



## Original Research Article

# A THEMATIC ANALYSIS OF FACULTY AND STUDENTS PERCEPTION TOWARDS THE INTRODUCTION OF NEXT EXAMINATIONS IN A GOVERNMENT MEDICAL COLLEGE IN NORTH EAST INDIA

Chandana Deka<sup>1</sup>, Jayant Vagha<sup>2</sup>, Madhur Borah<sup>1</sup>

<sup>1</sup>Associate Professor, Department of Community Medicine, Jorhat Medical College, Jorhat, Assam, India

<sup>2</sup>Professor, Department of Paediatrics, Jawaharlal Nehru Medical College, Wardha, Maharashtra, India

Received : 10/03/2026  
Received in revised form : 24/04/2026  
Accepted : 13/05/2026

### Corresponding Author:

**Dr. Chandana Deka,**  
Associate Professor, Department of  
Community Medicine, Jorhat Medical  
College, Jorhat, Assam, India.  
Email: cdeka29@gmail.com.

DOI: 10.70034/ijmedph.2026.2.404

Source of Support: Nil.  
Conflict of Interest: None declared

**Int J Med Pub Health**  
2026; 16 (2); 2418-2423

### ABSTRACT

**Background:** Introduction of National ExitTest (NExT) will be a crucial beginning in the field of medical education. The success of the programme depends not only on its relevance but also on the acceptance and preparedness of the stakeholders to usher the change. This study was therefore done to assess the perspectives of the students and faculties regarding introduction of NExT Examinations.

**Materials and Methods:** A mixed method study was conducted amongst the students of Phase III (Part 1) and faculties of Jorhat Medical College. Non Probability Purposive sampling was used to select 25 faculties representing the different subject and 25 students of Phase III (Part 1) for the qualitative study. All students of the same phase were also given a questionnaire in Google form to elicit quantitative information. A FDP on NExT was conducted for the faculties as most of them were lacking adequate knowledge about NExT. Total 6 months from August 2023 till February 2024 was taken to conduct the study. Quantitative data were entered in Microsoft excel and presented in the form of tables. Thematic analysis was done in the Qualitative data.

**Results:** Faculties and students alike have expressed concern over the preparedness of the medical education system across the country to implement such a massive change. 87.7% of the students did not want NExT to be introduced. 73.84% students believed that their institution and the teachers were not equipped enough to prepare them for NExT. 55% of the students viewed that they would need the help of coaching centres to clear NExT. The categorization of subjects as major and minor has caused dissent among the faculties and majority of the faculties have voted for the continuation of NEET PG. Introduction of online MCQ based examinations will only divert the attention of the students to coaching institutes and routine college classes shall take a backseat as evident from the views of majority of the faculties. Biometric attendance for students may become necessary.

**Conclusion:** Thorough preparation is of utmost importance before launching such a challenging swap as the very motive of ensuring quality of the IMGs practicing in the country may be lost and coaching centres might flourish.

**Keywords:** Medical education, NExT, government medical college, faculties, students, coaching centres, biometric attendance, National Medical Commission, competency, competency based medical education, MCQ.

## INTRODUCTION

India's medical education system is one of the largest in the world. Many of its graduates emigrate,

and the quality of the education of these doctors has global impact.<sup>[1]</sup>

Medical education in India is expected to undergo a significant reform after the introduction of the

National Medical Commission Act. Single, nationwide National Exit Test (NExT) is an essential provision under this act, which will be implemented during the next three years. It aims to bring about uniformity in the minimum standard of final MBBS examination, quality control in the licentiate examination and elimination of multiple entrance examinations for admission in post graduate courses.<sup>[2]</sup> It is proposed to be conducted in two steps- 1 and 2 and candidates will have to clear the exams within 10 years of joining the MBBS course. NExT Step 1 will be a theoretical examination with multiple choice questions that will be conducted in computer-based test mode under NMC criteria. In contrast, Step 2 will be a practical and viva voce examination.<sup>[3]</sup> The National Eligibility Entrance Test for Postgraduate (NEET PG) test is planned to be replaced by NExT.

