



Rethinking the specialist system and residency training in oral and maxillofacial surgery from the crisis over medical school enrollment in Korea

Jun-Young Paeng, DDS, PhD

Director of General Affairs of the KAOMS

Department of Oral and Maxillofacial Surgery, Samsung Medical Center, Seoul, Korea

During the past two years of medical–government conflict, the sudden increase in medical school admissions triggered boycotts of classes by medical students and mass resignations of residents. After nearly a year and a half of turmoil, the situation is finally beginning to return to normal. However, the aftereffects are expected to last for quite some time. Because of changes in the training timeline, it has become difficult to ensure proper education, and even if residents return, the environment is no longer the same as before and has fundamentally changed¹.

Hospitals, having reorganized their systems to function without residents, realized that medical services could continue even in their absence. Meanwhile, many residents who left training and entered the workforce discovered that they could perform adequately as doctors even without board certification. Interest has grown in profit-generating and easier-to-learn medical fields such as cosmetic procedures, making it increasingly difficult to secure enough specialists in essential fields of medicine. This situation has raised concerns about instability within the national healthcare system. In this changed medical environment, residency is now seen less as simply working at a hospital and more as a period of structured education aimed at cultivating doctors with the competencies required of specialists, through diverse training programs.

In many countries, oral and maxillofacial surgery (OMS) operates as an official national specialty system, with strong recognition for its unique field and active professional engagement^{2,3}. Recently, the number of applicants aspiring to train in OMS in Korea has also been increasing. However, having a larger number of specialists does not automatically guarantee that the public will receive high-quality treatment. Many faculty specialists are concerned that too many specialists are being produced. The appropriate number of specialists is a matter that needs to be carefully determined by considering various aspects of the medical environment as a whole. It is not a matter of simply reducing it uniformly. An environment must be established that allows specialists to perform their roles effectively, and an organized system of medical service delivery must be in place. Only then can highly skilled specialists focus on their professional fields—an essential element in an efficient healthcare system.

Another issue is that the residency training environment for OMS varies widely across institutions, making it difficult to standardize the specialist education residents receive. This inconsistency is a challenge that must be addressed.

Through this recent medical–government conflict, the healthcare environment in Korea has undergone significant change. It is clear that the specialist system for OMS, the appropriate number of specialists, and the strengthening of resident competencies all require thorough review and discussion.

Funding

No funding to declare.

Jun-Young Paeng

Department of Oral and Maxillofacial Surgery, Samsung Medical Center, 81 Irwon-ro, Gangnam-gu, Seoul 06351, Korea

TEL: +82-2-3410-2413

E-mail: jypaeng@gmail.com

ORCID: <https://orcid.org/0000-0002-0104-9338>

© This is an open-access article distributed under the terms of the Creative Commons Attribution Non-Commercial License (<http://creativecommons.org/licenses/by-nc/4.0/>), which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

© 2025 The Korean Association of Oral and Maxillofacial Surgeons.

Conflict of Interest

No potential conflict of interest relevant to this article was reported.

References

1. Yoon JH, Kwon IH, Park HW. The South Korean health-care system in crisis. *Lancet* 2024;403:2589. [https://doi.org/10.1016/s0140-6736\(24\)00766-9](https://doi.org/10.1016/s0140-6736(24)00766-9)
2. Gangwani P, Chuang SK. Specialty education and scope of oral and maxillofacial surgery in the United States. *J Dent Sci* 2025;20:15-

9. <https://doi.org/10.1016/j.jds.2024.10.022>
3. OMFS European Trainee Forum of UEMS. European quality markers in oral and maxillofacial surgery specialty training: defining standards. *Br J Oral Maxillofac Surg* 2024;62:769-79. <https://doi.org/10.1016/j.bjoms.2024.06.002>

How to cite this article: Paeng JY. Rethinking the specialist system and residency training in oral and maxillofacial surgery from the crisis over medical school enrollment in Korea. *J Korean Assoc Oral Maxillofac Surg* 2025;51:189-190. <https://doi.org/10.5125/jkaoms.2025.51.4.189>