



## The new placement of 2,000 entrants at Korean medical schools in 2025: is the government's policy evidence-based?

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Received Apr 29, 2024  
Accepted Apr 29, 2024

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### Two thousand new entrants at Korean medical schools

The news section of the *BMJ* has covered the “increased number of places at Korean medical schools in 2025 by 2,000 entrants and the resignation of 10,000 residents and interns” [1]. In an opinion piece published in the *Journal of Korean Medical Sciences* [2], the author condemns the government's authoritarian attitude of treating physicians as felons, stating, “the government will annul residents' medical license, prohibit hospitals from accepting residents' resignations, or pronounce maximum criminal sentence.” The author further states that the Korean Academy of Medical Sciences “looks toward the government and the medical community hoping each will take a step back and discuss these policies together to prevent public disaster.” *The Lancet* has also reported on this topic in the news section:

“The Korean government aims to address a projected shortage of 15,000 doctors by 2035 through a new recruitment cap. Junior doctors, however, believe that merely increasing medical school slots won't effectively tackle physician shortages in underserved medical areas. Instead, they assert that newly qualified physicians will still gravitate toward high-paying fields like cosmetic surgery and dermatology in the greater Seoul region.” [3].

It is disheartening to hear about the resignation of interns and residents, especially against the backdrop of the Korean government's threatening stance towards these young physicians during the beautiful days of spring. Each March and April, general hospitals buzz with activity as new interns and residents begin treating patients and improving their skills under the guidance of experienced supervisors. This period also fosters interaction among various health professionals, including nurses, pharmacists, dietitians, physical therapists, health information managers, and radiological technologists. These inter-professional activities mark the initial steps in alleviating the suffering of patients afflicted by illness. Furthermore, the development of rapport among health professionals, patients, and their families introduces a fresh sense of joy and fulfillment in the practice of medicine. Without these vibrant interactions, March and April become the most cruel months for young physicians.

In this opinion piece, I present the perspectives of young physicians (interns and residents) alongside the official statement from the Korean government regarding the government's threat to young physicians — namely, “a medical license suspension at least 3 months from March 2024, and related investigations and prosecutions.” Additionally, I will share insights from experts on critical

issues and offer suggestions from the viewpoints of educators and editors, drawing on sources such as journal articles, newspapers, government briefings, and personal communications.

### **Ethics statement**

This is an opinion on a policy judgment; therefore, neither approval by the institutional review board nor the obtainment of informed consent was required.

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## **Korea Interns and Residents Association Emergency Measures Committee statement 240220**

The official Emergency Measures Committee statement 240220 was released by the Korea Interns and Residents Association on February 20, 2024 (Supplement 1) [4]. The Association demanded the following steps:

- Completely withdraw the essential healthcare policy package and the plan to increase the number of places at medical schools by 2,000 a year.
- Establish a body to conduct a scientific forecast of doctor supply and demand and discuss increases and decreases in the supply of physicians.
- Expand the hiring of specialists at training hospitals.
- Implement concrete measures to mitigate the legal burden on doctors due to unavoidable medical incidents.
- Improve the harsh training environment for residents, who work up to 80 hours per week.
- Withdraw all unfair orders that intimidate residents and formally apologize to them.
- Fully repeal Article 59 of the Medical Service Act, which infringes upon the fundamental rights of citizens, and comply with the Republic of Korea's Constitution and the International Labour Organization's prohibition of forced labor.

The present number of admissions to medical school is 3,058 at 40 institutions. According to a law from 2016, the maximum working hours for interns and residents is 80 hours, with an additional 8 hours allocated for educational purposes [5]. After the announcement of the statement, residents started to depart from their training hospitals individually, protesting against the government's briefing.

