 000 final year students who took part in the exam, 33% failed to achieve the minimum proficiency score.[1]

In other words, one in three medical students is on the brink of entering the workforce without the basic knowledge and technical competence required for safe medical practice—Brazilian medical students do not have to pass the exam to graduate from their course.

This was the first time Enamed, which is intended to evaluate the quality of medical education programmes, had been conducted. The results showed that some students failed to answer questions on fundamental routine clinical procedures.

One question, considered to be straightforward, asked how a doctor should respond to severe dengue symptoms such as high fever, intense pain, and uncontrollable vomiting; 66% of students who failed the exam answered it incorrectly.[2]

Another question described a 55 year old woman with no history of chronic illness who presented with persistent bilateral headache, visual disturbances, and fatigue. The correct response was to request a blood test to investigate possible vascular inflammation. Among those who failed the exam, 65% answered this question incorrectly.[2]

Alcindo Cerci Neto, a physician and professor at the State University of Londrina in Paraná, says "the results are tragic, but they're not surprising."

"We've long warned about the consequences of the uncontrolled expansion of medical schools and the graduation of unprepared doctors," he tells *The BMJ*.

The number of physicians in Brazil has risen sharply over the past two decades, to around 2.8 doctors per 1000 people in 2024 and around 3.0 per 1000 in 2025, depending on the dataset used. Between 2004 and 2024 the number of medical schools rose from 143 to 448. By 2024, Brazil offered 48 491 undergraduate medical places, 79.3% of them in private institutions.

While this expansion has widened access to medical training, critics say it has serious shortcomings—particularly the uneven quality of newly established private medical schools and the emergence of a cohort of young, underprepared professionals pressured to work in precarious conditions without adequate practical training.

Sanctions too lenient

The Enamed was created by Brazil's Ministry of Education (MEC) in April 2025 to assess the quality of medical training in public universities and private higher education institutions.[3] It consists of 100 multiple choice questions and is currently administered to all final year medical students. From 2026 it will also be taken by fourth year students. Medical courses in Brazil last six years.

The exam covers all areas included in medical school curriculums, with scores ranging from 1 to 5. The worst performing courses are given a score of 1 or 2 when fewer than 60% of their students achieve the minimum level of proficiency.

As the focus of the exam is on evaluating the institution rather than the student, there is no minimum score required for a student to pass. Even those who receive low scores can still graduate, obtain their diploma, and enter the profession.

In total, 351 medicine courses, public and private, participated in Enamed 2025.

Of the 304 courses in the federal education system included in MEC's supervision analysis, 99 (32.6%) received scores of 1 or 2 and are expected to face sanctions. Eight will no longer be allowed to admit new students, while another 13 will be required to cut their intake by half. A further 33 will have to reduce the number of places by 25%, and another 45 will be barred from expanding their enrolment.

Neto considers the sanctions too lenient. "We cannot afford leniency when it means putting people's lives at stake," he says. "Courses that scored 1 or 2 should be closed and students transferred to institutions with higher ratings."

The worst results were recorded among students from private institutions in small cities in the country's interior, many operated by publicly listed conglomerates that identified medical degrees as a profitable business—tuition fees at some of these institutions reach R$17 000 a month (£2429; €2808; $3251).[4]

"The situation may actually be worse, given that only programmes operating for more than six years were assessed," says Mario Scheffer, a professor at the University of São Paulo's school of medicine, adding

that at least 160 courses have been created in the past five years that were therefore not evaluated.

A glut of doctors, but a shortage of specialists

The expansion of private medical schools in Brazil gained momentum in 2013 with the enactment of the Mais Médicos Act, which sought to expand medical training in regions with a lower concentration of physicians.

Under the legislation, proposals for new medical courses are assessed by the MEC through public calls, with support from the Ministry of Health, taking into account both regional workforce needs and operating conditions. This authorisation process differs from most other undergraduate courses in Brazil, which may individually request authorisation from the MEC, without the need for a public call.