There is a marked difference in the fundamental purpose of evaluation in MBBS examination (passing in nature), licentiate examination (qualifying in nature), and PG entrance examination (competitive in nature). While the purpose of the first two examinations is to assess the minimum level of knowledge and competency, the PG entrance examination aims to discriminate between the skills of any two candidates as even the minimal difference in their ranks (merit number) may lead to differences in the course and/or institute offered to them (or available at their rank). The PG entrance examination is one of the most sensitive tests of the country that needs to be conducted with extreme caution.<sup>[2]</sup> Thus, the methods proposed to be used in evaluation for these three modalities will principally require different types of instruments which should be valid, reliable, and feasible to test these three modalities individually.<sup>[4-6]</sup> Therefore it will be pertinent to see if the introduction of NExT can do justice to the recruitment to postgraduate course as well as issue license and gauge the competence of the Indian Medical Graduates.

This study was therefore conducted to assess the perspectives of the students and faculties of a government medical college regarding introduction of NExT Examinations.

## MATERIALS AND METHODS

Mixed method study was conducted taking all the students of Phase III (Part 1) and all faculties of Jorhat Medical College as study population.

**Duration of study:** August 2023 to January 2024

**Sample size:** Total 25 medical faculties representative of pre-clinical, para-clinical and clinical departments of Jorhat Medical College were selected for the study.

All the MBBS students of Phase III (Part 1) fulfilling the inclusion criteria were taken up for the quantitative study so that an overview of their perceptions can be had. Then randomly 25 students

from the same batch were taken up for the qualitative study.

**Sampling technique:** Non Probability Purposive sampling

**Inclusion criteria:**

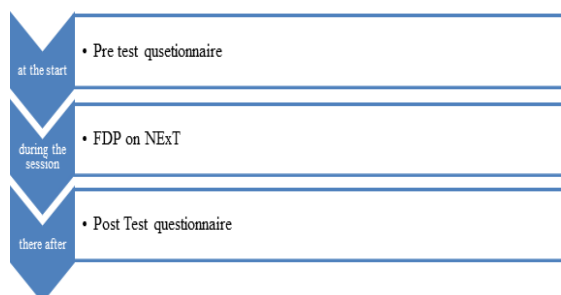
Permanent medical faculty of JMC, of the rank of Senior resident/Demonstrator/Registrar Assistant professor, Associate professor or Professor, with minimum one year of experience in teaching new CBME curriculum.

Faculties and students giving informed consent for the study.

Data collection tool: Pre designed Pre tested Pre validated semi structured Questionnaire

Data collection method: Self-administered questionnaire, Google forms

A pilot study has been conducted amongst the faculties of the medical college. It was seen that most of the faculties were lacking adequate knowledge regarding NExT. Therefore a Faculty Development Programme on NExT was conducted among the faculties. A pre-test questionnaire was circulated before the start of the session. After collection of the responses, the faculties were oriented regarding the various aspects of NExT. Post test was then conducted amongst the faculties. Thereafter responses of 25 faculties' representative of the various phases of the curriculum were taken up for analysis, as data saturation occurred.



A pilot study has been conducted amongst the Phase III (Part 1) students using questionnaire and was seen that they were aware about the NExT guidelines. So the students, were given the questionnaire via Google form and they were given time to fill up the same. 107 students have responded. 25 students were further given a self-administered questionnaire to write about their perceptions on NExT.

**Data Analysis:** Data collected is entered in Microsoft Office excel. Results are presented in the form of Tables for quantitative part. For Qualitative analysis thematic analysis was done.

**Ethical clearance:** Ethical clearance from the Institutional Ethics Committee (H) of Jorhat Medical College has been taken.

## RESULTS

**Students' perception:** All students were aware about NExT examinations. 87.7 % students did not

want NExT to be introduced. 55.14% students affirm the need of coaching institute to pass the competitive entrance examinations. Majority (58.6%) of the students have preferred all the theory papers to be converted to MCQs which will facilitate their training to take part in NExT Examinations which is MCQ based. [Table 1].

**Teacher's perceptions:** 56% of the faculties in our study were under the age of 40 years with 44% having a teaching experience of less than 5 years. 80% have the experience of developing the curriculum for their respective departments which gives them a hold of the new curriculum and the new developments. Other characteristics of the study population is elaborated in [Table 2]

The faculties were asked about various aspect of NExT examination and their views are elaborated in [Table 3].