Why would gifted young physicians, who represent the hope of Korea, issue such a statement? This appears to be a reaction to the "Emergency Briefing on the Physician Workforce Expansion Plan" announced by the Ministry of Health and Welfare on February 6, 2024 (Supplement 2) [6]. This emergency briefing can be summarized as follows:

Four essential healthcare policy packages will be implemented to allow physicians to focus on regional and essential healthcare services: 1) expanding the healthcare workforce, 2) strengthening regional healthcare, 3) establishing a safety net for medical accidents, and 4) enhancing fairness in the compensation system. The medical school admissions quota will be increased by 2,000, from 3,058 to 5,058. Starting in 2025, an additional 2,000 students will be admitted annually.

A more specific proposal is presented in the Essential Medical Policy Package (Supplement 3).

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## Ongoing resignation of residents and the government's threat of judicial proceedings

The Minister of Health and Welfare stated on February 27, 2024 that "starting in March, it will be necessary to suspend the licenses of those who have not complied and to initiate related judicial proceedings" [7].

Following the statement issued by the Korea Interns and Residents Association on February 20, 2024, residents at training hospitals continued to submit their resignations. By February 28, a total of 9,997 residents, representing 80.2% of all residents, had submitted their resignations, although not all were accepted by the hospitals in compliance with a directive from the Korean government. Consequently, 9,076 residents, or 72.8% of the total, successfully left their positions [8]. The Korean government ordered 13 residents to commence work on March 1, 2024 [9] under Article 59 (2) of the Medical Service Act [10].

*Article 59 (Guidance and Order) of the Medical Service Act is as follows [10]:*

*(2) The Minister of Health and Welfare, a relevant Mayor/Do Governor, or the head of a relevant Si/Gun/Gu may order medical personnel or founders of medical institutions to resume medical service if there is a reasonable ground to believe that suspension of medical service by the medical personnel without any justifiable ground, or temporary shutdown or closure of medical institutions by a group of the founders causes or is likely to cause significant difficulties in giving medical treatment to patients. <Amended by Act No. 8852, Feb 29, 2008; Act No. 9932, Jan 18, 2010>*

Therefore, under the current circumstances, most residents who have ceased working after submitting their resignations may face criminal penalties. Moreover, doctors risk criminal punishment, which can include imprisonment or more severe consequences, potentially leading to the revocation of their medical licenses. In Korea, the professions subject to legal mandates to resume work are medical doctors and pharmacists (including medicine manufacturers and pharmacy owners) and cargo drivers (involved in freight transportation businesses and operations).

On April 1, 2024, a statement was issued by the Korean presidency addressing the nation [11]. Regarding the scale of the increase in medical school admissions, the government repeatedly stated, "the government has decided to increase medical school admissions by 2,000 students based on clear grounds and sufficient discussion," and emphasized, "if the medical community argues that the increase should be reduced from 2,000, instead of collective action, they should properly present a unified proposal with clear scientific grounds to the government." This statement also noted that "the average number of physicians of OECD countries is 3.7 per 1,000 population, but it is 2.1 in Korea."

The President continued, "if they bring a more reasonable and rational solution, we can discuss it anytime," and said, "if better opinions and rational grounds are presented, government policies can change for the better."

At the same time, he emphasized, "However, we can never accept attempts to force their will through power without proper logic and grounds. They must immediately stop illegal collective actions and bring rational proposals and grounds."

The President said, "I will create a proper medical system through medical reforms," adding, "we will make massive financial investments to make the competitiveness of our country's medical and healthcare industries the best in the world."

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## Mitigation of threats to young physicians by the Korean government after a meeting between the President and the leader of residents and interns

After the presidential statement, a meeting took place between the President and the President of the Korea Interns and Residents Association on April 4, 2024, in the Presidential office. It remains uncertain whether this meeting will serve as a catalyst for resolving the ongoing conflict regarding the increase in medical school admissions by 2,000 in Korea. No official announcement has been made about the content of their discussion. Following this meeting, the Korean government ceased its threats toward the residents. Nevertheless, the government continued to reject the resignations of medical residents in accordance with its directive.

