

Implementation of competency-based medical education in India: Effect of COVID pandemic

Sir,

In India, a statutory body known as the Medical Council of India (MCI) was established under the Indian Medical Council Act for maintaining uniform standards of medical education and regulating the undergraduate and postgraduate medical education program in 1933. On September 24, 2020, National Medical Commission (NMC) replaced the MCI. Not much change in medical education was evident in India till this time. As a result of failing to update the medical curriculum with the rapidly changing scenario all over the world, the quality of medical education had evidently deteriorated.

This issue is of great global concern because India is the largest exporter of doctors and health-care forces to the outside world.^[1] The strength of the Indian medical education system is in the large numbers of trained doctors that it produces; however, the weakness lies in variable quality.^[1] It has been further documented that formal training in medicine did not guarantee quality practice.^[2] Therefore, a comprehensive reform of Indian medical education is the need of the hour.^[3] Due to the demands of globalization and so as to be able to be at par with the rest of the world, the sluggish pace of the evolution of medical education in India has recently gained momentum. The government of India is readying itself to modernize medical education in the country through the promulgation of the NMC Bill.^[4]

Keeping in view the recent trends, the revised regulations on graduate medical education, 2012 highlighted the fact that the undergraduate medical education program is designed with a goal to create an IMG possessing requisite knowledge, skills, attitudes, values, and responsiveness, so that he/she may function appropriately and effectively as a doctor of first contact of the community while being globally relevant. The primary goal of graduate medical education in India is to produce an Indian Medical Graduate (IMG) having the aforementioned capabilities.

The consistent endeavor of MCI in upgrading the medical education system in India is also evident by another document, the Vision-2015 document.^[4] In this, a new competency-based curriculum for medical graduates was envisaged, and therefore this document became a major landmark for change in medical education in India. It identified two basic solutions for improving

the poor condition of medical education in India. First was increasing the number of doctors and improving the quality of medical education by setting short-, mid-, and long-term goals. Second was the proposed reform in the traditional medical curriculum and made it more competency based. For this, the graduate medical curriculum was revised and oriented toward creating an IMG who could perform five major roles, i.e., clinician, leader, communicator, professional, and lifelong learner. Along with achieving these roles, the IMG was also expected to undertake the responsibilities of a primary care physician/doctor of first contact who will be able to provide preventive, promotive, curative, palliative, and holistic care with compassion. It was indeed a comprehensive document that listed 412 topics for learning and 2949 outcomes to be mastered, although in a phased manner, without dissolving the subject-wise organization of various specialties. Special emphasis was paid on integrating teaching and learning across disciplines during the undergraduate course. As per the new curriculum, there is a shift in focus from knowledge to competencies which is a major attempt to modernize medical education and keep it in sync with global trends.^[4,5]

Changing the curriculum was not a single day's job. In fact, it was a herculean task for which preparations had begun way back in 2009 when the basic course workshops in medical education technologies (BCW in MET) were introduced by the MCI for sensitizing the faculty toward the change. Subsequently, more courses for faculty development and capacity building in MET were started. These include Advanced Course in MET, revised BCW in MET, Attitudes, Ethics, and Communication skills module, and the Curriculum Implementation Support Program. As a result of these preparations spanning almost a decade, the previously dormant medical education units (MEUs) were reactivated, and curriculum committees were formed and put into action in medical institutes all over India. This helped in sensitizing a large number of medical faculty in India. Thus, in other words, they started gearing up for the change.

In the year 2019, the new competency curriculum; was finally implemented in India. This represented a paradigm shift in trying to initiate a change in the traditional curriculum utilizing a hybrid approach

in the initial phase. It was proposed that this would maximize the gains of a competency curriculum by building competency-based medical education into a framework of conventional curriculum. This was a unique document as the list of competencies expected to be acquired by the medical undergraduate students was explicitly outlined and covered all the domains of learning.^[6] Along with this, there were suggestions for teaching-learning methods and the type of assessment to be done. Above all, there were predefined certifiable “core competencies” in each subject, and it was mandatory for the student to achieve the core competency in each subject to be able to take the university examination. For linking these competencies to learning objectives (LOs), faculty in medical institutes all over the country were put into action by their respective nodal center. For the first time in India, all heads of preclinical departments had countless meetings among themselves and with the coordinator of the MEUs along with the curriculum committee members to formulate a timetable for the entire year.

There was a lot of interest in formulation the LOs that adequately addressed the competencies. Moreover, there was better alignment between the competencies, teaching-learning methods, and assessment strategies. Along with this, there was a greater emphasis on giving feedback to students. Hence, palpable was this enthusiasm that the professional associations of some departments even went a step ahead to have uniform LOs all over the country in their specialty. The Indian Association of Pediatrics (IAP) organized a task force on July 6, 2019, so as to orient and train its members. The final document of SLOs for pediatrics undergraduate teaching was officially released at the National Conference of IAP in January 2020.^[7]

The declaration of the COVID-19 infection as a pandemic by WHO brought all these activities to a screeching halt. Subsequently, a 3 months lockdown period started in India from March 21, 2020, onward. All forms of undergraduate teaching remained suspended for almost 1 month and even more in medical institute in India. Several medical colleges and their associated hospitals were designated by the government as COVID hospitals, and therefore, they started diverting all their time and efforts in treating COVID-positive patients.

Whatever maybe the time taken by individual institutes to recover from this “COVID induced spinal shock,” in a few months, most medical colleges in India had started to deliver undergraduate medical education on the online platform primarily with the aim of completing the remaining syllabus. As all the internal factors had been taken care of very meticulously, before launching

the new curriculum, no one could have predicted that our biggest threat would be from external factors, i.e., the COVID 19 pandemic.

There are several concerns in the implementation of the new competency-based curriculum from 2019 onward. First, in almost all the institutions in the country, there was a complete disruption of the phase 1 classes. The day-by-day timetable, which had been so meticulously prepared for phase 1 could not be implemented as planned. The examinations of the students admitted to the 2019 batch got delayed as there was an extension of the medical training period. Second, when the pandemic struck, it was about time to prepare for phase 2 in terms of writing objectives, planning for integration, and preparing schedules. Teachers of phase 2 also needed training for the new curriculum. All these processes were paused. Third, although many medical colleges in India started online lectures, most of them had no orientation or exposure toward delivering online content to students. The online platform was just being used as a time slot replacing conventional lectures. Hence, there is still a need for better infrastructure, training, and institutional commitment toward handling the online mode of education to safeguard the essence of the competency-based curriculum. Thus, the COVID-19 pandemic acted as a hurdle to the implementation of a competency curriculum in India.

This threat to the implementation of the competency-based curriculum can be turned into an opportunity by a lot of replanning and retraining and that too at a very quick pace. However, for a developing nation such as ours and in these times when all funds in the country have been diverted to tackle the COVID-19 pandemic, it might be really difficult to get financial sanctions for the required trainings. The NMC needs to take rapid strides in this direction to turn the threat posed by the novel coronavirus into an opportunity for further strengthening the foundations of competency-based undergraduate medical curriculum in India.

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