For qualitative analysis the following questions were asked to 25 students of Phase III (Part 1) and 25 faculties representing pre, para and clinical specialties

1. What additional preparations should have been implemented before introducing NExT?
2. What is your strategy to prepare for NExT?
3. What are your suggestions to improve the current medical education and assessment system?

This study used Thematic Analysis of the responses received from the participants. Braun and Clarke (2006) outlined a series of phases through which researchers must pass in order to produce a thematic analysis. The thematic analysis process that was applied to the transcripts elicited key concepts that were evident in the data. The different questions asked were taken as the themes. These themes are viewed as essential in determining the understandings of all the participants. These themes were then transcribed after careful analysis into subthemes maintaining the diversity of the original themes.

Some of the opinions of the students are shown here as verbatim-

“Every rule that is implemented should be made crystal clear by NMC. Please don't change the rules half way.”

“It's the continuous changes of the curriculum that is disturbing our mind.”

“Implementation NExT will only be beneficial to various coaching institutions running expensive business.”

“Training the teachers first, better designed course curriculum, subsequently proper teaching to the students.”

“Nothing can aid in implementing such an unrealistic exam. NEET PG is the best method to decide PG seat.”

“Introduce online mode of lectures, MCQ format exams instead of conventional theory exams for 1st,

2nd and 3rd professional part1 to prepare us for NExT.”

“This curriculum is very hectic for students. Up to 4pm we have lectures, clerkship up to 6pm... Physical logbooks and workbooks are burden. Ultimately your clinical skills will matter, not the written work.”

Some of the opinions of the faculties are shown here as verbatim-

“It'll be very challenging to have a holistic and comprehensive assessment for NExT. Weightage given to different subjects will be a bone of contention.”

“The subjects and weightage given to them seem to have been made by one or two experts.”

“The concept of Public health which has been understood by western world a century back is still not clear in India as evident by the omission of Community Medicine.”

“I may have to further improve my teaching to align it to outcomes and competency to be acquired by student.”

“As a faculty my role is unaffected as the curriculum is the same and my subject is not included in NExT.”

“Coaching will overrule classroom teaching.”

“Only MCQs and no subjective questions may not be sufficient enough to assess MBBS final year and offer the MBBS degree.”

Some of the suggestions put forward by the faculties to improve the implementation of NExT:

Licentiate examination should be conducted in isolation first which will ensure a uniform minimum level of competency in all medical graduates.

Pass percentage should be raised to 50% as previous which ensures that the student strives to gain the standard minimum level of knowledge.

Remedial exams also act as a double-edged sword as most of the students tend to think that they will invariably pass in the remedial examinations, and do not take the internal assessments.

After passing out Phase III, part 2 examinations, PG entrance examinations can be conducted either after the end of internship or before it as planned out in the current NExT guidelines with properly planned out curricular content taking care to justify the subjects.

Although NExT has the vision to unleash uniformity in the standard of Indian Medical Graduate across the country, introduction of online MCQ based examinations will only divert the attention of the students to coaching institutes and routine college classes shall take a backseat.

Stringent maintenance of attendance percentage to appear in the examinations will be the only inciter for the students to attend their classes. Introduction of biometric attendance system for the students may help.

**Table 1: Perceptions of the students regarding the introduction of NExT**

Sl. No.	PARAMETERS	Yes (no./%)	No (no./%)
1	Have you heard about NExT?	107 (100)	0 (0.00)
2	Do you want NExT to be introduced?	14(12.3)	93(87.7)
3	Do you think the current CBME Curriculum will help in facilitating NExT exams?	23(21.5)	84(78.5)
4	Do you think your Institution and teachers are well equipped to facilitate you in the preparation of NExT?	28(26.16)	79(73.84)
5	As NExT 1 is also a PG entrance examination, do you think you will have enough time for preparation of the same?	6(5.6)	101(94.4)
6	Have you enrolled/do you plan to enroll in any coaching institute to prepare for PG entrance?	48(44.85)	59(55.14)
7	Do you think conduction of NExT2 after the completion of internship will facilitate acquisition of clinical skills?	48(44.85)	59(55.14)
8	As the current CBME curriculum has become mostly objectified, would you prefer all the theory papers to be converted to MCQs?	63(58.87)	44(41.13)

