

## EDITORIAL

# Impact of the new curriculum on medical education in India

Sarma DK\*

### ABSTRACT

The first batch of Indian Medical Graduates (IMG) under the new curriculum of the National Medical Commission (NMC) will complete the course very soon. Though the overall impact of the curriculum on these graduates has yet to be evaluated, there are a few publications on this impact after the completion of the first and second phases of this curriculum. From the student's perspective, it was a promising one. Teaching modules in the curriculum, like interactive teaching, integrated learning, microteaching, early clinical exposure, student clerkship, electives, and family adoption programmes, are effective for holistic learning. Different methods of assessment are also useful. A few studies observed a few lacunae in the existing infrastructure and training of faculties. The COVID-19 pandemic also hindered the implementation of the curriculum in the last session. So, it will not be proper to judge the curriculum based on the performance of this batch. One will have to wait to see the impact of the curriculum on a future batch that pursues the curriculum from the beginning to the end without any interruption.

**Keywords:** National Medical Commission, Indian Medical Graduate, competency-based medical education (CBME)

**Cite this article:** : Sarma DK. Impact of the new curriculum on medical education in India. *Int J Health Res Medico Leg Prae.* 2025 Jan-June;11(1):5-8. Doi: .....

A new curriculum for undergraduate medical teaching in India has been recently introduced, the impact of which has not yet been fully evaluated. The first batch of medical graduates under this curriculum introduced by the NMC are pursuing their internship, which will be completed very soon. The new curriculum has now included the internship period as a training period under a structured curriculum. In the previous curriculum, the internship period was not a part of the structured curriculum for undergraduate students.

Observing whether these new IMGs meet the curriculum's expectations is important. This new CBME is expected to produce competent doctors who will be relevant locally and globally. The criteria for this competency were set in

such a manner that an IMG will be able to act not only as a clinician, communicator, leader and team member, lifelong learner, and professional but also as a critical thinker, researcher and an advocate of public health initiatives and patient rights.<sup>1</sup> These various criteria have covered almost all aspects a doctor requires to pursue his clinical practice.

This curriculum is a paradigm shift from the earlier curriculum, the implementation of which required a massive preparation in terms of orientation and training of faculties, as well as the upgradation of infrastructures and other resources. When NMC introduced the curriculum in 2019, it was believed that the curriculum would be "more learner-centric, patient-centric, gender-sensitive, outcome-orientated and environment-appropriate".<sup>1</sup>

Practically, the new curriculum was found to be more student-centric rather than teacher-centric.<sup>1,2,3</sup> The curriculum ensured the participation of students in the teaching-learning process (interactive learning methods like case-based learning, problem-based learning, simulation-based learning, etc.). Micro-teaching, like teaching in small group settings, think-pair-share, nesting, etc., brought a close interaction between the teachers and the students.

Methods like reflection and discussion opened up the critical thought process of the students. The formative assessment methods ensured that students had access to adequate supervision. Providing feedback on some of the teaching-learning methods fulfilled the needs of the students and made them aware of the need for improvement in this learning process. This curriculum has given more importance to applying knowledge than simply memorising the facts.

This new curriculum has focused more on practical skills by including early clinical exposure, student clerkship, integrated learning (both horizontal and vertical), and a family adoption programme and also emphasising the need for a holistic way of looking into patient care by including cognitive knowledge, skills, behaviour, attitude and ethics.

The orientation classes conducted at the beginning of the training made the students well aware of the multiplicity of the profession. However, it was felt that cultural sensitivity, patient communication, etc., are better understood in clinical settings. Introducing the choice of an elective subject by the students as per the curriculum gave the students an advantage in exploring different specialisations for choosing a future career path.

The students accepted the student clerkship programme introduced in the curriculum well. However, it was observed that the time spent in the wards was less as they had to attend their routine classes and other academic programmes during this period.

It is encouraging that scientific research is being incorporated into the new curriculum. It is the need of the hour. It is essential to sensitise medical students during their training period to lure them to the research field to improve the future of our healthcare system. The mere practice of the present system will only maintain the status quo, but research will decide the system's progress in the future.

There are some challenges in the implementation of the new curriculum. The schedule is too hectic, and as a result, the students now have less time to study on their own. The students feel exhausted after a long training schedule, and the stress of students arising from this schedule needs to be addressed.

Some issues of gender sensitivity in a few competencies drew critical attention from some groups advocating disability and transgender rights, citing provisions of the Rights of Persons with Disabilities Act, 2016, and the Transgender Persons Protection Act. A few competencies in the CBME curriculum of forensic medicine were questioned. However, NMC withdrew those CBME guidelines published in 2024, indicating the need for further revision and updates.<sup>4</sup>

It is essential to have adequate faculty members to implement the curriculum properly. In the present scenario, some medical colleges face faculty constraints, which have hindered curriculum implementation. Additionally, training of all faculties was not possible in one go. Though almost all medical colleges have a medical education unit, not everyone can run a basic course in medical education (BCME) for the faculty. It has been observed that a few faculties struggle to apply the new teaching-learning methods in place of the old conventional teaching methods.

