

# Implementation of Revised CBME Curriculum 2024: More of a Challenge than an Opportunity

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## CBME CURRICULUM

The Competency-Based Medical Education (CBME) curriculum for MBBS undergraduates was implemented in 2019 nearly after 21 years.<sup>[1]</sup> It speaks of 5 primary goals of Indian Medical Graduate (IMG) which is to become: Clinician, Leader & Member of the Health Care Team, Communicator, Lifelong Learner, and Professional. It emphasized upon the development of specific competencies among its learners, bridging the gap between theory and practice. The curriculum was designed to be imparted in three distinct phases: I, II and III. Phase I dealt with basic science; phase II focussed on paraclinical science and phase III emphasized on clinical science. Special highlights were inclusion of Early Clinical Exposure (ECE), Foundation course; a dedicated programme on AETCOM sessions etc to sensitize about the role of attitude ethics and communication; promotion of soft skills and Self-Directed Learning (SDL), and a shift towards both formative and summative assessment. Thus, the 2019 curriculum was designed to be an outcome-oriented learner centric approach with focus on clinical skills, professionalism and ethics.

Throughout these phases the primary focus was on developing required skills, knowledge, and attitude revolving around multiple competencies spelt out in the curriculum. Nearly more than 2500 competencies were spelt out for easy understanding of teachers across the country for faster implementation. In order to enable teachers in being effective trainers the National Medical Council (NMC) of India strengthened the teachers' training programme through RBCW (Revised basic course workshop) for all teachers across India and a special Curriculum Implementation Support Programme (CISP) for training the trainers who are part of the Medical Education Unit (MEU) of all colleges.

## REVISED CURRICULUM

In 2024, a newer and revised version of the MBBS curriculum was rolled out again by NMC for further refinement and update the 2019 curriculum. The revised version has retained the core principle of CBME, emphasizing on the development of specific competencies in medical graduates. It has retained the 3 phases teaching modality, ECE, SDL, Electives. Additionally, the focus is given on better integration of certain subjects and a stricter attendance requirements and assessment criteria are advocated. New modules such as pandemic management and online learning etc have been added. The word "emotion" has been used in the NMC 2024 curriculum to emphasize its importance in understanding and managing emotions in healthcare unlike 2019 curriculum where emphasis was only on attitude, ethics and communication styles to fulfil the goal of becoming an effective clinician and professional. Gender sensitivity and inclusivity has been highlighted. Despite these revisions, the new curriculum has already come under scanner by social activists especially the transgender and disability rights groups. They have objected to the exclusion of mandatory seven hours of disability competencies from foundation course and they have pointed out that mentioning sodomy and lesbianism as sexual offences and transvestism (cross-dressing) as a sexual perversion as gross errors.

## THE OPPORTUNITIES

In the new curriculum focus has been shifted from rote memorization to competency-based learning highlighting the need of using learner centered teaching learning methods in the form of ECE, Problem-Based Learning (PBL) & Case-Based Learning (CBD), community-oriented learning, SDL, integrated learning, experiential learning & use of electives. The new curriculum shifts from a fragmented, subject-based model to an integrated, holistic approach. This is befitting for the new generation students who want to learn faster because new curriculum encourages connecting concepts and applying them to real-world cases for a deeper understanding of medical knowledge. The curriculum highlights the critical role of communication in patient care, focusing on active listening, empathy, and the ability to convey medical information clearly. It also asks the teachers to integrate technology, such as virtual



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simulations and advanced lab equipment, to elevate the learning and skill development of their learners. It also allows the students to explore their interests and specialize in specific fields of medicine by providing flexibility via electives module. To meet the evolving demands of the medical profession, the new curriculum has expanded sufficiently in terms of opportunity and scopes.

## THE CHALLENGES

Despite the refinement and opportunities there are few implementational challenges. For example, the new curriculum seeks to evaluate not just knowledge, but also skills, attitudes, and communication capabilities. It expects the concept of integrated teaching and learning is to be included in the assessment of subjects. This is a change in right direction as we all know 'Assessment drives learning'. However, there is no guideline mentioned as to how integration in assessment has to be initiated which may lead to confusion and lack of standardization in assessment across universities. To bring this vision to life, it's essential to first focus on creating innovative assessment tools and providing faculty with comprehensive training on their effective application before asking them to implement it right away.

