What happened during the period from the withdrawal of the application to the Korean Medical Licensing Examination by senior medical students in August 2020 to their taking the licensing examination in February 2021

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Korean government's proposal to increase the quota of medical students and establishment of new medical school during the COVID-19 pandemic period

After the break of the COVID-19 pandemic in January 2020, physicians and nurses have done their best to combat this novel viral disease in Korea. From February 2020, there was a sharp increase in this viral infection in Daegu [1, 2]. It has been hard work for medical personnel to diagnose and care the infected patients. They also had to protect themselves from the infection [3]. During the war against this novel coronavirus, the Korean government's Ministry of Health and Welfare and the ruling Democratic Party of Korea announced the plan to establish a new medical school. It is to rear physicians who should work in the public area at least 10 years after graduation on July 23, 2020, at the National Assembly [4]. Specific plans were as follows:

- There will be an increase in the number of medical students by 4,000 over the next 10 years, and the medical students' quota will be returned to its current state in 2032.

- The current capacity of 3,068 medical students quota a year will be increased by 400 from 2022 to 3,458 to resolve the shortage of medical personnel in provinces and the imbalance by the specialty subject.

- A total of 4,000 additional medical students are trained for 10 years, 400 each year. Of the 4,000, 3,000 are obligated to serve in essential medical care in the provinces for 10 years.

- In addition, by February 2021, the medical school quota screening for each university will be allocated, and new medical schools will be actively promoted in provinces without medical schools.
In 2024, the “National University of Public Health and Medicine” will open.

**Korean Medical Association, residents, and medical students’ resistance to the government's proposal and resolution**

However, Korea Medical Association (KMA) officially already objected to this government's plan for the following reasons [5]:

Even if physicians are trained through the establishment of a public medical school, it is evident that the purpose of expanding public health care cannot be achieved unless improvement of the current public health system and establishment of cooperative relationships with private medical institutions are preceded. In addition, Korea does not lack an absolute number of physicians. Still, the regional imbalance in the supply and demand of medical personnel and the resulting medical gap are more severe problems as the workforce is concentrated in the metropolitan area. The failure of the government's policy of finding the exact cause through ongoing study of these problems and establishing policies to solve them is the root cause of the lack of public medical personnel. Therefore, it should be prioritized to identify the causes and solutions of public health vulnerabilities within the health care system rather than to increase the quantitative and external workforce through the establishment of public medical schools.

After the government's announcement on July 23, 2020, there was a negotiation between KMA and
the Korean government. However, it was not resolved sufficiently. On August 7, 2020, residents began a strike; medical students started to leave of absence from their classes. The KMA followed the strike on August 14. Furthermore, 2,823 out of 3,172 (92.9%) applicants to the Korean Medical Licensing Examination (KMLE), including senior medical students and graduates, withdrew the application from August 8 to 18, 2020 [6]. The government suggested holding an emergency meeting with the KMA. The negotiations, however, broke down. On August 26, 2020, the Ministry of Health and Welfare ordered physicians to start work. However, KMA urged a more comprehensive range of strikes of physicians at the same date. There was a negotiation between KMA and the government again. On September 4, 2020, the Korean government, ruling Democratic Party of Korea, and KMA agreed to discuss issues on the quota of medical students and the establishment of new medical school again from the start point. Below is an agreement [6]:

**Policy agreement between Ministry of Health and Welfare and KMA**

The Ministry of Health and Welfare and the Korean Medical Association (KMA) agree to develop the community medical care, essential medical care, medical education, and training system for residents under the common goal of expanding the people's health and health care system.

1. The Ministry of Health and Welfare will stop expanding the medical school quota and promoting a public medical school. The Ministry will consult with the KMA with all possibilities open in the Medicine-Government council after the stabilization of COVID-19. In this case, both respect the
results of discussions by the committee within the National Assembly, which is formed under the Democratic Party's policy agreement with KMA. In addition, it does not push ahead with unilateral policy implementation, such as notification of the medical school quota.

2. The Ministry of Health and Welfare and the KMA will form a committee on major medical issues such as the development of regional medical support measures, fostering and supporting essential medical care, substantial improvement of the training environment for residents, discussion on health care structure, and establishment of a medical delivery system. The Ministry of Health and Welfare actively reflects and implements the results of the council's discussions in the health care development plan.

3. The Ministry of Health and Welfare and the medical community will discuss the development of the four policies raised by the KMA (quota of medical students, public medical school establishment, Oriental medicine benefit pilot project, and telemedicine) at the committee.

4. To overcome the COVID-19 crisis, the Ministry of Health and Welfare and the KMA work closely together, and in particular, specific measures are prepared and implemented to protect medical personnel and support medical institutions.

