Recruitment to Geriatric Medicine
Successful Strategies from an International Perspective

BRAZIL

Silvia Pereira, MD
Brazil is the largest country in Latin America. Brazil is the 5th largest population in the world and the 5th largest country, and has one of the fastest growing economies in the world.

Capital: Brasília

Currency: Real

Official language: Portuguese

Population: 196,655,014 (2011)

Government: Presidentialism
MEDICINE IN BRAZIL

- 197 Medical Schools
- 14,000 Doctors graduate per year
- Average of 1,9 M.D. For each 1,000 inhabitants
- 53 official Medical Specialties

MEDICAL RESIDENCY IN BRAZIL

- Only 7,000 openings per year for medical residency in the country
- Established by Decree nº 80.281, September 5, 1977
- Highly regarded for medical specialization (gold standard)
- Doctors are reassessed every 5 years
ESPECIALIZATION IN GERIATRICS
- Requirement - CFM Registration after the end of the Medical Residency Program accredited by the CNRM/MEC or approval through the specialist title test by SBGG

Brazilian Society of Geriatrics and Gerontology
- Founded in May 16, 1961
- XXXXX associated, XXX doctors and XXXX other professional categories
- XX Geriatrics e XX Gerontologists
- There are two categories of specialist titles test in Geriatrics:
  ▪ regular – requirement two yrs of Medical Clinic
  ▪ special - doctors graduated more than 15 yrs and 8 yrs proven of elderly medical practice
- Federal Medicine Council and Brazilian Medical Association Members
People > 60 years old by region in Brazil

### BRAZIL: AVERAGE LIFE EXPECTANCY

<table>
<thead>
<tr>
<th></th>
<th>MALE</th>
<th>FEMALE</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>At Birth</td>
<td>68.8</td>
<td>76.6</td>
<td>72.7</td>
</tr>
<tr>
<td>At 60 Years Old</td>
<td>19.4</td>
<td>22.6</td>
<td>21.1</td>
</tr>
<tr>
<td>At 80 Years Old</td>
<td>8.9</td>
<td>9.9</td>
<td>9.4</td>
</tr>
</tbody>
</table>

Source: IBGE. Tábuas Completas de Mortalidade, 2007
The Speed of Population Aging:
Number of Years for Population 65+ to Increase from 7% to 14%

a. Developed Countries

- Spain (1947-1992)
- UK (1930-1975)
- Poland (1966-2013)
- Hungary (1941-1994)
- Canada (1944-2009)
- US (1944-2013)
- Australia (1938-2011)
- Sweden (1890-1975)
- France (1865-1980)

b. Developing Countries

- Singapore (2000-2019)
- Colombia (2017-2037)
- Brazil (2011-2032)
- Thailand (2003-2025)
- Sri Lanka (2004-2027)
- Tunisia (2008-2032)
- Jamaica (2008-2033)
- China (2000-2026)
- Chile (1998-2025)
- Azerbaijan (2000-2041)

Brazil: Total, Child and Old Dependency Ratio, 1950-2050

Elderly Population: Absolute Numbers and Growth Rates (R), Brazil

MEDICAL RESIDENCY IN GERIATRICS
BRAZIL

1961 – Foundation of SBGG
1968 – Gerontology incorporation and the affiliation to the Brazilian Medical Association (AMB)
1972 – First Test of Geriatrics Specialization Title by SBGG/AMB
1979 – Geriatrics Specialization is recognized by the National Commission of Medical Residency (CNRM/MEC)

Fonte: www.sbgg.org.br
GERIATRICS COURSES OR AGING CONTENT COURSES

<table>
<thead>
<tr>
<th>Region</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>North Region</td>
<td>69%</td>
</tr>
<tr>
<td>South Region</td>
<td>36%</td>
</tr>
<tr>
<td>Southeast Region</td>
<td>32%</td>
</tr>
<tr>
<td>Northeast Region</td>
<td>46%</td>
</tr>
<tr>
<td>Centre West Region</td>
<td>38%</td>
</tr>
</tbody>
</table>

GERIATRICS RESIDENCY IN BRAZIL

Positions = 66
Programs = 24

Source: Comissão Nacional de Residência Médica – CNRM/MEC, 2010
Positions per Program for Geriatrics Residency
Total: 66 positions & 24 programs

Source: Comissão Nacional de Residência Médica – CNRM / MEC, 2010
WHERE DOES GERIATRICS WORK?