The integration of clinical experiences from the first year, along with the expanded syllabus, can lead to content overload affecting the quality of teaching as well as learning. In 2024 we are receiving generation Z students who are tech savvy with very less attention span. Therefore, the modules need to be revised into bite sized interactive modules instead of increasing the content.

The new curriculum emphasizes on an outcomes-based learning which requires the faculty to adapt their teaching methods and assessment strategies. The training of faculties all across the countries via BCME and CISP courses are laudable. However, sufficient time should be provided for faculties to convert these 3 to 5 days courses into real life practice,

While ECE has been followed by many colleges, the practical challenges in handling large batches in the busy clinical sites and a shortage of qualified faculties continues to reduce its effectiveness in the minds of its learners.<sup>[2]</sup> Moreover, a properly implemented ECE module needs sufficient manpower in preclinical and clinical years, access to a diverse patient population and updated clinical facilities and in the absence of these, at least provision of simulation centre set up with trained faculties. Many of these factors are still lacking in many colleges which can significantly hinder the full implementation of ECE, preventing its potential from being fully realized.

Among other notable challenges the most important factor is the lack of collective readiness among medical management authorities for the new curriculum in terms of adequate resources,

suitable training, infrastructure and support of manpower in their respective teams. The inadequate faculty and the perception of inadequate faculty training, confusion regarding technologies and its complexities and a lack of proper infrastructure is high among the faculties' mindset and if this issue is not addressed the same perception will continue to linger even more with the new curriculum.<sup>[3]</sup>

Implementation of competency-based curriculum primarily aims at skill development, which requires more of technical manpower in addition to the medical faculty and other medical professionals. Technical manpower is required for maintenance of students' medical and research laboratories, taking care of laboratory equipment and assisting in technique demonstration. Laboratory staff such as lab attendants, lab assistants, lab technicians, lab supervisors and lab technical officers are grossly lacking in many medical institutions, which essentially jeopardizes the practical training, and therefore the actual skill-development. Skill development does not happen just by conducting skill development program and imparting the related theoretical knowledge. It needs the infrastructure resources and skilled manpower resources for its effective implementation.

As CBME curriculum itself was resource intensive, the refined CBME curriculum focussing on integration is even more demanding on faculties, students and the of teaching learning institutes.<sup>[4]</sup> The central body including the institution-authorities should provide more skill training and practice opportunity for the faculties and institutes to adapt to the new curriculum, provide guidelines or examples of established integrated assessment patterns in the Indian scenario and provide support in terms of infrastructure upgradation, manpower allotment and resource allocation to meet these challenges.<sup>[5]</sup> Additionally in every institute, adequate support system should be built to provide adequate guidance for the students to navigate these challenges in the new curriculum in terms of time management, stress management, self-directed learning and planning suitable assessment strategies.

## REFERENCES

1. Sulena S, Kulkarni A, Mathur M, Jyoti N, Sidhu TK, Badyal D, *et al.* Challenges in Implementing Competency-based Medical Education in India – Stakeholders' Perspective: A Mixed-method Analysis. *Int J Appl Bas Med Res*, 2024;14(4):225-32. DOI: 10.4103/ijabmr.ijabmr\_268\_24
2. Singh RA. Perception of Early Clinical Exposure (ECE) among Phase I MBBS Students in a Medical College in Northeastern India. *J Med Sci Health*, 2024;10(2):169-74.
3. Agrawal A; Sharma A; Sharma A, Agrawal C. Challenges faced by medical faculty in implementation of competency-based medical education and lessons learned. *J Edu Health Prom*, 2024;13(1):345. DOI: 10.4103/jehp.jehp\_892\_23.
4. Deka C, Borah M. A qualitative 'free-list' analysis of the challenges in the implementation of competency-based medical education for MBBS students in a Government Medical College in Assam. *J Clin Sci Res*, 2024;13(3):159-64. DOI: 10.4103/jcsr.jcsr\_225\_23
5. Pal GK, Nanda N, Pal P (2019). Implementation of Competency Based Curriculum in Physiology: An Opportunity and a Challenge. *Int J Clin Exp Physiol*. 2019;6(2):36-7. doi.org/10.5530/ijcep.2019.6.2.10.

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