In practice, however, institutions that were denied permission by the MEC (many private and for profit) went to court, arguing that the government's restrictions were limiting the market. They managed to secure permission to open new programmes through court injunctions.

In 2022 the MEC said it had responded to 145 lawsuits in the previous six months, with 65 court decisions requiring compliance—in other words, numerous programmes were allowed to open despite the ministry's rejection. Many were later acquired by larger educational conglomerates, both Brazilian and international.

The expansion has fuelled a surge in the number of newly qualified physicians that on paper looked good. By 2024 Brazil had roughly 576 000 active doctors, or 2.81 per 1000 inhabitants; the ratio is projected to be about 3.0 per 1000 in 2025, better than that of China (2.52) and the US (2.72).[5]

But this approach has been criticised by César Eduardo Fernandes, president of the Brazilian Medical Association.

"Doctors are not commodities; you cannot simply produce them through a contract with an institution," he tells *The BMJ*. He believes training requires solid infrastructure, qualified professors, and proper clinical training sites where students gain experience with patients, which he does not think these newer institutions are able to provide.

A residency bottleneck has also resulted. Between 2017 and 2023, the number of medical graduates increased by around 47%, from 17 130 to 32 611, while residency places grew by just 18% from 13 244 to 16 189.

Antonio José Gonçalves, president of the São Paulo Medical Association, says that each year thousands of new doctors complete their degrees, obtain professional registration, and begin practising in the health system without access to the required specialist training.

In São Paulo state, the number of doctors without a recognised specialist title or medical residency has surged over the past decade, from 46 200 in 2015 to nearly 80 000 in 2025.

The aim of training and retaining newly qualified doctors in regions with fewer physicians has also not been met. Most doctors remain concentrated around major urban centres in the south east of the country, while peripheral regions and smaller inland cities remain underserved.

"The lack of incentives and infrastructure, combined with poor working conditions, makes it difficult to retain specialists where they are most needed," says Neto. "A doctor simply will not stay in a place where they do not have access to a chest x ray, an electrocardiogram, and complementary tests that support accurate diagnosis and treatment."

Gonçalves adds the central mistake of the policy was a "false assumption that expanding undergraduate medical places would be sufficient to tackle the shortage of specialists."

Raising the bar

Since the Enamed results were published, the federal government has revoked the 2023[6] call for proposals for new medicine courses, which had envisaged the creation of up to 95 new medical courses and around 5900 new medical places in private institutions across the country.

On 25 February the Brazilian Senate approved a 2024 proposal for the creation of a second, separate test for doctors wishing to practise in Brazil: the national medical proficiency examination.[7]

This test would assess, on an individual basis, whether newly qualified doctors possess the minimum competencies required to practise and, if so, to obtain professional registration—much as is already required in countries such as the US and Canada, with similarities with the UK's medical licensing assessment.[8]

The initiative follows the model of professional qualifying exams already adopted in other fields and appears to have broad public support. One poll commissioned by the Federal Council of Medicine reported that 96% of around 10 000 Brazilians surveyed supported the idea of doctors taking an exam to receive their medical registration.[9]

The proposal now moves to the Chamber of Deputies for further consideration. As currently drafted, the exam would be overseen by the Brazilian Federal Council of Medicine, the regulator of medical practice across the country. The proposed exam would not affect Enamed, which evaluates medical programmes and would continue.

"Medicine does not allow for improvisation," Gonçalves says. "The proficiency exam is an essential instrument to preserve the quality of medical care and safeguard public safety."

Sheffer, however, is not totally convinced of the idea. He believes the proficiency examination "would penalise newly qualified doctors who graduated from schools authorised by the MEC and are therefore legally entitled to grant degrees."

In his view, it would not be reasonable to require new graduates to pass an additional exam on top of Enamed to practise. And such a requirement would effectively call into question both the ministry's decision to approve the programme and the university's authority to award the degree.

"It would be more appropriate to continue strengthening Enamed and to tackle distortions in medical education," he tells *The BMJ*.

I have read and understood BMJ policy on declaration of interests and have no relevant interests to declare.

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