



Opinion Article

New UG curriculum reforms: Some concerns

Anita S. Malhotra

Department of Physiology, Government Medical College and Hospital, Chandigarh, Punjab, India.

*Corresponding author:

Anita S. Malhotra,
Department of Physiology,
Government Medical College
and Hospital, Chandigarh -
160 047, Punjab, India.

anitamalhotra345@hotmail.com

Received : 5 March 2020
Accepted : 05 September 2020
Published : 25 January 2021

DOI
[10.25259/IJPP_268_2020](https://doi.org/10.25259/IJPP_268_2020)

Quick Response Code:



It is widely believed and suggested by expert that regular review of curriculum is necessary to ensure its contemporaneous nature so that it reflects the changes in the society.^[1] India has been following a specific model of medical education over the past many decades, and there were some concerns that it might have lagged behind modern, developed nations (which have modified several aspects of their curricula). Therefore, a reform in medical education in India was long sought and awaited. Finally, we got this 'major revision' last year (2019) in our hands.

Nevertheless, the call for reform in medical education sought worldwide is intriguing as in recent years we have been proudly reporting the success of medical profession in the form of increased life expectancy, decrease in maternal and child mortality and morbidity and access to highly advanced technology to the masses,^[2] and this is only possible if our medical profession is progressing in a right direction. If so, why we still need to reform it?

But we all know that this is only statistical data and we are being deficient in the humane aspect of health care – which is reflected in the increasing number of litigations and violence against doctors presently.

Somehow in this crusade of advancing scientific knowledge and technique we lost the 'ART OF MEDICINE – THE HEALING TOUCH.' The basic philosophy of medical education is the art of applying science for healing the ailing humanities. Therefore, it is imperative that medical professional be educated as a scientist as well as an artist.^[3] The students who aspire to become doctors should be taught liberal arts, social sciences such as psychology and humanities as a prerequisite and when they acquire some proficiency and understanding in these subjects should they be enrolled for the teaching of scientific basis of medical profession. The new curriculum has taken definitive steps in this direction, but still we need more revolutionary steps to regain the nobility and healing touch of medical profession.

During the past few decades of my experience in physiology, in a Government Medical College, I believe that we do not need a reform – but a revolution – a change that can radically alter our health-care system.

As the MBBS programme is the foundation of the health-care delivery system, we need a non-degradable, incorruptible, dynamic, strong foundation. By introducing CBME, we hope to achieve this. Are we being realistic? CBME explicitly defines the final outcome of medical education system in the form of Indian Medical Graduate (IMG). Our IMG is supposed to be possessing innumerable abilities in the form of five predefined competencies such as clinician, leader, communicator and professional committed to lifelong learning, who is dedicated to fulfil the societal needs with compassion. In the present era of globalisation and commercialisation of the medical education by the private medical institutions and corporate hospitals and above all

This is an open-access article distributed under the terms of the Creative Commons Attribution-Non Commercial-Share Alike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as the author is credited and the new creations are licensed under the identical terms.

©2020 Published by Scientific Scholar on behalf of Indian Journal of Physiology and Pharmacology

with the erosion of social/moral values, is it not an irrational, unrealistic farfetched dream?

Medical education is a complex system and we have to bring radical changes in all three components of this system as the input – students who aspire to enter into medical profession, the infrastructure, the process – medical education and the output. For selecting the medical aspirants, the pattern of entrance exam should be changed from testing only cognitive abilities to include some tests for checking the personal attributes and their attitude toward the profession such as situational judgement test, multiple mini-interview and tests for personal attributes.^[4]

The dismal infrastructure in the form of faculty and staff, increasing cost of medical education and excess load of patients on clinicians are few real issues which would hinder the implementation of the CBME and need immediate rectification.

Concerns have been raised regarding few revisions made in the new CBME curriculum released by MCI. The CBME has three main differences from traditional curriculum in being learner centred, need based and having flexibility of time. The essence of CBME is the acquisition of competency at variable pace and time by medical professionals, thus allowing flexibility of time for becoming competent, and we nowhere found this in our new curriculum. This will add an additional pressure on students as well as the teachers. As supposedly in physiology, a student has to achieve some competencies of nerve muscle physiology and if he fails in this he will have to make another attempt for achieving it after some time but during that period some more competencies would be added to this list as the rest of the class is moving forward and the time of final examination is fixed, so now in less time he has to acquire more competencies adding to further stress as in the traditional curriculum. With introduction of flexibility of time, CBME in true sense becomes learner centred otherwise it loses its progressive attribute and purpose.

Formative assessment and feedback are another important tool of CBME. Workplace-based assessment by multiple assessor and multiple time is endorsed in CBME. With reduced number of faculty and increasing load of medical aspirants, it is almost impossible to implement this in true sense.

Another area which needs restructuring in the new curriculum specifically regarding to physiology is

discrepancies in framing of competencies and list of skills needing certification in physiology. In total, we have 137 competencies in physiology but in reality one competency many a times is actually large number of competencies combined like in GIT (discuss the physiological aspects of peptic ulcer, gastro-oesophageal reflux disease, vomiting, diarrhoea, constipation, Adynamic ileus and Hirschsprung's disease), similarly in endocrinology, kidney and neurophysiology, etc., few of competencies needs to be reframed. Similarly, in certification of skills, the document lists the examination of respiratory system as certifiable competency but performing spirometry and examination of cardiovascular system do not need certification. How can we explain this? As proposed by MCI, this document is live so these suggestions may be incorporated and we hope that by paying attention in the details of our subject and putting these suggestions for rectification, we will have a robust document truly serving the purpose which it intends to do.

Declaration of patient consent

Patient's consent not required as patients identity is not disclosed or compromised.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

REFERENCES

1. Tyler RW. Basic Principles of Curriculum and Instruction. Chicago, IL: The University of Chicago Press; 2013.
2. Gupta VK, Kaur N, Gupta M. Is a revision in medical curricula sufficient to develop ethical and empathic future physicians? *Indian Heart J* 2015;67:623-5.
3. Matthew M. A philosophical basis for medical education. *Lessons from the ancient world. Pharos Alpha Omega Alpha Honor Med Soc* 2004;67:19-22.
4. Hughes P. Can we improve on how we select medical students? *J R Soc Med* 2002;95:18-22.

How to cite this article: Malhotra AS. New UG curriculum reforms: Some concerns. *Indian J Physiol Pharmacol* 2020;64(Suppl_1):S24-S5.