- Basic Health Service
- Outpatient Centers
- Hospital Units
- Rehabilitation Units
- Interconsulta:
  - Orthogeriatrics
  - Oncogeriatrics
  - Emergency Room
  - Intensive Care
  - Surgery
  - Others
- Palliative Care
- Home Care
- Long Term Care
- Health Planning and Management
- Research

### GERIATRICS IN BRAZIL

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<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Specialists Doctors</td>
<td>1,149</td>
</tr>
<tr>
<td>Ratio Specialists / inhabitants over 60 yrs old</td>
<td>0,59</td>
</tr>
<tr>
<td>% Geriatrics Specialists Doctors / Total Doctors</td>
<td>0,43</td>
</tr>
</tbody>
</table>

### Characteristics of specialists doctors

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<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Male</td>
<td>579</td>
<td>50,48%</td>
</tr>
<tr>
<td>Female</td>
<td>568</td>
<td>49,52%</td>
</tr>
<tr>
<td>Average age (SD)</td>
<td>45,74</td>
<td>12,4</td>
</tr>
<tr>
<td>Physicians &lt; 30 yrs old</td>
<td>51</td>
<td>4,44%</td>
</tr>
<tr>
<td>Physicians between 30 and 60</td>
<td>942</td>
<td>81,98%</td>
</tr>
<tr>
<td>Physicians &gt; 60 yrs old</td>
<td>156</td>
<td>13,58%</td>
</tr>
<tr>
<td>Yrs after graduation (SD)</td>
<td>21,53</td>
<td>13,13</td>
</tr>
</tbody>
</table>

### Per region

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>North</td>
<td>21</td>
<td>1,83%</td>
</tr>
<tr>
<td>Northeast</td>
<td>133</td>
<td>11,58%</td>
</tr>
<tr>
<td>Southeast</td>
<td>704</td>
<td>61,27%</td>
</tr>
<tr>
<td>South</td>
<td>211</td>
<td>18,36%</td>
</tr>
<tr>
<td>Centre West</td>
<td>80</td>
<td>6,96%</td>
</tr>
</tbody>
</table>

Source: Demografia Médica no Brasil - CFM e CREMESP - Fev / 2013
% OF DOCTORS BY SPECIALTY

WHY SPECIALIZE IN GERIATRICS?

Because the aging population grows, demanding for more specialized professionals.

Because as the number of Geriatrics professionals is small, it will take long for the market to be saturated.

Growing percentage of the brazilian population from 1997 to 2007 (%)

- Total Population .............. 21.6
- 60 yo or more.................. 47.8
- 65 yo or more............... 49.2
- 80 yo or more............... 65

REASONS FOR NOT TEACHING GERIATRICS

- Course usually not available
- Students are not interested
- Lack of teachers
- Elderly care is not a priority
- Schools do not offer

Keller I, Makipaa A, Kalenscher T, Kalache A. World Health Organization, 2002
WHY JUST A FEW PHYSICIANS ARE WILLING TO ACQUIRE GERIATRICS SPECIALIZATION?

- Geriatrics is not offered in the graduation course
- Students have no influence of a geriatrics professor
- Students have no positive vision of the specialization
- Students have no training in Geriatrics during Medical Clinic
- In some programs instructors are not Geriatricians
- The majority of medical residents have no practice in geriatrics
- Students lack knowledge on Geriatrics
- Students lack stimulus by Geriatrics Leagues
- Hospitals need to offer medical clinic practice first
- Resident Doctors undergo two exams: Medical Clinic & Geriatrics
- Low chance of cure patients
- Long term results
- Laws are not enforced
- Aging population is not a political priority - Long Term Patients and obligatory companion requirement for elderly patients, which means more expenses for the government
The choice for geriatrics specialization

- During Medical School
- Just after graduation
- During medical clinical residency
- After another specialty practice

