CBME AQMS

GOVERNANCE OF COMPETENCY-BASED ASSESSMENTS

"Competency-mapped assessment governance built for the complexity of medical education"

THE PROBLEM

- **Dozens of competencies per subject, vast topic/subtopic structures — combinatorially impractical to manage manually.** NMC mandates competency-mapped assessments, but faculty have very few exam opportunities per subject per year. Ensuring the right competencies, topics, and question-type ratios are met in those limited assessments is beyond manual blueprinting.
- **NMC mandates strict question-type ratios that manual processes struggle to enforce.** MCQ percentage limits, mandatory case-based questions, long-essay/short-essay mix — proving compliance across all departments requires system-level enforcement, not individual faculty diligence.
- **Faculty time consumed by clerical competency mapping instead of clinical teaching and research.** Manually authoring, mapping, and tagging large volumes of questions across CBME competencies and topics is unsustainable — and displaces the expertise these faculty were hired for.
- **Assessment data from non-competency-first systems requires massive post-exam manual mapping.** Mapping student performance item-by-item to competencies after the fact is painful, error-prone, and often too late for meaningful remediation during the student's clinical progression.

KEY RISKS

NMC evaluators ask for auditable evidence that assessments follow CBME guidelines and are ratio-compliant. Manual processes struggle to produce organized, traceable proof across departments.

An unbalanced question bank — over-testing minor topics, omitting crucial competencies — undermines the entire CBME framework. Without system-level health checks, gaps stay invisible until inspection.

Delayed, non-granular competency data means remediation opportunities are missed — learning gaps are identified post-phase, not in time to act during clinical progression.

HOW IT WORKS

1. **NMC Framework** — Competencies, sub-competencies, topics mapped to phases and postings
2. **Blueprint + Ratios** — System enforces NMC-mandated MCQ limits, case-based minimums, question-type mix
3. **Generate Papers** — Algorithms produce blueprint-compliant papers from your question bank; optional AI fills gaps
4. **Secure Workflow** — Setter → Reviewer → Examiner → Registrar with time-stamped trail
5. **Auditable Evidence** — Every question carries a competency code — visible, traceable, inspection-ready

KEY CAPABILITIES

- ✓ Blueprints on NMC competencies/sub-competencies, mapped to phases and postings — not generic course outcomes
- ✓ System blocks paper generation when NMC question-type ratios are out of tolerance — compliance is enforced, not hoped for
- ✓ Your trusted question bank is the primary source — optional AI add-on (InPods.ai) generates competency-mapped questions to fill gaps. Domain experts review, edit, accept or reject every suggestion
- ✓ Automated Question Bank health check — surfaces missing competencies, over-tested topics, and insufficient question-type variety before the exam cycle
- ✓ Connects to InPods Outcomes for longitudinal competency attainment tracking across assessment types
- ✓ End-to-end CBME lifecycle: InPods.ai (audit + generate) → AQMS (govern) → Online Testing (deliver) → Outcomes + AMS (analyze + prove)

PROOF POINTS

"We generate hundreds of university exam papers every year. Over the past five years, AQMS has become our mission-critical system — every paper is auto-generated per NMC's CBME guidelines, with secure workflows from setter to registrar."

— Controller of Examinations, Health Sciences University

"We can genuinely track whether students are achieving competencies — not just document that we tried. When NMC evaluators ask for evidence, we have it."

— Dean of Medical Education, NMC-Affiliated Medical College

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