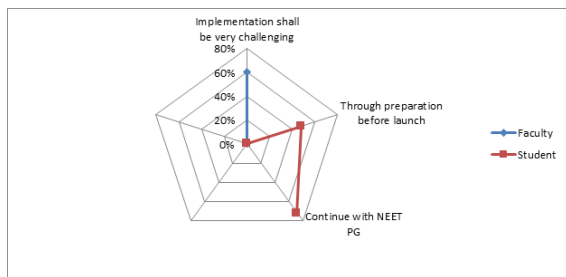
**Table 2: Distribution of study participants (Faculties) according to their demographic and academic characteristics**

Characteristics	Number (%)
Age of the faculties	
28 to 39 years	14 (56%)
40 to 49 years	8 (32%)
50 years and above	3 (12%)
Total years of teaching experience	
< 5 years	11 (44%)
5 to 10 years	7 (28%)
>10 years	7 (28%)
Involvement in curriculum development of respective departments	
Yes	20 (80%)
No	5 (20%)
Involvement in student assessment	
Yes	25(100%)
No	0(0.00%)
Trained in faculty development program (FDP) (rBCW/BCME/CISP)	
Yes	25 (100%)
No	0 (0.00%)

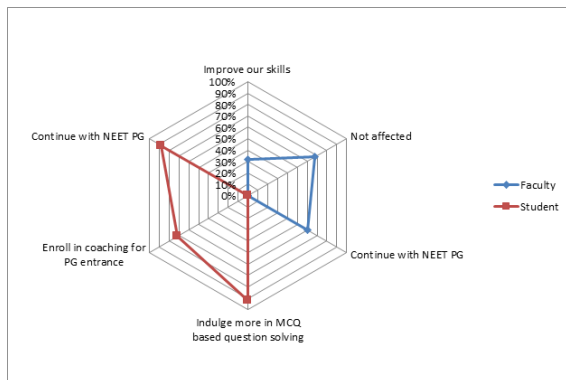
**Table 3: Perceptions of the faculties regarding the various aspects of NExT**

Sl. No.	Parameters	Yes (No./%)	No (No./%)
1	Have you heard about NExT?	25(100)	0(0)
2	Do you think the allotment of subjects for NExT 1 (as a PG qualifier) justifies the UG CBME Curriculum?	10(40.00)	16(60.00)
3	Will you agree if a predefined percentage of marks of each subjects from each final summative assessment are added to the final score of NExT 1?	20(80.00)	5(20.00)
4	Do you think the current CBME Curriculum will help in facilitating NExT exams?	18(72.00)	7(28.00)
5	Do you think your role as facilitator will be affected by introduction of NExT?	20(80.00)	5(20.00)
6	Do you think you need to adopt any change to be more relevant as a facilitator for your students to prepare for NExT?	14(56.00)	11(44.00)
7	Will the chances of getting a PG seat for your students increase/decrease with introduction of NExT?	15(60.00)	10(40.00)
8	Do you think NExT 2 will still be relevant if NExT 1 acts a PG entrance gate?	15(60.00)	10(40.00)
9	Do you think conduction of NExT2 after the completion of internship will facilitate acquisition of clinical skills?	18(72.00)	7(28.00)
10	As an assessor, do you think the score of a student in NExT 1 will influence or introduce bias in the assessment of a student in NExT 2?	11(44.00)	14(56.00)

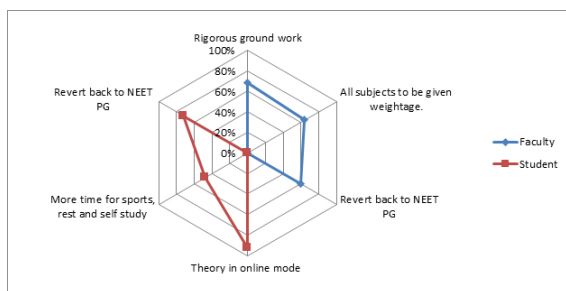
Thematic analysis results are shown in the form of radar charts in [Figure 1-3].



