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Competency-based medical curriculum: Response

I read with interest the article by Aprajita *et al*.¹ The authors have comprehensively examined both the pedagogical and technical readiness of preclinical medical teachers, while also highlighting potential challenges.¹

While the study specifically focused on faculty for the first-year MBBS, similar observations across all years of medical college have been noted in other studies.^{2–4} The faculty–student disparity (vis-à-vis faculty strength in departments) and the need for infrastructure and technology enhancement emerged as major impediments to the effective implementation of competency-based medical education (CBME).

The revised infrastructure and technology requirements especially for small group teaching, audiovisual upgradation and internet linking of demonstration and practical halls with lecture halls, establishment of skills laboratory, etc. are evidence that CBME is a work in progress.⁵ The recommendation to enhance teachers' knowledge and skills

through continuous faculty development programmes aligns with the vision and directives of the National Medical Commission and Graduate Medical Education Regulations for medical institutions.^{3–6}

We are aware that educational reforms require time and patience and the role described for regional and institutional medical education units, curriculum committee, skills laboratories and technology departments cannot be emphasized enough for continuous professional development of educators.⁶ Overcoming challenges such as limited human and information technology resources, cumbersome paperwork, and exhaustive workloads mentioned in various studies can be successfully addressed through integrated teaching approaches, use of digital resources, multimedia and the adoption of e-learning platforms, including technology integration via learner management systems and simulated learning.^{1–4}

Acknowledging and accepting CBME, followed by continuous targeted training programmes and systemic support mechanisms, are imperative for each institution to ensure effective implementation.

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