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Opinion

Undergraduate medical education: Is it on decline: An opinion

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1. Introduction

Medical education in India has undergone frequent changes in curriculum and teaching methods during the last decade. Since the abolition of Medical Council of India (MCI) on September 25, 2020 and taking over by the National Medical Commission (NMC) there has been an overall modification in the working of the top medical administering and certifying body. The nominated NMC has four autonomous boards, namely Under Graduate Medical Education Board (UGMEB), Post Graduate Medical Education Board (PGMEB), Medical Assessment and Rating Board (MARB) and Ethics and Medical Registration Board (EMRB). NMC UGMEB has modified MBBS teaching and learning methods first as per its regulations 2019, which have again been modified in 2023. At the present, the training in the basic medical sciences of human anatomy, physiology and biochemistry has been limited in the first year after admission. Methods of teaching- learning and assessment have also undergone radical changes. This article is an opinion on the utility or otherwise on these two aspects of Indian medical education today.

1.1. The present scenario of the first professional year

It is the common knowledge that undergraduate national eligibility cum entrance test (NEET) conduction, declaration of its results and ensuing admission in various medical colleges are delayed almost every year putting the first year MBBS basic sciences training at risk. To make up for sessions of training, the already shortened time duration is further cut short by the universities and examination conducted for easy passing. This is causing a huge and permanent deprivation of the knowledge related to human body dissection and physiology experiments to the students, putting sure hurdles in further years of training also. How will such a student learn clinical subjects of medical and surgical field when his knowledge of the basic sciences is inadequate and very superficial? This in turn becomes the single most important cause of producing poorly trained doctors having weak cognitive foundation. This is also the reason why Competency Based Medical Education (CBME) is failing in its aim of producing a properly trained basic doctor for the needs of primary health services, community medicine and family medicine. The first important pillar of the medical knowledge being weak and poorly structured, is enough to make such students improperly and incompletely trained who in turn may put health of patients in risk

This aspect needs to be looked into and for its rectification, it may not be improper to suggest that the old time table of the first professional level training of one and half year is brought back along with timely implementation of NEET and admission process.

1.2. Assessment methods

CBME has brought in the newer methods of training and assessment such as Problem Based Learning (PBL), Case Based Learning (CBE), Team Based Learning (TBL),

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Simulation, Virtual Reality, Evidence Based Learning (EBL), Flipped Classroom, E Learning, Cognitive Apprenticeship, Work based teaching, Clinical Skills Facilitation, Peer Assisted Learning besides the traditional methods of Lectures, tutorial, demonstrations, Clinical case presentation, case discussion, seminar, symposium, observational learning and repeated practice. Mini clinical examination (Mini cex), Directly Observed procedursl steps(DOPS), Objectively Structured Clinical Examination(OSCE), and Objectively Structured Procedural Examination (OSPE) have also found relatively stable position in assessment besides Case viva, table viva on various aspects. Learner Doctor Method (LDM) is a recently propogated method. The curriculum today defines the content of teaching, the way of teaching and the method of assessment to be adopted. Examinations at multiple steps make the student and the teacher more worried about result rather than proper and complete learning of a topic. Passing the examinations has become the ultimate goal of both trainee and trainer. All of us forget that a doctor's training cannot be equated with other fields, as the doctor has to deal with live responding persons instead of inanimate objects. Most colleges are understaffed, infrastructure is inadequate and the faculty feels handicapped in implementing many of the suggested ways of teaching and learning. In such a scenario, passing becomes the rule and failure in examinations are rare. Privatization of medical education has caused mushroom like growth of medical colleges, which compete with each other in better results and bigger number of admission in various courses. These temples of degrees work like factories in producing doctors, though actual quality might be lacking in their qualified graduates. Paper work is being done to fulfil essential points in student's log books. Utility of these new and innovative methods in our large number of colleges remains doubtful. A proper true feedback may guide the policy makers for the remedial actions.

2. Discussion

Many researchers have expressed about the problems faced in the medical education in India.[1-2] Khapre et al have discussed the faculty's perspective on skill development.[3] Kumar R has discussed how family physicians have become extinct due to our faulty medical training.[4] Comparison of traditional teaching with Flipped classroom has been done by Bhavsar MH et al.[5] Most of the senior and sincere teachers feel depressed and helpless seeing students acquiring degrees without obtaining requisite minimum skills and knowledge. The faculty joins as medical staff out of compulsion many a time and may remain less devoted towards their responsibilities. Money factor is driving people haywire and the ultimate sufferers are the student and the society. Students are also partly responsible for the present day chaos in medical education and health care. It is high time we feel the need of the change and act correctly.

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4. Conflict of Interest

None.

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