**Figure 1: Views on the introduction of NExT**



**Figure 2: Strategy to prepare for NExT**



**Figure 3: Suggestions to improve current medical education and assessment system**

## DISCUSSION

Medical education is slowly taking stride for betterment with the proposal to introduce NExT which aims to revalorize assessment of MBBS students as well as admissions into Post Graduate courses. This study is done to understand the perceptions of the students expected to take NExT examinations and also the faculties who will have to prepare the students regarding the feasibility, utility, outcome and scope of improvement in the same.

The purpose of evaluation in MBBS examination and PG entrance examination is vastly different. MBBS is to assess the knowledge of the students whereas entrance examinations are basically to offer seats to PG Courses. Tabish SA in his article, "Assessment methods in medical education"; Int J Health Sci 2008, has quoted that the methods proposed to be used in evaluation of different modalities will principally require different types of instruments which should to be valid, reliable and feasible to test different modalities individually.<sup>[6]</sup>

In our study majority of the students have raised their concerns that while they are currently giving

subjective exams, they will have very limited experience, within a short time span to garner the excellence of appearing in MCQ based licentiate as well as qualifying examinations. Majority of the faculties have also stressed on the issue of validity of NExT as a replacement of the current 3rd professional MBBS examinations. They have expressed that more detailed planning including the establishment of a Central Board to conduct NExT examinations as envisaged by the NMC Act as well as robust infrastructural backup first needs to be put up in place before plunging into such a major resolution.

Ranjan, et al. 2020, in their article has raised the concern that MCQ based exams will promote coaching class culture as currently prevalent in MBBS students.<sup>[2]</sup> Similar apprehensions have also been raised by the faculties in our study that, students will now be more aligned to coaching centres and pay lesser attention in classes. It is also evident by the interview with the students as 54.4% of the students have expressed the need to join coaching centres. Students were also of the view that the faculties of their medical college do not have expertise to guide them for NExT examinations.

The National Health Policy (NHP) 2017 specifically mentions the importance of family medicine specialty and mandates popularization of programs like MD in family medicine.<sup>[10]</sup> In 2013, the Union Health Secretary Government of India vide Letter No. D.O. V 11025/MEP -1 communicated with all Principal Secretaries of Medical Education, Health and Family Welfare of all State/UTs and wrote that there is a need for an integrated generalist approach to diagnosis and treatment and the family physicians are best positioned to deliver this integrated approach.<sup>[11]</sup>

But after such felt need the near omission of Community Medicine from the NExT curriculum has sent discontentment amongst most of the interviewed faculties. As the saying goes, "Assessment drives learning", teaching a subject for threeyears and knowing that that subject doesn't count in entrance examinations quite disinterests the students' concern for the subject and also lowers the morale of the faculties. Most faculties from the subjects which do not have a direct representation in NExT have also shown nonchalant attitude.

Almahasees et al., 2021 have said that the change to online learning mode in higher education during and after Covid 19 entails reshaping our views regarding higher education including institution and student's needs. Theoretical courses can be taught online and practical courses should be conducted face to face to ensure best teaching practices in monitoring and guiding students, thus technology can make larger classes flexible and suiting student's needs.<sup>[12]</sup>

In our study, majority of the students have demanded that some topics can be done on an online mode/recorded mode which they can revisit multiple times as per convenience and college timings to be

devoted to clinical and practical teachings. This will also reduce the long duration of daily routine and give the students time to rest and relax.

The Medical Council of India (MCI) introduced the National Eligibility-cum-Entrance Test (NEET) for all admissions to bachelor's degrees in medicine and surgery (MBBS) and postgraduate medical courses in 2013 to reduce the mental and financial burden on medical aspirants who have to sit as many as 17 or more different examinations around the country in a process that is drawn out, costly, tiresome, confusing, and often opaque. The only disadvantage of a single exam is that students have only one opportunity every year. (Avinash Supe, 2016).<sup>[1]</sup> Most of the students and faculties of the current study have expressed their view that NEET PG should be continued as it has done justice to the selection process of both the UG and PG medical courses.

