

LETTER

The ethical drift in medical education: Prioritising post graduate entrance preparation over professional competence

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There is an emerging and deeply concerning shift in the culture of undergraduate medical education in India, with many MBBS students increasingly prioritising their preparation for postgraduate (PG) entrance examinations, such as the National Eligibility cum Entrance Test for Postgraduate (NEET-PG) and Institute of National Importance Combined Entrance Test (INI-CET), over conventional academic learning and bedside clinical exposure. This sometimes begins from the very first year of training. The rapid expansion of commercial, technology-driven coaching platforms has amplified this trend. While such platforms have facilitated access to learning resources and support exam preparation, their disproportionate influence on student priorities raises significant ethical questions regarding the purpose and integrity of undergraduate medical education.

The MBBS programme is often perceived less as a formative phase to develop into competent and ethical physicians, and more as a mandatory gateway to secure a PG seat [1]. Consequently, study time is largely spent on practising MCQs and memorising facts that are frequently disconnected from a clinical context or patient care. This paradigm shift is further reinforced by peer influence, seniors, and the prevailing coaching culture, leading students to believe that success in PG entrance examinations can be achieved with minimal engagement in medical college teaching or meaningful clinical learning.

The ethical implications of the above shift are multi-layered. A significant number of students attend clinical postings passively or irregularly, engage minimally in patient care, and show declining interest in formative assessments, physical examination skills, and ethical or communication competencies. The resulting competence gap risks producing graduates who may perform well on MCQs but lack essential clinical reasoning, empathy, and accountability, attributes critical to safe, patient-centred medical practice. This is both an academic issue and a public health concern.

The commercialisation of medical education also raises issues of equity and fairness. High-cost coaching platforms create a parallel, profit-driven educational system, accessible primarily to those who can afford it. Students increasingly equate financial investment in coaching with future career prospects. Such commodification of learning risks deepening socioeconomic divides and distorting the merit-based ethos of medical training. Medical education, traditionally grounded in apprenticeship-based learning, mentorship, and service

orientation, is being reshaped by market forces that prioritise competitive exam outcomes over ethical and competent practice.

Systemic factors contribute significantly to this trend. The current PG entrance examination pattern places an overwhelming emphasis on factual recall and MCQ-based testing, inadvertently incentivising superficial learning. There is limited alignment between the competencies expected of an Indian Medical Graduate, as outlined in the Competency-Based Medical Education (CBME) curriculum and the assessment format of PG entrance tests [2]. Students thus perceive undergraduate training as misaligned with “what matters” for their future careers. This misalignment not only demotivates engagement in professional values and patient care but also creates a hidden curriculum that promotes competition over collaboration, individual success over collective welfare, and exam scores over ethical practice.

From an ethical standpoint, reform is urgently needed at multiple levels. Medical colleges must foster learning environments where bedside teaching, reflective practice, professionalism, and value-based mentorship are prioritised and protected. Faculty must be equipped and incentivised to counteract the coaching-centred narrative, by making undergraduate learning relevant, clinically integrated, and intellectually stimulating.

Assessment frameworks for PG entrance must evolve beyond memory-based MCQs towards formats that test applied knowledge, clinical reasoning, communication, and professional behaviour, competencies aligned with societal expectations from physicians [3]. Such changes can shift the culture from exam-oriented learning to ethical, patient-oriented learning and practical clinical exposure. The inability of MCQ-based assessments to meaningfully capture psychomotor skills and affective domain competencies remains a serious limitation. Regulatory and accreditation bodies need to critically examine the growing influence of coaching-driven training on the integrity of medical education and align PG entrance assessment frameworks with the competencies outlined in the Graduate Medical Education Regulations, so that students remain motivated to achieve holistic professional competence.

Technology-enabled learning resources have undeniable value, but unchecked commercialisation risks eroding the foundational ethos of medical education due to misuse and overdependence.

The MBBS programme should not be reduced to a mere “hall ticket” to postgraduate training but should remain a comprehensive professional programme aimed at developing competent, ethical, and socially responsive

physicians with sound clinical judgement, empathy, and readiness for both independent practice and future specialisation. Reclaiming this ethos requires collective commitment and moral courage, from educators, regulators, students, and society.

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Conflict of Interest: None declared

Funding: None

To cite: Arun Babu T, Sharmila V. The ethical drift in medical education: Prioritising post graduate entrance preparation over professional competence. *Indian J Med Ethics*. Published online first on February 18, 2026. DOI: 10.20529/IJME.2026.009

Submission received: November 5, 2025

Submission accepted: December 10, 2025

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