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SIG Clinical Communication lays focus on progressive implementation throughout undergraduate medical education

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SIG on Clinical Communication releases national Blueprint after consultation across 147 medical institutions



A national consultation on clinical communication education has received 152 responses representing 147 unique medical institutions across 31 States and Union Territories, highlighting a significant gap between the delivery of communication training and the longitudinal tracking of learner competency.

The consultation was undertaken by the Special Interest Group (SIG) on Clinical Communication, in association with ICAIM and DoctorsAI, with SigmaMozak as Knowledge & Implementation Partner.

While 76% of respondents reported structured communication training across most or all MBBS phases, only 4% reported using an integrated longitudinal record to guide individual learner feedback and progression.

The findings were discussed at the National Advisory Session on Clinical Communication, held in New Delhi on 20 September 2026, where the SIG released From Intent to Implementation: A Blueprint for Elevating Clinical Communication Competency in Undergraduate Medical Education in India.

The findings suggest that communication training is no longer absent from undergraduate medical education. In many institutions, it is already being delivered across multiple phases of the MBBS programme. However, the data point to a different implementation challenge: ensuring that communication competency develops longitudinally rather than through disconnected teaching and assessment activities.

Prof Avinash Supe, Professor Emeritus in Surgical Gastroenterology and Medical Education at Seth G.S. Medical College, Chairperson, SIG Clinical Communication, said: “The question is no longer simply whether communication is present in the curriculum. The more important question is whether students are able to practise it repeatedly, receive meaningful feedback and demonstrate progression over time. The consultation shows that this longitudinal link remains an important area for improvement.”

Other commonly reported barriers included insufficient protected curriculum time, difficulties coordinating across clinical departments, limited numbers of trained faculty, insufficient faculty time and challenges in maintaining longitudinal learner records.

The findings indicate that the next phase of communication education may require less emphasis on creating additional curricular intent and greater emphasis on practical tools that allow institutions to implement, assess and sustain competency development at scale.