Ranjan, et al. 2020, have proposed suggestion to have multiple steps in NExT and the use of mixed types of questions for assessment by a central board which will be crucial in the quality improvement of medical education in our country. The authors have put forth a three steps approach to NExT which will ensure uniform and quality teaching in medical colleges.<sup>[2]</sup>

In our study, the faculties have suggested that NEET PG may be retained with the principles of CBME. The current system of examinations suggested by CBME across the different phases (Phase I, Phase II, Phase III part 1 and part 2) is very good as it is holistic where theory paper is a mix of MCQs, SAQs and LAQs. Clinical Evaluation done by OSPE/OSCE, DOPS, mini CEX etc. After passing out Phase III, part 2 examinations, PG entrance examinations can be conducted either after the end of internship or before it as planned out in the current NExT guidelines with properly planned out curricular content taking care to justify the subjects. FAQs on National Medical Commission (NMC) Bill 2019, has stated that the transparency provided by NExT results would lead to regulation of fees through market forces. Colleges would have to provide quality of education commensurate to the fees charged by them. Rating would be provided by MARB for medical institutions based on the standard of education/training<sup>4</sup>. Thus good quality assessment not only satisfies the needs of accreditation but also contributes to student's learning. So it shall be pertinent to see how the regulations of NExT shall be formulated what changes the medical education system undergoes in the coming days.

## CONCLUSION

It is felt that there has been a decline in the quality of medical training with the increased number of medical colleges and insufficient medical teachers. Therefore, there is a need to implement strict regulations and norms at a central level to ensure that medical graduates are competent to practice. Although it seems that having a centrally controlled examination system will surely have quality control in assessment across the nation and in turn ensure comparability of the Indian Medical Graduates due for license and practice, yet having such a system where assessment is primarily dependent on online MCQs, will also help in the brandish of the coaching culture and decrease the attention of the students to routine college classes, as is already seen with the evolution of various online learning platforms. Shortage of faculties, poor initiatives at faculty development, lack of infrastructure, lack of research activities etc are some of the common woes that already plague the efforts of the faculties.

## REFERENCES

1. NEET: India's single exam for admission to medical school promises transparency and quality BMJ 2016; 354 doi: <http://dx.doi.org/10.1136/bmj.i4051> (Published 03 August 2016) Cite this as: BMJ 2016;354:i4051, Avinash Supe
2. Ranjan P, Ranjan R, Kumar M. National Exit Test: How Will One Size Fit All? Ann Indian Acad Neurol. 2020 Mar-Apr;23(2):145-149. doi: 10.4103/aian.AIAN\_478\_19. Epub 2020 Feb 7. PMID: 32189850; PMCID: PMC7061518.
3. Dashputra A. National exit test (NExT) for medical students: A high goal to achieve. J Educ Technol Health Sci 2023;10(1):1-3.
4. FAQs on National Medical Commission (NMC) Bill 2019. [Internet] [cited 2019 Sep 09]. Available from: <https://pib.gov.in/newsite/PrintRelease.aspx?relid=192491>
5. Indian Medical Association calls strike on August 8 to protest against NMC Bill. [Internet] 2019 Available from: <https://www.thehindu.com/news/national/indian-medical-association-calls-strike-on-august-8-to-protest-against-nmc-bill/article28823778.ece>. [Google Scholar]
6. Tabish SA. Assessment methods in medical education. Int J Health Sci. 2008;2:3-7. [Google Scholar]
7. Sood R, Singh T. Assessment in medical education: Evolving perspectives and contemporary trends. Natl Med J India. 2012;25:357-64. [PubMed] [Google Scholar]
8. Epstein RM. Assessment in medical education. N Engl J Med. 2007;356:387-96. [PubMed] [Google Scholar]
9. Nagral S. We need to discuss India's reliance on private medical colleges. BMJ. 2015;350:h237. [PubMed] [Google Scholar]
10. National Health Policy 2017, Ministry of Health and Family Welfare. Available from <https://main.mohfw.gov.in/sites/default/files/9147562941489753121.pdf>
11. Kumar, Raman. (2020). National Medical Commission Act 2019: White paper on accelerated implementation of family medicine training programs towards strengthening of primary healthcare in India. Journal of Family Medicine and Primary Care. 9. 1. 10.4103/jfmpc.jfmpc\_942\_19.
12. Almahasees, Zakaryia & Mohsen, Khaled & Omer, Mohammed. (2021). Faculty's and Students' Perceptions of Online Learning During COVID-19. Frontiers in Education. 6. 10.3389/educ.2021.638470.