# Geriatrics as a Second Speciality

<table>
<thead>
<tr>
<th>Speciality</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Practitioner</td>
<td>569</td>
</tr>
<tr>
<td>Radiology &amp; Diagnostic Imaging</td>
<td>64</td>
</tr>
<tr>
<td>Occupational Medicine</td>
<td>42</td>
</tr>
<tr>
<td>Cardiology</td>
<td>35</td>
</tr>
<tr>
<td>Legal Medicine &amp; Medical Examination</td>
<td>35</td>
</tr>
<tr>
<td>Family &amp; Community Medicine</td>
<td>25</td>
</tr>
<tr>
<td>Acupuncture</td>
<td>17</td>
</tr>
<tr>
<td>Urology</td>
<td>10</td>
</tr>
<tr>
<td>Nephrology</td>
<td>10</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>9</td>
</tr>
<tr>
<td>Pneumology</td>
<td>6</td>
</tr>
<tr>
<td>Homeopathy</td>
<td>6</td>
</tr>
<tr>
<td>Neurosurgery</td>
<td>5</td>
</tr>
<tr>
<td>Nutrology</td>
<td>5</td>
</tr>
<tr>
<td>Traffic Medicine</td>
<td>5</td>
</tr>
<tr>
<td>Radiotherapy</td>
<td>4</td>
</tr>
<tr>
<td>General Surgery</td>
<td>4</td>
</tr>
<tr>
<td>Endocrinology &amp; Metabolology</td>
<td>3</td>
</tr>
<tr>
<td>Gynecology &amp; Obstetrics</td>
<td>3</td>
</tr>
<tr>
<td>Infectology</td>
<td>3</td>
</tr>
<tr>
<td>Intensive Medicine</td>
<td>3</td>
</tr>
</tbody>
</table>
AVERAGE WAGES
USA 2006

- Orthopedics – UD$ 425,000
- Dermatology – UD$ 335,899
- Radiology non-invasive – UD$ 426,345
- Gastroenterology – UD$ 406,345
- Medical Clinical – UD$ 177,059
- Family Medicine – UD$ 164,021
- Geriatricians – UD$ 161,888

Bregel E. Geriatricians needed to handle elderly population. Health Watch, 2008
Legislation for elderly in Brazil

Geriatrics Doctors by the SUS (public service)

LAW 8.842, January 4, 1994 – NATIONAL POLITICS OF THE ELDERLY

II – NA ÁREA DE SAÚDE

- norms de funcionamento às instituições geriátricas e serviços geriátricos hospitalares, com fiscalização pelos gestores do SUS;
- incluir a Geriatria como especialidade clínica, para efeito de concursos públicos;

LAW 10.741, October 1, 2003 – SENIORS CITIZENS ESTATUTE

TÍTULO II - DOS DIREITOS FUNDAMENTAIS - CAPÍTULO IV - DO DIREITO À SAÚDE

Art. 15. É assegurada a atenção integral à saúde do idoso, por intermédio do SUS

- atendimento geriátrico e gerontológico em ambulatórios;
- unidades geriátricas de referência, com pessoal especializado;
- reabilitação orientada pela geriatria e gerontologia.
MEDICAL RESIDENCY SPECIALITIES ESTABLISHED
BY THE BRAZILIAN PRO-RESIDENCY PROGRAM

- Anesthesiology (3)
- Cirurgical Cancerology (2)
- Clinical Cancerology (2)
- Trauma surgery (1)
- Intensive care medicine (7)
- Family & Community Medicine (5)
- Geriatrics (10)
- Patology (1)
- Child Psychiatry (1)
- Neonatology (2)
- Neurosurgery (1)
- Radiotherapy (2)
- Psychiatry (4)

Source: Comissão Nacional de Residência Médica (CNRM/MEC)
Strategies to Recruit Residents to Geriatric Medicine in Brazil

- Law Enforcement of geriatrics courses during medical school
- Residents of Internal Medicine must engage in geriatrics practice anytime during the 2 yrs of Residency
- Brazilian Society of Geriatrics and Gerontology (SBGG) takes actions and provides marketing on:
  - the impact of health on the aging population
  - Geriatrics importance in all areas (emergency room, intensive care, palliative care, ambulatory, long-term care, bioethics, medical education, interconsultation, domiciliary, etc)
  - requirement of geriatrics specialists for tutorate programs
  - stimulate students leagues
  - emphasyze the elderly people need of specialized treatment
  - Practice opportunity in private medicine
CONCLUSION

The great importance of geriatrics doctors during the aging process is not to cure patients, but to aim good life quality for them.

Although Brazil needs more geriatrics specialists we can not allow this need to bring inconsistent education or professionals with inadequate skills.

Source: Galera SC. O ensino do envelhecimento precisa amadurecer. RBPS 2011; 24(3): 189-190: Editorial.