Brief History of Western Medicine and Medical Education in Korea

Western medicine was first introduced to Korea around 1700 by a scholar who was interested in Western science. He read books on Western medicine written in Chinese. However, Western medicine was soon criticized by several other scholars, thus hindering the spread of Western medicine to Korea.

Instead, traditional medicine, a culture-bound healthcare practice, existed for many centuries in Korea before the introduction of Western medicine.

Western medicine was first practiced by the Korean government in 1885 at the request of an American Christian missionary physician, Dr H. N. Allen; and the first clinic, “Jejungwon,” was established in Seoul. Since then, several private missionary hospitals have been established in major cities.

In 1899, the Korean government began a 3-year medical education program, and 19 students graduated from the medical school for the first time in 1902. Several additional medical schools were opened in major cities from the Japanese colonial period (1910-1945) onwards, but by 1960 there were still only eight medical schools in Korea. However, improvements in the standard of living over the past four decades have resulted in increased demand for quality medical services, along with the introduction of a medical insurance system. Concurrent with such increased healthcare demands was the growth of medical schools.

Currently, there are 41 medical schools in Korea. Among these 41 medical schools, 10 are government-run, while the remaining 31 are privately-owned; and about half of the medical schools were established after 1980. The total number of medical graduates from these 41 medical schools is about 3300 annually.
Trends in Curricular Changes in Korean Medical Schools

Until the 1970s, the typical Korean medical school curriculum was characterized by a sharp division between preclinical and clinical education and between subject-centered and lecture-centered teachings, as well as knowledge-centered examinations.

Since the early 1980s, however, there has been a gradual move towards curriculum changes in three areas: learning objectives, teaching/learning methods, and student assessment methods. In 1992, the Korean Academy of Medical Sciences developed a set of learning objectives that medical students were supposed to achieve during 4 years of medical studies. The total number of learning objectives was around 15000.

The first revision of the learning objectives was made in 2000, and the number of learning objectives was reduced to 12000. In 2004, a second revision was made, and the number of learning objectives was further reduced to about 6000. This reduction in the number of learning objectives was made possible mainly by the introduction of integrated teaching.

The integration of courses was aimed at making learning more effective and meaningful by showing students how concepts in both basic and clinical sciences are related to each other. As of today, all 41 Korean medical schools are adopting some form of integrated courses. Most medical schools combine integrated courses with conventional courses on basic medical science and clinical medicine; the only difference is in the length of integrated courses. Only a few medical schools are adopting a fully integrated curriculum.

Another major curricular revision in Korean medical schools has been the introduction of elective programs. These elective courses were originally intended to provide an opportunity for students to engage in activities that interested them and to utilize resources not available in their own schools. But, under the programs, focus has also been given to specialized and subspecialized courses in order to complement the core courses on clinical medicine.

One of the crucial developments in medical education in the past 10 years or so has been the adoption of the problem-based learning (PBL) method. PBL was first introduced in Korea by one of the newly established medical schools in 1994, and is now actively practised in all Korean medical schools.

In the field of student assessment, the use of objective structured clinical examination (OSCE) is rapidly growing in popularity. In fact, most Korean medical schools operate OSCE stations when they assess the clinical competence of students.
Four Major Organizations/Systems that have Contributed to the Curricular Changes in Korean Medical Schools

Four specific medical education-related organizations are worthy of mentioning in relation to the curricular innovations that are taking place in Korean medical schools: the National Medical Licensing Examination Board, the Accreditation Board of Medical Education in Korea, the Korean Society for Medical Education, and the National Teacher Training Center for Health Personnel. The following sections give brief descriptions of their respective contributions to the recent curricular changes in Korean medical schools.

The National Medical Licensing Examination Board

To become a physician in Korea, one must first pass the national medical licensure examination. For some 40 years, the government administered the examination, but in 1994 the task was passed on to a private organization, the National Medical Licensing Examination Board. This delegation of government responsibility to the Board has brought about significant changes in the examination system and in the curricula of medical schools.

Since the Board took charge of administering the licensure examination in 1994, it has focused on increasing the relevance and reliability of the exam in order to make it more valid. In the past, the examination tended to be less relevant because there was no standard basis for constructing the test. As a result, questions were too easy or were unnecessarily too difficult. The level of difficulty was frequently attuned to the interests of those who constructed the test items. Most of the multiple choice questions (MCQs) in previous examinations concentrated on evaluating examinees’ ability to recall simple information. However, this has gradually changed, and now there is a balanced distribution of questions for information recall, interpretation, and problem solving.

