Competency based curriculum can introduce incompetency - A call for critical introspection to prevent reckless implementation

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In India, there are 450 plus medical colleges. The doctor population ratio is about 1:1700 in contrast to the world ratio of 1.5:1000. The Medical Council of India by 2031 has envisioned to bring the ratio to 1:1000. Another interesting feature in India is that four states Andhra Pradesh, Karnataka, Maharashtra and Tamil Nadu have more than 50% medical colleges. Also, there is a glaring rural urban disparity in both availability of health care and colleges.

In order to facilitate setting up of more colleges the Medical Council of India has relaxed norms in the past, even in the faculty requirements. When the faculty requirements are lowered, there is bound to be an impact on the quality of medical education. The healthcare situation in India, however, is still alarming. For smaller problems the general population is forced to go to expensive tertiary care hospitals or public sector hospitals which are overcrowded and overburdened. This situation has resulted in anger amongst the masses and there have been increasing incidence of violence against doctors who become soft targets. The fresh MBBS doctors instead of contributing to the healthcare system are enticed by the idea of coaching classes and are focused on multiple choice questions with intent of getting admission in specialty courses and super specialization. This is statistically impossible as the number of seats available for post-graduation is far lesser than the aspirants.

In many ways, the Medical Council of India over the years has failed to deliver the standards. The Medical Council of India got suspended by an ordinance in September 2018 and is presently being governed by a Board of Governors comprising of eminent medical professionals. Recently, the Board of Governors has approved the new MBBS curriculum which has been drafted by the erstwhile Medical Council of India academic council led by Dr. Ved Prakash Mishra. The new curriculum which is to be implemented from August 2019 across India is titled “Competency-based UG Curriculum for the Indian Medical Graduates.”

Some changes introduced in MBBS curriculum from the academic year 2019–2020 are as follows:

1. The new MBBS curriculum is a competency based curriculum with total 23 subjects (earlier, 19 subjects). Respiratory Medicine, Physical Medicine and Rehabilitation, Radiotherapy and Dentistry are also added as separate independent subjects.

2. A book on AETCOM (to be covered in 150 hours) –based on attitude, ethics and communication prepared by Medical Council of India teaching faculty is required to be followed in all medical colleges. However, there is no subject code for this book. No examination will be conducted for this book).

3. Elective subjects have been introduced in the new curriculum. Students can select subjects of choice and time has been allotted for self-directed learning and co-curricular activities.

4. A month long foundation course has been included to help students from diverse backgrounds. It aims to prepare the candidates for the MBBS duration. During this course students will gain knowledge of computers, legal awareness, communication skills, health economics etc.

5. The new curriculum encourages the use of medical mannequins and models for clinical learning. However, use of human cadavers for anatomy training will continue.

6. Each subject e.g. Anatomy is divided into certain number of topics. Each topic is divided into certain number of competencies. Each competency is divided into domains: K-Knowledge, S-Skills, A-Attitude, and C-Communication. Each
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three years for preparation and it is claimed that about medical education units. The new curriculum took almost level training courses have also been undertaken by some training has been going on for past few years and college create leaders to manage the changes in the field. This training has been going on for past few years and college level training courses have also been undertaken by some medical education units. The new curriculum took almost three years for preparation and it is claimed that about 40,000 teachers have been imparted training under the Medical Council of India faculty development program.

The author has been keeping a close watch on the developing situation and has some recommendations which he feels should be pondered upon and possibly incorporated so that a reckless transition from the old to the new curriculum can be avoided.

1. The new curriculum is a voluminous document, took almost three years to prepare (has 890 pages, 3 volumes, 3929 competencies). When a change so massive occurs, how quickly and effectively the various institutions of the nation will adapt to it? The ground reality is that the faculty in most medical colleges is not yet fully ready to adapt to the new system. There is still a lack of clarity regarding the concept and implementation of the new curriculum. Faculty development on a much larger scale is a must regarding the new teaching learning methods and assessment.

2. A focus on quality of medical education is imperative for new system to be effectively implemented. The present teacher student ratio is inadequate to handle and manage the new curriculum. The number of faculty required in each specialty needs to be increased (faculty student ratio should be 1:10) for an optimum journey from passive to active learning. Also, there are additional infrastructural requirements which must be addressed before the new curriculum is established

3. The new Medical Council of India MBBS curriculum does not even mention the words “General Practice” or “Family Medicine” or “Family Physicians”. There is a need to establish a Department of Family Medicine in medical Colleges throughout the country. It appears that curriculum has been prepared by specialist and super (sub) specialists, and they all have pushed for their own domains to be taught to the MBBS students. The competency based curriculum holds a potential to distract and misdirect. This needs to be rectified in totality. The curriculum committee seems to have ignored the recommendations of National Health Policies of 2002 and 2017 of the Government of India.

4. It appears that appropriate critical feedback of the faculty across India was not taken before implementation of the new curriculum. It is vital that feedback be received after putting the whole document in public domain and then only implementation be allowed. The Medical Council of India may have put up information on its website and may have conducted/participated in a few CME’s in prestigious colleges but such a huge decision requires feedback and critical review from educationists throughout the country. The curriculum implementation support program (CISP) feedback should be considered and changes made before actual implementation of the new curriculum.

5. Elective postings for an undergraduate learner is an issue which needs introspection. Already there has been a request to Medical Council of India to withdraw the decision to provide for study of Ayurveda, Unani, Naturopathy, Siddha and Homeopathy (AYUSH) as an elective from the academic session (2019-2020) across the country.

6. Since competency based program and assessment methodology differ in many ways from traditional curriculum, it is crucial to sensitize and prepare the faculty for this change. As it is competence based curriculum assessment of core competencies is a must. Also after incorporating feedback, the assessment methods need to be made stronger.

It has been 21 years and the old syllabus needs to be changed. The author is all for the change and appreciates that efforts have been put to bring in a change and incorporate early clinical exposure. But at the same time it is imperative that the competency based curriculum does not become an ignisfatuus. For this it is imperative that the learning pathways or processes are given priority and the focus should not be only on learning outcomes. We must also promote academic excellence, and not concentrate only on setting up minimum standards. Previously, when the curriculum was revised in the late nineties many felt that the first professional duration was cut too short. Subsequently, the faculty requirement was lowered in medical colleges. At that time also, many representations were given by National Societies to the Medical Council
of India to restore the reduction in faculty requirement but nothing was done and suggestions/proposals were ignored. The Medical Council of India has the power and the right to take decisions but it should make all system participants feel that their suggestions are considered and needed.

The teachers always have the tendency to “teach as we were taught”. So, adequate faculty sensitization, making institutes ready for the change (with adequate faulty strength and infrastructure) and incorporating critical feedback in the revolutionary document are the three criteria which would ensure proper implementation of the new curriculum. It is better to ponder and improve than to be reckless in execution. Therefore, the Medical Council of India should consider deferring the implementation of the new curriculum by at least a year for a more fruitful and effective implementation with lesser teething problems.

The final curriculum document must provide an assurance of academic quality and we must realize the education fashion will only contribute to industrialization of medical practice. The Medical Council of India is the custodian of medical education in the country. The members have a huge responsibility and they need to open up, communicate and understand the felt needs of the faculty and the students. The graduate doctor should feel that there is an environment which allows him/her to bloom and succeed without the pressure of being undesirable in the absence of specialization.

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Gaurav Agnihotri – Conception of the work, Design of the work, Acquisition of data, Analysis of data, Interpretation of data, Drafting the work, Revising the work critically for important intellectual content, Final approval of the version to be published, Agree to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved

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