After that, the Prime Minister said on April 19, 2024, "regarding the 32 universities whose medical school quota has been expanded this year, if desired, we will allow them to recruit new students autonomously only in the 2025 school year within the range of 50% to 100% of the increased number" [12].

The Minister of Health and Welfare said on April 22, 2024 that "the Special Committee on Medical Reform will be launched this week for social discussions on medical reform tasks" and "the government will do its best to present each other's opinions on major issues of medical reform, such as the direction of investment in essential medical care, through the committee, and to prepare reasonable alternatives through open discussions." He asked "the Korean Medical Association and the Korea Interns and Residents Association to participate in the special committee on medical reform so that developmental and constructive discussions can take place, not just turn a blind eye in connection with the quota of medical schools" [13].

As of late April, there were no further changes in the actions of the residents, who continued to resign from training hospitals. Despite this, the government persisted in its efforts to increase medical school quotas, although the presidents of some medical schools reduced certain quotas. The Korean Medical Association and the Korea Interns and Residents Association still refrained from participating in the government's proposed special committee.

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## What are the fundamental issues in the present situation in Korea: new placement of 2,000 entrants at Korean medical schools and medical residents' mass resignation

*First, is the increase of medical school students by 2,000 based on scientific evidence or a policy judgment?*

The Korean government has consistently stated that the increase is "based on clear grounds and sufficient discussion" and urged physicians to present a unified proposal with well-founded scientific justification [11]. Three reports are the basis of the government's argument [14–16].

However, the authors of these three reports, which the government cited as scientific evidence, have denied that they constitute a basis for the government's increase of the medical school quota by 2,000 (<https://www.medicaltimes.com/Main/News/NewsView.html?ID=1157769>). Professor Yun-Chul Hong at Seoul National University stated that his research [14] did not support an increase of 2,000 students. Instead, the report presented various scenarios, with the most reasonable one suggesting an increase of 500 to 1,000 students. He highlighted that although Korea will experience a physician shortage from 2045 to

2050, an oversupply is anticipated thereafter. Therefore, he recommended that medical school quotas be adjusted to reflect these projections.

Dr. Junghyun Kwon from the Korea Development Institute (KDI) has also pointed out that the government's policy inaccurately interpreted her research [15]. Her proposed scenarios include increasing admissions by 1,000 students annually starting in 2024 for a total of 4,000 additional students, maintaining a 5% annual increase until 2030 to reach 4,500 students, and 7% and 10% annual increases. Notably, her scenarios do not include one where admissions increase by 2,000 students each year for five years to add 10,000 students.

Dr. Youngseok Shin, an Honorary Fellow at the Korea Institute for Health and Social Affairs, expressed his disagreement with the government's plan to increase medical school admissions by 2,000 students, arguing that the proposed pace is too rapid [16]. He suggested that even if a total increase of 10,000 students is deemed necessary by the government, it would be more prudent to distribute this increment over 10 years rather than 5, taking into account the medical market conditions at the time the new doctors graduate.

However, the Second Vice Minister of the Ministry of Health and Welfare said, "Those three reports are policy suggestions, and when the administration makes policy decisions, of course, those suggestions are considered and referenced. We make policy decisions by taking into account all the other surrounding conditions and factors, as well as the demands of other organizations. Therefore, it is up to the government to make policy decisions" [17].

#### Considerations for future estimates of the number of physicians

The 18<sup>th</sup> president of the Korean Society of Epidemiology highlighted three key factors to consider when estimating future physician demand: healthy aging, the integration of artificial intelligence (AI) into medicine, and the regulation of outpatient visits. In an aging population, the prevalence of diseases may not necessarily rise; rather, the number of individuals enjoying a healthy old age is increasing. With advancements in AI that are currently difficult to foresee, we are nearing an era where AI can undertake tasks traditionally performed by medical professionals [18]. If the work performed by AI programs is recognized for medical billing, healthcare facilities might not need as many specialists. At present, AI interpretations are not accepted for billing purposes. However, AI's diagnostic capabilities are anticipated to exceed those of human specialists in various fields. When this occurs, AI-generated diagnostic results could be eligible for billing, and only the more complex cases might require the attention of a specialist.