5. The KMA stops collective action and returns physicians to the clinics.

September 4, 2020

Ministry of Health and Welfare - KMA

On September 7, physicians and residents agreed to stop the strike and returned to work.
Reapplication to licensing examination was not allowed by the Korean government and its resolution

On September 13, 2020, medical students also withdrew their leave of absence, and senior medical students expressed that they would like to re-apply to take KMLE. The government, however, decided that it would be difficult to give a second chance to students who previously withdrew the application, and public opinions are negative toward the attitudes of medical students.

On October 15, 2020, Dr. Yoon-Seong Lee, president of the Korea Health Personnel Licensing Examination, said in the National Assembly [7] as follows:

I understand the public sentiment that senior medical students should be deprived of the opportunity to retake the clinical practice examination of the medical licensing examination. The students should genuinely reflect on themselves. However, not producing physicians for such reasons can cause damage to the public. The two issues should be considered separately. The Korea Health Personnel Licensing Examination Institute is not authorized to decide whether to allow reapplication by medical students or not. It can be thoroughly prepared without a hitch for the licensing examination following the decision of the Ministry of Health and Welfare.

On December 31, 2020, a speaker of the Ministry of Health and Welfare said in a regular briefing that "the clinical practice exam for next year's medical licensing examination will be conducted twice in the first and second half of the year, and the first half will be conducted at the end of January." He added, "We will conduct next year's examinations as soon as possible to
implement measures to strengthen public health care, advance consultations with the medical community on essential medical personnel, and support vulnerable medical areas.” In his speech, the first half exam is specially prepared for the students who withdrew the application in August 2020 [6].

In the clinical practice exam of KMLE taken from September 8 to November 11, 2020, 365 applicants out of 423 (86.3%) passed who did not participate in the withdrawal of the application. From January 13 to 14th, 2021, senior medical students applied to the 86th first half of the year clinical practice examination of KMLE. Out of 2,709 applicants, 2,643 (97.6%) passed the practice exam from January 23 to February 18, 2021 [8]. The Korean government provided passers of KMLE with medical licenses to be able to practice. From March 2021, they began to work to care for patients and people most in hospitals as interns.

I described the note from the students’ withdrawal of the application on July 8, 2020, to KMLE to their completion of the clinical practice examination of KMLE on February 18, 2021 (Fig. 1). After the 3,041 new physicians were provided with the medical licensing in March 2021, the turmoil was resolved. The agreements mentioned above will be discussed continuously for the safety and health of the Korean people.

**Sequel by the action of withdrawal of the application to KMLE by senior students**

Physicians’ strike is not a unique phenomenon in Korea, but it has already been done in some countries to protest their governments’ policies. Of course, students’ political behavior can not be
prohibited. However, the political action of the medical students on the licensing examination was not an expected event.

The senior medical students’ action of withdrawal of KMLE in 2020 may be believed to affect the negotiation between KMA and the Korean government. However, if the government did not allow them to reapply for KMLE, 2,600 graduates could not work as physicians, especially interns at hospitals from March 2021. Although it is possible to operate the hospitals without interns, the recruitment of substitute manpower would be a difficult task for hospital leaders. Furthermore, existing medical personnel might experience harder work. The senior medical students probably believed that the government could not disallow them to reapply because of an emergency during the COVID-19 pandemic. The thing went as they wanted. I believe that those students participated in this action with sufficient knowledge and vivid goals. Some Korean people understood medical students’ action of withdrawal; while other people thought it was unfair to give them the benefit of reapplication to the licensing examination. I worried about the long-term effect of such a negative attitude on physicians. Although their immediate goal to support KMA’s protest to the establishment of a new medical school was successful, they probably lost liaison with or respect by many Korean people.

Wish not using the licensing examination as a tool for political action

Some medical policies by the Korean government may be disputable to appropriate medical care
for people from the viewpoint of physicians and specialists in medical health. Issues raised by the
government in July 2020 might be in such a category. However, the government may be able to pursue
those policies continuously with different agendas. KMA and the government may cooperate and
negotiate the issues continuously. If any negotiation is not resolved well, will senior medical
students not take a licensing examination again? If the same action occurs next time, the Koren
government may not able to provide the benefit to medical students. The previous benefit was
possible due to COVID-19 pandemic. I hope KMA prevents medical students to participate in
political action although they voluntarily participate. Those students’ actions made it the medical
schools difficult to maintain the curriculum. Furthermore, a licensing examination should not be
arms of negotiation. It is the rite of passage for a medical student to be a physician. It is not late for
them to argue on any issues after becoming a physician. It should be possible for KMA to negotiate
any issues with the government without students’ supportive action. I wish those students’ actions
— not to take a licensing examination — never be repeated not only for themselves but also for the
people.

Notes

Authors’ contributions

All the work was done by Sun Huh.

Conflict of interest
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**References**


Explanation for figures

Fig. 1. The summary timetable of key events during the period before the withdrawal of the application to the Korean Medical Licensing Examination by senior medical students in August 2020 to their taking the licensing examination in February 2021.