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Letter to Editor

Education Section

Are MCQ-based Postgraduate Entrance Examinations Undermining Clinical Skills in MBBS Graduates?

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The one nation, one examination policy, which introduced a single postgraduate medical entrance test for India's MBBS graduates, has brought uniform evaluation and transparency to India's medical examination system. However, it becomes crucial to review the assessment criteria of such a test. Selection must concentrate on clinical competence and acumen rather than the ability to solve Multiple Choice Questions (MCQs).

The financial burden of taking up MBBS from private universities in India is very high. The yearly tuition charges of self-funded colleges usually go beyond ₹20 lakh (approximately USD 25,000), which would equate to more than 1.2 crore for the complete duration of the MBBS course [1]. In contrast, the salary offered to MBBS graduates entering the workforce may be relatively modest. For example, a recent National Health Mission recruitment notification from Maharashtra (2025), advertised Medical Officer (MBBS) positions with a monthly remuneration of ₹60,000 [2]. Hence, it is understandable why preparation for Postgraduate (PG) entrance examinations has become a priority for students. At these salary levels, the ₹1.2 crore paid out in tuition fees will be recuperated in well over a decade, and it is not really surprising that students are drawn to early postgraduate entrance exam preparations.

In Delhi-National Capital Region (NCR) government hospitals, a Junior Resident (Non PG) typically earns a monthly salary of ₹80,000–95,000 on average. The base pay is structured under Level-10 of the 7th Pay Commission (₹56,100 base), which escalates to this total figure once Dearness Allowance (DA), Non Practicing Allowance (NPA), and other admissible allowances are added. For example, according to the official Vardhman Mahavir Medical College and Safdarjung Hospital (VMMC and SJH) salary notice from February 2026, the gross monthly salary for a Junior Resident is ₹1,34,572, comprising a basic pay of ₹56,100 along with NPA (₹11,220), House Rent Allowance (₹16,830), DA (₹ 39,046), and Transport Allowance (₹11,376) [3].

This trend is reflected in student attitudes towards postgraduate examination preparation. A cross-sectional study involving 7,875 medical students found that 46% believed MCQ-oriented preparation should begin from the first year of MBBS itself, highlighting the early shift in focus towards postgraduate entrance examination preparation [4]. Similarly, a national survey of medical students showed that 81% of respondents thought that conducting university theoretical examinations as 100% MCQ-based assessments would help in improving their preparation for postgraduate examinations [5]. So, many medical students consider MCQs as the crucial component that determines their postgraduate specialties.

When clinical competence is not evaluated in examinations, students may pay less attention to their bedside clinical skills, as assessment processes have a strong influence on learning behaviour. It may, therefore, lead students to focus more on exam performance than on bedside learning and the acquisition of practical skills. Studies have shown that assessment weighting significantly influences students' motivation and learning behaviour, with learners tending to devote greater effort to subjects that carry greater weight in high-stakes examinations [6].

The need to assess clinical competence has been formally recognised by the NMC through its National Exit Test (NExT) Regulations, 2023, which include a separate practical examination component (NExT Paper 2) [7]. Similar international systems have also included structured clinical competence assessment, such as the Professional and Linguistic Assessments Board (PLAB 2) examination in the United Kingdom [8].

Fortunately, there are ways to solve the problem of clinical skills being neglected. Evidence has shown that supervised hands-on clinical skills training, including hybrid learning strategies and Objective Structured Clinical Examination (OSCE), improved the clinical skills of medical students in India and elsewhere [9]. OSCEs can indeed test communication skills, clinical judgment, and procedure-related competencies that are otherwise ignored by traditional MCQ tests. One potential step could be to include OSCE stations with the postgraduate medical entrance test or having OSCE based compulsory clinical skills certification exams for MBBS graduates, which would encourage bedside skill acquisition for students [10]. For undergraduate teaching, structured internships and log books for practical skills, including longitudinal patient management, could help in enhancing bedside clinical skills.

However, implementing such regulations uniformly across more than 700 medical colleges would require significant investment in examiner training and standardisation. The NMC's competency-based medical education framework, including the Family Adoption Programme, already provides a foundation for longitudinal clinical skill development in undergraduate training. Strengthening structured clinical competency assessment alongside postgraduate selection may better align assessment with the competencies expected of future physicians.

India has traditionally relied on its MBBS graduates with strong clinical skills to cater to its vast population. It is therefore imperative to redefine assessment frameworks to reflect this need. The focus of selection must be on clinical competence and the ability to practise safely and effectively rather than purely on MCQ solving skills.

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