

Bengal Journal of Otolaryngology and Head Neck Surgery

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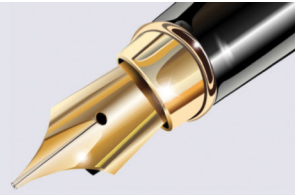
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From the Desk of the Editor



Competency Based Medical Education (CBME) was defined by the International CBME Collaborators as “an outcomes-based approach to the design, implementation, assessment, and evaluation of medical curricula, using an organizing framework of competencies” (Frank, Mungroo, et al. 2010). In general, CBME is an outcome-based approach wherein the outcomes of the training have already been defined in advance and it is expected that by the time a medical student completes their training, they are competent enough to discharge their role under the five core competencies (viz., clinician, leader, communicator, lifelong learner, and professional). The advantage of any outcome-based approach is that the definition and measurement of outcomes ensure that medical learners attain the expertise required to meet the needs of patients and the health care systems. Currently many of the countries across the world is adapting CBME as the mode of training for medical graduates as well as for post graduates. In India, CBME curriculum has been implemented from the year 2019. The first batch of Students under this curriculum are just completed their internship.

The integral and essential part of any newly implemented program / curriculum is evaluation. Till date evaluation of CBME is in very rudimentary stage in our country. Within last six years, there are multiple changes / modification in curriculum as adapted by National Medical Commission. For example, Ophthalmology and Otorhinolaryngology were shifted from 3rd professional, Part I to Part II. Again these are going to revert to their previous place in Part I after 3 years. This is the high time to evaluate the effect of implementing CBME on the ultimate outcome. Few initiatives like ‘Family Adaptation Program’ and ‘Compulsory Elective’ need evaluation in terms of definite outcome and benefit to the students and also to the society. Not only NMC, but every professional body in medical fraternity should play their role in this regard. CBME curriculum in Post-Graduate stage in comparison to Under-Graduate is further less discussed, less followed and obviously less evaluated till date.

Another important aspect of implementing CBME is the need of positive approach of the faculties towards accepting new methodology of teaching learning. For this purpose different training courses (BCME, CISP) are going on under supervision of NMC regional centres. It is the responsibility of the medical faculties to make themselves well accustomed with the new methodology, providing feedback to NMC about the problems in implantation, needs for modification if any.

Sirshak Dutta

Dr. Sirshak Dutta

Managing Editor

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