Korea's physician-to-population ratio, at 2.6 per 1,000 people in 2021 (2.1 when excluding Oriental medicine doctors), is lower than the OECD average of 3.7 per 1,000 people. However, the disparity in physician numbers per 1,000 population between Korea and countries such as Japan (2.6), the United States (2.7), and Canada (2.8) in 2021 is minimal. Despite this, Korea records the highest number of outpatient visits per capita among OECD countries, with an annual average of 15.7 visits, significantly higher than the OECD average of 5.9 visits in 2021. The avoidable mortality rate, which quantifies the number of patients who died due to not receiving timely medical treatment, stands at 142.0 per 100,000 in 2020. This figure is less than half of the OECD average of 293.1 in 2020 [19].

The current supply of healthcare services in Korea ranks among the highest in OECD countries, and the Korean people benefit from top-level services while incurring low routine medical costs. However, it is essential to evaluate whether the high frequency of medical visits indicates an excessive demand for healthcare. It is crucial to assess whether to maintain the low

contribution rate to health insurance and unrestricted access to medical facilities, or if controls are necessary.

Dr. Jung said the following about the politics of healthcare reform in Korea [20]: “First and foremost, policymakers need to escape the recurring trap of scapegoating and blame avoidance. The government should establish a new governance framework to foster a sustainable national-physician relationship. This framework should provide a space to consider a new healthcare system that ensures health equity and accommodates demographic and technological changes. Simply increasing staff numbers will not suffice to improve the healthcare system. While it is essential to increase the number of physicians, this must be part of a broader set of policy measures. However, if the essential trust-building between these two parties continues to deteriorate in the quest to normalize interest group politics, achieving effective governance will become increasingly difficult.”

*Second, is threatening residents with an order of forced labor reasonable in Korea, a liberal democratic society?*

The government's threat was noted above [9]. Additionally, the Second Vice-Minister of Health and Welfare provided a more detailed explanation of this matter [21]:

“Submitting the resignation letters of medical residents collectively does not genuinely reflect their intent, allowing for the possibility of legislative invalidation. I mentioned this earlier, didn't I? Consequently, this action will likely lead to a legal dispute under public law. Under the Medical Service Act, which is a part of public law, the collective resignation request was not accepted. However, if the residents fail to report to the hospital and withhold medical treatment, they violate the mandatory work commencement order. Such violations are punishable under the Medical Service Act, with penalties including up to three years of imprisonment. Non-compliance with the work commencement order will prompt actions from the Minister of Health and Welfare. Concurrently, the Korean government will initiate legal proceedings by filing a complaint and accusation. This will trigger the judicial process, starting with an investigation. The findings of the investigation will lead to an indictment, followed by a trial. If the trial results in a prison sentence, or even after the initial verdict, the government will implement administrative measures. These measures could include the revocation of the residents' medical licenses once the verdict is announced.”

Although the judicial processes were halted following a meeting between the Korean President and a medical resident leader, this could still be considered a demand for forced labor. The Korean government retains the authority to resume these judicial actions at any time. Meanwhile, hospitals are unable to accept the residents' resignations due to a government directive, preventing the residents from seeking employment elsewhere. As a result, they have been without income for two months.

An opinion presented by a lawyer suggests that the order to commence work, which the Korean government is threatening to impose on resident doctors, may potentially be unconstitutional [22]. This opinion is as follows:

“The concerns raised about the directive for medical residents to commence work under Article 59 of the Medical Service Act stem from the perception that it has been crafted as an overly forceful approach, exceeding what is necessary to fulfill a specific administrative goal. In practice, as evidenced by actions taken against residents, this mandate could potentially serve as a convenient legal instrument for the government to manipulate medical professionals and

the broader medical community at its discretion. The extent to which the government might attempt to exert control over the medical sector is profoundly troubling. After all, doctors are not military physicians who are subject to punishment for insubordination or for failing to comply with legitimate orders from their superiors, are they?"

