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THE PENINSULA

Addressing South Korea's Provider-to-Patient Ratio Crisis

Published January 15, 2025

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Category: [South Korea](#)



This essay was part of a contest jointly organized by the George Washington University Institute for Korean Studies and the Institute for Korean Studies at Indiana University Bloomington. The contest invited students to analyze a South Korean policy challenge and propose evidence-based solutions. The winning entries are published on KEI's blog.

South Korea's healthcare system, often lauded for its universal access and quality, is facing an emerging uneven provider-to-patient ratio crisis. This disparity disproportionately affects rural and underserved regions, where access to medical care is severely limited compared to urban centers. With an aging population and increasing rates of chronic illnesses, the strain on the healthcare system is increasingly growing.

Therefore, addressing this imbalance is not merely an issue of healthcare access; it is a matter of equity, national sustainability, and population well-being.

The Root of the Problem

South Korea has a physician density of approximately 2.5 doctors per 1,000 people, significantly lower than the OECD average of 3.6. This lower density is largely attributed to strict caps on medical school enrollment, which have been in place since the late 1990s to prevent an oversupply of doctors. Additionally, a strong focus on specialization over general practice has limited the number of physicians available to address primary care needs.

However, this data obscures the regional disparity, as urban areas are often saturated with medical professionals, cutting-edge facilities, and specialized care, whereas rural regions face chronic shortages. Data by the World Bank also **highlights** that while South Korea's healthcare system is among the best globally, the shortage of healthcare providers remains a key challenge, contributing to inefficiencies in healthcare delivery. These disparities stem from several factors, including, but not limited to, the following.

South Korea experiences a high rate of urban migration among healthcare professionals. Physicians often prefer the prestige, financial opportunities, and career advancements available in metropolitan areas. Additionally, there is a lack of incentives for rural practice. Medical professionals working in rural areas often report lower salaries, limited resources, and fewer opportunities for professional growth. Also, underserved areas report more limited infrastructure. Hospitals in rural regions frequently lack modern equipment and struggle to retain skilled staff, creating a vicious cycle of underperformance and neglect.

This imbalance has significant consequences, as patients in rural areas endure longer wait times, higher travel costs, and delayed diagnoses. Furthermore, overburdened healthcare workers in these regions experience higher rates of burnout, exacerbating the provider shortage.

Existing Policies and Their Limitations

South Korea's Medical Service Act (의료법) aims to address regional disparities by requiring local governments to develop healthcare plans. However, the enforcement of these plans remains inconsistent, and incentives for rural practice are minimal. According to **data** from the National Emergency Medical Center, as of 2023, rural areas like Gangwon, North Gyeongsang, and South Jeolla provinces have a 38 percent lower density of emergency medical centers per 100,000 people compared to urban centers like Seoul and Busan. Additionally, these rural provinces **account** for 65 percent of delayed critical care cases due to inadequate staffing and infrastructure.

Efforts to address these issues have sparked significant controversy, as opposition reflects broader tensions within the healthcare system, where balancing immediate workforce needs with long-term sustainability remains a complex issue.

The Yoon Suk Yeol administration's **proposal** to increase medical school enrollment quotas aimed to address shortages in rural and underserved areas. While this plan **gained strong support** from some public health advocates, it also faced fierce opposition from medical associations. Critics **argued** that increasing enrollment quotas could compromise the quality of medical education and exacerbate physician workload without addressing systemic issues like infrastructure and incentives. Similarly, the previous Moon Jae-in administration pursued healthcare reform as a policy priority but faced similar backlash, **highlighting** the lack of buy-in from the medical community. This persistent resistance underscores the importance of aligning policy efforts with the interests of healthcare professionals to ensure successful implementation.

Other notable concerns regarding healthcare reform include regulatory barriers and technological limitations and their hindering of the widespread adoption of telemedicine. A **2023 report** by the Ministry of Science and ICT highlighted that less than 40 percent of rural households in South Korea have access to reliable high-speed internet, which limits the feasibility of telemedicine solutions in underserved regions.

These issues highlight the need for comprehensive, stakeholder-driven policies that address both the systemic barriers and the professional concerns of medical practitioners. For future policies to succeed, they must balance the immediate need to increase physician numbers with the long-term goal of equitable distribution, and only by addressing these systemic issues and building trust with healthcare providers can South Korea overcome this crisis.

Policy Recommendation

To address the disproportionate provider-to-patient ratio, South Korea should implement a Healthcare Workforce Equity and Distribution Act. This policy would incentivize medical professionals to work in underserved regions while strengthening rural healthcare infrastructure. This is supported by a [2024 study by the Ewha Medical Journal](#), which found that expanding the number of medical students enrolled annually could help mitigate shortages, particularly in underserved regions.

The proposed act would expand upon the existing Medical Service Act by introducing enforceable mandates and comprehensive support systems. While the Medical Service Act requires local governments to develop healthcare plans, it lacks the mechanisms to ensure consistent enforcement or address the systemic barriers to rural healthcare access. The new legislation would integrate these plans into a national framework with clearly defined metrics, stronger funding provisions, and mandatory service requirements to address regional disparities more effectively while prioritizing equity and sustainability.

Key components of the legislation should include a mandatory rural service program. Modeled after South Korea's military service requirement, medical graduates would complete a mandatory 1-2 years of service in designated underserved areas. This program would be tied to medical licensure and offer a pathway to advanced training upon completion. Second, financial and professional incentives should be increased to attract and retain healthcare workers in rural regions. Financial incentives could include loan forgiveness, tax credits, and competitive salaries, while professional incentives could include priority access to fellowships, research opportunities, and leadership roles after rural service. Third, infrastructure development and telemedicine should be expanded. Increased funding would modernize rural hospitals and clinics, enhance supply chains, and expand telemedicine as a viable solution for addressing provider shortages in remote areas. This includes subsidizing high-speed internet in rural communities and training healthcare providers in telehealth technologies. The [OECD Health at a Glance report](#) highlights the transformative potential of telemedicine in improving healthcare access for rural populations. Finally, engaging medical associations, local governments, and community leaders in the policy design and implementation process would ensure that the concerns of healthcare professionals are addressed, building trust among stakeholders.

Implementation and Impact

The Ministry of Health and Welfare, in collaboration with local governments and medical schools, would oversee the implementation of this policy. Initial pilot programs could be launched in two underserved regions to evaluate effectiveness and refine the approach. Metrics for success would include improved provider-to-patient ratios, reduced patient wait times, and increased patient satisfaction. Over time, these measures would enhance equity, reduce regional healthcare disparities, and alleviate provider burnout.

However, challenges remain. Resistance from the medical community, like the backlash against previous quota increases, must be proactively addressed. Transparent communication, stakeholder engagement, and evidence-based policy design are crucial to mitigating opposition. Additionally, addressing concerns about workload and resource allocation will be essential to gaining doctors' buy-in and ensuring the program's success.

Conclusion

The disproportionate provider-to-patient ratio in South Korea is a pressing issue with far-reaching implications for healthcare equity and national wellbeing. By implementing the Healthcare Workforce Equity and Distribution Act, South Korea can address this disparity, ensuring that all citizens—regardless of location—have access to quality medical care. Investing in healthcare equity is not only a moral imperative but also a strategic move to sustain the nation's healthcare system in the face of an aging population and increasing demands.

Destiny Kanning is a student at Michigan State University. The views expressed here are the author's alone.

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