MCI Regulations on Graduate Medical Education, 2012- Are we ready for paradigm shift?

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Medical college equips medical students with the scientific background and technical skills they need for practice. But it is equally important for the new graduates to both understand and commit to high personal and professional values. Globally, there is an increasing concern among society about doctors’ adequacy of the scientific education, clinical skills, interactions with patients and commitment to improving healthcare and providing leadership. India is no exception with frequent hue and cry expressed about proficiency of our doctors. Obviously a need has been felt since long for overhauling our medical education to make it more relevant to the role of future graduates as “Good Doctors”.

“Good doctors make the care of their patients their first concern: they are competent, keep their knowledge and skills up to date, establish and maintain good relationships with patients and colleagues, are honest and trustworthy, and act with integrity.”¹

In order to create an “Indian Medical Graduate” (IMG) possessing requisite knowledge, skills, attitudes, values and responsiveness, so that he or she may function appropriately and effectively as a physician of first contact of the community while being globally relevant. Medical council of India has recently come out with proposed curriculum for Undergraduate Medical Education ‘Medical Council of India Regulations on Graduate Medical Education, 2012’.² The revised curriculum enlists the roles and competencies of medical graduate which would help achieving the goal of being proficient Indian Doctor.

The roles of a doctor enlisted are-

1. **Clinician** who understands and provides preventative, promotive, curative, palliative and holistic care with compassion.
2. **Leader and member of the health care team and system** with capabilities to collect, analyze, synthesize and communicate health data appropriately.
3. **Communicator** with patients, families, colleagues and community.
4. **Lifelong learner** committed to continuous improvement of skills and knowledge.
5. **Professional**, who is committed to excellence, is ethical, responsive and accountable to patients, community and profession.

For every role listed, required competencies are also listed which makes this document worth reading and implementing by the medical teachers in India. Overall the reforms focus on enhancing integration, clinical competency, flexibility and improvement in quality of undergraduate training.

In addition to usual features like duration of each phase, departmental competencies, assessment guidelines etc. this time several new elements have been added to make the curriculum more effective than earlier.

The proposed new elements are-

1. **Foundation Course**
2. **Integration: Horizontal and Vertical**
3. **Early Clinical Exposure**
4. **Skill Development & Training**
5. **Student Doctor Method of Clinical Training**
6. **Electives**
7. **Secondary Hospital Exposure**
8. **Adoption of Contemporary Education Technologies like** Skills lab, E-learning, Simulation.³

However the fact that a large number of medical colleges of India have not fully implemented the previous curricular revision of 1997⁴, a doubt about implementation of the latest regulations would be a natural reaction from many of us. Considering this past experience, this time MCI has taken care to ensure that the revised curriculum, once approved by Government of India, is implemented in all the medical colleges of India. The program which is expected to facilitate the acceptance and implementation is called ‘Curriculum Implementation Support Program’ or CISP. Under this program at present the first 4 elements have been selected for implementation viz Foundation Course.
Integration: Horizontal and Vertical, Early Clinical Exposure and Skill Development & Training.

These four newer elements are,

1. Foundation Course

Foundation course will be of 2 months duration after admission to prepare a student to study Medicine effectively. This period aims to orient student to national health scenarios, medical ethics, health economics, learning skills & communication, life support, computer learning, sociology & demographics, biohazard safety, environmental issues and community orientation. In addition, this would include overview in the three core subjects of Anatomy, Physiology and Biochemistry to be taught in first MBBS.

2. Integration: Horizontal and Vertical

The innovative new curriculum has been structured to facilitate horizontal and vertical integration between disciplines, bridge the gaps between theory & practice, between hospital based medicine and community medicine. Basic and laboratory sciences (integrated with their clinical relevance) would be maximum in the first year and will progressively decrease in the second and third year of the training when the clinical exposure and learning would be dominant.

3. Early Clinical Exposure

The clinical training would start in the first year, with a foundation course, focusing on communication, basic clinical skills and professionalism. There would be sufficient clinical exposure at the primary care level and this would be integrated with the learning of basic and laboratory sciences. Introduction of case scenarios for classroom discussion/case-based learning would be emphasized. It will be done as a coordinated effort by the preclinical, paraclinical and clinical faculty.

4. Skill Development & Training

A mandatory & desirable comprehensive list of skills has been planned and would be recommended for Bachelor of Medicine and Bachelor of Surgery (MBBS) Graduate. Certification of skills would be necessary before licensure. The faculty will be trained in the methodologies to be adopted for skills development including communication skills. Moreover new facilities for skills training like Skills lab will have to be added by the institutes.

The MCI strategy under CISP involves preparation of training modules by experts followed by training of faculty of MCI Regional Centres for Education Technologies (Our institute is one of the centres). The Regional Centres will train the faculty of Medical Education Units of colleges under them and finally the Medical Education Units will train their colleagues and facilitate the implementation of these modules with the help of Regional Centres. Thus a multi-tiered approach is expected to be successful.

What is our role? – We, the faculty of medical colleges need to try our best and put in our maximum efforts to make our training of future medical graduates to make them more knowledgeable, proficient in their skill and humane doctors serving the human beings to regain their lost status in the society. Let us begin with some small steps today.

References
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