

Curricular Reforms in Undergraduate Medical Education: An Indispensable Need

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DEAR EDITOR,

The member countries of the World Health Organization recognize the health for all as a national goal and contemplate that medical education will produce competent physicians toward meeting this goal.^[1] However, the medical education and health-care in most of the developing nations are facing the serious challenges both in content and in competencies.^[2] The burden of diseases across the developing countries is still large, which is generally attributed to inadequate infrastructure and lack of resources (viz. physician shortage, inequitable distribution of manpower and resources with regard to access to basic medical services and quality health-care) and degradation in the quality of medical education.^[3] India has the highest number of medical colleges in the world. This unprecedented growth has occurred in the past two decades in response to increasing health needs of the country. The most significant challenge for regulatory bodies like the Medical Council of India has been to balance the need for more medical colleges with the maintenance and improvement of quality standards.^[4]

Curricular reforms are advocated to systematically address these issues and develop

strategies to strengthen the framework of medical education and health-care system so that the Indian medical graduates match or are better than the international standards. Objectives of the curricular reform are to assess and evolve a road map for medical education relevant for a country in the changing contexts; to develop strategies so that medical education is innovative and is able to prepare undergraduates to perform in the changing scenario of medical science; and to institute immediate solutions and propose medium and long-term strategies to the existing medical education in a phased manner.^[1,2,4]

The above objectives can be achieved by incorporating newer teaching elements in the under-graduation course namely introduction of a foundation course after admission to prepare a student to study medicine effectively; facilitation of horizontal and vertical integration between different disciplines; advocating early clinical exposure right from the 1st year (viz. case scenarios for classroom discussion/case-based learning); encouraging student doctor method of clinical training for comprehensive student learning; addition of elective courses (viz. immunology, genetics, ethics, etc.) for students to do project, which in turn enhances

self-directed learning, critical thinking and research abilities; skill development and training; emphasis on secondary hospital exposure by linking each medical college to the local health system including primary health-care centers that can be used as training base for medical students and adoption of contemporary education technologies.^[4]

Curricular reforms in medical education have been implemented in different settings,^[5,6] with variable extent of success and simultaneously, it has been observed that it is difficult to sustain any curricular reform without proper planning.^[7] It is well-proven that curricular reforms has enhanced the level of understanding and has been beneficial for both teachers and students.^[5]

To conclude, the transformation of the curricula is an ever ending process and it should comply with the increasing complexity of the medical field and the changing needs of the population.

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