Implementation of the curriculum also needs improvement in infrastructure and technology. Certain teaching-learning methods require more space. Audiovisual aids and internet connectivity are required in some teaching-learning methods. The availability of

a skill lab is an added advantage in skill training methods. Currently, many medical colleges do not have a skilled laboratory.

Maintenance of the logbooks is mandatory in the new curriculum. But students felt maintaining such a logbook is time-consuming and sometimes even a burden. The assessment of this logbook requires more time from the faculties, which becomes difficult in a very busy hospital. There is also a fear that this competency-based medical education will cause a decline in the medical curriculum's time-tested cognitive foundation, as it has emphasised skill training more.

There are a few studies that show the impact of the new curriculum on the students. However, these studies were done at the end of the first or second phase of the curriculum. One such study by Naveen Katur et al. on first-year MBBS students showed that students found the curriculum promising, but it took a huge toll on faculty. The paper suggested an increase in faculty strength for proper curriculum implementation.<sup>5</sup>

Orientation of the faculties about the curriculum and training them in different teaching-learning methods is necessary for effective implementation. In the initial part of the curriculum, the implementation of the exercise was incomplete. But with time, the medical education units (MEU) of the medical colleges under the guidance of the Regional Centre (RC) and medical education technology of the National Medical Commission have started training the faculties to familiarise them with the new curriculum and different teaching and learning methods. Most faculties are trained in the new teaching and learning methods and oriented to the new curriculum.

A cross-sectional, questionnaire-based observational study done by Ravikumar S K, Gayatri C K, and Shivanand amongst a group

of students from first year to final year on the perception of skill lab training showed that the students found skill lab training highly beneficial, and they suggested that this training should be mandatory from the first year itself.<sup>6</sup> Another study which was done with phase 1 students showed that from the student's perspective, the new curriculum was a step in the right direction.<sup>7</sup>

Many doubt whether this new curriculum can fulfil the need for health care services in the present age. However, as the new batch of these Indian medical graduates (IMG) have yet to work independently in the professional field, it is too early to conclude whether the curriculum has served its purpose. Future studies will shed more light on this regard. Continuous evaluation and feedback from teachers, students, and other stakeholders are necessary to determine the impact of the curriculum on the overall improvement of the quality of medical education. One should also remember that the curriculum could not be implemented continuously for this first batch because of the COVID-19 pandemic. The examinations of this batch were delayed, and an extension was given to the medical training period to compensate for the loss due to COVID-19. The curriculum which was prepared for phase I could not be implemented. It also hampered the training in phase 2 because the required planning and implementation of the curriculum could not be done in time. Moreover, the online classes held during that period were taken in more conventional forms. Because of the COVID-19 pandemic, teachers could not be trained or orientated to the new curriculum for its implementation.<sup>8</sup> Hence, we will have to wait to completely notice the impact of the curriculum on the future batches of students who will complete the curriculum without interruption.

## REFERENCES

1. Medical Council of India, Competency-based Undergraduate Curriculum for the Indian Medical Graduate. Vol. 1, New Delhi, Medical Council of India; 2018.
2. Medical Council of India, Competency-based Undergraduate Curriculum for the Indian Medical Graduate. Vol. 2. New Delhi, Medical Council of India; 2018.
3. Medical Council of India, Competency-based Undergraduate Curriculum for the Indian Medical Graduate. Vol. 3. New Delhi, Medical Council of India; 2018
4. Shajan Perappadan BS. National Medical Commission withdraws medical curriculum guidelines. (Online). 2024 September 06, 12:55 am IST - New Delhi. [cited 2025 May 10]; Available from: URL:thehindu.com.
5. Kotur N, Anitha MR, Sappandi N, Murthy N, Kunjathur SM, Nagaraja SB, et al. Impact of new MBBS curriculum on the 1<sup>st</sup>-year students and burden on teaching faculty: are we making the balance? Indian J Physiol Pharmacol 2020;64(Suppl\_1):S59-S61.
6. Ravikumar SK, Gayatri CK, Shivanand. Evaluating Medical Students' Perceptions of Skills Training in the MBBS Curriculum According to NMC Standards. European Journal of Cardiovascular Medicine. 2024;14(3):2024;14(3):1345-49.
7. Shanmugam J, Ramanathan R, Kumar M, Sridhar MG, Palanisami KT, Narayanan S. Perspectives of Indian medical students regarding the competency-based medical education curriculum – a qualitative, manual, theoretical thematic content analysis. Ann Natl Acad Med Sci (India). 2024;60:206-12.
8. Bhagat A. Implementation of competency-based medical education in India: Effect of COVID pandemic. J Educ Health Promot. 2022;11:140.

## CORRESPONDENCE ADDRESS:

\*Professor of Surgery and HOD  
Department of Emergency Medicine  
Gauhati Medical College & Hospital  
Guwahati, Assam, India  
Email: dipakkumarsarma@hotmail.com