Accordingly, Korean medical schools have become more concerned with making their curricula more responsive to the needs of students. They focus on providing more effective teaching methods, look for ways to enhance students’ abilities, and adopt learning goals geared towards making achievers out of students.

The Accreditation Board of Medical Education in Korea (ABMEK)

ABMEK was established in 1998 as a voluntary organization with the participation of various health and medical organizations, such as the Korean Medical Association, the Korean Hospital Association, the Deans’ Council of Korean Medical Schools, and the Korean Society for Medical Education. The Board spent 3 years developing evaluation standards and guidelines for the self-evaluation of participating medical schools.

As in other countries, the assessment and accreditation of medical schools
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in Korea consists of two parts: a review of the institutional self-evaluation report, and a site visit. Each participating medical school first prepares a self-evaluation report based on the 50 standards in five areas; namely the objectives of medical education and the curriculum, issues relating to the students, issues relating to the faculties, physical resources and facilities, and issues relating to the administration of the medical school. This takes approximately 6 months, and a site visit by an inspecting team then follows to allow for consultations and to confirm the contents of the report.

To be accredited, a medical school must meet the 18 ‘must’ standards and should satisfy the 32 ‘should’ standards. By the end of 2004, all 41 medical schools had completed the first cycle of the accreditation process. As a result of the first-cycle evaluation, 32 medical schools were fully accredited while 9 were conditionally accredited. The Board is now preparing for the second cycle of evaluation, with a new accreditation standard reinforced by the global standards of the World Federation of Medical Education.

The Korean Society for Medical Education

The Korean Society for Medical Education was first established in 1883 to share information on medical education among medical schools, as well as to promote and develop medical education in Korea. However, the Society lasted only 2 years and went into a long hiatus until it was re-established in 1989. Since then, the Korean Society for Medical Education has been growing quickly in both size and quality.

The number of members currently exceeds 800, including deans and administrators from all 41 medical schools. The Society holds national conferences on medical education twice a year, and publishes journals three times a year. It also organizes at least two workshops every year for medical educators on various topics of medical education, such as PBL, OSCE, communication skill, professionalism, simulations, e-learning, MCQ development, and so on.

The National Teacher Training Center for Health Personnel (NTTC)

In 1975, the Seoul National University established the National Teacher Training Center for Health Personnel at the College of Medicine, in collaboration with the World Health Organization (WHO) and with financial support from the China Medical Board of New York, Inc. The general objectives of NTTC are to conduct seminars and workshops on fundamental and applied problems in Korean medical education in order to assist faculty members of health professions to gain increased knowledge of the methods of teaching, educational evaluation, curriculum planning, and related matters, based on the concepts originally proposed by the WHO.

Thus far, several thousands of teachers in medical, dental, and nursing schools have attended the programs.
Future Direction of Medical Education in Korea

Medical education in Korea has experienced remarkable changes over the last 20 years, and changes will continue to occur. In fact, several important changes are now underway. One of them is the introduction of a new medical education system, the so-called “4+4” system. Up until recently, every medical school in Korea had been recruiting medical students from among high school graduates with 12 years of formal education; and had started the educational program with 2 years of premedical courses, followed by a 4-year undergraduate medical program.

However, starting in 2005, several medical schools started recruiting students from among college graduates, and provided them with a 4-year medical program. In general, the Korean medical education community has been against this new medical education system, mainly because they think it is ineffective in terms of time and money. Annual tuition, for example, would increase from the current level of US$7000 to US$10 000. However, the Ministry of Education is strongly recommending that other medical schools adopt this new system in order to increase international competitiveness. In fact, most Korean medical schools are expected to adopt the system by 2009.

A second ongoing change is that many medical schools are strengthening their humanities and communication skills curriculum under the subject names of Medical Ethics, Professionalism, Medicine and Society, and so on.

A third, and most desirable, change is that curriculum design and management are becoming more centralized in many medical schools, through the introduction of medical education units and medical education specialists.

Medical education in Korea will continue to change for the better in response to various demands and pressures. Indeed, spurred by the already high expectations and active participation of many medical educators, opportunities abound for further development of medical education in Korea.

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