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## Young physicians must be liberated from despair, fear, and depression

The crux of this issue regarding the government's threats toward resident physicians revolves around the question: who is responsible for nurturing our doctors? The idea that physicians trained entirely in the private sector should be treated similarly to military doctors under Article 59 of the Medical Service Act is baffling to young doctors. Those of us born in the post-generation (1955-1963), including myself, served selflessly and without complaint, adhering to the demands of our senior physicians in the pursuit of national revival, regardless of the hardships faced. During my internship at Seoul National Hospital from May 1985 to February 1986, I recall working over 140 hours a week. When the Resident Law, which limits on-duty hours to 88 per week, including 8 hours for educational purposes, was enacted in 2015, I was thrilled. I saw this 80-hour limitation as a crucial first step toward improving both patient safety and the well-being of residents [23].

The post-war generation has successfully achieved the national revival of Korea. Today's young physicians represent a new generation with values distinct from those of the post-war era; they have a strong sense of self and are not inclined to engage in forced labor simply because they are instructed to do so. Failing to adapt to this shift will hinder our ability to understand, communicate with, and solve problems alongside the younger generation. It should be clear that coercive measures such as threatening these young physicians—who will be responsible for our future—with license suspensions and denial of resignations will not address the underlying issues. As of April 2024, the government's practice of vilifying resident physicians in public advertisements can also be seen as a form of this pressure tactic (Supplement 4). I remember the French artist, Bernard Buffet (1928–1999)'s message when he was criticized by the public: *"La haine dont je suis entouré est, pour moi, le plus merveilleux cadeau que l'on m'ait fait"* ("The hate that surrounds me is, for me, the most marvelous gift that anyone has given me").

These various measures drive our future healthcare system toward self-destruction; therefore, attempts to resolve the issue through further threats must cease. When an individual undertakes work, there must be a purpose, the ability to ascribe value to that purpose, and commensurate compensation. Moreover, tasks not chosen by oneself no longer hold meaning for this generation. We must remember that these young physicians, nurtured by our nation's people and society, are the rising stars responsible for safeguarding our health in the future.

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## Clinical faculty members are also under burnout due to long working hours and frequent duty at night

My junior doctors at university hospitals express feelings of helplessness, anger, and depression due to the current wave of residents' resignations. They are among the finest physicians and surgeons globally, yet they are already experiencing burnout. The primary source of this burnout has been identified as "excessive regulation by the government or university" [24]. This situation could lead them to leave university hospitals, driven by a fear of death from overwork. They require psychological support in addition to the provision of assistant personnel.

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## Role of the Korea Institute of Medical Education and Evaluation

In March 2024, the Korea Institute of Medical Education and Evaluation (KIMEE) released the newly revised accreditation criteria, "ASK 2026 (Accreditation Standards of KIMEE 2026, <https://kimee.or.kr/board/data/>)." This update replaces the previous ASK2019 standards [25]. If there are substantive changes, including an increase in the admission quota, a mandatory evaluation of the substantive change plan must be undertaken according to the KIMEE's accreditation process [26]. Failure to secure accreditation means that graduates may lose their eligibility to sit for the Korean medical licensing examination. As stipulated by the Medical and Higher Education Act [27], only graduates from KIMEE-accredited institutions are eligible to take the medical licensing exam.

The Director of KIMEE stated the following (<https://www.docdocdoc.co.kr/news/articleView.html?idxno=3016783>): "As the head of the accreditation agency, I am not at liberty to discuss the outcomes of forthcoming evaluations in detail. It is essential to understand that developing a single expert takes more time and effort than one might anticipate. Additionally, it is important for society to recognize that this investment is crucial for professionals to fulfill their roles effectively. Medical education should extend beyond merely passing exams; it must focus on quality and foster an appropriate educational environment. KIMEE is dedicated to improving the quality of medical education and making a significant contribution to public health, which is aligned with these objectives."

