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Stop Discussing New Medical Specialty Boards

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ABSTRACT

The Korean society is rapidly aging and the health care needs for aged people are increasing. In this context, some physicians claim to establish new medical specialty board (MSB) for geriatric medical experts but also MSB for primary medical care specialists, clinical pharmacologists, and public health experts. In Korea, basic concept for the specialty board system is still under debates and the legal support for the system is poor. At present, doctors with MSBs in private sectors supply 92.4% of primary medical care but the National Health Care System requires more primary care physicians than specialists in Korea. Therefore, the government must invest in the education of doctors more to improve the public health care system. The proposal of the new MSB for geriatric medicine must be gradually developed according to the national long-term health plan, social needs, and national budget for the public benefit. Please stop discussing unprepared new MSBs.

Keywords: Medical Specialty Board; Aging Society; Geriatric Medicine; Health Care System; Korea

INTRODUCTION

There are some debates about when the medical specialty board (MSB) system in Korea was initiated. According to the official documents of the government, the term ‘medical specialty’ was first recognized in the National Medical Act of 1951. There raised a question why the MSB system was introduced during the Korean War, which was in the midst of national turbulence. However, no detailed records on this were found.

In Korea, the definition of MSB is ambiguous and its role is not clear. There are no clear guidelines how to establish a new MSB or processes on what kind of training course a new specialist system should establish. However, new MSBs for geriatric medical experts, primary medical care specialists, clinical pharmacology, and public health experts are proposed. To discuss the proposal and solve unclear issues, the Korean Academy of Medical Sciences (KAMS) organized a ‘Task Force Team (TFT) for MSB System Improvement.’ After considering various resources, the TFT recognized that this issue has been a difficult project which cannot be handled during a short research period. The TFT members agreed that a long-term debate within the medical community is necessary. Several problems have been

socially pointed out over the decades in Korea. Though there have been many previous studies and health policy research, the system was not improved.¹ The new MSBs were proposed by only a few medical academies for their own benefits. The government does not have any evidence based future plan of the national public health care system which can estimate the requirement of manpower of MSBs. This article describes a personal opinion of the chair of the TFT, not an official opinion of KAMS.

EXPANDING MEDICAL SERVICES AND NEW MSBS

It is true that the medical field is expanded by the development of science and technology. Medical interest is gradually expanding to care for the increased diseases of the elderly because Korean society is rapidly aging. There is also increasing claim that it is necessary to care for more senior citizens in general. Medical education must be changed according to changes in the society and disease distribution. The education change must begin at the undergraduate course level and continue through the resident courses, fellow training, and continuous medical education. As a result, all of the medical education system must be changed to upgrade quality medical care by medical professionals in the aging Korea.

In Korea, the Ministry of Health and Welfare plays the role of control tower of the medical care system with other institutions that manage and control medical expenses such as the Health Insurance Review & Assessment and the National Health Insurance Service. Of course, there are more ministries in the Korean government that are responsible for the health care of the people, but there is no prospective plan to predict the future of national health care. The Basic Law on Health and Medical Care exists but it does not include a prospective plan. A few medical professional societies have insisted on their own positions without considering the overall needs of the medical care system. Because the government has no long-term national developmental health plan, the Korean medical system suffers from severe conflicts depending on the political objectives whenever a new government launches. The citizens favor a cheap and easily approachable medical system. They are not interested in how high quality medical care is made. Until now, however, most of the medical care has been supplied by the private sectors. How long should this pattern last?

As a countermeasure to the aging population, it is the geriatric medical field that we need. It is already known that our society is rapidly aging and that new health plans and policies are necessary for this changed health requirement. However, there is no discussion on how the government manages this health problem. Geriatric medical associations insist on the urgency of specialty board in elderly medicine in Korea. Won et al.² describe that “However, a number of barriers such as insufficient expertise, low incentives, and competitive geriatric societies exist to implement widespread, quality geriatric medicine in the Korean health care system.” Research on how to solve this problem is also necessary. Education of a specialist takes a long period and costs much. We should ask them ‘are you ready for this in this broken health care system?’

Who argues that Geriatric Medicine Board is essential to an aging society? Does the state claim this? Do the people claim this? If not, is the medical profession alleged? Is the American medical system supposed to follow them? Due to the advancement and differentiation of the academic fields, there is an increasing demand for the establishment of the system for detailed medical fields such as sub-specialists and sub-sub-specialists. The

social insights of the specialist training system of Korea, which has been unchanged for more than half a century, are demanded again because the primary health care system is broken. Recently the position of local primary care clinics has been seriously shaken in the medical market in Korea. At present, more than 90% of graduates of medical schools in Korea take the course of intern and resident training and become specialists. According to the report of the present situation by specialty fields of Korea, 95.5% of the medical doctors are active specialists, and 92.4% of the local clinic doctors are specialists.³ According to other research reports, more than 50% of the surveyed specialists do not practice the specialized field of their own expertise. In this context, it is necessary to discuss in detail whether the expansion of the doctor training system for new MSBs only by private sector expense is right.

I also agree with the needs of geriatric medicine training. However, I'm definitely against the expansion of the MSB system by private sector funding. If the nation and the people feel that it is necessary for the national public health, the government should establish the education system by procedure and pay the educational expenses. Why should the private sector come out of such a system? The medical system pursued by the Korean government is not the US system but is the British system, which is called the worst of mankind by Korean doctors. Acquiring American medical knowledge is essential, but the American medical systems are totally different from the Korean Health Care system. Education of doctors is an essential component of public health improvement, which claims that the government must pay the expenses for public goodness.

CLOSING

The current Korean Health Care system does not support producing massive medical specialists but keeps a policy that requires more primary care physicians. Professional training does not necessarily bring wealth for physicians. The government should recognize this fact. To improve the national public health, the government must invest in the education of doctors. Ignoring medical education expenses is unethical for the government who strictly controls all health systems. In addition, the Health and Medical Development Plan should be established and implemented as specified in the Basic Law on Health and Medical Care.⁴ Failure to do so is a dereliction of duty by the government. The important point of new MSB proposal is to gradually improve the system together following the government's long-term plans, society needs, and national budget for the public benefit. Please stop discussing unprepared MSBs.

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