

# Competency-Based Medical Education for Undergraduates in India: Strengths, Weaknesses, Opportunities, Challenges Analysis and the Way Forward

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## Abstract

The much-awaited dream of many educationalists across India has finally turned into reality and we have shifted to the competency-based curriculum for the undergraduates from the 2019 academic year. With close to 4 months into this transition and implementation, we have realized a wide range of strengths-weaknesses-opportunities-challenges (SWOC) and it is the need of the hour to learn from the same and plan our curriculum in such a manner that the execution of the same can be significantly improved in the coming years. Even though, challenges are there, but it is important to understand and have a belief that all this has been done to improve the health care services offered to the general population. In conclusion, the competency-based curriculum for undergraduate students has to be looked upon as an opportunity to produce competent and globally acceptable doctors and thus it is high time that all the stakeholders accept this as a challenge and work in a concerted manner to accomplish the intended goals.

**Keywords:** Competency Based Medical Education, Curriculum, Undergraduates, India

## INTRODUCTION

The much-awaited dream of many educationalists across India has finally turned into reality, and the regulatory body has approved the transition from the traditional curriculum to the competency-based curriculum for undergraduates from the 2019 academic year. All the medical colleges across India have implemented competency-based medical education (CBME) within their setups since September 2019. It won't be wrong to admit that most of the medical colleges have been facing various obstacles and challenges, which is not something unusual, as it happens with any change and this being a major educational reform.

With close to 4 months into this transition and implementation, we have realized a wide range of strengths-weaknesses-opportunities-challenges (SWOC), and it is the need of the hour to learn from the same and plan our curriculum in such a manner that the execution of the same can be significantly improved in the coming years.<sup>[1,2]</sup> As our aim is to produce a competent

medical graduate, we have to analyze our SWOC and then plan to strengthen or implement remedial measures so that our vision to produce an Indian medical graduate gets materialized.

## STRENGTHS OF THE COMPETENCY-BASED MEDICAL EDUCATION

The strengths of the program include a well-drafted curriculum with the framework of competencies and defined outcomes and specific guidelines for the foundation course,

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early clinical exposure, assessment, Attitude Ethics and Communication Module (AETCOM) competencies, and establishment of skills laboratory. In addition, the presence of adequate number of faculty members (in most of the medical colleges) who have been sensitized about the CBME and their responsibilities, dedicated Medical Education Unit, and supportive administration has also been the strength of the program in its earlier stages. Further, as the course is outcome oriented, the faculty members have resorted to innovative teaching-learning methods to impart problem-solving and clinical thinking skills to the students, which in itself is a major improvement.

Furthermore, the successful implementation of the foundation course has given a sense of belief among the teachers that the entire program can also be implemented well. Moreover, due to the weightage being allocated to informal assessments and formative assessments, not only it has undermined the significance of summative assessments, but also it has given multiple opportunities for the students to improve upon based on the feedback received/mentoring, and this will be a major strategy to ensure that all the students attain the desired competencies within the specified time frame. Another strength of the program is that it has focused on self-directed learning and development of a true professional through addressing the professionalism, attitude, ethical, and communication domains.

## WEAKNESSES IN COMPETENCY-BASED MEDICAL EDUCATION

As already emphasized, the role of faculty members in the planning and implementation of the program is vital. Thus, all faculty-related attributes, such as faculty members who are not sensitized about CBME, lack of faculty strength, or dynamic pool of faculty members (due to transfer, resignation, etc.), resistance from them, and lack of commitment or failure to keep them motivated throughout, are bound to impede the progress of the entire process. Assessment is one of the most crucial aspects of CBME and as we want it to be authentic, a lot many weaklings in terms of preparation of the assessment toolbox, standardization of tools, implementation of programmatic assessment, and observing performance, etc., need to be rectified.<sup>[2,3]</sup>

As CBME will be a student-driven curriculum, any kind of lack of commitment or motivation will not help in the attainment of learning outcomes and might even make them pretty anxious. In fact, no action plan has been laid down with regard to meeting the needs of slow learners. Another major weakness has been the lack of infrastructure support (such as skill laboratory or the presence of rooms for the conduction of small group teaching sessions or WiFi availability) or lack of administrative or faculty support, and this will significantly affect the acquisition of knowledge and learning skills. Further, the lack of cooperation between pre/para clinical and clinical departments has affected the process of alignment and integration. In addition, many teachers have raised the

concern of shortage of time for some of the professional years and expressed their inability to complete the entire portion.

## OPPORTUNITIES IN COMPETENCY-BASED MEDICAL EDUCATION

The introduction of CBME for undergraduates in itself is an opportunity for all the institutions to plan and implement the program in a better way so that other institutions can follow their footsteps or strategies. From the students' perspective, it is an opportunity to become accountable for their own learning, and this will not only aid them to expand their horizon globally, but also be totally involved in all the aspects of learning (viz., designing of curriculum and assessment plan). From the faculty's perspective, it is an opportunity for them to be more dedicated and accountable for their actions by guiding their mentees in a meaningful and customized manner. In addition, it gives them a chance to adopt a multidisciplinary approach to ensure the conduction of integrated teaching sessions for enhancing the understanding about complex topics.

In fact, the program has given the opportunity to strengthen the medical education unit/quality assurance programs of the college, faculty development programs, capacity building, motivation of faculty members to join medical education-related courses, and promotion of research activities in the field to generate evidence to decide about what might work and what not, especially in the field of assessment. The initiative is a step to produce a competent Indian medical graduate, and thus it has given opportunities to initiate electives, focus on teaching and assessing professionalism, and provision of holistic preventive-promotive-curative-rehabilitative care.

## CHALLENGES ENCOUNTERED IN COMPETENCY-BASED MEDICAL EDUCATION

As it is a new initiative which is resource intensive and has been introduced after a wait of couple of decades, it is quite obvious that there will be challenges at least in the initial stages. The major challenges include the reluctance of faculty members to shift to CBME, fear among the students as it is a student-centric curriculum, development of the entire assessment framework, scheduling of classes to teach and assess all the core competencies within the given time frame, resources/logistics/financial support, ensuring uniform implementation across all medical colleges, and the ways to deal with slow learners.<sup>[3,4]</sup> In addition, coordination with other departments, sustained support from administration, faculty shortage, lack of direction, etc., are also bound to impact the successful implementation of the program.

## WAY FORWARD

Even though challenges are there, it is important to understand and have a belief that all these have been done to improve the health-care services offered to the general population. The CBME program has already started to deliver encouraging results in

nations where it has been implemented; the need of the hour is to remain dedicated to the entire transition process and keep working with a goal to convert our weaknesses into strengths and ensure that all the opportunities are accepted with both hands and efforts are taken to strengthen the implementation of the program for the current and future batches of medical students.

## CONCLUSION

The competency-based curriculum for undergraduate students has to be looked upon as an opportunity to produce competent and globally acceptable doctors, and thus it is high time that all the stakeholders accept this as a challenge and work in a concerted manner to accomplish the intended goals.

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## Conflicts of interest

There are no conflicts of interest.

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