We must consider whether the accreditation system established by KIMEE for quality management in medical education is capable of effectively responding to the sudden increase in medical school enrollments by 2,000 students annually.

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## Editor's perspective on this policy judgement

From an editorial perspective, it is unfortunate that the three reports cited by the government as evidence have not yet been published in scholarly journals. Scientists typically submit their research findings in the form of reports, which are then published in peer-reviewed scholarly journals. Although the three studies in question are noteworthy, their scientific credibility would have been increased if they had been published in academic journals, as is customary for research reports. Looking ahead, submitting and publishing such policy-related research in international peer-reviewed journals would promote a wider understanding among researchers and readers globally, thereby enriching future policy discussions.

Since I am not a specialist in health policy but a retired basic scientist and teacher, I am unable to intervene in the current turmoil. It appears that both the Korean government and the medical residents are hesitant to abandon their positions quickly, likely due to a lack of mutual trust. Consequently, the resignations among the current residents are expected to persist for an extended period. In this situation, the two groups most at risk are the patients requiring care in university hospitals and the clinical faculty members working there. Patients concerned about delays in their medical care should consider transferring to another general hospital where residents have not resigned, especially if their wait for surgery or therapy becomes excessively long.

My greatest concern is the burnout and exhaustion of clinical faculty members who are required to care for patients during night shifts, a role typically assigned to residents. I am acutely aware of their dedication to patient care, often at the expense of their own physical



well-being, as I have personally experienced this during my four years as a clinician, both as a public health physician and an intern. Therefore, it is crucial for hospital managers to prioritize the reduction of their workload. One potential strategy could be the introduction of physician assistants, although this is not a comprehensive solution. Continued experiences of depression and hopelessness among these faculty members could lead to a breakdown in the delivery of high-quality healthcare. The primary reason I value living in Korea is the exceptional level of medical care provided by Korean physicians, healthcare personnel, and medical institutes. The thought of such a collapse is deeply troubling.

At present, the situation is dire and demands immediate action. I conclude this opinion by citing a recommendation from my senior doctor, a specialist in health policy [28]: "A country's healthcare policy must first establish a comprehensive dialogue on healthcare, and then assess the supply and demand for healthcare human resources based on clearly defined objectives and specific detailed plans. This process also necessitates the involvement and consensus of the professionals and hierarchical organizations tasked with healthcare provision. Healthcare policy is a complex and challenging issue that demands extensive collaboration. The time is now for the Korean government to formulate a cohesive short- and long-term plan, incorporating expert input, to guarantee the delivery of sustainable, top-tier healthcare services."

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#### Authors' contributions

All work was done by Sun Huh.

#### Conflict of interest

Sun Huh has been the editor of the *Ewha Medical Journal* since September 2023. However, he was not involved in the peer review process or decision-making. Sun Huh is also a member of the Korean Association of Medicine (KMA); therefore, his ideas and opinions may be biased toward those of KMA and clinical faculty members, although he was a basic scientist and has already retired from his university. He may be unable to present a neutral position on the health policy issue. Otherwise, no potential conflict of interest relevant to this article was reported.

#### Funding

Not applicable.

#### Data availability

Not applicable.

#### Acknowledgments

Not applicable.

#### Supplementary materials

Supplementary materials are available from: <https://doi.org/10.12771/emj.2024.e13>.

Supplement 1. The official Emergency Management Committee statement 240220 of the Korea Interns and Residents Association, released on February 20, 2024

Supplement 2. "Emergency Briefing on the Physician Workforce Expansion Plan" announced by the Ministry of Health and Welfare on February 6, 2024

Supplement 3. Essential Medical Policy Package announced by the Ministry of Health and Welfare on February 6, 2024

Supplement 4. Video file publicizing the Korean government's medical policy in public places in Korea

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